



Family Name					
Given Name/s					
Student Number					
Teaching Period	Semester 1, 2018				

NUR250 – Medical Surgical Nursing 1	DURATION	
	Reading Time:	10 minutes
	Writing Time:	180 minutes
INSTRUCTIONS TO CANDIDATES		
<p>The examination has two (2) sections.</p> <p>Section A: 40 multiple choice questions (1 mark each) Total: 40 marks Circle the most correct answer on the Multiple Answer Sheet provided</p> <p>Section B: Short answer questions. Marks as indicated on paper. Total 100 marks Answers to be written on the examination paper</p>		
EXAM CONDITIONS		
<p><u>You may begin writing from the commencement of the examination session.</u> The reading time indicated above is provided as a guide only.</p>		
This is a CLOSED BOOK examination		
No calculators are permitted		
No handwritten notes are permitted		
No dictionaries are permitted		
ADDITIONAL AUTHORISED MATERIALS	EXAMINATION MATERIALS TO BE SUPPLIED	
No additional printed material is permitted	1 x 4-Multiple Choice Answer Sheet 1 x Scrap Paper	

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DOUBLE-SIDED.**

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Section A
Multiple Choice Questions

Section B

Short Answer Questions

Total number of marks for this section: 100 marks

Questions in this section are to be answered **in ballpoint pen** on the lines below each question.

Marks for each question as indicated. Suggested Time allocation for Section B: 120 minutes

You are working on a medical surgical ward and have been allocated the nursing care of 4 patients.

Read each case study carefully and answer the questions below it.

Patient Number 1: Mavis a 70 year old female

Mavis lives alone in a retirement unit with her dog. She was brought into the emergency department last night with lacerations, grazes and haematomas to her face and a complicated, displaced fracture of her right proximal humerus that was sustained after tripping and falling while walking her dog.

She has a previous medical history of osteoporosis and osteoarthritis.

Mavis was taken to the operating theatre overnight for surgical cleaning of her facial wounds and open reduction and internal fixation (ORIF) of the fracture under general anaesthetic.

Post-surgery a full arm splint is in place with 90 degree flexion at the elbow. She has an island dressing over the surgical site and a non-adherent island dressing on her facial wounds. Both dressings are dry and intact.

Post-operative instructions state that the splint is to remain in place and be worn full time for the next 6 weeks until an orthopaedic, outpatient review. Dressings to the arm and face are to be changed daily or as needed.

Mavis returned to the ward from theatre at 6am this morning. She has been reported as sleeping on and off since her return to the ward but has been noted to be unsettled and groaning in her sleep. She was given analgesia as charted on her return to the ward but she currently reports a numeric pain score of 5 – 8 out of 10.

- a) Identify three (3) fundamental care needs for Mavis that you as the nurse need to consider or address on your shift?

And

Identify the nursing problem related to each of these fundamental care needs.

Fundamental care need	Related nursing problem

(3 marks)

- b) Identify three (3) appropriate goals of care for Mavis on your shift.

1. _____
2. _____
3. _____

(3 marks)

c) Mavis has reported a numerical pain score between 5 – 8. Identify two (2) other nursing assessments you will do to assess Mavis’s pain.

(1 mark)

d) Medication is the most common approach to pain management. A variety of analgesics may be prescribed to be used progressively until pain is reduced or relieved.

Identify two (2) types of analgesia you would expect to be charted for Mavis and give an example of each.

1. _____
2. _____

(2 marks)

e) Managing Mavis’s pain on your shift is a priority goal of care.

Identify four (4) different nursing actions or interventions you will do to achieve this goal of care.

1. _____

2. _____

3. _____

4. _____

(4 marks)

f) Each individual's response to pain and pain management can be shaped and affected by numerous factors.

Identify two (2) factors that may affect Mavis's response to pain and pain management.

(2 marks)

g) The nurse's role involves continually assessing and monitoring the patient to proactively prevent adverse events and complications and to recognise the early deterioration of the patient's condition. **As the nurse you have already conducted a pain assessment.**

Identify (3) other specific nursing assessments you will undertake as part of your nursing care for Mavis.

And

Briefly explain why each of the identified nursing assessments are relevant. -

1. _____

2. _____

3. _____

(6 marks)

h) When attending to daily dressings for Mavis's wounds, the nurse needs to assess for signs of infection. Identify two (2) signs or symptoms that indicate Mavis's wounds may be infected.

(1 mark)

i) When preparing Mavis for discharge she will require education on how to care for her splint and fractured arm.

Identify three (3) points you will need to tell Mavis about how to care for her cast and fracture to reduce the risk of complications.

1. _____

2. _____

3. _____

(3 marks)

Patient Number 2: John, a 48 year old male

John has a long history of chronic obstructive pulmonary disease (COPD), asthma and recurrent chronic bronchitis. Following the recent bushfires in the area John has been hospitalised and admitted to your ward with acute exacerbation of COPD.

a) Identify three (3) priority nursing problems/issues that you will need to address when planning John's nursing care.

1. _____

2. _____

3. _____

(3 marks)

b) Explain why the three (3) nursing problems you have identified are relevant to John.

1. _____

2. _____

3. _____

(3 marks)

c) Identify two (2) specific nursing interventions you would plan to do for each of the 3 nursing problems you have identified.

1. _____

2. _____

3. _____

(3 marks)

d) Identify three (3) specific nursing assessments you will conduct to assess John’s respiratory function

And

Briefly explain how each of the nursing assessments you have identified will indicate if John is adequately oxygenated.

1. _____

2. _____

3. _____

(3 marks)

e) Chronic airway conditions may require a combination of medications to relieve and manage symptoms and exacerbations. List two (2) medications you would expect to be charted for John and state the intended therapeutic effect.

1. _____

2. _____

(2 marks)

The doctor has taken an arterial blood gas (ABG) sample from John and the ABG results indicate John has low serum oxygenation and high carbon dioxide levels indicating he has carbon dioxide retention.

f) Briefly explain why John would be retaining carbon dioxide.

(1 mark)

g) Complete the following statement:-

As a result of John's ABG the doctor has ordered that John be given _____ litres of supplemental oxygen via nasal prongs and John's oxygen saturation levels are to be maintained at the modified level of _____ to _____ % SpO₂.

(3 marks)

h) Identify two (2) signs or symptoms you would expect if John's oxygen saturations were above this prescribed modified range.

(2 marks)

In your nursing assessments you notice John's physical appearance is thin and cachexic.

i) Briefly explain why a chronic respiratory condition may impact on a patient's nutritional status?

(2 marks)

j) Identify three (3) specific points you will discuss with John about his diet and nutritional intake.

1. _____

2. _____

3. _____

(3 marks)

Patient Number 3: Sophie a 56 year old female

Sophie has been admitted to hospital as a direct admission for an angiogram as her angina episodes have become more frequent and severe over the past 4 weeks.

Sophie has a previous medical history of hypertension, hyperlipidaemia and angina.

a) Identify three (3) nursing problems/issues that you would document on Sophie’s care plan.

- 1. _____
- 2. _____
- 3. _____

(3 marks)

b) Explain why the three (3) nursing problems/issues you have identified above are relevant to Sophie.

- 1. _____

- 2. _____

- 3. _____

(3 marks)

c) Identify two (2) specific nursing interventions you would plan to do for each of your three (3) identified nursing problems in question (3b).

1. _____

2. _____

3. _____

(3 marks)

d) Identify three (3) specific nursing assessments you will conduct to assess Sophie’s cardiac function

And

Briefly explain what each of the nursing assessments you have identified will indicate about Sophie’s cardiac function

1. _____

2. _____

3. _____

(3 marks)

e) Identify two (2) types of medications you would expect to be prescribed for Sophie and briefly state the nursing responsibilities when administering these medications.

1. _____

2. _____

(2 marks)

Risk factors for coronary heart disease (CHD), which includes angina and myocardial infarction, can be classified as non-modifiable and modifiable.

f) Identify three (3) modifiable risk factors of CHD that you will discuss with Sophie.

1. _____

2. _____

3. _____

(1.5 marks)

During your shift Sophie clutches her chest and complains of severe tight squeezing and heavy pressure in her chest with the pain beginning beneath the sternum and radiating to her jaw, neck and into her arm. She is dyspnoeic, tachycardic and anxious. You recognise these symptoms as being consistent with both angina and myocardial infarction.

g) Identify two (2) differences between angina and myocardial infarction that will assist you to determine what nursing interventions/actions to implement.

Angina	Myocardial infarction

(2 marks)

h) Identify two (2) nursing interventions/actions you will implement if Sophie is experiencing angina.

1. _____

2. _____

(2 marks)

i) State the first three (3) nursing interventions/actions that you would implement if Sophie is experiencing a myocardial infarction.

1. _____

2. _____

3. _____

(3 marks)

Chronic uncontrolled hypertension can lead to heart failure which impacts on every body system. When assessing Sophie you assess all her body systems for signs and symptoms of heart failure.

j) Identify one sign or symptom of heart failure you may expect to find for each body system listed below.

Respiratory _____

Gastrointestinal _____

Musculoskeletal _____

Neurological _____

Integumentary _____

(2.5 marks)

Patient Number 4: Paul, a 19 year old male

Paul lives at home with his parents. He has been experiencing increasing diffuse abdominal pain over the past few days and presented to the emergency department with acute right lower quadrant pain which intensifies with movement and is accompanied with nausea and vomiting.

Paul has no previous medical history.

He has been diagnosed with appendicitis following a CT scan and Xray and has been admitted to the ward. He is currently Nil by Mouth fasting for surgery later today.

a) Identify three (3) nursing problems/issues that you would document on Paul's care plan.

- 1. _____
- 2. _____
- 3. _____

(3 marks)

b) Explain why the three (3) nursing problems/issues you have identified above are relevant to Paul.

- 1. _____

- 2. _____

- 3. _____

(3 marks)

c) Identify two (2) specific nursing interventions you would plan to do for each of your three (3) identified nursing problems above.

1. _____

2. _____

3. _____

(4 marks)

Prior to planning care for Paul, the nurse must assess any factors that may increase the risks associated with having surgery.

d) List five (5) factors that may increase the risks associated with surgery.

1. _____

2. _____

3. _____

4. _____

5. _____

(5 marks)

e) List three (3) pre-operative preparations or checks you will need to do prior to Paul going to theatre.

- 1. _____
- 2. _____
- 3. _____

(3 marks)

You hear Paul groan and walk into his room to check on him. You find him curled up on the bed groaning with his arms over his stomach. When you ask him what is wrong, he does not answer but continues to groan. He is pale and diaphoretic and his abdomen is rigid and distended. On checking his vital sign observations you observe the following:-

Vital signs	
Temperature	38.3°C
Heart rate	115 beats per min
Respiratory rate	Shallow, 22 resps per min
Blood pressure	88/42 mmHg
O ₂ saturations	96% on room air

f) From the above signs and symptoms what do you think is happening to Paul?

(1 mark)

g) What are your three (3) immediate nursing interventions or actions?

1. _____

2. _____

3. _____

(3 marks)

h) Briefly explain why the above 3 nursing interventions or actions are your priority

1. _____

2. _____

3. _____

(3 marks)

END OF EXAMINATION