(Knowledge for Development)

KIBABII UNIVERSITY

UNIVERSITY EXAMINATIONS 2021/2022 ACADEMIC YEAR

FIRST YEAR SECOND TRIMESTER

MAIN EXAMINATION

FOR BACHELOR OF SCIENCE IN NURSING DEGREE

COURSE CODE: NUR 124
COURSE TITLE: Fundamental Concepts in Nursing Practice 1I (Profession and Practice)

DATE: **TIME:**

INSTRUCTIONS TO CANDIDATES

Answer ALL Section one (1) MULTIPLE CHOICE QUESTIONS and ALL Section two (2) SHORT ANSWER QUESTIONS and any one (1) section THREE (3) LONG ANSWER QUESTION.

TIME: 3 Hours

This paper consists of 8 printed pages. Please Turn Over

KIBU observes ZERO tolerance to examination cheating

SECTION ONE: MULTIPLE CHOICE QUESTIONS (ANSWER ALL)

1. The four major concepts frequently interrelated and fundamental to nursing theory, collectively referred to as metaparadigm of nursing care are:

a) Environment, care, person and nursing
b) Person, environment, health and nursing
c) Environment, humanity, care and nursing
d) Person, empathy, health and nursing

2. The founder of Modern Nursing and pioneer of the **Environmental Theory** was:

a) Hildegard E. Peplau
b) Virginia Henderson
c) Florence Nightngale
d) Faye Glenn Abdellah

3. Information exchange strategies include the following EXCEPT:

a) Call-Out
b) Situation- Background- Assessment- Recommendation (SBAR)
c) Check-Back
d) Handon

4. A surgical client develops a wound infection during hospitalization. How is this type of infection classified?

a) Primary
b) Secondary
c) Superimposed
d) Nosocomial

5. A nurse is teaching a new nursing assistant about ways to prevent the spread of infection. Included in the instruction would be that the cycle of the infectious process must be broken, which may be accomplished primarily through

a. Handwashing before and between providing client care
b. Thoroughly clearing the environment
c. Wearing infection control-approved protection equipment when providing client care
d. Using medical and surgical aseptic techniques at all times

6. A client has an infection that is spread through droplets. Which of the following is essential for the nurse to use when taking this client's temperature?

a) Gloves
b) Goggles
c) A gown
d) A mask

7. A nurse administering immunizations will prevent infection by one of the following mechanisms;

a) Enhancing the defense of the host
b) Eliminating the mode of transmission
c) Introducing a weak secondary infection
d) Blocking the immune response of the host

8. Hypoxia is defined as;

a) Decreased tissue oxygenation
b) Increased tissue oxygenation
c) Low levels of Oxygen in the blood
d) High levels of oxygen in the blood

9. The following action by the nurse is most important when performing a dressing change using surgical aseptic technique;

a) Comforting the client
b) Maintaining sterility
c) Obtaining extra gloves
d) Organizing supplies

10. Tend to mutate or change during replication making it very difficult for a host to develop adequate immunity

a) Bacteria
b) Fungi
c) Viruses
d) Protozoa

11. Touching infectious lesion or sexual intercourse is which method of disease transmission?

a) Direct contact
b) Indirect contact
c) Droplet transmission
d) Nosocomial

12. Pathogens are;

a) Disease causing microbes germs or bugs
b) Non disease causing and are beneficial
c) Defense mechanisms in the body
d) Are also called antibodies

13. The key stages of the decontamination process are:

a) Decontamination- cleaning- sterilization-storage
b) Cleaning- decontamination- sterilization-storage
c) Sterilization- cleaning- decontamination- storage
d) Decontamination- sterilization- cleaning- storage

14. What is the first thing that you need to do when making a patient's bed?
a) Lower the side rails
b) Determine if the patient has been incontinent or if the drainage is on the linen
c) Remove soiled linen
d) Put clean linen on the bed

15. When entering a patient's room to change the bed, what seven items do you need to have in hand before entering the patient's room?
a) Fitted sheet, receptacle, blanket, draw sheet, pads, pillow case, top sheet
b) Linen bag, fitted sheet, draw sheet, pads, top sheet, blanket, pillow case
c) Sanitizer, fitted sheet, pillow case, pads, receptacle, top sheet, draw sheet
d) Bedpan, linen bag, fitted sheet, pillow case, pads, draw sheet, top sheet

16. When is an unoccupied bed used?
a) When the patient is able to get out of bed
b) When we are not anticipating a patient
c) When the patient is bed ridden
d) When the patient has difficulty in breathing

17. When does the nurse chart an intervention that involves administering medication to a client?
a) Before the end of shift
b) Before the next dose of medication or treatment is due
c) Within one hour
d) Immediately

18. The lowest level in Maslow's Hierarchy of Needs is;
a) Safety and security
b) Love and belonging
c) Physiologic
d) Self-esteem

19. One of the following is the MOST important and widely accepted reason for nurses using nursing process;
a) Increase the unique body of knowledge known as nursing
b) Help clients meet their actual and potential health problems
c) Communicate with other members of the team
d) Standardize the care of clients with the same diagnoses

20. The primary source of data for the client's database is;
a) Nurse's recording of health history
b) Recent clinic or hospital records and client
c) Physician's history and physical examination
d) Information from a relative or significant other

27. The nurse finds that an assigned client is restless, agitated, and confused and is thinking of restraining the client. Which of the following questions is most important for the nurse to ask?

a) "Which restraint is most appropriate?"

b) "Will I be able to get an order for a restraint?"

c) "What is the underlying cause of the restless, agitated, confused behavior?"

d) "Could I try some medication to relax the client prior to using restraints?"

28. The nurse is checking the placement of a nasogastric tube prior to giving medication and a feeding. Which of the following is the preferred and MOST accurate method of testing?

a. Insert 5 to 10mm of air into the tube while listening over the stomach with a stethoscope

b. Aspirate 20- 30ml of gastrointestinal secretions and test the PH

c. Insert 15 to 20cc of water into the stomach and listen with the stethoscope

d. Place an open end of the tube into a glass of water and check for bubbles

29. When working with clients experiencing pain, you will define their pain in regard to whether they have pain or not and how intense it is based on which of the following things?

a) Nursing experience and expertise

b) The underlying cause of the pain

c) Whatever the experiencing person says it is

d) Current medical and pharmacological research

30. The nurse is preparing to do a focused assessment of the abdomen on an assigned client. Which of the following is most important for the nurse to do prior to the examination?

a) Have client empty their bladder

b) Gather equipment

c) Place client in Semi-Fowler's position

d) Remove any dressings from abdomen

31. One of your assigned clients gets up to go to the bathroom without calling you. The client falls and calls for help. You answer the call and alert your supervisor. After confirming that the vital signs are normal and there does not appear to be any injuries, You are told to fill out an incident report. In addition to noting that the client was found on the floor, which of the following statements would you most need to record in the nursing notes for the client?

a) "Incident report completed"
b) The reason the client was unattended
c) The vital signs and assessment of the client
d) Location of the incident report

32. The physician of your assigned client tells you that the client has a heart murmur that can be detected by direct auscultation. This statement means;

a) Use of a stethoscope is necessary to hear the murmur
b) The murmur can be heard by using only the ear
c) The ultrasound is necessary to find this murmur
d) A Doppler device will be needed to find the murmur

33. During physical assessment, the nurse is expected to count the apical pulse for;

a) 15 seconds and multiply by four
b) 30 seconds and multiply by two
c) one minute, checking radial pulse at the same time
d) one full minute

34. The nurse positioning a client after surgery will take into account that the position, which most often predisposes a client to physiologic processes that suppress respiration is;

a) Fowler's
b) Prone
c) Supine
d) Left side lying down

35. The sequence of vital signs measurement in nurses' notes is usually

a) T-P-R and BP
b) P-T-R and BP
c) BP-T-R and P
d) R-BP-T and P

36. Bowel evacuation is indicated in patients who for various reasons are unable to pass stool. It can be done through:

a) Enema
b) Manual removal of impacted feces
c) Suppositories
d) All of the above

37. An enema is the introduction of a solution into the large intestine (sigmoid colon), usually for purpose of removing feces. The following are purposes for instillation of enema EXCEPT

a) Relieve constipation
b) Lose weight
c) Clear intestines before surgery
d) To make diagnosis of low GIT (barium enema)

38. Oxygen (O_2) administration should be done with restrictions and patients monitored closely because O_2 therapy can result in the following EXCEPT

a) Ventilation suppression
b) Oxygen toxicity
c) Tissue perfusion
d) Infection

39. A nurse is directly responsible for ensuring that specimens are accurately obtained, correctly labeled, collected in appropriate containers and transferred to the laboratory in time for diagnostic procedures. The specimens that are collected include blood, urine, stool, sputum and vomitus. What are the indications for the collection of blood specimen?

a) Anemia
b) Infective conditions eg. Septicemia and severe hemorrhage
c) Blood group
d) All of the above

40. When pain impulses are transmitted via A-delta fibres, which of the following types of pain will your client have?

a) Sharp and pricking
b) Throbbing
c) Burning
d) Intermittent stabbing

41. You are caring for a patient who is in hypovolemic shock from hemorrhage. What would you expect to be the priority for this patient?

a) Oxygen at 3 to 4 liters
b) Position her on left lateral
c) Heart rate monitoring every 5 minutes
d) Increase IV fluid rate

42. An elderly patient comes into the emergency department to rule out stroke. On admission, vital signs are pulse 90, blood pressure 150/100, and respirations 20. An IV is commenced. Upon reassessment 30 minutes later, vital signs are pulse 78, blood pressure 170/90, and respirations 24 and irregular. What action should the nurse consider taking?
    a) Have the patient describe how they are feeling
    b) Check the patient's oxygen level
    c) Encourage the patient to drink
    d) Decrease fluids
43. A patient has an order to receive 1000 mls of normal saline over 12 hours. The drop factor is 15 drops per 1 ml. The nurse sets the flow rate at how many drops per minute?
    a) 15
    b) 17
    c) 21
    d) 23
44. The patient with a hemoglobin level of 4.4g/dL is ordered to receive 5 units packed red blood cells. To avoid circulatory overload, the Nurse Practitioner would take all of the following actions **except**:
    a) Administer Furosemide 20 mg intravenously in between each unit.
    b) Monitor the patient for signs and symptoms of hypoxia, edema and fever.
    c) Transfuse the blood quickly to avoid fatigue.
    d) Administer supplemental oxygen to aid the patient's breathing

45. If a drug is highly bound to plasma proteins, it:
    a) Has a large volume of distribution
    b) Has a high renal clearance
    c) Is a likely candidate for drug interactions
    d) Is most likely carried by alpha-glycoprotein
46. Which one of the following routes of drug administration produces the most rapid absorption?
    a) Inhalation
    b) Intravenous
    c) Oral
    d) Rectal
47. You are caring for a patient in hypovolemic shock who will require plasma expansion. What should the physician l order?
    a) Cryoprecipitate
    b) Packed red blood cells
    c) Albumin
    d) Platelets

48. A competent adult client, a member of the Jehovah's Witnesses, refuses blood transfusion. The nurse caring for the client follows his decision based on which ethical principle?

    a) Advance directive
    b) Substituted judgment

c) The right to refuse treatment
d) The right to refuse third-party interference

49. During blood transfusion, clotting of transfused blood is associated with:
    a) Rh incompatibility
    b) ABO incompatibility
    c) Minor blood group incompatibility
    d) Transfusion through Ringer's lactate
50. If a needle must be recapped after medication administration use the:
    a) one-hand method
    b) two-hand method
    c) partner method
    d) reverse stab method

SECTION TWO

Answer ALL questions (30 Marks)

1. List four (4) indications of admission (2 Marks)

2. State four (4) factors that affect vital signs (4 Marks)

3. Explain two (2) universal standards applied in infection prevention (4 Marks)

4. State the four (4) fundamental responsibilities of a nurse (4 Marks)

5. State the four (4) methods of feeding patients (4 Marks)

6. List two (2) indications and two (2) contraindications of Sims/Recovery/semi prone position (2 Marks)

7. Explain the six (6) rights of drug administration includes the right to: (6 Marks)

8. Explain two (2) blood products that can be used for transfusion (4 marks)

SECTION THREE

Answer ONE question (20 Marks)

1. A physical examination is a routine test your primary care provider (PCP) performs to check your overall health. A PCP may be a doctor, a nurse practitioner, or a physician assistant. The exam is also known as a wellness check. You don't have to be sick to request an exam.
   a) State the main purposes of physical examination (5 Marks).
   b) Discuss the techniques used in physical examination of clients in hospital (15 Marks).

2. Death is the permanent cessation of all biological functions that sustain a living organism. It occurs from distal to proximal, outside to inside
   a. List four (4) signs indicating that one is approaching death (2 Marks)
   b. List six (6) strong indications that death has occurred (3 Marks)
   c. Giving your nursing actions, describe the five (5) stages of dying by Kubler-Ross (15 Marks)