(Knowledge for Development)

KIBABII UNIVERSITY

UNIVERSITY EXAMINATIONS 2021/2022

ACADEMIC YEAR

FIRST YEAR SECOND TRIMESTER

SUPPLEMENTARY EXAMINATION

FOR BACHELOR OF SCIENCE IN NURSING DEGREE

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

DATE: 23/09/2022 **TIME: 9.00am-12.00pm**

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. A client being admitted to a medical unit with a diagnosis of tuberculosis. Which type of room should this client be assigned by the nurse?

a) A private room
b) Semiprivate room
c) Room with windows that can be opened
d) Negative airflow room

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. Growth replication determined by environment:
   a) Bacteria
   b) Fungi
   c) Viruses
   d) Protozoa

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 to prevent infection by which 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. Donated blood undergoes screening for which diseases?
a) HIV (the virus that causes AIDS)
b) Viral Hapatitis
c) Diabetes
d) A and B

9. What 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 care, 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 a post-operative or surgical bed prepared or used?
a) When a patient has undergone n operation
b) When a patient has left for the operating room or procedural area
c) When a patient has a surgical wound or fracture
d) When a patient is unconscious

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 of needs in Maslow's Hierarchy of Needs is which of the following?
a) Safety and security needs
b) Love and belonging needs
c) Physiologic needs
d) Self-esteem needs

19. Which of the following reasons is the important, as well the most 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 which of the following sources?
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

21. Which of the following statements best describes a wellness nursing diagnosis for an individual, family or community?
a) Clinical judgement of transition to a higher level of wellness
b) Nursing judgement that in some area no pathology exists
c) A judgement that in some area there is more wellness than illness
d) Statement of an area of family strength to use in interventions

22. When writing goals/outcomes for clients, the nurse should do which of the following?
a) Combine related diagnoses and write a goal or goals for this this set
b) Write goals that the treatment team believes are important
c) Involve the client in determining the goals/desired outcomes
d) Combine no more than two nursing diagnoses per goal

23. The client you are assigned to has four nursing diagnoses. Which of the following would you assign the highest priority?
a) Chest pain related to cough secondary to pneumonia
b) Self-care deficit related to activity intolerance secondary to sleep-pattern disturbance
c) Risk of altered family processes secondary to hospitalization
d) Self-esteem deficit situational

24. When the nurse problem solves and has implemented a solution from several solutions identified, the nurse most needs to do which of the following things?

a) Discard the solutions that were not selected implementation

b) Implement a second solution, comparing its usefulness with the first solution

c) Evaluate the effectiveness of the solution implemented

d) Consider the problem solving completed in this case

25. Which of the following activities on the part of the nurse most demonstrates individualization of the nursing care plan for a client?

a) Include client's preferred times of care and methods used

b) Write the care plan instead of taking it off the computer

c) Use a care plan from a book but add some things to it

d) Select nursing diagnoses that match the client's problems

26. You are doing the evaluation step of the nursing process and find that two goals of the client have not been met. Which of the following actions would be best on your part?

a) Stop working on these goals, as evaluation is the last step

b) Assess client's motivation for complying with the care plan

c) Reassess the problem and then review care plan and revise as needed

d) Determine if the client has a knowledge deficit causing nonattainment

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 to the and calls for help. You answer the call and alert your supervisor. After assuring 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. You realize that the physician is telling you which of the following things?

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 doplar device will be needed to find the murmur

33. When counting the apical pulse during the physical assessment, it is the most accepted practice for the nurse to count the apical pulse in which of the following ways?

a) For 15 seconds and multiply by four

b) For 30 seconds and multiply by two

c) For one minute, checking radial pulse at the same time

d) For 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 which of the following?

a) Fowler's position

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) Loose 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 patient be monitored closely because O_2 therapy can result to 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, pricking pain
b) Throbbing pain
c) Burning pain
d) Intermittent stabbing pain

41. Define hypoxia

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

42. Which parts of the blood can be transfused?

a) Whole blood
b) Platelets
c) Red blood cells
d) All of the above

43. The six rights for medication administration:

a) Right medication, right route, right date, right documentation, right dose, right time
b) Right patient, right medication, right time, right prescription, right date and documentation
c) Right dose, right route, right date, right symptoms, right document, right medication
d) Right dose, right patient, right formulation, right documentation, and right medication

44. 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 every 5 minutes
d) Increase IV fluid rate

45. 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

46. 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 drops a minute

b) 17 drops a minute

c) 21 drops a minute

d) 23 drops a minute

47. The patient with a hemoglobin level of 4.4 is ordered to receive 5 units packed red blood cells. To avoid circulatory overload, the NP 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

48. Which one of the following routes of drug administration produces the most rapid absorption?

a) Inhalation

b) Intravenous

c) Oral

d) Rectal

49. You are caring for a patient in hypovolemic shock who will require plasma expansion. What should the physician will order?

a) Cryoprecipitate

b) Packed red blood cells

c) Albumin

d) Platelets

50. 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

SECTION TWO

Answer ALL questions (30 Marks)

1. List four (4) determinants for frequency of vital signs measurement (2 Marks)
2. State four (4) standards of effective communication (4 Marks)
3. Explain any 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. State the 6 Rights of drug administration (6 Marks)
8. List the stages of dying by Kubler- Ross (2 Marks)
9. Differentiate between hypoxemia and hypoxia (2 Marks)

SECTION THREE

Answer ONE question (20 Marks)

1. Mr Bean aged 39 years old is brought to the Accident and Emergency department with history of severe headache. On checking vital signs, he is found to have an elevated Blood Pressure of 190/110mmhg and is to be admitted in the male medical ward.
   a. Define what admission of a patient means (2 Marks)
   b. Lost four (4) purposes of patient admission (2 Marks)
   c. List four (4) indications that warrant patients to be admitted (4 Marks|)
   d. Describe the admission process with Mr. Bean as the patient (14 Marks)

2. As a nurse, your primary duty is ensuring your patients receive safe delivery of care as outlined by the plan of care created by the medical team. Throughout your shift, you will be constantly collecting and analyzing patient information, and you'll be charged with what to do with this information. By following the nursing process, you'll take a systematic approach to manage your patients' needs.

a) Define the nursing process (2 Marks)

b) List four (4) benefits of the nursing process (2 Marks)

c) Using the nursing process, develop a nursing care plan for a patient admitted with Chronic Obstructive Pulmonary Disease (COPD) include both actual and potential problems (16 Marks)