(Knowledge for Development)

KIBABII UNIVERSITY

UNIVERSITY EXAMINATIONS 2021/2022

ACADEMIC YEAR

FIRST YEAR THIRD TRIMESTER

MAIN EXAMINATION

FOR BACHELOR OF SCIENCE IN NURSING DEGREE

COURSE CODE: NUR 134
COURSE TITLE: HEALTH ASSESSMENT

DATE: 25/08/2022 **TIME:** 9am – 12 pm

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 9 printed pages. Please Turn Over

KIBU observes ZERO tolerance to examination cheating

SECTION 1 (MULTIPLE CHOICE QUESTIONS- Answer ALL Questions) (50 MARKS)

1. What does SOAP stand for?
   a. Subject Oriented Assignment Plan
   b. Subjective Objective Assessment Plan
   c. Signs Outlook Assign Placement
   d. None of the above
2. What does a Snellen Chart test?
   a. Near sight
   b. Color blindness
   c. Far sight
   d. Short sight
3. What are some of the methods used during physical Examination?
   a. Listening to the patient
   b. Questioning the patient
   c. Inspection
   d. Communication
4. Capillary refill is tested on
   a. Fingers
   b. Stomach
   c. Legs
   d. Arm
5. The ears would be checked with a
   a. Ophthalmoscope
   b. Otoscope
   c. Angiometer
   d. Electrocardiogram (ECG)
6. What is Fowler's position?
   a. Head lower than legs
   b. Laying face forward
   c. Sitting up 90 degrees
   d. Sitting up 45 degrees
7. General Examination covers
   a. Clinical anthropometry: weight, height, frame size, Body Mass Index
   b. Nun-vital signs- reading, repertory, declaratory, fracking
   c. Liveable: chock, signs, rails, sails, snails
   d. Urinalysis
8. If the following signs of distress are apparent, you need to act quickly
   a. Polydipsia
   b. Dyspnea
   c. Polyuria
   d. Nasal flaring

9. The following are signs of cerebellar dysfunction EXCEPT
   a. Impaired coordination in the torso or arms and legs
   b. Unsteady gait
   c. Slurred speech
   d. Slow eye movement

10. What is the purpose of a health history?
   a. To gather subjective data about a patient
   b. To obtain a genetic history to determine susceptibility to disease
   c. To gather past and current objective and subjective data about a patient
   d. To obtain a genealogic record of familial diseases

11. Which of the following are part of the 'critical characteristics'?
   a. Aggravating factors, Location, Timing and Color
   b. Location, Palpation, Setting, and Perception
   c. Quantity, Timing, Aggravating Factors, and Quality
   d. Severity, Timing, Perception, and Genetic Susceptibility

12. A patient is in your office complaining of a sharp pain in his wrist. The patient's complaint best describes which element of health assessment?
   a. Past History
   b. Review of System (ROS)
   c. Functional Pattern of Living
   d. Reason for seeking care

13. A health history is....
   a. Strictly subjective
   b. Only looks for information about physical health
   c. Is to gather information of the mind, body and spirit
   d. Is solely concerned with the patient's mental history

14. You are taking a health history on a patient and notice their eyes seem a bit yellow and their skin seems Jaundiced, what word/phrase best describes this type of objective observation?
   a. A sign
   b. A symptom
   c. An emergency
   d. A complication of treatment

15. What is the purpose of a genogram?
   a. To obtain a complete family history
   b. To rule out any disease
   c. For the physician to record the patient's genetic history
   d. To test for genetic disorders

16. An assessment of the past/present condition of each body system is what part of the sequence in a health history?
   a. Biographical data
   b. Chief Complaint
   c. Review of Systems (ROS)
   d. Functional Assessment

17. What is an example of health promotion?
    a. Suggesting the patient take aspirin on a daily basis to avoid high blood pressure
    b. Giving the patient an anti-inflammatory for arthritis
    c. Explaining the dietary changes a patient should make after a diagnosis of Diabetes Mellitus has been presented to the physician
    d. Telling a post-operative Cardiovascular patient he should begin a weight training program immediately

18. What is the most important part of communication?
    a. Listening
    b. Being assertive
    c. Speaking clearly and directly
    d. Giving ample time for your patient to respond

19. Which phrase would not be appropriate to say during a patient interview?
    a. You should be on birth control because you are sexually active
    b. I understand you are nervous about surgery, tell me what concerns you
    c. Though this procedure is done under local anesthetic, you may feel some slight pressure
    d. I am not sure if the symptoms will be completely alleviated but the medication is meant to help with your condition

20. Which of the following is included in functional assessment?
    a. Listing of patient's allergies
    b. Getting a history of any past surgeries
    c. Knowing which immunizations a patient has
    d. Getting a profile of the patient's daily exercise habits

21. When reviewing a medical record you see the patient stated 'I have had a cough for the last 10 days and now my chest feels very tight.' What is this an example of?
    a. Functional assessment
    b. Review of Systems
    c. Chief Complaint
    d. Past History

22. The patient does not seem to give reliable information, what should you do?
    a. Continue to ask the same questions intermittently but rephrase them
    b. Call the family member listed on their intake chart
    c. Review the previous health records if available
    d. Have the patient fill out their own printed health history

23. A patient with chronic Irritable Bowel Syndrome (IBS) tells you that their favorite food is chili, but when they eat it they wind up with massive abdominal cramps and explosive diarrhea. This is an example of
    a. The severity of the problem
    b. Chief Complaint
    c. Aggravating/Relieving Factors
    d. The frequency of the problem

24. Which of the following is a proper recording of a patient's reason for seeking care?
    a. Angina Pectoris, duration 3 hours
    b. 'grabbing' chest pain for 2 hours
    c. Pleurisy, for 2 days
    d. Sub sternal pain lasting 2 days
25. Which of the following is an example of subjective data?
    a. The patient presents with shaky hands
    b. The patient has a pulse of 79
    c. The patient tells you her migraines have gotten worse since beginning nursing school
    d. The patient has a BP of 110/40
26. In a functional assessment how do we refer to the decline in functionality due to disease in an older adult?
    a. Disease burden
    b. Instrumental Functionality Impairment
    c. Interpersonal Relationship Assessment
    d. Physical Activity Decline
27. Nurses use physical assessment skills to
    a. Identify and manage a variety of patient problems
    b. Discharge the patient from hospital
    c. Collect the patient history
    d. Enhance the quality of care
28. A patient admitted in general ward and complains of vertigo. A nurse checks blood pressure and informs the doctor. This is called
    a. Subjective data
    b. Vital sign of client
    c. Health history
    d. Objective data
29. During physical examination a lubricant like xylocain jelly or liquid paraffin is used to
    a. Ease the insertion of instrument
    b. Visualize the body part
    c. Heal the injury
    d. Enhance the client's complain
30. A tongue blade is used to depress the tongue during assessment of;
    a. nose and throat
    b. mouth and larynx
    c. mouth and pharynx
    d. mouth and esophagus
31. A speculum is used to assess the
    a. Ovary
    b. Fallopian tube
    c. Cervix and vagina
    d. Urethra

32. During assessment a lighted instrument used to visualize the anterior of eye is called
    a. Otoscope
    b. Stethoscope
    c. Laryngoscope
    d. Ophthalmoscope

33. X-ray of breast is called
    a. Mammogram
    b. Digital X-ray
    c. Computerized Tomography (CT scan)
    d. Magnetic Resonance Imaging (MRI)

34. The sweat to reduce the body temperature is eliminated by
    a. Sweat glands
    b. Apocrine gland
    c. Eccrine gland
    d. Hypothalamus gland

35. For the detection of hearing loss an instrument in physical examination is called
    a. Otoscope
    b. Hammer
    c. Tuning fork
    d. Speculum

36. Occipital lobe of brain is said to be
    a. Memory storage center
    b. Visual center
    c. Interpretation of sensory center
    d. Auditory center

37. The appropriate time to collect a urine specimen from a patient is
    a. Before the physical examination
    b. Anytime the patient feels he can provide specimen
    c. During the examination
    d. After follow up

38. The MOST APPROPRIATE position for the physician to evaluate the patient's ability to fully expand the lungs is;
    a. Sitting
    b. Prone
    c. Knee-chest
    d. Fowler's

39. A patient who is in shock would be placed in a _____ position;
    a. Sitting
    b. Prone
    c. Knee-chest
    d. Trendelenburg

40. One respiration consists of
    a. One inhalation
    b. One exhalation
    c. One inhalation and one exhalation
    d. The opening and closing of the pulmonary valves of the lungs

41. The abbreviation used to record oxygen saturation as measured by a pulse oximeter is
    a. SaO2
    b. PCO2
    c. PO2
    d. SpO2

42. Blood pressure is measured in
    a. Units
    b. Beats/minute
    c. Millimeters of mercury
    d. Nanometer

43. Over which artery is the stethoscope placed when taking blood pressure
    a. Radial
    b. Brachial
    c. Apical
    d. Carotid

44. When measuring blood pressure, the patient's arm should be positioned
    a. Above heart level
    b. At heart level
    c. Across the chest
    d. With palm facing downward

45. A client is being cared for after a traumatic brain injury. During an **initial** assessment, the nurse performs the Glasgow Coma Scale and gives the client a score of 8. Which of the following responses from the nurse is appropriate to manage the client's respiratory rate?
    a. Prepare for intubation
    b. Administer oxygen via non-rebreather mask
    c. Administer oxygen via nasal cannula
    d. Remove oxygen and assess the client's pulse oximetry

46. In which situation would it be most appropriate to perform a comprehensive health history on a client?
    a. A client is being seen for complaints of fatigue
    b. A client is seeking care for a broken arm
    c. A client is being seen for a follow-up appointment after surgery
    d. A client needs an adjustment on his asthma medications

47. The nurse is performing an assessment of a client's abdomen. Upon palpation, the nurse feels an abnormal lump in the left upper quadrant that is extremely painful for the client. The nurse is likely palpating which of the following?
    a. Inflamed spleen
    b. Inflamed appendix
    c. Enlarged liver
    d. Bilious gallbladder

48. The nurse is caring for a client who arrives at the emergency department after falling down multiple times. Upon **initial** assessment, the client states, 'I am so dizzy I can't stay standing up.' What is the nurse's **first** priority?
    a. Get an electocephalogram
    b. Take vital signs
    c. Carry out a full neurological exam
    d. Draw blood

49. Which of the following are signs of airway obstruction?
    a. Poor air exchange
    b. High-pitched noise while inhaling
    c. Inability to speak
    d. All the above

50. Which of the following (s) is an element of high quality CPR?
    a. Starting chest compressions within 10 seconds of recognition of cardiac arrest
    b. Pushing hard and fast
    c. Minimizing interruptions
    d. All of the above

SECTION 2 (SHORT ANSWER QUESTIONS- Answer ALL Questions) (30 MARKS)

1. Explain four (4) routes of drug administration (4 Marks)
2. Explain five (5) aspects of Cardiovascular examination (5 Marks)
3. Explain the four (4) locations of valves (4 Marks)
4. State four (4) differences between comprehensive and focused assessment (4 Marks)
5. State with examples the seven (7) components in comprehensive adult health history 7 Marks)
6. Outline what cardiovascular examination consists of (3 Marks)
7. List the recommended temperature measurement methods in children according to age (3 Marks)

SECTION 3 (LONG ANSWER QUESTIONS- Answer ONE Question) (20 MARKS)

1. Describe the process of systemic respiratory assessment (20 Marks)
2. The Glasgow Coma Scale (GCS), which can identify changes to consciousness in traumatic brain injury patients, is a tool that requires nurses to fully understand its purpose and how to use it. Identifying the patients that require scoring is the first step in properly using the scale (20 Marks)

a. The Glasgow Coma Scale analyzes patients on three different criteria/components. Outline them (3 Marks)

b. Each criterion in Glasgow Coma Scaling is on a different scale with a total possible of 15. In a table form describe the criterion and the relevant scores (13 Marks)

c. Interpret the classification of the degree of brain injury after creating the sum which is the patient's Glasgow score (4 Marks)