(University of Choice)

MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY (MMUST)

DISTANCE LEARNING

UNIVERSITY EXAMINATIONS 2023/2024 ACADEMIC YEAR

FIRST YEAR THIRD TIMESTER EXAMINATIONS

FOR THE DEGREE OF BACHELOR OF SCIENCE IN NURSING

COURSE CODE: NCD 136

COURSE TITLE: MEDICAL SURGICAL NURSING I

MAIN EXAMINATION

DATE: TUESDAY 9TH APRIL, 2024 **TIME:** 11:30- 2:30 PM

INSTRUCTIONS TO CANDIDATES

Answer all Questions in all sections.

TIME: 3 Hours

MMUST observes ZERO tolerance to examination cheating

SECTION I: MULTIPLE CHOICE QUESTIONS (60 MARKS)

1. The nurse is monitoring a client admitted to the hospital with a diagnosis of appendicitis who is scheduled for surgery in 2 hours. The client begins to complain of increased abdominal pain and begins to vomit. On assessment, the nurse notes that the abdomen is distended and bowel sounds are diminished. Which is the most appropriate nursing intervention?
    a. Notify the surgeon.
    b. Administer the prescribed pain medication.
    c. Call and ask the operating room team to perform surgery as soon as possible.
    d. Reposition the client and apply a heating pad on the warm setting to the client's abdomen.
2. A client diagnosed with viral hepatitis is complaining of "no appetite" and "losing my taste for food." What instruction would the nurse give the client to provide adequate nutrition?
    a. Select foods high in fat.
    b. Increase intake of fluids, including juices.
    c. Eat a good supper, when anorexia is less severe.
    d. Eat less often, preferably only three large meals daily
3. A client suspected of having a duodenal ulcer has undergone esophagogastroduodenoscopy. The nurse would place highest priority on which item as part of the client's care plan?
    a. Monitoring the temperature
    b. Monitoring complaints of heartburn
    c. Giving warm gargles for a sore throat
    d. Assessing for the return of the gag reflex
4. A client who has a history of a mitral valve prolapse is scheduled to get her teeth cleaned. Which of the following replies by the nurse is mostappropriate?
    a. "The physician will need to reevaluate the status of your heart condition before your dental appointment."
    b. "Be sure to remind your dentist that you have a heart condition."
    c. "It is important for you to care for your teeth because your heart condition makes you more susceptible to developing oral infections."
    d. "We will prescribe a prophylactic antibiotic for you to take before getting your teeth cleaned."
5. The nurse is preparing a community presentation on oral cancer. Which of the following is a primary risk factor for oral cancer that the nurse should include in the presentation?
    a. Use of alcohol.
    b. Frequent use of mouthwash.
    c. Lack of vitamin B12
    d. Lack of regular teeth cleaning by a dentist.
6. The nurse has taught the client with suspected gallbladder disease about an upcoming endoscopic retrograde cholangiopancreatography (ERCP) procedure. The nurse determines that the client needs further information if the client makes which statement?
    a. "I know I must sign the consent form."
    b. "I hope the throat spray keeps me from gagging."

c. "I'm glad I don't have to lie still for this procedure."
d. "I'm glad some intravenous medication will be given to relax me."

7. A client is admitted to the hospital after vomiting bright red blood and is diagnosed with a bleeding duodenal ulcer. The client develops a sudden, sharp pain in the midepigastric region along with a rigid, boardlike abdomen. The nurse should do which of the following first?
   a. Administer pain medication as prescribed.
   b. Raise the head of the bed.
   c. Prepare to insert a nasogastric tube
   d. Notify the physician.
8. A client admitted to the hospital with peptic ulcer disease tells the nurse about having black, tarry stools. The nurse should:
   a. Encourage the client to increase fluid intake.
   b. Advise the client to avoid iron-rich foods.
   c. Place the client on contact precautions.
   d. Report the finding to the health care provider.
9. The primary health care provider has determined that a client has contracted hepatitis A based on flu like symptoms and jaundice. Which statement made by the client supports this medical diagnosis?
   a. "I have had unprotected sex with multiple partners."
   b. "I ate shellfish about 2 weeks ago at a local restaurant."
   c. "I was an intravenous drug abuser in the past and shared needles."
   d. "I had a blood transfusion 30 years ago after major abdominal surgery."

10. A client with peptic ulcer disease is taking ranitidine. What is the expected outcome of this drug?
    a. Heal the ulcer.
    b. Protect the ulcer surface from acids.
    c. Reduce acid concentration.
    d. Limit gastric acid secretion.
11. A client with suspected gastric cancer undergoes an endoscopy of the stomach. Which of the following assessments made after the procedure would indicate the development of a potential complication?
    a. The client has a sore throat.
    b. The client displays signs of sedation.
    c. The client experiences a sudden increase in temperature.
    d. The client demonstrates a lack of appetite.
12. The nurse is assessing a client 24 hours after a cholecystectomy. The nurse notes that the T-tube has drained 750 mL of green-brown drainage since the surgery. Which nursing intervention is most appropriate?
    a. Clamp the T-tube.
    b. Irrigate the T-tube.
    c. Notify the surgeon.
    d. Document the findings.

13. A client has been diagnosed with adenocarcinoma of the stomach and is scheduled to undergo a subtotal gastrectomy (Billroth II procedure). During preoperative teaching, the nurse is reinforcing information about the surgical procedure. Which of the following explanations is most accurate?
    a. The procedure will result in enlargement of the pyloric sphincter.
    b. The procedure will result in anastomosis of the gastric stump to the jejunum.
    c. The procedure will result in removal of the duodenum.
    d. The procedure will result in repositioning of the vagus nerve.
14. Since the diagnosis of stomach cancer, the client has been having trouble sleeping and is frequently preoccupied with thoughts about how life will change. The client says, "I wish my life could stay the same." Based on this information, the nurse should understand that the client:
    a. Is having difficulty coping.
    b. Has a sleep disorder.
    c. Is grieving.
    d. Is anxious.
15. The nurse is providing discharge instructions to a client following gastrectomy and would instruct the client to take which measure to assist in preventing dumping syndrome?
    a. Ambulate following a meal.
    b. Limit the fluids taken with meals.
    c. Eat cakes and pastries only if they are homemade.
    d. Eat three meals a day rather than small frequent meals.
16. To reduce the risk of dumping syndrome, the nurse should teach the client to do which of the following?
    a. Sit upright for 30 minutes after meals.
    b. Drink liquids with meals, avoiding caffeine.
    c. Avoid milk and other dairy products.
    d. Decrease the carbohydrate content of meals.
17. After surgery for gastric cancer, a client is scheduled to undergo radiation therapy. It will be most important for the nurse to include information about which of the following in the client's teaching plan?
    a. Nutritional intake.
    b. Management of alopecia.
    c. Exercise and activity levels.
    d. Access to community resources.
18. The nurse is providing discharge teaching for a client with newly diagnosed Crohn's disease about dietary measures to implement during exacerbation episodes. Which statement made by the client indicates a need for further instruction?
    a. "I need to increase the fiber in my diet."
    b. "I will need to avoid caffeinated beverages."
    c. "I'm going to learn some stress-reduction techniques."
    d. "I can have exacerbations and remissions with Crohn's disease."
19. Which of the following instructions should the nurse include in the teaching plan for a client who is experiencing gastroesophageal reflux disease (GERD)?
    a. Limit caffeine intake to two cups of coffee per day.
    b. Do not lie down for 2 hours after eating.

c. Follow a low-protein diet.
d. Take medications with milk to decrease irritation.

20. The client is scheduled to have an upper gastrointestinal tract series of x-rays. Following the x-rays, the nurse should instruct the client to:
    a. Take a laxative.
    b. Follow a clear liquid diet.
    c. Administer an enema.
    d. Take an antiemetic.
21. Which of the following dietary measures would be useful in preventing esophageal reflux?
    a. Eating small, frequent meals.
    b. Increasing fluid intake.
    c. Avoiding air swallowing with meals.
    d. Adding a bedtime snack to the dietary plan.
22. The nurse is doing an admission assessment on a client with a history of duodenal ulcer. To determine whether the problem is currently active, the nurse would assess the client for which manifestation of duodenal ulcer?
    a. Weight loss
    b. Nausea and vomiting
    c. Pain relieved by food intake
    d. Pain radiating down the right arm
23. A client with hiatal hernia chronically experiences heartburn following meals. The nurse would plan to teach the client to avoid which action because it is contraindicated with a hiatal hernia?
    a. Lying recumbent following meals
    b. Consuming small, frequent bland meals
    c. Taking H2 -receptor antagonist medication
    d. Raising the head of the bed on 6-inch (15 cm) blocks
24. The nurse should instruct the client to avoid which of the following drugs while taking metoclopramide hydrochloride?
    a. Antacids.
    b. Antihypertensives.
    c. Anticoagulants.
    d. Alcohol.
25. A client is taking cimetidine (Tagamet) to treat a hiatal hernia. The nurse should evaluate the client to determine that the drug has been effective in preventing which of the following?
    a. Esophageal reflux.
    b. Dysphagia.
    c. Esophagitis.
    d. Ulcer formation.
26. The nurse is providing care for a client with a bowel obstruction who had a transverse colostomy created. Which observation requires immediate notification of the primary health care provider?
    a. Stoma is beefy red and shiny
    b. Purple discoloration of the stoma
    c. Skin excoriation around the stoma

d. Semiformed stool noted in the ostomy pouch

27. Which of the following statements by a mother about her child would suggest to the nurse that the child may have celiac disease and should be referred to a health care provider?
    a. "His urine is so dark in color."
    b. "His stools are large and smelly."
    c. "His belly is so small."
    d. "He is so short."
28. The nurse provides instructions to a client about measures to treat irritable bowel syndrome (IBS). Which statement by the client indicates a need for further teaching?
    a. "I need to limit my intake of dietary fiber."
    b. "I need to drink plenty, at least 8 to 10 cups daily."
    c. "I need to eat regular meals and chew my food well."
    d. "I will take the prescribed medications because they will regulate my bowel patterns."
29. After teaching the parents of a child with lactose intolerance about the disorder, the nurse determines that the teaching was effective when the mother describe the condition?
    a. "The lack of an enzyme to break down lactose."
    b. "An allergy to lactose found in milk."
    c. "Inability to digest proteins completely."
    d. "Inability to digest fats completely."
30. An 11-year-old is admitted for treatment of an asthma attack. Which of the following indicates immediate intervention is needed?
    a. Thin, copious mucous secretions.
    b. Productive cough.
    c. Intercostal retractions.
    d. Respiratory rate of 20 breaths/minute.
31. When preparing the teaching plan for the mother of a child with asthma, which of the following should the nurse include as signs to alert the mother that her child is having an asthma attack?
    a. Secretion of thin, copious mucus.
    b. Tight, productive cough.
    c. Wheezing on expiration.
    d. Temperature of 99.4°F (37.4°C).
32. A homeless client, visiting a health clinic, is noted to have a smooth and reddened tongue and ulcers at the corners of the mouth. The client was tentatively diagnosed with a hematological disorder, and laboratory tests were prescribed. Based on this information, a nurse should expect the client's laboratory results to reveal:
    a. Low hemoglobin.
    b. Elevated red blood cells (RBCs).
    c. Prolonged prothrombin time (PT).
    d. Low white blood cells (WBCs).
33. A nurse should assess a client with hemolytic anemia for weakness, fatigue, malaise, skin and mucous membrane pallor, and:
    a. Jaundice.
    b. A smooth red tongue.

c. A craving for ice.
d. A poor intake of fresh vegetables.

34. A nurse teaches a 55-year-old strict vegetarian that, to decrease the risk of developing megaloblastic anemia, the client should:
    a. Undergo a Schilling test.
    b. Increase intake of foods high in iron.
    c. Supplement the diet with vitamin B12.
    d. Have a monthly hemoglobin level drawn.
35. A 17-year-old client with cystic fibrosis (CF) is visiting with a nurse in preparation for leaving home for college. The nurse knows that the client needs further education if the client states:
    a. "I will bring extra cough medicine so as to not wake up my roommate at night."
    b. "I will contact the college's health center and pass on my medical records."
    c. "I will check to make sure they have good workout facilities."
    d. "I will be really careful about washing my hands and staying away from sick friends."
36. A client has been admitted with active rectal bleeding, and has been typed and crossmatched for 2 units of packed red blood cells (RBCs). Within 10 minutes of admission, the client faints when getting up to go to the bedside commode. The nurse notifies the health care provider, who prescribes a unit of blood to be administered immediately. The nurse can safely administer which type of blood for immediate transfusion?
    a. A negative.
    b. B negative.
    c. AB negative.
    d. O negative.
37. The nurse should instruct the client to eat which of the following foods to obtain the best supply of vitamin B12?
    a. Whole grains.
    b. Green leafy vegetables.
    c. Meats and dairy products.
    d. Broccoli and Brussels sprouts.
38. Which of the following lab values should the nurse report to the health care provider when the client has anemia?
    a. Schilling test result, elevated.
    b. Intrinsic factor, absent.
    c. Sedimentation rate, 16 mm/h.
    d. Red blood cells (RBCs) within normal range.
39. Which of the following is a late symptom of polycythemia vera?
    a. Headache.
    b. Dizziness.
    c. Pruritus.
    d. Shortness of breath.
40. When a client with thrombocytopenia has a severe headache, the nurse interprets that this may indicate which of the following?
    a. Stress of the disease.

b. Cerebral bleeding.
c. Migraine headache.
d. Sinus congestion.

41. The nurse is preparing to administer platelets. The nurse should:
    a. Check the ABO compatibility.
    b. Administer the platelets slowly.
    c. Gently rotate the bag.
    d. Use a whole blood tubing set.
42. A client with disseminated intravascular coagulation develops clinical manifestations of microvascular thrombosis. The nurse should assess the client for:
    a. Hemoptysis.
    b. Focal ischemia.
    c. Petechiae.
    d. Hematuria.
43. The nurse identifies deficient knowledge when the client undergoing induction therapy for leukemia makes which of the following statements?
    a. "I will pace my activities with rest periods."
    b. "I can't wait to get home to my cat!"
    c. "I will use warm saline gargle instead of brushing my teeth."
    d. "I must report a temperature of 100°F (37.7°C)."
44. The emergency department nurse is assessing a client who has sustained a blunt injury to the chest wall. Which finding indicates the presence of a pneumothorax in this client?
    a. A low respiratory rate
    b. Diminished breath sounds
    c. The presence of a barrel chest
    d. A sucking sound at the site of injury
45. The nurse is caring for a client after a bronchoscopy and biopsy. Which finding, if noted in the client, would the nurse immediately report to the primary health care provider?
    a. Dry cough
    b. Hematuria
    c. Bronchospasm
    d. Blood-streaked sputum
46. The nurse is assessing the respiratory status of a client who has suffered a fractured rib. The nurse would expect to note which finding?
    a. Slow, deep respirations
    b. Rapid, deep respirations
    c. Paradoxical respirations
    d. Pain, especially with inspiration
47. A client with a chest injury has suffered flail chest. The nurse assesses the client for which most distinctive sign of flail chest?
    a. Cyanosis
    b. Hypotension
    c. Paradoxical chest movement
    d. Dyspnea, especially on exhalation

48. The nurse is assessing a client with multiple trauma who is at risk for developing acute respiratory distress syndrome. The nurse would assess for which earliest sign of acute respiratory distress syndrome?
    a. Bilateral wheezing
    b. Inspiratory crackles
    c. Intercostal retractions
    d. Increased respiratory rate
49. The nurse has conducted discharge teaching with a client diagnosed with tuberculosis who has been receiving medication for 2 weeks. The nurse determines that the client has understood the information if the client makes which statement?
    a. "I need to continue medication therapy for 1 month."
    b. "I can't shop at the mall for the next 6 months."
    c. "I can return to work if a sputum culture comes back negative."
    d. "I won't be contagious after 2 to 3 weeks of medication therapy."
50. A client has experienced pulmonary embolism. The nurse would assess for which symptom, which is most commonly reported?
    a. Hot, flushed feeling
    b. Sudden chills and fever
    c. Chest pain that occurs suddenly
    d. Dyspnea when deep breaths are taken
51. The nurse is taking the history of a client with occupational lung disease (silicosis). The nurse would ask the client whether the client wears which item during periods of exposure to silica particles?
    a. Mask
    b. Gown
    c. Gloves
    d. Eye protection
52. The nurse is instructing a hospitalized client with a diagnosis of emphysema about measures that will enhance the effectiveness of breathing during dyspneic periods. Which position would the nurse instruct the client to assume?
    a. Sitting up in bed
    b. Side-lying in bed
    c. Sitting in a recliner chair
    d. Sitting up and leaning on an over bed table
53. A client has a prescription to take guaifenesin. The nurse determines that the client understands the proper administration of this medication if the client states that they will perform which action?
    a. Take an extra dose if fever develops
    b. Take the medication with meals only
    c. Increase water intake when taking the medication
    d. Decrease the amount of daily fluid intake
54. The nurse is preparing to administer a dose of naloxone intravenously to a client with an opioid overdose. Which supportive medical equipment would the nurse plan to have at the client's bedside?
    a. Nasogastric tube
    b. Paracentesis tray

c. Resuscitation equipment
d. Central line insertion tray

55. A client has been taking isoniazid for 2 months. The client complains to the nurse about numbness, paresthesias, and tingling in the extremities. The nurse interprets that the client is experiencing which problem?
    a. Hypercalcemia
    b. Peripheral neuritis
    c. Small blood vessel spasm
    d. Impaired peripheral circulation
56. The nurse would plan to implement which intervention in the care of a client experiencing neutropenia as a result of chemotherapy?
    a. Restrict all visitors.
    b. Restrict fluid intake.
    c. Teach the client and family about the need for hand hygiene.
    d. Insert an indwelling urinary catheter to prevent skin breakdown.
57. A client is admitted to the hospital with a suspected diagnosis of Hodgkin's disease. Which assessment finding would the nurse expect to note specically in the client?
    a. Fatigue
    b. Weakness
    c. Weight gain
    d. Enlarged lymph nodes
58. The nurse is assessing the perineal wound in a client who has returned from the operating room following an abdominal perineal resection and notes serosanguineous drainage from the wound. Which nursing action is most appropriate?
    a. Clamp the surgical drain.
    b. Change the dressing as prescribed.
    c. Notify the surgeon.
    d. Remove and replace the perineal packing
59. The nurse is instructing a client with iron-deciency anemia regarding the administration of a liquid oral iron supplement. Which instruction would the nurse tell the client?
    a. Administer the iron at mealtimes.
    b. Administer the iron through a straw.
    c. Mix the iron with cereal to administer.
    d. Add the iron to apple juice for easy administration.
60. Laboratory studies are performed for a client suspected to have iron-defciency anemia. The nurse reviews the laboratory results, knowing that which result indicates this type of anemia?
    a. Elevated hemoglobin level
    b. Decreased reticulocyte count
    c. Elevated red blood cell count
    d. Red blood cells that are microcytic and hypochromic

SECTION II: LONG ANSWER QUESTIONS (40 MARKS)

1. Zadock has been diagnosed with gastric ulcers and is on treatment.
   i. Explain the pathophysiology of the above condition. (5marks)
   ii. Give five respiratory symptoms of the disease (5 mrks)
   iii. Using the nursing process, describe the management of Mr.Zaddock. (10 marks)

2. Ella is a 15-year-old suffering from cystic fibrosis
   i. Discuss the pathophysiology of cystic fibrosis (6 mrks)
   ii. Give 5 clinical manifestations (5 mrks)
   iii. Enumerate 4 risk factors for this condition (4 mrks)
   iv. Explain the medical management of this patient (5 mrks)