(University of Choice)

MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY (MMUST)

MAIN CAMPUS

UNIVERSITY EXAMINATIONS

2023/2024 ACADEMIC YEAR

2ND YEAR TRIMESTER 2 EXAMINATIONS

FOR THE DEGREE OF

BACHELOR OF SCIENCE IN NURSING

COURSE CODE: NPP 221

COURSE TITLE: GASTROINTESTINAL AND ABDOMINAL EMERGENCIES

DATE: **TIME:**

INSTRUCTIONS TO CANDIDATES

ANSWER ALL QUESTIONS

TIME: 3 HOURS

MMUST observes ZERO tolerance to examination cheating

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SECTION A
MULTIPLE CHOICE QUESTIONS (20 MARKS)
ANSWER ALL QUESTIONS

1. A 43 year old male came to emergency room with acute abdominal pain, abdominal distension and vomiting for 3 days. Examination revealed presence of tachycardia, dehydration, abdominal rigidity and rebound tenderness. Best initial management would be

A. IV fluids followed by CT scan
B. IV fluids folowed by X ray abdomen
C. Directly CT scan
D. Only USG examination

2. A 45 year old female had severe pain in right upper quadrant with radiating to back and vomiting for 6 hours. Examination revealed mild tenderness in right upper quadrant. Best initial investigation would be

A. X ray chest
B. X ray abdomen
C. CT scan
D. USG examination

3. In relation to a patient presenting with an esophageal foreign body, which of the following statements is TRUE

A. The esophageal narrowing at the level of the Aortic Arch (T4) is the most common site of trapping
B. Removal of lodged button batteries may be delayed if there is no airway compromise
C. As many as 85% of children with coins lodged in their oesophagus will be asymptomatic
D. The majority of adult impactions arise in the distal oesophagus

4. A 72 year old male with a history of thinning of urinary stream, and intermittency woke up in morning with lower abdominal pain and inability to pass urine. Examination showed suprapubic distension. Per rectal examination is likely to show:

A. Carcinoma prostate
B. Carcinoma rectum
C. BPH
D. PR examination is not useful in this case.

5. A woman 35 years of age comes to the emergency department with symptoms of pain in abdomen and bilious vomiting but no distension of abdomen. Abdominal X ray showed no air. The most likely diagnosis is:

A. Ca rectum
B. Duodenal obstruction
C. Adynamic ileus
D. Pseudo obstruction

6. A patient underwent right hemicolectomy for cecal mass. On the seventh post operative day, he developed abdominal distension and bilious vomiting with increased bowel sounds. X ray abdomen showed multiple air fluid levels. No history of fever. What is the most probable cause?

A. Paralytic ileus
B. Anastomotic dehiscence
C. Adhesive obstruction
D. Pseudo-obstruction

7. Pain in right shoulder in acute cholecystitis is

A. Shifting pain
B. Referred pain
C. Indicates poor prognosis
D. Not related to gallbladder

8. Acute pain in epigastrium radiating to back after an alcohol binge in a 40 year old male with severe vomiting: true is

A. Serum lipase in less helpful than serum amylase in making correct diagnosis
B. Serum lipase is more helpful than serum amylase in making correct diagnosis after 5 days
C. Serum amylase is never helpful in such cases
D. C reactive protein is not helpful in acute pancreatitis

9. Which of the following is not a cause of upper gastrointestinal bleeding

A. Esophagitis
B. Esophageal varices
C. Ulcerative colitis
D. Mallory Weiss tear

10. Grey turner sign is seen in

A. Acute cholecystitis
B. Acute appendicitis
C. Acute pancreatitis

D. Acute hepatitis

11. In duodenal ulcer perforation

A. Erect x ray chest is not helpful in detecting air under diaphragm
B. Supine x ray is better than erect x ray abdomen
C. Air under diaphragm is not seen in all cases
D. X ray chest is not helpful in making correct diagnosis

12. Pain at McBurney's point during abdominal assessment is suggestive of?

A. Acute pancreatitis
B. Acute appendicitis
C. Acute small intestinal obstruction
D. Acute cholecystitis

13. What is the best position for placing the patient during assessing a patients abdomen?

A. Fowler
B. Supine
C. Sims
D. Trendelburg

14. Focused Abdominal Sonogram in Trauma (FAST) assesses for blood in all of the following regions EXCEPT

A. Pericardial sac
B. Splenorenal pouch
C. Hepatorenal pouch
D. Retroperitoneum

15. With respect to anorectal pathology, which of the following statements is FALSE

A. Second degree haemorrhoids commonly need reduction in the Emergency Department
B. Diabetics are more prone to perianal abscesses
C. Thrombosed external haemorrhoids should be surgically de-roofed and evacuated
D. Acute anal fissures should be treated conservatively

16. A patient with a recent history of pelvic inflammatory disease presents at the ED with acute severe abdominal pain. Her abdomen is distended and diffusely tender on palpation. The most likely diagnosis for this patient is:

A. Peritonitis
B. Pancreatitis
C. Cholelithiasis
D. Appendicitis

17. The Most common clinical presentation for patients with acute abdomen present is:

A. Tachycardia
B. Hypotension
C. Hypertension
D. Dyspnea

18. If a hernia is incarcerated and the contents are so greatly compressed that circulation is compromised the hernia is said to be

A. Reducible
B. Ruptured
C. Irreducible
D. Strangulated

19. Which of the following positions is most comfortable for patients with acute abdomen during transportation to the hospital

A. Sitting with their heads elevated at 45 degrees
B. Supine with their legs elevated at 12 inches
C. On their side with their knees flexed
D. Flowler's position with their legs straight

20. Rebound tenderness is as a result of

A. Esophageal varices
B. Ileus
C. Peritoneal irritation
D. Strangulation

SECTION B
SHORT ANSWER QUESTIONS (40 Marks)
ANSWER ALL QUESTIONS

1. List eight causes of acute pancreatitis (4marks)
2. State any three (3) complications of diverticulitis (6 marks)
3. State any four (4) clinical manifestations of small bowel obstruction (8 marks)
4. Classify hemorrhoids (8 marks)
5. Explain the pathophysiology of peptic ulcer disease (8 marks)
6. State the management of a patient with rectal abscess (6 marks)

SECTION C

LONG ANSWER QUESTIONS (40 MARKS)
ANSWER ALL QUESTIONS

1. Compare and contrast ulcerative colitis and Chrons disease (20 marks)
2. A 40 year old man who presents to the emergency department with abdominal tenderness, vomiting and Hypotension. A diagnosis of acute appendicitis is made

    a. List four possible causes of appendicitis (2 marks)
    b. Describe the immediate emergency management of the patient (14 marks)
    c. State two complications that the patient may develop (4 marks)