(University of Choice)

MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY (MMUST)

UNIVERSITY EXAMINATIONS 2022/2023 ACADEMIC YEAR

FIRST YEAR FIRST TRIMESTER EXAMINATIONS

FOR THE DEGREE OF BACHELOR OF SCIENCE NURSING (DE)

COURSE CODE: NRN 121

COURSE TITLE: ADVANCED NURSING THERAPEUTICS

DATE: 08/04/2024 **TIME:** 8.00 AM - 11.00 AM

INSTRUCTIONS TO CANDIDATES

All Questions Are Compulsory

TIME: 3 Hours

NRN 121: ADVANCED NURSING INFORMATICS

SECTION A: MCQ'S (20 MARKS)

1. Using the principles of standard precautions, the nurse would wear gloves in what nursing interventions?

   A. Providing a back massage
   B. Feeding a client
   C. Providing hair care
   D. Providing oral hygiene

2. The nurse is preparing to take vital sign in an alert client admitted to the hospital with dehydration secondary to vomiting and diarrhea. What is the best method used to assess the client's temperature?

   A. Oral
   B. Axillary
   C. Radial
   D. Heat sensitive tape

3. A nurse obtained a client's pulse and found the rate to be above normal. The nurse document this findings as:

   A. Tachypnea
   B. Hyper pyrexia
   C. Arrythmia
   D. Tachycardia

4. Which of the following actions should the nurse take to use a wide base support when asisting a client to get up in a chair?

   A. Bend at the waist and place arms under the client's arms and lift
   B. Face the client, bend knees and place hands on client's forearm and lift
   C. Spread his or her feet apart
   D. Kneel before the client and hold by hand

5. A client who is unconscious needs frequent mouth care. When performing a mouth care, the best position of a client is:

   A. Fowler's position
   B. Side lying
   C. Supine
   D. Trendelenburg

6. A client is hospitalized for the first time after surgery, which of the following actions ensure the safety of the client?

   A. Keep unnecessary furniture out of the way
   B. Keep the lights on at all time
   C. Keep side rails up at all time
   D. Keep all equipment out of view

7. A walk-in client enters into the clinic with a chief complaint of abdominal pain and diarrhea. The nurse takes the client's vital sign hereafter. What phrase of nursing process is being implemented here by the nurse?

   A. Assessment
   B. Diagnosis
   C. Planning
   D. Implementation

8. It is best described as a systematic, rational method of planning and providing nursing care for individual, families, group and community

   A. Assessment
   B. Nursing Process
   C. Diagnosis
   D. Implementation

9. Which of the following is included in Orem's theory?

   A. Maintenance of a sufficient intake of air
   B. Self perception
   C. Love and belonging
   D. Physiologic needs

10. Which of the following cluster of data belong to Maslow's hierarchy of needs

    A. Love and belonging
    B. Physiologic needs
    C. Self actualization
    D. All of the above

11. Which of the following is the nurse's role in the health promotion

    A. Health risk appraisal
    B. Teach client to be effective health consumer
    C. Worksite wellness
    D. None of the above

18. Which of the following is the appropriate route of administration for insulin?

A. Intramuscular
B. Intradermal
C. Subcutaneous
D. Intravenous

19. Back Care is best describe as:

A. Caring for the back by means of massage
B. Washing of the back
C. Application of cold compress at the back
D. Application of hot compress at the back

20. It refers to the preparation of the bed with a new set of linens

A. Bed bath
B. Bed making
C. Bed shampoo
D. Bed lining

21. Which of the following is the most important purpose of handwashing

A. To promote hand circulation
B. To prevent the transfer of microorganism
C. To avoid touching the client with a dirty hand
D. To provide comfort

22. The most important purpose of cleansing bed bath is:

A. To cleanse, refresh and give comfort to the client who must remain in bed
B. To expose the necessary parts of the body
C. To develop skills in bed bath
D. To check the body temperature of the client in bed

23. Which of the following technique involves the sense of sight?

A. Inspection
B. Palpation
C. Percussion
D. Auscultation

24. A technique in physical examination that is use to assess the movement of air through the tracheobronchial tree:

    A. Palpation
    B. Auscultation
    C. Inspection
    D. Percussion

25. The nurse prepare IM injection that is irritating to the subcutaneous tissue. Which of the following is the best action in order to prevent tracking of the medication

    A. Use a small gauge needle
    B. Apply ice on the injection site
    C. Administer at a 45° angle
    D. Use the Z-track technique

26. Nurses and other healthcare providers often have difficulty helping a terminally ill patient through the necessary stages leading to acceptance of death. Which of the following strategies is **most** helpful to the nurse in achieving this goal?
    A. Taking psychology courses related to gerontology
    B. Reading books and other literature on the subject of thanatology.
    C. Reflecting on the significance of death.
    D. Reviewing varying cultural beliefs and practices related to death.

27. To institute appropriate isolation precautions, the nurse must first know the:
    A. Organism's mode of transmission
    B. Organism's Gram-staining characteristics
    C. Organism's susceptibility to antibiotics
    D. Patient's susceptibility to the organism
28. Which is the correct procedure for collecting a sputum specimen for culture and sensitivity testing?
    A. Have the patient place the specimen in a container and enclose the container in a plastic bag.
    B. Have the patient expectorate the sputum while the nurse holds the container.
    C. Have the patient expectorate the sputum into a sterile container.
    D. Offer the patient an antiseptic mouthwash just before he expectorate the sputum
29. The **best** way to decrease the risk of transferring pathogens to a patient when removing contaminated gloves is to:
    A. Wash the gloves before removing them
    B. Gently pull on the fingers of the gloves when removing them.
    C. Gently pull just below the cuff and invert the gloves when removing them.
    D. Remove the gloves and then turn them inside out.

30. After having an I.V. line in place for 72 hours, a patient complains of tenderness, burning, and swelling. Assessment of the I.V. site reveals that it is warm and erythematous. This usually indicates:
    A. Infection
    B. Infiltration
    C. Phlebitis
    D. Bleeding
31. To ensure homogenization when diluting powdered medication in a vial, the nurse should:
    A. Shake the vial vigorously
    B. Roll the vial gently between the palms
    C. Invert the vial and let it stand for 1 minute
    D. Do nothing after adding the solution to the vial
32. The nurse is assessing a client with an endotracheal tube and observes that the client can make verbal sounds. What is the **most** likely cause of this?
    A. This is a normal finding.
    B. There is a leak.
    C. There is an occlusion
    D. The endotracheal tube is displaced
33. The nurse is teaching a patient to prepare a syringe with 40 units of U-100 NPH insulin for self-injection. The patient's **first** priority concerning self-injection in this situation is to:
    A. Assess the injection site.
    B. Select the appropriate injection site.
    C. Check the syringe to verify that the nurse has removed the prescribed insulin dose.
    D. Clean the injection site in a circular manner with an alcohol sponge.
34. Nurse Clarisse is teaching a patient about a newly prescribed drug. What could cause a geriatric patient to have difficulty retaining knowledge about prescribed medications?
    A. Decreased plasma drug levels
    B. Sensory deficits
    C. Lack of family support
    D. History of Tourette syndrome
35. The nurse is assessing a postoperative adult patient. Which of the following should the nurse document as subjective data?
    A. Vital signs
    B. Laboratory test result
    C. Patient's description of pain
    D. Electrocardiographic (ECG) waveforms

36. Identify the steps of Nursing process as they flow sequentially

    A. Diagnosis, outcome identification, planning, implementation, Evaluation, Assessment
    B. Assessment, Diagnosis, outcome identification, planning, implementation, Evaluation
    C. Assessment, outcome identification, Diagnosis, planning, implementation, Evaluation
    D. Diagnosis, Assessment, outcome identification, planning, implementation, Evaluation

37. The name of the nursing diagnosis is linked to the etiology with the phrase:
    A. "as manifested by".
    B. "related to"
    C. "evidenced by"
    D. "due to"

38. According to her, Nursing is a helping or assistive profession to persons who are wholly or partly dependent or when those who are supposedly caring for them are no longer able to give care.
    A. Henderson
    B. Orem
    C. Swanson
    D. Neuman

39. A client with chronic pulmonary disease has a bluish tinge around the lips. The nurse charts which term to **most** accurately describe the client's condition?
    A. Hypoxia
    B. Hypoxemia
    C. Dyspnea
    D. Cyanosis

40. While a nurse is administering a cleansing enema, the client reports abdominal cramping. Which of the following is the appropriate intervention?
    A. Have a client hold his breath briefly
    B. Discontinue the fluid installation
    C. Remind the client that cramping is common at this time.
    D. Lower the enema fluid container.

41. A nurse is talking with a client who reports constipation. When the nurse discusses dietary changes that can help prevent constipation, which of the following foods should the nurse recommend?
    A. Macaroni and cheese
    B. Fresh fruit and whole-wheat toast
    C. Rice pudding and ripe bananas
    D. Roast chicken and white rice

12. Five teaspoon is equivalent to how many milliliters (ml)?

A. 30 ml
B. 25 ml
C. 12 ml
D. 22 ml

13. Which of the following is the meaning of PRN?

A. When advice
B. Immediately
C. When necessary
D. Now

14. The nurse must verify the client's identity before administration of medication. Which of the following is the safest way to identify the client?

A. Ask the client his name
B. Check the client's identification band
C. State the client's name aloud and have the client repeat it
D. Check the room number

15. The nurse prepares to administer buccal medication. The medicine should be placed…

A. On the client's skin
B. Between the client's cheeks and gums
C. Under the client's tongue
D. On the client's conjuctiva

16. The nurse administers cleansing enema. The common position for this procedure is…

A. Sims left lateral
B. Dorsal Recumbent
C. Supine
D. Prone

17. A client complains of difficulty of swallowing, when the nurse try to administer capsule medication. Which of the following measures the nurse should do?

A. Dissolve the capsule in a glass of water
B. Break the capsule and give the content with an applesauce
C. Check the availability of a liquid preparation
D. Crash the capsule and place it under the tongue

42. A nurse is caring for a client who will perform fecal occult blood testing at home. Which of the following information should the nurse include when explaining the procedure to the client?
    A. Eating more protein is optimal prior to testing.
    B. One stool specimen is sufficient for testing.
    C. A red color changes indicates a positive test.
    D. The specimen cannot be contaminated with urine.
43. Which statement by a patient with an ileostomy alerts the nurse to the need for further education?
    A. "I don't expect to have much of a problem with fecal odor."
    B. "I will have to take special precaution to protect my skin around the stoma."
    C. "I'm going to have to irrigate my stoma so I have a bowel movement every morning."
    D. "I should avoid gas forming foods like beans to limit funny noises from the stoma."
44. Which goal is the **most** appropriate for clients with diarrhea related to ingestion of an antibiotic for an upper respiratory infection?
    A. The client will wear a medical alert bracelet for antibiotic allergy.
    B. The client will return to his or her previous fecal elimination pattern.
    C. The client verbalizes the need to take an antidiarrheal medication PRN.
    D. The client will increase intake of insoluble fiber such as grains, rice, and cereals.
45. Which pulse should the nurse palpate during rapid assessment of an unconscious male adult?
    A. Radial
    B. Brachial
    C. Femoral
    D. Carotid
46. A female patient undergoes a total abdominal hysterectomy. When assessing the patient 10 hours later, the nurse identifies which finding as an early sign of shock?
    A. Restlessness
    B. Pale, warm, dry skin
    C. Heart rate of 110 beats/minute
    D. Urine output of 30 ml/hour
47. Which action by the nurse in charge is essential when cleaning the area around a wound drain?
    A. Cleaning from the center outward in a circular motion.
    B. Removing the drain before cleaning the skin.
    C. Cleaning briskly around the site with alcohol.
    D. Wearing sterile gloves and a mask.

48. When teaching a female patient how to take a sublingual tablet, the nurse should instruct the patient to place the tablet on the:
    A. Top of the tongue
    B. Roof of the mouth
    C. Floor of the mouth
    D. Inside of the cheek
49. Which nursing action is essential when providing continuous enteral feeding?
    A. Elevating the head of the bed.
    B. Positioning the patient on the left side.
    C. Warming the formula before administering it.
    D. Hanging a full day's worth of formula at one time.
50. The physician prescribes 250 mg of a drug. The drug vial reads 500 mg/ml. How much of the drug should the nurse give?
    A. 2 ml
    B. 1 ml
    C. ½ ml
    D. ¼ ml
51. Which human element considered by the nurse in charge during assessment can affect drug administration?
    A. The patient's ability to recover
    B. The patient's occupational hazards
    C. The patient's socioeconomic status
    D. The patient's cognitive abilities

52. Sexual dysfunction as a nursing diagnosis is one category of disorders of sexuality and sexual functioning. The term sexual dysfunction refers to:

    A. Problems with the normal sexual response cycle
    B. Sexual urges or fantasies involving unusual sources of gratification problems
    C. An individual is dissatisfied with their own biological sex and have a strong desire to be a member of the opposite sex
    D. Problems with sexual fantasies

55. Which of the following statements is related to Florence Nightingale?

    A. Nursing is therapeutic interpersonal process.
    B. The role of nursing is to facilitate "the body's reparative processes" by manipulating client's environment.
    C. Nursing is the science and practice that expands adaptive abilities and enhances person and environment transformation
    D. Nursing care becomes necessary when client is unable to fulfill biological, psychological, developmental, or social needs.

56. Typology of twenty one Nursing problems were explained by:

A. Imogene King
B. Virginia Henderson's
C. Faye G.Abedellah
D. Lydia E. Hall

57. What should you do if your hands touch the sink while you are washing your hands?

A. Apply more friction during procedure
B. Continue to wash your hands
C. Repeat the procedure
D. Add more soap to your hands

58. When nurses assist clients in exploring their lifestyle habits and health behaviours to identify health risks, nurses are most likely to use which type of the following models?
A. Medical model
B. Wellness model
C. Psychological model
D. Physiological model

59. Nurses, as they progress in their education, will most likely do which of the following things?
A. Learn to develop a personal theory of nursing.
B. Become less interested in bedside nursing.
C. Lose their ability to think critically in clinical areas.
D. Have increased enjoyment when doing paperwork.

60. To evaluate a patient for hypoxia, the physician is **most** likely to order which laboratory test?

A. Red blood cell count
B. Sputum culture
C. Total hemoglobin
D. Arterial blood gas (ABG) analysis

SHORT ANSWER QUESTIONS (SAQs) (20 Marks)

1. Explain five (5) advantages of using the nursing process (10 Marks)
2. Describe five (5) ethical principles in nursing practice (10 Marks)

LONG ANSWER QUESTION (LAQ) (20 Marks)

1. Using Nursing process approach (Assessment, Nursing diagnosis, planning, implementation& Evaluation), describe any two Gordons Functional Health patterns (20 marks)