

UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
GENERAL NURSING DEPARTMENT

FINAL EXAMINATION, MAY, 2009, SEMESTER X

COURSE CODE: NUR 511

COURSE TITLE: ADVANCED MEDICAL-SURGICAL NURSING 1V

TIME: 2 HOURS

TOTAL MARKS: 75

INSTRUCTIONS:

- 1. Answer all questions**
- 2. Section A is a multiple choice with 25 questions and carries 1 point each**
- 3. Section B are essay questions**
- 4. Each fact in section B is given ½ or a full point when well elaborated.**

DO NOT OPEN THE PAPER UNTIL THE INVILATOR TELLS YOU TO DO SO!!!!!!

SECTION A

MULTIPLE CHOICE QUESTIONS

CHOOSE THE MOST CORRECT ANSWER!!!!!!

1. The five main areas of neurological examination in critical care nursing is
 - a) Level of consciousness, Motor function, Auditory system and Vital signs
 - b) Pupillary function, respiratory function, vital signs and Cardiovascular
 - c) Appraisal awareness, Evaluation Arousal, Evaluation of Reflexes and evaluation of Muscles
 - d) Motor Function, Respiratory Function, Level of consciousness and Vital signs

2. When doing a Clinical Assessment on a patient, one has to observe the pattern of respiration. What would cluster breathing signify?
 - a) bilateral deep cerebral lesions
 - b) lesions of the midbrain
 - c) lesions of the lower pons or upper medulla
 - d) lesions of the medulla

3. Nursing management for the patient undergoing an MRI is focused on
 - a) Patients tolerance of the procedure
 - b) Concerns related to transport of the neurological patient
 - c) Patient teaching and preparation
 - d) Lengthy procedure that requires the patient to lie motionless in a tight, enclosed space

4. The following statements hold true for the description of coma except for
 - a) Coma is the deepest state of unconsciousness
 - b) Both arousal and awareness is lacking
 - c) The patient may demonstrate purposeful response to the environment
 - d) Coma is actually a symptom

5. The following statement holds true for subarachnoid haemorrhage except for
 - a) It is bleeding in the subarachnoid space

- b) It's a result of low cerebral flow due to occlusion of a blood vessel
- c) It accounts for 4.5% to 13% of all stroke
- d) The incidence is greater in women and increases with age

6) A patient is not admitted into the critical care unit with Acute Renal Failure alone, but

- a) There is always coexisting hemodynamic, cardiac, pulmonary or neurologic compromise
- b) Should be accompanied by his relative who will sign on his/her behalf
- c) Should be admitted because of renal dialysis
- d) With pre-existing renal insufficiency

7. When the serum value potassium is low and the results are less than 3.5 mEq/l the clinical findings would include the following

- i) Cardiac irregularities
- ii) Decreased reflexes
- iii) Increased reflexes
- iv) Facial Ticks and spasticity
- v) Deep bone pain
- vi) Abdominal Distension

- a) i, ii, iv, and v
- b) i, iii, and vi
- c) iii, iv, v and vi
- d) i, ii, and vi

Question 8 to 10 will address Haemodialysis

8.) What would happen when an anticoagulant is not given in haemodialysis

- a) The blood and the dialysis will be shunted in opposite directions
- b) Blood will clot due to passage through the tubular substances
- c) There will be heparin-induced thrombocytopenia
- d) There will be less effective level of the dialysis

9. Ultrafiltration in relation to haemodialysis is whereby

- a) Haemodialysis requires access to the blood stream
- b) The dialysis works by circulating blood outside the body through synthetic tubing to a dialyser
- c) Heparin or sodium citrate is added to the system just before the blood enters the dialyser
- d) A positive hydrostatic pressure is applied to the blood and a negative pressure is applied to the dialysate bath

10). Arteriovenous grafts in relation to haemodialysis are

- a) Fistula created by surgically exposing a peripheral artery and vein**
- b) Vascular access devices for treating chronic renal failure**
- c) Return conduits to the venous circulation**
- d) The insertion of both subclavian and femoral catheters on the bedside**

11. Decreased bowel sounds would be caused by

- a) hunger, gastroenteritis, early intestinal obstruction**
- b) Tumours or infection that cause inflammation**
- c) Possible peritonitis or ileum**
- d) Abnormal flow of blood**

12. An endoscopy can provide information regarding

- a) lesions, mucosal changes, obstruction and motility dysfunction**
- b) diagnosis of the upper gastrointestinal bleeding**
- c) Evaluate cirrhosis and portal hypertension**
- d) Evaluate intestinal ischemia and other vascular abnormalities**

13. The _____ is the anatomic division used to differentiate between the bleeding that occurs in the upper and lower gastrointestinal GI tract

- a) Ligament of Treitz**
- b) The upper oesophageal sphincter**
- c) The lower oesophageal sphincter**
- d) Crpts of Lieberkuhn**

14. GI Bleeding caused by Stress Related Erosive Syndrome (SRES), haemostasis may be accomplished

- a) By Oesophagogastric balloon tamponade or transjugular intrahepatic portosystemic shunting**
- b) By a total gastrectomy when bleeding is generalized**
- c) Via intraarterial infusion of vasopressin and intraarterial embolization**
- d) Decompression procedures**

15) Fulminant Hepatic Failure (FHF) is

- a) Inflammation of the pancreas that produce endocrine and exocrine dysfunction**
- b) Is a life threatening condition characterized by severe and sudden liver cell dysfunction**
- c) Hematochezia that occurs from massive bleeding of the lower GI tract**
- d) When problems of the liver occurs due to liver transplant**

16) Serum Antidiuretic Hormone ADH normal laboratory results will be

- a) 1 to 5 pg/ml**
- b) 275 to 295 mOsm/kg H₂O**
- c) 50 to 1400 mOsm/kg**
- d) 0.05 to 1.0 ml**

17) The ADH test is used to

- a) Evaluate values for serum osmolarity in the blood stream**
- b) determine the hydration state of the patient**
- c) routinely measure the thyroid function in adults**
- d) Differentiate between neurogenic and nephrogenic kidney**

18) Adrenal dysfunction in critical illness may result from one or more of the critical illness being

- a) Head injuries**
- b) Primary hypoadrenalism**
- c) Hypogonadism**
- d) cosyntropin test**

19) Continuous Insulin infusion in the critically ill patient is very vital when the patient.....

- a) is having acute hyperglycaemia associated with stroke**
- b) is having elevated blood glucose associated with infection**
- c) is being infused with total parenteral nutrition (TPN) since some formulas are high in carbohydrates**
- d) is having cardiovascular complications**

20) The clinical diagnostic criteria for Diabetes ketoacidosis (DKA) are

- a) Blood glucose greater than 250mEq/L, arterial pH below 7.3 and moderate or severe ketouria**

- b) measurements of fasting plasma glucose and triglyceride levels higher than 150mg/dl
- c) Fasting plasma glucose below 100 and 125 mg/dl and fasting plasma glucose above 126 mg/dl
- d) Two fasting blood glucose values of 126 mg/dl

21) In DKA reverse hydration is accomplished by Isotonic normal saline (0.9% NaCl) to

- a) Correct the elevated osmolarity and the high serum sodium
- b) Correct intravascular volume deficit within 24hours
- c) To rehydrate both the intracellular and extracellular compartments
- d) replenish the vascular deficit and to reverse hypotension

22) Stress hypermetabolism occurs after any major injury and is characterized by

- a) Extravasation of urine or blood and pain on palpation
- b) Haemodynamic abnormalities
- c) Increases in metabolic rate and oxygen consumption
- d) decreases in metabolic rate and oxygen consumption

23) Initially the clinical manifestation of cardiogenic shock relate to

- a) the decrease in CO
- b) Diminished heart sounds
- c) Dysrhythmias
- d) tachypnea

24) Secondary MODS results from

- a) a well-defined insult in the organ dysfunction
- b) an altered regulation of the patient's acute immune and inflammatory responses
- c) the widespread inflammation or clinical response
- d) failure to control the source of inflammation to infection

25) The initial goal of acute care of patients with thermal injuries are

- a) To secure and protect the airway
- b) To assess the extent and the degree of the burns
- c) To save life, minimize disability and prepare the patient for definitive care
- d) To assess hypovolemic shock and intravascular changes

SECTION B

Question one

A) Mr Peters was involved in motor vehicle collision and the neurologist ordered the Computed Tomography and magnetic resonance Imaging as the radiological diagnostic procedures

i) Describe the nursing management of a patient undergoing any diagnostic procedure in the critical care unit (3)

B) Mrs Dora is admitted into the critical care unit and the diagnosis is severe stroke

i) Develop a nursing care plan for the nursing management of stroke based on the following nursing diagnosis:

a) Ineffective cerebral Tissues perfusion related to decreased cerebral blood flow (4)

b) Unilateral neglect related to perceptual disruption (3)

c) Impaired verbal Communication related to cerebral speech centre (3)

C) Discuss the nursing management of a patient with diabetic ketoacidosis (12)

Total (25)

Question 2

a) Describe three nursing diagnosis and give a rationale for each nursing diagnosis for a patient undergoing haemodialysis

(6)

b) Discuss the patient/family education you would carry out for the patient undergoing hemodialysis

(6)

c) You are assisting the doctor with the insertion of a bedside upper gastrointestinal endoscopy

i) Describe three purposes of an upper gastrointestinal endoscopy (3)

ii) Discuss the assessment you will carry out before the procedure and give your rationale (10)