

**UNIVERSITY OF SWAZILAND**  
**FACULTY OF HEALTH SCIENCES**  
**GENERAL NURSING SCIENCE DEPARTMENT**  
**FINAL EXAMINATION – MAY 2013**

**TITLE OF PAPER : ADULT MEDICAL -SURGICAL NURSING II**

**COURSE CODE : GNS 217**

**TIME ALLOWED : 2 HOURS**

**MARKS ALLOCATED : 75**

**EXAMINER : J.V MDLULI**

**Number of pages excluding cover: 9**

**INSTRUCTIONS**

1. Answer all three (3) questions on this paper.
2. Each **explained** correct statement is worth one (1) mark unless indicated otherwise
4. Please write legibly

***THIS PAPER SHOULD NOT BE OPENED UNTIL PERMISSION HAS BEEN GRANTED BY THE INVIGILATOR***

## QUESTION 1 MULTIPLE CHOICE QUESTIONS

Choose and write in your answer booklet the letter that best corresponds with the right answer e.g  
1 A

1. Isotonic intravenous fluids are fluids with a total osmolality close to that of the extracellular fluid. IV fluids contain either dextrose or electrolytes in water. When would you infuse electrolyte-free water intravenously?
  - A) Never, it rapidly enters red blood cells, causing them to rupture.
  - B) When the patient is severely dehydrated
  - C) When the patient is in an excess of an electrolyte, i.e. hypercalcemia
  - D) When the patient is in a deficit of an electrolyte, i.e. hypocalcemia
2. In the pre-nursing anatomy class, the instructor is talking about the gastrointestinal system. What would the instructor tell the class is the approximate capacity of the stomach?
  - A) 800 mL
  - B) 1000 mL
  - C) 1200 mL
  - D) 1500 mL
3. While helping with a fourth-grade science class, the school nurse teaches the students about the function of the small intestine. What does the small intestine **not** do?
  - A) Create human waste products
  - B) Secretion
  - C) Absorption
  - D) Moves nutrients into the blood stream.
  - E)
4. A nurse knows that performing oral and mouth care is an important nursing intervention. Why are patients who are ill at increased risk for developing dental caries?
  - A) Their increased desire for sugar consumption.
  - B) Infections that may attack the enamel of the teeth
  - C) A decreased fluid intake, so they are not getting adequate fluoride
  - D) Inadequate nutrition and a decrease in the production of saliva
5. A patient with advanced dental caries is at risk of?
  - A) Alteration in nutrition—more than required
  - B) Pain related to stomatitis
  - C) Infection-related sores in the mouth
  - D) Alteration in nutrition—less than required

6. How do esophageal problems jeopardize the general health and well-being of people?
  - A) Problems related to obstruction
  - B) Problems related to severe dental caries
  - C) Problems related to swallowing
  - D) Problems related to varicities
  
7. You are checking placement of a nasogastric tube (NG) that has been in place for 2 days. The tube is draining green aspirate. What does this color of aspirate indicate?
  - A) The tube is in the pleural space.
  - B) The tube is the intestine.
  - C) The tube is in the stomach.
  - D) The tube is in the esophagus.
  
8. The family of one of your patients who is in a coma asks you why the physician is recommending the removal of the patient's NG tube and the insertion of a gastrostomy tube. What would be your best answer?
  - A) It is more comfortable for the patient.
  - B) It is less permanent.
  - C) Regurgitation and aspiration are less likely.
  - D) It is easier to feed the patient.
  
9. You are the nurse evaluating a new patient's laboratory results. Based upon the laboratory findings, what will cause the release of antidiuretic hormone (ADH)?
  - A) Increased serum sodium
  - B) Decreased serum sodium
  - C) Decrease in serum osmolality
  - D) Decrease in thirst
  
10. A patient's laboratory results show a slight decrease in potassium. The physician has declined to treat with drug therapy but has suggested increasing potassium through diet. Which of the following would be a good source of potassium?
  - A) Apples
  - B) Asparagus
  - C) Carrots
  - D) Bananas

11. A patient with anxiety presents to the emergency room. The triage nurse notes upon assessment that the patient is hyperventilating. The triage nurse is aware that hyperventilation is the most common cause of which acid-base imbalance?
  - A) Respiratory acidosis
  - B) Respiratory alkalosis
  - C) Increased PaCO<sub>2</sub>
  - D) Central nervous system disturbances
  
12. You are making initial shift assessments on your patients. While assessing one patient's peripheral IV site, you note edema around the insertion site. How will you document this complication related to IV therapy?
  - A) Air emboli
  - B) Phlebitis
  - C) Infiltration
  - D) Fluid overload
  
13. The nurse is caring for a patient who has been diagnosed with a peptic ulcer. The patient asks the nurse what a peptic ulcer is. Which of the following best describes a peptic ulcer?
  - A) Inflammation of the lining of the stomach
  - B) Erosion of the lining of the stomach or intestine
  - C) Bleeding from the mucosa in the stomach
  - D) Viral invasion of the stomach wall
  
14. A nurse is caring for a 14-year-old boy who has sustained second-degree burns on his left leg. A skin graft has been used to cover the area of the burn. Nursing management of the skin graft site includes?
  - A) Assisting with active range of motion of the skin graft site to prevent contractures
  - B) Keeping the affected area immobilized as much as possible
  - C) Applying heat to the grafted area to decrease edema
  - D) Using lanolin to moisten the graft site on postoperative day 2



15. A 50 year old client diagnosed with fluid volume overload due to acute kidney dysfunction is placed on a 1000ml fluid restriction per 24 hour period. the client asks the nurse " why is there such a severe fluid restriction when i already have dry lips and mouth?" Which of the following is the nurse's best response?
- A) 'Your kidneys are not able to eliminate extra fluid right now, so fluid intake has to be limited to protect your heart and lungs from being overloaded with fluid'.
  - B) 'The doctor ordered the fluid restriction, so you must comply with those orders'.
  - C) 'You probably drank too much fluid before coming to hospital, so you cant drink more water now that you are here'.
  - D) 'Too much water will cause your heart to fail and your lungs to fill with water, which could be fatal'.
  - E)
16. A patient comes to the clinic complaining of pain in the epigastric region. The nurse suspects that the patient's pain is related to a peptic ulcer when the patient states the pain is relieved by;
- A) Eating
  - B) Drinking milk
  - C) Suppressing emesis
  - D) Having a bowel movement
17. You are caring for a patient who has a diagnosis of gastrointestinal bleeding. When you make your shift assessment, you find the patient is tachycardic and hypotensive. The patient has an episode of hematemesis while you are in the room. What would be a priority nursing action for this patient?
- A) Put them in a high Fowler's position.
  - B) Give them ice water.
  - C) Assess for pain.
  - D) Notify the physician.
18. You are doing an admission assessment on an elderly patient newly admitted for end-stage liver disease. You must assess the patient's skin turgor. What should you remember when evaluating skin turgor?
- A) Overhydration causes the skin to tent.
  - B) Dehydration causes the skin to appear edematous and spongy.
  - C) Inelastic skin turgor is a normal part of aging.
  - D) Normal skin turgor is moist and boggy.

19. The home health nurse is visiting an 84-year-old woman living at home and recovering from hip surgery. The nurse notes that the woman seems confused and has poor skin turgor. When asked about her fluid intake, the patient states, "I stop drinking water early in the day because it is just too difficult to get up during the night to go to the bathroom." What would be the nurse's best response?
- A) "I will need to have your medications adjusted so you will need to be readmitted to the hospital for a complete workup."
  - B) "Limiting your fluids can create imbalances in your body that can result in confusion. Maybe we need to adjust the timing of you fluids."
  - C) "It is normal to be a little confused following surgery, and it's safe not to urinate at night."
  - D) "Confusion following surgery is common in the elderly due to a loss of sleep."
20. You are working on a burn unit. One of your patients is exhibiting signs and symptoms of third spacing, which occurs when fluid moves out of the intravascular space but not into the intracellular space. Based upon this fluid shift, what would you expect the patient to demonstrate?
- A) Hypertension
  - B) Bradycardia
  - C) Hypervolemia
  - D) Hypovolemia
21. The human body is designed to protect its vital parts. The nurse is aware that a fracture of what type of bone may interfere with the protection of vital organs?
- A) Long bones
  - B) Short bones
  - C) Flat bones
  - D) Irregular bones
22. When doing an initial assessment for his shift the nurse finds that one of his patients is exhibiting signs of compartment syndrome. The nurse knows that the patient can permanently lose function in the extremity if the anoxic situation continues for longer than what?
- A) 3 hours
  - B) 4 hours
  - C) 5 hours
  - D) 6 hours

23. The nurse is caring for a patient who has had a plaster leg cast applied. Immediately post-application, the nurse should inform the patient that:
- A) The cast will cool in 5 minutes.
  - B) The cast should be covered with a towel.
  - C) The cast should be supported on a board while drying.
  - D) The cast will only have full strength when dry.
24. The nursing instructor in the skills laboratory at the nursing school is showing a group of nursing students how to apply traction. What is an appropriate example of proper traction use?
- A) Knots in the rope should not be resting against pulleys.
  - B) Weights should rest against the bed rails.
  - C) The end of the limb in traction should be resting against the bed's footboard.
  - D) Skeletal traction may be removed.
25. You are caring for a patient in skeletal traction. What do you caution the patient about to prevent bony fragments from moving against one another?
- A) Removing the traction for bathing
  - B) Repositioning with assistance
  - C) Turning side to side
  - D) Coughing
26. A patient is admitted to your unit with a diagnosis of intestinal obstruction. What term would the nurse expect to see documented on the patient's chart to describe an intestinal obstruction caused by a telescoped shortening of the intestine?
- A) Intussusception
  - B) Volvulus
  - C) Herniation
  - D) Adhesion
27. The student nurse is caring for a patient who is postoperative day 3 following a colostomy. While changing the dressing, the student nurse notes that the stoma is dusky (dark) in color. The student asks the staff nurse what this might indicate. What should be the nurse's response?
- A) 'This is a normal color postoperatively'.
  - B) 'The patient's oxygen saturation may be low'.
  - C) 'Circulation to the stoma is compromised'.
  - D) 'The stoma is blocked'.

28. What is a volvulus?
- A) Protrusion of intestine through a weakened area in the abdominal muscle
  - B) One part of the intestine slips into another part located below it
  - C) Loops of intestine become adherent to areas that heal slowly or scar
  - D) Bowel twists on itself, occluding the blood supply
29. The patient was placed in a long arm cast after fracturing her humerus. Twelve hours after the application of the cast, the patient tells the nurse that her arm hurts. Analgesics do not relieve the pain. What would be the most appropriate nursing action?
- A) Preparing the patient for cast removal or bivalving of the cast
  - B) Obtaining an order for a different pain medication
  - C) Encouraging the patient to wiggle and move the fingers
  - D) Petaling the edges of his cast
30. The nurse is assessing the patient for the presence of a Chvostek's sign. What electrolyte imbalance does a positive Chvostek's sign indicate?
- A) Hypermagnesemia
  - B) Hypercalcemia
  - C) Hypocalcemia
  - D) Hyperkalemia



## ESSAY QUESTIONS

### QUESTION 2

Instruction: Read the scenario and answer the question related to it.

#### SCENARIO

June Fakudze, a 23-year-old patient, presents to the emergency department with a sports-related fracture injury to her right arm and receives a long-arm fiberglass cast.

2.1 What nursing assessment should the nurse provide after the cast has been applied? (5)

2.2 Describe the nursing interventions should the nurse provide. (10)

2.3 A 45 year old woman is brought into your unit for admission following a severe bout of diarrhoea and vomiting for one and a half days. On assessment she has dry lips and mouth, very weak and poor skin turgor. Her vital signs are ; T 38.5°C, P98, R28 and BP 100/70. The physician has ordered 1000ml N/S to run over 6 hours. The following questions refer to this scenario.

2.3.1 What is the physician treating? (1)

2.3.2 Calculate the rate of infusion for this fluid if the giving set is 60 drops per ml. (2)

2.3.3 What will indicate that the patient is adequately hydrated? (2)

**TOTAL MARKS: 20**

### QUESTION 3

A 35 year old man is brought into the surgical unit having sustained second degree burns to the anterior chest, abdomen and the whole lower left leg after being splashed with hot water.

Questions 3.1 – 3.2 refer to this scenario.

3.1 Using the 'rule of nines' calculate the percentage of body area burnt. (1)

3.2 Describe the nursing interventions during the intermediate phase of the burn injury under the following headings:

3.2.1 Pain related to tissue and nerve injury. (3)

3.2.2 Ineffective thermoregulation related to tissue injury, infection and loss of body fluids. (3)

3.3.3 Altered skin integrity related to burn wound. (3)

3.3 Explain any three indications for gastric intubation. (3)

3.4 The class is discussing the best recommendations a nurse can make to patients suffering from constipation. Explain any four of these recommendations. (4)

3.5 A patient sustained a fractured femur and is put on skeletal traction. Discuss the nursing interventions for the patient related to the following:

3.5.1 Maintaining traction (2)

3.5.2 Preventing skin breakdown (2)

3.5.3 Monitoring neurovascular status (2)

3.5.4 Providing pin site care (2)

**TOTAL MARKS: 25**