

UNIVERSITY OF ESWATINI
FACULTY OF HEALTH SCIENCES ~ GENERAL NURSING SCIENCE
MNSc FAMILY NURSE PRACTITIONER PROGRAMME
FINAL EXAMINATION GNS628 ADVANCED HEALTH ASSESSMENT
JUNE 2020

TIME ALLOWED: TWO (2) HOURS

PAGES: 13 INCLUDING COVER PAGE

MARKS: 75

INSTRUCTIONS: THERE ARE THREE (3) PARTS TO THIS EXAM. ANSWER ALL QUESTIONS IN ALL PARTS. START EACH QUESTION ON A NEW PAGE.

WRITE LEGIBLY

THIS PAPER IS NOT TO BE OPENED UNTIL THE INVIGILATOR HAS GRANTED PERMISSION.

PART 1 MULTIPLE CHOICE

PART 1 TOTAL 26 MARKS

For each choose the single best answer. ONE MARK EACH.

1. Scoliosis is best described as
 - A. Lateral curvature of the spine.
 - B. A hump in the upper back due to forward curvature of the spine.
 - C. Accentuated lordosis.
 - D. Deformity of the leg present at birth.

2. Rectal examination in males is critical after age 50 for screening for which of the following conditions:
 - A. Prostatitis.
 - B. Benign prostatic hypertrophy.
 - C. Epididymitis.
 - D. Prostate cancer.

3. Which best describes Still's murmur?
 - A. The most common pathological murmur in adults.
 - B. The most common benign murmur in adults.
 - C. The most common pathological murmur in children.
 - D. The most common benign murmur in children.

4. What is the best description of the review of systems part of the health history?
 - A. A brief summary of physical examination system by system.
 - B. A statement that summarizes the overall health of the patient.
 - C. Documentation of the symptoms as described by the patient.
 - D. The practitioner's list of most likely diagnoses.

5. A genogram is used to document

- A. Past health history.
- B. The characteristics of presenting symptoms.
- C. Family social history.
- D. Family medical history.

6. A 57-year-old truck driver comes to outpatient for assessment because he has hit several cars that were parked on the side of the road. You perform a visual fields assessment and determine that he has lost some peripheral vision. You refer him to ophthalmology for a full assessment because you suspect which condition?

- A. Cataract.
- B. Iritis.
- C. Glaucoma.
- D. Macular degeneration.

7. A 3-year-old boy is brought by his mother for evaluation of a temperature of 39 degrees C, loss of appetite, emesis, and drainage from his right ear. His symptoms have been present for two days. The fever is temporarily improved with paracetamol. You perform a physical examination and observe an erythematous, bulging tympanic membrane. These findings are consistent with which diagnosis?

- A. Otitis externa.
- B. Otitis media.
- C. Serous otitis.
- D. This is a normal finding with an acute viral illness.

8. Siyabonga is a 21-year-old student who sustained a spontaneous pneumothorax. What findings would you expect with percussion of the thorax?

- A. Decreased resonance on the affected side.
- B. Hyperresonance on the affected side.
- C. Increased resonance on the unaffected side.
- D. Vibration.

9. A 35-year-old woman enters with the complaint of a breast mass which is soft, round, mobile, and slightly tender to palpation. She states that her mother died from breast cancer and that she is terrified that she has also developed this disease. Your best response to her is

- A. "You are too young to have breast cancer. This mass has the characteristics of a cyst. Return if it has not resolved in one month and don't worry so much!"
- B. "From the characteristics of this mass it is clearly an abscess. I will treat you with antibiotics and I am confident it will go away. "
- C. "This mass is worrisome to me as it has the characteristics of a cancerous lesion. I will refer you to the surgeon immediately."
- D. "This mass does not have the typical characteristics of breast cancer, so I suspect that it is benign. I understand your concern, so if there is any doubt I will send you to see the surgeon. First, I need more information. When did you first notice it?"

10. Which of the following findings is likely due to osteoarthritis?

- A. Tenderness and pain in the great toe.
- B. Pain in both knees when walking downhill.
- C. Swollen finger joints.
- D. Waking up at night with numb fingers on the right hand.

11. A 40-year-old high school teacher is brought to the emergency room/casualty for a sudden onset of confusion. He is diagnosed as having a stroke with receptive aphasia. This means

- A. The patient can understand what you say but he cannot express himself verbally.
- B. His brain is unable to process verbal communication.
- C. The patient understands and can respond verbally but his speech is garbled.
- D. The patient likely has dementia.

12. A 10-year-old child presents with a 1-day history of nausea and anorexia. He describes the pain as generalized yesterday throughout the abdomen, but today it has localized to the right lower quadrant. You find that the patient has positive Rovsing's sign. You determine this because which of the following is present?

- A. As you palpate the left lower quadrant the patient experiences pain at the right lower quadrant.
- B. After deep palpation you release pressure and the patient states that the pain worsened with this action.
- C. The patient has pain in the abdomen when he tries to raise his thigh against the pressure of your hand.
- D. The patient has deep pain in the abdomen with light palpation.

13. Mr. Hlope is a 25 year-old auto mechanic who presents with a 2-week complaint of numbness and tingling in his hands that awakens him at night. To assess the sensitivity of the medial nerve in the arm you tap the centre of the anterior portion of the patient's wrist. The name of this test is

- A. Tinel's test.
- B. Murphy's test.
- C. Phalen's test.
- D. Obturator test.

14. Which physical exam finding will assist you in differentiating asthma from COPD?

- A. The presence of wheezes.
- B. Dullness at the bases with percussion.
- C. Increased chest anterior-posterior (AP) diameter.
- D. An enlarged heart on the chest x-ray.

15. Mr. Shongwe presents with jaundice. You want to perform a careful examination of his abdomen and to check for liver enlargement. On inspection you note that he has a round, distended abdomen. Your next step in physical examination will be to

- A. Check for a fluid wave.
- B. Check his fingernails for clubbing.
- C. Percuss for liver enlargement.
- D. Auscultate his abdomen.

16. Which of the following measurements are most important in determining cardiac risk in adults?

- A. Waist circumference and Z-score.
- B. The body mass index (BMI) and waist circumference.
- C. Height to weight ratio and the body mass index (BMI).
- D. The body mass index (BMI) and weight.

17. A 30-year-old woman enters with a one-day history of drooping on the right side of her face. She cannot completely close her right eye and is drooling from the right side of her mouth. The most likely cranial nerve affected is

- A. CN I.
- B. CN IX.
- C. CN III.
- D. CN VII.

18. A 40-year-old theatre nurse complains of pain on the bottom of her right foot while walking. This pain is exacerbated by work and is especially bad at the end of her shift. She also complains of painful plantar surface of foot especially when first arising that eases with movement. On examination she has exquisite tenderness with palpation of the medial tubercle on the sole of her foot. These findings are most consistent with which diagnosis?

- A. Osteoarthritis of the foot.
- B. Plantar fasciitis.
- C. Acute bunion.
- D. Gout.

19. Which instruction is most appropriate for using an ophthalmoscope to examine the red reflex?

- A. Keep a distance of approximately one arm's-length from the patient.
- B. The examination must be done in a fully lit room.
- C. Continue to move closer to the patient until you are nearly touching his face.
- D. Use your left eye to visualize the patient's right eye.

20. An 18 year old college student enters with a complaint that her heart is racing. On exam you find she has a heart rate of 120, dry skin, and a coarse texture to her hair. You suspect hyperthyroidism. Your suspicion is further confirmed when on exam of her eyes you note

- A. Recession.
- B. Protrusion.
- C. Clouding of the cornea.
- D. Her complaint of pain when you use a light to check her pupils.

21. Musa is a 12-month-old child with a suspected undescended testicle. The best technique for examination would be

- A. Asking the child to cough while holding your hand on the lower abdomen.
- B. Pressing gently on groin area with index finger while trying to palpate testes with other hand.
- C. Inserting your right index finger into the inguinal triangle while stabilizing the area with your left hand.
- d. Ordering an ultrasound.

22. Mrs. Masuku tests positive for depression on a screening test. Your next step will be to administer which assessment?

- A. MOCA
- B. CAGE
- C. PHQ-9
- D. Katz ADLs

23. The brachioradialis reflex indicates the condition of the nerves arising from which spinal level?

- A. L2, L3, L4
- B. C1, C2, C3
- C. L5 and S1
- D. C5 and C6

24. Five-year-old Bonggi is here for a cardiac examination. When examining a child, you are most likely to find the PMI (point of maximum impulse)

- A. At the second intercostal space just to the right of the sternum.
- B. At the second intercostal space just to the left of the sternum
- C. At the fourth intercostal space mid-clavicular line.
- D. At the fifth intercostal space, mid-clavicular line.

25. Naledi heard a pop in her right knee when twisting around to intercept a soccer ball during a game at school. Of the following, which provocative test would you perform to determine if she had a meniscal tear?

- A. Anterior drawer test
- B. Lachman's test
- C. Posterior drawer test
- D. McMurray test

26. Which is the best technique to use to accomplish Barlow's and Ortolani's maneuvers when examining an infant? Firmly hold both legs and

- A. Rotate both hips at the same time.
- B. Rotate one hip at a time.
- C. Externally rotate both hips at the same time.
- D. Externally rotate one hip at a time.

Part 2 MATCHING AND SHORT ANSWER

TOTAL MARKS PART 2: 25 MARKS

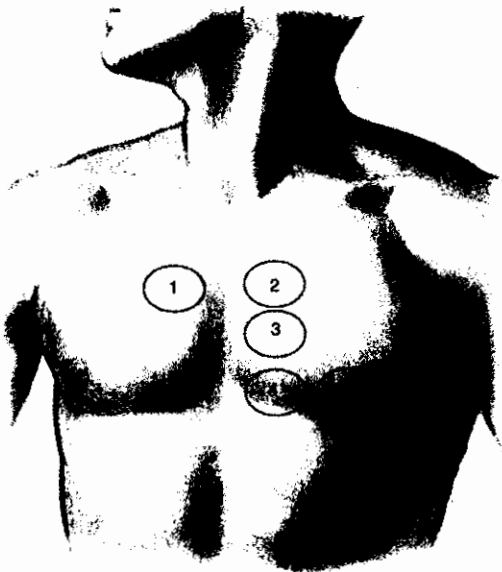
1. Match the examination with the cranial nerve. Place the letter corresponding to the cranial nerve after the corresponding instruction or exam. **(6 MARKS)**

Examination	Cranial Nerve
1. "Stick out your tongue". _____	A. III Oculomotor
2. "Smile! Frown." _____	B. IV Trochlear
3. Downward movement of the eye. _____	C. VII Facial
4. "Shrug your shoulders." _____	D. IX Glossopharyngeal
5. "Say 'ahhh'" Assess voice quality. "Swallow." _____	E. XI Accessory
6. Pupillary reaction to light. _____	F. XII Hypoglossal

2. Match each sign or exam finding in column I with the condition the test detects in column II. **(12 MARKS)**

I	II
1. Hutchinson's sign _____	A. Peritoneal irritation
2. Psoas sign _____	B. Lung consolidation
3. Straight leg raise _____	C. Sensorineural hearing loss
4. Visual fields by confrontation _____	D. Herpes zoster along CN V
5. Egophony _____	E. Medial nerve compression
6. Brudzinski's sign _____	F. Blood supply to the hand
7. PHQ-9 _____	G. Decreased peripheral vision
8. Lachman's test _____	H. Eye pressure
9. Phalen's test _____	I. Sciatic nerve compression
10. Rinne's test _____	J. Meningeal irritation
11. Allen test _____	K. Anterior cruciate ligament
12. Tonometry _____	L. Depression

3. Referring to the diagram below, indicate the heart sound that is best heard at each numbered location on the image. (5 MARKS)



Source: Valentin Fuster, Robert A. Harrington, Jagat Narula, Zubin J. Eapen: Hurst's The Heart, Fourteenth Edition: www.accessmedicine.com Copyright © McGraw-Hill Education. All rights reserved.

1. _____
2. _____
3. _____
4. _____
5. _____

4. ECG Reading. (2 MARKS)

<p>What is the approximate ventricular rate on this tracing? a. _____</p>	
<p>The arrow points to the QRS Complex, which represents b. _____ in the heart.</p>	

Part 3 SCRAMBLED SOAP NOTES

PART 3 TOTAL 24 MARKS

Given the patient information on the following page, write the objective, subjective, and assessment portions of a SOAP note. The information must be placed in the correct section to receive the marks.

This is the order of your note:

SUBJECTIVE:	OBJECTIVE:
Biographical information (1 MARK)	Physical exam (1 MARKS)
Chief complaint (1 MARK)	ASSESSMENT:
History of present illness (2 MARKS)	Clinical Analysis (3 MARKS)
Past medical and surgical history, include current meds (1 MARK)	Most likely diagnoses (3 MARKS)
Psychiatric History (1 MARK)	Other possible diagnoses (3 MARKS)
Family History (1 MARK)	Other problems that are not stable (1 MARK)
Social History (1 MARK)	Stable problems (1 MARK)
HCM History (1 MARK)	Health Care Maintenance needs (1 MARK)
ROS (2 MARKS)	

Use this format for the ASSESSMENT part of the note:

My impression is that the main diagnosis is

Based on this evidence:

Other possibility (ies) are/ is:

Based on:

Other active problems which are unstable are/is:

Health Care Maintenance:

Patient Information

This 15-year-old F presents with chief complaint (cc) of cough, shortness of breath awaking her at night, and shortness of breath with exercise times three (3) days. She has a history of asthma but has not had an acute episode for three (3) years. On exam she has wheezing in her chest on auscultation. Her exam is otherwise unremarkable.	Faith was first diagnosed with asthma when she was five years old. She denies fever, productive cough, severe difficulty breathing although she is mild to moderately short of breath.
The main diagnosis is moderate persistent asthma.	She plays soccer at school and has not have difficulty with intense physical activity until these recent episodes started.
She has had no surgeries or hospitalizations. She has a history of environmental allergies. She has no known allergies to medications or food.	Lives with mother, grandmother and three siblings.
She had repeated episodes for several years and then it seemed to go away.	GU: non-contributory
Faith has been the victim of bullying at her school. She is currently receiving psychological counselling provided by an NGO working with her school.	Salbutamol inhaler for use as needed; her inhaler is expired.
Faith is 13-years-old; she has come to clinic with her 18-year-old sister.	Constitutional: no fever, weight loss, or malaise.
General: In mild-mod distress as evidenced by use of accessory muscles to breathe and speaking in short sentences.	She has had all her childhood immunizations.
Wheezing on auscultation of his lungs. No sternal retractions. Use of accessory muscles in neck noted.	Psychological distress secondary to bullying.
Neuro: no seizure activity.	"I wake up every morning at 0300 coughing; I then have trouble going back to sleep."
Scaphoid, soft and non-tender to palpation. Bowel sounds present in all four quadrants.	History of waking with a cough at 0300 three times in past three days and wheezing on auscultation of her lungs.
GI: no nausea or vomiting	Educate on safe sex.
MS: no muscle weakness reported	Mother supports family by cleaning houses.
Pharynx clear; No lymphadenopathy. EAC clear. TM's with good light reflex and all landmarks visible.	Since her last asthma attack Faith has been well. This episode started three days ago.
BMI 24	Her maternal grandmother has diabetes.
Waking at night with cough, current wheezing.	RRR, rate 100.
Father aged 49 and died with HIV disease and tuberculosis. Mother aged 42 with history of asthma.	HEENT: no URI symptoms.
Chest: short of breath with activity only since these recent episodes started.	bronchitis.
Faith's school fees are being paid by a friend of the family.	She has not had an episode of asthma for 3 years.
She is doing well in school academically but has been stressed recently by the bullying.	Two siblings ages 7 and 12 have asthma.