

UNIVERSITY OF SWAZILAND

FACULTY OF HEALTH SCIENCES

FINAL EXAMINATION PAPER, DECEMBER 2011

TITLE OF PAPER: ADVANCED MEDICAL-SURGICAL NURSING III

COURSE CODE: NUR 510

TIME ALLOWED: TWO (2) HOURS

MARKS: 75

INSTRUCTIONS:

1. THERE ARE THREE (3) QUESTIONS IN THIS PAPER.
2. ANSWER ALL THREE QUESTIONS.
3. EACH QUESTION IS ALLOCATED 25 MARKS.
4. WRITE LEGIBLY.

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

### QUESTION 1

- A. Describe the five (5) unique roles of the nurse in Critical Care Nursing (10)
- B. The patient who is critically ill has several stressors, including:
- (i) Threat of death,
  - (ii) Pain and discomfort,
  - (iii) Lack of sleep,
  - (iv) Loss of autonomy,
  - (v) Separation from family and friends.

Describe how you could assist the patient to cope with each of the above stressors. (10)

- C. Situation: Mrs. X is a critically ill patient who is admitted to the Intensive Care Unit because of life threatening complications related to diabetes mellitus and hypertension. Her condition has become stable and she has to be transferred to the general ward. She has been made aware of the impending transfer but becomes so anxious because of the proposed transfer.

Describe how you will prepare Mrs. X for transfer from ICU to the general ward. (5)

**TOTAL 25 MARKS**

### QUESTION 2

**SITUATION:** Mr. A. is 69 years old and suffering from left ventricular heart failure. He presents with tachypnea, hemoptysis and cyanosis.

- A. Describe the scientific explanation of experiencing each of the above signs in left ventricular heart failure. (9)
- B. Develop any three nursing diagnoses for Mr. A. (3)
- C. Manage Mr. A. implementing the above three (3) nursing diagnoses. (9)
- D. Describe any two (2) standards of professional practice for acute and critical care nursing (4)

**TOTAL 25 MARKS**

**QUESTION 3**

For each of the following questions / statements, write CLEARLY the letter that corresponds with the most appropriate answer e.g. 1. B

1. A client is receiving nutrition by means of parenteral nutrition (PN). A nurse monitors the client for complications of the therapy and assesses the client for which of the following signs of hyperglycemia?
  - A. Fever, weak pulse, and thirst
  - B. Nausea, vomiting, and oliguria
  - C. Sweating, chills, and abdominal pain
  - D. Weakness, thirst, and increased urine output
  
2. A nurse is changing an intravenous line (IV) dressing of a patient receiving parenteral nutrition (PN) and notes that the catheter insertion site appears reddened. The nurse next assesses which of the following?
  - A. Patient's temperature
  - B. Expiration date on the bag
  - C. Time of last dressing change
  - D. Tightness of tubing connections
  
3. An adult female has a hemoglobin of 10.8g/dL. The nurse interprets that this result is most likely caused by which of the following conditions?
  - A. Dehydration
  - B. Heart failure
  - C. Iron deficiency anemia
  - D. Chronic obstructive pulmonary disease

4. A patient is recovering from abdominal surgery and has a large abdominal wound. A nurse encourages the patient to eat which food item that is naturally high in vitamin C to promote wound healing?
- A. Milk
  - B. Oranges
  - C. Bananas
  - D. Chicken
5. A nurse is caring for a patient with a nasogastric tube. Nasogastric tube irrigation is prescribed to be performed once every shift. The patient's serum electrolyte results indicate a [potassium level of 4.5 mEq/L (3.5 – 5.3mEq/L) and sodium level of 132mEq/L (135 – 145mEq/L)]. Based on these laboratory findings, the nurse selected which solution to use for the gastric tube irrigation?
- A. Tap water
  - B. Sterile water
  - C. Sodium chloride
  - D. Distilled water
6. The nurse hears a patient calling out for help, hurries down the ICU to the patient's bed, and finds the patient lying on the floor. The nurse performs a thorough assessment, assists the patient back to bed, notifies the physician of the incident, and completes an incident report. Which of the following should the nurse document on the incident report?
- A. The patient fell out of bed
  - B. The patient climbed over the side rails
  - C. The patient was found lying on the floor
  - D. The patient became restless and tried to get out of bed

7. A patient is brought to the emergency room by Emergency Preparedness (EPR) services after being hit by a car. The name of the patient is not known and the patient has sustained severe head injury and multiple fractures, and unconscious. An emergency craniotomy is required. Regarding informed consent for the surgical procedure, which of the following is the best action?
- A. Obtain a court order for the surgical procedure
  - B. Transport the patient to the operating room for surgery
  - C. Call the police to identify the patient and locate the family
  - D. Ask the Emergency Preparedness (EPR) team to sign the informed consent
8. The nurse reading a physician's progress notes in the patient's record and reads that the physician has documented "insensible fluid loss of approximately 800 ml daily". The nurse understands that this type of fluid loss can occur through:
- A. The skin
  - B. Urinary output
  - C. Wound drainage
  - D. The gastrointestinal tract
9. A nurse instructs a patient at risk of hypokalemia about foods high in potassium that should be included in the daily diet. The nurse determines that the patient understands the food sources of potassium if the patient states that the food item lowest in potassium is:
- A. Apple
  - B. Carrots
  - C. Spinach
  - D. Avocado

10. A hospitalized critically ill patient tells the nurse that a living will is being prepared and that the lawyer will be bringing the will to the hospital today for witness signatures. The patient asks the nurse for assistance in obtaining a witness to the will. The appropriate response to the patient is which of the following?
- A. I will sign as a witness to your signature
  - B. You will need to find a witness on your own
  - C. I will call the nursing supervisor to seek assistance regarding your request
  - D. Whoever is available at the time will sign as a witness for you
11. A nurse has made an error in documenting an assessment finding on a patient and obtains the patients' chart to correct the error. The nurse corrects the error by:
- A. Documenting a late entry into the patient's chart
  - B. Trying to erase the error for space to write the correct data
  - C. Using a correction pen (tipex) to delete the error to write in the correct data
  - D. Drawing one line through the error, initiating and dating the line, and then document the correct information
12. The nurse deployed to the hospital's Renal Unit, is waiting to receive a report from the laboratory via the facsimile (fax) machine. The fax activates and the nurse expects the report but instead receives a sexually oriented photograph. The appropriate initial nursing action is to:
- A. Call the police
  - B. Cut up the photograph and throw it away
  - C. Call the nursing supervisor and report the incident
  - D. Call the laboratory and ask for the individual's name that sent the photograph

13. A nurse works on the night shift enters the treatment room and finds a co-worker with a tourniquet wrapped around the upper arm. The co-worker is about to insert a needle, attached to a syringe containing clear liquid, into the antecubital area. The appropriate initial action by the nurse is which of the following?
- A. Call security (Guard Alert)
  - B. Call the police
  - C. Call the nursing supervisor
  - D. Lock the co-worker in the treatment room until help is obtained
14. An antihypertensive medication has been prescribed for a patient with hypertension. The patient tells the clinic nurse that she would like to take a herbal substance to help lower her blood pressure. The nurse should take which appropriate action?
- A. Tell the patient that herbal substances are not safe and should never be used
  - B. Advise the patient to discuss the use of a herbal substance with the physician
  - C. Teach the patient how to take her blood pressure so that it can be monitored easily
  - D. Tell the patient that if she takes the herbal substance she will need to have her blood pressure checked frequently
15. A nurse is bathing a critically ill patient and notes the patient avoids eye contact during the procedure. The nurse makes which interpretation about the patient's behavior?
- A. The patient is depressed
  - B. The patient is displaying disrespectful mannerisms
  - C. The patient is displaying behavior that is a common cultural action
  - D. The patient is humiliated because of the need to be cared for by someone else

16. A nurse is preparing a plan of care for a patient who is a Jehova's Witness. The patient has been told that surgery is necessary. The nurse considers the patient's religious preferences in developing the plan of care and documents that:
- A. Faith healing is practiced primarily
  - B. Medication administration is not allowed
  - C. Surgery is prohibited in this religious group
  - D. The administration of blood and blood products is prohibited
17. A registered nurse arrives at work and is told to go and work in the ICU for the day because the ICU is understaffed and needs an additional nurse to care for the patients. The nurse has never worked in the ICU. Which of the following is the most appropriate nursing action?
- A. Refuse to go and work in the ICU
  - B. Call the hospital lawyer
  - C. Call the nursing supervisor
  - D. Report to the ICU and identify tasks that can be safely performed
18. A lumbar puncture is performed on a child suspected of having bacterial meningitis and cerebro spinal fluid (CSF) is obtained for analysis. A nurse reviews the results of the CSF analysis and determines that which of the following results would verify the diagnosis?
- A. Clear CSF, elevated protein and decreased glucose level
  - B. clear CSF, decreased pressure and elevated protein level
  - C. Cloudy CSF, elevated protein and decreased glucose level
  - D. Cloudy CSF, decreased protein and decreased glucose level
19. A nurse is evaluating the developmental level of a 2-year old child. Which of the following does the nurse expect to observe?
- A. Uses a fork to eat
  - B. Uses a cup to drink
  - C. Pours own milk into a cup
  - D. Uses a knife for cutting food



20. A nurse in a pediatric clinic is interviewing a mother of a 6 year old child with asthma.

Which statement if made by the mother should the nurse follow-up first?

- A. My child likes to play in the softball team, but I am afraid to let him
- B. My child has used three canisters of his inhaler this past month
- C. My child is embarrassed to use his inhaler in front of schoolmates
- D. I am concerned because my child has started to bite his nails and use cursatory words

21. A nurse is interviewing a mother in a regular clinic visit. Which of the following children should concern the nurse most?

- A. My 5-year old son doesn't want to eat breakfast every morning
- B. My 8-year old doesn't like to wear a helmet while riding a bicycle
- C. My 9-year old son who rides on a bicycle with his helmet on, goes in the same direction with the traffic
- D. My 3-year old son bed wets every night

22. Which of the following is the best therapeutic diversional activity for 7-year old patient confined to bed in the ICU?

- A. Playing cards with the nurse
- B. Watching video
- C. Listening to radio
- D. Talking over the phone with friends

23. What assessment tool would the nurse use first on a sleeping infant?

- A. Palpation
- B. Percussion
- C. Observing the infant as he inhales and exhales
- D. Auscultation

24. A nurse assesses a patient with a chest tube who is restless and diaphoretic, and has a temperature of 39<sup>0</sup>C. The patient reports pain at the chest tube site. Which action should the nurse take first?
- A. Administer pain medication
  - B. Auscultate the patient's lungs
  - C. Check the patient's blood pressure and pulse
  - D. Check the chest tube dressing and tubing
25. The patient had been subjected to thoracentesis without consent. What offense are the health care providers liable for?
- A. Assault
  - B. Battery
  - C. Manslaughter
  - D. Invasion of privacy

**TOTAL 25 MARKS**