

UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
FINAL EXAMINATION
DECEMBER, 2015

COURSE TITLE: ADULT MEDICAL-SURGICAL NURSING III

COURSE CODE: GNS 317

DURATION: 2 HOURS

TOTAL MARKS: 75

INSTRUCTIONS:

- Read instructions carefully**
- Answer ALL questions**
- There are two (2) sections: A and B**
- There are eight (8) printed pages including the cover page.**

DO NOT OPEN THE QUESTION PAPER UNTIL YOU ARE TOLD TO DO SO BY THE INVIGILATOR

SECTION A MULTIPLE CHOICE QUESTIONS

For each question, choose the most appropriate response and write the corresponding letter only, in **capital letters**, e.g. 27 B. Each correct answer carries 1 mark.

1. The main goal of treatment for glomerulonephritis is to:
 - A. Encourage activity
 - B. Encourage high protein intake
 - C. Maintain fluid balance
 - D. Teach intermittent urinary catheterization.

2. During an assessment of a client who sustained a head injury 24 hours ago, the medical surgical nurse notes the development of slurred speech and disorientation to time and place. The nurse's initial action is to:
 - A. Continue hourly neurologic assessments
 - B. Inform the neurosurgeon of the patient's status
 - C. Prepare the patient for emergency surgery
 - D. Recheck the patient's neurologic status in 15 minutes.

3. When examining a patient who is paralyzed at the T4 level, the nurse expects to find
 - A. Flaccidity of the upper extremities
 - B. Hyperreflexia and spasticity of the upper extremities
 - C. Impaired diaphragmatic function requiring ventilator support
 - D. Independent use of upper extremities and efficient cough.

4. A nurse is preparing a plan of care for a client with diabetes mellitus who has hyperglycaemia. The priority nursing diagnosis would be:
 - A. High risk for deficient fluid volume
 - B. Deficient knowledge: disease process
 - C. Imbalanced nutrition: less than body requirements
 - D. Disabled family coping: compromised.

5. Rotating sites when administering insulin prevents which of the following complications?
 - A. Insulin resistance
 - B. Insulin oedema
 - C. Lipodystrophy
 - D. Systemic allergic reactions

6. Clinical nursing assessment for a client who has microangiopathy who has manifested impaired peripheral arterial circulation includes all of the following EXCEPT:
 - A. Observation for blanching of the feet after the legs have been elevated for 60 seconds

- B. Observation of paleness of the lower extremities
 - C. Palpation for increased volume in the arteries of the lower extremities
 - D. Integumentary inspection for the presence of brown spots on the lower extremities.
7. The nurse is caring for a client with a diagnosis of detached retina. Which assessment sign would indicate that bleeding has occurred as a result of the retinal detachment?
- A. Total loss of vision
 - B. A reddened conjunctiva
 - C. A sudden sharp pain in the eye
 - D. Complaints of a burst of black spots or floaters
8. A client arrives in the emergency unit with a history of a chemical eye injury from a splash of battery acid. The initial nursing action is to:
- A. Begin visual acuity testing
 - B. Cover the eye with a pressure patch
 - C. Swab the eye with antibiotic ointment
 - D. Irrigate the eye with sterile normal saline.
9. The nurse is writing a teaching plan for a client scheduled for a radioactive iodine uptake test to study thyroid function. Which of the following instructions the nurse should include?
- A. "You need to stay away from people with acute infections because the test will compromise your immunity".
 - B. "You will need to lie very still on the stretcher to prevent flow of the dye to other parts of the body".
 - C. "Do not take any iodine or thyroid medications before the test".
 - D. "Schedule the skeletal scans before the radioactive uptake test".
10. The nurse is assessing a client 24 hours following a cholecystectomy. The nurse noted that the T-tube has drained 750ml of green-brown drainage since surgery. Which nursing intervention is appropriate?
- A. Clamp the T-tube
 - B. Irrigate the T-tube
 - C. Notify the physician
 - D. Document the findings.
11. A client is admitted into the ward post traumatic brain injury and multiple fractures. The client's eyes remain closed and there is no evidence of verbalization or movement when the nurse changes the client's position. What score on the Glasgow Coma Scale should the nurse document?

- A. 5
 - B. 3
 - C. 7
 - D. 9
12. A patient with spinal cord injury at Level C3-4 is being cared for at the emergency unit. What is the priority assessment?
- A. Assess the level at which the patient has retained mobility
 - B. Check blood pressure and pulse for spinal shock.
 - C. Monitor respiratory effort and oxygen saturation.
 - D. Determine the level at which the patient has intact sensation.
13. Which of the following signs indicate the onset of the third phase of acute renal failure?
- A. Daily doubling of urine output (4-5L/day)
 - B. Urine output less than 400ml per day.
 - C. Urine output less than 100ml per day
 - D. Stabilization of renal function.
14. The 38 year old female patient you are caring for had surgery to create an arteriovenous fistula for hemodialysis. Which information is important for providing care for the patient?
- A. The patient shouldn't feel pain during initiation of the dialysis.
 - B. The patient feels best immediately after the dialysis.
 - C. Using a stethoscope for auscultation of the fistula is contraindicated.
 - D. Taking blood pressure reading on the affected arm can cause clotting of the fistula.
15. A patient returns from surgery with an indwelling catheter in situ and empty. Six hours later the volume is 120ml. The drainage system has no obstructions. Which intervention takes priority?
- A. Evaluate the patient's circulation and vital signs
 - B. Administer a 500ml bolus of isotonic saline
 - C. Flush the urinary catheter with sterile water or saline
 - D. Place the patient in the shock position and notify the surgeon.
16. Which findings lead you to suspect acute glomerulonephritis in the 32year old client you are assessing?
- A. Dysuria, frequency and urgency
 - B. Back pain, nausea and vomiting
 - C. Hypertension, oliguria and fatigue
 - D. Fever, chills right upper quadrant pain.

17. A client with glaucoma asks a nurse about future treatment precautions. What information should the nurse's explanation include?
- A. Avoidance of cholinergics
 - B. Surgical replacement of the lens
 - C. Continuation of therapy for life.
 - D. Prevention of high blood pressure.
18. For the client with liver cirrhosis, what nursing interventions would be most appropriate to control fluid accumulation in the abdominal cavity?
- A. Providing a low fat diet
 - B. Providing a low sodium diet.
 - C. Total parenteral nutrition
 - D. Ambulate the client.
19. A patient with cirrhosis has 4+ pitting oedema of the legs and feet. This data indicates that it is important for the nurse to monitor the patient's
- A. Albumin level
 - B. Temperature
 - C. Input and output chart for fluids
 - D. Serum sodium levels
20. The patient with right upper quadrant pain has been diagnosed with cholelithiasis. What should the nurse expect to do for the client?
- A. Prevent all oral intake
 - B. Control abdominal pain
 - C. Provide enteral feedings
 - D. Avoid dietary cholesterol
21. The patient with sudden pain in the upper quadrant radiating to the back and vomiting was diagnosed with acute pancreatitis. What interventions should the nurse expect to include in the patient's plan of care?
- A. Immediately start enteral feeding to prevent malnutrition
 - B. Insert a naso-gastric tube and maintain an NPO status to allow pancreas to rest.
 - C. Initiate early prophylactic antibiotic therapy to prevent infection
 - D. Administer acetaminophen every 4 hours for pain relief.
22. An incoherent client with a history of hypothyroidism is admitted into your unit. Physical and laboratory findings reveal hypothermia, hypoventilation, respiratory acidosis, bradycardia, hypotension and non-pitting oedema of the face. Knowing that these

manifestations indicate hypothyroidism, Nurse Betty prepares to take emergency action to prevent the potential complication of:

- A. Thyroid storm
- B. Hashimotos thyroiditis
- C. Cretinism
- D. Myxedema coma

23. Jenny who weighs 95kg has been diagnosed with hyperglycemia tells the nurse that her husband sleeps in another room because her snoring keeps him awake. The nurse notices that she has large hands and a hoarse voice. Which of the following will the nurse suspect as the cause of the client's hyperglycaemia?
- A. Hypothyroidism
 - B. Acromegaly
 - C. Type 1 diabetes mellitus
 - D. Deficient growth hormone
24. Which nursing diagnosis takes priority for a female client with hyperthyroidism?
- A. Risk for imbalanced nutrition: more than body requirements related to excess thyroid hormone
 - B. Risk for impaired skin integrity related to oedema, skin fragility and poor wound healing.
 - C. Body image disturbance related to weight gain and oedema.
 - D. Imbalanced nutrition: less than body requirements related to thyroid hormone excess.
25. A male client with a tentative diagnosis of hyperosmolar hyperglycaemic, nonketotic syndrome has a history of Type 2 DM that is being controlled with an oral diabetic agent (Metformin). Which of the following is the most important laboratory test for confirming this disorder?
- A. Serum potassium levels
 - B. Serum sodium levels
 - C. Arterial blood gas values
 - D. Serum osmolarity

SECTION B SHORT ESSAY QUESTIONS

Question 1

- (a) When caring for a patient with liver disease, the nurse recognizes the need to prevent bleeding resulting from altered clotting factors and ruptured varices. Outline the nursing interventions you would carry out to achieve this outcome. Give a rationale for each nursing intervention. *Each correct intervention is worth ½ a mark and rationale ½ a mark.* [10]
- (b) The surgical suite is divided into zones according to the activity that occurs in the zone. Briefly describe the zones found in operating theatres. [6]

[Sub-total: 16 marks]

Question 2

A 45 year-old man is admitted to your unit with a diagnosis of pancreatitis. He had an ultrasound scan performed and several large gallstones were identified. He reports severe epigastric pain (rated 9 out of 10) and severe nausea. He has a nasogastric tube in place due to several episodes of vomiting.

- (a) What is the cause of this patient's pancreatitis? [2]
- (b) What medications would you expect to see prescribed for this patient? [3]
- (c) Outline the physical assessment findings you will see [6]
- (d) What three (3) nursing diagnosis will be of highest priority for this patient? [3]
- (e) Outline the multisystem complications that might arise that would necessitate this patient's transfer to an intensive care unit. [3]
- (f) Discuss the issues of high priority in preparing the client for discharge. [5]

[Sub-total: 22 marks]

Question 3

Joyce, age 45, was admitted to the emergency room following a major automobile accident. She had massive abdominal injuries. She was taken immediately to surgery for repair of a lacerated liver and perforated ileum. She had two units of blood during surgery and two units while she was in the recovery room. The fifth unit of blood was discontinued in surgical intensive care because she developed a transfusion reaction. On the day after surgery, her urine output declined to 10-20 ml/hr. Increasing her fluid intake with plasma expanders and blood did not increase her urine output. Lab results indicated an elevated urinary sodium, BUN 70 mg/dl, and

serum creatinine 4 mg/dl. Her urine output stabilized at 20-25 ml/hr on the third day after surgery. She was diagnosed as having acute tubular necrosis.

Because of a persistently elevated serum potassium and severe hypertension (BP 190/120), she was started on hemodialysis using an external cannula.

- (a) State the possible causes of acute tubular necrosis that Joyce developed? [4]
- (b) What clinical indicator points that Joyce is in the oliguric phase of acute renal failure?[1]
- (c) Outline the priority nursing diagnoses for Joyce? [4]
- (d) State the indications for using hemodialysis in the management of Joyce's acute renal failure? [3]

[Sub-total: 12 marks]