

UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
SEMESTER 1
FINAL EXAMINATION
DECEMBER 2018

COURSE TITLE : HEALTH ASSESSMENT AND DIAGNOSIS
COURSE CODE : NUR 420
TIME ALLOWED : 2 HOURS
MARKS ALLOCATED : 75

INSTRUCTIONS:

- 1. READ INSTRUCTIONS AND QUESTIONS CAREFULLY AND WITH UNDERSTANDING**
- 2. ANSWER ALL QUESTIONS**
- 3. WRITE NEATLY AND CLEARLY**
- 4. DO NOT OPEN THIS QUESTION PAPER UNTIL YOU ARE TOLD TO DO SO BY THE INVIGILATOR**

QUESTION 1

MULTIPLE CHOICE QUESTIONS

Instructions: For the following multiple choice questions write question number and the corresponding alphabet of the answer. Example 26. D

1. Information we need to gather for a health assessment include all EXCEPT:
 - A. Biographic data
 - B. Validation
 - C. Past history
 - D. Social life
2. Physical examination is used for all EXCEPT;
 - A. Determine family relationships
 - B. Gather baseline data about the patient's health status.
 - C. Identify and confirm nursing diagnosis
 - D. Evaluate the outcomes of care.
3. Preparing for physical examination of a patient includes all EXCEPT;
 - A. Infection control
 - B. Environment
 - C. History taking
 - D. Prepping the patient
4. All the following are adventitious sounds EXCEPT;
 - A. Wheezes
 - B. Crepitation
 - C. Crackles
 - D. Stridor
5. Point of Maximum Impulse can most easily be ----- through the chest wall
 - A. Inspected
 - B. Palpated
 - C. Percussed
 - D. Observed
6. Borborygmi can be ascertained through
 - A. Auscultation
 - B. Inspection
 - C. Percussion
 - D. Palpation
7. Which part of your hand is best for detecting vibra- tory sensations?
 - A. Finger tips
 - B. Fingers
 - C. Ulnar surface
 - D. A & C

8. Which of the following best describes time-lapsed assessment;
- A. Assessment of life threatening situations
 - B. Assessment of a particular/specific client problem
 - C. A few hours after the client is admitted to the health care facility
 - D. Reassessment done several months after initial assessment
9. Light palpation is used to assess:
- A. Tenderness
 - B. Body organs & mass
 - C. Skin color
 - D. Bowel sound
10. Lifting a fold of skin between your thumb and forefinger is used to assess:
- A. Texture
 - B. Moisture
 - C. Mobility
 - D. Temperature
11. Normal angle at nail base is:
- A. 10 degrees
 - B. 30 degrees
 - C. 160 degrees
 - D. 180 degrees
12. Submental lymph nodes located at:
- A. Base of neck
 - B. Under the chin
 - C. Posterior to ear
 - D. Anterior to ear
13. The interviewer starts collecting data at which stage of interview?
- A. The opening of the interview
 - B. The body of the interview
 - C. Closing of the interview
 - D. Before interview

14. Drooping of upper eyelid is called;

- A. Ptosis
- B. Styne
- C. Hordeolum
- D. Accomodation

15. An adolescent shows the nurse a "bump" on his skin in the neck. The nurse observes a raised, erythemous, solid 0.2 cm – by 0.2 cm mass. The nurse would document this finding as which of the following?

- A. Macule
- B. Papule
- C. Nodule
- D. Pustule

TRUE & FALSE

Instructions: For the following questions write "T" for true or "F" for false against the corresponding number. Example: 28. T

16. When assessing the temporomandibular joint syndrome, be sure to explore the client's history of headaches. T/F
17. Hyperresonance is an abnormal sound overhead with patients with pneumothorax T/F
18. If the nurse finds that the client's abdomen is guarded he/she should start examination on the affected area T/F
19. 4. Ballottement is a percussion technique performed to identify a mass or enlarged organ within an ascitic abdomen. T/F
20. The ovaries, fallopian tubes, and supporting ovarian ligaments are referred to as the adnexa. T/F
21. Bartholin's glands are usually tender with a little drainage. T/F
22. Testes do not get smaller with normal aging, although they may decrease in size with long-term illness. T/F
23. A change in bowel pattern is one of the warning signs of cancer. T/F
24. Muscle strength can be assessed with a patella hammer. T/F

25. You conduct a physical reassessment if the patient's condition worsens only
T/F

(25 marks)

QUESTION 2

2.1 SCENARIO: A client who works in a factory visits the health care facility for a routine check-up. During the interview, the nurse notes that the client keeps asking to have the questions repeated. The client states being unable to understand conversations in a social circle and avoids socializing.

- a. How should the nurse assess hearing in the client using the Rinne test? (3 marks).
- b. You suspect that the client has reverse Rinne. Explain what reverse Rinne is.
(2 marks)
- c. What would be normal findings? (2 marks)

2.2 a) Explain how you would conduct the Modified Allen's test. (3 marks)

b) What would be the normal findings? (1 mark)

2.3. a) How should the nurse ensure an accurate assessment of the frontal and maxillary sinuses through transillumination? (3 marks)

b) What would be the findings if the sinuses are inflamed? (1 mark)

2.4. Explain past history you would collect from a patient suffering from a respiratory condition. (3 marks)

2.5 A patient comes to your facility with history of respiratory difficulty and one of your tasks is to determine chest excursion. Explain how you would go about conducting chest excursion and state normal findings (4 marks)

2.6. SCENARIO: A 42-year-old female client visits a health care facility with complaints of tenderness and pain in the breasts. Several weeks earlier, the client had noticed a lump in the left breast that subsided after menses. The client is worried because her mother and aunt both were diagnosed with breast cancer.

What data should be collected by the nurse to assess for various risk factors of breast cancer? (3 marks)

(25 marks)

QUESTION 3

3.1 SCENARIO: A 50-year-old female client is admitted to the health care facility with mitral valve prolapse. The client's symptoms include fatigue, headaches, and sharp chest pains.

- a) What are two conditions that contribute to turbulent blood flow or heart murmurs? (2 marks)
- b) What are three techniques used to assess the precordium and heart sounds? (3 marks)

3.2 SCENARIO: A 28-year-old client is admitted to the nursing unit with lower abdominal pain. During palpation, the client experiences severe pain in the right lower quadrant. The client describes the pain as sharp and gnawing.

- a). What are particular tests should the nurse perform to ascertain if it is appendicitis apart from the psoas sign? (3 marks)
- b) Explain how you would perform the psoas sign and mention findings (3 marks)

3.3 SCENARIO: A middle-aged male client visits the health clinic and is assessed by the registered nurse. The nurse notes swelling in the anal region, and the client complains of severe pain and itching. The client also complains of low-grade fever, joint pains, and muscle aches.

Which questions should the nurse ask to obtain relevant lifestyle health history? (3 marks)

3.4 SCENARIO: A client complains of pain in the hands and fingers of the right hand after a fall while playing basketball. .

- a) What areas should the nurse focus on performing a physical examination for this client through inspection and palpation? (2 marks)
- b) What range of motion (ROM) should the nurse focus on? (5 marks)
- 3.5 How would you assess patient's balance? (4 marks)

(25 marks)

GRAND TOTAL – 75 MARKS