

## Fundamentals Of Nursing Exams 1

COURSE NAME;Fundamental concepts in nursing

1. Which phrase best describes the science of nursing?

- A. The skilled application of knowledge
- B. The knowledge base for care
- C. Hands-on care, such as giving a bath
- D. Respect for each individual patient

2. Which of the following statements about the nursing process is most accurate?

- A. The nursing process is a four-step procedure for identifying and resolving patient problems.
- B. Beginning in Florence Nightingale's days, nursing students learned and practiced the nursing process.
- C. Use of the nursing process is optional for nurses, since there are many ways to accomplish the work of nursing.
- D. The state board examinations for professional nursing practice now use the nursing process rather than medical specialties as an organizing concept.

3. The nursing process ensures that nurses are patient centred rather than task cantered. Rather than simply approaching a patient to take vital signs, the nurse thinks "How is Ms. WK today? Are our nursing actions helping her to achieve her goals? How can we better help her?" This demonstrates which characteristic of the nursing process?

- A. Systematic
- B. Interpersonal
- C. Dynamic
- D. Universally applicable in nursing situations

4. When assessing the client in the immediate post-anesthetic period, the nurse will pay special attention to tissue perfusion. This will be best assessed by doing which of the following things?

- A. Looking at lip color and checking capillary refill.
- B. Pressing on the skin of a fleshy part of the body.
- C. Feeling the feet for warmth.
- D. Taking the carotid pulse.

5. The nurse needs to be aware that clients who have just returned from a surgery in which they received spinal anesthesia need to be kept in which of the following positions for a few hours?

- A. semi-Fowler's
- B. Fowler's
- C. legs elevated at 45 degrees
- D. flat in bed

6. The family of a client who has just received surgery involving the intestines asks when oral fluids and food can be given. You should tell the family that the physician will most likely start fluids at which of the following times?

- A. when peristalsis returns
- B. four hours after surgery
- C. when the client has hunger signs
- D. twenty-four hours after surgery

7. The post-surgical client has been NPO this shift; however, the physician orders clear liquids. Which of the following actions would be best on the part of the nurse?

- A. Push fluids to 200 cc per hour.
- B. Encourage client to drink as much as possible.
- C. Offer small sips of water initially.
- D. Suggest apple juice or orange juice.

8. In the pre-operative period, the nurse taught the client some leg exercises. Now, in the immediate post-operative period, the nurse asks the client to do these exercises every two hours when awake. A family member wants to know the reason for these leg exercises. How should the nurse reply?

- A. "Leg exercises compress veins and prevent thrombi and emboli."
- B. "These exercises will make it easier to get up out of bed later."
- C. "The leg exercises will improve the quality of respirations."
- D. "Contractures will be prevented by doing these leg exercises."

9. When cleaning a sutured wound and applying a sterile dressing, the nurse must do which of the following?

- A. Hold the forceps with the tips down at all times.
- B. Use at least three gauze swabs to clean the wound.
- C. Cut the gauze to fit the wound or around drains.
- D. Clean in circular motion inward to wound or incision.

10. Which of the following actions should the nurse take to use a wide base support when assisting a client to get up in a chair?

- A. Bend at the waist and place arms under the client's arms and lift
- B. Face the client, bend knees and place hands on client's forearm and lift
- C. Spread his or her feet apart
- D. Tighten his or her pelvic muscles

11. A client had oral surgery following a motor vehicle accident. . The nurse assessing the client finds the skin flushed and warm. Which of the following would be the best method to take the client's body temperature?

- A. Oral
- B. Axillary
- C. Arterial lined.
- D. Rectal

12. A client who is unconscious needs frequent mouth care. When performing a mouth care, the best position of a client is:

- A. Fowler's position
- B. Side lying
- C. Supine

D. Trendelenburg

13. A client is hospitalized for the first time, which of the following actions ensure the safety of the client?

- a. Keep unnecessary furniture out of the way
- b. Keep the lights on at all time
- c. Keep

14. A walk-in client enters into the clinic with a chief complaint of abdominal pain and diarrhea. The nurse takes the client's vital sign hereafter. What phrase of nursing process is being implemented here by the nurse?

- A. Assessment
- B. Diagnosis
- C. Planning
- D. Implementation

15. The nurse must verify the client's identity before administration of medication. Which of the following is the safest way to identify the client?

- A. Ask the client his name
- B. Check the client's identification band
- C. State the client's name aloud and have the client repeat it
- D. Check the room number

16. Nursing interventions are based on a total person approach and designed on three preventive levels, Which nursing model does this sentence most accurately describe?

- A. Newman's model.
- B. Orem's model.
- C. Levine's model.
- D. King's model

17. A friend of yours calls you and asks if you are still working at Memorial Hospital. You reply "yes." He tells you that his girlfriend's father was just admitted as a patient, and he wants you to find out how he is. "Sue (his girlfriend) seems unusually worried about her dad, but she won't talk to me and I want to be able to help her." What is the best response you can make to your friend?

- A. "Listen, you shouldn't be asking me to do this. I could be fined big bucks or even lose my job for disclosing this information."
- B. "Sorry, but I'm not able to give information about patients to the public—even when my best friend or a family member asks."
- C. "you shouldn't be asking for this information unless the patient has authorized you to receive it! This could get you in trouble!"
- A. "Why do you think Sue isn't talking about her worries?"

18. For a nurse to be found guilty of malpractice when a patient has been injured, it would have to be shown that she or he did not

- A. Take the responsibility for a medication error
- B. Do what a reasonably prudent nurse would have done in a similar patient care situation
- C. Remember to put up the side rails on the bed to prevent the patient from falling out of bed
- D. Keep the details of a patient diagnosis and care private

19. The use of critical thinking particularly helps nursing students
- A. Get along with classmates and colleagues
  - B. Develop clinical judgment needed for safe practice
  - C. Gather sufficient assessment data
  - D. Learn to effectively interact with other people
20. An example of a holistic nursing approach would be when the nurse
- a. Collaborate with the aide and the respiratory therapist
  - b. Calls the social worker because the patient is worried about caring for her children at home
  - c. Is especially cordial to family and friends visiting the patient
  - d. Allows the patient to nap after lunch before performing a dressing change

### Short Answer Questions (8marks each)

1. Explain the steps in concept mapping care planning.
2. Explain the ethical foundations of nursing.
3. Outline the characteristics of a profession.
4. Explain the role of theory in nursing practice
5. Outline the role of Nursing Council of Kenya in nursing education

### Long Answer Question

1. Describe professional values as they relate to nursing practice.
2. Describe the nurse's role in communicating with other healthcare professionals by reporting and conferring.