

## Medical Surgical Nursing Exam 3

### SECTION A (20 marks)

1. Which of the following nursing interventions is appropriate for a client with an increased intracranial pressure (ICP) of 20 mm Hg?

- A. Give the client a warming blanket.
- B. Administer low-dose barbiturates.
- C. Encourage the client to hyperventilate.
- D. Restrict fluids.

2. When preparing to teach a client about phenytoin sodium (Dilantin) therapy, the nurse should urge the client not to stop the drug suddenly because:

- A. Physical dependency on the drug develops over time.
- B. Status epilepticus may develop.
- C. A hypoglycemic reaction develops.
- D. Heart block is likely to develop.

3. Which intervention is most effective in minimizing the risk of seizure activity in a client who is undergoing diagnostic studies after having experienced several episodes of seizures?

- A. Maintain the client on bed rest.
- B. Administer butabarbital sodium (phenobarbital) 30 mg P.O., three times per day.
- C. Close the door to the room to minimize stimulation.
- D. Administer carbamazepine (Tegretol) 200 mg P.O., twice per day.

4. At the scene of a burn injury, the first priority in treating a client who has sustained a partial thickness burn to the left hand would be

- A. Apply ice packs to the burned area
- B. Apply Vaseline to the burned area
- C. Immerse the client's left hand in cool water
- D. Leave the burn alone and take the client to the emergency department immediately

5. What is the expected outcome of thrombolytic drug therapy for stroke?

- A. Increased vascular permeability.
- B. Vasoconstriction.
- C. Dissolved emboli.
- D. Prevention of hemorrhage.

6. A nurse is teaching a client who had a stroke about ways to adapt to a visual disability. Which does the nurse identify as the primary safety precaution to use?

- A. Wear a patch over one eye.
- B. Place personal items on the sighted side.
- C. Lie in bed with the unaffected side toward the door.
- D. Turn the head from side to side when walking.

7. A client with Parkinson's disease asks the nurse to explain to his nephew "what the doctor said the pallidotomy would do." The nurse's best response includes stating that the main goal for the

client after pallidotomy is improved:

- A. Functional ability.
- B. Emotional stress.
- C. Alertness.
- D. Appetite.

8. The nurse is reviewing the care plan of a client with Multiple Sclerosis. Which of the following nursing diagnoses should receive further validation?

- A. Impaired mobility related to spasticity and fatigue.
- B. Risk for falls related to muscle weakness and sensory loss.
- C. Risk for seizures related to muscle tremors and loss of myelin.
- D. Impaired skin integrity related bowel and bladder incontinence.

9. The nurse teaches a client about heat and cold treatments to manage arthritis pain. Which of the following client statements indicates that the client still has a knowledge deficit?

- A. "I can use heat and cold as often as I want."
- B. "With heat, I should apply it for no longer than 20 minutes at a time."
- C. "Heat-producing liniments can be used with other heat devices."
- D. "Ten to 15 minutes per application is the maximum time for cold applications."

10. The client diagnosed with osteoarthritis states, "My friend takes steroid pills for her rheumatoid arthritis. Why don't I take steroids for my osteoarthritis?" Which of the following is the best explanation?

- A. Intra-articular corticosteroid injections are used to treat osteoarthritis.
- B. Oral corticosteroids can be used in osteoarthritis.
- C. A systemic effect is needed in osteoarthritis.
- D. Rheumatoid arthritis and osteoarthritis are two similar diseases.

11. Prior to surgery, the nurse is instructing a client who will have a total hip replacement tomorrow. Which of the following information is most important to include in the teaching plan at this time?

- A. Teaching how to prevent hip flexion.
- B. Demonstrating coughing and deep-breathing techniques.
- C. Showing the client what an actual hip prosthesis looks like.
- D. Assessing the client's fears about the procedure.

12. The client has just had a total knee replacement for severe osteoarthritis. Which of the following assessment findings should lead the nurse to suspect possible nerve damage?

- A. Numbness.
- B. Bleeding.
- C. Dislocation.
- D. Pinkness.

13. Which of the following activities should the nurse instruct the client with low back pain to avoid?

- A. Keeping light objects below the level of the elbows when lifting.
- B. Leaning forward while bending the knees.
- C. Exceeding the prescribed exercise program.
- D. Sleeping on the side with legs flexed.

14. A client in the post-anaesthesia care unit with a left below-the-knee amputation has pain in her left big toe. Which of the following should the nurse do first?
- A. Tell the client it is impossible to feel the pain.
  - B. Show the client that the toes are not there.
  - C. Explain to the client that her pain is real.
  - D. Give the client the prescribed opioid analgesic.
15. The client has a nursing diagnosis of Self-care deficit related to the confinement of traction. Which of the following would indicate a successful outcome for this diagnosis?
- A. The client assists as much as possible in his care, demonstrating increased participation over time.
  - B. The client allows the nurse to complete his care in an efficient manner without interfering.
  - C. The client allows his wife to assume total responsibility for his care.
  - D. The client allows his wife to complete his care to promote feelings of usefulness
16. During the period of spinal shock, the nurse should expect the client's bladder function to be which of the following?
- A. Spastic.
  - B. Normal.
  - C. Atonic.
  - D. Uncontrolled.
17. Which skin layer primarily comprises collagen fibres to provide the mechanical strength of skin?
- A. Dermis
  - B. Epidermis
  - C. Hypodermis
  - D. Stratum corneum
18. A client is diagnosed with acne vulgaris for which benzoyl peroxide is prescribed. Medication teaching would include
- A. Taking medication 1 hour before meals
  - B. Taking medication with meals to minimize gastric distress
  - C. Instructing client not to wash face with water before application
  - D. Explain that initially medication causes redness and scaling but that the skin will adjust quickly
19. A client has undergone a craniotomy to remove a glioma- type brain tumour. The client responds minimally to stimuli and respirations sound very moist. These findings would lead the nurse to make the nursing diagnosis of
- A. Decreased cardiac output
  - B. Ineffective airway clearance
  - C. Ineffective breathing pattern
  - D. Anxiety
20. A client diagnosed degenerative joint disease secondary to osteoarthritis is scheduled for a total hip replacement of the right leg. During the preoperative period, the nurse should focus on assessment primarily on
- A. Local and systemic infections
  - B. Self care ability

- C. Response to pain management
- D. Range of motion in the affected joint

## SECTION B (40 marks)

1. Outline the clinical manifestations of Rheumatoid arthritis(5 marks)
2. A client is being monitored for transient ischemic attacks. She is oriented, can open her eyes spontaneously, and follows commands. What is her Glasgow Coma Scale score? explain (10 marks)
3. What are the nursing interventions for a patient with a joint dislocation, (6 marks)
4. What are the priority nursing diagnoses for a patient with head injury (7 marks)
5. a. Outline eight (8) functions of the skin (9 marks)  
b. What are the common assessment findings for a patient with Seborrheic Dermatitis? (3 marks)

## SECTION C

1. a. What are the characteristics of first degree of burns (5 marks)  
b. What are the nursing interventions for a patient with burns (15 marks)
2. a. What is the aetiology of meningitis, ( 5 marks)  
b. Describe the pathophysiology of meningitis (7 marks)  
c. What are the likely assessment findings on a patient with meningitis (8 marks)