Medical Surgical Nursing Exam 7

SECTION A. (20 marks)
1. An unconscious client with multiple injuries arrives in the emergency department. Which nursing intervention receives the highest priority?
A. Establishing an airway.
B. Replacing blood loss.
C. Stopping bleeding from open wounds.
C. Checking for a neck fracture.

2. A client is at risk for increased intracranial pressure (ICP). Which of the following would be the priority for the nurse to monitor?
A. Unequal pupil size.
B. Decreasing systolic blood pressure.
C. Tachycardia.
D. Decreasing body temperature

3. The nurse is assessing a client in the postictal phase of generalized tonic-clonic seizure. The nurse should determine if the client has?
A. Drowsiness.
B. Inability to move.
C. Paresthesia.
D. Hypotension.

4. In planning care for the client who has had a stroke, the nurse should obtain a history of the client's functional status before the stroke because?
A. The rehabilitation plan will be guided by it.
B. Functional status before the stroke will help predict outcomes.
C. It will help the client recognize his physical limitations.
D. The client can be expected to regain much of his functioning.

5. The nurse develops a teaching plan for a client newly diagnosed with Parkinson's disease. Which of the following topics that the nurse plans to discuss is the most important?
A. Maintaining a balanced nutritional diet.
B. Enhancing the immune system.
C. Maintaining a safe environment.
D. Engaging in diversional activity.

6. 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.

7. Which sign is an early indicator of hypoxia in the unconscious client?

A. Cyanosis.
B. Decreased respirations.
C. Restlessness.
D. Hypotension.

8. The nurse observes that the right eye of an unconscious client does not close completely. Which nursing intervention is most appropriate?
A. Have the client wear eyeglasses at all times.
B. Lightly tape the eyelid shut.
C. Instil artificial tears once every shift.
D. Clean the eyelid with a washcloth every shift.

9. On a visit to the clinic, a client reports the onset of early symptoms of rheumatoid arthritis. The nurse should conduct a focused assessment for:
A. Limited motion of joints.
B. Deformed joints of the hands.
C. Early morning stiffness.
D. Rheumatoid nodules.

10. 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.”

11. Which of the following should the nurse assess when completing the history and physical examination of a client diagnosed with osteoarthritis?
A. Anemia.
B. Osteoporosis.
C. Weight loss.
D. Local joint pain.

12. A client has an intracapsular hip fracture.
The nurse should conduct a focused assessment to detect:
A. Internal rotation.
B. Muscle flaccidity.
C. Shortening of the affected leg.
D. Absence of pain in the fracture area.

13. 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.

14. 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.

15. Which clinical manifestation is a typical reaction to long-term phenytoin sodium (Dilantin) therapy?
A. Weight gain.
B. Excessive growth of gum tissue.
C. Insomnia.
D. Deteriorating eyesight.

16. When admitting a client with a fractured extremity, the nurse should first focus the assessment on which of the following?
A. The area proximal to the fracture.
B. The actual fracture site.
C. The area distal to the fracture.
D. The opposite extremity for baseline comparison.

17. A client with a fracture develops compartment syndrome. Which of the following signs should alert the nurse to impending organ failure?
A. Crackles.
B. Jaundice.
C. Generalized edema.
D. Dark, scanty urine.

18. 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.

19. When assessing the client with a cord transection above T5 for possible complications, which of the following should the nurse expect as least likely to occur?
A. Diarrhoea.
B. Paralytic ileus.
C. Stress ulcers.
D. Intra-abdominal bleeding

20. When the client has a cord transection at T4, which of the following is the primary focus of the nursing assessment?
A. Renal status.
B. Vascular status.
C. Gastrointestinal function.
D. Biliary function.

SECTION B SHORT ANSWER QUESTIONS (40 marks)

1. Outline the collaborative management of a patient with multiple sclerosis (6 marks)

2. Explain the pathophysiology of Guillain Barré syndrome, (6 marks)

3. What are the five priority nursing diagnoses for a patient with head injury (6 marks)

4. What are the nursing interventions for a patient diagnosed with joint dislocation (6 marks)

5. A patient is brought to the clinic and a medical diagnosis of Herpes Zoster (shingles) is made. The clinic nurse decides to assess the patient. What assessment findings are expected from this patient? (6 marks)

6. Identify the nursing interventions for a patient admitted with ischemic stroke (10 marks)

SECTION C

LONG ANSWER QUESTIONS

1. A patient with a diagnosis of Parkinson's disease is admitted on the unit
a. Explain the pathophysiology of Parkinson's disease (5 marks)
b. Outline the collaborative management for this patient (5 marks)
c. Using the nursing process, describe the nursing management of this patient (10 marks)

2. An elderly female patient, (79 years old) is brought to the clinic with history of a fall. She is diagnosed with hip fracture and a decision to admit her for hip replacement is made.
a. Outline the clinical manifestations of hip fracture in this patient (4 marks)
b. Describe her collaborative management (4 marks)
c. Using nursing process, describe the management of this patient (12 marks)