Digestive system disorders practice test questions

State five (5) nursing actions for a patient post gastrectomy. (5marks)

Describe the pathophysiology of liver cirrhosis. (5marks)

A client has been admitted with a diagnosis of acute pancreatitis. The nurse would assess this client for pain that is:-

a) Severe and unrelenting, located in the epigastric area, radiating to the back, relieved by positioning in recumbent position.
b) Severe and unrelenting, located in the left quadrant radiating to the back, relieved by vomiting and knee-chest positioning
c) Severe and unrelenting, located in the medipigastrium, radiating to the back, relieved by knee chest positioning and not relieved by vomiting
d) Severe and unrelenting, located in the left lower quadrant radiating to the hip, relieved by eating and sitting up position

Instructions prescribed for the patient following gastrectomy with regard to dumping syndrome include:-

a) Large dry feedings high in carbohydrates, take fluids with meals, plan rest periods of at least 30 minutes after each meal.
b) Small dry feedings low in carbohydrates, take fluids between meals, rest periods of at least 2 hours after each meal.
c) Eat normal meals twice a day, rest 30 minutes after meals, in semifowlers' position take fluids after meals
d) Small dry feeding, low in carbohydrates, take fluids between meals, plan rest periods of at least 30 minutes after each meal in recumbent position

State two(2) interventions to manage impaired swallowing in a patient (2 marks)

List four (4) nursing interventions to alleviate diarrhea (2 marks)

Ms Betty, a 60 year old lady is admitted in the ward with diverticulosis.

a. State the clinical manifestations of diverticulosis (4 marks)

b. Explain the management of Ms Joyce in the ward (14 marks)

c. List four (4) complications of diverticulosis. (2 marks).

State five (5) signs and symptoms of liver cirrhosis. 5 marks

Differentiate between peptic and gastric ulcers. 4 marks

Describe briefly the specific pre-operative management of a patient with intestinal obstruction. 6 marks

Outline five (5) specific nursing diagnosis a nurse would obtain while assessing a patient suffering from gastro-intestinal tract conditions. 5 marks

Mrs Gekonge is admitted to surgical ward and a surgeon has made a diagnosis of appendicitis.

(a) Explain the pathophysiology of appendicitis. 5 marks
(b) State five (5) clinical manifestation of appendicitis. 5 marks
(c) Describe the specific nursing management of Mrs Gekonge. 10 marks

Miss Lolwe aged 25 years old is admitted to your ward with dental abscess and is for tooth extraction.

(a) Define dentistry. 1 mark
(b) Draw and label the structure of a molar tooth. 3 marks
(c) State any four (4) clinical features that Miss Lolwe will present with. 4 marks
(d) Describe the management of Miss Lolwe from admission till discharge.12 marks

State three (3) nursing interventions for a patient with dental abscess. 3 marks

Describe the medical management of a patient with oral thrush. 5 marks

Draw and label a diagram showing a structure of a molar tooth. 5 marks

Explain five (5) preventive measures that can be used in the preventive of dental disorders.

Ms Poppy aged 32 years a patient has been diagnosed with dental cavity. You are a nurse allocated to take care of this patient after admission to your ward.

(a) Define dental cavity. 1 mark

(b) Explain three (3) investigations that may have aided this diagnosis. 6 marks

(c) Draw a nursing care plan for Ms Poppy in the first 24 hours of admission that will meet her priority needs. 13 marks

Using a nursing care plan, briefly manage a patient suffering from gingivitis.10 marks

Define the following terms:

(a) Peptic ulcer diseases (PUD). 1 mark
(b) Acute gastritis. 1 mark
(c) Ulcerative colitis. 1 mark
(d) Hernia. 1 mark

Draw and label a diagram of the alimentary canal. 6 marks

(a) Explain the pathophysiology of ulcerative colitis. 5 marks

(b) Explain what you understand by the term ‘nutritional therapy’ In ulcerative colitis. 4 marks

(c) List eight (8) interventions in the management of ulcerative colitis. 4 marks

(a) State five (5) clinical features of peptic ulcer disease (PUD). 5 marks

(b) State five (5) risk factors of peptic ulcer disease. 5 marks

(c) Explain the post-operative management of patient who has undergone partial gastrorectomy. 10 marks

Compare and contrast acute gastritis and chronic gastritis. 6 marks

(a) State six (6) mechanical causes of intestinal obstruction. 6 marks

(b) State six (6) clinical features of small bowel obstruction. 6 marks

(c) List five (5) complications of appendicitis. 2½ mark

1. Explain briefly the pathophysiology of Ascitis. 5 Marks

2. Outline specific nursing management of a patient with appendicitis. 6 Marks

3. Differentiate between duodenal and gastric ulcers. 4 Marks

4. State Four (4) complication of porta hypertension. 5 Marks

1. Mr Zoe is admitted into a ward with a diagnosis of upper gastrointestinal bleeding due to oesophageal varices. He looks pale anxious and has a cold clammy skin.

a. List Four (4) diagnostic tests that can be done to diagnose upper gastrointestinal bleeding. 2 Marks

b. Describe the pathophysiology of oesophageal varices. 5 Marks

c. State Five (5) nursing diagnosis for Mr. Zoe. 5 Marks

d. Briefly explain the Nursing care for Mr. Zoe from admitted until discharge. 8 Marks

State five (5) nursing diagnosis for patient with cholelithiasis. 5 marks

Outline three (3) types of jaundice. 3 marks

State five (5) contributing factors to bleeding of eosophageal varices. 5 marks

Briefly explain the pathophysiology of liver abscess. 5 marks

List four (4) clinical manifestations of hepatic dysfunction. 2 marks

Draw and label a diagram of biliary system. 4 marks

Differentiate between duodenal ulcer and gastric ulcer. 4 marks

State four (4) predisposing causes of cholelithiasis. 4 marks

State four (4) nursing diagnosis of a patient suffering from acute pancreatitis. 4 marks

Describe the pathophysiology of appendicitis. 4 marks

Mrs J has been admitted to female adult ward with history of not passing stool for 3 days and projected vomiting with faecal stained vomitus. On investigation a diagnosis of intestinal obstruction was made.

(a) State five (5) mechanical causes of intestinal obstruction. 5 marks

(b) Describe the pathophysiology of small intestine obstruction. 5 marks

(c) Describe the immediate and subsequent management of Mrs J for the first 48 hours. 10 marks

State five (5) clinical features of duodenal ulcer. 5 mks

State the five causes of chronic gastritis. 5 mks

State the five clinical manifestations of cancer of the stomach. 5 mks

State five precipitating factors to the occurrence of hemorrhoids. 5 mks

Mr. Walunge who is a cyclist, is brought in male surgical ward with complain of severe abdominal pain, tenderness and inability to open the bowels for the last two days. He is diagnosed of having intestinal obstruction.

(a) Define intestinal obstruction. 2 mks

(b) State five clinical features of intestinal obstruction. 5 mks

(c) Mr. Walunge is to be taken to theatre for emergency laparatomy. Discuss pre- and post operative management of Mr. Walunge under the following:-

(i) Investigations
(ii) Treatment
(iii) Nursing diagnosis
(iv) Nursing planning and intervention
(v) Health massages to be shared with him 13 mks

List four (4) predisposing factors for hiatal hernia. 2 marks

Briefly outline the management of acute gastritis. 3 marks

Briefly describe the pathophysiology of intestinal obstruction. 5 marks

Differentiate between acute and chronic gastritis. 2 marks

List six (6) clinical presentation of decompensated liver cirrhosis. 3 marks

Briefly outline the management of a patient with haemorrhoids. 3 marks

Explain how the pancreas acts as an exocrine and endocrine organ. 2 marks

Discuss the various strains of hepatitis virus including their management and prevention. 10 marks

(a) Outline the pathophysiology of peptic ulcer disease. 5 marks

(b) Formulate two (2) nursing diagnoses of a patient suffering from peptic ulcer disease. 2 marks

(c) List six (6) causes of peritonitis. 3 marks

Briefly explain the pathophysiology of acute pancreatitis. 5 marks

State six (6) risk factors for colelithiasis. 3 marks

Explain the pancrease as an endocrine and exocrine gland. 2 marks

Briefly explain the three (3) types of liver cirrhosis. 4 ½ mark

List four (4) predisposing factors to hiatal hernia. 2 marks

State the two (2) classifications of haemorrhoids. 2 marks

List three (3) complications of peritonitis. 1 ½ mark

Mr X is admitted into a department where you are an in-charge with a diagnosis of peptic ulcer disease. Using nursing process, manage Mr X for the first 24 hours. 10 marks

A child 7 years is admitted into a paediatric ward with intestinal obstruction.

(a) Define intestinal obstruction. 1 mark

(b) Explain two (2) major causes of intestinal obstruction. 4 marks

(c) With an aid of well labelled diagram, show the common site for gastric cancer.5 marks

Give four factors that contribute to gastroesophageal reflex disease. 2 marks

Outline the clinical manifestation of hiatal hernia. 5 marks

Explain the pathophysiology of peritonitis. 5 marks

List ten (10) complications of the cancer of the stomach. 5 marks

Define dumping syndrome and discuss its manifestations. 3 marks

Draw a well labelled diagram showing the stomach, common sites of gastric and duodenal ulcers. 5 marks

Mr Momanyi 56 years in admitted to male surgical ward with a diagnosis of cancer of the oesophagus. Manage Mr Momanyi using nursing process for the first 24 hours.

State five (5) clinical features of duodenal ulcer. (5 mks)

State the five causes of chronic gastritis. (5 mks)

State the five clinical manifestations of cancer of the stomach. (5 mks)

State five precipitating factors to the occurrence of hemorrhoids. (5 mks)

Mr. Walunge who is a cyclist, is brought in male surgical ward with complain of severe abdominal pain, tenderness and inability to open the bowels for the last two days. He is diagnosed of having intestinal obstruction.

(a) Define intestinal obstruction. (2 mks)

(b) State five clinical features of intestinal obstruction. (5 mks)

(c) Mr. Walunge is to be taken to theatre for emergency laparatomy. Discuss pre- and post operative management of Mr. Walunge under the following:-

(i) Investigations
(ii) Treatment
(iii) Nursing diagnosis
(iv) Nursing planning and intervention
(v) Health massages to be shared with him (13 mks)