



Fundamental of Nursing Course (NUR 101) First year – first term

Date: 29 /12/2019

Time: 3 hours

Question parts: 7 **No. of pages:** 10 **total marks** 120 marks

Section I: Multiple Choice Questions: _____ **(30 marks)**

**Please circle the correct answer only:*

1. Which of the following is the most appropriate position in obtaining a rectal temperature for an adult?

- a) Supine
- b) Sim's
- c) Fowler's
- d) **Lateral**

2. Which of the following is considered the least accurate method of measuring temperature?

- a) **Axillary**
- b) Rectal
- c) Tympanic
- d) Oral

3. When formulate nursing diagnosis according (NANDA), should write Statement of how the client is responding to?

- a) **An actual or potential problem**
- b) Long term goal
- c) Short term goal
- d) Non all the above

4. Which is the following not considered the Secondary Source of information ?

- a) physical exam,
- b) Team members
- c) **Patient interview**
- d) lab reports and diagnostic tests

5. Which of the following is the most common means of spreading infection are?

- a) Soiled instruments
- b) **Human hands**
- c) Infected patients
- d) Domestic animals

6. Which of the following is the method of the infection occurs in health care facilities including hospitals?

- a) Direct contact
- b) Droplet transmission
- c) Indirect contact
- d) **Nosocomial**

7. How will the nurse interpret the results of an adult patient's blood pressure screening on three occasions are: 120/80 mmHg, 130/76 mmHg, and 118/86 mmHg?

- a) Hypertension Stage 2
- b) Hypertension stage 1
- c) Pre-hypertension
- d) Normal blood pressure

8. Which of the following is the most common site for measuring pulse?

- a) Apical
- b) **Radial**
- c) Brachial
- d) Carotid

9. Which of the following is the location of carotid pulse?

- a) Antecubital space
- b) **anterior side of the neck**
- c) Little finger side of the wrist
- d) In front of the ear

10. Which of the following factor is affecting laboratory results?

- a) Physical activity
- b) Drugs
- c) Diet
- d) **All of the above**

11. Which of the following is meaning of non- invasive diagnostic testing?

- a) **Skin remains intact**
- b) The body is entered with an instrument
- c) Graphic recording for electrical activity of the heart
- d) Recording electrical pattern of brain waves

12. What are the minimum of times that the nurse should check the oral medication (Ranitidine 150mg) label before administering to a patient?

- a) One
- b) **Three**
- c) Two
- d) None

13. Which of the following is the route of administering the drugs under tongue?

- a) Transdermal.
- b) Buccal.
- c) Sublingual.
- d) Aural.

14. Which of the following rout for drug administration where the needle is inserted at 45 degrees?

- a) Intradermal.
- b) Intramuscular.
- c) Subcutaneous.
- d) Intraosseous.

15. Which of the following action is done if blood appears in the syringe when the plunger is pulled back during subcutaneous and intramuscular injections?

- a) Inject the drug.
- b) Insert the needle 1 cm further.
- c) Start over with a new syringe.
- d) Ignore it because the appearance of blood has no significance.

16. Which of the following right refers to the appropriate re-administration of a medication?

- a) Right documentation
- b) Right drug
- c) Right dose
- d) Right time

17. Which of the following is the main purpose of cool or tepid baths?

- a) Reduce muscle spasms
- b) Lower elevated body temperature
- c) Hemorrhoids or anal fissures
- d) All of the above

18. Which of the following is the main cause for delayed return of capillary refill?

- a) Iron deficiency anemia
- b) Paronychia
- c) Circulatory impairment
- d) Severe injury

19. Which of the following equation is determining the body mass index (BMI)?

- a) Weight (gm) / height ² (m²)
- b) Height ² (m²) / Weight (gm)
- c) Weight (kg) / height ² (m²)

d) Height ² (cm²)/ Weight (kg)

20. Which of the following is integumentary complication for immobility?

- a) Increased risk of thrombus development
- b) Altered joint mobility
- c) Decreased peristalsis
- d) Pressure ulcers

21. Which of the following is the main nursing action in maintaining airway patency and gas exchange?

- a) Teach the client to turn, cough and deep breath / 1 to 2 hours
- b) Use therapeutic bed for client who is in bed for extended time
- c) Provide client who is sitting in a chair with device to decrease pressure
- d) Use elastic stockings or pneumatic compression devices

22. Which of the following is suitable technique for patients with spinal cord injury?

- a) Ambulation exercise
- b) Transfer training
- c) Tilt table
- d) All of the following

23. Which of the following level is an example for emotionally-based relationships?

- a) Love and Affection.
- b) Physiological.
- c) Self-Actualization.
- d) Both B+C.

24. Which of the following is an example of a psychosocial need?

- a) The need for food.
- b) The need for activity.
- c) The need for sleep.
- d) The need for acceptance.

25. Which of the following is best describing the function of nurse as manger?

- a) Initiate modification on client's lifestyle
- b) Protect client's right
- c) Coordinates the activities of other members of the health team in managing patient care
- d) Provide in service education programs, Use accurate nursing audit, formulate philosophy and vision of the institution.

26. Which of the following name that define the nursing as collaborative care of individuals in all ages, families, groups and communities, sick or well .

- a) Florence Nightingale
- b) American Red Cross
- c) Linda Richards
- d) World Health organization

27. What is the problem indicate the information about patient's urine is cloudy, is amber, and has an unpleasant odor.?

- a) Urinary retention.
- b) Ketone bodies in the urine.
- c) Urinary tract infection.
- d) High urinary calcium level.

28. Which of the following considered factors promoting elimination?

- a) Emotional anxiety.
- b) High carbohydrate and fat diet.
- c) Stress free environment.
- d) Immobility and inactivity.

29. Which of the following is referring to stop airflow for 10 seconds or more during periods of sleep?

- a) Insomnia
- b) Sleep apnea
- c) Hypersomnia
- d) Parasomnia

30. Which of the following is physiological changes during sleep?

- a) Metabolic rate increases
- b) Heart rate increases
- c) Gastric acid secretion increased
- d) GH (growth hormone) increased

Section II: Please, read the statement carefully and write the letter (T) if the statement is true and the letter (F) if the statement is false. (30 marks)

Statements	True / False
1. Orthopnea means difficulty of breathing in the supine position .	T
2. Pulse rate faster than 100 beats per minute is considered bradycardia	F
3. Assessment is focus on a particular need or health care problem or potential health care risks.	T
4. Reservoir is a person who carries the organisms and able to spread the disease.	F
5. The z-track method of I.M. injection used to administer drugs that irritate and discolor subcutaneous tissue	T
6. Barium enema is considered one of radiography procedures	T
7. Endoscopic procedure is direct visual examination of various body cavities and organs by means of a hollow lighted tube.	T
8. When patient with enteral feeding, the nurse can mix medications with nasogastric tube feeding.	t
9. Commonly used sites for intramuscular injection are abdomen and upper back.	<u>F</u>
10. PRN order means the drug can be administered as needed.	t
11. Sits baths are commonly used to reduce muscle spasms , soreness and tension	f
12. Immobility is the inability to move freely and independently at will.	(t)
13. Abraham Maslow was a psychologist who helped to define the idea of basic human needs.	T
14. Maslow believed that basic needs should be met in order to move to a higher level	t
15. Increased blood urea nitrogen (BUN) signifies impaired liver function.	f
16. Diet rich in vegetables and fruits make the urine more acidic.	F

17. Bulkier feces decrease pressure on the intestinal wall, which serves as a stimulus for peristalsis.	F
18. Ascites means accumulation of fluid in the peritoneal cavity.	t
19. Nurses have the right to a work environment that is safe for themselves and their patients.	t
20. The patient has the right to refuse treatment and to be informed of the medical consequences of his action.	t
21. Be patient advocate means treat patient in a manner that will show concern whether the patient is rich or poor.	t
22. Urinary stasis increases the risk of renal calculi and Urinary tract infection	T
23. The normal odor of urine is ammonia in nature	f
24. High fiber foods increase the bulk in fecal material.	T
25. High protein diet makes the urine more alkaline	F
26. Walking during sleep or talking are examples for Insomnia	F
27. Memory loss may due to inadequate sleep	T
28. Protection from strain is an example for biological and Physiological needs	F
29. Urgency is the sudden strong desire to void	t
30. Fecal impaction is presence of blood in the urine.	f

Section III: Matching Type Questions (20 marks)

part (1) : Match the description in column I with the correct word in column II

Column I	Column II
1- The nurse may note patient's general appearance and behaviors by	a. Interview
2- Applied by all healthcare practitioners when caring all patients all of the time.	b. Observation
3- The nurse may collect information about patient's health history and current status by using.	c. Sterilization
4- A process by which all forms of microbial life, including bacteria, viruses, spores, and fungi are destroyed or eliminated	d. Standard principles
5- Pattern of heart beats	e. Dyspnea
6- Study stool specimen	f. Pulse rhythm
7- Difficulty or painful breathing	g. Pulse volume
8- Strength of heart beats	h. Parasitology unit
9- Study physical properties of blood	i. Dysuria
10- Painful or difficult urination.	j. Hematology unit

1	2	3	4	5	6	7	8	9	10
B	D	A	c	f	h	E	g	j	I

part (2) : Match the description in column I with the correct word in column II

Column I	Column II
1. Therapy does not treat the cause of the disease but maintains other threatened body systems until the patient's condition resolves	a. Drug abuse
2. Therapy is used for patients with chronic conditions that do not resolve.	b. Side effects
3. It is the use of a drug for non-therapeutic purpose	c. Active exercises
4. These are the undesirables, but unavoidable part of the pharmacologic actions of drugs when used in therapeutic doses for a specific indication	d. complete bed bath
5. Cleansing only body areas that would cause discomfort or odor if not washed thoroughly	e. Maintenance
6. provided to dependent clients where the nurse washes the clients' entire body	f. partial bath
7. the major source of energy, stored in body as glycogen	g. Protein
8. The essential for tissue synthesis and regulation of certain body function	h. passive exercises
9. Exercises supervised by the nurse, and are performed by the client.	i. Carbohydrates
10. Exercises carried out by the therapist or nurse without assistance from the client	j. Supportive

1	2	3	4	5	6	7	8	9	10
J	E	A	B	f	D	I	G	c	H

1- Write with short note the Factors that may affect cleansing and dressing:**(4 marks)**

- physical arising from alterations in the structure or functions of the skin, motor or sensory deficits of the muscular-skeletal system, presence of wounds, drains, level of hearing, vision, shortness of breath.
- Psychological such as safety, self-esteem, personal space, self-image, Privacy, motivation
- Sociocultural, for example family influences, peers, groups, routines, Societal standards, religious beliefs, gender
- Environmental including facilities available, temperature, climate, time of day
- Politico-economic, for example lack of finances, hot water, adequate resources and occupation.

2- List the nursing intervention for poor nutrition?**(6 marks)**

1. Determine healthy body weight for age and height.
2. Compare usual food intake to Food Pyramid
3. If client is a vegetarian, evaluate if obtaining sufficient amounts of vitamin B12 and iron.
4. Assess client's ability to obtain and use essential nutrients.
5. Observe client's ability to eat (time involved, motor skills, visual acuity, ability to swallow various textures).
6. Evaluate client's laboratory studies (serum albumin, serum total protein, serum ferritin, transferrin, hemoglobin, hematocrit, vitamins, and minerals).
7. Assess for recent changes in physiological status that may interfere with nutrition.
8. Weigh client weekly under same conditions.
9. Monitor state of oral cavity (gums, tongue, mucosa, teeth).
10. Provide good oral hygiene before and after meals.
11. Determine relationship of eating and other events to onset of nausea, vomiting, diarrhea, or abdominal pain.
12. Administer antiemetics as ordered before meals.

Section V: Answer the following

(10 marks)

1- Give short notes at least six nursing care for patient with fever? (6 marks)

- Apply measures to reduce body temperature (mentioned above).
- Accurate measuring of vital signs at frequent intervals (every 1 to 2 hours) and they should be reported and recorded appropriately.
- If fever is accompanied by chills, patient should be covered by several light blankets.
- Frequent oral hygiene, to prevent dryness of lips. Cracked lips may be avoided by the use cold cream applications.
- Hygienic care, body cleanliness, light clean dry clothes, and light bed covers.
- Implement safety precautions to protect the patient if restless or delirious or if convulsions occur.
- Maintain nutritional status in high caloric intake.

2- List at least four nurse's responsibilities during performance of diagnostic tests (4 marks)

- Performing or assist in the performance of the diagnostic test according to the regulations of the hospital.
- Support the patient and inform him about the steps and distract his attention against pain through talking with him.
- Assessing responses of the patient, this is done through observing the patient reaction e.g increase pulse rate, pallor or dizziness.
- Reporting any signs of discomfort to the person performing the procedure.
Collect or assist in collection of the specimen in the proper container.
Providing after care to the patient, equipments and specimens.

Section VI: Answer the following

(10 marks)

1- According to Maslow hierarchy , write four types of basic human needs according to priority..... (4 marks)

- a) Physiological needs.
- b) Safety and security needs.
- c) Needs for love and belonging. That is to say social acceptance.
- d) Esteem needs.
- e) Need for self-actualization.

2- Enumerate at least six reasons for using a urinary catheter: (6 marks)

- 1- Keeping incontinent clients dry (catheterization is a last option when all other measures have been exhausted)
- 2- Relieving bladder distention.
- 3- During procedures such as surgery.
- 4- Measuring the residual urine.
- 5- Obtaining sterile urine specimens.
- 6- Instilling medication within the bladder.

Section VII: Answer the following**(10 marks)****1- Compare between acute illness and chronic illness?****(5 marks)**

Acute illness	Chronic illness
Short term \leq 3 months	Long term $>$ 3months
Sever symptoms	Less severe symptoms
Appear suddenly	Slow onset
Examples ;	Examples; diabetes mellitus , arthritis
Acute appendicitis , Diarrhea	Results
Results	a permanent change
Complete recovery	Irreversible alterations in normal anatomy and physiology
Death or developed into chronic diseases	requires a long period of care or support
	special patient education for rehabilitation

2- Enumerate at least five nursing intervention for patient complain with insomnia**(5 marks)**

- The establishment of and adherence to a regular to bed routine,
- the avoidance of alcohol and exercise prior to sleep,
- using the bed for sleep only and not for watching television or doing work,
- the use of stress and relaxation techniques,
- arising from bed if sleep induction does not occur within a reasonable amount of time, pain management,
- the correction of any assessed sleep disorders,
- the avoidance of caffeine and heavy meals prior to bed time,
- Medications to promote sleep as the last resort, and then, only on a temporary basis

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