

UNIVERSITY OF ESWATINI
FACULTY OF HEALTH SCIENCES
GENERAL NURSING SCIENCE (IDE)

RE-SIT EXAMINATION PAPER – OCTOBER 2021

TITLE OF PAPER: ADVANCED MEDICAL /SURGICAL NURSING IV

COURSE: GNS 510

DURATION: 2 HOURS

TOTAL MARKS: 75

INSTRUCTIONS:

1. THERE ARE THREE (3) QUESTIONS IN THIS PAPER
2. ANSWER ALL THREE (3) QUESTIONS.
3. EACH QUESTION IS ALLOCATED 25 MARKS.
4. EACH QUESTION IS TO BE ANSWERED ON A NEWPAGE IN YOUR ANSWER BOOKLET
5. CHECK ALLOCATED MARK(S) AT THE END OF EACH QUESTION

DO NOT OPEN THIS PAPER UNTIL THE INVIGILATOR HAS GRANTED PERMISSION.

Question 1

Instruction: In your answer booklet, write the correct letter that corresponds to the question or statement. E.g. 1. F

1. A patient is at severe risk of forming life-threatening clots in his thoracic region following surgery. The physician has prescribed an anticoagulant medication. However, the patient has had a negative experience with anticoagulants in the past and refuses the medication. Which two ethical principles conflict with each other in this situation?
 - A. Fidelity versus justice
 - B. Maleficence versus beneficence
 - C. Veracity versus autonomy
 - D. Beneficence versus autonomy
2. A client taking beta-adrenergic blockers for hypertension (HTN) can experience interference with sleep patterns such as:
 - A. Increased awakening from sleep
 - B. Increased difficulty falling asleep
 - C. Nocturia
 - D. Increased daytime sleepiness
3. When analgesics are ordered for a client with obstructive sleep apnea (OSA) following surgery, the nurse is most concerned about:
 - A. Opioids
 - B. Nonsteroidal anti-inflammatory drugs (NSAIDs)
 - C. Anticonvulsants
 - D. Antidepressants

4. Paediatric and geriatric patients often react with more sensitivity to central nervous system (CNS) depressants. This type of sensitivity manifests itself in the development of which kind of reaction?

- A. Teratogenic
- B. Paradoxical
- C. Psychogenic
- D. Idiopathic

5. Narcolepsy can be best explained as:

- A. An overwhelming wave of sleepiness and falling asleep
- B. Frequent awakenings during the night
- C. Stopping breathing for short intervals during sleep
- D. Sudden muscle weakness during exercise

6. The nurse finds a client sleepwalking down the unit hallway. An appropriate intervention the nurse implements is:

- A. Quietly approaching the client and then loudly calling his or her name
- B. Blocking the hallway with chairs and seating the client
- C. Lightly tapping the client on the shoulder and leading him or her back to bed.
- D. Asking the client what he or she is doing and call for help.

7. The nurse is caring for a patient receiving intravenous ibuprofen for pain management. Which laboratory finding is a possible side effect of ibuprofen?

- A. Creatinine: 3.1 mg/dl
- B. Platelet count 350,000 billion/L
- C. White blood count 13,550 mm³
- D. ALT 25 U/L

8. Which of the following medications are the safest to administer to adults needing assistance in falling asleep?

- A. Benzodiazepines
- B. Hypnotics
- C. Anti-anxiety agents
- D. Sedatives

9. Older adults who take long-acting sedatives or hypnotics are likely to experience:

- A. Dyspnea
- B. Ataxia
- C. Alertness
- D. Hallucinations

10. Which of the following is a function of proteins in the body?

- A. Secretion of specific hormones,
- B. Maintenance of cell membranes
- C. Synthesis of new substances.
- D. Maintenance of osmotic pressure

11. A nurse in a critical care unit is caring for a client with heart failure. The client suddenly develops extreme dyspnea, tachycardia, and lung crackles, and the nurse

suspects pulmonary oedema. The nurse immediately asks another nurse to contact the physician and prepares to implement which priority interventions?

- I. Administering oxygen
- II. Administering furosemide (Lasix)
- III. Administering morphine sulfate intravenously
- IV. Transporting the client to the coronary care unit
- V. Placing the client in a low Fowler's side-lying position

- A. I, II, III, IV
- B. I, II, III, V
- C. I, III, IV, V
- D. I, II, IV, V

12. Which of the following conditions characterises rapid eye movement (REM) sleep?

- A. Jerky limb movements and position changes
- B. Highly active brain and physiological activity levels
- C. Disorientation and disorganised thinking
- D. Pulse rate slowed by 5 to 10 beats/minute

13. To assist an adult client in sleeping better, the nurse recommends which of the following?

- A. Performing mild exercises 30 minutes before going to bed
- B. Consuming a small glass of warm milk at bedtime
- C. Drinking a glass of wine just before retiring to bed.
- D. Eating a large meal 1 hour before bedtime

14. A nurse in the ICU is responding to a patient who has just gone into cardiac arrest.

A moment later, the nurse is notified that another patient has just gone into

anaphylactic shock due to a drug allergy. She is conflicted about what to do, as she is the only nurse available at the moment to tend to both patients. Which component of a healthy work environment is lacking in this scenario?

- A. Effective decision making
- B. Appropriate staffing
- C. Authentic leadership
- D. Meaningful recognition

15. Sleep is often disrupted for critically ill patients. Which nursing intervention is most appropriate to promote sleep and rest?

- A. Consult with the pharmacist to adjust medication times to allow periods of sleep or rest between intervals.
- B. Encourage family members to talk with the patient whenever they are present in the room.
- C. Keep the television on to provide white noise and distraction.
- D. Leave the lights on in the room so that the patient is not frightened of their surroundings.

16. Which nursing interventions would best support the family of a critically ill patient?

- A. Encourage family members to stay all night in case the patient needs them.
- B. Give a condition update each morning and whenever changes occur.
- C. Limit visitation from children into the critical care unit.
- D. Provide beverages and snacks in the waiting room.

17. The most critical element of effective early end-of-life decision making is:

- A. Control of distressing symptoms such as nausea, anxiety, and pain.
- B. Effective communication between the patient, family, and healthcare team throughout the course of the illness.
- C. Organisational support of palliative care principles.
- D. Relocation of the dying patient from the critical care unit to a lower level of care.

18. The constant noise of a ventilator, monitor alarms, and infusion pumps predisposes the patient to:

- A. Anxiety.
- B. Pain.
- C. Powerlessness.
- D. Sensory overload.

19. The nurse is teaching a client to cough productively. Put the actions in proper sequence.

- I. Encourage the client to take several deep breaths.
- II. Assist client to a sitting position with the head slightly flexed, shoulders relaxed, and knees flexed.
- III. Instruct the client to inhale deeply several times, exhale slowly, and cough at the end of exhalation.
- IV. Instruct client to follow coughing with several maximum inhalation breaths.
- V. Encourage the client to take a deep breath, hold it for 2 seconds, and cough two or three times in succession.

- A. II, I, V, III, IV
- B. I, II, III, IV, V
- C. V, I, II, III, IV
- D. IV, II, V, I, II,

20. A nurse needs to evaluate a patient's understanding of how to administer an intravenous (IV) medication at home. Which of the following would be the best evaluation method?

- A. The nurse explaining the procedure to the patient and family using diagrams
- B. The nurse having the patient and family members demonstrate the procedure themselves
- C. The nurse explaining the procedure while performing it on the patient
- D. The nurse referring the patient to a computer-based educational library that has an interactive program

21. When teaching a patient and family, the nurse wishes to use the affective domain of learning. What nursing action is most likely to involve the affective domain?

- A. Presenting facts from simple to complex
- B. Giving clear directions about when to call the physician
- C. Using a non-threatening approach
- D. Using demonstration/redemonstration approach.

22. A patient who is undergoing withdrawal of mechanical ventilation appears anxious and agitated. The patient is on a continuous morphine infusion and has an additional order for lorazepam (Ativan) 1 to 2 mg IV as needed (PRN). The patient has received no lorazepam (Ativan) during this course of illness. What is the most appropriate nursing intervention to control agitation?

- A. Administer fentanyl (Duragesic) 25 mg IV bolus.
- B. Administer lorazepam (Ativan) 1 mg IV now.
- C. Increase the rate of the morphine infusion by 50%.
- D. Request an order for a paralytic agent.

23. The assessment of pain and anxiety is a continuous process. When critically ill patients exhibit signs of anxiety, the nurse's first priority is to:

- A. administer anti-anxiety medications as ordered.
- B. administer pain medication as ordered.
- C. identify and treat the underlying cause.
- D. reassess the patient hourly to determine whether symptoms resolve on their own.

24. The nurse decides it would be beneficial to allow the client's infant granddaughter to visit before the client's scheduled heart transplant. However, before implementing this intervention, the nurse should collaborate with which of the following?

- I. Client and Family
- II. Other nursing staff on the unit
- III. Security department
- IV. Hospital administration
- V. This is not a collaborative intervention, so no collaboration will be needed before implementation

- A. I, IV
- B. I, III
- C. V, only.
- D. I, II

25. A patient is having complications from abdominal surgery and remains NPO. Because enteral tube feedings are not possible, the decision is to initiate parenteral feedings. What are the major complications of this therapy?

- A. Aspiration pneumonia and sepsis
- B. Fluid and electrolyte imbalances and sepsis
- C. Fluid overload and pulmonary oedema
- D. Hypoglycemia and renal insufficiency

(Subtotal 25 marks)

QUESTION 2

2.1 Vuyo is a 10-year-old boy who was involved in a motor vehicle accident. He is diagnosed with traumatic brain injury (TBI). Discuss the nursing interventions to be carried out by the critical care nurse when caring for Vuyo. (8 marks)

2.2 Discuss the nursing management for a client diagnosed with deep vein thrombosis under the following interventions:

- i. Activity with Deep Vein Thrombosis. (6 marks)
- ii. Prevention of complications- Risk of Pulmonary Embolism. (3 marks)
- iii. Monitoring the anticoagulation therapy. (4 marks)

2.3 Patient X is admitted to the critical care unit for severe chronic obstructive pulmonary disease (COPD). Patient X is on total parenteral nutrition (TPN), which constitutes a large quantity of carbohydrates and fats. What are the complications of overfeeding this combination of nutrients to this patient? (4 marks)

(Subtotal 25 mark)

QUESTION 3

3.1 MrsMvubu is admitted into the intensive care unit for a hypertensive emergency, with no known history of hypertension.

- i. Describe the condition hypertensive emergency. **(2 marks)**
- ii. Explain any three causes which might have caused MrsMvubu's hypertensive emergency state. **(3 marks)**
- iii. What clinical manifestations are you expecting to see on MrsMvubu? **(4 marks)**
- iv. The activities of a critical care nurse include the administration of prescribed medications and close monitoring. For each of the drug's prescribed for MrsMvubu, state the mechanism of action. **(6 marks)**
 - a. Nitroprusside
 - b. Labetalol
 - c. Nifedipine
- v. Develop two (2) nursing diagnoses that you will include in the management protocol of Mrs Mvubu. **(2 marks)**
- vi. Discuss the nursing interventions that you will consider when managing MrsMvubu using the nursing diagnoses you developed in (v) **(6 marks)**