



**AMREF INTERNATIONAL UNIVERSITY  
SCHOOL OF MEDICAL SCIENCES  
DEPARTMENT OF NURSING AND MIDWIFERY SCIENCES  
KENYA REGISTERED COMMUNITY HEALTH NURSING  
SUPPLEMENTARY/SPECIAL EXAMINATION**

**COURSE CODE AND TITLE: DNS 114 PROFESIONALISM AND  
FUNDAMENTALS OF NURSING**

**DATE: 2<sup>nd</sup> August 2023**

**TIME: 2 Hours**

**Start: 0900 HOURS**

**Finish: 1100 HOURS**

**INSTRUCTIONS**

1. This exam will be marked out of 100 marks
2. The Examination has Three Sections: Section A- Multiple Choice Questions, Section B: Short Answer Questions, Section C: Essay Questions
3. Answer all Questions in the ANSWER BOOKLET provided

**SECTION A: MULTIPLE CHOICE QUESTIONS.**

**(20 MARKS)**

1. The safest way to verify a client's identity before administering medication is:-
  - a. Ask the client his name
  - b. Check the client's identification band
  - c. State the client's name aloud and have the client repeat it
  - d. Check the room number
2. A complication that must be prevented in a client with an ileostomy is:-
  - a. Flatulence
  - b. Dehydration
  - c. Constipation
  - d. Diarrhoea
3. The instructions to be given to an Alert, oriented and ambulant female client on collection of a midstream urine specimen is :-
  - a. The need to cleanse the perineal area with circular wipes.
  - b. The need to cleanse the perineal area from the "dirtiest" to the "cleanest".
  - c. The need to use a new antiseptic wipe for each wipe from the inner to the outer labia.
  - d. The need to use a new antiseptic wipe for each wipe from the outer to the inner labia.
4. When doing capillary blood glucose monitoring: -
  - a. After pricking, turn the finger up
  - b. Take the first drop of blood onto the glucose strip.
  - c. Prick the side of the finger using the lancet.
  - d. Prick the pad of the finger using the lancet.
5. A nurse who puts a client on a restraint without the client's permission and without the physician's order: -
  - a. Neglect
  - b. Battery
  - c. Assault
  - d. Invasion of privacy
6. While developing goals, outcomes, and interventions in a nursing care plan, the nurse must:-
  - a. Be aware of the scope of practice for nurses
  - b. Be in control of all interventions for the client.
  - c. Be in charge of all care and planning for the client.
  - d. Not change the plan of care for the client.

7. Telephone orders: -
- Are indicative of a lack of professionalism in a health care setting
  - Should be questioned when they seem ambiguous
  - Should only be used for seriously ill clients
  - Should be signed by the person issuing them within 72 hours.
8. The ethical principle, guiding nursing practice, that requires nurses to respect a patient's privacy is: -
- Beneficence
  - Veracity
  - Autonomy
  - Fidelity
9. Universal precautions in infection prevention and control apply when: -
- Handling blood and body fluids
  - Providing nursing care to patients confirmed to be COVID -19 positive
  - Providing care to patients with compromised immunity
  - Lifting and moving patients
10. The theorist who defined Nursing as "the act of utilizing the environment of the patient to assist him in his recovery" is: -
- Virginia Henderson
  - Florence Nightingale
  - Dorothea Orem
  - Faye Abdella
11. Indicate whether True (T) or False (F) regarding a patient transfer:
- Information to be included in a patient transfer report include any allergies, vital signs and special instructions
  - Transfer reports are only given when transferring patients from lower levels of care to acute care settings
12. The following is an appropriate definition of skin turgor: -
- How easily the skin can be pinched
  - How easily the skin can be pinched following fluid loss
  - Muscle elasticity and how it returns to its original shape after being pinched
  - Skin elasticity and how quickly it returns to its original shape after being pinched
13. The following is subjective data: -
- Patient's heart rate is 80 beats/min
  - Patient reports abdominal pain
  - Patient's skin is warm to touch
  - Patient has an awkward gait

14. The normal finding over the lungs that a nurse would expect to find when percussing a client's chest is: -
- Dullness
  - Resonance
  - Hyperresonance
  - Tympany
15. Ooscopic assessment examines: -
- The ear
  - The nose
  - The eyes
  - The throat
16. The scope of Nursing practice is legally defined by: -
- The Nursing Practice Act (Cap 257)
  - Professional nursing organizations
  - Hospital policy and procedure manuals
  - Physicians in the employing institutions
17. The type of handwashing where washing is done for 10-15 seconds with a non-antiseptic soap is referred to as: -
- Hygienic hand wash
  - Routine hand wash
  - Surgical hand wash
  - Antiseptic rub
18. The appropriate nursing position to place a patient who has just recovered from a seizure is: -
- Prone position
  - Supine position
  - Sims position
  - Lateral position
19. The steps taken to control a nose bleed include: -
- Sit casualty down, lean forward and pinch soft part of nose.
  - Sit casualty down, lean backward and pinch soft part of nose.
  - Lie casualty down and pinch soft part of nose.
  - Lie casualty down and pinch top of nose.
20. The appropriate test to assess a casualty with a suspected stroke is:-
- Face, Arms, Speech, Test.
  - Alert, Voice, Pain, Unresponsive.
  - Response, Airway, Breathing, Circulation.
  - Pulse, Respiratory Rate, Temperature

**SECTION II: SHORT ANSWER QUESTIONS**

**(30 MARKS)**

1. Outline four (4) types of diets used in patient care. (4 Marks)
2. List four (4) characteristics of a wound assessed during a dressing change. (2 Marks)
3. Outline four (4) principles that guide written documentation in Nursing. (4 Marks)
4. Outline the 7 attributes of pain you will assess during health assessment. (7 marks)
5. State the three (3) types of health assessment. (3 marks)
6. State 4 (four) skin care measures instituted in prevention of pressure ulcers in unconscious patients. (4 marks)
7. Distinguish between a major and Minor Surgery. (6 Marks)

**SECTION III: LONG ANSWER QUESTIONS.**

**(40 MARKS)**

1. Ms. B is a catheterized patient in the medical unit.
  - a. Outline four clinical indications for urinary catheterization. (4 Marks)
  - b. Describe the specific nursing management of Ms. B while she is catheterized. (12 Marks)
  - c. Outline any four complications associated with catheterization. (4 Marks)