

# AMREF INTERNATIONAL UNIVERSITY SCHOOL OF MEDICAL SCIENCES DEPARTMENT OF NURSING & MIDWIFERY SCIENCES END OF SEMESTER MAY-AUGUST 2023 EXAMINATIONS

## COURSE CODE AND TITLE: BSN 211: HEALTH ASSESSMENT

#### DATE: 7<sup>TH</sup> AUGUST 2023

Duration: 2 HOURS

Start: 9:00 A.M. Finish: 11:00 A.M.

### **INSTRUCTIONS**

- **1.** This exam is out of 70 marks
- This Examination comprises THREE Sections. Section I: Multiple Choice Questions (20 marks) Section II: Short Answer Questions (30 marks) and Section III: Long Answer Questions (20 marks)
- **3.** Answer ALL Questions.
- **4.** Do Not write anything on the question paper -use the back of your booklet for rough work if need be.

### SECTION I: MULTIPLE CHOICE QUESTIONS

- 1. The bell of the stethoscope is used to assess what characteristic: -
  - A. High-pitched sounds
  - B. High-amplitude sounds
  - C. Low-pitched sounds
  - D. Low-amplitude sounds
- 2. An ongoing process that you use throughout the entire physical assessment and patient:
  - Δ Τ.
    - A. InspectionB. palpation
    - C. Percussion
    - D. Auscultation
- 3. Is the act of active listening to body organs to gather information on a patient's clinical status: -
  - A. inspection
  - B. palpation
  - C. Percussion
  - D. Auscultation
- 4. A 59-year-old woman with emphysema is admitted to your unit. In what order would you conduct the physical assessment of the thorax and lungs: -
  - A. Inspection, palpation, percussion, auscultation
  - B. Inspection, auscultation, palpation, percussion
  - C. Auscultation, palpation, percussion, inspection
  - D. Palpation, percussion, inspection, auscultation
- 5. The best position for assessing the rectum: -
  - A. Semi-Fowler's
  - B. Horizontal recumbent
  - C. Side-lying
  - D. Prone
- 6. Which test done by placing the client 20 feet from the snellen eye chart and testing each eye alone: -
  - A. Assess Visual Acuity
  - B. Pin Hole test
  - C. Pupillary reaction
  - D. Ascotoma
- 7. The primary source of data for the client's database is: -
  - A. nurse's recording of health history
  - B. recent clinic or hospital records
  - C. physician's history and physical
  - D. client
- 8. Objective data in the following is: -
  - A. Information about education
  - B. A description of joint mobility
  - C. Assessment of breath sounds
  - D. A description of pain
- 9. PERRLA refers to: -
  - A. Motor function
  - B. Order of assessment
  - C. Level of consciousness
  - D. Pupillary reaction

- 10. The depth of deep palpation during physical examination is: -
  - A. 3cm
  - B. 4-5 cm
  - C. 1-3 cm
  - D. 2-3 cm
- 11. YES or NO questions are called: -
  - A. Open ended questions
  - B. Closed ended questions
  - C. Leading questions
  - D. Both closed and open-ended questions
- 12. The following percussion sounds will be audible most of the abdominal area: -
  - A. Resonance
  - B. Dull sound
  - C. Flat sound
  - D. Tympani
- 13. Verbal information obtain from patient about his/her health status such as pain itching and nausea are called: -
  - A. Sign
  - B. Symptom
  - C. Complain
  - D. Response
- 14. A nurse is assessing a client for periodical urine output and and monitoring vital signs 4 hourly is: -
  - A. Emergency assessment
  - B. Time lapsed assessment
  - C. Ongoing assessment
  - D. Initial assessment
- 15. Auscultation of the heart sounds can reveal: -
  - A. The heart rate, rhythm, and presence of murmurs.
  - B. Whether blood is flowing well to the extremities.
  - C. Whether or not the patient has a blocked vessel.
  - D. Whether or not the patient is having chest pain.
- 16. A patient complains about aching and cold feet. A nurse is concerned about peripheral circulation. They should assess: -
  - A. Dizziness, palpitations, and chest pain.
  - B. Edema and jugular vein distention.
  - C. Aortic, pulmonic, tricuspid, and mitral heart sounds.
  - D. Color, temperature, capillary refill, and pulse quality.
- 17. The thyroid gland is not visible during the: -
  - A. Inspection
  - B. Palpation
  - C. Percussion
  - D. Auscultation

- 18. When a nurse performed the physical examination of abdomen the sequence of examination should be: -
  - A. Inspection, auscultation, Percussion, palpation
  - B. Inspection, palpation, Percussion, auscultation
  - C. Auscultation, Inspection, Percussion, palpation
  - D. Percussion, Inspection, auscultation, palpation
- 19. The appropriate time to collect a urine specimen from a patient: -
  - A. Before the physical examination
  - B. Any time the patient feels he can provide a specimen
  - C. During the examination
  - D. After the examination
- 20. The following is used to test the unconscious patient's peripheral response to pain: -
  - A. Sternal rub
  - B. Nail bed pressure.
  - C. Pressure on the orbital rim.
  - D. Squeezing of the sternocleidomastoid muscle

#### SECTION II: SHORT ANSWER QUESTIONS (30 MARKS)

1. State six (6) purposes of nursing health assessment(6 Marks)2. State four (4) signs and symptoms of increased intracranial pressure(4 Marks)3. Outline five (5) diagnostic investigations used in assessment of the respiratory system(5 marks)4. Outline two (2) types of assessments you employ to diagnose hearing loss(4 Marks)5. Describe the application of Glasgow coma scale in assessment of brain injury(6 Marks)6. Describe the musculoskeletal assessment of the lower limb(5 Marks)

#### SECTION III: LONG ANSWER QUESTION

 Mrs.Z is brought in to the Accident and Emergency department by her friend. She complains of abdominal pain for the last 3 days. Using the 4 techniques describe how you will perform physical examination on Mrs.Z (20 marks)

(20 MARKS)