



**AMREF INTERNATIONAL UNIVERSITY  
SCHOOL OF MEDICAL SCIENCES  
DEPARTMENT OF NURSING & MIDWIFERY SCIENCES  
KENYA REGISTERED COMMUNITY HEALTH NURSING  
END OF SEMESTER EXAMINATIONS**

**DNS 114: PROFESSIONALISM AND FUNDAMENTALS IN NURSING**

**DATE: 7<sup>TH</sup> DECEMBER 2023**

**Duration: 2 HOURS**

**Start: 9:00 AM**

**Finish: 11:00 AM**

**INSTRUCTIONS**

1. This exam is out of 70 marks
2. 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 (20 MARKS)**

1. The preoperative phase of perioperative nursing encompasses the period from: -
  - A. Entry to operating room until admission to the post anesthesia care unit
  - B. Entry to operating theatre till discharge from hospital
  - C. The decision to have surgery until admission to post anesthesia care
  - D. The decision to have surgery until entry to the operating theatre
  
2. The position in which a client is lying on their back facing up is: -
  - A. Prone
  - B. Supine
  - C. Dorsal Recumbent
  - D. Reverse Trendelenburg
  
3. The oxygen delivery device that delivers the lowest percentage of inspired oxygen is:-
  - A. Nasal Cannula
  - B. Simple face mask
  - C. Venturi Mask
  - D. Non-rebreather Mask
  
4. Surgical asepsis is strictly maintained during: -
  - A. Insertion of a Urinary Catheter
  - B. Feeding through a Gastrostomy tube
  - C. Digital vaginal examination
  - D. Insertion of a nasogastric tube

5. The following categories of unconscious patients are at increased risk for pressure ulcer development: -

- A. Elderly, Obese, Incontinent
- B. Young adults , Confused, Underweight
- C. Children, Undernourished , Alert and oriented
- D. Toddlers, Overweight, Well nourished

6. The following is the recommended strategy used during medication administration to prevent medication errors: -

- A. Verifying patient identity using two names
- B. Ensuring the three checks of medication administration are performed as required
- C. Filling out the medication administration record prior to medication administration
- D. Administering medications with a senior nursing colleague.

7. Basic rules for written documentation include:-

- A. Use direct quotes for subjective information as reported by clients
- B. Use correction fluid to white out errors.
- C. Ensure one nurse charts all interventions done during a shift.
- D. Chart interventions in advance.

8. The following is INCORRECT regarding the fluid and its contents: -

- A. Normal Saline- 150mmol Na<sup>+</sup>/l
- B. Hartman's 131 Na<sup>+</sup> /l
- C. Hartman's 131 Cl<sup>-</sup> /l
- D. D5W -Dextrose 50 gms/l

9. After patient assessment, the action is given highest priority during an admission into an inpatient unit is:-

- A. Have the patient declare valuables, then fill and sign the appropriate checklist
- B. Ensure the patient identification tags are placed per facility policy
- C. Orient the patient to the unit schedules, location of bathrooms and ablution facilities.
- D. Settle the patient in bed and allow them to rest

10. Universal precautions used in infection prevention and control apply when handling:-

- A. Any blood and body fluids
- B. Patients with infectious enteric conditions
- C. Patients with airborne infections
- D. All types of patients

11. During urethral catheterization, inflating the balloon prior to seeing urine draining can result in:

- A. Urethral trauma
- B. Megaurethra
- C. Shock
- D. Sepsis

12. Indications for urethral catheterization include:-

- A. Collection of sterile urine sample, irrigate bladder
- B. Collect a urine samples for routine urinalysis, irrigate bladder
- C. For immobile patients unwilling to use urinals, to administer medications in the bladder
- D. Clear bladder clots post operatively, Collect a urine sample for routine urinalysis

13. A Nursing intervention for all patients with an indwelling Foley Catheter include:-

- A. Always maintain the drainage tubing and collection bag at the same level as the patient's bladder
- B. Irrigate the patient's bladder with antibiotic solution once daily
- C. Clamp the catheter for 1 -2 hours daily
- D. Always maintain the drainage tubing and collection bag below bladder level

14. As a client advocate, the Nurse :-

- A. Consults the nursing supervisor during conflicts with patients
- B. Must understand the law as it applies to the client's management.
- C. Assesses the client's point of view and articulate it to the clinical team.
- D. Documents all clinical changes in the medical record in a timely manner.

15. To determine the accurate measurement of the length of the Naso Gastric Tube (NGT) to be inserted, the tube should be measured from:-
- A. Tip of the nose, extended to the earlobe and then down to the top of the sternum.
  - B. Tip of the nose, extended to the earlobe and then down to the xiphoid process.
  - C. Tip of the nose, extended to the chin and then down to the top of the xiphoid process.
  - D. Base of the nose, extended to the chin and then down to the top of the sternum.
16. The correct sequence for the five stages of grief experienced by individuals at the end of life according to Kubler-Ross is:
- A. Anger, bargaining, denial, depression, acceptance
  - B. Denial, anger, depression, bargaining, acceptance
  - C. Denial, anger, bargaining, depression, acceptance
  - D. Bargaining, denial, anger, depression, acceptance
17. Indicate whether True (T) or False (F) for the statements below:-
- A. Bleeding from an artery is characterized by bright red spurting blood
  - B. Bleeding from a vein is characterized by dark red spurting blood
18. A full liquid diet constitutes:-
- A. Yourghurt.
  - B. Blended or pureed food
  - C. Apple Juice
  - D. Fruit chunks

19. The following actions is inappropriate when administering a feed by Nasogastric tube using an open system that utilizes a large syringe :-

- A. Hold feeds if bowel sounds are absent.
- B. Assess and verify correct tube placement prior to commencing the feed
- C. Ensure feeds are at the recommended temperature prior to administration
- D. Use syringe plunger to force feeds for a rapid rate of administration

20. Subjective data collected during a health assessment include:-

- A. Vital signs
- B. Laboratory Hemoglobin level result
- C. Patient's description of pain
- D. Pallor and Cyanosis

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

1. Outline six (6) advantages of nursing process (6 Marks)
2. State four (4) categories of medical waste (4 Marks)
3. Outline four (4) nursing measures instituted to prevent urinary tract infections in catheterized patients (4 Marks)
4. Outline five (5) indications for oxygen supplementation (5 Marks)
5. Outline five (5) nursing measures to PREVENT pressure ulcer development in immobile patients (5 Marks)
6. Outline six (6) Nursing interventions for a patient with fluid volume excess (6 Marks)

### **SECTION III: LONG ANSWER QUESTION (20 MARKS)**

1. Describe the six (6) primary ethical principles that guide the practice of nursing, giving practical examples where each principle is evident (20 Marks)