



**AMREF INTERNATIONAL UNIVERSITY  
SCHOOL OF MEDICAL SCIENCES  
DEPARTMENT OF NURSING & MIDWIFERY SCIENCES  
HIGHER DIPLOMA IN CRITICAL CARE NURSING  
END OF SEMESTER AUGUST 2024 EXAMINATIONS**

**COURSE CODE AND TITLE: ACN 135-COLLEGE FINAL EXAM**

**DATE: AUGUST 2024**

**Duration: 2 HOURS**

**Start: 9:00 AM**

**Finish: 11:00 AM**

**INSTRUCTIONS**

1. This exam is out of 120 marks
2. This Examination comprises ONE Sections. Section I: Multiple Choice Questions (120 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 1: MULTIPLE-CHOICE QUESTIONS (MCQS)-120 MARKS**

1. Encephalitis is usually caused by
  - A. Parasites
  - B. Bacteria
  - C. Viruses
  - D. Fungi
2. The following is a mechanism for meningitis transport across the blood brain barrier;  
-
  - A. Infecting cells lining the barrier
  - B. Bypass the barrier in infected leucocytes
  - C. Active transported across the barrier in vacuoles
  - D. Binding with large, lipid-insoluble molecules
3. An 18-year-old client is admitted with a closed head injury sustained in a MVA. His intracranial pressure (ICP) shows an upward trend. Which intervention should the nurse perform first?
  - A. Reposition the client to avoid neck flexion
  - B. Administer 1 Mannitol 1V as ordered
  - C. Increase the ventilator's respiratory rate to 20 breaths\minute
  - D. Administer 100 mg of pentobarbital 1V as ordered.
4. The following would be indicative of increasing intracranial pressure;-
  - A. Increasing temperature, increasing pulse, increasing respirations, decreasing blood pressure
  - B. Increasing temperature, decreasing pulse, decreasing respirations, increasing blood pressure
  - C. Decreasing temperature, decreasing pulse, increasing respirations, decreasing blood pressure
  - D. Decreasing temperature, increasing pulse, decreasing respirations, increasing blood pressure
5. The nurse is assessing a patient who had craniotomy three days prior. The nurse would suspect of developing meningitis if they exhibit;
  - A. A negative Kerning's sign
  - B. Absence of nuchal rigidity
  - C. A positive Brudzinkin's sign
  - D. A Glasgow coma scale score of 15
6. You are assessing a patient who you suspect has impairment in cranial nerve II. What would you test for to confirm this;
  - A. Corneal reflex
  - B. Pupil response to light
  - C. Six cardinal fields of gaze
  - D. Pupil response to light and accommodation
7. All the following may be associated with Guillain-Barre Syndrome except;
  - A. Weakening of tingling sensation in the legs
  - B. Weakness in the arms and upper body
  - C. Near complete paralysis
  - D. First symptoms is altered mental status
8. A nurse would use which standardized tool as a guide in assessing a client with a head injury and increased intracranial pressure (ICP)?
  - A. A Snellen chart

- B. Pulse oximetry graph
  - C. Visual Analogue Scale
  - D. Glasgow Coma Scale
9. A client is being prepared for lumbar puncture (LP). The nurse assists the client into which of the following positions for the procedure?
- A. Prone, in slight Trendelenburg's position to make the patient comfortable
  - B. Prone, with a pillow under the abdomen for propping up
  - C. Side-lying, with the legs pulled up and the head bent down onto the chest
  - D. Side-lying, with a pillow under the hip to make it slightly raised
10. With regards to Tensilon test;
- A. It is a test done to confirm Bell's Palsy and Myasthenia Graves
  - B. Tensilon inhibits cholinesterase so the impulse can reach the designated site
  - C. Involves administration of pyridostigmine
  - D. It is a test used to confirm Gullain Barre Syndrome
11. Multiple sclerosis;
- A. Is characterized by progressive loss of myelin
  - B. Is characterized by progressive loss of melanin
  - C. Is associated with an autoimmune response following a bacterial infection
  - D. Has no recognized triggers
12. Oxygen is often administered for a client who has had a stroke. Preventing hypercapnia and hypoxia through this treatment will lessen the risk of;
- A. Fluid accumulation in the lungs
  - B. Pulmonary emboli
  - C. Increased intracranial pressure
  - D. Rebleeding
13. When a patient's intracranial pressure ( ICP) is being monitored with an intraventricular catheter, which information obtained by the nurse is most important to communicate to the physician?
- A. A temperature of 39 degrees
  - B. Increasing arterial pressure
  - C. Increasing apical pulse
  - D. Increasing ICP
14. A patient is experiencing hyperventilation and has a PaCO<sub>2</sub> level of 52. The patient has an ICP of 20 mmHg. As the nurse you know that the PaCO<sub>2</sub> level will?
- A. Cause vasoconstriction and decrease ICP
  - B. Promote diuresis and decrease ICP
  - C. Cause vasodilation and increases ICP
  - D. Cause vasodilation and decreases ICP
15. An unconscious patient with a traumatic head injury has a blood pressure of 126/72mm Hg, and an intracranial pressure of 18 mm Hg. The nurse will calculate the cerebral perfusion pressure as;
- A. 72mm Hg
  - B. 68mm Hg
  - C. 71mm Hg
  - D. 65mmHg

16. During the assessment of a patient with head injury, you note that the patient's arms are extended straight out and toes pointed downward. You will document this as;
- Decorticate posturing
  - Decelerate posturing
  - Flaccid posturing
  - Spastic posturing
17. When using an intraventricular ICP monitoring, what should the nurse be aware of to prevent inaccurate readings?
- The P2 wave is higher than the P1 wave
  - CSF is leaking around the monitoring device
  - The transducer of the ventriculostomy monitor is at the level of the upper ear.
  - The drain of the CSF drainage device was closed for 6 minutes before taking the reading
18. The physician orders Lactulose 30 ml by mouth per day for a patient with cirrhosis. What findings below demonstrate the medication is working effectively?
- Decrease in ammonia levels
  - Patient is stupor us
  - Presence of asterixis
  - Increased albumin levels
19. During a routine physical examination to assess a male client's deep tendon reflexes, the nurse should make sure to;
- During a routine physical examination to assess a male client's deep tendon reflexes, the nurse should make sure to;
- Use the pointed end of the reflex hammer when striking the Achilles tendon.
  - Support the joint where the tendon is being tested
  - Tap the tendon slowly and softly
  - Hold the reflex hammer tightly
20. The nurse is assessing the motor function of an unconscious male client. The nurse would plan to use which of the following to test the client's peripheral response to pain?
- Sternal rub
  - Nail bed pressure
  - Pressure on the orbital rim
  - Squeezing of the sternocleidomastoid muscle
21. A patient who is suspected of having an epidural hematoma is admitted to the emergency department. Which action will the nurse plan to take?
- Prepare for theatre
  - Administer high dose Lasix
  - Blood transfusion
  - Give a high doze barbiturate
22. Currently, histocompatibility Leukocyte antigen (HLA) typing can be used to;
- Determine paternity and predict risk for certain diseases
  - Match tissue types for transplantation and determine paternity
  - Establish racial background and predict risk for certain diseases
  - Predict risk for certain diseases and match tissue types for transplantation.
23. Atropine is useful in the treatment of organophosphate toxicosis because it antagonizes all the following effects except;
- Miosis
  - Excessive salivation
  - Muscle fasciculation
  - GI hypermotility

24. The hypothalamic hormones reach anterior pituitary gland by means of;
- A. Median eminence
  - B. Neural transmitters
  - C. Neural network
  - D. Vascular network
25. Lipid soluble hormones are;
- A. Steroid and thyroid hormones
  - B. Catecholamine and thyroid hormones
  - C. Thyroid are peptide hormone
  - D. Peptide and catecholamine hormone
26. In information of catecholamine, tyrosine is converted to L-dopa by the enzyme;
- A. Dopa-carboxylase
  - B. Tyrosine hydrolase
  - C. Dopa-hydrolase
  - D. Beta hydrolase
27. Hypoglycemia that occurs from insulin hyposecretion will cause damage to brain cells because insulin suppress the processes of hepatic;
- A. Gluconeogenesis and glycogenolysis
  - B. Gluconeogenesis and glycogenesis
  - C. Glycogenolysis and Lipogenesis
  - D. Gluconeogenesis and lipogenesis
28. Thyroid hormone promotes growth and development by stimulating;
- A. Formation of deoxyribonucleic acid
  - B. Formation of ribonucleic acid
  - C. Increased rate basal metabolic
  - D. Increased oxygen consumption
29. The hormone secreted by the endocrine pancreas that prevents postprandial hyperglycemia is;
- A. Insulin
  - B. Somatostatin
  - C. Glucagon
  - D. Pancreatic polypeptide
30. In provocative test, glucagon administration to patients with pheochromocytoma confirms the presence of the condition if there is;
- A. Three-folds increase in catecholamine level in plasma
  - B. Two-fold decrease in catecholamine level in urine
  - C. Persistent decrease in metanephrine level in plasma
  - D. Persistent increase in vanillylmandelic acid level in urine
31. When caring for patient admitted with thyroid storm, the critical care nurse assesses improvement in the patient by observing normalization in;
- A. Mental status, ketosis, blood pressure
  - B. Blood pressure, ketosis, tachycardia
  - C. Body temperature, ketosis, blood pressure
  - D. Mental status, body temperature, tachycardia
32. The parameters a critical care nurse will monitor in a patient with diabetic ketoacidosis to confirm resolution of the condition include;
- A. Urine output, serum potassium level, serum glucose level
  - B. Serum ketone levels, blood pH, ability to tolerate oral feeds
  - C. Blood pH, degree of dehydration, body temperature
  - D. Polyphagia, blood pressure, degree of dehydration

33. While performing dip stick urinalysis for a patient with syndrome of inappropriate secretion of antidiuretic hormone, increased urine osmolarity observed is related to;
- A. Decreased water excretion and excess sodium reabsorption
  - B. Decreased water excretion and excess sodium excretion
  - C. Increased sodium reabsorption and excess hydrogen excretion
  - D. Decreased water excretion and excess hydrogen excretion
34. The enteric valve plexus found between circular and longitudinal layer of muscle layer of gastrointestinal tract is;
- A. Meissner`s plexus
  - B. Myenteric plexus
  - C. Celiac plexus
  - D. Cervical plexus
35. The cell of the stomach that secrete large quantities of viscid mucus that coats stomach mucosa are known as;
- A. Surface mucus cells
  - B. Mucus neck cells
  - C. G-cells
  - D. S-cells
36. The site for most chemical digestion and nutrient absorption in gastrointestinal tract is;
- A. Jejunum
  - B. Duodenum
  - C. Ileus
  - D. Colon
37. The enteric hormone that stimulates secretion of hydrochloric acid and hormone pepsinogen is;
- A. Secretin
  - B. Cholecystokinin
  - C. Gastrin
  - D. Motilin
38. Causes of disruption of mucosal resistance in a patient with stress ulcers include;
- A. Increased mucosal acid secretion, decreased mucosal bicarbonate flow
  - B. Increased mucosal acid secretion, decreased mucosal blood flow
  - C. Decreased mucosal blood flow, decreased peristaltic movement
  - D. Decreased mucosal bicarbonate flow, decreased peristaltic movement
39. A patient presents with history of hematemesis, abdominal discomfort and vomiting. on examination BP is 100/60 mmHg. The nurse concludes that the patients is bleeding from;
- A. Upper gastrointestinal tract
  - B. Lower gastrointestinal tract
  - C. Middle gastrointestinal tract
  - D. Lower and middle gastrointestinal tract
40. Priority nursing intervention indicated for a patient admitted with acute viral hepatitis is;
- A. Ensure family members are informed about the condition
  - B. Ensure nutritional status of the patients is maintained
  - C. Refer the patient for vaccination services immediately
  - D. Give the patient health education on preventive measures

41. Phenomenon of high cardiac output failure observed in patients with fulminant liver failure refers to;
- A. Increased ventilation with decreased perfusion
  - B. Decreased perfusion despite high cardiac output
  - C. Increased perfusion despite decreased cardiac output
  - D. Increased metabolism despite decreased liver functions
42. Specific enzymes that elevated serum levels confirm diagnosis of acute pancreatitis are;
- A. Amylase and lipase
  - B. Trypsin and amylase
  - C. Amylase and chymotrypsin
  - D. Lipase and chymotrypsin
43. Fluid volume deficit observed in patients with acute pancreatitis is related to;
- A. Damage of pancreatic duct system
  - B. Extravasation of fluid into third space
  - C. Alteration in secretory process of acinar cells
  - D. Release inflammatory exudate into ductulus
44. Factors that regulate secretion of mineralocorticoid include;
- A. Renin-angiotensin aldosterone mechanism, sodium ion concentration
  - B. Renin-angiotensin aldosterone mechanism, chloride ion concentration
  - C. Renin-angiotensin aldosterone mechanism, potassium ion concentration
  - D. Renin-angiotensin aldosterone mechanism, hydrogen ion concentration
45. Synthesis of catecholamines in adrenal medulla is stimulated by;
- A. Mineralocorticoid hormones
  - B. Glucocorticoid hormones
  - C. Thyroid hormone
  - D. Antidiuretic hormone
46. The stimuli that increase secretion of growth hormone include;
- A. Increase in circulating fatty acids and starvation
  - B. Starvation and decrease in circulating amino acid
  - C. Decrease in circulating glucose level and stress
  - D. Increase in circulating cholesterol esters
47. Vomiting observed in patients with DKA is caused by;
- A. Increased level of endotoxins produced by bacteria
  - B. High level of ketone bodies resultant from fat metabolism
  - C. Development of cerebral edema caused by hypervolemia
  - D. Increased level of uric acid resulting from protein catabolism
48. The primary factors that regulate secretion of antidiuretic hormone (ADH) include plasma;
- A. Osmotic pressure, blood viscosity
  - B. Oncotic pressure, blood volume
  - C. Hydrostatic pressure, blood viscosity
  - D. Osmotic pressure, blood volume
49. A patient with hypovolemic shock has urinary output of 15ml/h. The nurse understands that the compensatory physiologic mechanism that leads to altered urinary output is
- A. Activation of sympathetic nervous system causing vasodilation of renal arteries
  - B. Stimulation of cardiac adrenergic receptors leading to increased cardiac output
  - C. Release of aldosterone and antidiuretic hormone which cause water and sodium retention

- D. Movement of interstitial fluid to intravascular space increase renal blood flow
50. The drug used as antidote of anticholinergic poisoning is
- A. Physostigmine
  - B. Atropine
  - C. Deferoxamine
  - D. Pyridoxine
51. After receiving 1000ml of Normal saline, the central venous pressure of a patient with septic shock is 10mmhg, but the blood pressure is still 82/40mmhg. The nurse anticipates that the patient will receive
- A. Nitroglycerine (tridil)
  - B. Drotrecoginalpha (xigris)
  - C. Norepinephrine (levophed)
  - D. Sodium nitroprusside (nipride)
52. An overdose of benzodiazepine is treated with
- A. N acetylcysteine
  - B. Flumazenil
  - C. Physostigmine
  - D. protamine
53. An emergency room nurse is triaging victims of multi casualty event. which client should receive care first
- A. A 30-year-old distraught mother holding her crying child
  - B. A 65-year-old conscious male with ahead laceration
  - C. A 26-year-old male who has pale cool clammy skin
  - D. A 48-year-old with a simple fracture of the lower leg
54. All of the following laboratory test results on a burned client's blood are present during the emergent phase. Which result should the nurse report to the physician immediately?
- A. Serum sodium elevated to 131mmol/L (mEq/L)
  - B. Serum potassium 7.5mmol/L (mEq/L)
  - C. Arterial pH is 7.32
  - D. Hematocrit is 52%
55. In reviewing the burned client's laboratory report of white blood cell count with differential, all the following results are listed. Which laboratory finding indicates the possibility of sepsis?
- A. The total white blood cell count is 9000/mm<sup>3</sup>
  - B. The lymphocytes outnumber the basophils
  - C. The "bands" outnumber the segmented
  - D. The monocyte count is 1,800/mm<sup>3</sup>.



56. Which clinical manifestation indicates that the burned client is moving into the fluid remobilization phase of recovery?
- A. Increased urine output, decreased specific gravity
  - B. Increased peripheral edema, decreased blood pressure
  - C. Decreased peripheral pulses, slow capillary refill
  - D. Decreased serum sodium, increased hematocrit
57. The client who experienced an inhalation injury 6 hours ago has been wheezing. When the client is assessed, wheezes are no longer heard. What is the nurse's best action?
- A. Raise the head of bed
  - B. Notify the emergency team
  - C. Loosen the dressings on the chest
  - D. Document the findings only
58. Mohammad's pupil remains dilated and his blood pressure has increased to 180/70 with a HR of 110. Which one of the following interventions is the priority?
- A. Position head of bed flat
  - B. Administer lasix
  - C. Hyperventilation
  - D. Administer labetalol
59. The pharmacological agent you would anticipate to treat Mohammad's raised intracranial pressure with a BP of 180/55 and HR 45?
- A. Dobutamine
  - B. Nimodipine
  - C. Atropine
  - D. Hypertonic saline
60. Mohammad undergoes an emergency craniectomy, evacuation of epidural hematoma and insertion of external intraventricular drainage catheter. When zeroing the cerebral spinal fluid collecting system, what landmark will you use?
- A. Mid axillary line
  - B. Foramen of Monro
  - C. Base of occiput
  - D. Cleft of chin
61. Mohammad aspirated at the time of intubation and develops ARDS with worsening hypoxemia, with SpO<sub>2</sub> of 85% on FiO<sub>2</sub> 0.8 and PEEP 5 cmH<sub>2</sub>O. Which one of the following interventions is a priority.
- A. Increase his FiO<sub>2</sub> to 1.0 and accept SpO<sub>2</sub> of 90%
  - B. Increase the level of PEEP as required and monitor ICP
  - C. Initiate low tidal volume ventilation
  - D. Prepare for urgent bronchoscopy
62. Mohammad's condition deteriorates and he no longer responds to stimulation. Which one of the following lab tests is mandatory to confirm the diagnosis of neurological death (brain death)?
- A. PaO<sub>2</sub>
  - B. Lactate
  - C. PaCO<sub>2</sub>
  - D. Ammonia

63. Mr. Sing has a massive GI bleed from a gastric ulcer. Following 12 units of packed cells and 4 units of fresh frozen plasma, he has the following labs: Hb 80 Platelets 82,000 INR 1.9 aPTT 58 and fibrinogen 0.4 g/L (normal 2-4 g/L). Which one of the following interventions is the priority?
- A. Cryoprecipitate
  - B. Potassium bolus
  - C. Octoplex
  - D. Protamine sulphate
64. Mrs. Butovsky develops sepsis due to an infected prosthetic hip joint. She is started on antibiotic therapy. Which lab test can be used to evaluate her response to antibiotic therapy?
- A. Erythrocyte Sedimentation Rate (ESR)
  - B. C-Reactive Protein
  - C. Protein C levels
  - D. Ionized calcium levels
65. When administering mannitol for raised ICP, which one of the following lab tests is the priority?
- A. Serum arginine vasopressin (AVP)
  - B. Urine specific gravity
  - C. Serum creatinine
  - D. Serum osmolality
66. Calculate Cerebral Perfusion Pressure (CPP) based on the following data:
- HR 75
  - BP 140/80 (MAP 100)
  - CVP 12
  - ICP 15
  - RR 25
  - Minute Volume 10.5 L/min
- A. 65
  - B. 85
  - C. 125
  - D. 60
67. Mr. Vera suffered a right hemispheric stroke. He does not open his eyes, extends his left arm, makes grunting sounds to central pain, and picks at the bed linen with his right hand. What is his score on the Glasgow Coma Scale.
- A. 5
  - B. 7
  - C. 8
  - D. 9
68. Mrs. Habernathy becomes agitated and is at risk for self-exubation. Which one of the following interventions is the priority?
- A. Apply restraints
  - B. Assess cause of agitation
  - C. Increase dose of sedatives
  - D. Have family sit with Mrs. Habernathy

69. Ms. Tabuski is admitted with septic shock. She presents following a 12hour history of sore throat, decreasing level of consciousness and purpura. Which one of the following interventions should be instituted?
- A. Airborn precautions
  - B. Contact precautions
  - C. Droplet precautions
  - D. No precautions while on closed circuit ventilation
70. Six hours following a motor vehicle collision, Mr. Kibble has a 10 fold increase in his CK and myoglobin. Which one of the following interventions is the priority?
- A. Fluid
  - B. Lasix
  - C. Tissue plasminogen activator (tPA)
  - D. Insulin and glucose
71. During surgery, Mrs. Zibert develops malignant hyperthermia. Which one of the following is the priority?
- A. Aggressive cooling
  - B. Potassium boluses
  - C. Sodium citrate
  - D. Dantrolene
72. Which pair of cranial nerves is being evaluated when a corneal reflex test is performed on the L eye.
- A. L CN V and VII
  - B. R CN V and VII
  - C. L CN III and VII
  - D. R CN III and VII
73. Ms. Frederick sustained a complete spinal cord injury at the level of C3 and underwent anterior fixation 3 days ago. Which one of the following interventions should be included in her care plan?
- A. Assisted cough during suctioning
  - B. Atropine pre suctioning
  - C. Mannitol x 24 hours post operatively
  - D. Early extubation
74. Mrs. Karver develops a sudden facial droop with dysphagia. Which diagnostic test is best for identification of an acute cerebral infarction?
- A. EEG
  - B. MRI
  - C. CT scan
  - D. Cerebral angiogram
75. Mrs. Clan develops a leak of gastric contents around her new gastrostomy tube site. Feeds are discontinued and she is started on a medication to decrease gastroenteropancreatic secretions Which medication has been ordered to produce this effect?
- A. Pantoprozole (Pantoloc)
  - B. Octreotide (Sandostatin)
  - C. Metoclopramide (Maxeran)
  - D. Vasopressin
76. Mr. Gordinski is admitted with a diagnosis of hepatic encephalopathy secondary to cirrhosis. His ammonia level dropped to normal in the first 24 hours and he has had 2 spontaneous bowel movements. He remains in coma. Which one of the following interventions is a priority?
- A. Lactulose

- B. N-acetylcysteine (Mucomyst)
  - C. Sodium Polystyrene (Kayexalate)
  - D. Glutamine supplements
77. Ms. Sibley is in a positive fluid balance with urine output < 30 ml/hr and significant peripheral edema. Labs are as follows: Na 148 K 4.9 Cl 105 HCO<sub>3</sub> 23 Urea 16 mmol/L Creatinine 85 umol/L. Urine sodium is low, and serum and urine osmolality increased. Which one of the following interventions would you anticipate?
- A. Furosemide (Lasix)
  - B. 0.45% normal saline
  - C. 0.9 % normal saline
  - D. Fluid restriction
78. Mr. Wilson undergoes an open repair of an abdominal aortic aneurysm. In the first 24 hours following surgery, his creatinine doubles and his urine output decreases to < 10 ml/hr. Which one of the following is the most likely cause of his acute kidney injury
- A. Postrenal
  - B. Intrarenal
  - C. Prerenal
  - D. Aneurysmal
79. Mrs. Clementine is on Continuous Renal Replacement and is receiving hemodiafiltration. Which one of the following interventions would increase clearance?
- A. Increased fluid removal
  - B. Use of citrate anticoagulation
  - C. Reduction in the blood flow rate
  - D. Use of a larger filter
80. Ms. Eaves has a TSH that is 39 (normal 0.2-4.2 mIU/L). T<sub>4</sub> and T<sub>3</sub> are both very low. Which one of the following problems is suggested by these findings?
- A. Hyperthyroidism
  - B. Hypothyroidism
  - C. Sick euthyroid of critical illness
  - D. Pituitary dysfunction
81. Mr. Veldman is admitted with decreased level of consciousness. His admission labs are: Blood glucose 56 mmol/L, Na 143 K 4.8 Cl 109 HCO<sub>3</sub> 22, ABGs PaO<sub>2</sub> 72 PCO<sub>2</sub> 45 pH 7.39 HCO<sub>3</sub> 23. Which one of the problems is indicated by these findings?
- A. Diabetic ketoacidosis
  - B. Glucagon overdose
  - C. Non-ketotic hyperosmolar coma
  - D. Adrenal crisis
82. Martha is admitted following a motor vehicle collision. Her past medical history includes daily prednisone for the treatment of systemic lupus. Despite fluid replacement therapy and initiation of levophed, her blood pressure remains low. Which one of the following interventions is the priority?
- A. Cosyntropin
  - B. Epinephrine
  - C. Hydrocortisone
  - D. Vasopressin
83. The following pharmacological agents should be administered with levothyroxine for the treatment of myxoedema coma;-
- A. Insulin
  - B. Glucagon
  - C. Epinephrine

- D. Steroids
84. Ms. Tam is recovering from a prolonged critical illness. She is having tracheostomy-mask trials each day. She is withdrawn and sad, and tells the nurse she no longer has any control of her life. Which one of the following interventions would best meet her needs?
- A. Initiate antidepressant therapy
  - B. Administer sedation at bedtime
  - C. Develop a collaborative plan of care
  - D. Refer Mrs. Tam to a psychiatrist
85. Mrs. Singh has advanced cancer. She has been extubated for two days, with orders for no reintubation. She develops increasing dyspnea. Which one of the following agents would best manage these symptoms?
- A. Propofol (Diprivan)
  - B. Fentanyl
  - C. Midazolam (Versed)
  - D. Gabapentina
86. The most concerning finding post thyroidectomy is:-
- A. Blood pressure 90/60mmHg
  - B. Distended jugular veins
  - C. Noisy breathing
  - D. Dysphagia
87. A positive Brudzinski's sign is elicited when: -
- A. Thighs, knees and legs will flex upon flexion of the neck
  - B. There's resistance to passive extension of the knee with the hip flexed
  - C. Thighs, knees and legs will extend upon flexion of head
  - D. Patient will obviously sit down because of pain
88. The priority nursing diagnosis for a patient with myasthenia gravis is: -
- A. Activity intolerance
  - B. Risk for aspiration
  - C. Impaired body image
  - D. Self-care deficient
89. In peritoneal dialysis, renal clearance is controlled by: -
- A. Glucose concentration, peritoneal membrane permeability, patient's weight
  - B. Glucose concentration, fluid dwell time, patient's weight
  - C. Dwell time, peritoneal membrane permeability, patient's immunity
  - D. Glucose concentration, dwell time, peritoneal membrane permeability
90. The classical signs for cerebral vascular accident are: -
- A. Urine incontinence, arm drift
  - B. Arm drift, abnormal speech
  - C. Abnormal speech, urine retention
  - D. Urine retention, arm drift
91. The most important nursing assessment for a patient post abdominal aortic aneurysm repair would be to: -
- A. Monitor for temperature to prevent early infection
  - B. Monitor dorsalis pedis every 30 minutes to prevent tissue damage
  - C. Monitor intravenous fluid to avoid fluid overload
  - D. Monitor pain level to prevent agitation
92. Therapeutic intervention for an anxious casualty with a PaCO<sub>2</sub> of 30mmHg is: -
- A. Increase oxygen delivery to 15L/minute
  - B. Advise patient to breathe in and out rapidly and continuously
  - C. Offer a polythene bag and advise patient to breathe through it

- D. Give anxiolytic drugs such as midazolam
93. The goal of nursing management to prevent multi-organ dysfunction syndrome in accident casualties is to: -
- A. Maintain oxygenation and intravenous crystalloids
  - B. Maintain CVP 8-10cmH<sub>2</sub>O and urine output over 25mls/h
  - C. Maintain normal PaCO<sub>2</sub> and intravenous DW5%
  - D. Maintain ventilation and intravenous DW5%
94. A casualty with severely crashed leg only and burns to both legs is likely to develop intrarenal Acute Kidney Injury due to: -
- A. Rhabdomyolysis
  - B. Direct Kidney Injury
  - C. Massive haemorrhage
  - D. Hyper coagulopathy
95. The desired action of dopamine when administered in low doses in hypovolemic shock is to: -
- A. Increase myocardial contractility
  - B. Causes vasodilatation of the vascular bed
  - C. Decreases heart rate
  - D. Supports renal perfusion
96. Medical complication of peritoneal dialysis includes
- A. Fluid overload
  - B. Protein loss
  - C. Glucose load
  - D. All of the above
97. The most common causative organism for peritoneal dialysis peritonitis
- A. Staph Aureus
  - B. S. epidermis
  - C. E. coli
  - D. P. aeruginosa
98. The following statements about an arterio-venous fistula is true; -
- A. It is contraindicated if the left ventricular ejection fraction is less than 40 %
  - B. The thrill should only be felt in systole
  - C. The dialysis needle is inserted as near to the anastomosis as possible
  - D. The risk of infection is lower than with a dialysis catheter
99. Which of the following is the modality of choice for detecting renal stones?
- A. Ultrasound
  - B. Doppler ultrasound
  - C. Isotope renography
  - D. CT scanning
100. Which of the following statements about erythropoietin production in an adult is true?
- A. It is divided between the liver and the kidneys
  - B. It is inhibited by NSAIDs
  - C. It is located in the interstitial cells
  - D. It is down-regulated in chronic kidney disease
101. Mrs. S was admitted to the unit due to pyrosis, dyspepsia, and dysphagia these are cardinal features of?
- A. Esophagitis
  - B. Hiatal hernia

- C. GERD
- D. Gastric ulcer
102. A client is experiencing acute abdominal pain. Which abdominal assessment sequence is appropriate for the nurse to use for examination of the abdomen?
- A. Inspect, palpate, auscultate, percuss
  - B. Inspect, auscultate, palpate, percuss
  - C. Auscultate, inspect, palpate, percuss
  - D. Percuss, palpate, auscultate, inspect
103. The following measures should be taken by nurse for the client with esophageal varices; -
- A. Recognizing hemorrhage
  - B. Teaching the client about varices
  - C. Encouraging nutritional intake.
  - D. Controlling blood pressure
104. One of the following statements distinguish true experimental study from quasi experimental study;
- A. Size of sample
  - B. Use of non-probability sample
  - C. Random assignment of subjects to the groups
  - D. The introduction of an experimental treatment
105. Pretesting the questionnaire is done in order to:
- A. Sensitize the sample population on the study
  - B. Allow the researcher to predict the resources needed for the study
  - C. Enhance the reliability of the study tool
  - D. Enable the researcher to predict the findings of the study
106. A sampling method where every  $k$ th element is selected is;
- A. Stratified
  - B. Snow balling
  - C. Quota
  - D. Systematic
107. A type 1 error means;
- A. Accepting null hypothesis when it is false
  - B. Accepting null hypothesis when it is true
  - C. Rejecting null hypothesis when it true
  - D. Rejecting null hypothesis when it is false
108. The following affects the external validity of a research;
- A. Control of extraneous variables
  - B. Attrition
  - C. Differential selection
  - D. Pretesting of the tool
109. Examples of quantitative research include;
- A. Correlational, phenomenological

- B. Experimental, grounded theory
  - C. Descriptive, Quasi-experimental
  - D. Ethnographic, historical
110. Conceptual framework is a demonstration of;
- A. Relationship between the variables
  - B. Relationship between the problem statement and the objective
  - C. Relationship between the variables and the problem statement
  - D. Relationship between the variables and the hypothesis
111. In HIV disease, the Human immunodeficiency virus invades and incapacitates;
- A. Cytotoxic T cells
  - B. T Helper cells
  - C. B lymphocytes
  - D. Complements
112. The patient develops life-threatening complication due to blood transfusion. The nurse expects the patient to manifest the following clinical manifestations
- A. Patient develops rashes, fever and chills
  - B. Patient complains of low back ache, chest pains and dizziness
  - C. Patient complains of headache and chills and rashes
  - D. Patient complains of chills and generalized body ache
113. The following statement is true of monocytes;
- A. Monocytes change to macrophages in the tissues
  - B. Monocytes are not leucocytes
  - C. Monocytes release histamine and heparin
  - D. Monocytes are involved in cell mediated immunity
114. The following statement is true about the B Lymphocytes cells;
- A. They are responsible for cell mediated immunity
  - B. They responsible for generation of white blood cells
  - C. B cells have a role in production of antigens
  - D. They are responsible for humoral immunity
115. An 18-year-old male is taking Hydroxyurea for treatment of sickle cell anemia. Which option below indicates this medication is working successfully?
- A. The patient needs fewer blood transfusions.
  - B. The patient experiences diuresis.
  - C. The patient experience an increase in WBC
  - D. The patient experiences a decrease in hemoglobin S.
116. The important role of corticosteroids in patients with Bone marrow transplant is
- A. Reduction of White blood cells
  - B. Prevent graft versus host disease
  - C. Increase production of Red blood cells
  - D. Prevent allergic reactions
117. The most-life threatening complications of Idiopathic thrombocytopenia is;
- A. Clotting
  - B. Haemorrhage
  - C. Micro-emboli
  - D. Ecchymosis



118. The blood product administered to a patient suffering from Haemophilia A is; -
- A. Fresh frozen plasma
  - B. Factor IX concentrate
  - C. Factor VIII concentrate
  - D. Plasma volume expanders
119. The lab result the nurse would expect in a patient diagnosed with DIC is; -
- A. A decreased prothrombin time (PT)
  - B. An increased platelet count
  - C. A low level of fibrinogen
  - D. An increased white blood cell count
120. A 25-year-old female with a diagnosis of Haemolytic uremic syndrome is admitted with severe diarrhoea and vomiting. The priority nursing intervention will be....
- A. Administer antipyretic drug
  - B. Check for pupillary reaction
  - C. Assess skin turgor
  - D. Check bowel sounds

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