



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

**ANS 401/ DNS 321/DCHN 224: COLLEGE FINAL PAPER 1**

**DATE: MAY 16<sup>TH</sup> 2023**

**TIME: 2 Hours**

**Start: 0900 HOURS**

**Finish: 1100 HOURS**

**INSTRUCTIONS**

1. This examination will be marked **out of 100 Marks**
2. This examination comprises ONE section. Section I: Multiple Choice Questions
3. ALL questions are **COMPULSORY**.
4. Answer ALL questions in the Answer Booklet provided
5. **DO NOT WRITE ON THE QUESTION PAPER**

## SECTION I: MULTIPLE CHOICE QUESTIONS ( 100 MARKS)

1. The appropriate nursing intervention for a client on iron supplementation who complains that their stool is black is:-
  - A. Notify the primary physician to change medication
  - B. Hold the next dose of the supplement
  - C. Increase water intake
  - D. Reassure the patient that this is a normal side effect
  
2. Symptoms of hodgkin's lymphoma include all the following except :-
  - a. Painless lymph node swelling
  - b. Recurrent fever and night sweats
  - c. Unexplained weight loss
  - d. Prostate enlargement
  
3. A unique adverse effect associated with the antineoplastic agent Cyclophosphamide is:-
  - a. Sterility
  - b. Hemorrhagic cystitis
  - c. Prostatic hypertrophy
  - d. Alopecia
  
4. In stress incontinence:-
  - a. Sneezing and laughing precipitates incontinence
  - b. Emotional stressors precipitates incontinence
  - c. Bladder training is a definitive cure for the condition
  - d. Kegels exercises are a definitive cure for the condition
  
5. The individual at risk for intra renal acute kidney injury is one :-
  - a. With massive blood loss post trauma
  - b. Who is elderly and on aminoglycoside therapy
  - c. Who is elderly with benign prostatic hypertrophy
  - d. With urethral strictures causing hydronephrosis
  
6. Complications associated with the oliguric phase of acute kidney injury include :-
  - a. Pulmonary edema
  - b. Hypotension
  - c. Hypokalemia
  - d. Anaemia

7. Electrolyte imbalances associated with the diuretic phase of acute kidney injury include:-
  - a. Hyperkalemia and hypernatremia
  - b. Hypokalemia and hyponatremia
  - c. Hyperkalemia and hyponatremia
  - d. Hypokalemia and Hypernatremia
  
8. Acute pyelonephritis is characterized by:-
  - a. Jaundice and flank pain
  - b. Costovertebral angle tenderness and chills
  - c. Burning sensation on urination
  - d. Polyuria and nocturia
  
9. Findings characteristic of acute glomerulonephritis include:-
  - a. Dysuria, frequency, and urgency
  - b. Back pain, nausea, and vomiting
  - c. Hypertension, oliguria, and fatigue
  - d. Fever, chills, and right upper quadrant pain radiating to the back
  
10. A patient with acute renal injury and a glomerular filtration rate ( GFR) of 40 mL/min. is likely to present with:-
  - a. Hypervolemia
  - b. Hypokalemia
  - c. Elevated liver enzymes
  - d. Decreased Creatinine level
  
11. When initiating a blood transfusion, the patient should be monitored for transfusion reactions for the first :-
  - a. 15 minutes.
  - b. 30 minutes.
  - c. 45 minutes.
  - d. 60 minutes.
  
12. A client with severe anaemia is assisted with activities of daily living to:-
  - a. Decrease circulation to extremities
  - b. Decrease oxygen demand
  - c. Increase production of red blood cell by the bone marrow
  - d. Increase oxygen saturation in blood

13. The primary reason for the contraindication of Non Steroidal Anti Inflammatory Drugs (NSAIDS) in patients with hemophilia is because:-
- They interfere with platelet plug formation in hemostasis
  - They interfere with vascular spasm in hemostasis
  - They interfere with synthesis of clotting factors
  - They interfere with skin integrity of patients
14. Hydroxyurea therapy in patients with sickle cell disease decreases episodes of painful crises by:-
- Increasing the lifespan of Sickle Red Blood cells
  - Increasing production of Fetal Hemoglobin
  - Increasing the rate of removal of abnormal erythrocytes
  - Increasing the production of Adult Hemoglobin
15. The normal erythrocyte has a Lifespan of
- 10 Days
  - 120 Days
  - 60 Days
  - 250 Days
16. The following are assessment findings expected of a client on blood transfusion who experiences a hemolytic reaction:-
- Urticaria, itching, respiratory distress.
  - Chills and fever occurring about an hour after the infusion started.
  - Hypotension, backache, low back pain, fever.
  - Wet breath sounds, severe shortness of breath.
17. The jaundice characteristic of clients with hemolytic blood disorders is attributed to:-
- Loss of plasma proteins
  - Hepatitis infection
  - Increased haptoglobin in plasma
  - Increased bilirubin in plasma
18. In the absence of matching blood, a client with O+ blood in need of an emergency transfusion can be transfused with:-
- O- blood
  - A+ blood
  - B+ blood
  - Rh+ blood

19. The nursing action to be implemented when caring for a client in the acute phase of a sickle cell vaso-occlusive crisis is:-
- Encourage the client to ambulate in hallway four times a day
  - Restrict Fluids to 1000cc per day
  - Encourage increased caloric intake
  - Administer analgesic therapy as ordered
20. Specific nursing interventions for a client with leukaemia and evidence of bone marrow suppression include :
- Reverse barrier nursing, close temperature monitoring, limiting invasive procedures
  - Institute total parenteral nutrition, encourage ambulation, assist with activities of daily living
  - Monitor input and output, daily weight and ensure strict asepsis for all procedures
  - Increase fluid intake, administer prescribed medications, continue management
21. The condition in which the arterial lumen is narrowed due to plaque deposition is referred to as:-
- Atherosclerosis
  - Hypertension
  - Heart failure
  - Angina
22. The following clinical feature is associated with left sided heart failure:
- Prominent Jugular veins
  - Hepatomegally
  - Pleural effusion
  - Pulmonary edema
23. The following feature is expected of a client who has developed cardiac tamponade:-
- Widening pulse pressure
  - Pleura friction rub
  - Bradycardia
  - Distended neck veins
24. The appropriate strategy to assess for the degree of peripheral edema is by:
- Weighing the client
  - Applying pressure on the affected area
  - Serial measurement of the circumference of the affected area
  - Observing Input and output
25. The Pain associated with Myocardial Infarction is a result of :-
- Electrolyte imbalance
  - Left ventricular overload
  - Insufficient oxygenation of the cardiac muscle
  - Potential circulatory overload

26. The Nursing impression for a patient with a capillary refill time of 6 seconds is:
- Impending stroke
  - Hypokalemia
  - Normal signs of aging
  - Decreased Cardiac output
27. The appropriate vital sign to be conducted in client who reports of recent onset chronic occipital headache, blurred vision, fatigue and increasing edema, to establish the most likely cause of the above features is:-
- Blood pressure
  - Electrocardiogram
  - Temperature
  - Respiratory rate
28. Angiotensin-converting enzyme inhibitors effects include:-
- Blocking of the sympathetic nervous system
  - Decreased plasma levels of angiotensin II
  - Potent diuresis
  - Decreased plasma levels of angiotensinogen
29. The complication associated with chest pain or cough when laying flat and a harsh grating, sound upon auscultation of the heart in a client 36 hours status post a myocardial infarction is:-
- Cardiac dissection
  - Ventricular septum rupture
  - Mitral valve prolapse
  - Pericarditis
30. The cardiac enzymes likely elevate 2-4 hours following myocardial injury are:-
- Myoglobin
  - Creatinine Kinase-MB
  - Creatinine Kinase
  - Troponin
31. The test result that confirms a diagnosis of diabetes mellitus in a 45-year-old woman with a history of polyuria and polydipsia is:-
- A random plasma glucose of 10.5 mmol/l
  - A fasting plasma glucose of 6.5 mmol/l
  - A 2 hour Oral Glucose Tolerance Test (OGTT) glucose concentration of 7.5 mmol/l
  - An HbA1c of 50 mmol/mol
32. The appropriate immediate intervention for a 21 year old client, presenting 2 days post cast application after an undisplaced fracture of the midshaft of the left tibia with complaints of increasing severe pain in leg with warm toes and present pulses upon palpation is: -
- Immediately remove the cast
  - Re x-ray the limb
  - Elevate the limb
  - Insert padding around the cast

33. Acromegaly is most frequently diagnosed in:
- Middle-aged adult
  - Newborns
  - Children ages 2 to 5
  - Adults age 65 and older
34. Grave's disease is the most common cause of: -
- Hypothyroidism
  - Hyperparathyroidism
  - Hyperthyroidism
  - Adrenal insufficiency
35. Symptoms for Grave's ophthalmology include of the following except:
- Bulging eyeballs
  - Dry, irritated eyes and puffy eyelids
  - Cataracts
  - Light sensitivity
36. An ACTH stimulation test is commonly used to diagnose:
- Grave's disease
  - Adrenal insufficiency and Addison's disease
  - Cystic fibrosis
  - Hashimoto's disease
37. A nurse explains Somogyi phenomenon to a diabetes patient by showing this sequence
- Normoglycemia, Hypoglycemia, Hyperglycemia
  - Hypoglycemia, Hyperglycemia, Hypoglycemia
  - Hyperglycemia, Hyperglycemia, Normoglycemia
  - Hypoglycemia, Hyperglycemia, Hyperglycemia
38. The following is a feature of hyperthyroidism:-
- Weight gain
  - Cold intolerance
  - Constipation
  - Depression
39. The PRIORITY nursing diagnosis for a patient with thyrotoxicosis is: -
- Altered nutrition, less than body requirement
  - Altered breathing pattern
  - Activity intolerance
  - Fluid volume deficit
40. A disorder of the posterior lobe of the pituitary gland due to a deficiency of vasopressin characterized by excessive thirst and large volume of urine is called:
- Cushing's disease
  - Diabetes mellitus
  - Diabetes insipidus
  - Aldosteronism

41. Hypocalcemic tetany is associated with: -
- Hypothyroidism
  - Adrenocortical insufficiency
  - Diabetes mellitus
  - Hypoparathyroidism
42. A sign likely to be elicited in a client with a serum calcium level of 8.0 mg/dl, is the: -
- Homan's sign
  - Hegar's sign
  - Trousseau's sign
  - Goodell's sign
43. The appropriate nursing intervention for a male client admitted with syndrome of inappropriate antidiuretic hormone (SIADH) is:-
- Rapid infusion of whole blood
  - Fluid restriction
  - Administration of glucose-containing I.V fluids
  - Encouraging increased oral intake
44. A clinical feature associated with obstruction of bile duct is-
- Hyperacidity
  - Jaundice
  - Pancreatitis
  - Cystitis
45. Hiatal hernia can be caused by:-
- Increased esophageal muscle pressure
  - Diaphragmatic weakness
  - Increased intrathoracic pressure
  - Weakness of the abdominal rectus
46. The appropriate initial nursing intervention for chronic constipation in an 82-year-old client is: -
- Daily use of laxative
  - Increasing physical activity
  - Increasing dietary fiber intake to 20-30 grams' daily
  - Avoidance of foods such as cheese and chocolate
47. The Priority nursing intervention for a client with acute gastroenteritis is: -
- Institute enteric precautions, Fluid replacement therapy
  - Institute standard precautions, monitor input and output
  - Institute asepsis, assist with toileting
  - Small frequent meals, monitoring input output
48. Prior to Nasogastric tube insertion: -
- Assist the patient to assume a left-side lying or recumbent position
  - Place the patient in supine position
  - Measure the tube from the tip of the nose to the earlobe to the xiphoid process
  - Instruct the client to avoid swallowing when the tube is felt in the back of the throat



49. Urgent attention is required in a second day postoperative patient following abdominal surgery presenting with:
- Mild abdominal distention
  - Inability to void immediately after urinary catheter is removed
  - Leg swelling and calf pain
  - Absent bowel sounds
50. The priority nursing action for a patient on total parenteral nutrition (TPN) during every shift change is:-
- Adjust the infusion rate to provide for total volume
  - Change the tubing under sterile condition
  - Check urine glucose, acetone and specific gravity
  - Monitor blood pressure, temperature and weight
51. The most critical nursing parameter to monitor in a patient post paracentesis due to ascites is:
- Gag reflex
  - Blood pressure
  - Breathe sounds
  - Pedal pulses
52. Postoperative nursing care for a patient who has undergone partial gastrectomy for persistent bleeding ulcer constitutes: -
- Giving pain medication every 8 hours
  - Flushing tube with sterile water
  - Positioning her in high fowlers position
  - Keeping patient Nil per oral until the return of peristalsis
53. The immediate nursing action action post nasogastric tube insertion is to:
- Feed immediately to prevent cramping
  - Get an x-ray of the tip of the tube within 24 hours
  - Clamp off the tube until the feeding begins
  - Aspirate with a syringe to confirm gastric content
54. Diverticulitis is characterized by:
- Periodic rectal hemorrhage
  - Hypertension and tachycardia
  - Vomiting and fevers
  - Cramp and lower left quadrant pain
55. A finding consistent with diarrhea during abdominal auscultation is:-
- Absent bowel sounds
  - Hypoactive bowel sounds
  - High-pitched bowel sounds
  - Hyper-active bowel sounds

56. The most concerning assessment finding in a patient with appendicitis is:-
- Sudden pain relief
  - Sharp abdominal pain at McBurney's point
  - Rebound tenderness
  - Increased White blood cell count
57. The appropriate nursing intervention immediately post bronchoscopy is:
- Encouraging additional fluid intake for the next 24 hours
  - Assessing for return of gag reflex before offering foods or fluids
  - Administering atropine intravenously
  - Administering small doses of midazolam
58. A barrel chest is associated with: -
- Chronic obstructive bronchitis
  - Emphysema
  - Bronchial asthma
  - Bronchial asthma and bronchitis
59. An expected nursing goal for a patient post upper respiratory tract infection is:-
- Maintain a fluid intake of 800mls every 24 hours
  - Experience chills only once a day
  - Cough productively without chest discomfort
  - Experience decreased nasal obstruction and discharge
60. The primary reason for teaching pursed-lip breathing to clients with emphysema is to: -
- Promote oxygen intake
  - Strengthen the diaphragm
  - Strengthen the intercostal muscles
  - Promote carbon dioxide elimination
61. The rationale for administration of short-term corticosteroid during acute exacerbations of episodes of asthma is to: -
- Promote bronchodilation
  - Promote expectoration
  - Exert an anti-inflammatory effect
  - Prevent development of secondary respiratory tract infections
62. The following are risk factors for developing pneumonia for clients with chronic illnesses: -
- Dehydration
  - Group living
  - Malnutrition
  - Severe periodontal disease
63. Prostate cancer commonly metastasizes to the: -
- Lungs and bladder
  - Bones and lungs
  - Rectum and bladder
  - Brain and lymph nodes

64. When performing an enema the patient is put in: -
- High fowler's position
  - Lithotomy position
  - Sims position
  - Trendelenburg position
65. A condition where the urethral meatus is on the underside of the penis is: -
- Epispadias
  - Hypospadias
  - Hermaphrodites
  - Pseudo hermaphrodite
66. The three major factors associated with increased risk of pancreatic carcinoma are: -
- Diabetes mellitus, high protein diet, obesity
  - Obesity, hypertension, age 35-40 years
  - Hypertension, tobacco use, age 35-40 years
  - Diabetes mellitus, tobacco use, high fat diet
67. The earliest symptom associated with cancer of the oesophagus is:-
- Dyspnoea
  - Regurgitation
  - Dyspepsia
  - Dysphagia
68. The priority nursing diagnosis in a patient with seizure disorder is: -
- Fear related to the possibility of seizures
  - Risk for injury related to seizure activity
  - Ineffective individual coping related to stresses imposed by epilepsy
  - Deficient knowledge related to epilepsy and its control
69. The following are clinical presentations of liver cirrhosis: -
- Fatigue, weight loss, jaundice and pruritis
  - Fatigue, weight gain, jaundice, and pruritis
  - Jaundice, weight gain, bleeding and pruritis
  - Jaundice, weight gain, bleeding and fatigue
70. The involuntary expulsion of urine that occurs during coughing or heavy lifting is referred to as: -
- Urgency incontinence
  - Stress incontinence
  - Overflow incontinence
  - Urge incontinence
71. The rationale for instituting bed rest when managing a client with ulcerative colitis is to: -
- Reduce peristalsis
  - Reduce pain
  - Improve colonic emptying
  - Improve digestion

72. The following measures can provide relief from pain associated with urinary tract infections:-
- Increasing oral fluid intake
  - Frequent perineal washes
  - Bladder irrigation
  - Increasing intake of citrus juices and caffeine containing drinks
73. Nursing interventions helpful in alleviating constipation include: -
- Increasing refined carbohydrate intake, Limiting physical mobility
  - Encouraging physical mobility, increasing fluid intake
  - Limiting physical mobility, Increasing fiber intake
  - Encouraging a mechanically soft diet, Increasing fluid intake
74. Post-operative atelectasis can be prevented by: -
- Deep breathing and coughing exercises
  - Postural drainage
  - Incentive spirometry
  - Suctioning
75. A specific site care nursing intervention for a patient with an ileostomy is: -
- Cleanse the stoma with hot water
  - Insert a deodorant tablet in the stoma bag
  - Select a bag with an appropriate size stoma opening
  - Wear a pair of sterile gloves while caring for the stoma
76. A full liquid diet constitutes: -
- Apple juice
  - Mashed potatoes
  - Ice cream
  - Popsicles
77. In a client with an ileostomy, nursing interventions must be prioritized to prevent: -
- Flatulence
  - Dehydration
  - Constipation
  - Diarrhoea
78. Enteric 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
  - Providing care to patients with cholera

79. The following nursing measures is **inappropriate** when providing oral hygiene a stroke patient:-
- Place the supine with a small pillow under the head.
  - Keep portable suctioning equipment at the bedside.
  - Open the client's mouth with a padded tongue blade.
  - Clean the client's mouth and teeth with a toothbrush.
80. During the first 24 hours upon initiation of thrombolytic therapy for ischemic stroke, the primary goal is to control the client's:
- Pulse
  - Respirations
  - Blood pressure
  - Temperature
81. The priority nursing action for a spinal cord injury client with complaints of lightheadedness and headache, flushed skin above the level of the injury and a blood pressure of 160/90 mm Hg is: -
- Loosen tight clothing or accessories
  - Assess for any bladder distention
  - Raise the head of the bed
  - Administer antihypertensive
82. The pharmacological agent contraindicated in a client with increased intracranial pressure due to brain hemorrhage is: -
- Acetaminophen
  - Dexamethasone
  - Mannitol
  - Nitroglycerin
83. In clients with myasthenia gravis, myasthenic crisis can be precipitated by: -
- Getting too little exercise.
  - Medication overdose.
  - Non-compliance to treatment.
  - Increasing intake of fatty foods
84. Nursing measures for a client with spinal cord injury to minimize the risk of autonomic dysreflexia includes all the following EXCEPT: -
- Strict adherence to a bowel retraining program.
  - Keeping the linen wrinkle-free under the client.
  - Preventing unnecessary pressure on the lower limbs.
  - Limiting bladder catheterization to once every 12 hours.
85. The assessment of a client's swallowing ability evaluates cranial nerves: -
- Cranial nerves I and II.
  - Cranial nerves III and V.
  - Cranial nerves VI and VIII.
  - Cranial nerves IX and X.

86. The appropriate nursing position to place a patient who has just recovered from a seizure is: -
- Prone position
  - Supine position
  - Sims position
  - Lateral position
87. Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora is referred to as: -
- Infibulation
  - Clitoridectomy
  - Excision
  - Severe FGM
88. Simple mastectomy involves removal of;
- Entire breast, underlying fascia and axillary lymph nodes
  - Entire breast, axillary lymph nodes, and chest wall muscles
  - Entire breasts and axillary lymph nodes
  - Breast quadrant including overlying skin and most of axillary lymph nodes.
89. Intrauterine insemination is an infertility treatment adopted in cases of;
- Blocked fallopian tubes
  - Cervical mucus antibodies destroy the sperms
  - Hormonal imbalances affecting the woman
  - History of oophorectomy
90. The vasomotor symptoms of menopause are: -
- Palpitation, mood swings, vaginal dryness
  - Hot flushes, memory deficit, vaginal dryness
  - Hot flushes, night sweat, palpitation
  - Night sweats, memory deficit, mood swings
91. Manual vacuum aspiration is done in the management of incomplete abortion if the uterine size is;
- Below 10 weeks
  - Below 13 weeks
  - Between 12 and 16 weeks
  - Above 13 weeks

92. The role of the pharmacological agent aminophylline in management of acute bronchitis is to:
- Promote expectoration.
  - Suppress the cough.
  - Relax smooth muscles of the bronchial airway.
  - Prevent infection.
93. The most likely conclusion for an elderly client who, following an upper respiratory tract infection ( URTI) , develops a productive cough with yellow sputum and on lung auscultation evidence of diffuse crackles is:-
- They are developing secondary bacterial pneumonia.
  - The assessment findings are consistent with influenza and are to be expected.
  - The client is getting dehydrated and needs to increase fluid intake
  - The client has not been complying to URTI medication as prescribed.
94. Evidence of postoperative atelectasis on assessment of the post surgical client includes:-
- A flushed face.
  - Dyspnea and pain.
  - Decreased temperature.
  - Severe cough and no pain.
95. The priority nursing action for a client with a history of asthma, presenting with dyspnoea, a respiratory rate of 35 breaths/minute, nasal flaring, use of accessory muscles and greatly diminished breath sounds on auscultation of the lung fields is:-
- Initiate oxygen therapy and reassess the client in 10 minutes.
  - Draw blood for an ABG analysis and send the client for a chest x-ray.
  - Encourage the client to relax and breathe slowly through the mouth.
  - Administer bronchodilators STAT
96. The most reliable index to determine the respiratory status of a client is to:
- Observe the chest rising and falling.
  - Observe the skin and mucous membrane color.
  - Listen and feel the air movement.
  - Determine the presence of a femoral pulse.
97. The primary purpose of the Schilling test is to measure the client's ability to: -
- Store vitamin B 12
  - Digest vitamin B 12
  - Absorb vitamin B 12
  - Produce vitamin B 12
98. The most appropriate diet for a patient with Meniere's is: -
- Low fiber'
  - Low potassium
  - Low sodium
  - Low protein

99. A long term nursing diagnosis appropriate for a client with a recently fashioned colostomy is:-
- Anxiety
  - Disturbed image
  - Nutritional imbalance
  - Fluid volume deficit
100. Hepatitis that can be contracted through contaminated food is: -
- Hepatitis A
  - Hepatitis B
  - Hepatitis C
  - Hepatitis D

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