



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

**DNS 114: Professionalism and fundamentals of nursing**

**DATE: WEDNESDAY 3<sup>RD</sup> DECEMBER 2025**

**TIME: 2 HOURS**

**Start: 0900 HOURS**

**Finish: 1100 HOURS**

**INSTRUCTIONS**

- 1. This exam will be marked out of 70 Marks**
- 2. ALL Questions are compulsory.**
- 3. The Examination has Three Sections: Section A- Multiple Choice Questions, Section B: Short Answer Questions, Section C: Long Essay Questions**
- 4. Answer all Questions in the ANSWER BOOKLET provided**
- 5. Do not write anything on the question paper**
- 6. Use the back of your booklet for rough work if need be.**

## **SECTION A: MULTIPLE CHOICE QUESTIONS (20 MARKS)**

1. Nursing is classified as a profession because:-
  - a. The practitioners are licenced
  - b. Practitioners are required to conduct activities in uniform
  - c. It has a code of conduct that regulates its practitioners
  - d. There is good remuneration
  
2. The following nursing care situations warrant the application of universal precautions:-
  - a. Taking a patient's blood pressure
  - b. Assisting a patient with ambulation
  - c. Inserting an intravenous cannula
  - d. Bed making
  
3. When providing oral care for an unconscious patient, the most appropriate position for the patient is:
  - a. Fowler's position
  - b. Side-lying position
  - c. Supine position
  - d. Semi-Fowler's position
  
4. The professional attribute demonstrated by a nurse who makes a medication error then immediately assesses the patient and reports the error per facility protocol is:-
  - a. Altruism
  - b. Autonomy.
  - c. Collaboration.
  - d. Accountability
  
5. Nursing diagnosis is best defined as a(n):-
  - a. Clinical judgment about the client responses to actual or potential problems
  - b. Physiological complication that nurses monitor to detect changes in clients' health status
  - c. Identified health problem that requires the assistance of other health care professionals
  - d. Clinical judgement about the client that is managed by a physician

6. The correct sequence of the steps in donning personal protective equipment (PPE) for the nurse preparing to provide care for a client who is on Droplet and Contact precautions is:
- I. Put on mask with attached face shield.
  - II. Put on gown.
  - III. Perform hand hygiene.
  - IV. Put on gloves.
- a. III, II, I, IV
  - b. III,I,IV, II
  - c. I,II,III,IV
  - d. IV,III,II,I
7. The following constitutes objective information:-
- a. A client rates pain at 5 on a scale of 10
  - b. Client presents with hand tremors
  - c. Client verbalizes a metallic taste in mouth after taking an antibiotic
  - d. Client's migraines have since got worse since last night
8. The following action is considered an intentional tort:-
- a. Forefully sedating a client who has declined care and wishes to leave the hospital
  - b. Medication errors
  - c. Retained Instruments in patient body during surgery
  - d. Failing to report a concerning patient finding.
9. The most concerning parameter in a post-operative older adult's vital signs that are: Blood Pressure 88/58, Temperature 37.5<sup>0</sup>C, Heart Rate 64 beats per minute, and Respiratory Rrate 14 breaths per minute is:-
- a. Blood pressure.
  - b. Temperature.
  - c. Pulse.
  - d. Respirations

10. To minimize pain during administration of intramuscular medications:-
  - a. Use the smallest gauge needle possible, bunch up or stretch out the muscle
  - b. Inject the drug into the muscle as fast as possible, use the same needle to draw medication and give the injection
  - c. Inform the patient that the injection will be painful, seek consent to administer the medication
  - d. Use the largest gauge needle possible, inject the medication as fast as possible
  
11. Standard precautions in infection prevention and control apply when:-
  - a. Handling blood and body fluids
  - b. Providing nursing care to patients confirmed to have highly contagious airborne conditions
  - c. Providing care to patients with compromised immunity
  - d. Providing care for all patients
  
12. The phase of the nursing process evident when a set of vital signs (VS) are obtained fifteen minutes after administering a medication in order to assess the effectiveness is :-
  - a. Diagnosis.
  - b. Evaluation.
  - c. Assessment.
  - d. Implementation.
  
13. Handwashing done for 10-15 seconds with a non antiseptic soap is referred to as:-
  - a. Hygienic hand wash
  - b. Routine hand wash
  - c. Surgical hand wash
  - d. Antiseptic rub
  
14. The pharmacokinetic process that will most likely be affected when a client has been on a low-protein diet is:-
  - a. Absorption
  - b. Excretion
  - c. Distribution
  - d. Metabolism
  
15. The most appropriate action to take when a prescription for medication administration is challenging to decipher is to:-
  - a. Ask the patient how they usually take that specific medication.
  - b. Call the pharmacist and ask them to read the prescription.
  - c. Ask the nurse who knows the provider's handwriting to read the prescription.
  - d. Call the prescriber and ask them to clarify the prescription

16. The position that best improves chest expansion in the dependent patient is:-
- Fowlers position
  - Supine position
  - Lateral position
  - Trendelenburg position
17. According to the colour coding system for sorting hospital generated waste, resected tumours are discarded in the:-
- Yellow bin
  - Red bin
  - Black bin
  - White bin
18. Indicate whether the following statements are True (T) or False (F)
- Caring is the central feature in nursing that distinguishes it from other health care professions
  - Dorothea Orem's theory emphasises on patients' self-care needs being integral for wellbeing.
19. The following is an appropriate action by a nurse due to administer a bolus feed using a large syringe via a nasogastric tube:-
- Administer the feed then assess for bowel sounds
  - Before and after feeding maintain the patient in the fowler's position
  - Use a plunger to accelerate feeding rate
  - Assess tube placement by inquiring from the client if they can feel the tube in the epigastric region
20. The primary nursing intervention to address post operative atelectasis is:-
- Deep breathing and coughing exercises
  - Oxygen administration
  - Fluid volume management
  - Pain management

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

1. Outline four (4) historical events that shaped the nursing profession (4 Marks)
2. With the use of appropriate examples of application in practice, describe the three (3) components of the ethical principle of Autonomy ( 6 Marks)
3. State four (4) guidelines for appropriate documentation in nursing practice (4 Marks)
4. Outline Four (4) specific routine nursing catheter care nursing measures ( 4 Marks)
5. Outline five (5) nursing strategies to optimize bowel elimination in hospitalized patients ( 5 Marks)
6. State five (4) specific nursing interventions for a patient on oxygen therapy ( 4 Marks)
7. In appropriate sequence, outline the various components of a health history (5 Marks)

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

1. Mr. ZZ is a long term unconscious patient admitted to the medical unit.
  - a. Outline five (5) complications associated with immobility that Mr. ZZ is at risk of (5 Marks)
  - b. Describe the specific nursing measures implemented to prevent development of pressure ulcers in Mr. ZZ ( 15 Marks)