



**AMREF INTERNATIONAL UNIVERSITY  
SCHOOL OF MEDICAL SCIENCES  
DEPARTMENT OF NURSING & MIDWIFERY SCIENCES  
END OF SEMESTER APRIL 2026 EXAMINATIONS**

**COURSE CODE AND TITLE BSN 211: Health Assessment**

**DATE: 7<sup>th</sup> APRIL 2026**

Duration: 2 HOURS

Start: 9am

Finish: 11am

**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.

1. While performing a physical exam on an elderly patient, the nurse notes a “hunched-back” appearance of the thoracic spine. The nurse documents this as:
  - A. Lordosis
  - B. Scoliosis
  - C. Kyphosis
  - D. Spondylosis
2. During an abdominal assessment, in which order should the nurse perform the examination techniques?
  - A. Inspection, Palpation, Percussion, Auscultation
  - B. Inspection, Auscultation, Percussion, Palpation
  - C. Auscultation, Inspection, Palpation, Percussion
  - D. Percussion, Auscultation, Inspection, Palpation
3. A nurse is assessing a patient with suspected dehydration. Which area is most reliable to check for skin turgor in an adult?
  - A. The back of the hand
  - B. The forehead
  - C. Under the clavicle or the sternum
  - D. The abdomen
4. When auscultating the lungs of a patient with asthma, the nurse hears high-pitched, musical sounds primarily during expiration. These are:
  - A. Crackles
  - B. Wheezes
  - C. Rhonchi
  - D. Pleural friction rub
5. To assess the function of Cranial Nerve III (Oculomotor), the nurse should:
  - A. Ask the patient to smile and puff out cheeks
  - B. Test the pupillary reaction to light and accommodation
  - C. Use a Snellen chart to check visual acuity
  - D. Ask the patient to shrug their shoulders
6. A nurse is unable to palpate the dorsalis pedis pulse in a patient with peripheral vascular disease. The next action should be:
  - A. Document the pulse as absent (0)
  - B. Notify the surgeon immediately
  - C. Use a Doppler ultrasound device to locate the pulse
  - D. Massage the foot to increase circulation
7. During a mental status exam, a nurse asks a patient, “What would you do if you found a stamped, addressed envelope on the sidewalk?” The nurse is assessing:
  - A. Orientation
  - B. Abstract reasoning
  - C. Judgment
  - D. Recent memory
8. The heart sound that is considered normal in children or young adults but may indicate heart failure in an older adult?
  - A. S1
  - B. S2
  - C. S3
  - D. S4
9. When assessing the carotid arteries, why should the nurse palpate only one side at a time?
  - A. To prevent a sudden drop in blood pressure

- B. To avoid obstructing blood flow to the brain (syncope)
  - C. To prevent triggering a gag reflex
  - D. To ensure the pulse rate is accurate
10. A nurse notes “rebound tenderness” (Blumberg sign) during an abdominal exam. This finding is highly suggestive of:
    - A. Liver enlargement
    - B. Peritoneal irritation or appendicitis
    - C. Splenic rupture
    - D. Urinary tract infection
  11. To accurately assess for jaundice in a dark-skinned patient, the nurse should inspect the:
    - A. Palms of the hands
    - B. Sclera and hard palate
    - C. Skin of the abdomen
    - D. Nail beds
  12. While assessing the nails, the nurse notes an angle of 180 degrees or greater at the nail base. This is “clubbing” and indicates:
    - A. Iron deficiency anemia
    - B. Acute bacterial infection
    - C. Chronic hypoxia
    - D. Vitamin D deficiency
  13. Percussion note that a nurse expect to hear over a lung characterized by lobar pneumonia (solid tissue)?
    - A. Resonance
    - B. Hyper-resonance
    - C. Dullness
    - D. Tympany
  14. The “P” in the PQRST mnemonic for pain assessment stands for:
    - A. Posture
    - B. Provocation/Palliation
    - C. Pathophysiology
    - D. Periodic nature
  15. A nurse asks a patient to stick out their tongue and move it side to side, cranial nerve being tested is;-
    - A. CN IX (Glossopharyngeal)
    - B. CN X (Vagus)
    - C. CN XII (Hypoglossal)
    - D. CN VII (Facial)
  16. To assess the thyroid gland using the posterior approach, the nurse should ask the patient to:
    - A. Tilt the head back and cough
    - B. Tilt the head slightly forward and to the side being examined
    - C. Hold their breath
    - D. Lie supine
  17. A 2+ pitting edema is characterized by:
    - A. A slight indentation with no perceptible swelling
    - B. A 4 mm indentation that subsides in 10–15 seconds
    - C. A 6 mm indentation that lasts more than a minute
    - D. An 8 mm deep indentation that lasts 2–3 minutes
  18. When assessing a patient’s risk for pressure ulcers using the Braden Scale, a lower score indicates:
    - A. Lower risk
    - B. Higher risk
    - C. Normal skin integrity
    - D. Excellent nutritional status
  19. A nurse hears “borborygmi” during abdominal auscultation. The nurse interprets this as:
    - A. Absent bowel sounds

- B. Hyperactive, growling bowel sounds
  - C. A vascular bruit
  - D. Normal quiet gurgling
20. During a breast exam, the lymph node group the nurse should assess most thoroughly, as it receives most of the lymphatic drainage is;-
- A. Epitrochlear
  - B. Axillary
  - C. Inguinal
  - D. Cervical

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

1. Explain the significance of the "Review of Systems" (ROS) in a health assessment, differentiating it from Physical Examination (6 marks)
2. Outline the steps of the Glasgow Coma Scale (GCS) (6 marks)
3. Explain the difference between "Subjective Data" and "Objective Data" and provide three clinical examples for each in the context of a patient with Hypertension (6 marks)
4. State SIX (6) objective data observed in the patients eye during physical examination (6 marks)
5. Explain THREE (3) nutritional assessment techniques (6marks)

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

1. You are assigned to admit a 65-year-old male patient who presents with a "chief complaint" of acute shortness of breath and swollen ankles.
  - a) Conduct a focused symptom analysis using the OLDCART or PQRST variables for his shortness of breath (5Marks).
  - b) Identify three Social Determinants of Health that you should assess to ensure this patient can manage his condition effectively at home after discharge (5 Marks).
  - c) Describe the specific Physical Examination techniques you would perform to assess his fluid volume status and respiratory distress. (10 Marks).