**KENYA MEDICAL TRAINING COLLEGE – NYAMIRA**

**END OF YEAR ONE SEMESTER ONE EXAMINATION**

**SEPTEMBER 2015 KRCHN CLASS (PRE-SERVICE)**

**FUNDAMENTALS OF NURSING EXAMINATION**

DATE: 31 MARCH 2016 TIME:…………………..

**INSTRUCTIONS**

1. Read the questions carefully and answer only what is asked.
2. Enter your examination number and question number on each page used.
3. ALL questions are compulsory.
4. For part 1 (MCQs), write the answer in the spaces provided on the answer booklet and each MCQ is one (1) mark.
5. For Part 2 (SHORT ANSWER QUESTIONS), answer the questions following each other.
6. For Part 3 (LONG ANSWER QUESTIONS), answer to each question MUST start on a separate page.
7. Omission of and or wrong numbering of a question or part of the question will result in 10% deduction of the marks scored from the relevant part.
8. Do NOT use a pencil.
9. Mobile phones are NOT allowed in the examination hall.

For Examiner:

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| --- | --- | --- | --- | --- |
| **MCQS** | **SAQS** | **LAQS 1** | **LAQS 2** | **TOTAL** |
|  |  |  |  |  |

**PART ONE: MCQS (MULTIPLE CHOICE QUESTIONS) FUNDAMENTALS OF NURSING– 20 MK**

Q.1. A professional nurse:

1. Has successfully undergone prescribed training program.
2. Focuses of self- need.
3. Is not guided by standards of practice.
4. Focuses on basis avoiding accommodating new demands of the profession.

Q.2. According to Dorothy Orem , self-care needs are categorized as:

1. Universal, compensatory and health deviation.
2. Universal, developmental, and compensatory.
3. Universal, developmental and health deviation.
4. Compensatory, developmental and health deviation.

Q.3. Ethics refers to all of the following **except**:

1. Moral principles.
2. Code of behaviour.
3. Right or wrong action.
4. Beliefs and customs.

Q.4. Which of the following is not a purpose for oral toilet?

1. To promote skin integrity.
2. To prevent injury from aspiration.
3. To promote comfort.
4. To maintain and improve appetite.

Q.5. Which type of special bed is made for the purpose at providing firm comfort?

1. Stamp bed.
2. Admission bed.
3. Cardiac bed.
4. Fracture bed.

Q.6. When transferring a patient to stretcher:

1. Place the bed as low as possible to maintain working level.
2. Reach across the bed to assist the patient.
3. Place the sheet underneath patient to assist transfer.
4. Pivot the patient appropriately as they sit in bed for convenience.

Q.7. When performing abdominal examination, the nurse proceeds from:

1. Inspection, palpation, percussion, auscultation.
2. Inspection, percussion, palpation, auscultation.
3. Inspection, auscultation, percussion, palpation.
4. Inspection, palpation, auscultation, percussion.

**PART ONE: MCQS (MULTIPLE CHOICE QUESTIONS) FUNDAMENTALS OF NURSING– 20 MK**

Q.8. Which of the following is not site for taking peripheral pulse:

1. Popliteal.
2. Temporal.
3. Apex.
4. Carotid.

Q.9. Blood test in which haemoglobin level is checked is:

1. Serum electrolytes.
2. Blood chemistry.
3. Complete blood count.
4. Arterial blood gases.

Q.10. Bed making is important in the care of a patient because:

1. It is routine procedure.
2. Makes the ward look neat and bright.
3. Makes the patient to feel comfortable.
4. It is a basic nursing procedure.

Q.11. The purpose of admitting a patient to the hospital ward is:

1. For proper care and diagnosis.
2. For provision of medication and nursing care.
3. For provision of a safe environment and therapeutic intervention.
4. Provision of sage environment, dose monitoring and therapeutic intervention.

Q.12. The following list comprises of parameters used to access the patients level of consciousness using Glasgow coma scale:

1. Orientation, spontaneous eye opening, obeying commands.
2. Verbal response, cognitive speech and motor response.
3. Eye opening, coherent speech, motor response.
4. Eye opening, verbal response, motor response.

Q.13. Indicate whether the following statements care true/false.

1. In aseptic technique tips of needles and syringes should not be touched.
2. Ward cleaning and scrubbing is part of aseptic technique.

**PART ONE: MCQS (MULTIPLE CHOICE QUESTIONS) FUNDAMENTALS OF NURSING– 20 MK**

Q.14. A heart murmur was detected during a physical examination, the process used to obtain this information was:

1. Auscultation.
2. Inspection.
3. Palpation.
4. Percussion.

Q.15. In stags of death and dying as defined by Elizabeth Kubler Ross, loss grief and intense sadness are symptoms of:

1. Denial.
2. Depression.
3. Anger.
4. Acceptance.

Q.16. Concerning care of linen the following are true except:

1. Ensure you carry them in same linen to avoid spillage.
2. Minimal handling of soiled linen is advisable.
3. Should be handled as if they are biohazard.
4. Short be sorted at point of collection.

Q.17. When providing commodes ensure:

1. No find put in the contain to prevent making patient wet.
2. Not indicated for weak patients who are able to sit.
3. Water or any lotion is put in the container before use.
4. Wiping with cold water is necessary.

Q.18. Most medication errors occur when the nurse:

1. Is caring for many clients.
2. Fails to follow routine procedures.
3. Is administering unfamiliar medications.
4. Is responsible for administering numerous medications.

Q.19. In nursing health history, the history of allergies is taken under:

1. History is presenting illness.
2. Family history.
3. Past medical and surgical history.
4. Social economic history.

Q.20. The following are some of the abnormalities a nurse should observe in stool specimen:

1. Amount, oval and cyst, consistency, smell.
2. Colour, smell, amount, consistency.
3. Colour, amount, smell, ova and cyst.
4. Smell, consistency, amount, occult blood.

**PART TWO: SHORT ANSWER QUESTIONS – FUNDAMENTALS OF NURSING – 40 MKS**

Q.1. Match the items in column A with respective column B. 7 marks

COLUMN A

1. Tachycardia.
2. Dyspnea.
3. Bradycardia.
4. Eupnea.
5. Supine position.
6. Hyperexia.
7. Prone position.

COLUMN B

1. Patient lies flat on the back.
2. Normal breathing.
3. Increased pulse rate.
4. Decreased respiratory rate.
5. Difficulty in breathing.
6. Patient lies on the abdomen
7. Pulse rate below 60b/min.

Q.2. State two (2) importance of regulating intravenous fluids. 2 marks

Q.3. Explain three (3) methods of reducing body temperature of a client. 3 marks

Q.4. State at least three (3) patient’s rights and three (3) nurses’ bill of rights. 6 marks

Q.5. State four (4) roles of a nurse in admission of a patient. 4 marks

Q.6. Explain four (4) techniques of performing physical examination. 8 marks

Q.7. Differentiate sterilization from high level disinfection. 4 marks

Q.8. State six (6) functions of a National Nurses Association of Kenya. 6 marks

**PART THREE: LONG ANSWER QUESTIONS – FUNDAMENTALS OF NURSING - 40 MK**

Q.1. You are working as a nurse in a male surgical ward.

1. Define a drug. 1 mark
2. State four (4) indications for administration of oral drugs. 4 marks
3. Describe the procedure for administering of oral drugs. 10 marks
4. State the role of the nurse in drug administration. 5 mark

Q.2. Mrs X is admitted in the ward in unconscious state.

1. Define unconsciousness. 1 mark
2. Differentiate between critically ill patient and terminally ill patient. 2 marks
3. Describe how you will manage Mrs X while in the ward. 10 marks
4. List two (2) complications associated with unconsciousness. 1 mark
5. Explain how you will prevent Mrs X from developing decubitus ulcers.