



Year 2019/2020	Obstetrics and gynecology critical care Nursing (Nur603)		
First Term - Final exam	Third year		
Date:: 8 / 1 /2020	Total Marks: 50		
Time allowed: 2 hours	- DR/ Nagat Salah -DR/ Dr. Fatma Zaki		

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	I- Choose the best correct answ	ver:	(Marks : 25):-		
1	Patients with high risk pregnancy should	d have	:		
a.	Follow-up in ante-natal care (ANC) every 6 weeks	b	Fetal kick chart		
c.	Fetal maternal transfusion	d	Uterine atony		
2	In which of the following types of sponta vaginal discharge and negative pregnanda. Threatened b. Imminent		abortions would the nurse assesses dark brown s? c. Missed d. Incomplete		
3	Which of the following is the sign of ine	vitable	e miscarriage?		
a.	Mild vaginal bleeding		b vaginal bleeding with closed cervical os		
c.	severe vaginal bleeding with opening of th cervical os	e	d Abdominal pain and cramping		
4 a.	A client with severe preeclampsia is ad		l with of BP 160/110, proteinuria, and severe pitting t important to include in the client's plan of care? Seizure precautions		
а. С.	Right lateral positioning	d	Stress reduction		
5 a.	A patient in the third trimester of pregn while being examined has a convulsion. Obtain neurologic consultation	-			
c.	Give IV valium	d	Protect the patient from self harm		
6	Mean arterial blood pressure of a woma	n who	se systolic is 140, diastolic is 90, is		
a.	100	b	104		
c.	108	d	106		
7	excitation, lower abdominal pain, fainting	ng 2 tin	· · · · · · · · · · · · · · · · · · ·		
a.	Ectopic pregnancy	b	Elective abortion		
c.	Pancreatitis	d	Non of the above.		
8	Which of the following symptoms occur		•		
a.	Heavy, bright red bleeding every 21 days	b	Fetal cardiac motion after 6 weeks gestation		
c. 9	Benign tumors found in the smooth muscle of the uterus In ectopic pregnancy, which of the follow	d wing is	"Snowstorm" pattern on ultrasound with no fetus or gestational sac always important:		





b	Amenorrhea for 8 weeks b	Pregnancy test					
d 10	Shoulder tip pain d Pain before vaginal bleeding Which of the following would the nurse identify as a classic sign of PIH?						
b	Edema of the feet and ankles	b	Edem	a of the hands and face			
d	Early morning headache	d	Weig	ht gain of 1 k/week			
11	Regarding obstructed labor, Which is	true?					
a.	Diagnosis only when the cervix is fully dilated	b	Usua	ally predicted before onset of labor			
c.	More common in developed countries	d	Men	to-posterior position could be a cause			
12	Breech presentation is more frequent in	the fo	llowing	situations:			
a.	Prematurity			Narrow pelvic			
b.	Fetal neuromuscular disorders	Maternal kyphosis					
13	Under what condition is external cepha	lic ver	rsion is al	lowed in breech presentation?			
a.	Multiparity	b	Plac	enta previa.			
c.	Presenting part engagement.	d	Сер	alo-pelvic disproportion.			
14	Which medication promotes fetal lung maturity in cases of preterm labor?						
a.	Terbutaline		b.	Magnisum sulphate			
c.	Betamethasone		d.	Clarithromycin (Biaxin)			
15	Diagnosis of PROM includes the followi	ing <u>EX</u>	EPT				
a.	Visualization of fluid coming from cx.		b.	Role over test			
c.	PH of fluid is alkaline		d.	Positive fern test			
16	A client in the 28th week of gestation coshe's in labor. To confirm a diagnosis of examination to reveal:			rgency department because she thinks that t, the nurse would expect the physical			
a.	Regular uterine contractions with no dilation.	cervi	cal b.	Painful contractions with no cervical dilation.			
c.	Irregular uterine contractions with no dilation.	cervi	eal d.	Regular uterine contractions with cervical dilation			
17	finding indicates a worsening of the Pre-	eclam	psia and				
a.	Blood pressure reading is at the prenatal ba			Urinary output has increased			
c.	The client complains of a headache and bluvision	urred	d	Dependent edema has resolved			
18	Abruption placenta is associated with al	ll of th	e followi	ng <u>EXCEPT</u>			
a.	Concealed uterine bleeding		b.	Toxemia of pregnancy.			
c.	Consumptive coagulopathy		d.	Multiparty.			





19	The management of high risks mothers in pregna	ancy	is:				
a.	Refer the mother to be delivered in a health centre or hospital	b.	Weekly visit to High risk clinic				
c.	Refer to hospital to be cared for by an obstetrician	d.	All of the above				
20	Routine pelvic examination is contraindicated in		-				
a.	False labor	b.	IUD insersion				
c.	Placenta previa	d.	Active labor				
21	Postpartum hemorrhage unresponsive to oxytoci	in an	d uterine massage is most likely due to				
a.	Vaginal laceration	b.	Placenta accreta				
c.	Rupture uterus	d.	Uterine atony				
22	Causes of precipitate labor include all of t	he f	following <u>except</u>				
a.	Small sized fetus) .	Dilated birth canal in multipara				
c.	Small pelvic	d.	Strong coordinate uterine contraction				
23	3 Cord presentation is one of emergency obstetric conditions. What is the essential management that should be applied by obstetric nurse during the first stage of labor						
a.	Monitor maternal and fetal condition b. continuously.	I	Help client to adopt a Sims position, refer client to the doctor and monitor fetal well being.				
c.	Call the doctor. d.	I	Expedite delivery and resuscitate neonate.				
24	Most important muscle in the pelvic floor is:						
a.	Bulbo cavernousus.	b.	Ischio-cavernosus.				
c.	Levator ani.	d.	Superficial transverse Perineal muscle.				
25	The PALM-COEIN system is which of the follow	ing	?				
a	An acronym for a set of symptoms that may or may not contribute to the cause of abnormal uterine bleeding in the reproductive years						
b	An algorithm designed to lead to a diagnosis of the	caus	e of abnormal uterine bleeding				
c	Appropriate for diagnosing women with postmenop	ausa	l bleeding.				
d	A method of categorizing the results of investigation reproductive years	n of	women with abnormal uterine bleeding in the				
	II- Put ($\sqrt{\ }$) on the correct answer and (×) 0	on the false answer:				
	(15Marks)						
	The rates of chronic hypertension increased w						
	2 Late decelerations suggest that the fetus is aci		· ,				
	3 Pelvic Organ Prolapse occurs when weakness of pelvic organs.	es in	i the vaginar wan allow protrusion ()				





4	The degree of organ prolapse is independent of the position of the patient when examined.	()	
5	precipitate labor is diagnosed when the labor duration is less than 5 hours	()	
6	External cephalic versions success 10-20%	()	
7	Cord prolapse mean decent of umbilical cord below the presenting part with an intact bag of membrane	()	
8	Mal positions and Mal presentations Carry increased risk for Mother only	()	
9	Preterm labor is onset after 37 weeks of gestation	()	
10	The most common signs of post-partum infection are low duration of lochia and foul odor.	()	
11	The drug of choice to prevent convulsions in eclampsia is Hydralazine.	()	
12	Flushing ia an early clinical evidence of magnesium sulfate toxicity	()	
13	Pregnancy related causes of bleeding is included in the PALM-COEIN system classification	()	
14	Third degree of uterine prolapse is diagnosed when the cervix protrudes well beyond the introitus	()	
15	Increased hematocrit is the criteria for severe pre-eclampsia	()	

III-Read the following Situation and answer the related questions: (10 Marks)

Somia was admitted to Labour Ward at 2 am with mild to moderate contractions. At 10 am, her contractions were still mild to moderate and vaginal examination confirmed that cervical dilatation was still 5 cms like during admission. Fetal heart rate was 162 bpm. 3 hours later ARM confirmed meconium +++, contractions was 2 moderate and 1 strong in 10 minutes

Q1. What are your diagnosis? (Marks: 3)

Q2. Write nursing diagnosis of this case? (Marks: 3)

Q3. Sketch the nursing care management of Mrs Somia? (Marks: 4)

Good Luck

Dr. Nagat Salah

Dr. Fatma Zaki