



جامعة بورسعيد  
كلية التمريض

Year 2019 /2020	Subject: Medical Surgical (2) (Nur200)
1 <sup>st</sup> Term Exam	Second year
Date :29 / 12/2019	Total Marks: 100
Time allowed:3 hours	Assita. Prof. Mona Abed El Rahman, Dr . Elhaga Ebrahim & Dr . Heba Abd El Reheem

**ALL Questions should be answered.**

**Part I (30 Mark)**

**Read the following statement carefully, and then put circle around (T) if the statement is true and around (F) if the statement is false.**

1.	Asthma is usually irreversible obstructive disease of the lower airway.	(T) (F)
2.	Alpha1- antitrypsin deficiency leads to destruction of alveoli	(T) (F)
3.	Themantoux test reaction is 0 to 4 mm is considered significant	(T) (F)
4.	Bronchial asthma is characterized by prolonged inspiratory phase	(T) (F)
5.	Allergy is the strongest predisposing factor for chronic obstructive pulmonary disease.	(T) (F)
6.	Tracheal intubation is risk factor for pneumonia.	(T) (F)
7.	The most common type of emphysema is Panlobular	(T) (F)
8.	Aspiration of gastric content is considered a cause of pneumonia.	(T) (F)
9.	The mouthwash must be used before collecting sputum sample for tuberculosis.	(T) (F)
10.	Smoking is the primary risk factor for asthma.	(T) (F)
11.	Deep venous thrombosis is a concern because it can cause life-threatening complications	(T) (F)
12.	Symptoms of Pulmonary Embolism include difficulty breathing, anxiety, and coughing up blood	(T) (F)
13.	Essential hypertension, about 95% of cases, is sustained elevated BP with known causes	(T) (F)
14.	Prehypertension is ranged from systolic 110–139 or diastolic 80–89mmhg	(T) (F)
15.	The result of Chest radiography may be a collapsed left ventricle	(T) (F)
16.	Clients with hypertension may be asymptomatic	(T) (F)
17.	Nonpharmacologic interventions as weight ,reduction of salt intake are used for clients with prehypertension	(T) (F)
18.	Heart failure describes the accumulation of blood and fluid in organs and tissues from impaired circulation	(T) (F)
19.	Left-sided heart failure produces hypoxemia as a result of decrease cardiac output of arterial blood and respiratory symptoms	(T) (F)

20	The client with right-sided heart failure may have a history of gradual unexplained weight loss from fluid retention	(T) (F)
21	A hallmark sign of acute compartment syndrome is pain that occurs or intensifies with passive range of motion.	(T) (F)
22	The acute glomerulonephritis is infectious disease.	(T) (F)
23	The supine position can reduce pain when patients have renal colic	(T) (F)
24	Pyelonephritis is an acute or chronic bacterial infection of the bladder.	(T) (F)
25	When providing nursing care to a patient with chronic glomerulonephritis The nurse must carefully plan fluid restriction to maintain intravascular volume and cardiac workload.	(T) (F)
26	Pyelonephritis can cause (struvite)infected stone (struvite).	(T) (F)
27	Smaller stones travel more rapidly down the ureter, causing greater pain.	(T) (F)
28	A fracture in which associated with wound is called compound fracture.	(T) (F)
29	The main nursing care to patients with osteomyelitis was to apply of cold saline soaks to the affected area for 20 minutes several times a day to increase circulation to the affected area.	(T) (F)
30	A diet rich in calcium and vitamin D throughout life can prevent osteoporosis	(T) (F)

**Part II**

**(30 Marks)**

**Read the following statements carefully, and then choose the right answer.**

**1. The infection with tuberculosis usually transmitted through:**

- a. Touch patient with tuberculosis
- b. Touch blood of patient with tuberculosis
- c. Inhaled air exhaled from patient with tuberculosis.
- d. Eat with patient infected with tuberculosis

**2. Tuberculosis can be a difficult disease to diagnose, mainly due to:**

- a. Difficulty in taking a complete medical history
- b. Difficulty in a physical examination
- c. Difficulty in sign and symptoms
- d. Difficulty in culturing slow-growing organism

**3. Which time of day is best for the nurse to obtain a sputum specimen from the client?**

- a. Before bedtime
- b. After a meal
- c. Between meals
- d. On awakening

**4. A nurse has been exposed to tuberculosis (TB) during care of a patient with TB and has a TB skin test performed. When is the nurse considered infected?**

- a. There is no redness or induration at the injection site.
- b. There is an induration of only 5 mm at the injection site.
- c. A negative skin test is followed by a negative chest x-ray.
- d. Testing causes a 10-mm red, indurated area at the injection site.

**5. The primary infectious agent of tuberculosis is.....**

- a. Staphylococcus aureus (S. aureus)
- b. Escherichia coli (E. coli)
- c. Mycobacterium
- d. Mycoplasma

**6. Which of the following should be avoided to reduce risk factor of chronic obstructive pulmonary disease ?**

- a. Tea and coffee
- b. Spicy food
- c. Dust and chemical gases
- d. High fat meals

**7- The lungs are unable to contract fully and gradually lose elasticity in.....**

- a. Bronchitis
- b. Emphysema
- c. Bronchial asthma
- d. Pneumonia

**8. Most cases of pneumonia are caused by**

- a. Bacterial infections
- b. Virus's infections

- c. Fungal infections
- d. Tuberculosis infections

**9. A client, hospitalized for a severe case of pneumonia, is asking a nurse why a sputum sample is needed. The nurse should reply that the primary reason is to:**

- a. complete the first of three samples to be collected.
- b. differentiate between pneumonia and atelectasis.
- c. encourage expectoration of secretions.
- d. help select the appropriate antibiotic.

**10. Which health measure is most important to emphasize when instructing the client on ways to prevent transmitting tuberculosis?**

- a. Eat a nutritious diet.
- b. Get adequate sleep.
- c. Cover your nose and mouth when coughing.
- d. Wash your hands before and after meals.
- d. Wash your hands before and after meals.

**11-The nurse is assisting with the care of a patient who is experiencing pulmonary edema. Which finding should the nurse expect to observe?**

- a. Pedal edema
- b. Sacral edema
- c. Nausea/vomiting
- d. Pink, frothy sputum

**12-A patient has been diagnosed with possible white coat hypertension. Which action will the nurse plan to take next?**

- a. Schedule the patient for frequent BP checks in the clinic.
- b. Instruct the patient about the need to increase stress levels.
- c. Tell the patient how to self-monitor and record BPs at home.
- d. Teach the patient about ambulatory blood pressure

**13-Weight reduction , maintain normal body weight to reduce blood pressure**

.....

- a. 5–20 mm Hg/10 kg
- b. 8–14 mm Hg
- c. 2–8 mm Hg
- d. 4–9 mm Hg

**14-The nurse is contributing to a plan of care for a patient who has heart failure. What should be the major goal of nursing management for this patient?**

- a. Increase fluid intake.
- b. Reduce the workload of the heart.
- c. Increase venous return to the heart.
- d. Promote a decrease in cardiac output.

**15- The nurse is collecting data from a patient who is in left-sided heart failure. Which finding should the nurse identify as being consistent with this diagnosis?**

- a. Dyspnea, cough
- b. Hypokalemia, edema
- c. Edema, distended neck veins
- d. Enlarged liver, distended neck veins

**16- Stage 2 hypertension is systolic blood pressure that equals or exceeds ..... or a diastolic pressure that equals or exceeds .....**

- a. 140 / 80 mm Hg
- b. 160 / 100 mm Hg
- c. 140 / 90 mm Hg
- d. 159 / 99 mm Hg

**17-Hypertensive vascular disease is defined as .....**

- a. Both heart disease and vascular damage accompany hypertension.
- b. Elevated BP causes a cardiac abnormality.
- c. Vascular damage is present without heart involvement.
- d. Hypertensive cardiovascular disease.

**18-The client is comfortable at rest, but ordinary physical activity results in fatigue, heart palpitations, or dyspnea.it is referred to .....**

- a. Class I
- b. Class II
- c. Class III
- d. Class IV

**19 - Sign of Right-Sided Failure is .....**

- a. A-Paroxysmal nocturnal dyspnea
- b. B- Orthopnea
- c. C- Hypoxia
- d. D- Jugular vein distention

**20-The nurse is collecting data from a patient who is in pulmonary embolism which finding should the nurse identify as being consistent with this diagnosis?**

- a. Shortness of breath &Rapid breathing
- b. Hypokalemia, edema
- c. Edema, distended neck veins
- d. Enlarged liver, distended neck veins

**21. Which of the following would be included in a teaching plan for a patient diagnosed with a urinary tract infection?**

- a. Drink coffee or tea to increase diuresis
- b. Use tub bath instead of shower
- c. Drink large amount of fluids
- d. Void every 4 to 6 hours

**22. The nursing intervention to prevent disuse syndrome is**

- a. Use cold applications.
- b. Elevate affected extremity
- c. Encourage deep breathing exercise
- d. Encourage client to do ROM exercises

**23. Application of RICE (rest, ice, compression, and elevation) is indicated for initial management of which type of injury?**

- a. Muscle spasms
- b. Sprains and strains
- c. Fracture injury
- d. Dislocations and subluxations

**24. Injury to ligaments and supporting muscle fibers around the joint is known as which of the following?**

- a. Contusion
- b. Strain
- c. Dislocation
- d. Sprain

**25. All of the followings are classical signs of the compartment syndrome EXCEPT:**

- a. Muscles are compromised secondary to tissue swelling.
- b. Muscle atrophy and contracture may develop.
- c. Unrelenting pain.
- d. Pain relieved by analgesic agents.

**26. The pathophysiology of Osteomyelitis is**

- a. Microorganism cause loss of bone density substance exceeds bone formation
- b. insufficient calcium intake or resistance to the action of vitamin D
- c. Microorganism, abscess formation, involucrum, sequestrum, Sinus formation
- d. Microorganism, Sinus formation, abscess formation, sequestrum, involucrum

**27. All of the following are causes of osteoporosis EXCEPT:**

- a. Cushing's syndrome.
- b. Prolonged use of high doses of corticosteroids.
- c. Hypothyroidism.
- d. Hyperparathyroidism.

**28. A patient is admitted to the hospital with severe renal colic caused by renal lithiasis. The nurse's first priority in management of the patient is to:**

- a. administer narcotics as prescribed

- b. obtain supplies for straining all urine
- c. encourage fluid intake of 3?4 L per day
- d. keep the patient nil by mouth in preparation for surgery

**29. When planning care to the Client with Renal Calculi, the nurse should assign highest priority to which nursing diagnosis?**

- a. Acute pain
- b. Risk for infection
- c. Impaired urinary elimination
- d. Fluid volume excess

**30. Patients with urolithiasis need to be encouraged to:**

- a. Increase their fluid intake.
- b. Participate in strenuous exercises that help to move stone.
- c. Supplement their diet with calcium needed to replace losses to renal calculi.
- d. Limit their voiding to every 8 to 10 hours.

**Part III ( 10 Marks)**

Matching one word from column (A) to one word from column (B)

(A)	(B)
1 – Bronchopneumonia	A- is a genetic risk factor for chronic obstructive pulmonary disease
2 - Community-acquired pneumonia	B-inflammation is confined to one or more lobes of the lung .
3 - chronic bronchitis	C- Occurs within the first 48 hours after hospitalization.
4 –Asthma	D- is pneumonia that develops in outpatient settings or nursing homes.
5 Nosocomial pneumonia(hospital-acquired pneumonia)	E- a pathologic term that describes an abnormal distention of the airspaces beyond the terminal bronchioles and destruction of the walls of the Alveoli
6 -Alpha1- antitrypsin deficiency	F- The infection is patchy, diffuse, and scattered throughout both lungs
7 - Health care-associated pneumonia (HCAP)	G-The onset of pneumonia symptoms more than 48 hours after admission in patients with no evidence of infection at the time of admission
8 - Lobar pneumonia	H-is the presence of a chronic cough for 3 .months in 2 consecutive years
9 - emphysema	I - refers to the genetic tendency to develop allergic diseases and strongest predisposing factor for developing asthma
10 – Atopy	J-is a chronic inflammatory disease of the airways that causes airway hyper responsiveness, mucosal edema, and mucus production.

**Part III (10 Marks)**

Answer the following questions

1. Differentiate between tuberculosis infection and tuberculosis disease(4 Marks)
- 2- Enumerate complications of asthma (2 Marks)
- 3- Identify the preventive measures of pneumonia. (4 Marks)

**Part IV (10 Marks)**

Answer the following questions

1. List 5 Symptoms of DVT or blood clot in the leg? (5 Marks)
2. decrease cardiac output is the most important nursing diagnosis of heart failure, write the best intervention.(5 Marks)

**Part V (10 Marks)**

1. Mention common complications resulted from fracture and one required nursing role for each complication to avoid the occurrence and development of that complication.

*With best Wishes*

*Assita. Prof. Mona Abed El Rahman, Dr. Elhaga Ebrahimand*

*Dr. Heba Abd El Reheem*

