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VICTORIAN NURSING COUNCIL

Nurses Act 1958

Nurses' Final Examination—General Nurse Training

6TH AUGUST, 1975

SURGICAL NURSING

Time allowed: Three hours

Important:—

Read your questions very carefully.

Answer only what is asked as no marks will be given for irrelevant material.

ALL questions are compulsory.

1. A man, thirty-five (35) years of age, who has been treated for peptic ulceration for 4 years, is admitted for vagotomy and pyloroplasty. X
- (a) (i) What is vagotomy and what is the aim of the operation? —[2 marks]
 - (ii) What is the purpose of pyloroplasty? —[1 mark]
 - (b) Briefly describe any specific aspects of care in the 24 hours prior to operation. —[3 marks]
 - (c) Describe the post-operative care from the time of return to the ward following operation, until discharge from hospital. —[14 marks]
- [20 marks]
2. A patient is admitted to hospital with a femoral embolism.
- (a) What is the likely source of the embolus? —[1 mark]
 - (b) What clinical features may be exhibited in this patient? —[3 marks]
 - (c) An embolectomy is performed within a few hours of admission. Following surgery:—
 - (i) Indicate three (3) important points in caring for the limb. —[4 marks]
 - (ii) What likely complications may occur and how would you recognise them? —[4 marks]
- [12 marks]
3. Mr Bryant is admitted to the ward with prostatomegaly and is to undergo prostatectomy in 2 days time.
- (a) For what reasons may he have sought medical assistance? —[3 marks]
 - (b) (i) Why is it necessary to investigate renal function pre-operatively? —[1 mark]
 - (ii) State two (2) tests of renal function. —[1 mark]
- Doctor performs a trans-urethral resection under a spinal anaesthesia and Mr Bryant returns to the ward with a 3-way Foley catheter in situ and a continuous bladder irrigation.
- (c) What is meant by a trans-urethral resection? —[1 mark]
 - (d) What specific care would be given because of spinal anaesthesia? —[2 marks]
 - (e) Describe the management of the bladder irrigation and drainage. —[4 marks]
- [12 marks]

4. John Allan, eighteen (18) years of age, has suffered a severe crushing injury to the right leg. He is admitted to hospital and has immediate surgery resulting in a mid thigh amputation.
- (a) How would you help prevent flexion deformity of the hip? —[3 marks]
- (b) Why is moulding of the stump important and how is this achieved?—[2 marks]
- (c) How should John be helped to adjust to his loss of limb, keeping in mind that he has been involved in a number of sporting activities?—[6 marks] —[11 marks]
5. A young adult is admitted to hospital with burns to the face, neck, chest and upper arm (30% of the body surface is involved).
- (a) Why may shock occur in this patient? —[2 marks]
- (b) Describe two (2) main aspects of the initial treatment which is aimed at preventing shock. —[2 marks]
- (c) The doctor orders the burns to be nursed by the "open" method. Describe the management of the burnt surface for the first 48 hours. —[6 marks] —[10 marks]
6. Mr & Mrs Wilson are admitted following a motor car accident; both have sustained chest injuries; Mrs Wilson has a tension pneumothorax and Mr Wilson has a flail chest.
- (a) (i) What is tension pneumothorax? —[1 mark]
- (ii) Why will Mrs Wilson need immediate treatment and what will this involve? —[3 marks]
- (b) (i) What is a flail chest? —[1 mark]
- (ii) What type of respiration is present in a flail chest? —[1 mark]
- (iii) What form of treatment would Mr Wilson require? —[1 mark] —[7 marks]
7. State why each of the following nursing measures are important.
- (a) Restricted movement of a patient's arm for the first two to three days following a radical mastectomy. —[1 mark]
- (b) Aspirating the gastric content prior to feeding an unconscious patient via a naso-gastric tube. —[1 mark]
- (c) Ensuring that a patient following a supra-pubic or trans-vesical prostatectomy has a bowel action before the balloon type catheter is removed. —[1 mark]
- (d) Observing the drainage tube is (attached to closed suction apparatus) in a patient's neck wound following a sub-total thyroidectomy. —[1 mark]
- (e) Saving three (3) consecutive specimens of urine from a patient who has sustained an injury to the kidney. —[1 mark]
- (f) Applying pharyngeal suction prior to deflating a cuffed tracheostomy tube. —[1 mark]
- (g) Strapping the T tube in a half loop to the patient's abdomen following a cholecystectomy and choledochostomy. —[1 mark]
- (h) Observing the "swing" of fluid in glass rod of underwater seal drainage apparatus, connected to an intercostal catheter in a patient with a haemo-pneumothorax. —[1 mark] [8 marks]

8. A patient under your care is having a blood transfusion:—
- (a) What signs could indicate that the patient's circulation was becoming overloaded? —[2 marks]
 - (b) (i) What may be observed in the patient during infusion of the first 100 ml. that could indicate a haemolytic reaction had occurred? —[3 marks]
 - (ii) What immediate action should you take if a haemolytic reaction did occur? —[2 marks]
- [7 marks]
9. Regardless of mass immunization programmes, several persons die annually in Australia from tetanus.
- (a) (i) Name the causative organism of tetanus. —[1 mark]
 - (ii) In what way does this particular micro-organism affect the body tissues? —[1 mark]
 - (b) State four (4) types of wound that could be classified as "tetanus prone". —[2 marks]
 - (c) Tetanus toxoid is frequently administered as part of an active immunization programme.
 - (i) Explain what is meant by active immunization. —[2 marks]
 - (ii) How many doses of tetanus toxoid are given and at what intervals? —[1 mark]
- [7 marks]
10. Explain what is meant by the following and state one (1) condition with which each may be associated:—
- (a) Threatened gangrene.
 - (b) Fat embolus.
 - (c) Sequestrum.
 - (d) Surgical emphysema.
- [6 marks]