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VICTORIAN NURSING COUNCIL

Nurses Act 1958

NURSES' FINAL EXAMINATION - GENERAL NURSE TRAINING

4TH DECEMBER, 1975

EXAMINERS' GUIDE TO MEDICAL NURSING PAPER

The following is forwarded as a general indication to examiners of the information expected in answers to the various questions. The suggestions are not intended to be either complete or inflexible, but it is hoped they may be of some guidance to examiners and to that extent lead to uniformity of marking.

- Question 1.
- (a) Self-explanatory. -(2 marks)
 - (b) Physiotherapy - limbs & chest.
Positional changes. Use of aids - such as sheepskin, cradles, foot-boards, foam-pads, splints.
Functional position for paralysed limbs.
Cot sides. Pad for pan. -(5 marks)
 - (c) Explanation of condition. Awareness and acceptance of affected limbs. Patient-involvement in active exercises. Early ambulation. Encourage independence - feeding etc., articles close at hand. Encouragement and praising efforts. Occupational therapy - should be in conjunction with physiotherapy for maximum effort.
Speech - therapist
- staff know what therapist is doing and encourage and help patient.
Aids to communication.
Speak slowly.
Social worker - financial assistance if necessary; investigate home situation; advice re need for - rails in bathroom, toilet; referral to District Nurse.
Chaplain - if desired.
Near another person who has had C.V.A., and is progressing well, or near stimulating company.
Acceptance - by all - behaviour - should know depression at times part of condition.
Family - how to help, what to expect from patient. -(13 marks)
-(20 marks)

- Question 2.
- (a) Coryza.
Red, inflamed eyes - photophobia.
Koplik's spots - rash.
Irritability. -(1½ marks)
Incubation period - 10-14 days. -(½ mark)
Vaccination - live attenuated measles vaccine. -(½ mark)
 - (b) Sore throat.
Malaise.
Rash - papules, macules, vesicles, (? pustules) scabs. -(1½ marks)
Incubation period - 14-21 days. -(½ mark)
Vaccination - None. -(½ mark)
 - (c) Sore throat, tenderness at angle of jaw; swelling of affected glands - with pain dry mouth, abdominal pain, painful tender testes, furred tongue. -(1½ marks)
Incubation period - 14-21 days. -(½ mark)
Vaccination - None. -(½ mark)

Question 2.(Contd.)

- (d) Malaise, enlargement of occipital & post-auricular lymph nodes; ? coryza, rash. -(1½ marks)
Incubation period - 14-21 days. -(½ mark)
Vaccination - Active - Cendevax.
Passive - Human immunoglobulin. -(½ mark)
-(10 marks)

Question 3.

- (a) Signs of haemorrhage - urine test for blood bruising, watch for evidence of bleeding anywhere.
(b) Observation of urine for blood. Close regular observation of pulse rate & blood pressure. Observation for pain.
(c) Complaint of sore throat. Whether satisfactory response to treatment.
(d) Maintenance of flat position for 4-12 hours to prevent headache (report complaint of headache).
(e) Observe site for bleeding or swelling. Headache. Other usual observations for head injury. -(5 marks)

Question 4.

- (a) (i) Pain in calf (most commonly, but other muscles may be involved) coming on with walking and going with rest.
(ii) Severe epigastric pain occurring a couple of hours after a meal and at night and relieved by food or antacids; may be described as "hunger pain".
(iii) Severe crushing retrosternal pain which may radiate down an arm or into the neck or abdomen. It is not relieved by rest.
(iv) Intermittent and acute pain beginning in the kidney region, radiating forwards and downwards to legs, associated with nausea, vomiting and sweating.
(v) Migratory pain in larger joints.
(vi) Severe throbbing headache often one sided, and vomiting, photophobia and intolerance of noise. -(6 marks)
(b) (i) Liver damage, agranulocytosis, oedema, gastritis and peptic ulcer.
(ii) Tinnitus, gastritis, headache, hypersensitivity, e.g., rashes, gastro-intestinal bleeding. (? ½ mark an affect). -(4 marks)
-(10 marks)

Question 5.

- (a) Bor tetella pertussis or haemophilus pertussis. -(1 mark)
(b) (i) Support baby and maintain a clear airway. Head low position - on side. Observation of the attack, colour, ventilation. Attack subsided - elevation of head, aspirate mucus or wipe with gauze swab. Oxygen therapy as necessary. Record attack. Change any damp or soiled clothing and/or bedding.

Question 5.(Contd.)

- (b) (i) Comfort baby.
Feed baby. - (4 marks)
- (ii) Food to be highly nutritious and easily digested.
Baby to be given small frequent feedings preferably after coughing attack to minimize vomiting.
Importance of fluid balance chart. - (2 marks)
- (c) One chest, e.g., broncho-pneumonia, atelectasis, chronic bronchitis, bronchiectasis.
One other, e.g., strain on viscera
" " blood vessels.
Malnutrition or gastro-intestinal upset. - (2 marks)
- (d) Active immunity with pertussis vaccine. - (1 mark)
- (10 marks)

Question 6.

- Reassurance.
Rest - upright.
Pressure - 10 mins.
Head slightly forward.
Cold compress.
Morphine.
Packing - anterior
 posterior.
Cauterization.
Ligation.
- (5 marks)

Question 7.

- (a) The blocking of the pulmonary artery or one of its branches by a clot (usually blood, but may be air or fat or other "foreign" body) which has travelled from elsewhere. - (2 marks)
- (b) Physiotherapy - active & passive movements.
Prevention of pressure on legs.
Frequent positional changes.
Early ambulation.
Adequate hydration.
Regular observations of calves and reporting of oedema and tenderness.
? Calciparine.
? Calf stimulator. 4 points. - (2 marks)
- (c) Prolonged bed rest.
Post-operatively - impaired circulation;
 - blood loss;
 - increased platelets.
Cardio-vascular disease.
Polycythaemia.
Dehydration.
Oral contraceptives.
Other hormone therapy.
Pregnancy. - (2 marks)
- (d) Sudden, severe chest pain.
Dyspnoea, cyanosis.
Coughing up blood-stained sputum.
Increased pulse rate & respiration.
Shock. - (3 marks)
- (e) Anticoagulants, analgesics, streptokinase,
? antibiotics. (Any 2.) - (1 mark)
- (10 marks)

- Question 8.
- (a) Peptic ulceration is a non-malignant area of erosion in the mucosa of the stomach, duodenum or oesophagus, associated with production of acid gastric juices. -(1 mark)
 - (b) Extremes of temperature, seasoned & coarse foods, are irritant and therefore cause pain.
Milk - neutralizes gastric juice, nutritious, non-irritant.
Vitamin C. in particular aids healing. -(2 marks)
 - (c) Propantheline - anti-cholinergic.
Inhibits motor activity and secretory action of the stomach. -(2 marks)
Antacids - neutralize acid gastric secretions prevents pain. -(1 mark)
 - (d) Haemorrhage.)
Penetration & perforation.) Any 2 with appropriate
Pyloric stenosis.) signs & symptoms.
Malignant change, though rare, could be accepted. -(4 marks)
- (10 marks)

- Question 9.
- (a) (i) Tuberculosis.
 - (ii) Positive Mantoux merely confirms previous contact with causative organism or successful vaccination. -(2 marks)
 - (b) (i) Myocardial infarction, hepatitis, muscle damage.
 - (ii) This enzyme is released from damaged tissue, and elevated level is found. -(2 marks)
 - (c) (i) Peptic ulceration, pernicious anaemia, carcinoma of stomach. (Any one).
 - (ii) Expect high acid content in peptic ulceration; absence in pernicious anaemia; reduced in carcinoma. (Any one). -(2 marks)
 - (d) (i) Diabetes mellitus.
 - (ii) Demonstrates the body's inability to keep blood glucose within a normal range. i.e. Typical diabetic curve of ranges above normal. -(2 marks)
 - (e) (i) Acute glomerulo-nephritis or rheumatic fever.
 - (ii) A high level of antibodies indicates recent haemolytic streptococcal infection. -(2 marks)
- (10 marks)

- Question 10.
- (a) Answer to include maintenance of asepsis after vulval toilet with non-antiseptic solution. Method appropriate to prevention of contamination with vaginal discharge - use of vaginal tampon or plug. Care of specimen. -(4 marks)
 - (b) Greater than 100,000 organisms per ml indicating infection.
Comments regarding less than 10,000 organisms per ml as indicative of non-infection or intermediate numbers indicating possible infection and need for repeat also acceptable as also would be similar figures as taught in the different schools. -(1 mark)

Question 10.(Contd.)

- (c) 1 Suprapubic bladder puncture and bladder aspiration.
2 Should be sterile, i.e., no organisms. -(1 mark)
- (d) e.g., trichoconas, protozoa, metronidazole (Flagyl) by mouth; monilia candida albicans, yeast or fungus, nystatin (Mycostatin) per vagina.
Or any other acceptable common cause and its treatment. -(4 marks)
- (10 marks)
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