VICTORIAN NURSING COUNCIL

Nurses Act 1958

NURSES' FINAL EXAMINATION-GENERAL NURSE TRAINING

2ND JUNE, 1976

EXAMINERS' GUIDE TO SURGICAL NURSING PAPER

The following is forwarded as a general indication to examiners of the essential 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) Any two (2) reasonable conditions. -(2 marks)

(b) Allow patient to talk and mourn loss of leg, visit from well adjusted amputee, discuss prostheses, discuss with relatives problems that may arise when the patient returns home.
Any other acceptable points. -(4 marks)

(c) (i) Management of airway, observations - timing and significance, observation and care of wound, preparation of amputation bed, support of stump, tourniquet available, pain relief, breathing excercises, psychological support. -(6 marks)

(ii) Removal of drains at about forty-eight hours, sutures in 8-10 days, observation for bleeding or infection. Application of firm bandages to mould stump into conical shape, gentle handling of stump. -(4 marks)

(iii) Patient should lie flat or stand, limited sitting, some time each day spent in prone position, lying on side avoided, stump may be controlled in bed with towel and sandbags for first few days, early exercises of stump. -(4 marks)

-(20 marks)

Question 2. (a) A form of intestinal obstruction due to the paralysis of some portion of small bowel. -(2 marks)

(b) Distension. Vomiting. No bowel sounds. No flatus passed. No faeces passed. Pulse increased. Respiration shallow. Dehydration. -(3 marks)

(c) Nil by mouth. Naso-gastric tube. - Aspiration. I.V.therapy. Sedation. Treat causes. Upright position. Observations. Mouth and Nasal toilets. Nursing care. -(5 marks)

-(10 marks)

Question 3. (a) To replace and maintain normal blood volume and prevent oligaemic shock. -(2 marks)

(b) For accurate measurement urinary output as a guide to fluid replacement and kidney function. -(1 mark)

(c) Haematocrit to determine ratio plasma cells for possible cell concentration. Electrolytes to correct balance.

breathing excercises, psychological support. -(6 marks)

(ii) Removal of drains at about forty-eight hours, sutures in 8-10 days, observation for bleeding or infection. Application of firm bandages to mould stump into conical shape, gentle handling of stump. -(4 marks)

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Question 3. (ContD.)

(d) Removal of debris and dead tissue to prevent infection and assist healing. -(2 marks)

(e) To assist healing - tissue repair. Prevent infection by increasing body resistance. -(2 marks)

-(10 marks)

Question 4. Self-explanatory. -(10 marks)

Question 5. (a) Flail chest injury. -(1 mark)

(b) Control paradoxical movement with large firm pad or binder.
Give mouth to mouth resuscitation if necessary.
-(2 marks)

(c) To drain blood from pleura and allow expansion of lung, whilst preventing the entry or air or bacteria from outside. -(1 mark)

(d) (i) Keep below chest level.
(ii) Ensure secure connections.
(iii) Allow sufficient slack in tube for normal movements.
(iv) Pin tube securely to pillows or bed.
(v) Prevent pressure on or bending of tube.
(vi) Clamp before changing bottle. (Controversial - accept reasonable regime).
(vii) Milk tube at intervals.
(viii) Observe and record drainage.
(ix) Observe fluctuation in underwater seal container.
(x) Observe patient for signs of distress.
-(4 marks)

-(8 marks)

Question 6. (a) Sit the visitor down with head slightly forward, allowing blood to drain out into a bowl or kidney dish.
Reassure.
Advise not to swallow blood and to breathe through mouth.
Remove clots, if any.
Apply and maintain pressure to soft tissues of nose.
Ice pack may be applied to bridge of nose.
If bleeding is then arrested, advise visitor not to blow nose. -(3 marks)

(b) (i) Nose inspected to observe site of bleeding.
Morphine may be given; also intravenous Vitamin K.
If anterior - (i) cautery may be used;
(ii) cocaine paste to bleeding area;
(iii) or bilateral nasal packs.
If posterior - nasal packing and insertion or post nasal pack;
observations;
reassurance throughout.
-(4 marks)

(ii) Pallor; skin cold and clammy; anxiety and restlessness; rapid pulse; decreasing volume; decreasing blood pressure. -(2 marks)

(iii) Blood transfusion. -(1 mark)

(c) Local

(d) (i) Keep below chest level.
(ii) Ensure secure connections.
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(c)

Local	General
Trauma	Vascular diseases - hypertension;
Tumours.	leukaemia etc.
Local infections.	Trauma - fractured base of skull.
Foreign bodies.	Infections - pneumonia.
Post-operative.	

Any two from each ($\frac{1}{2}$ mark each) -(2 marks)

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-(12 marks)

Question 7. (a) An operation on internal structures of the eye. Cataract, for glaucoma, detached retina. -(1 mark)

(b) No:- squeezing of eyelids or pressure on eyelids; or - bending down to lockers, slippers etc., turning on side of operated eye; straining to defaecate; sudden movement, coughing, vomiting. -(2 marks)

(c) Presence and nature of discharge if any, swelling and inflammation of eyelids. Condition of cornea, e.g. clear or cloudy; shape of pupil; depth of anterior chamber; blood or pus in anterior chamber; prolapse of iris through wound. -(5 marks)

(d) Local Infections, e.g. iritis.
Haemorrhage - into anterior chamber;
- into vitreus.
Prolapsed iris.
Aqueous or vitreus leaking out through wound.
Any two.

General Respiratory complications.
Urinary retention.
Thrombosis, etc.
Any two. -(2 marks)
-(10 marks)

Question 8. (a) Restlessness.
Pyrexia.
Tachycardia. Fall in blood pressure.
Headache.
Sub-sternal pain.
Loin pain.
Oliguria.
Haemoglobuminuria.
Jaundice. -(5 marks)

(b) Slow drip right down. Ring doctor.
If severe reaction, stop drip.
Observe patient.
Give emotional support. -(2 marks)

(c) Adequate explanation of checking:-
re order; blood; patient. -(3 marks)
-(10 marks)

Question 9. Observations
Conscious state - responding to painful/verbal stimuli;
- deepening conscious state.
Colour/state of skin - peripheral cyanosis.
Blood pressure - increases if compression.
Pulse - rate;
- volume - gradually slows.
Respirations - rate - depth - becomes slow - stertorous
- rhythm.
Ear discharge - amount, type of ooze.
Pupils - size, equality - unequal pupil - affected side; reaction - later dilated and fixed.
Muscle tone - any paralysis, weakness - assess by hand grip. As pressure rises - increase in muscel tone, exaggerated movements - later reflexes disappear to paralysis.
Other signs

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Haemorrhage - into anterior chamber;
- into vitreus.
Prolapsed iris.
Aqueous or vitreus leaking out through wound.
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General Respiratory complications.
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Muscle tone - any paralysis, weakness - assess by hand grip. As pressure rises - increase in muscel tone, exaggerated movements - later reflexes disappear to paralysis.
Other signs
Headache - may be severe.
Vomiting.
Restlessness - cerebral irritation.
Retention of urine.
Temperature - sudden rise. -(10 marks)