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VICTORIAN NURSING COUNCIL

Nurses Act 1958

NURSES' FINAL EXAMINATION - GENERAL NURSE TRAINING

31ST MARCH, 1977

EXAMINERS' GUIDE TO MEDICAL 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.

a) condition is suspected by recurrent paroxysms of dyspnoea resulting due to obstruction of vein.

- Question 1.
- (a) Self-explanatory. -(1 mark)
 - (b) Self-explanatory. -(3 marks)
 - (c) Pathological changes.
 - 1. Muscle spasm bronchioles. Narrowing of the lumen.
 - 2. Swelling, oedema of their mucosal lining.
 - 3. Pooling of mucus which is thick and tenacious. -(3 marks)
 - (d) Medical and nursing management:
 - 1. Reassurance. Rest, physical, mental. Position. Oxygen. Observations. Need to change clothing, sponge p.r.n., when attack subsided.
 - 2. Bronchodilators. Hydrocortisone followed by oral prednisolone. Antibiotics if attack due to bacterial respiratory infection. Possibility of I.V. fluids. ? sedation. Avoid respiratory depressants. -(10 marks)
 - (e) Severe intractable asthma which is not relieved by conventional broncho-dilators. The condition may last twenty-four (24) hours or more. -(2 marks)
 - (f) Self-explanatory. -(1 mark)
- (20 marks)

- Question 2.
- (a) Urine often cloudy and offensive; may be bloodstained. On microscopic examination shows white cells, micro-organisms, casts. ? red cells.
 - (b) Massive amounts of protein.
 - (c) Proteinuria, haematuria, oliguria.
 - (d) Increased urobilinogen.
 - (e) Bilirubin discolouration and bile salts causing frothing. -(10 marks)

- Question 3.
- (a) Malignant hypertension, phaeochromocytoma, arteriosclerosis, sub-arachnoid or raised intracranial pressure, renal diseases. Pre-eclampsia. -(2 marks)
 - (b) Damage to heart, optic fundi, brain, kidneys, acute pulmonary oedema. -(4 marks)
 - (c) Reserpine 5 mg I.M - central sympathetic depressant - noradrenaline depletion.
 Diazoxide (Hyperstat) 300 mg I.V. - vasodilator.
 Thiazide diuretic - vasodilator.
 Bethanidine } short acting adrenergic
 Debrisoquine (Declinax) } sympathetic blocker
 Methyldopa (Aldomet) - false neurotransmitter etc. with
 Propanadol. - Beta blocker. central action.
 Clonidine (Catapres) - central sympathetic depression.
 Hydrallazine (Apressaline)-vasodilator. -(10 marks)/2

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Dehydration, coma, abdominal distension, vomiting.
acetone breath, hypotension, any other relevant
sign. -(4 marks)

(b) Glycosuria more than 2%. Ketonuria - heavy.
Oliguria once dehydrated. -(3 marks)

(c) Rehydration; intravenous fluids; correction of
initial hypo-kalaemia & late hypokalaemia; regular
insulin; treatment of aggravating conditions, e.g.,
infection, dietary regulation and stabilization.
-(3 marks)-(10 marks)

Question 5.

(a) Malignant disease of blood-forming organs, in which
there is uncontrolled proliferation of abnormal
white cells and reduction in the number of normal
leucocytes, erythrocytes and platelets. There is
therefore anaemia, and increased susceptibility to
infection and haemorrhage. -(2 marks)

(b) (i) Various cytotoxic drugs and prednisolone
to control leucocyte production.
Radiotherapy.
Control leucocyte production.
Antibiotics to control infection.
Blood transfusion.
B.C.G. vaccinations to stimulate immune
response.
Any three of these. -(3 marks)

(ii) 1. Reverse barrier nurse - to prevent infection.
2. Rest. To decrease energy expenditure.
Assistance with turning. Careful handling
to limit purpura.
3. Observations. T.P.R. Bleeding. Fluid balance.
4. Nutrition. High calorie, high vitamin diet.
Soft foods. Increased fluids.
5. Oral hygiene and skin care.
6. Psychological support - child and family.
-(5 marks)
-(10 marks)

Question 6.

(a) Laryngitis - stridor/obstruction.
Encephalitis; otitis media; mastoiditis;
sinusitis. -(2 marks)

(b) Glomerulonephritis - rheumatic fever. -(2 marks)

(c) Bronchopneumonia; chronic bronchitis;
atelectasis; malnutrition. -(2 marks)

(d) Orchitis; sterility; pancreatitis;
meningitis. -(2 marks)

(e) Acute liver failure.
Recurring hepatitis.
Cirrhosis of the liver. -(2 marks)
-(10 marks)

Question 7.

(a) Preferably small meals, consisting of any foods
which the patient knows do not upset him.
Preferably avoid highly seasoned foods, and alcohol
on an empty stomach.

(b) Glucose fluids only at first. Low fat diet whilst
patient is nauseated. Avoid alcohol for 12 months.

(c) Any acceptable answer showing understanding of
the adolescent.

(d) Small, light, nourishing meals which can be easily
digested. Often no added salt.
Low cholesterol. ? slightly restricted fluid intake.

