

VICTORIAN NURSING COUNCIL

Nurses Act 1958

NURSES' FINAL EXAMINATION - GENERAL NURSE TRAINING

1ST DECEMBER, 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.

- Question 1.
- (a) Primary; of unknown cause. -(1 mark)
 - (b) Heredity. Obesity. Excess sodium intake.
Hyperactivity. Emotional stress. Smoking. -(3 marks)
 - (c) (i) Low sodium; restrict calories if obese.
 - (ii) Sleep with head elevated.
 - (iii) Arise slowly with adequate support from lying, to sitting to standing. -(3 marks)
 - (d) Renin. -(1 mark)
 - (e) Any damage to right heart.
Any obstructive lung disorder. -(2 marks)
 - (f) Liver cirrhosis. Deep venous thrombosis.
Pulmonary embolus. Renal failure. Ascites.
Cerebral oedema. -(3 marks)
 - (g) (i) Planned care given by nurse. Comfortable position. Objects within reach. Small, frequent meals. Frequent visits by nurse. Bedside commode for bowel evacuation. -(3 marks)
 - (ii) Take apical or radial pulse. -(1 mark)
 - (iii) Radial or apical pulse rate below 60 beats per minute. Bigeminal beats, or other arrhythmias. -(2 marks)
 - (iv) Hypokalaemia. -(1 mark)
- (20 marks)
- Question 2.
- (a) There is excessive secretion of thick tenacious mucus plus spasm of the smooth muscle of the bronchi and some oedema therefore narrowing the lumen. -(3 marks)
 - (b) Allergy - protein; hair. Psychological factors. Fatigue. Respiratory tract infections. -(1½ marks)
 - (c) Adrenaline 1-1000. Aminophylline 250 mgm. Solu-Cortef or any acceptable drug in common use. Ethylnoradrenaline (Bronckephine). Nebulizers Isoprenaline for inhalation. -(1½ marks)
 - (d) Severe intractable asthma, which does not respond to conventional treatment - this lasts for several hours. -(2 marks)
 - (e) Use of drug - Intal. Becotide. Elimination of known allergan. Avoidance of stress. Prevention of infection. -(2 marks)
- (10 marks) . / 2

- Question 3.
- (a) A condition in which one portion of the intestine becomes invaginated into a more distal segment. -(2 marks)
 - (b) A skin condition characterized by the recurrent appearance of an eruption of weals, causing great irritation. The condition is probably due to hyper-sensitiveness to some form of protein. -(2 marks)
 - (c) A condition of early childhood characterized by steatorrhoea, distended abdomen and failure to grow. The failure of carbohydrate and fat metabolism is due to gluten which is present in wheat flour. -(2 marks)
 - (d) A deficiency disease of young children. It is caused by a lack of Vitamin D., which results in a failure of calcium and phosphorus absorption from the diet. This results in softening and irregular growth of the bones resulting in deformity. -(2 marks)
 - (e) An infection of the mucous membrane of the mouth by a fungus (candida). It arises in under-nourished infants when unclean teats and bottles are used. -(2 marks)
- (10 marks)

- Question 4.
- (a) Syndrome resulting from excess circulating thyroid hormones usually produced by over activity of thyroid gland. -(1 mark)
 - (b) Any 6 appropriate answers. -(3 marks)
 - (c) Any 2 specific tests. -(1 mark)
 - (d) Choice from:-
Iodide, radioactive iodine, thiouracil group, B blocker, potassium perchlorate with suitable explanation & specific toxicity. -(2 marks)
 - (e) Liability of cardiac involvement and failure. -(1 mark)
 - (f) Quiet spot, single room, restriction of visitors, reassurance, sedation, avoid emotional conflicts. -(3 marks)
- (11 marks)

- Question 5.
- (a) Glomerulonephritis often occurs as a result of an allergic reaction to a streptococcal infection. -(2 marks)
 - (b) (i) Smoky colour, with albuminuria & haematuria. Oliguria with some red cells, white cells & casts. -(2 marks)
 - (ii) Acute pyelonephritis - pus; offensive; cloudy; frequency; scalding. -(2 marks)
 - (c) Anuria - acute kidney failure. Diuresis - suggests kidney healing. -(2 marks)
 - (d) Restrict sodium & potassium - Retention. Restrict protein - Major work of kidney is to eliminate waste from protein metabolism - reduce toxicity from protein metabolites. Restrict fluid - to prevent fluid overload, pulmonary oedema etc. -(4 marks)
- (12 marks)

- Question 6. (a) Explanation of tonic phase, clonic phase and period of unconsciousness and recovery. -(6 marks)
- (b) } -(1 mark)
- (c) } Self-explanatory. -(2 marks)
- (d) } -(1 mark)
- (10 marks)

- Question 7. (a) -11
- (b) - 6
- (c) - 1
- (d) - 8
- (e) - 2
- (f) - 3
- (g) - 5
- (h) - 9
- (i) -10
- (j) - 4
- (10 marks)

- Question 8. (a) Paul Bunnell test.
- (b) Casoni test.
- (c) Glucose tolerance test.
- (d) Radio-active Iodine uptake test. Serum thyroxin or other acceptable test.
- (e) Guinea pig inoculation or other recognized test.
- (f) Sweat test.
- (g) Blood uric acid.
- (7 marks)

- Question 9. (a) Post-infectious hepatitis. Alcoholic, cryptogenic, chronic active hepatitis, chronic right heart failure, etc. -(1 mark)
- (b) Jaundice, manifestation of liver failure, gastrointestinal bleeding, ascites, oedema, anorexia, nausea, spider nevi, hormonal changes, malnutrition. -(3 marks)
- (c) (i) Increasing jaundice, foetor, confusional state - coma, tremor, bruises, bleeds etc. -(2 marks)
- (ii) Protein containing foods to eliminate toxæmia from breakdown products, ammonia etc. -(2 marks)
- (d) Keep to advice given, keep appointments, come back and seek advice if in doubt or getting ill. Advise re medication.
- Rest: adequate sleep; rest periods; avoid fatigue.
- Diet: as prescribed; high calorie; high protein; high carbohydrates; small frequent meals; no alcohol.
- Psychological - seek treatment for alcoholism, e.g., join A.A. -(2 marks)
- (10 marks)
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