

VICTORIAN NURSING COUNCIL

Nurses Act 1958

NURSES' FINAL EXAMINATION - GENERAL NURSE TRAINING

30TH MARCH, 1978

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) Either - Whereas onset of angina pectoris is provoked by exercise and relieved by rest, myocardial infarction is not necessarily related to exercise and is not relieved by rest.  
or Angina pectoris results from partial ischaemia of myocardium and myocardial infarction from sudden complete ischaemia of portion of myocardium resulting in tissue death.  
(or similar acceptable). -(2 marks)
  - (b) (i) Adjust diet - low cholesterol; reducing; small quantities; reduce or omit alcohol. No smoking. -(2 marks)
  - (ii) Advice on exercise tolerance - know limits. Moderate lifestyle, but - take recreational activity; avoid highly charged emotional situations.  
Or other acceptable. -(2 marks)
  - (iii) Store out of direct light, heat. Observe expiry date. Take before anticipated exercise. Explain side-effects. Sub-lingual use, holding saliva (not swallow). -(2 marks)
  - (iv) Clear explanation of physiological changes, and how to live with them. Use of Heart Foundation and other patient education agencies for general information. Encourage a positive approach to living within limitations - stress what the patient can do rather than cannot.  
Accept any reasonable answer. -(2 marks)  
-(10 marks)
- Question 2.
- (a) Stasis, haemoconcentration (dehydration), abnormalities in the blood, damage to vessel walls. (1 mk each). -(3 marks)
  - (b) Efforts must be directed chiefly to prevention of venous stasis.  
If patient confined to bed, encourage and help patient to move in bed as soon as possible.  
Adequate pain relief.  
Exercises - limb movements and deep breathing exercises, supervised and frequent.  
Frequent turnings and exercises in physically handicapped patients.  
Prevent trauma. No calf pressure. Care in handling patient. Do not leave patient sitting still for long periods.  
Correct dehydration. Early "stir up" therapy, mobilize patient as soon as possible. Control heart failure, etc. (1 mk each). -(5 marks)
  - (c) Pulmonary embolism occurs when a portion of blood clot in a systemic vein or in the right side of the heart is discharged into the circulation and lodges in the main pulmonary artery or one of its branches. -(2 marks)  
-(10 marks)  
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- Question 3.
- (a) Smoking. Repeated respiratory infection, chronic bronchitis, bronchiectasis, asthma. Industrial fumes. Air pollution. -(3 marks)
  - (b) Exhalation. -(1 mark)
  - (c) Respiratory acidosis. -(1 mark)
  - (d) Upright well-supported by pillows with heart table over bed. -(1 mark)
  - (e) Polycythaemia; clubbed fingers; kyphosis; hunched shoulders; barrel chest; cyanosis. -(3 marks)
  - (f) 1. Aerosol. 2. Postural drainage. 3. Percussion. -(1 mark)  
-(10 marks)

- Question 4.
- (a) Bordetella pertussis; droplet <sup>INFECTION</sup> ~~inflation~~. -(2 marks)
  - (b) Noisy environment. Distress of patient or other children. Eating or drinking. Nursing procedures. Changes of air temperature. -(4 marks)
  - (c) Bronchiectasis, bronchopneumonia, atelectasis, gastritis & malnutrition, abdominal hernias. -(2 marks)
  - (d) Isolation of case. Notification. Active immunisation with triple antigen. -(2 marks)  
-(10 marks)

- Question 5.
- (a) Failure to take insulin. Inadequate insulin ordered/insulin out of date becomes ineffective. Over-indulgence in foods and/or alcohol. Metabolic rate altered - illness; infection; infarction; operation; injury. -(3 marks)
  - (b) Oxygen and suction. Bed in position to facilitate observation. Intravenous infusion equipment - cut down, sodium lactate solution. Venepuncture tray - blood glucose & electrolytes. Intravenous injection tray - Regular Insulin. Catheterisation trolley indwelling catheter. Charts BP & P. F.B.C. Diabetic Chart - Insulin administration of blood/urine. Sugar levels. Gastric aspiration tray may be required - aspirate stomach contents to prevent vomiting. -(4 marks)
  - (c) Conscious state - unconscious. Respirations - deep stertorous/acetone breath. Blood pressure - low. Pulse - weak and thready. Skin - pallor/ruddy. Urine - scant - oliguric Sugar Ketones present Vomiting. -(5 marks)  
-(12 marks)

- Question 6.
- (a) With head of bed lowered and patient lying on either side, one pillow - patient is likely to be hypotensive due to severe bleeding - keep blood to vital centres, prevent inhalation of vomitus. -(2 marks)
  - (b) Usually lying flat with one pillow or prone for 4-12 hours, until C.S.F. pressure returns to normal - to prevent headache and vomiting (which may be induced by the slight reduction of C.S.F. pressure). -(2 marks)

Question 6.(Contd.)

- (c) Semi-prone to maintain clear airway and facilitate respirations. -(2 marks)
  - (d) A position of maximal rest - recumbent - to remove stress and pain. Cradle to remove stress of bedclothes. -(2 marks)
- (8 marks)

Question 7.

- (a) Acute pyelonephritis is acute infection of the renal parenchyma and pelvis - either unilateral or bilateral. -(1 mark)
  - (b) Urinary frequency, pain or burning on micturition, dysuria. Abdominal pain, loin tenderness. Chills, may be rigors. Fever, nausea and may be vomiting. -(5 marks)
  - (c) Microurine before and after antibiotic course - the latter to ensure infection has been completely eradicated. I.V.P. after one episode (males). I.V.P. after two episodes (females). -(2 marks)
  - (d) To ensure that infecting organisms are completely eradicated from the urinary tract - not merely reduced or weakened sufficiently to eliminate symptoms, with potentiality to re-multiply. -(2 marks)
- (10 marks)

Question 8.

- (a) Bacterial - meningococcus (*Neisseria meningitidis*); pneumococcus; haemophilus. -(1 mark)
  - (b) Lumbar puncture. Cloudy C.S.F. under pressure. Increased leucocytes. Organisms. Kernig's positive and Brudzinski's sign. (1 mk. each) -(2 marks)
  - (c) Observations: Neck and spinal stiffness, fever, pulse, blood pressure, conscious state, fitting and twitching, rash, headache, pupil reaction to light, fluid balance chart, & significance. -(5 marks)  
Patient comfort: Quiet, dark room. Tepid sponge as necessary. Minimum gentle handling. Help with fluids, food. Stay quietly with patient. -(3 marks)  
Food and fluids: No food in acute stage. Glucose fluids by mouth or I.V. Perhaps nasogastric tube. Light food introduced gradually. -(2 marks)
  - (d) Hydrocephalus. Mental retardation, epilepsy, deafness, or other relevant complications. -(2 marks)
- (15 marks)

Question 9.

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

-(10 marks)

