

REGISTRATION EXAMINATION - (GENERAL NURSES)

8TH AUGUST, 1979

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) Acute pain. Abdominal distension.
Difficulty in starting to micturate, urgency,
poor stream.
Nocturia. Frequency & scalding. Incontinence,
Haematuria. -(3 marks)
- (b) Blood urea. Intravenous pyelogram and/or
retrograde pyelogram. Cystoscopy or panendoscopy.
Creatinine clearance test. Micro and culture of
urine. Ward urine test. (Any 4). -(2 marks)
- (c) (i) Aseptic technique throughout procedure.
Intermittent or continuous B.W.O. - using
suitable solution.
Use of sealed drainage, only disconnecting
when necessary.
Empty drainage bag p.r.n. - measure and
record.
Measured amount of antiseptic - solution
in drainage bag (optional).
Penile toilets t.d.s. - and dressing.
Use of antibiotic cream.
Copious fluids. -(4 marks)
- (ii) Strict F.B.C.
Acceptable method of irrigating - continuous
and intermittent. Milking tubing while
outlet clamped after extra fluid run into
bladder to agitate fluid in bladder.
Careful observations to detect excess bleeding,
or reduced output. Extra fluids. Drainage
tube never clipped off, except while milking
tubing. Increase rate of flow of B.W.O. when
urethral drainage heavily bloodstained. -(3 marks)
- (iii) Diminished urinary output or nil and if any,
heavily bloodstained or with clots. Failure
to obtain return from B.W.O. Severe lower
abdominal pain. Distended bladder - tender
and palpable. Signs of shock/haemorrhage.
Rapid pulse, low blood pressure, pallor,
sweating, rapid sighing respirations. -(3 marks)
- (15 marks)
- Question 2.
- (a) Vitamin K., a fat soluble vitamin, is not absorbed
as bile salts not entering the duodenum, therefore
prothrombin deficiency and a tendency to bleed. -(2 marks)
- (b) Patient upright to facilitate drainage. Suitable
securing of tube. Adequate length of tubing.
No kinks or tension. Emptying 8 hourly. F.B.C.
Aseptic techniques. Any other measures. -(4 marks)
- (c) After 8 days.
When faeces brown,
Bile decreased in amount.
Tube clamped - no complaints pain, no leakage of
bile around tube, no sudden gash of bile when
clamp released,
Patient not jaundiced. -(4 marks)
- (10 marks)

- Question 3.
- (a) Symptoms and signs may be absent, but frequently there are sudden, severe dyspnoea/cyanosis.
Sudden desire to defaecate.
Signs of shock - rapid, weak pulse; low B.P., sweating, may be substernal aching pain.
May be sudden onset localised pleuritic type pain. -(4 marks)
- (b) Analgesic e.g. I.V.I. Morphine 10-15 mgms. -(2 marks)
- relief of pain, and anxiety.
Anticoagulants - e.g. I.V. Heparin 7,500-10,000 u/s stat. based upon whole blood clotting time or P.T.T.K.
Antithrombin mainly, also antiactivated factors IX, VII, V. -(2½ marks)
Oxygen in high concentration.
Treatment & prevention of hypoxia. -(1½ marks)
- (c) Pre-operative measures - Correct underlying conditions, e.g., anaemia, dehydration, infection.
Deep breathing/coughing, exercises.
Keep mobile if possible up to time of operation.
Prophylactic anticoagulants in persons with high risk.
Post-operative measures - Encourage passive/active movements. Deep breathing and coughing. Early ambulation. Elevate end of bed. Examine calf muscles for tenderness. Homan's sign - daily. Elastic stockings. -(2 marks)
-(12 marks)

- Question 4.
- (a) Varicose dilatations of the veins of the superior or inferior haemorrhoidal venous plexus, or both. -(1 mark)
- (b) Bright rectal bleeding. Protrusion and vague discomfort. Mucoid discharge from rectum. -(1 mark)
- (c) Adequate explanation. Dietary restrictions - 48 hours pre-operatively. Ensure an empty rectum. Ensure an empty bladder. Suitable skin preparation. Correct anaemia if present. -(4 marks)
- (d) Dressings - reinforce or change. Observe for bleeding. Care of flatus tube. Adequate pain relief. Observe urinary output. Diet - initially perhaps low residue, then increase bulk. Suitable aperients - faecal softeners, and lubricants. Special care before, during and after first bowel action. Sitz or warm bath following each bowel action - suitable dressing, analgesic ointment. -(6 marks)
-(12 marks)

- Question 5.
- (a) Ensure closed system for "positive pressure" ventilation. -(1 mark)
- (b) Use "floppy" low pressure cuff or deflate cuff hourly for five minutes & reinflate. -(1 mark)
Aseptic technique. -(1 mark)
Pressure of suction tested prior to use.
Brief description of insertion and removal of catheter. -(2 marks)
Brief description of control of ventilation because positive pressure ventilation is interrupted. -(2 marks)
- (c) Sudden, distressed restlessness of patient.
"Gurgling" in tracheostomy tube.
Stridor.
Cyanosis.
Deterioration in chest movements, etc. Rise in ventilating pressure. -(3 marks)
-(10 marks)

- Question 6.
- (a) Possibility of respiratory difficulty;
 - inhaled gases;
 - oedema (laryngeal);
 - eschar. -(2 marks)
 - (b) Possibility of dilatation of stomach and vomiting. -(2 marks)
 - (c) To monitor effectiveness of I.V. therapy and detect deterioration in kidney function. Assess fluid requirements. -(2 marks)
 - (d) To allow correction of fluid and electrolyte imbalances. Provide route to administer drugs. -(2 marks)
 - (e) To determine amount of fluid to be replaced. -(2 marks)
- (10 marks)

- Question 7.
- (a) Regional ileitis. Foreign body, e.g., large gallstone.. Strangulated hernia. Adhesions. -(3 marks)
 - (b) Gas distended bowel with fluid levels would be seen above level of obstruction. -(1 mark)
 - (c) (i) Intravenous electrolyte fluids initially - to compensate for losses and maintain salt & water balance. Parenteral nutrition solutions to supply amino acids and 2,500 - 3000 Cals/d. Accurate fluid balance charts. Once bowel sounds return, gastric aspirate minimal - oral fluids given in small amounts initially - increased as tolerated. Light diet containing protein, Vitamin C, for wound healing. -(3 marks)
 - (ii) Drain tube isolated from main wound - dressed p.r.n. Drainage observed - nature, amount, recorded. Main wound left undisturbed unless oozing, pyrexia, tenderness in area, odour. Aseptic techniques used. Drain tube removed once drainage minimal on doctor's orders 3 - 5 days. Sutures removed once wound healed, e.g., 7 - 10 days. -(3 marks)
- (10 marks)

- Question 8.
- (a) Breathlessness and orthopnoea. Moist respirations, cough, sputum. Increased pulse rate, distended neck veins. -(2 marks)
 - (b) (i) Changes in well-being - restlessness/anxiety. Pyrexia - pallor. Tachycardia. Headache. Nausea, vomiting. Loin pain. Oliguria, pink urine. Dyspnoea. Chest pain. -(3 marks)
 - (ii) Stop transfusion. Ring the doctor. Observe patient. Give emotional support. -(2 marks)
- (7 marks)

- Question 9.
- (a) (i) Fracture in which the bone penetrates through skin or membrane. -(1 mark)
 - (ii) Fracture in which the bone has splintered. -(1 mark)
 - (b) Deep, penetrating grossly contaminated wound. -(1 mark)
 - (c) (i) Tetanus toxoid 0.5 ml. -(1 mark)
 - (ii) Active. -(1 mark)
- (5 marks)

- Question 10.
- (a) Congenital malformation of the spine in which the posterior portion of the laminae of the vertebra fails to close. -(1 mark)
 - (b) Hydrocephalus - Definition - abnormal accumulation of cerebro-spinal fluid within the skull, causing enlargement of the cranium. -(1 mark)
Operation - Insertion of shunt to drain C.S.F. into general circulation. -(1 mark)
Neurogenic bladder - Definition - an inadequately functioning bladder with loss of control and sensation. -(1 mark)
Operation - Bringing ureters to skin surface to empty into bag. Usually by way of an ileal conduit. -(1 mark)
 - (c) Loss of sensory and motor function below level of defect. Varying degrees of weakness and paralysis (paraparesis). -(1 mark)
- (6 marks)
- Question 11. Self-explanatory. -(3 marks)
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