

- Question 3. (a) Restlessness. Pyrexia. Tachycardia. Fall in blood pressure. Headache. Sub-sternal pain. Loin pain. Haemoglobinuria. -(4 marks)
- (b) Slow drip right down. Ring doctor. If severe reaction, stop drip. Observe patient. Give emotional support. Save the blood bag. -(2 marks)
- (c) Adequate explanation of checking:-
re order; blood; patient.
By one trained nurse at least, plus one other person. -(4 marks)
-(10 marks)

- Question 4. (a) Perforation - e.g., gastric ulcer. Rupture - appendix. Constriction - hernia. -(2 marks)
- (b) Pain - rigidity - tenderness. Fever - temperature. Vomiting. Weakness. Urinary output. Symptoms and signs of shock - blood pressure; pulse; skin. -(3 marks)
- (c) Treat cause. Passage of gastric tube, aspirate. Nil orally. Treat pain. Antibiotic. I.V. infusion - replacement loss; electrolytes. Fluid balance chart. Observation chart - temperature, pulse, respiratory, blood pressure. -(5 marks)
-(10 marks)

- Question 5. (a) (i) Position - left lateral, jaw forward and head lower than shoulders. -(1 mark)
- Suction - oropharyngeal,
- nasal. -(1 mark)
- (ii) (a) Increased visible loss.
(b) Frequent swallowing.
(c) Skin colour change.
(d) Undue restlessness.
(e) Altered conscious state.
(f) Weak pulse.
(g) Rising pulse rate.
(h) Falling blood pressure. -(2 marks)
- (b) (i) Ice chips to suck or sips of water, 2/3 hours post-operatively. Normal fluid intake daily. -(1 mark)
- (ii) Light diet to start. Normal diet day after operation but avoid food that is too hot or too hard. -(1 mark)
- (c) Reactionary haemorrhage Secondary haemorrhage
May appear in the first 12/24 hrs. due to slipping of ligature or the dislodging of blood clot or bleeding tendency. May occur between 5-10 days post-operatively, due to infection after separation of slough sealing vessels.
No additional pain. May have pain in the ear.
Excessive bleeding. Slight bleeding.
No temperature elevation. Temperature elevated.
-(2 marks)
- (d) 1. Quiet rest, indoors. To help recovery.
2. Analgesia - soluble aspirin or liquid panadol before each meal and at night.
3. Normal diet, but avoid hard crusts etc. Drink plenty of fluids. Exercise throat muscles and help saliva flow by swallowing and chewing.
4. Blow nose gently, breathe through the nose. Clean teeth, frequent mouth rinses.
5. Return to doctor or hospital if excessive bleeding occurs.
6. Keep follow-up appointment with doctor or hospital. -(2 marks)

Question 6.

(a) Opacity of the lens of the eye. -(1 mark)

(b) Orientation to ward. What to expect post-operatively, e.g., eye covered; visual ability not immediately restored. - Must not stoop, bend, strain, or move head quickly. - May be permitted toilet privileges. - Not to rub eye or knock eye. - Bell will be available, etc. -(5 marks)
($\frac{1}{2}$ mark for each point)

-(6 marks)

