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VICTORIAN NURSING COUNCIL

Nurses Act 1958

REGISTRATION EXAMINATION - (GENERAL NURSES)

1ST APRIL, 1981

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) (i) Confirms thyrotoxicosis. -(1 mark)
 - (ii) To see whether trachea displaced from centre. -(1 mark)
 - (iii) Determines size and shape of gland. -(1 mark)
 - (b) Euthyroid - body having a normal thyroid activity level. -(1 mark)
 - (c) To reduce vascularity of gland. -(1 mark)
 - (d) To include:-
 - Normal post-operative - airway, lying flat at first, T.P.R. and B.P. $\frac{1}{2}$ hourly until stable, check wound, analgesia if necessary, sips of water when allowed, I.V. care, fluid balance chart. Patient comfort, e.g., washing of hands and face. -(5 marks)
 - Specific post-operative - gradual to full sitting up position with head stabilised, check wound drainage system frequently, check breathing for difficulty which may indicate haematoma formation, observe for hoarseness of voice or inability to speak (laryngeal nerve damage), observe for signs of tetany - tingling of toes, etc., watch vital signs for thyroid storm - hyperpyrexia, tachycardia, etc. Deep breathing encouraged - coughing discouraged for 24 hrs. Haemorrhage causing respiratory difficulties, hoarseness, tetany, thyroid storm. -(10 marks)
- (20 marks)
- Question 2.
- (a) Assist venous and lymphatic drainage of extremities. -(1 mark)
 - (b) To maintain alignment of the fracture and prevent rotation. -(1 mark)
 - (c) Rotation before fusion has occurred will separate the bony ends at the fracture site. -(1 mark)
 - (d) Removal of pull of traction will allow muscles to contract/spasm and allow bony ends at fracture site to dislocate and over-ride each other, with displacement/damage to callus. -(1 mark)
 - (e) Reduce risk of oedema of fingers and help to deter use of hand as opposed to finger exercises. -(1 mark)
 - (f) Broken bone may have penetrated bladder with escape of urine into surrounding tissue or caused bleeding of bladder with haematuria. -(1 mark)
 - (g) Prevent atrophy/loss of tone in muscles. -(1 mark)
 - (h) Prevention of 'pin-track' infection leading to possible osteomyelitis. -(1 mark)
 - (i) Disruption of fracture and callus, possibly turning a simple fracture into a compound one. -(1 mark)

Question 2.(Contd.)

- (j) If plaster does not adequately support double line of fractures, perforation of a lung may occur or paradoxical respiration with increasing respiratory distress and cyanosis. - (1 mark)
-(10 marks)

Question 3.

- (a) Indicate explanation pitched to patient's needs and his education, intelligence and past experience. - (2 marks)
- (b) Any four. Per rectal digital examination of gland. Electro-cardiogram. Chest X-ray. Blood group and cross match. Blood urea and electrolytes. Serum acid phosphatase. I.V.P. M & C urine. - (2 marks)
- (c) (i) To prevent blood forming large clots in the bladder and to remove debris. - (1 mark)
- (ii) Outflow equal to or greater than inflow. Colour of return. Aim to have bloodstaining minimal. Tubing free of obstructions - kinks or pressure. Pain in bladder region minimal. No distension of bladder. - (3 marks)
- (d) May be some slight bloodstaining for up to 6 weeks. No heavy lifting until doctor approves. Drink copious fluids. Return to doctor for review. Report to doctor if bleeding or pain persists. Practise stop start voiding to develop better control. (Any four) - (2 marks)
-(10 marks)

Question 4.

- (a) Sharp pain in back. Numbness in limbs. Loss of feeling and movement below level of injury. - (2 marks)
- (b) Spine kept straight. Lifted by several people. Someone to control head. Support spine on either side of suspected fracture. Use rigid stretcher. - (3 marks)
-(5 marks)

Question 5.

- (i) Superficial epidermal burns
Healing is attained without scarring and tissue contracture, as cells are able to regenerate. - (2 marks)
- (ii) Full thickness burns
Healing will be by second intention unless assisted by grafting. - (2 marks)
- (iii) Scarring and contractures also more likely due to the development of fibrous tissue. - (2 marks)
-(6 marks)

Question 6.

- (a) To keep internal anastomosis line clean. Prevent build up of secretions which can cause pressure on anastomosis. - (1 mark)
- (b) Aspirate initially one hourly then to four hourly or low pressure suction continuous (if continuous - aspirate manually four hourly to ensure tube patent and in correct position). Accurately record amount, type of aspirate on F.B.C. N.G.T. taped out of line of vision. Ensure no tension on N.G.T. Oral hygiene, nasal toilets, other acceptable answers. - (3 marks)

Question 6.(Contd.)

- (c) Minimal aspirate. Bowel sounds present. Flatus passed. Commence with 30 mls water hourly (aspirate prior to administration to ensure fluid being absorbed through gut). Inc. fluids from 30 - 60 - 90 mls. When tolerated I.V. discontinued. Free fluids - high protein CHO then light diet gradually progressing to normal diet. -(4 marks)
- (d) Regular meals. Avoid foods which cause irritation to gastric mucosa (brief explanation to be included). Modification of smoking (if a smoker), preferably no smoking (reason to be included). Avoidance of alcohol etc. Regular exercise. Avoid tension situations. Other acceptable answer. -(4 marks)
-(12 marks)

Question 7.

- (a) (i) Clostridium tetani. -(1 mark)
- (ii) Attacks central nervous system and causes muscular spasms. -(1 mark)
- (b) e.g. penetrating wounds,
deep open wounds,
burns,
contaminated wounds,
gunshot wound.
Any wound which allows an anaerobic organism to thrive. -(2 marks)
- (c) (i)) -(3 marks)
- (ii)) Self-explanatory. -(7 marks)
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