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VICTORIAN NURSING COUNCIL

Nurses Act 1958

REGISTRATION EXAMINATION - (GENERAL NURSES)

3RD JUNE, 1982

EXAMINERS' GUIDE TO MEDICAL NURSING - SECTION B

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) Diarrhoea of enormous variation in frequency, accompanied by mucus, pus, blood in stool. Feels ill. Temperature 38° - 39° C. Weight loss and skin slightly wrinkled. Tongue may be red. Cracks around corners of lips. Skin around anus inflamed and sore. Any other acceptable symptoms and signs. -(4 marks)
- (b) Haemorrhage: acute leading to shock - chronic leading to anaemia. Perforation leading to peritonitis -
Haemorrhoids - Ischiorectal abscess and fistula.
Carcinoma. Secondary infection, e.g., gingivitis -
Malnutrition - Joint disease.
Megacolon. -(4 marks)
- (c) Weigh patient before he/she is put to bed. 4 hourly T.P.R. Observe condition of skin. May collect and measure volume of faeces passed in 24 hours - note consistency, colour, presence or absence of blood and mucus. Hygiene - sponge. Frequent turnings. Mouth toilets. P/area care. Special attention to anal area. If dehydrated, I.V. infusion. F.B.C. Weighed two or three times per week. Codeine Phosphate, Kaolin, Salazopyrine, Morphine if required. Hydrocortisone enemas may be given.
Diet - high protein - iron, vitamin supplements, parenteral nutrition if necessary.
Electrolyte maintenance - avoidance of irritating foods.
Physical and emotional support of a patient with offensive diarrhoea.
Facilities for urgent diarrhoea. -(12 marks)
-(20 marks)
- Question 2,
- (a) Any three (3) symptoms and any three (3) signs. ($\frac{1}{2}$ mark each) -(3 marks)
- (b) Adequate rest - quiet environment. Well-ventilated room. Light bed and personal clothing. Frequent sponging while sweating is profuse.
? Mild sedative or tranquillizer at first. Diet - high in calories, protein, vitamins and increased fluids. Observations - including weighing, sleeping pulse, toxic effect of drugs.
May require eye care if exophthalmos marked.
Emotional care and support. Diversional therapy. -(4 marks)
- (c) Antithyroid drugs, e.g., Carbimazole (Neomercazole) 10-15 mgms t.d.s. initially. Also beta blocking drug etc., Propranolol. Radio-active iodine therapy. Tranquillizer. -(3 marks)
-(10 marks)
- Question 3.
- (a) Cone biopsy of the cervix. -(1 mark)
- (b) Advise, through trams, trains and doctors' surgeries etc. Talks on radio. Films on T.V. Explain in simple language to all women what test is, the reasons for it and benefits from it. Sympathetic handling of women as gynaecology patients. -(3 marks)
-(4 marks)

Question 4.

- (a) Breathlessness at rest - use of accessory muscles of respiration
Wheezing
Irritating dry cough
Anxiety - sweating, cyanosis or pallor. -(2 marks)
- (b) Upper respiratory tract infection
Contact with allergen
Emotional upset
Exertion
Extreme weather change. -(2 marks)
- (c) Calm the patient -
Suitable position in bed - sit up - lean forward - arrange pillows, bed table, aerosol drugs, e.g., Becalamethazone salbutamol - assist inhalation - I.N.O₂ with ventimask.
Antibiotics, if infection was precipitating cause - ideally after sputum for microscopy and culture.
Base line observations - note response to treatment.
Fluids at first - light diet, when tolerated.
Sponge perspiring patient - mouth wash.
Ensure good sleep at night - avoid sedatives.
Investigations regarding precipitating factor. -(6 marks)
- (10 marks)

Question 5.

- (a) Gentle handling. Positioning, including care of limbs, physiotherapy, airway, oxygen.
Attention to mouth and nose, soiled clothing. Routine observations, particularly level of consciousness, state of hydration and nutrition, bladder distension.
Nasogastric tube + I.V. fluids.
Pressure care. -(8 marks)
- (b) Care of skin and pressure areas. Physiotherapy, chest and limbs - speech, passive and active movements, making contact with the patient.
Assistance. Feeding. Ambulation; rehabilitation centre.
Emotional care of patient - involve family.
Socio-economic assessment and intervention where necessary. -(8 marks)
- (16 marks)

Question 6.

- (a) Faecal contamination of urethra and subsequent ascending infection. -(1 mark)
- (b) Short urethra. Contamination during intercourse and menstruation. -(2 marks)
- (c) Causes chronic pyelonephritis with destruction of kidneys. -(1 mark)
- (d) Nursing care:-
(i) Loin pain
(ii) Frequency, dysuria, scalding
(iii) Pyrexia/rigor
(iv) Anorexia/vomiting
R.I.B. position of comfort
Fluids + + +
Sponging, clothing, environment
Fans etc.
Fluid balance
Drugs as ordered, e.g. Antibiotics. Analgesics. Alkalinizing agents.
Test urine, e.g., protein, pH, blood, S.G.
T.P.R. 4 hrly. -(6 marks)
- (10 marks)
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