

- Question 3.
- (a) 21 - 28 days. -(1 mark)
 - (b) Appearance of blood.
Expiry date.
Particulars re blood, e.g. group, Rh factor,
cross matching,
particulars re patient - identification. -(4 marks)
 - (c) An acceptable intravenous antihistamine or
cortisone. -(1 mark)
 - (d) (i) Increase in pulse rate, temperature
elevation, pain in chest or loins etc.
(Any four (4) acceptable features). -(2 marks)
(ii) To look for free haemoglobin in urine. -(1 mark)
(iii) Improper storage, blood incompatibility. -(1 mark)
- (10 marks)

- Question 4.
- (a) A form of intestinal obstruction due to the paralysis
of some portion of the neuromuscular system of small
bowel. -(2 marks)
 - (b) Patient discomfort. Distension. Vomiting.
No bowel sounds. No flatus passed. No faeces
passed. Pulse increased. Respiration shallow. -(3 marks)
 - (c) Nil by mouth. Nasogastric tube. - Aspiration.
I.V. therapy. Sedation. Treat causes.
Upright position. Observations. Mouth and
nasal toilets. Nursing care. -(5 marks)
- (10 marks)

- Question 5.
- (a) Any 8 suitable factors - to include some local and
some general factors. -(4 marks)
 - (b) Stay with patient and ring for assistance.
Reassure the patient. Instruct not to cough.
Act confidently and remain calm.
Lie the patient flat.
When available, cover wound with large sterile moist
cover.
Ensure doctor is notified. Observe the patient.
Prepare for return to theatre for resuturing, i.e.,
nil orally. -(5 marks)
- (9 marks)

- Question 6.
- Careful transport from theatre and transfer to bed as jolting
will increase pain and may cause neurogenic shock. Ordered
analgesic so that pain does not cause neurogenic shock.
Intravenous fluids at ordered rate so that losses replaced.
Observations taken, recorded and reported to detect
deterioration.
Reassurance as anxiety can worsen condition.
Lie flat until blood pressure returns to normal.
Any 3 of above or any other reasonable answers. -(6 marks)

- Question 7.
- Sit straight before mirror, arms at side, observe contours,
raise arms above head. Observe deviation from normal size,
shape, puckering, dimpling skin. Lie down, raise arm
above head on side to be examined. With flat of fingers
feel inner half of breast. Bring arm down to side, feel
outer half with special attention to upper outer part.
Examine other breast similarly.
Monthly - post menstrual. -(5 marks)
