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VICTORIAN NURSING COUNCIL

Nurses Act 1958

REGISTRATION EXAMINATION - (GENERAL NURSES)

1ST JUNE, 1983

EXAMINERS' GUIDE TO SURGICAL 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) (i) Biopsy for laboratory study, frozen section biopsy in theatre. (Any one)
  - (ii) X-ray ribs, spine and pelvis, scan of brain, liver and bones. Needle biopsy. (Any two) - (2 marks)
  - (b) (i) Semi-recumbent, with forearm of affected side supported and slightly elevated to maintain adduction of the shoulder. - (2 marks)
  - (ii) Drainage from tube/s connected to gentle suction 12 - 24 hours.  
Dressing around tube renewed 4 hourly to b.d., with strict asepsis, shortened after 24 hours then daily.  
Removed when drainage ceased, dry dressing applied and allowed to heal. Surgeon reviews wound after 24 hours, redressed and suture line undisturbed until sutures removed (if uncomplicated). Sutures removed approximately 7 - 10 days, when wound healed, strict aseptic technique. - (3 marks)
  - (iii) Gradual regime of exercise of fingers & wrist on recovery, then elbow & shoulder.  
Early ambulation.  
Leg exercises.  
Deep breathing and coughing, with assistance immediately on recovery from anaesthetic. - (3 marks)
  - (c) Any suitable answer which indicates understanding of situation. - (4 marks)
- (14 marks)
- Question 2.
- (a) Irrigation. Milking tubing.  
Free drainage - uniform connections; - no kinks.  
Encourage movement of patient. Sterile tubes/bag - change daily; - penile dressing q.q.h.  
Copious fluids - ensure I.V. correct rate initially; oral route as soon as possible.  
Care with bladder washouts - maintain asepsis. - (5 marks)
  - (b) Decreased drainage - cessation.  
Increased blood/small clots.  
Restlessness increasing.  
Abdominal pain and distension.  
Signs for internal bleeding. - (3 marks)
  - (c) Irrigation/repeat p.r.n. until flow established.  
Report if not successful - patient treated for shock, e.g. analgesic, blood transfusion.  
Re-catheterization, - prepared for return to theatre. - (2 marks)
- (10 marks)

- Question 3.
- (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 4.
- (a) Acceptable explanation. -(1 mark)
  - (b) Immediately placing hand over bullet hole and then replacing this with occlusive dressing of clean material firmly applied. Prevents further air entry to pleural cavity. Patient sat up and kept at rest to reduce oxygen requirements and assist breathing. Stay with patient, reassure, obtain help and/or take to hospital. -(3 marks)
  - (c) (i) Lower one to drain blood and serous discharge and to detect haemorrhage. Upper one to remove air from pleural space. Sealed apparatus prevents air entry and further lung collapse. -(3 marks)
  - (ii) Ensure the nurse understands the mechanism of respiration and how the apparatus functions. Explain purpose as indicated (c) and where tubes come from and why 2 tubes. Importance of always maintaining air seal by:- Ensuring cork fits firmly. Glass tube is 2.5 cm below level of fluid, and if emptying bottle to clamp tube. Keep clamps at bedside in case apparatus comes apart and to clamp immediately. (Some hospitals do not use clamps - staff are instructed to occlude the lumen by hand). Important to check:-
    - that there are no kinks or pressure on the tubing;
    - that there are no clots or fibrin in tubing by milking tubing regularly.
    - that tubing is long enough to allow patient to move but secured to bedding to prevent pulling, and dependant loops.
    - the fluid is swinging in the glass tube on breathing;
    - and watch for air bubbles in fluid on expiration.To know that if swinging stops - lung may be expanded; tubing may be blocked; may be leakage in seal; and that these things must be checked before reporting to Doctor.

Question 4. (Contd.)

- (c) (ii) The amount of drainage to be measured varies each day and the bottle replaced - using aseptic technique. To keep the patient sitting upright to aid drainage, and to assist with coughing and deep breathing to help expand lung.  
Note: Answer would need to be adjusted if Thoraseal used. -(8 marks)  
-(15 marks)

Question 5.

- (a) (i) Provides a suitable medium for anaerobic organisms. Devitalized tissue, particularly muscle. Impaired blood supply. Presence of sequestrum. -(2 marks)
- (ii) Tetanus immunoglobulin, e.g., 250 units. -(2 marks)  
Tetanus vaccine adsorbed, e.g., 0.5 ml.
- (iii) Tetanus immunoglobulin - artificial passive immunity. -(2 marks)  
Tetanus vaccine adsorbed - artificial active immunity on completion of course.
- (b) (i) Suitable definitions. -(2 marks)
- (ii) Suitable definitions. -(8 marks)

Question 6.

- (a) Prevent further clot formation. -(1 mark)
- (b) Clotting time. -(1 mark)
- (c) Haematuria, haemoptysis, bleeding from any wounds/orifices. -(2 marks)  
Bleeding from gums.
- (d) Protamine sulphate. -(1 mark)  
-(5 marks)

Question 7.

- (a) Amenorrhoea of approximately 6-8 weeks duration. Possible breast signs. Abdominal pain - lower abdomen tender. May be referred to shoulder tip. Shock - fainting; pallor; weak, rapid pulse. Muscle guarding; possible history of infertility or previous ectopic pregnancy. -(5 marks)
- (b) Control shock - analgesic;  
- blood replacement;  
- rest.  
Urgent operation to control bleeding; evacuate clots and remove affected tube. -(3 marks)  
Psychological care. -(8 marks)
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