

VICTORIAN NURSING COUNCIL

Nurses Act 1958

REGISTRATION EXAMINATION - (GENERAL NURSES)

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EXAMINERS' GUIDE TO SURGICAL NURSING - SECTION B

3795-28  
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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) Cataract is the opacity of the crystalline lens causing visual impairment. -(1 mark)
  - (b) Admission 2-3 days prior to surgery - eye drops, assessment.  
Observations; - Urine, T.P.R. B.P. Dysuria, mental state, indications of infection, e.g., eye, chest.  
Psychological care.  
Sedation - effect on patient.  
Special instructions for patient re post-operative care.  
Nutrition and hygiene. -(2½ marks)
  - (c) Hyphaemia.  
Prolapses vitreous, prolapse iris, infection, iritis. -(1½ marks)
  - (d) Home help, Red Cross, District Nurse, Social Worker, Day Centre.  
Laundry Service, Meals on Wheels, Elderly Citizens Associations, Pensioners Associations. -(5 marks)  
-(10 marks)
- Question 2.
- (a) Dinner fork deformity of the wrist. -(1 mark)
  - (b) (i) Usual plaster check of limb. -(4 marks)
  - (ii) Support, elevate arm.  
Handle carefully so as not to indent.  
Ensure adequate circulation of air. -(2 marks)
  - (iii) Sling.  
Elevate further if hand swells.  
Observe for swelling etc., as in plaster check.  
Report to doctor if continuous pain, abnormal colour and swelling not relieved by elevation.  
Keep plaster dry.  
Exercise fingers.  
Written instruction sheet given to patient. -(3 marks)  
-(10 marks)
- Question 3.
- (a) Position:- airway must be maintained -  
right ear down to facilitate drainage  
cerebral oedema - therefore maybe restless - pad cot  
limb deformities - nurse in correct sides  
body alignment. -(4 marks)
  - (b) Neurological observations:-  
conscious state  
b.p. & pulse  
respirations - airway  
pupil reaction  
muscle tone  
temperature  
attitude - position  
exudates  
urinary output -(8 marks)  
-(12 marks)  
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Question 4.

- (a) This condition occurs when part of the bowel telescopes or invaginates into the part distal to it and is carried onwards by peristalsis.  
Most common age is 5-12 months. -(1 mark)
  - (b) Obstruction causes impairment of fluid absorption. Necrosis - strangulation of the blood supply by exerted pressure - ulceration - bleeding - gangrene of the tissues. -(2 marks)
  - (c) Sudden onset. Severe, intermittent colicky pain. Altered bowel sounds. Abdominal distension. Long, sausage-shaped palpable mass. Red currant jelly stools. Vomiting faecal fluid. Dehydration. Peripheral circulatory failure. Anaemia. -(3 marks)
  - (d) 1. Barium enema. Filling of rectum and intestine may correct intussusception.  
2. Surgical - manual correction or resection. -(2 marks)
- (8 marks)

Question 5.

Frank haemorrhage.  
Swelling around puncture site - haematoma.  
Diminution in pulses below site.  
Abnormal colour changes & reduction in temperature of leg.  
Pain, loss of sensation and/or movement.  
Urine output.

-(5 marks)

Question 6.

- (a) Any suitable six, e.g.  
Seal at neck of flask should be intact.  
Label must be clear.  
Volume must be accurate.  
No particular matter.  
Plastic holder or suspension clip must be secure.  
Label carefully checked with written order. -(3 marks)
  - (b) Any suitable four, e.g.  
The very young child.  
The elderly patient.  
Patient with impaired renal function.  
Patient with cardiac failure.  
Patient with anaemia. -(2 marks)
- (5 marks)

Question 7.

- (a) Threatened abortion  
Threatened expulsion of the products of conception prior to viability of the foetus.  
Incomplete abortion - expulsion of some of the products of conception before the foetus is viable. -(2 marks)
- (b) Threatened abortion  
Psychological care  
Physical care  
Physical & mental rest  
Bed rest if symptoms increase in severity  
Observations - p.v. loss  
    - pain - report increasing severity  
mild sedation if ordered (care with drugs)  
Diet - adequate fluids  
    - prevent constipation without stimulation of peristalsis  
With complete bed rest, symptoms may subside and pregnancy may continue. -(4 marks)  
Incomplete abortion  
Psychological care  
Physical care  
Admit to quiet part of the ward  
observations - t.p.r. & b.p.  
    - p.v. loss  
    - pain  
fluid balance chart ./3

Question 7. (Contd.)

(b) Incomplete abortion (contd)

I.V. therapy - blood transfusion  
blood tests,  
drug therapy - analgesia, e.g. morphia  
- ergometrine 0.25 mgms.

Pre-operative preparation.  
Dilatation and curettage.

-(4 marks)

-(10 marks)

Question 8.

(a) Ribs fractured in 2 places and detached from sternum causing this free (?flail) segment to move in the opposite direction to the chest wall during respiration, i.e. paradoxical respiration.

This results in shunting of air with increasing dyspnoea and hypoxia. As condition deteriorates, mediastinal flutter becomes more marked.

-(2 marks)

(b) (i) In the event of a pneumo/haemothorax -  
To drain air and fluid, to restore negative pressure within pleural cavity, and to allow re-expansion of lung.

-(2 marks)

(ii) 1. Strict sterility.  
2. Drainage bottle below chest level.  
3. Airtight seal.  
4. Patent tubing - no kinks, etc.  
5. Patient - observation & position.

(Or other acceptable answer).

-(4 marks)

(c) To stabilize the flail segment and thus improve gas exchange.

-(2 marks)

-(10 marks)

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