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VICTORIAN NURSING COUNCIL

Nurses Act 1958

REGISTRATION EXAMINATION - (GENERAL NURSES)

8TH DECEMBER, 1983

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) Dependent oedema.
Nausea, anorexia.
Abdominal discomfort/pain, distension (enlarged liver, ascites), reduced renal output, dyspnoea, fatigue, pallor, mental blunting. -(3 marks)
- (b) Ventricular hypertrophy/increased residual volume. -(1 mark)
- (c) (i) Digitalis therapy
Action: Increase force of ventricular contraction and slow heart rate.
Diuretic therapy
Frusemide (Lasix)
Chlorothiazide (Chlotride)
Action: Reduce oedema through diuresis. -(2 marks)
- (ii) 1. Side effect of digitalis therapy
2. Toxicity to digitalis or low serum K^+ level due to inadequate replacement in association with diuretics/atrial fibrillation.
3. Toxicity to digitalis.
4. Increasing fluid retention (oedema). -(4 marks)
- (iii) Avoid heavy meals to reduce cardiac workload
- small, frequent
- light, easily digestible.
Restriction of salt and fluid to reduce fluid retention.
Weight reduction if obese.
Potassium containing foods in association with diuretic therapy. -(2 marks)
- (iv) - Reduce stress - restrict visitors
reassurance
Oxygen if dyspnoeic.
- Adequate rest - daily rest periods
- sedation at night
Reduce physical exertion - assistance with hygiene, ambulation, meals etc., avoid constipation. -(3 marks)
=(15 marks)

- Question 2.
- (a) Venous stasis, haemoconcentration (dehydration), abnormalities in the blood, damage to vessel walls. (1 mk each) -(3 marks)
- (b) Efforts must be directed chiefly to prevention of venous stasis.
If patient confined to bed, encourage and help patient to move in bed as soon as possible.
Adequate pain relief.
Exercises - limb movements and deep breathing exercises, supervised and frequent.
Frequent turnings and exercises in physically handicapped patients.
Prevent trauma. No calf pressure. Care in handling patient.
Do not leave patient sitting still for long periods.
Correct dehydration. Early ambulation.
(Any 5) -(5 marks)

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1. Protein decreased. Decreased waste products (urea) and therefore less work for kidneys.
2. Fluids. Restricted. Less work for kidneys. Limit further oedema.
3. Carbohydrate increased. Provides calories. Prevents breakdown of protein.
4. Salt. Low to decrease fluid retention and oedema.
5. Potassium. Low as risk of hyperkalaemia. -(5 marks)

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Question 2. (Contd.)

- (c) Pulmonary embolism occurs when a portion of blood clot in a systemic vein or in the right side of the heart is discharged into the circulation and lodges in the main pulmonary artery or one of its branches. -(2 marks)
=(10 marks)

Question 3.

- (a) Condition arising from lack of insulin. As glucose cannot be used for energy, fat is metabolised but this is incomplete and results in excess production of ketones. An accumulation of ketones is called ketosis; ketosis eventually causes acidosis, coma and death if not corrected. -(2 marks)
- (b) Errors in insulin administration when too little insulin is given over a period. Dietary indiscretions when too much carbohydrate is taken. Infections or other stress situations when insulin requirements of body are increased. -(3 marks)
- (c) (i) Insulin - regular or soluble. e.g. 100 units in first dose (50 units being given intravenously).
Antibiotics (as infection often underlying cause).
- (ii) I.V. therapy. First litre given rapidly to help overcome dehydration.
Normal saline or saline with sodium bicarbonate. Dextrose solutions not used until blood glucose levels fall towards normal.
Electrolytes replacement according to test.
- (iii) Indwelling catheter. Urine tested hourly/ or dextrometer tests performed hourly at first for glucose and ketones as guide to insulin dosage. Bladder must be completely emptied each time. Volume of urine important to assess state of hydration.
- (iv) Blood glucose. Electrolytes. Serum pH or similar test. W.C.C. if infection suspected.
- (v) Position - left lateral or Sims' with head extended. Use of airway or endotracheal tube.
Frequent suction and oxygen.
Observations - B.P., pulse, respirations, temperature. -(10 marks)
=(15 marks)

Question 4.

- (a) Chronic dilatation of bronchial tubes. -(1 mark)
- (b) Cough, sputum - profuse, purulent, haemoptysis, halitosis, bouts of fever; general ill-health and toxæmia; clubbing of fingers (4 points) -(2 marks)
- (c) Measles, whooping cough, bronchopneumonia, tuberculosis. Inhalation of foreign body, e.g., peanut. -(1 mark)
- (d) Bronchogram. -(1 mark)
-(5 marks)

Question 5.

- (a) Diet in acute stage of illness
1. Protein decreased. Decreased waste products (urea) and therefore less work for kidneys.
 2. Fluids. Restricted. Less work for kidneys. Limit further oedema.
 3. Carbohydrate increased. Provides calories. Prevents breakdown of protein.
 4. Salt. Low to decrease fluid retention and oedema.
 5. Potassium. Low as risk of hyperkalaemia. -(5 marks)

Question 5.

(Contd.)

(b) Observations

1. Urine. Oliguria, blood, albumen. High specific gravity. Determines renal function, improvement or deterioration.
 2. Fluid balance chart; observe for diuresis.
 3. Temperature, pulse, respiration and blood pressure. Guide to cardiac involvement and hypertension.
 4. Oedema. Daily weigh, to note if increasing fluid retention.
 5. Cerebral signs, conscious state. Irritability, visual disturbances, headache, convulsions. Result of hypertension. -(5 marks)
- (10 marks)

Question 6.

- (a) Streptococcus pyogenes. -(2 marks)
 - (b) Painful, reddened throat & tonsils, may be exudate on tonsils, coated tongue, fever, malaise, anorexia, may be toxic. -(2 marks)
 - (c) Rest, analgesic, e.g., aspirin gargles. Penicillin. Care of febrile patient. Attention to mouth. Adequate fluids. Suitable soft diet. -(4 marks)
 - (d) Otitis media, sinusitis, mastoiditis, peritonsillar abscess, cervical adenitis, broncho-pneumonia, chronic tonsillitis, rheumatic fever, acute glomerulonephritis. -(2 marks)
- (10 marks)

Question 7.

- (a) A non-specific inflammatory disease of the colon, characterised by ulceration of the mucosa and chronic diarrhoea. -(1 mark)
 - (b) Fever, sweating, tachycardia, oliguria, malaise, toxæmia, signs of anaemia, malnutrition, exhaustion, abdominal pain and tenesmus. -(2 marks)
 - (c) Psychological and emotional, dietary indiscretions. -(1 mark)
 - (d) Sulphasalazine (Salazopyrine). -(1 mark)
- (5 marks)
