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VICTORIAN NURSING COUNCIL

Nurses Act 1958

REGISTRATION EXAMINATION - (GENERAL NURSES)

5TH APRIL, 1984

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) Chronic dilatation of bronchioles with production of copious infected sputum. -(2 marks)
  - (b) Recurrent chest infections. -(1 mark)  
Post measles, whooping cough.
  - (c) To clear and keep clear infected sputum. -(1/2 mark)
  - (d) In morning - on awakening. -(1/2 mark)
  - (e) Dietary measures. + 3 nursing measures. -(6 marks)  
Antibiotics. Mouth care.  
Mucolytics. Deodorising breath.  
Surgery. Avoid smoking, regular exercise.  
+ other suitable measures. -(10 marks)

- Question 2.
- (a) Lethargic - easily tired; increasing constipation; intolerance to cold; weight gain - especially in the face; hair - dry, sparse and tends to fall out; skin - dry & scaly; speech - slow and slurred. -(3 marks)
  - (b) Serum thyroxine level/radio-active iodine uptake. -(1 mark)
  - (c) Thyroxine sodium; untoward effects - tachycardia, nervousness; tremor, excessive weight loss. -(2 marks)
  - (d) Warmth, patience, appearance care. -(3 marks)  
Skin care, apply lotions.  
Roughage in diet.  
Observe for side effects of thyroxine.
  - (e) Cretinism. -(1 mark)
- (10 marks)

- Question 3.
- (a) Persistent elevation of systolic B.P. above 140-160 and diastolic above 90 mmHg. or other conventional answer. -(2 marks)
  - (b) Renal disease, continued emotional stress, genetic causes, phaeochromocytoma, Cushing's syndrome, diabetes, obesity, coarctation of aorta. Essential idiopathic. -(2 marks)
  - (c) Renal failure, myocardial infarction, haemorrhage (frequently cerebral), retinal changes. -(2 marks)
  - (d) Diuretic. Hypokalaemia, hyperglycaemia, postural hypotension. -(2 marks)
  - (e) Continue with medication. Avoid weight increase, maintain dietary restrictions, moderate exercise, adequate rest, freedom from emotional upsets, suitable hobbies, signs of hypotension, report any untoward symptoms. Avoid hot baths, showers, prolonged standing. -(5 marks)  
Avoid smoking, alcohol.  
Medical follow-up. -(13 marks)

- Question 4.
- (a) Characteristics of pain of gastric ulcer:  
Chronic intermittent pain - burning, gnawing in character - may be sharply localized epigastric region; related to indigestion,  $\frac{1}{2}$  - 2 hours after eating, or may be relieved by food. Periods of remission common. -(3 marks)
- (b) Complications:  
Haemorrhage - anaemia.  
Perforation - shock - peritonitis.  
Pyloric stenosis. -(3 marks)
- (c) Drug therapy:  
1. Cimetidine.  
2. Antacids, e.g., Mag. trisilicate.  
3. Anticholinergics, e.g., Probanthine.  
4. Sedative or tranquillizer.  
5. Carbenoxolone.  
(Any 3). -(3 marks)
- (d) Suitable balance of bed rest/activity:  
Try to reduce, eliminate stresses, adapt life-style, e.g., relaxation exercises, hobbies, balance rest/activity.  
Diet - avoid foods which cause ulcer symptoms. Generally avoid rich, spicy foods. Take frequent small meals. Milk drinks etc. to counteract high acid content.  
Give up/reduce smoking, alcohol, since these aggravate existing ulcer condition.  
Drugs on advice of doctor - avoid aspirin etc. -(6 marks)  
or other suitable measures. -(15 marks)

- Question 5.
- (a) Shock - from whatever cause.  
Severe blood loss (surgical trauma), serum loss (severe burns).  
Dehydration - (vomiting and diarrhoea).  
Incompatible blood transfusion.  
Drugs, e.g., Kanamycin. Acute glomerulonephritis.  
Any other acceptable answer. -(2 marks)
- (b) Report hypotension immediately. Record urinary output - report decrease in output.  
Restore circulating blood volume if renal shutdown caused by surgery or burns. Specific according to condition named. -(2 marks)
- (c) Fluid intake reduced to 400 mls plus amount equal to previous day's urinary output. Low protein diet - 18-20 Gm daily unless dialysed. Calorie content obtained from carbohydrate or fat.  
Restriction of sodium and potassium containing foods.  
Vitamin supplements usually added. -(4 marks)
- (d) Serum potassium levels. Blood urea levels and creatine levels. -(2 marks)  
-(10 marks)

- Question 6. 1 mark definition; a mark drug or agent.
- (a) A condition where one epileptic fit (a grand mal convulsion) follows another without recovery of consciousness between them. One common drug. Valium intravenously. -(2 marks)
- (b) Severe prolonged attack of asthma not responding to usual doses of broncho-dilator drugs. Corticosteroids, e.g., I.V. Hydrocortisone. -(2 marks)

Question 6.

(Contd.)

- (c) Condition where insufficient anti-diuretic hormone/ vasopressin released from posterior lobe of pituitary gland, and characterized by polyuria and polydipsia. Vasopressin - subcutaneously, intramuscularly or as nasal snuff. -(2 marks)
  - (d) Condition where insufficient platelets produced and bleeding occurs, e.g., purpura or epistaxis. steroids, e.g., Prednisolone. Platelets. -(2 marks)
  - (e) Hypoglycaemic coma. Unconsciousness resulting from low blood glucose level, e.g., from overdose of insulin or failure to take adequate carbohydrate or unusual exercise. Dextrose 50% intravenously. -(2 marks)
  - (f) Increased, intraocular pressure resulting from decreased drainage of aqueous humour. Treatment - neostigmine, pilocarpine, acetazolamide or other similar. -(2 marks)
- (12 marks)

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