

KISII UNIVERSITY
DEPARTMENT OF NURSING
END OF SEMESTER EXAMINATION
NUR 151 FUNDAMENTALS OF NURSING PRACTICE Y1S2
TIME ALLOWED: 3HOURS

PART I; MULTIPLE CHOICE QUESTIONS (20MARKS)

1. Jake 25years old is complaining of shortness of breath. The nurse assesses respiratory rate to be 30b/m and documents that as tachypneic. The nurse understands tachypnea means:
 - a. Pulse rates greater than 100b/m
 - b. Blood pressure of 140/90mmHg
 - c. Respiratory rate greater than 20b/m
 - d. Frequent bowel sound
2. Which one is a regulatory body for nursing in Kenya
 - a. NNAK
 - b. ICN
 - c. NCK
 - d. KNUN
3. Which one of the following is the outcome of the planning phase of the nursing process:
 - a. Nursing care notes
 - b. Nursing care objectives
 - c. Nursing care plan
 - d. Nursing history
4. Which of the following bed appliance is used to keep of the weight of the beddings from the patient.
 - a. Hot water bottle
 - b. Bed cradle
 - c. Pillows
 - d. Sand bag
5. Which one of the following is an example of subjective data:
 - a. Heart rate of 68b/min
 - b. Yellowish sputum
 - c. The client verbalized "I feel pain when urinating"
 - d. Noisy breathing
6. What is the disadvantage of computerised documentation of the nursing process?

- a. Accuracy
 - b. Legibility
 - c. Concern for privacy
 - d. Rapid communication
7. Which data would be of greatest concern to the nurse when completing nursing assessment of a 68 year old woman hospitalised with pneumonia?
 - a. Oriented to date, time and place
 - b. Clear breath sounds
 - c. Capillary refill of greater than 3 and buccal cyanosis
 - d. Haemoglobin of 13g/dl
8. During a change of shift report, it would be important for the nurse relinquishing responsibility for care of the patient to communicate. Which of the following facts is required by the nurse assuming responsibility for care of the patient during the shift?
 - a. That the patient verbalized “my headache is gone”
 - b. That the patient’s enema performed 3 days ago was negative
 - c. Patient NGT was removed 2hours ago
 - d. Patient’s family came for a visit this morning
9. Which of the following is the most approachable goal for a nursing diagnosis of diarrhoea
 - a. The patient will experience decreased frequency of bowel elimination
 - b. The patient will take anti-diarrhoea medication
 - c. The patient will give stool specimen for laboratory investigation
 - d. The patient will save stool for inspection by the nurse
10. Who decreased mortality by improving sanitation in the battlefields, resulting in a decrease in illness and infection?
 - a. Florence Nightingale
 - b. Clara Barton
 - c. Dorothea Dix
 - d. Lillian Wald
11. The interpretation of the data collected about the patient represents the
 - a. Assessment of the patient
 - b. Health problems of the patient
 - c. Proposed plan of care for the patient
 - d. Nursing interventions done for the patient
12. Before administering the evening dose of a prescribed medication, the nurse on the evening shift finds an unlabelled filled syringe in the patient’s medication drawer. What should the nurse do?
 - a. Discard the syringe to avoid medication error
 - b. Obtain a label for the syringe from the pharmacy
 - c. Use the syringe because it looks like it contains the same drug the nurse was prepared to give
 - d. Call the day nurse to verify the contents of the syringe

13. To evaluate a patient for hypoxia, which of the following investigations is most appropriate?
 - a. Red blood cell count
 - b. Sputum culture
 - c. Total haemoglobin
 - d. Arterial blood gas analysis (ABGs)
14. When examining a patient with abdominal pain, the nurse should assess:-
 - a. Any quadrant first
 - b. The symptomatic quadrant first
 - c. The symptomatic quadrant last
 - d. The symptomatic quadrant either second or third
15. The patient refuses chemotherapy based on religious beliefs. The hospital staff must follow his decision based on which right?
 - a. Right to counsel
 - b. Right to informed consent
 - c. Right to refuse treatment
 - d. Right to make independent decision
16. Which one of the following nursing care delivery modalities requires one nurse to take full responsibility for a patient from admission to discharge?
 - a. Team nursing
 - b. Functional nursing
 - c. Case management
 - d. Primary nursing
17. Which one of the following is a nurses right:-
 - a. Right to advocate for patient's right
 - b. Right to a healthy living conditions
 - c. Right to fair compensation of their work
 - d. Right to free medical care
18. Which one of the following physical examination techniques will elicit cardiac murmurs:-
 - a. Auscultation
 - b. Inspection
 - c. Palpation
 - d. Percussion
19. Which position will you nurse a patient who has difficulty in breathing in
 - a. Supine position
 - b. Low lying position
 - c. Left lateral position
 - d. Sitting up position
20. Which ethical principle gives a patient an opportunity to make an independent decision?
 - a. Autonomy
 - b. Justice
 - c. Beneficence
 - d. Fidelity

PART II SHORT ANSWER QUESTIONS (40MARKS)

1. Outline any 5 functions of the nursing council of Kenya (5Marks)
2. Highlight any 5 characteristics of the nursing process (5Marks)
3. Outline any 5 disadvantages of team nursing (5Marks)
4. Explain the information you will gather under 'Health Management- Health Perception ' under Gordon's health pattern (5Marks)
5. State any 5 sources of information for a sick patient brought to the outpatient department where you are working (5Marks)
6. Explain the assessment data you will gather for a patient suspected to have circulatory failure (5Marks)
7. State any five (5) principles of aseptic technique (5Marks)
8. Outline the importance of documentation in nursing practice (5Marks)

PART III LONG ANSWER QUESTIONS (40 Marks)

1. A patient is admitted with the following complains: Shortness of breath, cough which is productive, chest pain, hotness of the body and loss of appetite.
On physical examination: Respiratory rate is 30b/min, Temperature of 39⁰C. Diminished air entry to the lungs, inability to breathe deeply due to chest pain.
 - a. Formulate 3 priority nursing diagnosis for the patient.
 - b. Draw a nursing care plan using the formulated nursing diagnosis (10marks)
 - c. State any 4 benefits of the nursing process (4marks)
2. Drug administration is a key role of a nurse.
 - a. Explain how you will ensure the five (5) rights of drug administration (5 marks)
 - b. Describe the components of a drug prescription (10marks)
 - c. Which factors determine the choice of the route of drug administration (5marks)