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| **نموذج الاستمارة الخاصة ببنك اسئلة مادة تمريض البالغين المشمولة بالامتحان التقويمي لكليات التمريض للعام الدراسي 2022-2023** | | | |
| **Correct answer** | **Questions** | **Level** | **Blueprint content** |
| C | Q1/ When someone asked a nurse, what the benefit from use Glasgow Coma Scale. The nurse answered that Glasgow Coma provides an objective way to evaluate:   1. Patient's Self care 2. patient's Coping ability 3. patient's level of consciousness 4. Patient's psychological problems. | **Easy** | **ICP** |
| A | Q2) Most fatal complication of increased Intra cranial pressure ICP is:   1. Brain herniation 2. Diabetes mellitus 3. Diabetes ketoacidosis 4. SIADH |
| C | Q1/ You as a nurse, follow your patient and found that patient will score 6 points in Glasgow coma scale, this indicate:   1. Alert 2. Severe Brain death 3. Comatose 4. Poor prognosis | **Medium** |
| C | Q2/ During examination of nervous system, the nurse notice that patient has loss of ability to recognize objects (visual, auditory, or tactile) This term is mean.   1. Ataxia 2. Aphasia 3. Agnosia 4. Atopia |
| B | Q3/ A patient scheduled for magnetic resonance imaging (MRI) has arrived at the radiology department. The nurse who prepares the patient for the MRI should prioritize which of the following actions?  A) Withholding stimulants 24 to 48 hours prior to exam  B) Removing all metal-containing objects  C) Instructing the patient to void prior to the MRI  D) Initiating an IV line for administration of contrast |
| B | Q4/ A patient exhibiting an altered level of consciousness (LOC) due to blunt-force trauma to the head is admitted to the ED. The physician determines the patients injury is causing increased intracranial pressure (ICP). The nurse should gauge the patients LOC on the results of what diagnostic tool?  A) Monro-Kellie hypothesis  B) Glasgow Coma Scale  C) Cranial nerve function  D) Mental status examination |
| B | Q/5 The nurse is participating in the care of a patient with increased ICP. What diagnostic test is  Contraindicated in this patients treatment?  A) Computed tomography (CT) scan  B) Lumbar puncture  C) Magnetic resonance imaging (MRI)  D) Venous Doppler studies |
| A | Q6/ The nurse has created a plan of care for a patient who is at risk for increased ICP. The patients care plan should specify monitoring for what early sign of increased ICP?  A) Disorientation and restlessness  B) Decreased pulse and respirations  C) Projectile vomiting  D) Loss of corneal reflex |
| A | Q7/ The nurse is caring for a patient who sustained a moderate head injury following a bicycle accident. The nurses most recent assessment reveals that the patients respiratory effort has increased. What is the nurses most appropriate response?  A) Inform the care team and assess for further signs of possible increased ICP.  B) Administer bronchodilators as ordered and monitor the patients LOC.  C) Increase the patients bed height and reassess in 30 minutes.  D) Administer a bolus of normal saline as ordered. |
| A | Q8/ When caring for a patient with increased ICP the nurse knows the importance of monitoring for possible secondary complications, including syndrome of inappropriate antidiuretic hormone (SIADH). What nursing interventions would the nurse most likely initiate if the patient developed SIADH?  A) Fluid restriction  B) Transfusion of platelets  C) Transfusion of fresh frozen plasma (FFP)  D) Electrolyte restriction |
| B | Q1) A patient is brought to the ER following a motor vehicle accident in which he sustained head trauma. Preliminary assessment reveals a vision deficit in the patients left eye. The nurse should associate this abnormal finding with trauma to which of the following cerebral lobes?  A) Temporal  B) Occipital  C) Parietal  D) Frontal | **Hard** |
| B | Q2/ patient with increased ICP has a ventriculostomy for monitoring ICP. The nurses most recent assessment reveals that the patient is now exhibiting nuchal rigidity and photophobia. The nurse would be correct in suspecting the presence of what complication?  A) Encephalitis  B) CSF leak  C) Meningitis  D) Catheter occlusion |
| A | Q3/ A patient has developed diabetes insipidus after having increased ICP following head trauma. What nursing assessment best addresses this complication?  A) Vigilant monitoring of fluid balance  B) Continuous BP monitoring  C) Serial arterial blood gases (ABGs)  D) Monitoring of the patients airway for patency |
| C | Q1) The nurse is caring for a patient newly diagnosed with a primary brain tumor. The patient asks the nurse where his tumor came from. What would be the nurses best response?  A) Your tumor originated from somewhere outside the CNS.  B) Your tumor likely started out in one of your glands.  C) Your tumor originated from cells within your brain itself.  D) Your tumor is from nerve tissue somewhere in your body. | **Easy** | **Brain tumors** |
| B | Q1) A patient has been admitted to the neurologic unit for the treatment of a newly diagnosed brain tumor. The patient has just exhibited seizure activity for the first time. What is the nurses priority response to this event?  A) Identify the triggers that precipitated the seizure.  B) Implement precautions to ensure the patients safety.  C) Teach the patient's family about the relationship between brain tumors and seizure activity.  D) Ensure that the patient is housed in a private room. | **Medium** |
| D | Q2) A male patient with a metastatic brain tumor is having a generalized seizure and begins vomiting. What should the nurse do first?  A) Perform oral suctioning.  B) Page the physician.  C) Insert a tongue depressor into the patient's mouth.  D) Turn the patient on his side. |
| C | Q3) A patient who has been experiencing numerous episodes of unexplained headaches and vomiting has subsequently been referred for testing to rule out a brain tumor. What characteristic of the patients  vomiting is most consistent with a brain tumor?  A) The patients vomiting is accompanied by epistaxis.  B) The patients vomiting does not relieve his nausea.  C) The patients vomiting is unrelated to food intake.  D) The patients emesis is blood-tinged. |
| B | **Q4) Tumors Arising From Supporting Structures** called:   1. Glioma 2. Meningiomas 3. Medulloblastoma 4. Glioblastoma |
| D | **Q5) Acoustic neuroma is type of primary brain tumor occur in:**   1. **I cranial nerve** 2. **II cranial nerve** 3. **Xl nerve** 4. **VIII nerve** |
| A | Q1) A patient has been admitted to the neurologic ICU with a diagnosis of a brain tumor. The patient is  scheduled to have a tumor resection/removal in the morning. Which of the following assessment  parameters should the nurse include in the initial assessment?  A) Gag reflex  B) Deep tendon reflexes  C) Abdominal girth  D) Hearing acuity | **Hard** |
| A | Q1) The nurse is caring for a patient with permanent neurologic impairments resulting from a traumatic head injury. When working with this patient and family, what mutual goal should be prioritized?  A) Achieve as high a level of function as possible.  B) Enhance the quantity of the patients life.  C) Teach the family proper care of the patient.  D) Provide community assistance. | **Easy** | **Head injuries** |
| C | Q1) A patient is being admitted to the neurologic ICU following an acute head injury that has resulted in  cerebral edema. When planning this patients care, the nurse would expect to administer what priority  medication?  A) Hydrochlorothiazide (HydroDIURIL)  B) Furosemide (Lasix)  C) Mannitol (Osmitrol)  D) Spirolactone (Aldactone) | **Medium** |
| D | Q2) A patient with a head injury has been increasingly agitated and the nurse has consequently identified a risk for injury. What is the nurses best intervention for preventing injury?  A) Restrain the patient as ordered.  B) Administer opioids PRN as ordered.  C) Arrange for friends and family members to sit with the patient.  D) Pad the side rails of the patients bed. |
| D | Q3) An elderly woman found with a head injury on the floor of her home is subsequently admitted to the neurologic ICU. What is the best rationale for the following physician orders: elevate the HOB; keep the head in neutral alignment with no neck flexion or head rotation; avoid sharp hip flexion?  A) To decrease cerebral arterial pressure  B) To avoid impeding venous outflow  C) To prevent flexion contractures  D) To prevent aspiration of stomach contents |
| C | Q1) Paramedics have brought an intubated patient to the RD following a head injury due to accelerationdeceleration  motor vehicle accident. Increased ICP is suspected. Appropriate nursing interventions  would include which of the following?  A) Keep the head of the bed (HOB) flat at all times.  B) Teach the patient to perform the Valsalva maneuver.  C) Administer benzodiazepines on a PRN basis.  D) Perform endotracheal suctioning every hour. | **Hard** |
|  |  | **Easy** | **UTI** |
|  |  | **Medium** |
|  |  | **Hard** |
|  |  | **Easy** | **Renal stone** |
|  |  | **Medium** |
|  |  | **Hard** |
|  |  | **Easy** | **End stage of renal disease** |
|  |  | **Medium** |
|  |  | **Hard** |
|  |  | **Easy** | **Fracture** |
|  |  | **Medium** |
|  |  | **Hard** |
|  |  | **Easy** | **Osteomyelitis** |
|  |  | **Medium** |
|  |  | **Hard** |
|  |  | **Easy** | **Arthritis** |
|  |  | **Medium** |
|  |  | **Hard** |
| A | Q1) The nurse is conducting patient teaching about cholesterol levels. When discussing the patients elevated LDL and lowered HDL levels, the patient shows an understanding of the significance of these levels by stating what?  A) Increased LDL and decreased HDL increase my risk of coronary artery disease.  B) Increased LDL has the potential to decrease my risk of heart disease.  C) The decreased HDL level will increase the amount of cholesterol moved away from the artery walls.  D) The increased LDL will decrease the amount of cholesterol deposited on the artery walls. | **Easy** | **Valvular heart disease** |
| A | Q2) An older adult patient has been diagnosed with aortic regurgitation. What change in blood flow should the nurse expect to see on this patients echocardiogram?  A) Blood to flow back from the aorta to the left ventricle  B) Obstruction of blood flow from the left ventricle  C) Blood to flow back from the left atrium to the left ventricle  D) Obstruction of blood from the left atrium to left ventricle |
| A | Q1) The nurse is caring for a patient admitted with angina who is scheduled for cardiac catheterization. The patient is anxious and asks the reason for this test. What is the best response?  A) Cardiac catheterization is usually done to assess how blocked or open a patients coronary arteries  are.  B) Cardiac catheterization is most commonly done to detect how efficiently a patients heart muscle  contracts.  C) Cardiac catheterization is usually done to evaluate cardiovascular response to stress.  D) Cardiac catheterization is most commonly done to evaluate cardiac electrical activity. | **Medium** |
| B | Q2) The nurses assessment of an older adult client reveals the following data: Lying BP 144/82 mm Hg;  Sitting BP 121/69 mm Hg; standing BP 98/56 mm Hg. The nurse should consequently identify what  nursing diagnosis in the patients plan of care?  A) Risk for ineffective breathing pattern related to hypotension  B) Risk for falls related to orthostatic hypotension  C) Risk for ineffective role performance related to hypotension  D) Risk for imbalanced fluid balance related to hemodynamic variability |
| B | Q3) A patient with mitral valve stenosis is receiving health education at an outpatient clinic. To minimize the patients symptoms, the nurse should teach the patient to do which of the following?  A) Eat a high-protein, low-carbohydrate diet.  B) Avoid activities that cause an increased heart rate.  C) Avoid large crowds and public events.  D) Perform deep breathing and coughing exercises. |
| D | Q4) The nurse is caring for a patient with right ventricular hypertrophy and consequently decreased right  ventricular function. What valvular disorder may have contributed to this patients diagnosis?  A) Mitral valve regurgitation  B) Aortic stenosis  C) Aortic regurgitation  D) Mitral valve stenosis |
| B | Q5) The staff educator is presenting a workshop on valvular disorders. When discussing the pathophysiology of aortic regurgitation the educator points out the need to emphasize that aortic regurgitation causes what?  A) Cardiac tamponade  B) Left ventricular hypertrophy  C) Right-sided heart failure  D) Ventricular insufficiency |
| A | Q1) The physician has placed a central venous pressure (CVP) monitoring line in an acutely ill patient so  right ventricular function and venous blood return can be closely monitored. The results show decreased  CVP. What does this indicate?  A) Possible hypovolemia  B) Possible myocardial infarction (MI)  C) Left-sided heart failure  D) Aortic valve regurgitation | **Hard** |
| B | Q2) The physician has ordered a high-sensitivity C-reactive protein (hs-CRP) drawn on a patient. The results of this test will allow the nurse to evaluate the role of what process that is implicated in the development of atherosclerosis?  A) Immunosuppression  B) Inflammation  C) Infection  D) Hemostasis |
|  |  | **Easy** | **Dermatitis** |
|  |  | **Medium** |
|  |  | **Hard** |
| D | 1- Classifications of sinusitis include the following, except:  A- Acute.  B- Subacute.  C- Chronic.  D- Recurrent. | **Easy** | **Sinusitis** |
| B | 2- Subacute rhinosinusitis last for:  A- Less than 4 weeks.  B- 4 to 12 weeks.  C- More than 12 weeks.  D- 16-20 weeks. |
|  |  | **Medium** |
| A | 1- The nurse is providing patient teaching to a patient diagnosed with acute rhinosinusitis. For what possible complication should the nurse teach the patient to seek immediate follow-up?  A) Periorbital edema  B) Headache unrelieved by OTC medications  C) Clear drainage from the nose  D) Blood-tinged mucus when blowing the nose | **Hard** |
|  |  | **Easy** | **Tonsillitis** |
| D | 1- As a clinic nurse, you are caring for a patient who has been prescribed an antibiotic for tonsillitis for 10 days. You are informed that the patient is feeling better and is stopping the medication after taking it for 4 days. What information should you provide to this patient?  A) Keep the remaining tablets for an infection at a later time.  B) Discontinue the medications if the fever is gone.  C) Dispose of the remaining medication in a biohazard receptacle.  D) Finish all the antibiotics to eliminate the organism completely. | **Medium** |
| B | 2- The perioperative nurse has admitted a patient who has just undergone a tonsillectomy. The nurses’ postoperative assessment should prioritize which of the following potential complications of this surgery?  A) Difficulty ambulating  B) Hemorrhage  C) Infrequent swallowing  D) Bradycardia |
| D | 3- Chronic tonsillitis is less common and may be mistaken for other disorders, except:  A- Allergy  B- Asthma  C- Rhinosinusitis  D- Pharyngitis |
|  |  | **Hard** |
| A | 1- Acute otitis media is an acute infection of the middle ear, lasting less than……….  A- 6 weeks  B- 5 weeks  C- 4 weeks  D- 3 weeks | **Easy** | **Otitis media** |
|  |  | **Medium** |
|  |  | **Hard** |
|  |  | **Easy** | **Cataract** |
| D | 1- A patient is exploring treatment options after being diagnosed with age-related cataracts that affect her vision. What treatment is most likely to be used in this patient’s care?  A) Antioxidant supplements, vitamins C and E, beta-carotene, and selenium  B) Eyeglasses or magnifying lenses  C) Corticosteroid eye drops  D) Surgical intervention | **Medium** |
|  |  | **Hard** |
| A |  | **Easy** | **Glaucoma** |
|  | 1- Glaucoma is a group of ocular conditions in which damage to the  A- Optic Nerve  B- Cornea  C- Lens  D- Pupil | **Medium** |
| D | 1- The nurse is administering eye drops to a patient with glaucoma. After instilling the patient’s first medication, how long should the nurse wait before instilling the patient’s second medication into the same eye?  A) 30 seconds  B) 1 minute  C) 3 minutes  D) 5 minutes | **Hard** |