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NATIONAL UNIVERSITY OF LESOTHO

B Sc GENERAL NURSING AND MIDWIRY

SUPPLEMENTARY EXAMINATIONS

CODE: NRS 3302

COURSE: PHYSICAL ASSESSMENT

DATE: August 2023 3 HOURS MARKS 100

INSTUCTION

ANSWER ALL FOUR (4) QUESTIONS IN THIS PAPER

START EACH QUESTION ON A SEPARATE PAGE.

SETION 1

Instructions

(i) Items 1 through 25 are multiple-choice questions: to answer just write a letter that corresponds with a correct option among the listed**. E.g. 1.0 a**

For items 26 through 30 decide whether the statement is true or false**:** write letter **T** to indicate a true statement and letter **F** for a false statement**. E.g. 31.F**

NB. Do not rewrite statements

Question 1

1. 1. While assessing a one-month-old infant, nurse notes the following:

1. Abdominal respirations
2. Irregular breathing rate
3. Inspiratory grunt
4. Increased heart rate with crying
5. Nasal flaring
6. Cyanosis
7. Asymmetric chest movement

Which group of findings below warrants further investigation?

a. 1.2. & 7

b. 4.5. & 6

c. 3. 4 & .5

d. 5. 6. & 7

1. 2. The nurse caring for a client receiving intravenous therapy motes;

1. Slowing of the IV rate

2. Tenderness at the insertion site

3. Edema around the insertion site

4. Skin tightness at the insertion site

5. Warmth of skin at the insertion site

6. Fluid leaking from the insertion site

Which signs indicate infiltration of an intravenous (IV) infusion? Select group of findings that apply

a. 1, 2, 3, 4, & 6

b. 2, 3, 4, & 5

c. 4, 5, & 6

d. 1, 3, 5, & 6

1. 3. The nurse is creating a plan of care for a client who has returned to the nursing unit after left nephrectomy should include;

1. Pain level

2. Vital signs

3. Hourly urine output

4. Tolerance for sips of clear liquids

5. Ability to cough and deep breathe

Select correct group of findings.

> **a.** 2,3,4,5,
>
> **b**. 1, 3, & 5
>
> **c.** 1, 2, 3, & 5
>
> **d.** 3, 4, & 5

1. 4. The ambulatory care nurse is assessing a client with chronic sinusitis, which manifestations reported by the client are related to this problem?

1. Anosmia

2. Chronic cough

3. Blurry vision

4. Nasal stuffiness

5. Purulent nasal discharge

6. Headache that worsens in the evening

Select correct group of findings.

> **a**. 2, 3, 5, & 6
>
> **b**. 1, 2, 4, & 5
>
> **c**.1, 3, & 5,
>
> **d**.3, 4, & 6

1. 5. A client is diagnosed with hypothyroidism. The nurse performs an assessment on the client, expecting to note which findings?

1. Weight loss

2. Bradycardia

3. Hypotension

4. Dry, scaly skin

5. Heat intolerance

6. Decreased body temperature

Select correct group of findings.

a. 2, 4, 5, & 6

b. 3, 4, & 5,

c. 1, 3, & 4,

d. 2, 3, 4, & 6

1. 6. Which findings documented in the history of an older client should require the nurse to implement an accident prevention protocol?

1. Range of motion is limited.

2. Peripheral vision is decreased.

3. Transmission of hot impulses is delayed.

4. The client reports incidences of nocturia.

5. High-frequency hearing tones are perceptible.

6. Voluntary and autonomic reflexes are slowed.

Select correct group of findings.

a. 1, 2, 3, 4, & 6

b. 2, 4, & 6

c.1, 3, & 5,

d. 2, 4, 5, & 6,

1.7 At a community health fair, the blood pressure of a 62-year-old client is 160/96 mmHg. The client states "My blood pressure is usually much lower." The nurse should tell the client to:

a. Go get a blood pressure check within the next 15 minutes

b. Check blood pressure again in two (2) months

c. See the healthcare provider immediately

d. Visit the health care provider within one (1) week for a BP check

1. 8. The nurse is caring for a client who will be taught to ambulate with a cane. Before cane-assisted ambulation instructions begin, what should the nurse check for as the priority to assure client safety?

a. high level of stamina and energy
b. Self-consciousness about using a cane
c. Full range of motion in lower extremities
d. Balance, muscle strength, and confidence

1. 9. A client is admitted after attempting suicide by ingesting a prescribed antipsychotic medication. What is the most important piece of information the nurse should obtain initially?

a. Where and when the medication was ingested

b. The name and amount of ingested medication

c. If the client continues to have suicidal ideation

d. If there is a history of previous suicidal attempt

1. 10. When examining most body regions, nurses usually perform the four basic examination modes in which of the following sequences?

a. Auscultation, inspection, palpation, percussion

b. Inspection, palpation, percussion, auscultation

c. Palpation, percussion, inspection, auscultation

d. Inspection, percussion, palpation, auscultation

1. 11. A general procedural rule when performing a complete physical examination is to:

a. compare symmetrical body areas.

b. drape primarily for examiner comfort.

c. examine painful areas first.

d. examine the right then left side of the body.

1. 12. The ulnar edge of the hand is highly receptive to which of the following sensations?

a. Moisture and contour

b. Vibrations and moisture

c. Contour and temperature

d. Temperature and vibrations

1. 13. As the density of tissue decreases, the percussion note becomes:

a. softer.

b. shorter.

c. lower pitched.

d. more melodic.

1. 14. The median (midsagittal) plane is an imaginary line used for describing physical examination findings and passes through the body:

a. from back to front vertically.

b. at right angles to the midline.

c. in any imaginary vertical line parallel to the midline.

d. creating imaginary and equal right and left halves vertically.

1. 15. During general inspection, the examiner:

a. assesses for pain and functional ability.

b. integrates visual, auditory, and olfactory data.

c. inquires about the occupational environment of the client.

d. ensures the client moves from standing to lying positions.

1. 16. All of the following are components/dimensions of pain **EXCEPT**:

a. sensory–discriminative.

b. reactive–protective.

c. cognitive–evaluative.

d. affective–motivational.

1. 17. Pain assessment includes all of the following aspects **EXCEPT**:

a. effects of pain on activities of daily living.

b. intensity of pain.

c. treatment expectations.

d. effectiveness of treatment.

1. 18. The major sites for nutrient absorption in the small intestine are:

a. the jejunum and ileum.

b. the duodenum and ileum.

c. the jejunum and duodenum.

d. the jejunum and epithelium.

1. 19. Which BMI indicates the lowest risk of developing health problems in a 40 year old?

a. 18

b. 23

c. 28

d. 33

1. 20. During the health history interview, the nurse can quickly assess which of the following components of cognitive function:

a. Memory and attention

b. Judgment and behaviour

c. Calculation and language

d. Abstract thinking and perceptions

1. 21. One of the most important types of skills a nurse needs when conducting a mental status assessment is:

a. rapid interpretive skills.

b. effective listening skills.

c. thorough assessment skills.

d. well-developed writing skills

1. 22. If a nurse suspects that a client is depressed, asking the client about the presence of suicidal thoughts:

a. will stimulate thoughts of suicide.

b. is important, but is not the first priority.

c. will stimulate clients to act on suicidal ideation.

d. is important and will not stimulate the thought of suicide.

1. 23. Which of these statements best describes the characteristics of an effective reward-feedback system?

a. Specific feedback is given as close to the event as possible

b. Staff is given feedback in equal amounts over time

c. Positive statements are to precede a negative statement

d. Performance goals should be higher than what is attainable

1. 24. The nurse is caring for a client who sustained a spinal cord injury that has resulted in spinal shock. Which assessment will provide relevant information about recovery from spinal shock?

a. Reflexes

b. Pulse rate

c. Temperature

d. Blood pressure

1. 25. What action should the nurse take to assess the pharyngeal reflex on a child?

a. Ask the client to swallow.

b. Pull down on the lower eyelid.

c. Shine a light toward the bridge of the nose.

d. Stimulate the back of the throat with a tongue depressor.

1. 26. Gloves should be won only when there is visible drainage from lesions:

a. True
b. False

1. 27. The palpebral fissures are the creases in the skin extending from the angle of the nose to the corner of the mouth.

a. True
b. False

1. 28. The conjunctiva lines the eyelids and covers the anterior portion of the eyeball:

a. True
b. False

1. 29. The arterioles in the retina are brighter red than the veins:

a. True
b. False

1.30. Appropriately 30% of people have a slight but noticeable difference in the size of their pupils.

a. True
b. False

[30 marks]

SETION 2

Question 2

2.1. The nurse is performing a neurological test to determine level of consciousness on a client post right cerebrovascular accident. Using Glasgow coma scale which findings, if observed, would warrant immediate attention?

[10 marks]

2.2. Explain the data you would generate when doing a 15minutes head-to-toe physical exam of an adult under the following headings:

1. Observation (5 marks)
2. Inspection (5 marks)
3. History of presenting problem (5 marks)
4. Collection of objective data (10 marks

[20 marks]

Question 3

Discuss how you would implement the procedures to rule out problems listed below:

3.1 Pain felt in the throat when one swallows (3)

3.2 Pain felt in and around the ear (4)

3.3 Report that one sees double of objects (10)

3.4 Inability to move the right lower limb (3)

[20 marks]

QUESTION 4

Describe the normal findings of abdominal examination when you:

4.1 Performed an inspection (5)

4.2 Auscultated (5)

4.3 Carried out percussion (3)

4.4 Performed palpation (7)

[20 marks]