- A patient brought to emergency; who is having hyperphosphatemia related to end stage renal disease. The patient receives continuous ambulatory peritoneal dialysis, the physician has ordered continuation of treatment during hospitalization. The nurse should do which of the following.
 - a. Maintain permanent peritoneal catheter with flushes of 0.9 % NS every 4-6 Hrs.
 - b. Obtain a pump in preparation for dialysate infusion.
 - c. Ensure the dialysate is refrigerated until ready to infuse and obtain a warming pad or a warming machine to warm the dialysate to body temperature prior to exchange.
 - d. Weight the client at the same time everyday & use sterile technique while working with a peritoneal catheter.
- 2. Which of the following tissue lines the heart, blood vessels and lymphatic Vessels.
 - a. Simple columner epithelium
 - b. Simple cuboidial epithelium
 - c. Simple squamous epithelium
 - d. Pseudostratified columner epithelium
- 3. Strip tease chart enables the speaker
 - a. To present information step by step
 - b. Arrangement of facts and ideas for expressing cycles
 - c. To express written messages which are hidden by strips of thick paper
 - d. To express changes in specific items from beginning to its future projections
- 4. Capropedal spasm occurs in
 - a. Sodium excess
 - b. Potassium Deficit
 - c. Calcium Deficit
 - d. Chloride excess
- 5. If patient's BP is 125/75 mmhg. What would be MAP [Mean Arterial Pressure]
 - a. 92

·c. 72

- d. 62
- 6. The cycle of breathes that vary in depth and have varying periods of apnea is known as:
 - a. Hyperpnea
 - b. Cheyne-stokes respiration
 - c. Biot's respiration
 - d. Kussmaul's respiration
- 7. An area of ecchymosis seen over the mastoid is known as:
 - a. Racoon's sign

b. Halo sign

c. Battle's sign

d. Rose's Spots

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- 8. When the patien's is lying with the thigh flexed on the abdomen, the leg cannot be completely extend. This is:
 - a. Positive Brudzinskis sign
 - b. Positive Kernig's Sign
 - c. Focal deficits
 - d. Nuchal Rigidity

- 9. Order written colloids :0.5 ml X kg body weight X % TBSA burned, electrolites RL : 1.5ML x kg body weight X % TBSA burned, Gulucose [5% in water] :2000 ml for insensible loss. This formula is known as
 - a. Consensus Formula
 - b. Evans Formula
 - c. Brooke Army Formula
 - d. Parkland/Baxter formula
- 10. The child play with toys either similar or identical to those by other children nearby.
 - a. Associate play
 - b. Onlooker Play
 - c. Parallel play
 - d. Solitary play
- 11. Hold hand predominately open, brings hands together in midline play with fingers. These motor skills are present at the age of
 - a. 10 Months

b. 08 months

c. 06 months

- d. 04 months
- 12. Put toy inside the box or cup, takes toy out of box, removes covers from box. Beginning to hold a crayon and make a mark on paper. These fine skills are present at the age of
 - a. 09 Months
 - b. 10 Months
 - c. 11 Months
 - d. 12 Months
- 13. Vaso occlusive crises are the most frequent and most painful for the infant is occurs in
 - a. Sickle cell anaemia
 - b. Thallassemia
 - c. Iron deficiency anaemia
 - d. Hemolytic anaemia
- 14. When tapping the fibular side of the leg over the peroneal nerve causes abduction and dorsiflexion of the foot. This is known as
 - a. Erb sign
 - b. Peroneal sign
 - c. Chvostek sign
 - d. Homan's sign
- 15. The Guthrie blood test is used to detect
 - a. Alkaptonuria
 - b. Lactosex intolerance
 - c. Maple syrup disease
 - d. Phenylketonuria
- 16. Recruiting all of the people from an accessible population who meet the eligibility criteria over a specific time interval, or for a specified sample size, known as:
 - a. Purposive Sampling
 - b. Consecutive Sampling
 - c. Convenience Sampling
 - d. Simple Random Sampling
- 17. Which of the following insulin should not be mixed with other insulin
 - a. Lispro

b. Glargine

c. Regular

d. Aspart

- 18. Follwing are the side affect of aminoglycosides Except
 - a. Ototoxicity
 - b. Nephrotoxicity
 - c. Neuromuscular blockade
 - d. Peripheral edema
- Which of the following drug treatment requires dietary restrictions on patient during treatment
 - a. SSRIs
 - b. SSNRIs
 - c. Tricylic Antidepressants
 - d. MAOIs
- 20. Which of the following drug leads to temporary suppression bone growth
 - a. Penicilin
 - b. Amino glycosides
 - c. Tetracyclins
 - d. Macrolides
- 21. Diamond shaped crystal derived from eosinophilis called charcot lyden crystals present in
 - a. Tuberculosis
 - b. COPD
 - c. Bronchiectasis
 - d. Asthma
- 22. A nurse administers a unit of blood to a client without receiving informed consent. Even performing a procedure without receiving informed consent can lead to which charge?
 - a. Assualt & Battery
 - b. Fraud
 - c. Breach of confidentiality
 - d. Harassment
- 23. Physician prescribe 1000 ml of NS to infuse over 12 hours. The drop factor is 15 drops (gtt/ml). What would be flow rate
 - a. 21 gtt/ml
 - b. 20 gtt/ml
 - c. 19 gtt/ml
 - d. 18 gtt/ml
- 24. A physician order phenytoin 0.2 g orally twice daily. The medications label states that each capsule is 100mg. The nurse prepares how many capsules to administrators 1 dose
 - a. 01

c. 03

- d. 04
- 25. A biphasic antiovolatory medication of combined progestin and estrogen is prescribed for a female patient. What a nurse include when teaching about this oral contraceptive
 - a. Report irregular vaginal bleeding
 - b. Restrict sexual activity temporarily
 - c. Have regular bimonthly pap smears
 - d. Increase ditary intake of calcium
- What complication should a nurse monitor a client when an oxytocin infusion is used to induce labor.
 - a. Intense pain
 - b. Uterine tetany
 - c. Hypoglycaemia
 - d. Umbilical cord prolapse

- 27. In CAGE questionnaires, what A denotes;
 - Aggression towards people's criticism of alcoholism.
 - b. Arrogance towards people's criticism of alcoholism.
 - c. Annoyed by towards people's criticism of alcoholism.
 - d. Acceptance of people's criticism of alcoholism.
- 28. Followings of which is a negative symptom of schizophrenia;
 - a. Hallucinations
 - b. Delusion
 - c. Increased psychomotor activity
 - d. Avolition apathy
- 29. Jitteriness syndrome occur with of following drug
 - a. Litihium
 - b. fluoxetine
 - c. Haloperidol
 - d. Lorazepam
- 30. What are the therapeutic levels of lithium for the treatment of acute mania
 - a. 0.6 to 1.0 mEq/L
 - b. 0.6 to 1.2 mEq/L
 - c. 0.5 to 1.2 mEq/L
 - d. 0.5 to 1.0 mEq/L
- 31. Oedipus (Electra) complex is usually resolved at the beginning of
 - a. Anal phase
 - b. Phallic phase
 - c. Latency phase
 - d. Preconventional phase
- 32. In embryo heart begins to beat, early spinal cord and muscle segments present at
 - a. At 30 days
 - b. At 14 days
 - c. At the end of 08 weeks
 - d. At the end of 07 weeks
- 33. HELP syndrome stands for
 - a. Hemolysis, elevated liver enzymes, Leucocytosis, proteinuria
 - b. Hemolysis, elevated liver enzymes, low platelet count
 - c. Hemolysis, enlarged liver, Leucocytosis, placenta previa
 - d. Hemolysis, enlarged liver, leucocytosis, preeclampsia
- 34. Which of the following method is used to bury solid waste in layers
 - a. Pyrolysis
 - b. Dumping
 - c. Controlled tripping
 - d. All of the above
- 35. Nischay-home based pregnancy test kits(PTKs) was launched under NRHM across the country in
 - a. 2007

b. 2008

c. 2009

d. 2010

- 36. Which new contraceptive have been added to existing contraceptive basket under " Antara Programme"
 - Injectable MPA a.
 - Oral Centchroman
 - Norgestrel
 - Levonorgestrel
- 37. If weight lies between 50 to 64 kg how many tablets of isoniazid (75MG) would be given to the patient enrolled in Dots according to fixed dose combination
 - a. 2

c.

- d. 5
- 38. When the employees state insurance act was amended
 - a. 1948

b. 2018

C. 1949

- d. 2019
- 39. What nursing observation indicates the cuff on an endotracheal tube is leaking?
 - An increase in peak pressure on the ventilator
 - b. Client is able to speak
 - Increased crackles (rales) over left lung field C.
 - Increased swallowing efforts by client.
- 40. Which of the following clinical finding indicates the patient is experiencing hypokalemia?
 - Edema
 - b. Muscle spasms
 - Kussmaul breathing
 - Abdominal distension
- 41. Which of the following drug has got high level of first pass metabolism?
 - Salbutamol
- b. Tolbutamide
- Phenobarbitone
- d. Theophylline
- 42. Bleeding time is prolonged in all the following **EXCEPT**
 - a. Viper bite
 - b. Idiopathic thrombocytopenia
 - c. Haemophilia A
 - d. Von willibrand disease
- 43. Which physiological response is often associated with surgery-related stress?
 - Bronchial constriction
 - Decreased cortisol levels
 - Peripheral vasodilation c.
 - Sodium and water retention
- 44. The nurse is caring for a client who has been diagnosed with a bleeding duodenal ulcer. What data identified on a nursing assessment would indicate an intestinal perforation and require immediate nursing action?
 - Increasing abdominal distention, with increased pain and vomiting
 - Decreasing hemoglobin and hematocrit with bloody stools
 - Diarrhea with increased bowel sounds and hypovolemia
 - Decreasing blood pressure with tachycardia and disorientation

- 45. Which of the following alimentary canal is the most common location for Crohn's disease?
 - Descending colon
 - b. Jejunum
 - Sigmoid Colon c.
 - Terminal Ileum
- 46. IQ level in severe type of MR is.
 - 50-60
 - b. 35-49
 - C. 20-34
 - Below 20
- 47. Abnormal drowsiness in the day time is known as
 - Narcolepsy
 - Somnolence
 - Somnambulism c.
 - Sleep ataxia
- 48. Late deceleration indicates
 - a. Breech presentation
 - Cord compression
 - c. Fetal hypoxia
 - d. Head compression
- 49. The protective effects of breast milk are known to be associated with
 - IgM antibodies
 - Lysozyme Ь.
 - C. Mast cells
 - IgA antibodies
- 50. Which of the following antihypertensives is not safe in pregnancy?
 - a. Clonidine
 - Ь. ACE Inhibitors
 - C Alpha-methyl dopa
 - Amlodipine
- 51. Shick test is done for:
 - Meningitis
 - b. Diphtheria
 - Pertusis
 - Poliomellitus
- Which of the following is organism is not affected 52. by normal chlorination:
 - Trophozoite of E. histolytica
 - Cysts of E. histolytica b.
 - C. Giardia
 - Shigella
- Spores of Clostridium tetani are destroyed by: 53.
 - a. Boiling
 - b. Cresol 5%
 - Autoclaving at 120 degree C for 20 mintues
 - All the above
- If highest temperature is recorded in the morning 54. and lowest temperature in the evening. This kind of fever is known as
 - a. Inverse fever
 - b. Lysis
 - C. Crisis
 - Remittent fever



- 55 Largest immunoglobulin is
 - a. IgG
 - b. IgA
 - C. **IgM**
 - d. **IgE**
- Presence of fresh blood in stool is known as
 - a. Hematochezia
 - Malena
 - Hemoptysis
 - Hematuria
- Tubes and catheters are disinfected with 57.
 - Gluteraldehyde
 - 1% hypochlorite
 - C. Formalin
 - d. Korsolex
- Aneurysm affect which layer of artery 58.
 - a. Tunica intima
 - b. Tunica media
 - Tunica adventitia c.
 - All of the above
- Milking of the drainage tube will create:
 - Negative pressure
 - b. Positive pressure
 - Occlude the tube C.
 - None of the tube
- A nurse is performing ortolani test on a newborn. Which finding indicates a positive result?
 - Dorsiflexion then fanning
 - b. Hypotonia and jitteriness
 - An arched back and crying c.
 - An audible click on abduction
- A child with β -thalassemia is receiving long term blood transfusion therapy for the treatment of the disorder. Chelation therapy is prescribed as a result of too much iron from the transfusions which medication should the nurse anticipate to be prescribed?
 - a. Fragmin
 - b. Meropenem(merrem)
 - Metoprolol (toprol) C.
 - Deferoxamine
- An infant has just returned to the nursing unit after 62. surgical repair of a cleft lip on the right side, the nurse should place the infant in which best position at this time?
 - a. Prone position
 - Ь. On the stomach
 - Left lateral position C.
 - d. Right lateral position
- A child is diagnosed with Reye syndrome. The parents ask the nurse for information about this disorder .the nurse responds that it is:
 - A genetic disorder
 - A bacterial infection b.
 - An encephalopathy of unknown etiology
 - An acute illness primarily affecting the brain

- A nurse is caring for a newborn with a 64. diaphragmatic hernia that has impaired gas exchange. What does the nurse identify as the etiology of the infant's decreased gas exchange?
 - Incarcerated hernia
 - Decreased oxygen intake
 - Increased basal metabolic rate c.
 - Excessive respiratory secretions
- 65. In infants with hydrocephalus ,the early signs of ventricular shunt malfunctions are:
 - A high -pitched cry, colic and pupillary changes
 - A tense fontanels, vomiting and irritability b.
 - Anorexia and changes in pulse and respiration
 - Headaches, lethargy and a loss of appetite
- A nurse anticipates that when administering routine 66. oxygen therapy to a child, the oxygen:
 - Should be labelled as flammable
 - Is warmed before administration b.
 - Concentration is closely monitored C.
 - May be administer without an order
 - 67. Intelligent quotient (IQ) level of 20-34 indicates?
 - Mild mental retardation
 - Moderate mental retardation Ь.
 - Profound mental retardation
 - Severe mental retardation
 - 68. An organism which transfers infection by being ingested is known as:
 - Vector
 - Paratenic Host
 - Transform Host C.
 - d. Fomite
- 69. Rashes of chicken pox first appear on
 - Trunk
 - b. Face
 - c. Arm
 - Legs
- 70. Flaccid paralysis, fever, sore throat, constipation are the manifestations of a.
 - Diphtheria
 - Ь. Tuberculosis
 - C. Polio
 - Renal tumor
- 71. Stepladder fever, sore throat, abdominal pain, cough are the features of
 - a. Polio
 - b. Meningitis
 - c. Typhoid fever
 - d. MI
- 72. When more than one immunizing agent may be included in the vaccine, this is known as
 - Live vaccine a.
 - b. Killed vaccine
 - Combined vaccine c.
 - d. Toxoid



- 73. Dose of Hepatitis B vaccine is
 - a. 0.05 ml
 - Ь. $0.5 \, \mathrm{ml}$
 - C. 2 drops
 - d. 0.1 ml
- 74. Universal immunization programme was launched
 - a. 1984

c. 1987

- d. 1985
- 75. The level of prevention in which action are taken to reduce or limit impairments and disabilities and to promote patient's adjustment to irremediable condition is
 - Primary
 - Secondary b.
 - c. Tertiary
 - d. All of the Above
- 76. 'Monday morning fever' is a common name for:
 - Asbestosis
 - b. Bagassosis
 - Mad Hatter's disease C.
 - d. Byssinosis
- 77. Streptococcal throat infection can later lead to:
 - a. Tuberculosis
 - Ь. Leprosy
 - Rheumatic heart Disease C.
 - Malaria
- 78. Discolouration of teeth is caused by a kind of antibiotics called
 - Streptomycin
- b. Neomycin
- Tetracycline
- d. Penicillin
- 79. Best method of teaching in a community set up about ORS would be
 - Demonstration
- b. Role Play
- c. Lecture
- d. Discussion
- 80. The process of restriction of movement of persons who have come in contact of diseased person is called as
 - a. Active surveillance
 - b. Quarantine
 - c. Isolation
 - d. Passive surveillance
- 81. The time interval between the invasion by an infectious agent and just appearance of the just signs and symptoms of the disease: a. Latent period
- b. Quarantine
- c. Incubation period
- d. Termination Period
- 82. Appearance of Burton's line in lead poisoning
 - Bluish purple line on gums
 - Greenish coating on gums C.
 - Brown stains on teeth
 - d. Pale pinkish gums
- 83. Gray baby syndrome is caused by
 - a. Chlorampheniol
 - Amphotericin B
 - c. Vancomycin
 - Tetracycline

- 84. Which of the following foods is accepted as a reference protein?
 - a. Cows milk
- b. Hen's egg
- Human milks
- d. Soyabean
- 85. Which client statement indicates an understanding of the nurse's instructions concerning a Holter monitor? a.
 - "The only times the monitor should be taken off is for showering and sleep."
 - "The monitor will record my activities and symptoms if an abnormal rhythm occurs."
 - "The results from the monitor will be used to determine the size and shape of my heart."
 - "The monitor will record any abnormal heart rhythms while I go about my usual activities."
- 86. What should the nurse teach a client who is taking antihypertensives to do to minimize orthostatic hypotension?
 - Wear support hose continuously. a.
 - Lie down for 30 minutes after taking medication.
 - Avoid tasks that require high-energy expenditure.
 - d. Sit on the edge of the bed for 5 minutes before standing.
- 87. What client response indicates to the nurse that a vasodilator medication is effective?
 - Pulse rate decreases from 110 to 75
 - Absence of adventitious breath sounds
 - Increase in the daily amount of urine produced
 - Blood pressure changes from 154/90 to 126/72
- 88. Amlodipine is prescribed for a client with hypertension. Which response to the medication should the nurse instruct the client to report to the health care provider?
 - a. Blurred vision
 - Dizziness on rising b.
 - Excessive urination c.
 - Difficulty breathing
- 89. A nurse is providing dietary instruction to a client with cardiovascular disease. Which dietary selection by the client indicates the need for further instruction?
 - Whole milk with oatmeal a.
 - b. Garden salad with olive oil
 - Tuna fish with a small apple C.
 - Soluble fiber cereal with skim milk
- 90. For which common complication of myocardial infarction should the nurse monitor clients in the coronary care unit?
 - Dysrhythmia
 - Ь. Hypokalemia
 - Anaphylactic shock C.
 - Cardiac enlargement



- 91. What specifically should the nurse monitor when a client is receiving a platelet aggregation inhibitor such as clopidogrel (Plavix)?
 - a. Nausea
 - b. Epistaxis
 - c. Chest pain
 - d. Elevated temperature
- 92. When a client develops ventricular fibrillation in a coronary care unit, what is the responsibility of the first person reaching the client?
 - a. Administer oxygen.
 - b. Initiate defibrillation.
 - c. Initiate cardiopulmonary resuscitation.
 - d. Administer sodium bicarbonate intravenously
- 93. While being prepared for surgery for a ruptured spleen, a client complains of feeling light-headed. The client's color is pale and the pulse is rapid. What should the nurse conclude about the client's condition?
 - a. Hyperventilating
 - b. Going into shock
 - c. Experiencing anxiety
 - d. Developing an infection
- 94. A nurse uses abdominal-thoracic thrusts (Heimlich maneuver) when an older adult in a senior center chokes on a piece of meat. Which volume of air is the basis for the efficacy of the abdominal thrusts to expel a foreign object in the larynx?
 - a. Tidal
- b. Residual
- c. Vital capacity
- d. Inspiratory reserve
- 95. A nurse identifies that a client's hemoglobin level is decreasing and is concerned about tissue hypoxia. An increase in what diagnostic test result indicates an acceleration in oxygen dissociation from hemoglobin?
 - a. pH
- b. PO2
- c. PCO2
- d. HCO3
- 96. A nurse repositions a client who is diagnosed with emphysema to facilitate breathing. Which position facilitates maximum air exchange?
 - a. Supine
 - b. Orthopneic
 - c. Low-Fowler
 - d. Semi-Fowler
- 97. A client is diagnosed with emphysema. For what long-term problem should the nurse monitor this client?
 - a. Localized tissue necrosis
 - b. Carbon dioxide retention
 - c. Increased respiratory rate
 - d. Saturated hemoglobin molecules
- 98. A nurse provides dietary teaching about a lowsodium diet for a client with hypertension. Which nutrient selected by the client indicates an understanding about foods that are low in natural sodium?
 - a. Milk
- b. Meat
- c. Fruits
- d. Vegetables

- 99. A client is to have gastric lavage. In which position should the nurse place the client when the nasogastric tube is being inserted?
 - a. Supine
- b. Mid-Fowler
- . High-Fowler
- d. Trendelenburg
- 100.A health care provider schedules a paracentesis. What should the nurse instruct the client to do to prepare for the procedure?
 - a. Empty the bladder before the procedure.
 - b. Take a laxative the evening before the procedure.
 - c. Ingest nothing by mouth for 8 hours before the procedure.
 - d. Self-administer a low soapsuds enema 2 hours before the procedure.
- 101.A client is receiving hypertonic tube feedings. What should the nurse consider to be the main reason this client may experience diarrhea?
 - a. Increased fiber intake
 - b. Bacterial contamination
 - c. Inappropriate positioning
 - d. High osmolarity of the feedings
- 102. A client has a fractured mandible that is immobilized with wires. For which life-threatening postoperative problem should the nurse monitor this client?
 - a. Infection
- b. Vomiting
- c. Osteomyelitis
- d. Bronchospasm
- 103.A nurse is collecting a health history from a client who has a diagnosis of cancer of the tongue. For which risk factor commonly associated with cancer of the tongue should the nurse assess when collecting the client's history?
 - a. Nail biting
 - b. Poor dental habits
 - c. Frequent gum chewing
 - d. Large consumption of alcohol
- 104. When an intestinal obstruction is suspected, a client has a nasogastric tube inserted and attached to suction. For what response should the nurse critically assess this client?
 - a. Edema
 - b. Belching
 - c. Fluid deficit
 - d. Excessive salivation
- 105. Which clinical indicator should the nurse identify before scheduling a client for an endoscopic retrograde cholangiopancreatography (ERCP)?
 - a. Urine output
- b. Bilirubin level
- c. Blood pressure
- d. Serum glucose
- 106. Before a cholecystectomy vitamin K is prescribed. Which element, formed in the presence of vitamin K, should the nurse determine is the purpose of administering this medication?
 - a. Bilirubin
 - b. Prothrombin
 - c. Thromboplastin
 - d. Cholecystokinin

- 107.A nurse obtains daily stool specimens for a client with chronic bowel inflammation. The nurse concludes that these stool examinations were ordered to determine:
 - a. fat content.
 - b. occult blood.
 - ova and parasites. C.
 - culture and sensitivity
- 108.A nurse is reviewing the laboratory results of and collecting a health history from a client with a diagnosis of colitis. Which common clinical manifestation of colitis should the nurse expect?
 - Weight loss
 - b. Hemoptysis
 - C. Increased red blood cells
 - d. Decreased white blood cells
- 109.A client is diagnosed with Cushing syndrome. Which clinical manifestation does the nurse expect to increase in a client with Cushing syndrome?
 - Urine output
 - Ь. Glucose level
 - c. Serum potassium
 - d. Immune response
- 110. What is the maximum amount of time the nurse should allow an older adult with a brain attack to remain in one position?
 - a. 1 to 2 hours
 - 3 to 4 hours Ь.
 - 15 to 20 minutes c.
 - 30 to 40 minutes
- 111. At what age does Freud's phallic stage of psychosexual development compare with Erikson's psychosocial phase of initiative versus guilt?
 - a. Adolescence
 - b. 6 to 12 years
 - c. 3 to 12 years
 - d. Birth to 1 year
- 112. Which individual is coping with issues concerning dependence versus independence?
 - a. Infant
 - b. Toddler
 - School-age child
 - Preschool-age child
- 113.A nurse greets a client who had been experiencing delusions of persecution and auditory hallucinations by saying, "Good evening. How are you?" The client, who has been referring to himself as "man," answers, "The man is bad." Of what is this an example?
 - a. Dissociation
- b. Transference
- c. Displacement
- d. Identification
- 114.A nurse encourages a client to join a self-help group after being discharged from a mental health facility. What is the purpose of having people work in a group?
 - a. Support
 - h. Confrontation
 - C. Psychotherapy
 - Self-awareness

- 115. What medication should the nurse expect to administer to actively reverse the overdose sedative effects of benzodiazepines? a. Lithium
- b. Flumazenil
- Methadone
- d. Chlorpromazine
- 116.A client with depression is to receive fluoxetine (Prozac). What precaution should the nurse consider when initiating treatment with this drug?
 - It must be given with milk and crackers to avoid hyper acidity and discomfort.
 - Eating cheese or pickled herring or drinking wine may cause a hypertensive crisis.
 - Blood levels may not be sufficient to cause noticeable improvement for 2 to 4 weeks.
 - Blood levels should be obtained weekly for 3 months to monitor for appropriate levels.
- 117.An 8-year-old child is diagnosed with oppositional defiant disorder. What behavior should the nurse identify that sup ports this diagnosis?
 - Is easily distracted
 - b. Argues with adults
 - C. Lies to obtain favours
 - d. Initiates physical fights
- 118.A nurse's best approach when caring for a confused, older client is to provide an environment with:
 - a. space for privacy.
 - group involvement. b.
 - trusting relationships.
 - activities that are varied.
- 119.A client's admitting history indicates signs of akathisia. What clinical finding should the nurse expect when assessing for akathisia? a.
 - Facial tics
 - Motor restlessness
 - Maintaining a body position for hours c.
 - Repeating the movements of another person
- 120. How should a nurse expect a client's anxiety to be manifested physiologically?
 - Constricted pupils
 - b. Narrowed bronchioles
 - c. Decreased blood pressure
 - Increased blood glucose level
- 121. What is an appropriate way a nurse can help a client to decrease anxiety?
 - Avoid unpleasant events.
 - Prolong exposure to fearful situations.
 - Acquire skills with which to face stressful events.
 - Introduce an element of pleasure into fearful situations.
- 122. Clients addicted to alcohol often use the defense mechanism of denial. What is the reason why this defense is so often used?
 - Reduces their feelings of guilt a.
 - Creates the appearance of independence
 - Helps them live up to others' expectations C.
 - Makes them look better in the eyes of others

- 123.A nurse teaches women in the fertility clinic that after ovulation has occurred, the ovum is thought to remain viable for:
 - 1 to 6 hours. a.
 - 12 to 18 hours. b.
 - 24 to 36 hours. C.
 - d. 48 to 72 hours.
- 124.A biphasic antiovulatory medication of combined progestin and estrogen is prescribed for a female client. What should a nurse include when teaching about this oral contraceptive? a.
 - Report irregular vaginal bleeding.
 - b. Restrict sexual activity temporarily.
 - Have regular bimonthly Pap smears.
 - d. Increase the dietary intake of calcium.
- 125. Which food selected by a client with osteoporosis indicates that the nurse's dietary instruction was effective
 - Red meat a.
- b. Soft drinks
- Turnip greens
- d. Enriched grain
- 126.A client tells the nurse that the first day of her last menstrual period was July 22, 2010. What is the estimated date of birth?
 - a. May 7, 2011
 - b. April 29 2011
 - c. April 22, 2011
 - d. March 6, 2011
- 127. During a physical in the prenatal clinic the client's vaginal mucosa is observed to have a purplish discoloration. What sign should the nurse document in the client's clinical record
 - a. Hegar
- b. Goodell
- c. Chadwick
- d. Braxton Hicks
- 128. What does a nurse explain to a pregnant client about the cause of her physiologic anemia?
 - Erythropoiesis decreases.
 - b. Plasma volume increases.
 - Utilization of iron decreases. C.
 - Detoxification by the liver increases.
- 129.A pregnant client is making her first antepartum visit. She has a 2-year-old son born at 40 weeks, a 5-year-old daughter born at 38 weeks, and 7-yearold twin daughters born at 35 weeks. She had a spontaneous abortion 3 years ago at 10 weeks. Using the GTPAL format, what does the nurse document about the client's obstetric history?
 - a. G4 T3 P2 A1 L4
 - b G5 T2 P2 A1 L4
 - C. G5 T2 P1 A1 L4
 - G4 T3 P1 A1 L4
- 130.A pregnant woman reports nausea and vomiting during the first trimester of pregnancy. An increase in which hormone should the nurse explain is the precipitating cause of the nausea and vomiting?
 - a. Estrogen
 - b. Progesterone
 - Luteinizing hormone
 - Chorionic gonadotropin

- 131. During a prenatal examination, a nurse draws blood from an Rh-negative client. The nurse explains that an indirect Coombs test will be performed to predict whether the fetus is at risk for developing:
 - acute hemolytic anemia.
 - respiratory distress syndrome.
 - protein metabolism deficiency.
 - physiologic hyperbilirubinemia.
- 132.A client's membranes spontaneously rupture during active labor. The nurse inspects the perineum and determines that the umbilical cord is not visible. What is the next nursing action?
 - Auscultate the FHR.
 - b Time the contractions.
 - Call the health care provider.
 - Obtain the maternal vital signs.
- 133.A nurse is caring for a client who had a spontaneous abortion. For what complication should the nurse assess this client?
 - Haemorrhage
- b. Dehydration
- c. Hypertension
- d. Subinvolutin
- 134. An infant is admitted to the neonatal intensive care unit (NICU) with exstrophy of the bladder. What covering should the nurse use to protect the exposed area?
 - a. Loose diaper
 - Dry gauze dressing
 - Moist sterile dressing
 - Petroleum jelly gauze pad
- 135. The nurse is teaching a parent group about the reason for adhering to the immunization schedule. What complication of mumps is important for adolescents to avoid?
- Sterility
- b. Hypopituitarism
- Decrease in libido
- d. Decrease in androgens
- 136.A nurse in the pediatric clinic is assessing an infant who had a revision of a ventriculoperitoneal shunt. What clinical finding alerts the nurse that intracranial pressure has increased? a.
 - Increased pulse rate
 - b. Hypoactive reflexes C.
 - Decreased blood pressure
 - Tension of the anterior fontanel d.
- 137.A nurse is caring for an infant with phenylketonuria (PKU). What diet should the nurse anticipate will be ordered by the health care provider? a. Fat-free
 - Ь. Protein-enriched
 - c. Phenylalanine-free
 - Low-phenylalanine
- 138.A 5-month-old infant develops severe diarrhea and is given IV fluids. What is the rationale for the nurse to closely monitor the IV flow rate?
 - Limiting output
 - b. Replacing lost fluids
 - c. Avoid IV infiltration
 - Preventing cardiac overload

- 139.A nurse is reviewing the clinical records of infants and children with cardiac disorders who developed heart failure. What did the nurse determine is the last sign of heart failure?
 - a. Tachypnea
 - Tachycardia
 - Peripheral edema
 - d. Periorbital edema
- 140. What type of play does a nurse expect when observing a toddler in a playroom with other children?
 - a. Parallel
 - b. Solitary
 - C. Cooperative
 - Competitive
- 141.A nurse is assessing a school-age child with cystic fibrosis. What complication of frequent stools and tenacious mucus does the nurse anticipate?
 - Anal fissures
 - b. Rectal prolapse
 - C. Intussusception
 - d. Meconium ileus
- 142.A child in sickle cell crisis (painful episode) reports right knee pain. What should the nurse anticipate the health care provider will order?
 - Wrap the knee in a cold pack.
 - Apply a warm soak to the knee. Ь.
 - Administer 0.5 mg of morphine. C.
 - Decrease the amount of IV fluids.
- 143. After a tonsillectomy, which finding alerts the nurse to suspect the initial stage of hemorrhage?
 - a. Noisy snoring
 - b. Asking for water
 - Frequent swallowing
 - Gradual onset of pallor
- 144. The nurse employed in an emergency department is assigned to triage clients coming to the emergency department for treatment on the evening shift. The nurse should assign priority to which client?
 - A client complaining of muscle aches, a head ache, and history of seizures
 - b. A client who twisted her ankle when roller blading and is requesting medication for pain
 - c. A client with a minor laceration on the index fin ger sustained while cutting an eggplant
 - d. A client with chest pain who states that he just ate pizza that was made with a very spicy sauce
- 145. The nurse is preparing to care for a client with a potassium deficit. The nurse reviews the client's record and determines that the client is at risk for developing the potassium deficit because of which situation?
 - Sustained tissue damage a.
 - Requires nasogastric suction
 - Has a history of Addison's disease
 - Uric acid level of 9.4 mg/dL (559 μ mol/L)

- 146. The nurse is assessing a client with a suspected diagnosis of hypocalcemia. Which clinical manifestation would the nurse expect to note in the client?
 - Twitching
 - Ь. Hypoactive bowel sounds
 - Negative Trousseau's sign
 - Hypoactive deep tendon reflexes
- 147. The nurse is assigned to care for a group of clients. On review of the clients' medical records, the nurse determines that which client is most likely at risk for a fluid volume deficit?
 - A client with an ileostomy a.
 - A client with heart failure
 - A client on long-term corticosteroid therapy
 - A client receiving frequent wound irrigations
- 148. The nurse reviews the arterial blood gas results of a client and notes the following: pH 7.45, PaCO2 of 30 mm Hg (30 mm Hg), and HCO3A of 20 mEq/L (20 mmol/L). The nurse analyses these results as indicating which condition?
 - Metabolic acidosis, compensated
 - Respiratory alkalosis, compensated
 - Metabolic alkalosis, uncompensated
 - Respiratory acidosis, uncompensated
- 149.A client who is found unresponsive has arterial blood gases drawn and the results indicate the following: pH is 7.12, PaCO2 is 90 mm Hg (90 mm Hg), and HCO3A is 22 mEq/L (22 mmol/L). The nurse interprets the results as indicating which condition?
 - Metabolic acidosis with compensation a.
 - Respiratory acidosis with compensation b.
 - Metabolic acidosis without compensation
 - Respiratory acidosis without compensation
- 150. The nurse is teaching a client who has iron deficiency anemia about foods she should include in the diet. The nurse determines that the client under stands the dietary modifications if which items are selected from the menu?
 - a. Nuts and milk
 - Ь. Coffee and tea
 - Cooked rolled oats and fish C.
 - Oranges and dark green leafy vegetable
- 151. The nurse is preparing to change the parenteral nutrition (PN) solution bag and tubing. The client's central venous line is located in the right subclavian vein. The nurse asks the client to take which essential action during the tubing change?
 - Breathe normally.
 - Turn the head to the right.
 - Exhale slowly and evenly. Take a deep breath, hold it, and bear down.



- 152.A client with parenteral nutrition (PN) infusing has disconnected the tubing from the central line catheter. The nurse assesses the client and suspects an air embolism. The nurse should immediately place the client in which position?
 - a. On the left side, with the head lower than the feet
 - b. On the left side, with the head higher than the feet
 - On the right side, with the head lower than the feet
 - d. On the right side, with the head higher than the feet
- 153.A client has been discharged to home on parenteral nutrition (PN). With each visit, the home care nurse should assess which parameter most closely in monitoring this therapy?
 - a. Pulse and weight
 - b. Temperature and weight
 - c. Pulse and blood pressure
 - d. Temperature and blood pressure
- 154.A client receiving parenteral nutrition (PN) complains of a headache. The nurse notes that the client has an increased blood pressure, bounding pulse, jugular vein distention, and crackles bilaterally. The nurse determines that the client is experiencing which complication of PN therapy?
 - a. Sepsis
- b. Air embolism
- c. Hypervolemia
- d. Hyperglycemia
- 155.A client has just undergone insertion of a central venous catheter at the bedside under ultrasound. The nurse would be sure to check which results Intravenous Therapy before initiating the flow rate of the client's intravenous (IV) solution at 100 mL/hour?
 - a. Serum osmolality
 - b. Serum electrolyte levels
 - c. Intake and output record
 - d. Chest radiology result
- 156.A client receiving a transfusion of packed red blood cells (PRBCs) begins to vomit. The client's blood pressure is 90/50 mm Hg from a baseline of 125/78 mm Hg. The client's temperature is 100.8 °F (38.2 °C) orally from a baseline of 99.2 °F (37.3 °C) orally. The nurse determines that the client may be experiencing which complication of a blood transfusion?
 - a. Septicemia
 - b. Hyperkalemia
 - c. Circulatory overload
 - d. Delayed transfusion reaction
- 157. The nurse has obtained a unit of blood from the blood bank and has checked the blood bag properly with another nurse. Just before beginning the transfusion, the nurse should assess which priority item?
 - a. Vital signs
 - b. Skin color
 - c. Urine output
 - d. Latest hematocrit level

- 158.A client has a prescription to receive a unit of packed red blood cells. The nurse should obtain which intravenous (IV) solution from the IV storage area to hang with the blood product at the client's bedside?
 - a. Lactated Ringer's
 - b. 0.9% sodium chloride
 - c. 5% dextrose in 0.9% sodium chloride
 - d. 5% dextrose in 0.45% sodium chloride
- 159. While performing a cardiac assessment on a client with an incompetent heart valve, the nurse auscultates a murmur. The nurse documents the finding and describes the sound as which?
 - a. Lub-dub sounds
 - b. Scratchy, leathery heart noise
 - c. A blowing or swooshing noise
 - d. Abrupt, high-pitched snapping noise
- 160. A client with a diagnosis of asthma is admitted to the hospital with respiratory distress. Which type of adventitious lung sounds should the nurse expect to hear when performing a respiratory assessment on this client?
 - a. Stridor
- b. Crackles
- c. Wheezes
- d. Diminished
- 161. Contact precautions are initiated for a client with a health care—associated (nosocomial) infection caused by methicillin-resistant Staphylococcus aureus. The nurse prepares to provide colostomy care and should obtain which protective items to perform this procedure?
 - a. Gloves and gown
 - b. Gloves and goggles
 - c. Gloves, gown, and shoe protectors
 - d. Gloves, gown, goggles, and a mask or face shield
- 162. The nurse is caring for a client with meningitis and implements which transmission-based precautions for this client?
 - a. Private room or cohort client
 - b. Personal respiratory protection device
 - c. Private room with negative airflow pressure
 - d. Mask worn by staff when the client needs to leave the room
- 163. The nurse assesses a client's surgical incision for signs of infection. Which finding by the nurse would be interpreted as a normal finding at the surgical site?
 - a. Red, hard skin
- b. Serous drainage
- c. Purulent drainage
- d. Warm, tender skin
- 164. The nurse is monitoring the status of a postoperative client in the immediate postoperative period. The nurse would become most concerned with which sign that could indicate an evolving complication?
 - a. Increasing restlessness
 - b. A pulse of 86 beats/minute
 - c. Blood pressure of 110/70 mm Hg
 - d. Hypoactive bowel sounds in all 4 quadrants

- 165. The nurse is reviewing a surgeon's prescription sheet for a preoperative client that states that the client must be nothing by mouth (NPO) after mid night. The nurse should call the surgeon to clarify that which medication should begiven to the client and not withheld?
 - a. Prednisone
- b. Ferrous sulfate
- Cyclobenzaprine
- d. Conjugated estrogen
- 166.A client is being prepared for a thoracentesis. The nurse should assist the client to which position for the procedure?
 - a. Lying in bed on the affected side
 - Lying in bed on the unaffected side
 - Sims' position with the head of the bed flat
 - d. Prone with the head turned to the side and supported by a pillow
- 167. The nurse is administering a cleansing enema to a client with a fecal impaction. Before administering the enema, the nurse should place the client in which position?
 - a. Left Sims' position
 - b. Right Sims' position
 - On the left side of the body, with the head of the bed elevated 45 degrees
 - On the right side of the body, with the head of the bed elevated 45 degrees
- 168. The nurse is preparing to insert a nasogastric tube into a client. The nurse should place the client in which position for insertion?
 - a. Right side
- b. Low Fowler's
- c. High Fowler's
- d. Supine with the head flat
- 169. The nurse caring for a client with a chest tube turns the client to the side and the chest tube accidentally disconnects from the water seal chamber. Which initial action should the nurse take?
 - a. Call the health care provider (HCP).
 - b. Place the tube in a bottle of sterile water.
 - Replace the chest tube system immediately c.
 - d. Place a sterile dressing over the disconnection
- 170. The nurse is assisting a health care provider with the removal of a chest tube. The nurse should instruct the client to take which action?
 - Stay very still. a.
 - Exhale very quickly. b.
 - Inhale and exhale quickly. c.
 - Perform the Valsalva maneuver.
- 171. While changing the tapes on a newly inserted tracheostomy tube, the client coughs and the tube is dislodged. Which is the initial nursing action?
 - Call the health care provider to reinsert the
 - Grasp the retention sutures to spread the b. opening.
 - Call the respiratory therapy department to reinsert the tracheotomy.
 - Cover the tracheostomy site with a sterile dressing to prevent infection.

- 172. The nurse checks for residual before administering a bolus tube feeding to a client with a nasogastric tube and obtains a residual amount of 150 mL. What is the most appropriate action for the nurse to take?
 - a. Hold the feeding and re instill the residual amount.
 - Re instill the amount and continue with administering the feeding.
 - Elevate the client's head at least 45 degrees and administer the feeding.
 - Discard the residual amount and proceed with administering the feeding.
- 173.A client with schizophrenia has been started on medication therapy with clozapine. The nurse should assess the results of which laboratory study to monitor for adverse effects from this medication?
 - a. Platelet count
 - Ь. Blood glucose level
 - Liver function studies C.
 - White blood cell count
- 174. The nurse notes that a client with schizophrenia and receiving an antipsychotic medication is moving her mouth, protruding her tongue, and grimacing as she watches television. The nurse determines that the client is experiencing which medication complication?
 - a. Parkinsonism
 - Tardive dyskinesia b.
 - Hypertensive crisis c.
 - Neuroleptic malignant syndrome
- 175.A hospitalized client has begun taking bupropion as an antidepressant agent. The nurse determines that which is an adverse effect, indicating that the client is taking an excessive amount of medication?
 - Constipation
 - Seizure activity b.
 - Increased weight
 - Dizziness when getting upright
- 176. The emergency department nurse is caring for a client who has been identified as a victim of physical abuse. In planning care for the client, which is the priority nursing action?
 - Adhering to the mandatory abuse-reporting
 - Notifying the case worker of the family situation
 - Removing the client from any immediate danger
 - Obtaining treatment for the abusing family member
- 177. The nurse is performing an assessment on a client with dementia. Which piece of data gathered during the assessment indicates a manifestation associated with dementia?
 - a. Use of confabulation
 - Improvement in sleeping b.
 - Absence of sundown syndrome
 - Presence of personal hygienic care

- 178. The nurse is caring for a client with anorexia nervosa. Which behaviour is characteristic of this disorder and reflects anxiety management?
 - Engaging in immoral acts
 - Always reinforcing self-approval b.
 - Observing rigid rules and regulations
 - Having the need always to make the right decision
- 179.Levothyroxine is prescribed for a client diagnosed with hypothyroidism. Upon review of the client's record, the nurse notes that the client is taking warfarin. Which modification to the plan of care should the nurse review with the client's health care provider?
 - a. A decreased dosage of levothyroxine
 - b. An increased dosage of levothyroxine
 - A decreased dosage of warfarin sodium C.
 - d. An increased dosage of warfarin sodium
- 180.A client received 20units of HumulinN insulin subcutaneously at 08:00. At what time should the nurse plan to assess the client for a hypoglycemic reaction?
 - a. 10:00

b. 11:00

17:00

d. 24:00

- 181. The code of ethics in nursing was adopted and published by the-
 - World Health Organization
 - b. International Council of Nurses
 - Indian Nursing Council
 - d. Punjab Nurses Registration Council
- 182. The laws given for nursing profession includes following, except-
 - Records must be treated as confidential unless the practitioner is called upon to give evidence in court
 - b. A practitioner must give personal attention to his cases
 - Only private nurses have right to sue for fees c.
 - Unregistered practitioners may be allowed to hold appointments in public hospitals
- 183.A written law which has been formally passed by the government, is called as-
 - Code of ethics a.

b. Decision

Act

d. Bill

- 184. What is the purpose of distinction between the student nurse versus graduate nurse
 - To assign specific roles in nursing teams
 - To differentiate between learning and professional responsibilities
 - To limit the workload of new nurses
 - d. To provide additional training of experienced
- 185. What is the purpose of student organizations in nursing?
 - To organize social events for nursing students
 - To enforce strict academic regulations
 - To compete with other student organizations
 - To provide support and community for nursing students

- 186. What is the purpose of the Nurse Practice Act in relation to nursing practice?
 - To establish insurance policies for nurses
 - To set standards for health team members
 - To define the legal scope of nursing practice and protect the public
 - d. To regulate hospital operations
- · 187. Code of ethics for nurses include the following, except-
 - The primary responsibility of a nurse is to a. provide care to those people who require it
 - A nurse maintains a co-operative relationship with co-workers
 - c. A nurse is not responsible for maintaining highest standard of nursing care
 - d. The nurse shares with other citizens the responsibility for initiating and supporting action to meet the health needs of people
- 188.A failure in professional duty, practice or skill that leads to injury or harm to the patient, is termed as-
 - Malpractice
 - Negligence
 - C. Crime
 - Misunderstanding
- 189.Indian red cross society was established in
 - a. 1925
 - b. 1920
 - 1948 c.
 - d. 1932
- 190. Who is the president of Indian red cross society-
 - President of India
 - b. Home minister of India
 - Prime minister of India c.
 - Vice president of India
- 191. What is the meaning of trends in nursing?
 - Professional qualification required for a nurse
 - Job responsibilities of a professional nurse
 - Movement in a particular direction in nursing
 - Code of ethics in nursing profession
- 192.In India first of all M.Sc. nursing programme was started in-
 - 1946 a.

b. 1959

1966

d. 1972

- 193.An ideal nurse should be poise. Here the word "poise" means-
 - Silent а
 - Knowledge b.
 - Control of emotions
 - d. Self confident
- 194. Criteria of a profession include the following, except-
 - A profession should be intellectual
 - It should be self governing Ь.
 - In a profession there is no place for higher education
 - A profession should be service-oriented

- 195. After registration in one state nursing council, the condition of mutual recognition by the other state nursing registration council, is termed as
 - a. Code of ethics
 - Reciprocity Ь.
 - Uniformity c.
 - d. Red crescent
- 196. Activities of INC includes the following, except-
 - Registration of nursing students after completion of course
 - To decide rules and regulations for establishing new college of nursing
 - Maintain uniform standards in nursing education in all over India
 - d. Provide reciprocity in nursing registration throughout the country
- 197. What do you mean by ethics in nursing
 - Procedure carried out by nurse
 - Rules for correct behaviour
 - Job responsibilities of nurse
 - Characteristics of a good nurse
- 198. The full form of UNDP is
 - a. United nation's development programme
 - Unique nursing development programme b.
 - United nation development project c.
 - United nurse's development project
- 199. The 'GOBI' campaign is being promoted by
 - a. WHO
 - UNICEF b.
 - **CARE**
 - d. · UNDP
- 200. The health agency providing assistance for the development of services under national blindness control programme is
 - a. USAID
 - b. **SIDA**
 - c. DANIDA
 - Colombo plan



MScNET 2025 held on 28.06.2025

Answer Key

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