

CHUKA



UNIVERSITY

UNIVERSITY EXAMINATIONS

EXAMINATION FOR THE AWARD OF DEGREE OF BACHELOR OF SCIENCE IN NURSING

NURU 346: MENTAL HEALTH AND PSYCHIATRIC NURSING II

**STREAMS: BSC NURSING (Y3T2)
HOURS**

TIME: 2

DAY/DATE: WEDNESDAY 29/09/2021

11.30 A.M – 1.30 P.M.

INSTRUCTIONS:

- Do not write anything on the question paper.
- Mobile phones and any other reference materials are NOT allowed in the examination room.
- The paper has THREE sections. Answer ALL questions
- Number ALL your answers and indicate the order of appearance in the space provided in the cover page of the examination answer booklet

SECTION A (20 MARKS)

1. A client with obsessive-compulsive disorder is hospitalized on an inpatient unit. Which nursing response is most therapeutic?
 - a. Accepting the client's obsessive-compulsive behaviors
 - b. Challenging the client's obsessive-compulsive behaviors
 - c. Preventing the client's obsessive-compulsive behaviors
 - d. Rejecting the client's obsessive-compulsive behaviors
2. A client experiencing severe depression is admitted to the in-patient psychiatry unit. During initial assessment, she says, "I feel like killing myself, but I would not do that because of my children." The nurses priority action would be:
 - a. Explore the reasons that the client might want to take her life
 - b. Determine the severity of her suicidal risk
 - c. Prevent the client from harming herself
 - d. Guide her to consider alternative ways of coping

3. A patient is newly admitted to the psychiatric unit with a diagnosis of bipolar disorder, manic phase. Which of the following activities would be most appropriate for the patient?
 - a. Doing crossword puzzles
 - b. Reading quietly in a quiet place
 - c. Playing a game of table tennis
 - d. Working with modeling clay
4. A nurse assesses a patient who has schizophrenia of the paranoid type. Which of the following behaviors should the nurse expect to observe?
 - a. Elated affect and hyperactivity
 - b. Obsessive thoughts and rituals
 - c. Hallucinations and delusions
 - d. Manipulation and narcissism
5. Four patients who are in group therapy behave in the following ways. Which behavior would indicate that the patient is benefitting from the therapy?
 - a. A depressed patient verbalizes angry feelings to another patient
 - b. A co-dependent patient accepts responsibility for harmony in the group
 - c. A narcissistic patient focuses on recovery
 - d. A borderline personality patient recognizes the faults of others
6. The nurse should assess a patient who has bipolar disorder, manic episode for which of the following manifestations?
 - a. Waxy flexibility
 - b. Flat affect
 - c. Flight of ideas
 - d. Hypersomnia
7. Which of the following actions should a nurse include in the careplan of patient with bulimia?
 - a. Stay with the patient for one hour after meals
 - b. Decrease environmental stimuli
 - c. Weigh the patient twice a day
 - d. Discourage verbalization about out-of-control eating
8. Which patient behaviors should the nurse suspect as related to alcohol withdrawal?
 - a. hyperalert state, jerky movements, easily startled
 - b. tachycardia, diaphoresis, elevated blood pressure
 - c. peripheral vascular collapse, electrolyte imbalance
 - d. paranoid delusions, fever, fluctuating levels of consciousness
9. The nurse is assessing a client diagnosed with disorganized schizophrenia. Which symptoms should the nurse expect the client to exhibit?
 - a. Markedly regressive, primitive behavior and extremely poor contact with reality. Affect is flat or grossly inappropriate. Personal appearance is neglected, and social impairment is extreme.

- b. Marked abnormalities in motor behavior manifested in extreme psychomotor retardation with pronounced decreases in spontaneous movements and activity. Waxy flexibility is exhibited.
 - c. The client is exhibiting delusions of persecution or grandeur. Auditory hallucinations related to a persecutory theme are present. The client is tense, suspicious, and guarded, and may be argumentative, hostile, and aggressive.
 - d. The client has a history of active psychotic symptoms, but prominent psychotic symptoms are currently not exhibited
10. The nurse tells group members that they will be working on expressing conflicts during the current group session. Which phase of group development is represented?
- a. formation phase
 - b. orientation phase
 - c. working phase
 - d. termination phase
11. Which of the following examples best illustrates a delusion of reference?
- a. The National Police Service boss is plotting to steal my invention
 - b. The night shift nurse doesn't like me
 - c. The news announcer on TV is talking about me
 - d. The food is being poisoned
12. Clang association means
- a. Thought and speech associated with unnecessary details
 - b. Association based on similarity of sound, without regard for differences in meaning
 - c. Various disturbances of associations that render speech and thought
 - d. Knowledge of objective reality of a situation; person is aware of a mental problem
13. A psychiatric patient continues to disrupt the ward milieu by pacing up and down the hall. The nurse responds by placing the patient in the seclusion room. As a result of her actions, the nurse may be held responsible for
- a. False imprisonment
 - b. Battery
 - c. Invasion of privacy
 - d. Defamation of character
 - e.
14. Which of the following behaviors by an adolescent patient suspected of having an anxiety disorder would best support a nursing diagnosis of high risk for violence, self directed?
- a. Poor impulse control
 - b. Criticism of others
 - c. Poor concentration
 - d. Low achievement in school
15. A patient with anorexia nervosa tells the nurse she has been vomiting after meals. Which of the following responses by the nurse would be most therapeutic?

- a. “you know that it is not good for you to throw your meals because you will hurt your body”
 - b. “You are already so thin. Why would you want to vomit your meals?”
 - c. “It seems like this is difficult for you and that you don’t really want to be throwing up.”
 - d. “Vomiting is unhealthy for you. It is important not to lose nutrients for the health of your body.”
16. A client on an in-patient psychiatric unit is exhibiting extreme agitation. Using a behavioral approach, which nursing intervention should be implemented?
- a. The nurse should role-play stressful situations to assist the client to cope with agitation
 - b. The nurse should develop a plan to deal with stressors during a family meeting
 - c. The nurse should give ordered PRN medications to decrease anxiety and agitation
 - d. The nurse should discuss emotional triggers, which precipitate angry outbursts
17. Using psychodynamic theory, which intervention would be appropriate for a client diagnosed with panic disorder?
- a. Encourage the client to evaluate the power of distorted thinking
 - b. Ask the client to include his or her family in scheduled therapy sessions
 - c. Discuss the overuse of ego defense mechanisms and their impact on anxiety
 - d. Teach the client about the effect of blood lactate level as it relates to the client’s panic attacks
18. A client is diagnosed with male orgasmic disorder. Which assessed behavior supports this diagnosis?
- a. Inability to maintain an erection
 - b. A delay in or absence of ejaculation following normal sexual excitement
 - c. Premature ejaculation
 - d. Dyspareunia
19. The nursing student is learning about the sexual disorder of paraphilia. Which student statement indicates that learning has occurred?
- a. “The term ‘paraphilia’ is used to identify repetitive or preferred sexual fantasies or behaviors.”
 - b. “Individuals diagnosed with a paraphilia experience extreme personal distress and frequently seek treatment.”
 - c. “Oral-genital, anal, homosexual, and sexual contact with animals is currently viewed as paraphilia.”
 - d. “Most individuals with a paraphilia are women, and more than 50% of these individuals have onset of their paraphilic arousal after age 18.”
20. The nursing Lecturer is preparing to teach nursing students about oppositional defiant disorder (ODD). Which fact should be included in the lesson plan?
- a. Prevalence of ODD is higher in girls than in boys
 - b. The diagnosis of ODD occurs before the age of 3
 - c. The diagnosis of ODD occurs no later than early adolescence
 - d. The diagnosis of ODD is not a developmental antecedent to conduct disorder

21. A client states, "I don't know why I'm depressed; my husband takes care of all my needs. I don't even have to write a check or get a driver's license." Based on this statement, this client is most likely to be diagnosed with which personality disorder?
- Schizoid personality disorder
 - Histrionic personality disorder
 - Dependent personality disorder
 - Passive-aggressive personality disorder.

PART B (30 MARKS)

1. State five (5) symptoms of oppositional defiance disorder. (5 marks)
2. Describe the nursing care of a patient with suicidal ideations. (8 marks)
3. Describe four (4) somatoform disorders. (8 marks)
4. Describe two (2) depressive disorders. (5 marks)
5. Describe one theory on somatization. (4 marks)

PART C (20 MARKS)

1. Mr. K is seen at the emergency outpatient unit with a provisional diagnosis of schizophrenia.
 - a. Describe the five (5) fundamental signs of schizophrenia. (5 marks)
 - b. Describe the five (5) sub-types of schizophrenia. (5 marks)
 - c. Discuss the nursing management of a patient admitted with Schizophrenia. (10 marks)
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