CHUKA  **UNIVERSITY**

UNIVERSITY EXAMINATIONS

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

NURS 328: MENTAL HEALTH AND PSYCHIATRIC NURSING

STREAMS: BED (ARTS) **TIME: 3 HOURS**

DAY/DATE: MONDAY 03/12/2018 **8.30 AM – 11.30 AM**

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 (40 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. when a child feels responsible for the physical abuse inflicted, the nurse knows the child is experiencing:
    a. Fear
    b. Hostage response
    c. Anxiety response
    d. Guilt

3. Which of the following signs and symptoms would the nurse assess for in a client with possible lithium toxicity?
    a. Hypotension, polyuria, bradycardia
    b. Hypertension, tachycardia, convulsions
    c. Diarrhea, ataxia, seizures, lethargy
    d. Fever, vomiting, frequency, pruritus

4. 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

5. 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

6. A patient, who has been on long-term treatment with psychotropic medications, exhibits lip smacking and torticollis. The nurse should recognize that these findings are indicative of:
    a. Tardive dyskinesia
    b. Akathisia
    c. Akinesia
    d. Dystonia

7. Which of the following patients would benefit most from group therapy?
    a. A patient with second stage dementia
    b. A patient in the manic phase of bipolar mood disorder
    c. A patient who has positive signs of schizophrenia
    d. A patient in the working phase of major depression

8. A client is admitted to the detoxification program with a diagnosis of alcohol abuse. Which of the following items should be omitted from the patient's admission package?
    a. Mouthwash
    b. Liquid soap

c. Toothpaste
d. Talcum powder

9. 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

10. 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

11. 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

12. 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

13. A 75-year-oldclient has neurocognitive disorder of the Alzheimer's type and confabulates. the nurse understands that this client:
    a. Denies confusion by being jovial
    b. Pretends to be someone else
    c. Rationalizes various behaviors
    d. Fills memory gaps with fantasy

14. 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

15. The commonest psychiatric illness in the world is:
    a. Schizophrenia
    b. Endogenous depression
    c. Anxiety neurosis
    d. Exogenous depression

16. 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

17. 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

18. On an in-patient psychiatric unit, the nurse explores feelings about working with a woman who continually has allowed her husband to abuse her and her children physically and verbally. This interaction would occur in which phase of the nurse-client relationship?
    a. Pre-interaction phase
    b. Orientation (introductory) phase
    c. Working phase
    d. Termination phase

19. 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

20. 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

21. 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

22. A 86-year-old male is admitted to the ward for renal insufficiency. The first night he becomes extremely disoriented, confused and combative after being given a low dose tricyclic antidepressant. The nurse should be aware that such behavior is indicative of
    a. Dementia
    b. Delirium
    c. Psychosis
    d. Depression

23. The nurse should recognize that a patient who is unable to remember being raped by her brother when she was 10 years old is using which of the following ego defense mechanisms?
    a. Compensation
    b. Repression
    c. Undoing
    d. Regression

24. 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

25. 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."

26. After studying the concepts of personality development, the nursing student understands that Freud is to psychoanalytic theory as Peplau is to:
    a. Psychosocial theory
    b. Nursing theory
    c. Interpersonal theory
    d. Object relations theory

27. Which situation led to the deinstitutionalization movement?
    a. Dorothea Dix advocated for deinstitutionalization
    b. Clients with mental illness were feared by the general population
    c. The passing of the Community Mental Health Centers Act
    d. The establishment of the National Institute of Mental Health

28. A client has been placed in seclusion because the client has been deemed a danger to others. Which is the priority nursing intervention for this client?
    a. Have little contact with the client to decrease stimulation
    b. Provide the client with privacy to maintain confidentiality
    c. Maintain contact with the client and assure the client that seclusion is a way to maintain the client's safety
    d. Teach the client relaxation techniques and effective coping strategies to deal with anger

29. 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

30. 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

31. A client diagnosed with somatoform pain disorder states, "I want to thank the staff for being so understanding when I am in pain." This is an example of a _____ gain.

32. A client who is delirious yells out to the nurse, "You are an idiot, get me your supervisor." Which is the best nursing response in this situation?
    a. "You need to calm down and listen to what I'm saying."
    b. "You're very upset, I'll call my supervisor."
    c. "You're going through a difficult time. I'll stay with you."
    d. "Why do you feel that my calling the supervisor will solve anything?"

33. Which would the nurse expect to assess in a client diagnosed with fetishism?
    a. History of exposing genitalia to strangers
    b. History of sexually arousing fantasies involving nonliving objects
    c. History of urges to touch and rub against non-consenting individuals
    d. History of fantasies involving the act of being humiliated, beaten, or bound

34. 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

35. 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."

36. A nurse on an in-patient psychiatric unit receives report at 1500 hours. Which client would need to be assessed first?
    a. A client on one-to-one status because of active suicidal ideations

b. A client pacing the hall and experiencing irritability and flight of ideas
c. A client diagnosed with hypomania monopolizing time in the milieu
d. A client with a history of mania who is to be discharged in the morning

37. Which is a predisposing factor in the diagnosis of autism?
    a. Having a sibling diagnosed with mental retardation
    b. Congenital rubella
    c. Dysfunctional family systems
    d. Inadequate ego development

38. Which is a DSM 5 criterion for the diagnosis of attention-deficit/hyperactivity disorder?
    a. Inattention
    b. Recurrent and persistent thoughts
    c. Physical aggression
    d. Anxiety and panic attacks

39. 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 3years
    c. The diagnosis of ODD occurs no later than early adolescence
    d. The diagnosis of ODD is not a developmental antecedent to conduct disorder

40. 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 pay the bills or get a driver's license." Based on this statement, this client is most likely to be diagnosed with which personality disorder?
    a. Schizoid personality disorder
    b. Histrionic personality disorder
    c. Dependent personality disorder
    d. Passive-aggressive personality disorder.

PART B (40 MARKS)

1. State the DSM 5 diagnostic criteria for Major Depressive Disorder . (10 marks)

2. Describe nursing care of a patient within the first 24 hours after electroconvulsive therapy. (5 marks)

3. Describe the three (3) phasesof the nurse-patient relationship in mental health and psychiatric nursing (6 marks)

4. State FIVE nursing interventions in alcohol withdrawal syndrome. (5 marks)

5. Using the nursing process, outline the nursing management of a child with attention-hyperactivity disorder. (8marks)

6. State six (6) adverse reactions and side effectsof Lithium carbonate. (6 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 key features that define psychotic disorders. (10 marks)

    b. Using the nursing process, outline the nursing management of Mr. K (10 marks)

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