CHUKA



UNIVERSITY

UNIVERSITY EXAMINATIONS

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

NURU 192: HEALTH ASSESSMENT

STREAMS: BSC (NURS) UPG YISI TIME: 2 HOURS

DAY/DATE: TUESDAY 03/12/2019 2.30 PM – 4.30 PM

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. To test the trochlear nerve of a patient, the nurse should do which of the following?
 - a. Test pupillary reaction to light and ability to open and close eyelids.
 - b. Test vision for acuity and visual fields.
 - c. Test ocular movements in all directions.
 - d. Test for downward and inward movement of the eye.
- 2. Which of the following is tested to evaluate the function of specific spinal cord segments?
 - a. Motor ability
 - b. Balance and gait
 - c. Reflexes
 - d. Sensory abilities
- 3. Which of the following eye characteristics is tested by assessing the eight cardinal fields of vision for coordination and alignment?
 - a. Visual acuity
 - b. Peripheral vision

- c. Extraocular movements
- d. Convergence
- 4. Which of the following assessment measures is used to assess the location, shape, size, and density of tissues?
 - a. Observation
 - b. Palpation
 - c. Percussion
 - d. Auscultation
- 5. When percussing the chest in a healthy 20-year old, which of the following sounds would most likely be heard?
 - a. Tympany
 - b. Hyperresonance
 - c. Dullness
 - d. Flatness
- 6. Which of the following is an accurate description of vesicular breath sounds?
 - a. They are high-pitched, harsh sounds, with expiration being longer than inspiration.
 - b. They are noisy, strenuous respirations.
 - c. They are high-pitched sounds heard on inspiration when there is a narrowing of the upper airway.
 - d. They are soft, low-pitched sounds heard best over the base of the lungs during respiration. Inspiration is longer than expiration.
- 7. A strong, bounding pulse found after the nurse palpates peripheral pulses may indicate
 - a. Hypertension and circulatory overload
 - b. Decreased cardiac output
 - c. Impaired circulation
 - d. Inflammation of a vein
- 8. On auscultation, the nurse places the diaphragm of the stethoscope on the 5th left intercostal space along the midclavicular line. The nurse knows this is the
 - a. Pulmonic area
 - b. Mitral area
 - c. Erb's point
 - d. Tricuspid area
- 9. The nurse referred in question 8 above hears lub sound. The correct interpretation of this sound is
 - a. The closure of mitral and tricuspid valves
 - b. The opening of mitral and tricuspid valves
 - c. The closure of pulmonic and aortic valves
 - d. The opening of pulmonic and aortic valves

- 10. During health assessment the nurse instructs the client to close her eyes then places a cup of steaming coffee in front of the client for correct identification. In so doing the nurse is testing the integrity of which cranial nerve
 - a. I
 - b. II
 - c. III
 - d. IV
- 11. During health assessment the nurse requests the client to walk heal-to-toe in straight line across the room. The purpose of this activity is to test the integrity of
 - a. Muscles
 - b. Cerebellum and cortex
 - c. Hippocampus
 - d. Hypothalamus
- 12. The nurse has reported for the night shift and receives the handing over the report. The handing over notes reports that there is a patient who was admitted early in the day after falling from a height and Romberg test on admission was positive. The nurse interprets this to mean
 - a. The patient is unable to sit on a chair
 - b. The patient is unable to swallow
 - c. The patient is unable to walk
 - d. The patient is unable to maintain balance while standing
- 13. A 23-year-old lady with bronchopneumonia is admitted to your unit. The order in which you would conduct the physical assessment is
 - a. Inspection, palpation, auscultation, percussion
 - b. Inspection, palpation, percussion, auscultation
 - c. Auscultation, palpation, percussion, inspection
 - d. Palpation, percussion, inspection, auscultation
- 14. On inspection of a normal tympanic membrane, one would expect to find
 - a. Visualization of the three middle ear ossicles
 - b. Reddened edges
 - c. A pearly grey color
 - d. A round bulging membrane

_	nital examination of a male patient, the nurse transilluminates the scrotum, a red ndicates		
a.	herniation		
b.	Testicular inflammation		
C.	Accumulation of serous fluid		
d.	Epididymitis		
	the nurse shines light onto a patient's eye to assess for constriction of the pupils, he/assessing the integrity of the		
a.	Abducens nerve		
b.	Oculomotor nerve		
C.	Optic nerve		
d.	Trigerminal nerve		
17. While assessing patient you suspect they may be experiencing duodenal ulcers. The abdominal area the patient is most likely to be experiencing the pain is			
a.	Epigastrium		
b.	Right upper quadrant		
c.	Periumbilical		
d.	Left lower quadrant		
18. A patient have	ent with lateral curvature of the thoracic or lumbar vertebral column can be said to		
a.	Scoliosis		
b.	Kyphosis		
c.	Lordosis		

d. Normal findings

19.	A patient described as having decerebrate posturing during motor function one who has	ction assessment is
	a. Abnormal flexion of the upper extremities with plantar flexion	
	b. Normal flexion of upper extremities with dorsiflexion	
	c. Abnormal extension of the upper limbs with plantar flexion	
	d. Normal extension of upper limbs with plantar flexion	
20.	The priority action in provision of first aid is	
	a. Make sure the scene safe	
	b. Check for responsiveness and breathing	
	c. Call for help	
	d. Check for circulation	
SECT	ION B (ANSWER ALL THE QUESTIONS) (30 MARKS)	
1.	Describe the process of triaging following a motor vehicle accident.	(10 marks)
2.	Describe the seven aspects of inspecting respiration.	(7 marks)
3.	State the significance of three (3) observations that may be noted o physical examination.	on the nails during (3 marks)
4.	Describe the procedure and significance of Allen test.	(5 marks)
5.	Describe the procedure and significance of Babinski test.	(5 marks)

SECTION C (20 MARKS)

NURU 192

		END	
	b.	Describe the process of measuring the size of the liver.	(12 marks)
	a.	Describe general physical examination procedure of the abdomen.	(8 marks)
1.	A patient is brought to the outpatient clinic with complains of ascites and chest p		