

CHUKA



UNIVERSITY

UNIVERSITY EXAMINATIONS

THIRD YEAR EXAMINATION FOR THE AWARD OF DEGREE
OF BACHELOR OF SCIENCE (NURSING)

NURU 377: MENTAL HEALTH AND PSYCHIATRIC NURSING II

STREAMS: BSC (NURS)Y3S2

TIME: 2 HOURS

DAY/DATE: WEDNESDAY 06/12/2017

2.30 P.M. – 4.30 P.M.

INSTRUCTIONS:

- Do not write anything on the question paper
- Mobile phones and any other reference material are NOT allowed in the examination room.
- The paper has three (3) 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.

PART I: MULTIPLE CHOICE QUESTIONS (20 MARKS)

1. Which intervention is a nurse's priority when working with a client suspected of having a conversion disorder?
 - (a) Avoid situations in which secondary gains may occur
 - (b) Confront the client with the fact that anxiety is the cause of physical symptoms
 - (c) Teach the client alternative coping skills to use during times of stress
 - (d) Monitor assessments, lab reports, and vital signs to rule out organic pathology
2. A client has been admitted to an in-patient psychiatric unit expressing suicidal ideations and complains of insomnia and feelings of hopelessness. During an admission assessment, which nursing intervention takes priority?
 - (a) Using humor in the interview to uplift the client's mood
 - (b) Evaluating blood work, including thyroid panel and electrolytes
 - (c) Teaching the client relaxation techniques
 - (d) Evaluating any family history of mental illness

3. A client with alcoholism state that the drinks only when he is frustrated by the bahaviour of his three adolescent children. Which defense mechanism is the client using?
 - (a) Denial
 - (b) Projection
 - (c) Rationalization
 - (d) Sublimation

4. The nurse is evaluating a client who is in manic phase of bipolar disorder and who is an a regimen of lithium carbonate. Which indicates an adverse reaction the medication?
 - (a) Orthostatic hypotension
 - (b) Vomiting and diarrhea
 - (c) Involuntarymovements of mouth and jaw
 - (d) Rigidity of posture

5. The nurse is evaluating nursing care for a client with depression. Which finding is the most significant indicator of therapeutic progress? The clients:
 - (a) Speech has slowed and become more logical
 - (b) Need for sleep has decreased
 - (c) Self-concept has become more positive
 - (d) Appetite has increased

6. When assessing a client diagnosed with paranoid personality disorder the nurse might identify which characteristic behaviour?
 - (a) A lack of empathy
 - (b) Shyness and emotional coldness
 - (c) Suspiciousness without justification
 - (d) A lack of remorse for hurting others

7. A physically abused child diagnosed with conduct disorder bullies and threatens peers on a psychiatric unit. Which nursing diagnosis would take priority?
 - (a) Risk for self-mutilation related to low self-esteem
 - (b) Ineffective individual coping related to physical abuse
 - (c) Impaired social interaction related to neurological alterations
 - (d) Risk for violence: directed at others related to displaced anger

8. According to the DSM 5, which disorder includes the diagnostic criteria of patterns of negativity, disobedience, and hostile behaviour toward authority figures?
- (a) Separation anxiety disorder
 - (b) Oppositional defiant disorder
 - (c) Narcissistic personality disorder
 - (d) Autistic disorder
9. A client monitored in an outpatient psychiatric clinic is taking clozapine (clozaril) 50 mg bid. The white blood cell (WBC) count is 6000/mm³, and the granulocyte count is 1400/mm³. Based on these values, which nursing intervention is appropriate.
- (a) Stop the medication, and call the physician because of the low granulocyte count
 - (b) Stop the medication, and call the physician because of the low WBC count
 - (c) Give the medication because all of the lab values are normal.
 - (d) Give the medication, and notify the physician to order a repeat WBC and granulocyte count.
10. The student nurse is learning about dissociative identify disorder. Which student statement indicated that learning has occurred?
- (a) “Individuals with dissociative identify disorder are unable to function in social or occupational situations”
 - (b) “The transition from one personality to another is usually sudden, often dramatic, and usually precipitated by stress”.
 - (c) “Dissociative identify disorder is Axis I diagnosis, commonly called multiple personality disorder”.
 - (d) “All personalities are aware of one another, and events that take place are known by all the different personalities”.
11. The nurse is assessing a client diagnosed with an autism disorder. According to Mahler’s theory of object relations, which describes the client’s unmet developmental need?
- (a) The need for survival and comfort
 - (b) The need for awareness of an external source of fulfillment
 - (c) The need for awareness of separateness of self
 - (d) The need for internalization of a sustained image of a love object/person

12. A 16 year old client has complaints of binge eating, abuse of laxatives, and feeling “down” for the last 6 months. Which statement is reflective of this clients symptoms?
- (a) The client meets the criteria for an Axis 1 diagnosis of bulimia nervosa
 - (b) The client meets the criteria for an Axis I diagnosis of anorexia nervosa
 - (c) The client needs further assessment to be diagnosed using the DSM-IV-TR
 - (d) The client is exhibiting normal developmental tasks according to Erikson.
13. A nurse is assessing a client in the mental health clinic. For 3 weeks, the client has been exhibiting eccentric behaviors with blunted affect. There is impairment in the client’s role functioning. These symptoms are reflective of which phase in the development of schizophrenia?
- (a) Phase I – schizoid personality
 - (b) Phase II – prodromal phase
 - (c) Phase III – schizophrenia
 - (d) Phase IV – residual phase
14. A client experiencing dementia is becoming increasingly agitated and confused. Which intervention should the nurse implement first?
- (a) Request a physician’s order for lab test to rule out infection
 - (b) Assess the client’s vital signs and any obvious physiological changes
 - (c) Call pharmacy to determine possible medication incompatibilities
 - (d) Document the findings, and notify the oncoming shift regarding the situation
15. On an in-patient psychiatric unit, a nurse is completing a risk assessment on a newly admitted client with increased levels of anxiety. The nurse would document which cognitive symptom expressed by the client?
- (a) Gritting of the teeth
 - (b) Changes in tone of voice
 - (c) Increased energy
 - (d) Misperceptions of stimuli

16. A young male patient tells the nurse that somehow he feels that he should not be a man, that inside he is a woman. This is likely to be an example of:
- (a) Fetishism
 - (b) Frotteurism
 - (c) Transsexualism
 - (d) Transvestic fetishism
17. A client diagnosed with aquaphobia begins a therapeutic process in which the client must stand in a pool for 1 hour. This is called _____ therapy.
18. Which situation reflects the defense mechanism of displacement?
- (a) A disgruntled employee confronts and shouts at his boss
 - (b) A disgruntled employee takes his boss and his wife out to dinner
 - (c) A disgruntled employee inappropriately punishes his son
 - (d) A disgruntled employee tells his son how much he likes his job and boss
19. Which statement about attention deficit hyperactivity disorder (ADHD) is true?
- (a) ADHD is characterized by a persistent pattern of withdrawal into self
 - (b) ADHD is frequently diagnosed before age 2 years
 - (c) ADHD occurs equally among girls and boys
 - (d) ADHD is characterized by a persistent pattern of inattention.
20. The nurse is interacting with a client on the inpatient unit. The client states, “most forward action grows life double plays circle uniform”. Which charting entry should the nurse document about this exchange?
- (a) “Client is experiencing circumstantiality”.
 - (b) “Client is communicating by the use of word salad”.
 - (c) “Client is communicating tangentiality”.
 - (d) “Client is perseverating”.

PART II: SHORT ANSWER QUESTIONS (30 MARKS) – ANSWER ALL QUESTIONS

1. State four (4) symptoms of alcohol withdrawal delirium. [4 marks]
2. Using DSM 5, describe the criteria for diagnosis of major depressive Disorder (MDD). [5 marks]

3. Describe the signs and symptoms of lithium carbonate side effects and toxicity [5 marks]
4. Using DSM 5, describe the diagnostic criteria for schizophrenia [5 marks]
5. Describe four (4) personality disorders [6 marks]
6. List five (5) type of phobia with possible interventions for each. [5 marks]

PART III: LONG ANSWER QUESTIONS (20 MARKS)

1. Sophia, a 30 year old nurse, began to experience tension, irritability and sleep disturbances after her mother's death from heart disease. On several occasions, Sophia has awakened gasping for breath. Her heart pounds and she feels a tight sensation like a band around her chest. Her pulse typically increases to more than 110 beats per minute, and she experiences dizziness. She fears that she is going to die. She telephones her friend who finds her wringing her hands, moaning and appearing totally disorganized. She is brought to the clinic where the attending doctor finds no apparent organic basis for the episodes and suggests she has a panic attack.
 - (a) Using DSM 5 criteria, describe the four types of anxiety disorders. [8 marks]
 - (b) Using a conceptual model of your choice, develop a nursing care plan for Sophia. [12 marks]
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