

CHUKA



UNIVERSITY

UNIVERSITY EXAMINATIONS

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

NURS 192: HEALTH ASSESSMENT

STREAMS: BSC. NURSING (Y1S1)

TIME: 2 HOURS

DAY/DATE: TUESDAY 19/12/2023

8.30 A.M. – 10.30 A.M.

INSTRUCTIONS:

1. Do not write anything on the question paper.
2. Mobile phones and any other reference materials are NOT allowed in the examination room.
3. The paper has three sections. Answer ALL the questions.
4. All your answers for Section I (MCQs) should be on one page.
5. Number ALL your answers and indicate the order of appearance in the space provided in the cover page of the examination answer booklet.
6. Write your answers legibly and use your time wisely

Multiple choice questions (20marks)

1. After completing the health history, the nurse begins to ask more detailed questions to clarify points and follow up on concerns expressed by the client during the interview. This portion of the health assessment is:
 - A. Focused interview
 - B. Informal teaching
 - C. Interpretation of findings
 - D. Objective data
2. The nurse tells a 75year old patient that she will have to do a "head to toe" assessment on him. The patient asks, "what is that"? What would be her best answer?
 - A. I will need to determine the etiology of any pathologic symptoms you might have.

- B. Oh nothing, it is just something that we do.
 - C. It is a way for us to know how we are going to take care of you later
 - D. Maybe you can tell me how you got here.
3. A patient who is just being admitted complains of pain on his right foot. What is the proper way to provide this patient a proper physical assessment?
- A. Do a focused assessment on the foot first and then do a complete physical assessment later
 - B. If a complete physical assessment is necessary, it is best to assess any painful areas last.
 - C. Focus on the pain and provide comfort before anything else.
 - D. Since the patient is new admit, concentrate on the general physical assessment only
4. After auscultating the bowel sounds of a client, the nurse realized the sounds were long. Which of the following would be appropriate for the nurse to use to document this finding?
- A. Quality
 - B. Duration
 - C. Pitch
 - D. Intensity
5. The nurse is preparing to conduct a physical assessment on a 20-year-old male client with a gaping wound on his right forearm. Which of the following should the nurse do before beginning this examination?
- A. Put on a face mask
 - B. Put on a sterile gown.
 - C. Wash hands
 - D. Put on goggles
6. In a person with good cardiac function and distal perfusion, how long should a capillary refill take place?
- A. Less than 3 seconds
 - B. More than 3 seconds
 - C. More than 5 seconds
 - D. Around 5 seconds

7. During a physical assessment, the nurse notices several small scabs along with the inner aspects of both of the client's lower extremities. Which of the following would be appropriate for the nurse to say to this client?
 - A. "Can you tell me what caused all of these scabs on your legs?"
 - B. "Are you in an abusive situation at home?"
 - C. "You really did a job on yourself while shaving!"
 - D. "Those scabs look painful. What happened to you?"
8. Which of the following is not a peripheral pulse?
 - A. Ulnar
 - B. Femoral
 - Brachial
 - D. Humoral
9. During the percussion of a client's abdomen, the nurse hears a loud, high-pitched, drumlike tone. The nurse would document this sound as being:
 - A. Hyperresonance
 - B. Resonance
 - C. Flatness
 - D. Tympany
10. When does normal heart sound S2 occur?
 - A. With the closure of the AV valve and signals the end of systole
 - B. With the opening of the AV valve and signals opening of systole
 - C. With the opening of the semilunar valves and signals the beginning of systole.
 - D. With the closure of the semilunar valves and signals the end of systole
11. Where is S1 auscultated most clearly?
 - A. Apex of the heart
 - B. Base of heart
 - C. Around the heart
 - D. All over the heart
12. Rubbing, grating or squeaky sound upon auscultation; as if two pieces of leather are being rubbed together
 - A. Pulmonary friction

- B. Pleural friction rub
 - C. Pulmonary bruising
 - D. Whooping cough
13. When auscultating for lung sounds, which part of the stethoscope is designed to transmit the higher pitch of abnormal sounds
- A. Ear piece
 - B. Bell
 - C. Diaphragm
 - D. Tubes
14. When doing a respiratory assessment to a patient, which of the following is the most appropriate technique?
- A. Use a stethoscope over the clothing of a patient who feels cold
 - B. Instruct patient to breathe through his or her mouth quietly and more deeply and slowly than in a usual respiration
 - C. Allow a patient with a slight lower back pain to lie supine on bed
 - D. Listen to the heart sound at the same time that your are listening to the lung sounds
15. After completing a health assessment, the nurse documents the findings on a flow sheet with checkmarks and short notations. The type of documentation this nurse is using is most likely:
- A. SOAP
 - B. Narrative
 - C. APIE
 - D. Charting by exception
16. A vibrating sensation perceived when an artery is palpated and is not expected when examining a carotid pulse.
- A. Bruit
 - B. Thrill
 - C. Crackles
 - D. Rhonci

17. An abnormal cycle of respiration that begin with slow, shallow respiration that become rapid, then become slower and are followed by periods of apnea (20 seconds). Normally caused by heart failure, opioid overdose, renal failure, meningitis, and severe head ache.
- A. Kussmaul
 - B. Cheyne-stokes
 - C. Botte's
 - D. Whooping sneeze
18. The nurse is performing an assessment of a client's abdomen. Upon palpation, the nurse feels an abnormal lump in the LUQ that is extremely painful for the client. The nurse suspects she is palpating which of the following?
- A. Inflammed spleen
 - B. Inflammed appendix
 - C. Enlarged liver
 - D. Gallbladder
19. A patient with a depression of the sternum can be said to have
- A. Barrel chest
 - B. Pectus excavatum (funnel chest)
 - C. Pigeon chest (pectus carinatum)
 - D. Kyphosis.
20. How do we know that the nurse knows the right time to do a physical assessment?
- A. 'I will do it as soon as possible'
 - B. 'I think the next shift will have to do it'
 - C. 'After I give the medication'
 - D. 'Maybe later, when I am done with others'

Short answer questions (30marks).

1. Explain three (3) areas of the Precordium you are likely to auscultate the heart sounds
(6 marks)
2. Outline the process of assessing papillary direct and consensual reaction to light and the significance of the findings
(5 marks)

3. Explain the abdominal assessment the nurse is likely to carry out on a patient during physical examination (8 marks)
4. Describe the significance of five observations that may be noted on the nails during physical examinations. (5 marks)
5. State six (6) primary lesions that may be found on the skin during physical examination (6 marks)

Long answer questions (20marks)

1. Mrs. Juma 70 years old lady is brought to casualty following road traffic accident sustaining fracture of ribs. Describe the health assessment likely to be carried out on her. (20 marks)

.....