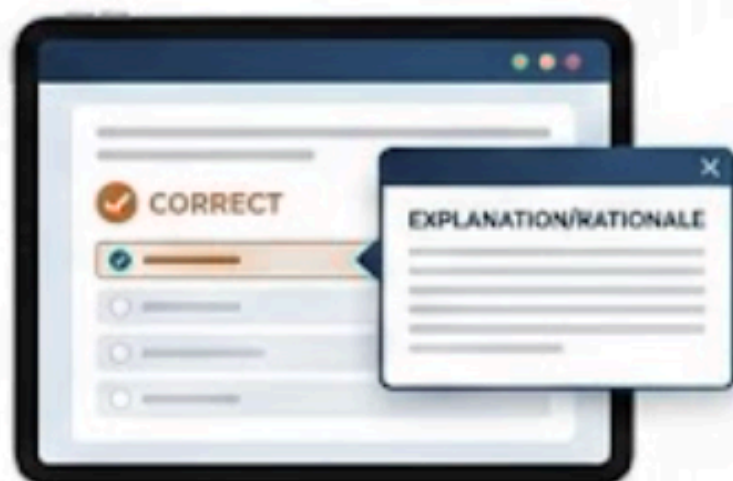




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## **SECTION A: 20 High-Yield Med-Surg Questions (NCK Style)**

**Q1. A 24-year-old male admitted with severe malaria (*P. falciparum*) develops dark "coca-cola" colored urine. The nurse interprets this finding as:**

- A) Acute Kidney Injury (AKI)
- B) Blackwater Fever (Hemoglobinuria)
- C) Hepatic failure
- D) Severe dehydration

**Answer: B**

**Rationale:** Blackwater fever is a massive intravascular hemolysis complication of severe malaria. The dark urine is caused by hemoglobin being filtered into the urine. While AKI can follow, the specific sign of dark urine indicates red blood cell destruction.

**Q2. A patient with Cholera is admitted with severe dehydration. The priority nursing intervention in the first 30 minutes is:**

- A) Administering Doxycycline 300mg STAT
- B) Collecting a stool sample for culture
- C) Rapid IV rehydration with Ringers Lactate
- D) Encouraging oral sips of ORS

**Answer: C**

**Rationale:** In severe cholera, death occurs from hypovolemic shock. Antibiotics (Doxycycline) and labs are secondary. The immediate priority is replacing fluid volume intravenously because the patient cannot drink fast enough to replace losses.

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**Q3. Which of the following clinical signs indicates "Grade 2" pitting edema in a patient with Congestive Heart Failure (CHF)?**

- A) 2mm depression that disappears rapidly
- B) 4mm depression that disappears in 10-15 seconds
- C) 6mm depression that lasts more than 1 minute
- D) 8mm depression that lasts more than 2 minutes

**Answer: B**

**Rationale:** Edema grading: 1+ (2mm), 2+ (4mm, 10-15 sec), 3+ (6mm, 1 min), 4+ (8mm, >2 min). Knowing the exact depth helps monitor the effectiveness of diuretic therapy.

**Q4. A patient post-thyroidectomy develops tingling around the mouth and positive Chvostek's sign. The nurse suspects:**

- A) Thyroid storm
- B) Hemorrhage
- C) Hypocalcemia due to parathyroid injury
- D) Laryngeal nerve damage

**Answer: C**

**Rationale:** Accidental removal or damage to parathyroid glands decreases Calcium levels. Hypocalcemia causes neuromuscular irritability (tingling, tetany). Immediate treatment is IV Calcium Gluconate.

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**Q5. In the management of Peptic Ulcer Disease (PUD), the primary action of Omeprazole is to:**

- A) Neutralize gastric acid
- B) Block histamine-2 receptors
- C) Coat the stomach lining
- D) Inhibit the proton pump to stop acid secretion

**Answer: D**

**Rationale:** Antacids neutralize acid. H2 blockers (Ranitidine) block histamine. Omeprazole is a Proton Pump Inhibitor (PPI) which completely blocks the enzyme system responsible for acid production, allowing the ulcer to heal.

**Q6. A diabetic patient is found unconscious with Kussmaul respirations and a fruity breath odor. The nurse anticipates a diagnosis of:**

- A) Hypoglycemic shock
- B) Diabetic Ketoacidosis (DKA)
- C) Hyperosmolar Hyperglycemic State (HHS)
- D) Respiratory Acidosis

**Answer: B**

**Rationale:** Kussmaul breathing (deep/rapid) is the body's attempt to blow off CO<sub>2</sub> to compensate for metabolic acidosis. The fruity odor comes from ketones. This is classic DKA (Type 1 DM).

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**Q7. The nurse is caring for a patient with a chest tube. Which finding requires immediate physician notification?**

- A) Intermittent bubbling in the water seal chamber
- B) Fluctuation of fluid in the water seal chamber
- C) 100ml of bright red blood drainage in the last hour
- D) Absence of bubbling in the suction control chamber

**Answer: C**

**Rationale:** >100ml/hr of bright red blood suggests active hemorrhage. Intermittent bubbling is normal (air leaving pleural space). Fluctuation is normal (tidaling).

**Q8. Which position is best for a patient immediately following a liver biopsy?**

- A) Left lateral decubitus
- B) Right lateral decubitus with a pillow under the site
- C) High Fowler's
- D) Supine

**Answer: B**

**Rationale:** The liver is on the right side. Lying on the RIGHT side applies pressure to the puncture site using the patient's own body weight, which prevents bleeding.

**Q9. A patient on TB treatment (Rifampicin/Isoniazid) complains of orange-red urine. The nurse's best response is:**

- A) "Stop the medication immediately and come to the clinic."
- B) "This is a harmless side effect of Rifampicin."
- C) "You may have liver damage; we need LFTs."
- D) "Drink more water to clear the infection."

**Answer: B**

**Rationale:** Rifampicin causes orange discoloration of body fluids (urine, sweat, tears). It is harmless. Warning the patient prevents unnecessary panic.

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**Q10. In a patient with acute appendicitis, sudden relief of pain indicates:**

- A) The appendix has healed
- B) Rupture of the appendix (Peritonitis risk)
- C) Effectiveness of analgesics
- D) Decrease in inflammation

**Answer: B**

**Rationale:** Sudden cessation of pain in appendicitis is a danger sign. It means the appendix has burst, relieving the pressure, but spilling bacteria into the peritoneum, which leads to fatal peritonitis.

**Q11. The "Rule of Nines" calculates the Total Body Surface Area (TBSA) burned. If a patient has burns on the entire left arm and the entire anterior trunk (chest/abdomen), the TBSA is:**

- A) 18% •
- B) 27% •
- C) 36% •
- D) 45%

**Answer: B**

**Rationale:** Arm = 9%. Anterior Trunk = 18%. Total = 9 + 18 = 27%.

**Q12. A patient with a fractured femur develops confusion, shortness of breath, and petechiae on the chest 24 hours after admission. The nurse suspects:**

- A) Pulmonary Embolism (PE)
- B) Fat Embolism Syndrome
- C) Pneumonia
- D) Hypovolemic Shock

**Answer: B**

**Rationale:** While PE causes shortness of breath, the classic triad of Fat Embolism (common in longbone fractures) is: Hypoxemia, Neurological decline (confusion), and Petechial rash.

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**Q13. The correct injection site for deep intramuscular (IM) injection in adults to avoid the sciatic nerve is:**

- A) Dorsogluteal
- B) Ventrogluteal
- C) Vastus Lateralis
- D) Deltoid

**Answer: B**

**Rationale:** Dorsogluteal is no longer recommended due to sciatic nerve risk. Ventrogluteal (hip) is the safest site for deep IM injections (volume >2ml).

**Q14. A patient with Chronic Kidney Disease (CKD) has a Potassium level of 6.5 mmol/L. Which medication should the nurse prepare to administer first?**

- A) Furosemide
- B) Sodium Polystyrene Sulfonate
- C) IV Insulin with Dextrose
- D) Calcium Gluconate

**Answer: D**

**Rationale:** While Insulin shifts K<sup>+</sup> into cells, **Calcium Gluconate** stabilizes the cardiac membrane to prevent cardiac arrest. It doesn't lower K<sup>+</sup>, but it protects the heart first.

**Q15. In Kenya, the first-line treatment for uncomplicated Pneumonia in an outpatient adult is typically:**

- A) Ceftriaxone IV
- B) Amoxicillin oral
- C) Gentamicin IM
- D) Ciprofloxacin oral

**Answer: B**

**Rationale:** According to Kenya Clinical Guidelines, Amoxicillin is the first-line antibiotic for community-acquired pneumonia that does not require admission.

**Q16. The nurse observes "Trousseau's sign" while taking BP. This is elicited by:**

- A) Tapping the facial nerve
- B) Inflating the BP cuff above systolic pressure for 3 minutes
- C) Stroking the sole of the foot
- D) Flexing the neck

**Answer: B**

**Rationale:** Trousseau's sign (carpopedal spasm) is a sign of latent tetany (hypocalcemia). It is triggered by ischemia from the BP cuff.

**Q17. A patient with a head injury has a GCS of 7. The priority nursing intervention is:**

- A) Orient the patient to time and place
- B) Protect the airway (Intubation preparation)
- C) Assess pupillary reaction
- D) Elevate head of bed 30 degrees

**Answer: B**

**Rationale:** "GCS less than 8, intubate." The patient cannot protect their own airway from aspiration or tongue obstruction.

**Q18. Which finding in a patient with a cast indicates Compartment Syndrome?**

- A) Pain relieved by analgesics
- B) Warm toes
- C) Pain that is out of proportion to the injury and not relieved by meds
- D) Mild swelling

**Answer: C**

**Rationale:** The "6 Ps" of compartment syndrome: Pain (unrelieved), Pallor, Paresthesia, Pulselessness, Paralysis, Poikilothermia. Unrelieved pain is the earliest sign.

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**Q19. The transmission route for Hepatitis A is:**

- A) Blood and body fluids
- B) Fecal-oral
- C) Sexual contact
- D) Vector-borne

**Answer: B**

**Rationale:** Hep A and E are "Vowel = Bowel" (Fecal-oral). Hep B and C are blood/fluid borne.

**Q20. To prevent pneumonia in a post-operative patient, the nurse teaches specific breathing exercises. The correct technique for "Diaphragmatic Breathing" is:**

- A) Short, shallow breaths using chest muscles
- B) Inhaling deeply through the nose while pushing the abdomen out
- C) Holding breath for 10 seconds then exhaling quickly
- D) Breathing rapidly into a paper bag

**Answer: B**

**Rationale:** Diaphragmatic breathing fully expands the alveoli. The abdomen should rise (push out)during inhalation to allow the diaphragm to drop.

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## SECTION B: 10 Tricky Midwifery (Partograph) Scenarios

*Note: These questions test the student's ability to interpret the NCK Partograph chart without seeing the image.*

**Q1. At 10:00 AM, a primigravida is admitted at 4cm dilation. At 2:00 PM (4 hours later), the vaginal exam shows 5cm dilation. The fetal heart rate is 136 bpm. How should this be recorded and interpreted?**

- A) Plot on the Alert Line; Labor is progressing normally. •
- B) Plot to the right of the Alert Line; Labor is prolonged. • C)
- Plot to the left of the Alert Line; Labor is precipitate. • D)
- Immediate Cesarean Section is needed.

**Answer: B**

**Rationale:** Normal progress is 1cm per hour. In 4 hours, she should be at 8cm. Since she is only 5cm, the graph crosses the "Alert Line" to the right. This indicates prolonged labor requiring intervention (e.g., ARM or Oxytocin).

**Q2. On the Partograph, "Moulding" is recorded as "++". This indicates:**

- A) Bones are separated, sutures felt easily.
- B) Bones just touching each other.
- C) Bones overlapping but reducible.
- D) Bones overlapping and not reducible.

**Answer: C**

**Rationale:** 0 = Separated. + = Touching. ++ = Overlapping but reducible (can be pushed back). +++ = Overlapping and severely fixed (danger sign of CPD/Obstruction).

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**Q3. A fetal heart rate (FHR) of 90 bpm is recorded on the partograph. The amniotic fluid is stained with thick meconium. The nurse's interpretation is:**

- A) Normal fetal sleep cycle.
- B) Severe Fetal Distress.
- C) Maternal hypotension effect.
- D) Cord compression (transient).

**Answer: B**

**Rationale:** Normal FHR is 120-160. Bradycardia (<110) combined with thick meconium is a classic sign of severe fetal distress (hypoxia). Immediate delivery is required.

**Q4. The "Action Line" on the Partograph is located:**

- A) 2 hours to the right of the Alert Line.
- B) 4 hours to the right of the Alert Line.
- C) Parallel to the Alert Line on the left.
- D) On the latent phase section only.

**Answer: B**

**Rationale:** The Action Line is parallel and 4 hours to the right of the Alert Line. If the graph reaches this line, critical action (C-Section or Transfer) is mandatory.

**Q5. Latent phase of labor (0-3cm) should typically not last longer than:**

- A) 4 hours
- B) 8 hours
- C) 12 hours
- D) 24 hours

**Answer: B**

**Rationale:** According to WHO and NCK guidelines, the latent phase should not exceed 8 hours. If it does, the mother requires therapeutic rest or augmentation.

**Q6. When plotting "Descent of the Head" on the Partograph, the nurse uses the rule of "Fifths". If the head is "2/5 palpable", it means:**

- A) The head is floating high.
- B) The head is fully engaged (only 2 fingers width felt above brim).
- C) The head is not engaged.
- D) The baby is already crowning.

**Answer: B**

**Rationale:** 5/5 = Head floating. 2/5 = Head engaged (deep in pelvis). 0/5 = Head not palpable (deeply engaged/on pelvic floor).

**Q7. Urinalysis on the Partograph shows "Acetone ++". This signifies:**

- A) The mother has Gestational Diabetes.
- B) The mother is dehydrated and in starvation ketosis.
- C) Pre-eclampsia.
- D) Urinary Tract Infection.

**Answer: B**

**Rationale:** Ketones (Acetone) in labor usually mean the mother is exhausted and has not eaten/drank enough (Starvation Ketosis). Treatment is IV Dextrose/fluids.

**Q8. While monitoring contractions, the nurse shades the box "completely dark" (solid black). This represents:**

- A) Mild contractions lasting <20 seconds.
- B) Moderate contractions lasting 20-40 seconds.
- C) Strong contractions lasting >40 seconds.
- D) Uterine rupture.

**Answer: C**

**Rationale:** Dots = Mild (<20s). Diagonal lines = Moderate (20-40s). Solid block = Strong (>40s).

**Q9. Oxytocin augmentation is started. Where is this recorded on the Partograph?**

- A) In the "Drugs given" section at the bottom.
- B) In the "Fetal Heart Rate" section.
- C) Along the Alert Line.
- D) In the "Monitor drops per minute" box.

**Answer: D**

**Rationale:** There is a specific row for "Oxytocin U/L" (Concentration) and "Drops/min" to strictly monitor the titration and avoid uterine hyperstimulation.

**Q10. A mother's blood pressure is 150/100 mmHg and Proteinuria is ++. This requires:**

- A) Immediate plotting on the Partograph and continue observing.
- B) Administration of Magnesium Sulfate and referral.
- C) Encouraging the mother to walk to lower BP.
- D) Rupturing membranes to speed up labor.

**Answer: B**

**Rationale:** This indicates Severe Pre-Eclampsia. The Partograph is a tool for labor progress, but this is a medical emergency. Protocol: Stabilize (Mag Sulph), control BP, and deliver (often C-Section). Walking or ARM is dangerous here.

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