

**UNIVERSITY OF JAFFNA, SRI LANKA**  
**BACHELOR OF SCIENCE IN NURSING**  
**SECOND YEAR SECOND SEMESTER EXAMINATION – AUG 2016**

**NURAH 2225 PRINCIPLES AND PRACTICE IN ADULT HEALTH**  
**NURSING I - PAPER II**

**Date: 11.08.2016**

**Time: 02 Hours**

**ANSWER ALL SIX QUESTIONS**

**Answer the part A,B &C in separate booklets**

**PART A**

1. A 72 year, lady has undergone anterior resection for rectal cancer. On post-operative day six she developed deep vein thrombosis in left leg.
  - 1.1.Enumerate the clinical features of the deep vein thrombosis. (20 marks)
  - 1.2.What are risk factors you could identify for deep vein thrombosis in this lady? (15 marks)
  - 1.3.How would you confirm the diagnosis of deep vein thrombosis? (10 marks)
  - 1.4.Discuss the treatment of deep vein thrombosis in brief. (30 marks)
  - 1.5.How could the deep vein thrombosis be prevented in this lady? (25 marks)

**PART B**

2.
  - 2.1.A 62 year, male patient admitted to surgical ward with the history of bleeding per rectum. He was diagnosed to have carcinoma of rectum
    - 2.1.1. What are the useful investigations in the diagnosis and treatment of this patient (20 marks)
    - 2.1.2. How will you prepare this patient for abdomino-perinealresection and permanent colostomy (30 marks)
  - 2.2.
    - 2.2.1. Describe the post-operative management of haemorrhoidectomy (30 marks)
    - 2.2.2. List the painful perineal conditions (20 marks)

## PART C

- 3.
- 3.1. List 5 risk factors predisposing for developing of peptic ulcer disease. (15 marks)
  - 3.2. List 5 causes for chronic liver cell disease (CLCD). (15 marks)
  - 3.3. How will you advise the patient presenting with Gastro Oesophageal Reflux Disease (GORD) in view of life style modifications. (20 marks)
  - 3.4. List 5 useful investigations in patient presenting with upper GI bleeding. (10 marks)
  - 3.5. How do you prepare a patient for upper GI endoscopy? (20 marks)
  - 3.6. What are the complications of upper GI endoscopy? (20 marks)
4. A 18 year, A/L student from Kurunagar presented with 4 days history of fever headache and right hypo chondrial pain. He was diagnosed to have Dengue fever.
- 4.1. List 2 abnormalities in the full blood count that support the diagnosis of dengue fever. (10 marks)
  - 4.2. List 4 important clinical parameters in monitoring Dengue fever patients during <sup>critical</sup> clinical phase (20 marks)
  - 4.3. What abnormalities in, the above parameters will alarm you to inform the doctor (10 marks)
  - 4.4. What advice will you give regarding fluid management on the above patient (20 marks)
  - 4.5. What is/are the intravenous fluid of choice if the patient cannot take orally (10 marks)
  - 4.6. What are the 3 phases of dengue haemorrhagic fever? (15 marks)
  - 4.7. What precautions you would take to <sup>prevent</sup> <sup>of</sup> spread the infection while patient is in the ward? (15 marks)
5. A 55 year, male with ischaemic heart disease, Type 2 diabetes presented with exertional tiredness of 5 days duration. He was diagnosed to have poor left ventricular function
- 5.1. List 5 symptoms or sign of heart failure (10 marks)
  - 5.2. List 4 common causes for heart failure (20 marks)
  - 5.3. List 4 important investigations in the evaluation of heart failure (20 marks)
  - 5.4. What are the clinical parameters and bed side tests you will monitor in the above patient (15 marks)

5.5. Name 2 drugs from different groups used in the management of heart failure and mention one common side effect for each drug. (20 marks)

5.6. List three conditions that can worsen the shortness of breath in a patient with chronic heart failure. (15 marks)

6. 65 year, patient with alcoholic liver disease presented with 2 days history of abdominal distention and worsening drowsiness. On admission to hospital he had a fever spike of 102 C, drowsy, dyspnoic, and icteric. Hepatic flaps and bilateral leg pitting oedema noted. Abdominal examination was revealed tense ascites.

6.1. Give possible 3 causes for the acute presentation (15 marks)

6.2. Name 5 important clinical parameters that should be monitored in this patient (20 marks)

6.3. Name 5 important blood investigations that should be done in acute setting of this patient (20 marks)

6.4. What is meant by abdominal paracentesis (2 sentences) (20 marks)

6.5. How do you prepare this patient for abdominal paracentesis. (5 steps) (25 marks)