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UNIVERSITY EXAMINATIONS 2023/2024

FOURTH YEAR FIRST SEMESTER EXAMINATION FOR THE DEGREE OF
BACHELOR OF SCIENCE IN NURSING

NND 3414: TRAUMA AND EMERGENCY NURSING

DATE: APRIL 2024

TIME: 3 HOURS

INSTRUCTIONS: *All questions are compulsory*

Ensure that all your answers are properly numbered

Part I Multiple Choice Questions (MCQs): Write the correct answer on the space provided in the answer booklet. Each MCQ is one mark.

Part II: Short Answer Questions-Answer questions following each other on the answer booklet

Part III: Long Answer Questions-Answer the questions on the answer booklet.

SECTION A: Multiple Choice Questions (20 MARKS)

1. One of the following is considered a priority element of the primary survey:
 - A. Complete set of vital signs
 - B. Palpation and auscultation of the abdomen
 - C. Brief neurologic assessment
 - D. Initiation of pulse oximetry
2. A 25-year-old client who fell from a height is unresponsive and breathless. A cervical spine injury is suspected. The best way for the first-responder open the client's airway for rescue breathing is?
 - A. By performing the head-tilt, chin-lift maneuver
 - B. By performing a jaw-thrust maneuver
 - C. By inserting a nasopharyngeal airway
 - D. By inserting a oropharyngeal airway

3. You arrive to find a school cleaner lying on the ground, next to a stair case. He appears unconscious. Your first action should be?
 - A. Check for breathing and a pulse
 - B. Shake and shout, check unresponsiveness
 - C. Begin compressions at a rate of 100-120
 - D. Assure the area is safe for you to be in
4. The maximum amount of time that should be taken to check for a pulse on an adult, infant or child in cardiac arrest is?
 - A. 10 seconds
 - B. 15 seconds
 - C. 30 seconds
 - D. 60 seconds
5. In advanced cardiac life support, defibrillation:
 - A. Stops a chaotic heart rhythm
 - B. is used for persistent unstable tachyarrhythmia in patients without loss of pulse
 - C. Increases the heart rate in cardiac arrest.
 - D. Increases the contractility of the heart
6. You're working as a triage nurse during a disaster situation. A wounded victim is unable to walk, has respiratory rate of 40, capillary refill is 6 seconds, and can't follow simple commands. What tag colour would you assign this victim?
 - A. Red
 - B. Green
 - C. Yellow
 - D. Black
7. A client in a car crash presents with multiple injuries. Prioritize the interventions that must be initiated for this patient.
 - A. Obtain a full set of vital signs, remove the patient's clothing, secure/start two large-bore IVs with normal saline, insert a Foley catheter if not contraindicated
 - B. Assess for spontaneous respirations, give supplemental oxygen by mask, use the chin lift method to open the airway, insert a Foley catheter if not contraindicated
 - C. Assess for spontaneous respirations, use the jaw thrust method to open the airway, give supplemental oxygen by mask, secure/start two large-bore IVs with normal saline



- D. Assess for spontaneous respirations, give supplemental oxygen by mask, use the chin lift or jaw thrust method to open the airway, remove the patient's clothing
8. An emergency room nurse is assessing a male client who has sustained a blunt injury to the chest wall. Which of these signs would indicate the presence of a pneumothorax in this client?
- A. A low respiratory rate
 - B. Diminished breath sounds
 - C. a barrel chest
 - D. A sucking sound at the site of injury
9. The nurse is assisting with collecting data on a female patient in the emergency department. Which of these findings during data collection does the nurse report as a possible atypical symptom of a myocardial infarction in the absence of chest pain?
- A. Fatigue
 - B. Dizziness
 - C. Sweating
 - D. Nausea
10. Sally, a 37-year old client with acute asthma has inspiratory and expiratory wheezes and a decreased expiratory volume. Which of the following classes of medication would this client be treated with right away?
- A. Beta-adrenergic blockers
 - B. Bronchodilators
 - C. Inhaled corticosteroids
 - D. Oral steroids
11. The nurse is planning care for a patient who is has presented to the hospital with a diagnosis of a kidney stone. Which of the following interventions would the nurse recommend?
- A. Restrict fluids
 - B. Strain all urine
 - C. Increase calcium intake
 - D. Maintain bedrest
12. When attending a client with a head and neck trauma following a vehicular accident, the nurse's initial action is to?
- A. Provide oxygen therapy
 - B. Initiate intravenous access
 - C. Immobilize the cervical area
 - D. Do oral and nasal suctioning

13. When are handing over a patient to trauma ward nurse, which of the following actions should be included in the plan of care to help prevent increased intracranial pressure in a patient following a traumatic brain injury?
- A. Cluster care so the patient can have long periods of rest
 - B. Keep the head of the bed elevated at 30 degrees
 - C. Suction frequently to keep the airway clear
 - D. Maintain patient Nil per Oral
14. A burns patient with severe burns has undergone fluid resuscitation. Which finding indicates that fluid resuscitation has been successful for this client.
- A. Haematocrit = 60%
 - B. Heart rate = 130 beats/min
 - C. Increased peripheral oedema
 - D. Urine output = 50 mL/hr
15. The nurse provides wound care for a client 48 hours after a burn injury. To achieve the desired outcome of the procedure, which nursing action will be carried out first?
- A. Applies silver sulfadiazine (Silvadene) ointment
 - B. Covers the area with an elastic wrap
 - C. Places a synthetic dressing over the area
 - D. Removes loose nonviable tissue
16. A nurse is caring for a patient admitted to the ER with diabetic ketoacidosis. In the acute phase the priority nursing action is to prepare to:
- A. Administer regular insulin intravenously
 - B. Administer 5% dextrose intravenously
 - C. Correct the acidosis
 - D. Apply an electrocardiogram monitor
17. To safeguard patient safety and assure quality, which of the following should be given highest priority when receiving a patient in the operating theatre?
- A. Assess vital signs
 - B. Check for jewelry and dentures
 - C. Assess level of consciousness
 - D. Verify patient identification and informed consent
18. Which of the following is considered a restricted area in the operating theatre?
- A. Post-anaesthetic unit
 - B. Scrubbing and gowning room

C. Theatre manager's office

D. Setting up room

19. Match the type of forensic evidence in column A with the correct example of each in column B

Column A	Column B
A. Physical evidence	i. Tread marks
B. Pattern evidence	ii. Machete
C. Conditional evidence	iii. Hair
D. Transient evidence	iv. Blood stains
	v. Light are on in the crime scene

SECTION B: SHORT ANSWER QUESTIONS (SAQs) (40 MARKS)

- Regarding mass casualty incident:
 - Differentiate triage sieve form triage sort (2 marks)
 - State five principles of response to mass casualty incident (5 marks)
- State six nursing care interventions for a patient with acute myocardial infarction (6 marks)
- State the medical management of penetrating chest trauma (7 marks)
- Explain 3 modalities of treatment tor ingested poisons (6 marks)
- State 3 types of needles commonly used with suture materials in the operating theatre (3 marks)
- State five specific infection prevention measures employed in the operating theatre (5 marks)
- Describe the various roles inherent within the practice of forensic nursing (6 marks)

SECTION C: LONG ANSWER QUESTIONS (SAQs) (40 MARLKS)

- Mr. Alex, 30 years, is brought to the emergency department after sustaining electric burns 2 hours earlier. He weighs 65 kilograms.
 - List four other causes of burns (2 marks)
 - State five factors that may warrant a patient with burns to be admitted to Hospital. (5 marks)
 - Calculate the amount of fluids to be administered to Mrs. Juma in the first 8 hours. (3marks)



d) Describe the collaborative care given to Mrs. Juma in the emergency room

(10marks)

2. Mrs Katiko is a known asthmatic. She has presented to the emergency department with signs of severe asthma. After the initial management, she registers no response to the treatment and a diagnosis of status asthmaticus is made.

REQUIRED:

Formulate 2 actual nursing diagnosis for Mrs Katiko and draw a nursing care plan for her for the next 24 hours. (20marks)

NB;

Each nursing diagnosis should be based on at least 3 cues.

Include at least 2 nursing care interventions for each nursing diagnosis.

Don't include the evaluation of care for this problem

