

Health assessment

1- Which of the following is an example of subjective data?

- a- Fever b- **Pain** c- Edema d- Hypertension

2- Light palpation is used to assess

- a- **Tenderness** b- Body organs c- Skin temperature d- Bowel sounds

3- All the following are major sources for objective data Except

- a- **Health history** b- Radiological findings c- Physical findings d- Laboratory test results

4- The elements of health assessment are data collection, verification, organization, interpretation and

- a- Classification of data b- Planning of data c- **Documentation of data** d- Analysis of data

5- Color, size, shape, position, and symmetry can be assessed using:

- a- **Inspection** b- Palpation c- Percussion d- Auscultation

6- The sounds that are produced during percussion include all the following Except

- a- **Bronchial sound** b- Resonance sound c- Flat sound d- Dull sound

7	Primary source for data include the patient and his or her family.	F
8	Data from patient's point of view refers to subjective data	T
9	Abnormality or deviation from normal anatomy and physiology of the body is known as sign and symptom	T
10	Data validation can be done by comparing the objective findings with the subjective findings.	T
11	The palmer surface of the hand can be used to assess the skin temperature	F
12	Painful areas on the abdomen should be examined before non-painful areas.	F
13	Symptoms are detected by the examiner through using special methods of examination or through the use of special instruments e.g., fever can be detected by .the clinical thermometer	F
14	Nursing diagnosis is the first step of the nursing process and includes systemic collection, verification, organization, interpretation, and documentation of data .for use by health care professionals	F
15	Bimanual palpation is performed by placing the examiner's non dominant hand on the top of the dominant hand while depressing from 2.5 to 5cm	F

Head & neck assessment

1- Bruits is a soft blowing swishing sound auscultated over thyroid gland in patients with

- a- Multiple thyroid nodules b- Thyroid tumors
c- Vasoconstriction of thyroid arteries d- **Increased blood flow through thyroid arteries**

2- Lymphadenopathy can be defined as:

- a- **Enlarged lymph node** b- Painful lymph nodes c- Cancer of lymph nodes

3- When the nurse examines the skull and facial bones and find them large and thick, then the patient may have:

- a- **Acromegaly** b- Face enlargement c- Brain tumor d- Facial deformity

4- The nurse assesses the patient for presence of palpable pre-auricular lymph node, therefore the nurse places her hands

- a- Inferior to the ear b- **In front of the ear** c- At the medial border of the mandible d- Behind the ear

5- Principles to be follow when palpating lymph nodes

- a- Palpate the lymph nodes with your finger pads in a slow walking gentle, circular motion
- b- Ask the client to bend the head slightly toward the side being palpated to relax the muscles in the area
- c- Compare lymph nodes that occur bilaterally, so it most efficient to palpate with both hands
- d- All the above

6- Lymph nodes may swell and become painful when the patient has

- a- Fever
- b- Infection
- c- Benign tumor
- d- Malignant tumor

7- Lymphadenopathy can be defined as

- a- Enlarged lymph nodes
- b- Swelling of lymph nodes
- c- Painful lymph nodes
- d- Cancer of lymph nodes

8- Which of the following can differentiate vertigo from dizziness

- a- Patient says that he is drowsy
- b- Patient says that he feels instability
- c- Patient says that he acts as spinning
- d- Patient says that he has headache

9- An abnormal finding when examining patient's face of with cachexia

- a- Swelling of the facial muscles
- b- A mask like face
- c- Sunken face with depressed eyes and hollow cheeks
- d- All the above

10- An abnormal finding when examining a face associated with stroke or Bell's palsy is

- a- Swelling of the facial muscles
- b- Enlarged facial muscles
- c- Deformed facial bones
- d- Dropping of one side of the face

11- The lymph node when infected become:

- a- Palpable, swell, painful & movable
- b- Not palpable, soft, fixed
- c- Palpable, hard, fixed, not painful
- d- Not present above

12- The nurse assesses the patient for presence of palpable post-auricular lymph node; therefore, she must place her hands

- a- Behind the ear
- b- In front of the ear
- c- Inferior to the ear
- d- At the medial border of the mandible

13- Examination of patient reveals distended jugular veins at the neck base to the angle of jaw. This finding indicates

- a- Decreased venous return
- b- Increased central venous pressure
- c- Increased pulmonary artery capillary pressure
- d- Right- sided heart failure

14- When the nurse want to palpate the thyroid gland, she must

- a- Stand on the right side of patient, ask him to turn neck to left & talk with patient
- b- Stand in front of patient, ask him not to move head during examination and not to talk
- c- Stand behind the patient, ask him to turn neck to right and ask him to swallow
- d- Stand behind the patient, ask him take deep breathing during palpation

15- When the nurse assessing trachea, which of the following indicating normal finding

- a- Trachea is deviated to one side
- b- Trachea is in midline of neck
- c- Trachea is tendered with touch
- d- Trachea is enlarged

16	Occipital lymph node is located in the base of the skull	T
17	The nurse must palpate one carotid artery at a time to avoid compromising arterial blood to the brain.	T
18	If cancer metastasizes to the lymph nodes, they may enlarge and be painful.	F
19	The parotid gland is located inferior to the mandible, underneath the base of the tongue.	F
20	The sequence used to examine lymph nodes is inferior to superior.	F
21	Lesions or lumps on the head may Indicate shortening in sternomastoid muscles =	F
22	Lymphadenopathy is normal finding during palpating lymph nodes	F
23	To palpate the temporo-mandibular joint, .place index finger over the front of each .ear and ask the patient to open his mouth	T
24	Ptoxis: drooping of the upper eye lids.	T

25	Trachea may be pulled to one side in cases of tumor, thyroid gland enlargement or atelectasis	T
26	A mask like face marks cachexia	F
27	Sunken face with depressed eyes and hollow cheeks is typical of Parkinson's disease	F
28	A bruit sound is normal sound auscultated on blood vessels	F

Respiratory assessment

1- The nurse auscultates for bronchial sound by placing the stethoscope

- a- Between the 1st and 2nd intercostal space b- Over small bronchioles at lung apex and base
c- **Over the trachea on the sternal notch** d- Between the scapula and vertebral spine

2- Dyspnea grade ... in which the patient feels dyspnea on doing more than usual daily activities

- a- **one** b- Two c- Three d- Four

3- Which of the following terms refers to difficulty of breathing in supine position

- a- Dyspnea b- Paroxysmal nocturnal dyspnea c- **Orthopnea** d- Nocturnal dyspnea

4- Central Cyanosis sites include

- a- Ear lobule b- **Back of tongue** c- Finger nails d- Skin of the extremities

5- The nurse use palpation of the chest to determine

- a- Chest deformities b- **Lung expansion** c- Respiratory symmetry d- Respiratory resonance

6- The breathing sound in which inspiratory and expiratory sounds are equal in length is

- a- Vesicular b- Hyper resonance c- Bronchial d- **Bronchovesicular**

7- In cases of respiratory distress, patients will lean forward, resting their hands on their knees in what is known as the

- a- Fowler position b- **Tripod position** c- Lateral position d- Supine position

8- Early morning cough is common with .

- a- Post nasal drip/ sinusitis b- **Chronic bronchial inflammation of smokers**
c- exposure to irritants d- acute respiratory tract infection

9- When patient's breath become rapid, and deep without pauses this respiratory pattern is ...

- a- Cheyne-stock respiration b- Blott's respiration c- **Kussmaul's respiration** d- Apnea

10- A client with no history of cardiovascular disease comes into the ambulatory clinic with flu-like symptoms. The client suddenly complains of chest pain. Which of the following questions would best help a nurse to discriminate pain caused by a non-cardiac problem

- a- Have you ever had this pain before?
b- Can you describe the pain for me?
c- **Does the pain get worse when you breathe in?**
d- Can you rate the pain on a scale of 1-10, with (10) being the worst

11- Grade 2 dyspnea occur with

- a- Doing strenuous activities b- **Doing usual daily living activities**
c- Doing less than usual daily activities d- Doing more than his usual daily activities

12- Technique used to detect lung fill with air or not

- a- Tactile fremitus b- Chest expansion c- Light palpation d- Deep palpation

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- d- Trachea is enlarged

16- Breathing sound in which expiratory sounds last longer than inspiratory sound, referred to

- a- Bronchovesicular
- b- **Bronchial**
- c- Vesicular
- d- Hyper resonance

17	White frothy or pink sputum usually indicates pulmonary embolism	F
18	Dyspnea grade 4 in which the patient feels dyspnea on doing less than his usual daily activities	F
19	Wheezes reveals secretion in large air way.	F
20	Clubbing fingers occurs due to hypoxia .	T
21	Adventitious sounds are sounds that are normally heard in the lungs	F
22	Ronchi is low pitched scoring sound heard due to presence of obstruction by secretions in small airways	F
23	Dysphagia means any difficulty in breathing	F
24	When examining symmetry of patient's chest, the nurse should stand on the patient's left side	F
25	Nocturnal dyspnea is a sensation of shortness of breath that occur at night and usually relieved with upright position	T
26	Chest expansion is a palpable vibration because sounds generated from the larynx are transmitted through patent bronchi	F
27	Resonance sound is normal lung sound with percussion	T
28	Grade two dyspnea occurs when the patient does less than usual activities.	F

Abdomen assessment

1- Which structure is located in the left lower quadrant of the abdomen?

- a- Gallbladder
- b- Duodenum
- c- Liver
- d- **Sigmoid colon**

2- Measuring the height of the liver in the right midclavicular line is called:

- a- **Liver span**
- b- Liver enlargement
- c- Liver weight
- d- Liver palpation

3- When assessing the abdomen, which sequence does the nurse follow?

- a- Palpation, percussion, auscultation, and inspection
- b- Percussion, inspection, auscultation, and palpation
- c- Inspection, palpation, percussion, and auscultation
- d- **Inspection, auscultation, percussion, palpation**

4- which of the following technique used to assess liver span?

- a- Palpation
- b- **Percussion**
- c- Manipulation
- d- Inspection

5- Normal liver span in adult

- a- 5-15 cm
- b- 5-10 cm
- c- 6-10 cm
- d- **6-12 cm**

6- As part of an abdominal assessment, the nurse must palpate a client's liver. In which quadrant is this organ located

- a- Left lower quadrant b- Right lower quadrant c- Left upper quadrant d- **Right upper quadrant**

7- Nurse examines a client with paralytic ileus. Which alteration in bowel sounds should the nurse expect to find with auscultation of the client's abdomen

- a- Hyperactive b- **Absent** c- Normal d- None of the above

8- During physical examination of the abdomen, the Umbilicus normally should be in midline and with no sign of discoloration, inflammation.

- a- Pushed upward b- Bulged c- Deeply sunken d- **Inverted**

9- The nurse is percussing the seventh right intercostal space at the mid- clavicular line over the liver. Which sound should the nurse expect to hear

- a- **Dullness** b- Tympany c- Resonance d- Hyperresonance

10- A special procedure performed for patient with suspected ascites is

- a- **Shifting dullness** b- Liver span c- Deep palpation d- All the above

11- The most important organ present in the left upper quadrant

- a- Sigmoid colon b- Stomach c- Cecum d- Appendix

12- The following abnormality may be observed during abdominal inspection

- a- Liver friction rubs b- Tendered masses c- Ovarian enlargement d- **Engorged veins**

13- Before abdominal examination the nurse should instruct her patient to

- a- **Empty his urinary bladder** b- Sit in semi-fowler position

14- The second technique used for abdominal assessment is

- a- Inspection b- Palpation c- Percussion d- **Auscultation**

15- Instructions should be followed during abdominal palpation except

- a- Begin with light palpation
b- **Deep palpation give impression of the skin surface and superficial musculature**
c- Watch patient's facial expression during palpation
d- Make a gently rotary motion, sliding the fingers and skin together

16- In the case of ascites is present, what will the nurse notice or find during fluid wave test

- a- You will feel no change during test
b- **You will feel a distinct tap on your left hand**
c- The sound changes from tympany to a dull sound as you reach the fluid level
d- The fluid will gravitate to the dependent side (right side)

17- Abnormal Finding in Abdomen Shape, all the following except

- a- Scaphoid abdomen b- Protuberant abdomen c- Distended abdomen d- **Flat abdomen**

18- The nurse must prepare the patient before abdominal examination, which of the following statement Incorrect preparation

- a- Ask the patient to empty bladder before examination
b- Place the patient on supine position
c- Provide privacy and draping
d- **Painful areas are examined at first**

19- When the nurse percuss the right hypochondrium of the abdomen the following sound will be heard:

- a- Tympanic sound b- **Dull sound** c- Resonance sound d- Flat sound

20	Painful areas on the abdomen should be examined before non-painful areas.	F
21	When examining a patient with ascites, shifting dullness can be detected if the fluid is less than 500ml.	F
22	The solid viscera inside the abdomen are stomach, gall bladder and the colon.	F
23	RT hypochondrium pain is considered Objective data	F
24	Dysphagia means any difficulty in breathing	F
25	Bruit sound in the abdominal aorta & renal artery indicated presence of stenotic area	T

Genitourinary assessment

1- Increased volume of urine voided more than 2000 ml / 24 hr. is documented as

- a- Anuria b- **Polyuria** c- Oliguria d- Frequency

2- Ineffective attempts to void accompanied by painful straining is called

- a- Hesitancy b- Dysuria c- **Tenesmus** d- Urgency

3- Abnormal sounds heard over renal artery, results from narrow or partially occluded artery is called

- a- Thrill b- Crackles c- **Bruits** d- Wheezing

4- Skin color during inspection of patient with renal problems

- a- Yellowish discoloration b- Cyanosed patient c- **Grayish discoloration** d- Flushed discoloration

5- If the patient complains from urinary bladder stone, the suspected pain site is

- a- Flank area b- **Suprapubic area** c- Perineum area

6- The predisposing factors for urinary calculi include all the following except

- a- Urinary stasis b- Chronic dehydration c- **Hypocalcemia & hypercalciuria** d- Period of immobility

7- The nurse plans to assess an adult client's kidneys for tenderness. The nurse should assess the area at the

- a- Right upper quadrant b- Left upper quadrant c- External oblique angle d- **Costovertebral angle**

8- Costovertebral angle tenderness indicating for

- a- Kidney stone b- Renal failure c- Pyelonephritis d- **A & C**

9	A urinary tract infection can put the person at risk for developing kidney stones	T
10	Uremic status is a result of renal failure due to accumulation of nitrogenous waste products in the blood	T
11	Urolithiasis is higher among men than female	T
12	A bruit sound is normal sound auscultated on blood vessels	F

Cardiovascular assessment

1- S2 heart sound is produced as a result of closure..... valves:

- a- Mitral and tricuspid b- Aortic & tricuspid c- Mitral & pulmonary d- **Aortic & pulmonary**

2- When listening to heart sounds, you can best hear S1 at the:

- a- Base of the heart b- **Apex of the heart**
c- Aortic area d- 2nd intercostal space to the right of the sternum

3- The normal pacemaker of the heart is the:

- a- **SA node** b- AV node c- Bundle of His d- Ventricles

4- When listening to S2 heart sounds, the best site to hear at

- a- **Base of the heart** b- Apex of the heart c- Aortic area d- 2nd intercostal space right to sternum

5- S1 heart sound is produced as a result of closure.... Valves

- a- **Mitral and tricuspid** b- Mitral and pulmonary c- Aortic and pulmonary d- Aortic and mitral

6- the pitting edema grade 3 take time about

- a- 10-15 seconds b- 2 minutes c- **More than 1 minute** d- 5 seconds

7	The thoracic cavity is lined by a thin, double layered serous membrane collectively referred to as pleural	T
8	A murmur is a gentle, blowing, swooshing sound that can be heard on the chest wall	T
9	The second heart sound (S2) occurs with closure of the Atrioventricular valves and these signals for systole .beginning	F
10	The presence of diabetes, high blood pressure, and high cholesterol is known to increase the risk of heart disease	T
11	While the nurse assesses patient's capillary refill, the color return to external capillary bed after 4 seconds, the nurse should document this finding as delayed capillary refill	T

Musculoskeletal assessment

1- While the nurse inspects patient's chest, she observed that the sternum is anteriorly displaced, she must document this finding as

- a- Funnel chest b- Normal chest c- **Pigeon chest** d- Barrel chest

2- is an exaggerated posterior curvature of the spine that causes a bowing of the back

- a- Scoliosis b- **Kyphosis** c- Normal d- Lordosis

3- The normal range of motion of elbow joint is.

- a- **Flexion and extension** b- Extension and plantar flexion
c- Dorsiflexion and rotation d- Adduction and abduction

4- A muscle power where muscle is able to mount full range of motion against gravity and some resistance is graded

- a- 5 b- **4** c- 3 d- 2

5- During the physical assessment of young adult, the nurse notes excessive anterior curvature of spine. What should she suspect to be occurring for this patient

- a- Scoliosis b- Scoliosis d- **Lordosis**

6- Effusion means

- a- is a growth of inflamed tissue or mixture of tissue & fluid
b- **Sac filled with fluid in tissue that surround the joint**
c- Sac filled with fluid * blood in joint the joint
d- Inflammation affect mostly on small

7- Is when a person stands up straight and the knees touch, but the ankles are apart

- a- Genu varum b- **Genu valgum** c- Coxa valga

8- is responsible for extension and flexion of the wrist

- a- **Radial nerve** b- Ulnar nerve c- Median nerve

9- Hamstring muscles are responsible for

- a- Extension of forearm at elbow b- Flexion of forearm at elbow
c- Extension of lower leg at knee d- **Flexion of lower leg at knee**

10	Barrel chest is characterized by anteriorly displaced sternum	F
11	Lordosis is a musculoskeletal disorder in which there is a sideways curvature of the spine, or backbone	F
12	The patient has an active role during assessment of muscle tone.	F
13	Steppage gait short, accelerating steps: shuffling; forward-leaning posture; head, hips, and knee flexed; difficult to start and stop.	T

Neurological assessment

1- The Glasgow coma scale is used to measure the patient's level of consciousness the following are description of the scale

- a- Eyes opening 6 scores, motor response 4 scores, verbal response 5 scores
- b- Eyes opening 4 scores, motor response 6 scores, verbal response 5 scores
- c- Eyes opening 5 scores, motor response 6 scores, verbal response 4 scores
- d- Eye opening 3 scores, motor response 4 scores, verbal response 5 scores

2- a neurological disorder characterized by an inability to recognize and identify objects

- a- Aphasia
- b- Amnesia
- c- Agnosia
- d- None of the above

3- nerve that controls facial muscles, chewing, and facial sensations

- a- X
- b- IV
- c- VII
- d- V

4- A male client has an impairment of cranial nerve II. Specific to this impairment, the nurse would plan to do which of the following to ensure the client safety

- a- Speak loudly to the client
- b- Test the temperature of the shower water
- c- Check the temperature of the food on the delivery tray
- d- Provide a clear path for ambulation without obstacles

5- Is a rapid rhythmic involuntary eyeball movement

- a- Strabismus
- b- Exotropia
- c- Nystagmus
- d- Esotropia

6- Glossopharyngeal nerve is responsible for

- a- Swallowing and speech
- b- Hearing and equilibrium
- c- Swallowing, taste, and secreting saliva

7- Tears, saliva, taste, and facial expressions are caused by cranial nerve ...

- a- VI
- b- IV
- c- VII
- d- II

8- Cranial nerve IV is known as

- a- Oculomotor
- b- Trigeminal
- c- Hypoglossal
- d- Trochlear

9- The motor nerve that is responsible for lateral movement of the eye

- a- Abducens nerve
- b- Facial nerve
- c- Trochlear nerve
- d- Vagus nerve

10- is a test used to determine lateralization of sound waves and potential sensory-neural hearing loss

- a- Rinne
- b- Weber
- c- Whisper

11- is the nerve responsible for dorsiflexion for the lower limb

- a- Peroneal
- b- Radial
- c- Tibial
- d- Ulnar

12- Cranial nerves move the eyeballs

a- I, II, III

b- **III, IV, VI**

c- III, V, X

d- III, V

13- 70-year-old woman has decreased facial expression and is slow in her movements. When she walks, she is hunched over and takes small steps. It does not take much for her to lose her balance. What type of gait abnormality does she have ?

a- Ataxic gait

b- Antalgic gait

c- **Parkinsonian gait**

d- Hemiplegic gait

14- is a gait that develops as a way... to avoid pain while walking.

a- **Antalgic gait**

b- Ataxic gait

c- Scissor gait

15	Glossopharyngeal cranial nerve responsible for taste perception of anterior two third of the tongue	F
16	Ptosis: drooping of the upper eye lids.	T
17	The optic nerve is known as cranial nerve X	F
18	A mask like face marks cachexia	F
19	Vestibulocochlear nerve is known as .cranial nerve VIII.	T
20	Dysarthria is defective articulation of speech, it includes speech that is slurred, too fast or slow or of abnormal pitch.	T

تم بحمد الله

برجاء الدعاء لوالدي بالرحمة والمغفرة

Badr El-Din Hosny

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