



GREAT LAKES UNIVERSITY OF KISUMU  
P.O. Box 2224 KISUMU 40100  
FACULTY OF HEALTH SCIENCES  
SCHOOL OF NURSING AND MIDWIFERY

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**JAN - APRIL 2024 Academic Semester**

**END OF SEMESTER FINAL EXAMINATION**

**CODE: HNS 131B NAME: FUNDAMENTALS OF NURSING II**

**TIME: 3 HOURS**

**Instructions to candidates**

1. Read the Instructions carefully and answer only what is asked for.
2. Enter your examination number and course code in the space provided in the answer sheet.
3. All questions are compulsory **unless specified**.
4. Part one MCQ, Each MCQ is 1 mark.
5. For Part Two, Short answer questions, answer each question following each other
6. For Part Three, Long Answer questions, answer each subsections following each other.
7. Omission of or wrong numbering of questions or part of the question will result in 5% marks deduction from the relevant part.

**MULTIPLE CHOICE QUESTIONS**

1. A hissing, musical sound is documented as:  
A. Wheezes  
B. Rhonchi  
C. Gurgles  
D. Vesicular
2. During an abdominal examination, the patient should be in a supine position with the head of the bed at?  
A. 30 degrees  
B. 90 degrees  
C. 45 degrees  
D. 0 degree
3. Kussmaul's breathing is:  
A. Shallow breaths interrupted by apnea  
B. Prolonged gasping inspiration followed by a very short, usually inefficient expiration  
C. Marked rhythmic waxing and waning of respirations from very deep to very shallow breathing and temporary apnea  
D. Increased rate and depth of respiration
4. The nurse is aware that Bell's palsy affects which cranial nerve?  
A. 2nd CN (Optic)  
B. 3rd CN (Oculomotor)  
C. 4th CN (Trochlear)  
D. 7th CN (Facial)
5. Resonance during percussion is heard over?

- A. Thigh
  - B. Liver
  - C. Intestine
  - D. Lung
6. Gradual decrease of the body's temperature after death is:
- A. Livor mortis
  - B. Rigor mortis
  - C. Algor mortis
  - D. none of the above
7. S1 is heard best at the:
- A. 5th left intercostal space along the midclavicular line
  - B. 3rd intercostal space to the left of the midclavicular line
  - C. Second right intercostal space at the sternal border
  - D. Second left intercostal space at the sternal border
8. The correct site at which to verify a radial pulse measurement is the:
- A. Brachial artery
  - B. Apex of the heart
  - C. Temporal artery
  - D. Inguinal site
9. To promote correct anatomic alignment in a supine patient, the nurse should:
- A. Place the patient's feet in dorsiflexion
  - B. Place a pillow under the patient's knees
  - C. Hyperextend the patient's neck
  - D. Adduct the patient's shoulder
10. The sequence for assessing the bowel is:
- A. Right lower quadrant, right upper quadrant, left upper quadrant, left lower quadrant
  - B. Right lower lobe, right upper lobe, left upper lobe, left lower lobe
  - C. Right hypochondriac, left hypochondriac and umbilical regions
  - D. Rectum, pancreas, stomach and liver
11. Which assessment finding should the nurse consider as expected during hair assessment?
- A) Dry, dark, thin
  - B) Smooth, taut, shiny
  - C) Smooth texture and not oily or dry
  - D) Tender, warm scalp
12. Which of the following component will a nursing health history address?
- A. Nurse's concerns
  - B. Patient expectations
  - C. Current treatment orders
  - D. Nurse's goals for the patient
13. What technique should the nurse employ during breast examination?
- A. Use the finger pads to palpate breast tissue.
  - B. Assess the nipples before palpating the breasts.
  - C. Inspect the breasts while the patient is in the supine position.
  - D. Follow only a circular sequence of palpation of a breast from the nipples outward.
14. Which of the following describes the technique of percussion?
- A. Pressing down on the symphysis pubis to determine the presence of urinary retention
  - B. Placing a stethoscope on the abdomen to assess the extent of bowel sounds
  - C. Using a rubber-tipped hammer to elicit a deep tendon reflex
  - D. Touching the skin over an artery to obtain a pulse rate

15. How should a nurse assess the function of cranial nerve III ?
- A. Instruct the patient to smile.
  - B. Shine a light onto the patient's pupil.
  - C. Ask the patient to raise the shoulders against resistance.
  - D. Place a padded tongue blade gently against the patient's posterior oropharynx.
16. Which patient assessment indicates that the vascular impairment is arterial rather than venous?
- A. Skin of the lower extremities is pale with mottling.
  - B. Distal capillary refill is less than three seconds.
  - C. Toenails on both feet are translucent.
  - D. Skin of the feet is warm to touch.
17. Which site should the nurse position a stethoscope when assessing the apical pulse rate for an adult?
- A. 2nd ICS to the left of the sternal border
  - B. Erb's point
  - C. 4th ICS to the left of the sternal border
  - D. 5th ICS at the midclavicular line
18. A nurse is taking a patient's temperature using a tympanic membrane thermometer. Which action is important when using this thermometer?
- A. Clean the probe before and after use.
  - B. Use a new probe cover for each patient.
  - C. Slide the probe medially to laterally across the forehead to the temple.
  - D. Pull the pinna of the ear upward when inserting the probe into the ear of an infant.
19. When assessing a patient's radial pulse, a nurse is unable to feel pulsations. What should the nurse do first?
- A. Release the pressure of the fingers slightly while compressing the artery.
  - B. Apply more pressure when palpating the artery.
  - C. Assess an artery in the other arm.
  - D. Use a Doppler to assess the artery.
20. A nurse is assessing a patient's ability to focus on a mental task. What question is appropriate for the nurse to ask the patient in relation to this assessment?
- A. "What day of the week is it?"
  - B. "What did you have for lunch today?"
  - C. "What is the result when you multiply 2 times 2?"
  - D. "What city did you live in when you were 20 years old?"

### **SHORT ANSWER QUESTIONS**

1. Define Physical assessment (2 Marks)
2. Discuss the 4 basic physical assessment techniques. (8 Marks)
3. Outline five (5) purposes of physical examination (5 Marks)
4. Describe the 2 common approaches for data collection. (4 Marks)
5. Describe how to assess the level of a client's cognitive functioning. (5 Marks)
6. State how to describe pulse (5 Marks)
7. Discuss adventitious and normal breath sound heard during lung auscultation (6 Marks)
8. State five (5) barriers to effective communication (5 Marks)

### **LONG ANSWER QUESTIONS**

1. Discuss the determinants of blood pressure (10 Marks)
2. Discuss the steps in data collection 20 marks

3. Discuss the process of abdominal examination (10 Marks)