Nursing Revision Questions -12

community health nursing (Kenya Medical Training College)

REVISION QUESTIONS SEM1-EDITION1

DIPLOMAINCOMMUNITYYHEALTHNURSING

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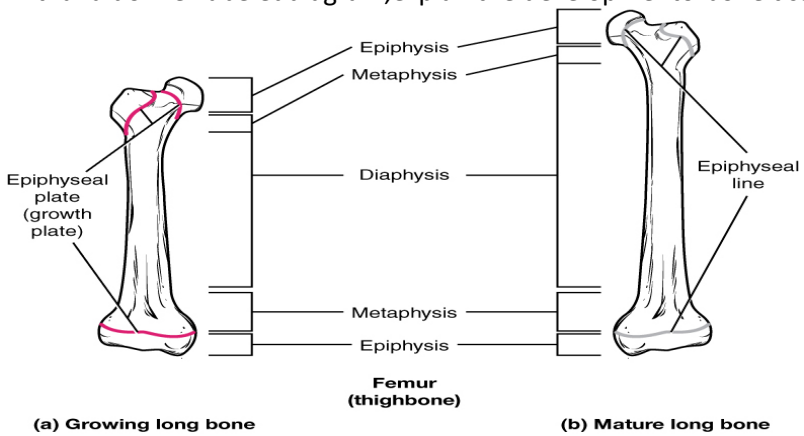
AnatomyandPhysiology:

1. State2componentsofthecentralnervoussystems.
   The central nervous system consists of 1. The Brain 2. The spinal cord
2. Explainthecompositionoftheperipheralnervoussystem.
   The peripheral nervous system refers to parts of the nervous system outside the brain and spinal cord. It includes the cranial nerves, spinal nerves and their roots and branches, peripheral nerves, and neuromuscular junctions
3. State4compositionsofplasma.
   Plasma contains 1. Minerals and respiratory gases 2. Antibodies 3. Coagulant factors 4. Fibrinogen 5. Albumin
4. State6factorsthataffectheartrate.
   1. The terrain – a walk uphill increases the heart rate due to higher oxygen demand to compensate the much used oxygen. A walk downhill does the vice versa
   2. Temperature: an increase in body temperature causes the body to sense a thermal stress hence an increase in heart rate to supply blood more superficially and rapidly to your skin to dissipate heat loss. Similarly decrease in body temperature increases blood supply to warm you.
   3. Dehydration: as one becomes increasingly dehydrated, their blood becomes thicker due to accumulation of waste products. This causes the heart rate to increase in order to maintain the cardiac output volume.
   4. Diminishing glycogen: The body stores energy in tissues in form of ATP and glucose. A reduction in the optimum levels causes the HR to increase in order to supply the insufficient glycogen present in the blood to the rest of the body systems.
   5. Emotions and anxiety: our body natural response to emotions like stress is to produce stress hormones that include cortisol and adrenaline which causes our heart to beat more rapidly and blood vessels to narrow and help blood reach the central parts. In turn, they also increase blood pressure and blood sugar.
   6. Medication: Some medication when taken can either increase or decrease the heart rate due to impairment of the normal electrical signals in your heart and cause an increased/faster heart rate. (Tachycardia) causing dizziness or lightheaded.
5. Statethreeprocessesinvolvedinthe formationofurine.
   There are three main steps of urine formation: glomerular filtration, reabsorption, and secretion.
6. State4factorswhichaffectcardiacoutput.
   1. Heart volume
   2. Contractility of the ventricles
   3. Gender.
   4. Fitness level
   5. Duration of contraction
7. Explain3 functionsofthecerebralcortex.
   The cerebral cortex is the largest covering of the brain and is wrinkled to increase the surface area for the habitation of as many neurons as possible. It's complex function is mostly in the subdivisions of the lobes namely:
   1. The frontal lobe for memory, speech recognition and emotions etc.
   2. The parietal lobes for integration of body sensory information.
   3. Temporal lobe for integration of memory, emotions forming speech etc.
   4. Occipital lobe for integration of visual effects and color recognition
8. Explain4typesofbones,givinganexample ineachtype.
   The four principal types of bones are:
   1. Longbonese.g, thigh, leg, arm and forearm,
   2. Short Bones e.g bones of the wrist and ankle ,
   3. Flat bones e.g the cranium bones.
   4. Irregular bones e.g the vertebrate and the skull.

9. Statethefunctionsofcerebrospinalfluid.
    1. Acts as a shock protection fluid to the brain against any mechanical damage
    2. Supports 97% of the weight to the brain in the cranium
    3. Carries chemical signals like hormones
    4. Helps in nourishment of the brain.
10. Statethefunctionsofreticularformation.
    The reticular layer formation of the skin is made up of collagen fibers that are arranged in parallel, making it dense hence (i) Strengthening the skin to provide its structure and elasticity. (ii) It also functions to support other components of the skin including the hair follicle, blood vessels and sweat glands among others.
11. Withanaidofwelllabeleddiagram,explainthe developmentofbone tissue.



    Endochondral ossification follows five steps. (a) Mesenchymal cells differentiate into chondrocytes that produce a cartilage model of the future bony skeleton. (b) Blood vessels on the edge of the cartilage model bring osteoblasts that deposit a bony collar. (c) Capillaries penetrate cartilage and deposit bone inside cartilage model, forming primary ossification center. (d) Cartilage and chondrocytes continue to grow at ends of the bone while medullary cavity expands and remodels. (e) Secondary ossification centers develop after birth. (f) Hyaline cartilage remains at epiphyseal (growth) plate and at joint surface as articular cartilage.
12. Explainthe3typesofmusclesgivingspecificexamples.
    1. Skeletal muscles – these are muscles attached to the bones, controlled by a portion of peripheral NS. (they are voluntarily controlled
    2. Smooth muscles – muscles found in the hollow spaces of blood vessels, Gastrointestinal tracts, small intestines etc. they are autonomic (Involuntarily controlled)
    3. Cardiac muscles – these are the muscles of the heart and are also controlled by autonomic NS.
13. State3 layersoftissuecoveringthewallsof arteriesandarterioles.
        1. Tunica intima - inner most
        2. Tunica media – middle layer
        3. Tunica externa – the outer layer
           The lumen is the blood containing space. Capillaries have only one layer.
14. State2mechanismswhichcontrolthebloodpressure.
    The following mechanisms are used in blood pressure regulation.
    1. Variety of cardiovascular control systems which manage the cardiac output in in 3 ways:
        i. Stimulating the cardiac output by increasing the heart rate through sympathetic cardiac nerves
        ii. Inhibition of cardiac output by decreasing the heart rate through parasympathetic nerve impulses
        iii. Vasomotor center regulates blood vessel diameter through sympathetic motor neurons
        Nb: the cardiac center receives the information through the baroreceptors located in the carotid sinus, aortic arch and the right atrium.
        Also through chemoreceptors which detect the co2 and o2 concentration at carotid sinus and aortic arch.

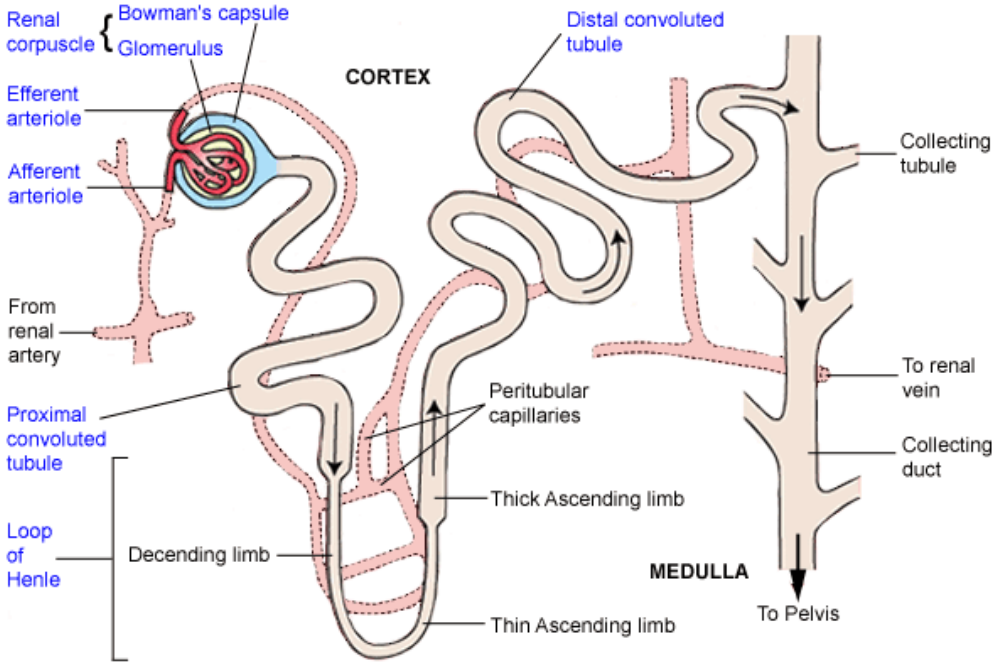
    2. Hormonal regulation by the kidney through regulation of the blood volumes. (Renin Angiotensin – Aldosterone System, RAAS)
    In response to risen blood pressure, juxtaglomerular secrets renin into the blood system. Renin converts plasma protein angiotensinogen into angiotensin I and subsequently angiotensin II. Angiotensin II then

constricts blood vessels throughout the body. This raises blood pressure and reduces blood volume delivered to the kidney. In this effect, the kidney has a reduced potential to excrete water: meaning, raising blood pressure by increasing blood volume.
Ref: (https://www.cliffsnotes.com/study-guides/anatomy-and-physiology/the-cardiovascular-system/control-of-blood-pressure)

15. List8arteriesformingthecircus arteriosus.
    The **Anterior Communicating,**
    Anterior Cerebral,
    Internal Carotid,
    Posterior Communicating,
    Posterior Cerebral,
    Basilar Arteries
16. List6componentsofthelymphaticsystem.
    1. Lymph organs
    2. Lymph
    3. Lymph vessels
    4. The spleen
    5. Thymus
    6. The tonsils
17. Explain2typesofnerveswhichtransmitnerveimpulses
    - Sensory Nerves – they transmit nerve impulses from sensory organs to the central nervous system.
    - Motor nerves – they transmit impulses from the central nervous system towards the organs, muscles and glands etc.
18. Explain3 layersofthemeninges.
    - Dura matter – this is the outer covering layer of the meninges
    - Arachnoid matter - this is the middle covering layer of the meninges btn dura and pia
    - Pia matter this is the innermost layer of the meninges separated by subarachnoid layer
19. Explainthe3functionsofthecerebralcortex.
    The cerebral cortex is the outermost layer of the brain that is associated with
    1. Determining intelligence.
    2. Determining personality.
    3. Motor function.
    4. Planning and organization.
    5. Touch sensation.
    6. Processing sensory information.
    7. Language processing.
20. Statethefunctionsofinsulin.
    Insulin is a natural hormone produced by your pancreas that regulatesusage and storage of blood sugar (glucose).
21. Explainthethreetypesofjoints givingexamples.
    - Fibrousjoints–permitsnomovemente.g.skulljoints.
    - Cartilaginousjoints– formed bya padoftoughfibrocartilage actingasshockabsorbere.g.betweenvertebral bodies.
    - Synovial joints – presence of a capsule between the articulating bones e.g. hinge, ball andsocket,glidinge.t.c
22. Discussthe functionsofstomach.

- Temporary storage for food, which passes from the esophagus to the stomach where it is held for 2 hours or longer
- Mixing and breakdown of food by contraction and relaxation of the muscle layers in the stomach
- Digestion of food and secretion of digestive hormones in the stomach

23. Withanaidofawelllabeleddiagramof nephrone, describetheprocessofurineformation.



The process of urine formation in kidneys include the following steps:

(i) Glomerular filtration - Urine formation begins when the blood is filtered by the glomerulus and enters the Bowman's capsule and the glomerular filtrate is formed. The afferent arteriole entering the glomerulus is wider than the efferent arteriole in diameter. This increases the blood pressure within the glomerulus helps in the filtration. Glomerular filtrate is formed of all blood constituents except corpuscles and plasma proteins.

(ii) Tubular reabsorption - When the glomerular filtrate comes to the proximal tubule then the essential nutrients are reabsorbed. Glucose, amino acids, water, ions like sodium, potassium, chloride, bicarbonate, magnesium, calcium are reabsorbed from the glomerular filtrate. When the filtrate finally comes to the collecting duct ADH (anti-diuretic hormone) acts and reabsorbs the excess water and decreases the urine volume.

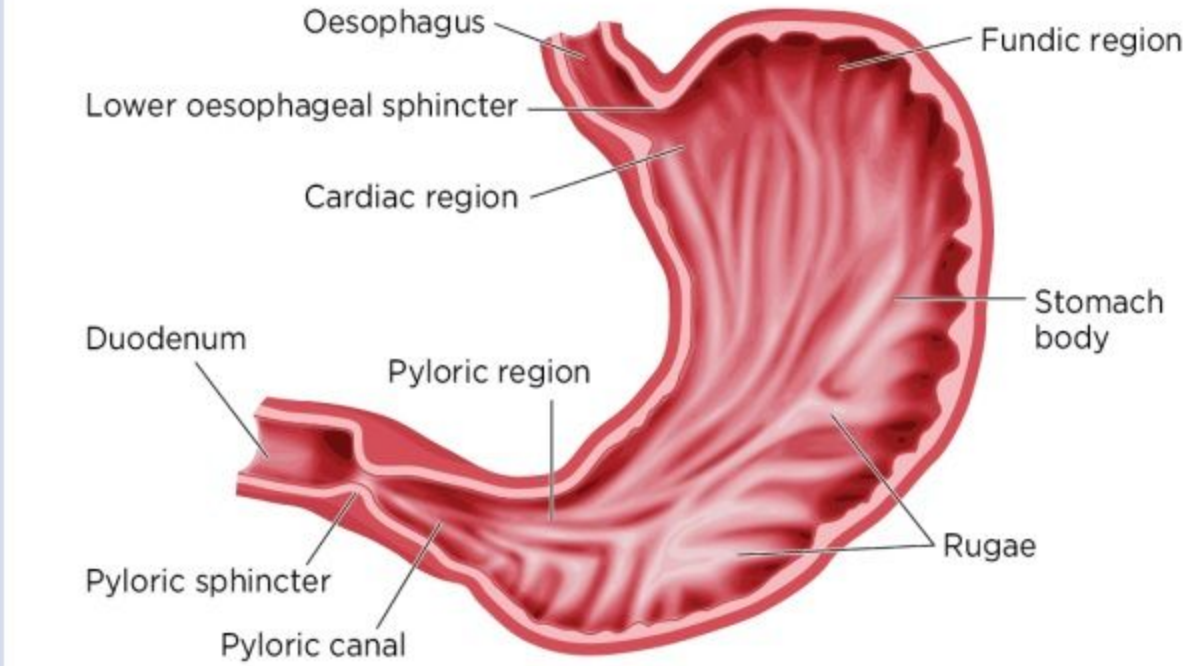
(iii) Tubular secretion - When the glomerular filtrate is in the proximal tubule cretinine, uric acid are secreted in it. When the filtrate goes to the distal part urea, potasium ion and some hydrogen ions are secreted in it.

24. Explainthe functionsoftheskin.
    - Provides a protective barrier against mechanical, thermal and physical injury and hazardous substances to internal structures of the body.
    - Prevents loss of moisture.
    - Reduces harmful effects of UV radiation.
    - Acts as a sensory organ (touch, detects temperature).
    - Helps regulate temperature.
    - An immune organ to detect infections etc.
    - Production of vitamin D
25. Explain the structural relationship between chromosomes, genes and DNA.

27.

a) Drawaclearlydiagramofthestomachshowingitsmuscle fibers.

Fig 1. **Regions of the stomach**



b) Explainthe functionsofthestomach.

- Temporary storage for food, which passes from the oesophagus to the stomach where it is held for 2 hours or longer
- Mixing and breakdown of food by contraction and relaxation of the muscle layers in the stomach
- Digestion of food and secretion of digestive hormones in the stomach

NursingFundamentals:-BNP,Professionalism,NursingProcessandTheories:

1. Differentiatebetweenthetwoterminologies:
   a) Tachycardia. – an increase in heart rate due to medication. (Abnormally fast rate)
   b) Tachypnoea. Condition that refers to rapid breathing. Abnormally fast (polypnea)
   c) Bradycardia – reduced/slow/diminishing fetal heart rate
2. Listany 6bedappliances.
   1. Mackintosh
   2. bed pan
   3. over bed table
   4. mattress
   5. fitted sheets
   6. headboard covers
   7. bed rails
3. List4 siteswherepulse canbetakenonahumanbody.
   1. Popliteal – the back of the knee
   2. Temporal – lateral to the eye, medial to the ear
   3. Carotid - side of the neck
   4. Apical – apex of the heart
   5. Radial – at the wrist (anterior part)
   6. Femoral – at the inguinal ligament (thigh)

7. Brachial – anterior part of the arm in children
8. Dorsal – on top of the foot

4. List4observationsnotedonrespirations.
   1. ***Tachypnoea:*** Abnormally fast over 20 breaths per minute.
   2. ***Bradypnea:*** Abnormally slow less than 12 breaths per minute.
   3. ***Apnoea:*** there is an absence of respiration for several seconds - this can lead to respiratory arrest.
   4. ***Dyspnoea:*** difficulty in breathing, the patient gasps for air.
   5. ***Cheyne-Stokes:*** *respiration* the breathing is shallow, very slow and laboured with periods of apnoea. This type of breathing is often seen in the dying patient.
   6. ***Hyperventilation:*** patients may breathe rapidly due to a physical or psychological cause,

   7. Name4methodsofraisingbodytemperature.
      1. Exercising.
      2. Eat right – bananas, ginger, butter nut, sweet potato.
      3. Indulge in hot baths and spas
      4. Electric blanket
      5. Putting on warm clothing
   8. Definethe followingterms:
      a. Isolationnursing. – It is an infection spreading prevention method of nursing infected patient separately from the rest.

      b. Barriernursing.Local isolation of a patient with an infectious disease(by use of gowns, caps, overshoes, gloves and masks) so as to avoid spread.
      c. Reversebarriernursing.Describes a nursing care range of practices used to protect highly susceptible hospital patients from infection.
   9. One of the methods of handing over reports is by moving from patient to patient reporting oneachpatient. List any2 advantages and2 disadvantagesofthistypeofreport.

      Advantages:

      1. It gives confidence to the patients by knowing their incoming care giver
      2. Serves also as a way of knowing the wellbeing and progress of patients since then
      3. Helps the patient in creation of rapport with incoming nurse
      4. It is open and more professional.
      5. Patients can be observed when report is being given
      6. Useful in the wards where there are too many patients and patents share beds or lie on the floor

      Disadvantages:

      1. It consumes more time in the process of handing over
      2. Causes disturbance and anxiety to the resting patients
      3. Confidentiality is not well maintained
      4. May lead to exposure of staff weakness unnecessarily.

   10. Listthe6componentsofanursingcare plan.
      1. Client health assessment,
      2. Diagnostic reports.
      3. Expected client outcomes are outlined. These may be long and short term.
      4. Nursing interventions are documented in the care plan.
      5. Rationale for interventions in order to be evidence-based care.
      6. Evaluation. This documents the outcomes of the interventions.

11. Forthefollowingstatements, indicatewhethertheyare TRUEor FALSE:

a. Nursing diagnosis remains constant while medical diagnosis keepschanging……
False…….

b. Dehydration is a nursing diagnosis when a patient loses fluid through diarrhea andvomiting……True…….

12. Stateanyfive functionsofthe nursingcouncilofKenya.

1. Regulates nursing standards of operations
2. Licensing, enrollment and registration of nurses
3. Oversees academic programs and syllabus for nursing students
4. Advocates for nurses rights
5. Prescribes the nursing uniforms for nurses

13. Statethe roleoftheescortnurseinreferralandtransfers.

1. Monitoring and evaluating vital signs of the referred patient
2. Is the custodian of the patient's referral file
3. Taking care of the patient and administration of drugs
4. Handing over of the referred patient to the referral facility

14. Highlighttheimportanceofinfectionprevention.

1. Prevention of cross infections
2. To reduce morbidity and motility rate
3. It helps in promotion of clean environment
4. Reduces accidents
5. Reduces diseases burden
6. Easier and cheap to maintain compared to cost of treatment

15. Brieflyexplainhow tomaintainasterilefieldinawardsetupduringwounddressing.

- Placing sterile towels and/or surgical drapes around the surgical/procedures site.
- Placing only sterile items within the sterile field
- Opening, dispensing or transferring sterile items without contaminating them
- Considering items located below the level of the draped client to be unsterile
- Not allowing sterile personnel to reach across unsterile areas and touch unsterile items
- Not allowing unsterile personnel to reach across the sterile field or to touch sterile items.
- Limit the entry of unauthorized individuals to surgical/procedure areas
- Close doors and curtains during all procedures
- Require that personnel in the surgical area wear clean clothes, a mask, a cap and sturdy footwear
- Enclose surgical procedure area to minimize dust and eliminate insects

16. Outline5measuresofpreventingpressuresoresinapatient.

1. Inspect all areas at least twice a day
2. Position and turn patients as often as possible, at least 2 hourly
3. Ensure bedpans are not chipped and should be well padded
4. Keep skin clean, dry and change soiled linen
5. Use of special appliances e.g. airings
6. Massage skin to improve/promote circulation
7. Ensure patient is well hydrated and nourished (eating a balanced diet with adequate protein)

1. Briefly explain the observation you will carry out in a patient immediately after receiving him/herfrommajor surgery.

a) Vital signs – to ensure the general condition of the patient is good
b) Bleeding – check if there is bleeding from the site or surgery that is not regular
c) Breathing – confirm that the patient is not having distress in regular breathing
d) Any abnormality on cannulations

2. The current nurses' training traces back to 1860 when Florence Nightgade started a Nurses'schoolinLondon.Stateany5 fiveprinciples onwhichher trainingschoolwas based on.
   Pure air, pure water, efficient drainage, cleanliness, and light." A healthy environment is essential for healing.
3. Highlightany5characteristicsofprofession.
   1. Members of a profession are committed to continuing study, to enlarging their body of knowledge
   2. Services provided are vital to human society and social welfare.
   3. A profession functions autonomously and is committed to higher standards of achievement and conduct
   4. Practitioners are educated in institutions of higher learning
   5. Practitioners are motivated by the services which they provide and consider their work important to their lives (altruism)
   6. There is a code of ethics that guides their decisions and conduct
   7. High standards of practice are encouraged and supported by an organization
   8. Professionalism: Is behavior that upholds the status, methods, character and standards of a profession

4. What aretheobjectionsofisolationnursing?
   1. For prevention of cross infection
   2. To provide quality care
   3. For close monitoring and observation
5. Describe thebill ofrightsofcustomers.

6. Highlighttheprinciplesofaspecimencollection.
   1. Store in a good container
   2. Collect the required amount only
   3. Ensuring that specimens are accurately obtained,
   4. Correctly labeled,
   5. Collected in appropriate containers
   6. Transferred to the laboratory in time
7. Outline therightsof a nurseas aworker.
   1. Right to practice in a manner that fulfills their obligations to society and to those who receive nursing care
   2. Right to a work environment that is safe for themselves and for their patients.
   3. Right to freely and openly advocate for themselves and their patients,
   4. Right to fair compensation for their work,
   5. Right to negotiate the conditions of their employment
8. Briefly explain the techniques used to gather data during physical examinations, giving examplesoftheinformationthat canbe obtained byeachtechnique.
   1. Interview
   2. Questionnaire
   3. Sampling

9. Master Joto, 3 years old is admitted in the pediatric ward with a major complain of hotness ofthebody.On takingthevital signs thetemperatureis39.8°C.
   a. Formulateany2nursingdiagnosisrelatedtofever.
   b. Stateany4immediatenursinginterventionthatyouwillput inplaceinanattempt toreduce fever.
      - Exposure
      - Removal of excess clothing
      - Opening windows and doors
      - Tepid sponging
   c. Describe thenursingcareof a patientdu[illegible]a rigor.

10. Brieflydescribe5stagesofemotionalresponsesthatapatientfacingdeathgoesthrough.

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

11. Mr.Maweis admittedintoyourward unconscious.

a. Defineunconsciousness.

A condition in which there is a depression of cerebral function ranging from stupor to coma

b. Explainhowyouwilluseaneurological observationcharttodetermine thelevelofunconsciousnessofMr.Mawe.

Determine the unconscious level of my patient using Glasgow Coma Scale

The following would be interpreted in this regard:

The score is expressed in the form "GCS 9 = E2 V4 M3 at 07:35 Am"

- Best Score = 15, this shows that the patient is fully conscious
- A score of 13 or higher correlates with a mild head (brain) injury,
- A score of 9 to 12 is a moderate head (brain) injury
- A score of 8 or less a severe head (brain) injury.
- Worst Score = 3, this shows severe neurological impairment

c. Formulateany4nursingdiagnosisrelatedtounconsciousness.

1. The patient need for basic ventilation support and airway
2. The patient need for elimination
3. The patient need for proper blood circulation
4. The patient need for nutrition.
5. Patient's psychosocial needs
6. Skin care of the patient

d. Describe thenursingmanagementofmr.Mawetillfully conscious.

Basic Ventilator Support/Airway Care –

- This is airway control through positioning.
- The recovery position is best as it encourages drainage of secretions from the oral cavity.

Monitoring of Respiration

- This is meant to enable early detection of any changes that may indicate complication, for example, increase in respiration rate, abnormal respiration sounds, etc.

Ensuring Adequate Circulation

- This is achieved through maintaining adequate blood volume by administering enough fluids through the intravenous route to supplement the nasal gastric tube feeding

Nutritional Management

- Can be achieved through insertion of a nasal gastric tube and using it for feeding.

Skin Integrity

- This is maintained through proper skin hygiene, which includes
  - Daily bathing,
  - Two (2)-hourly turning of the patient and
  - Keeping the patient's bed linen clean and dry.

Elimination

- Adequate fluid intake ensures that kidney function is maintained.
- Some patients may require catheterization to keep them dry and for proper monitoring of urine production.

Psychosocial Needs

- This includes addressing the patient by their name at all times, while providing care.
- It is important to assume that the patient can hear and, therefore, you should inform the patient of any intended action that you intend to perform on them.

General Monitoring of the Vital Signs

- This must be done to evaluate the patient's progress and identify early any impending complication

12. Mrs.Patmaisadmittedwithadiagnosisofbreastcancertillfullyconscious.

a. Definepre-operativecare.
The care given to a patient before the operation procedure.

b. Highlightthepre-operativeteachingsthatyouwillgive tomrs.Patmabeforeoperation.
- Explaining the procedure and what is expected
- The patient should be informed on the need for the operation then explaine the procedure, benefits, possible risks, complications, possible outcome
- Teaching about breathing exercises they will use post – operatively to prevent respiratory complications
- Explaining on pain management
- Discussing the post – operative equipment they will need
- Psychological preparation is needed to allay anxiety and promote coping depending on the outcome of the surgery. The patient should be counseled and reassured

c. Describe thepre-operativemanagementofmrs.Patma untilshe iswheeled totheatre.
- **Informed consent**
  The patient should be informed on the need for the operation then explained to the procedure, benefits, possible risks, complications, possible outcome and be given a consent form to sign.
- **Patient Assessment**
  Aimed at identifying disorders that may complicate surgery
  A comprehensive history should be obtained and a physical (head to toe) examination done. In addition, the U/E/Cs samples obtained for lab tests and results obtained on time. Also take the vitals as required.
- **Patient Education**
  Aims to prepare the patient on what is expected of him/her before and after surgery, which helps promote quick recovery and prevent complications.
  It involves explaining the procedure and what is expected, the breathing techniques to be used.
- **Physical and Psychological Preparation**
  Physical prep. Includes skin care, shaving of the surgical area if needed, bathing. Psychological preparation is meant to allay anxiety and promote coping depending on the outcome of the surgery The patient should be counseled and reassured especially those receiving operations such as amputation, hysterectomy or mastectomy.
- **Pre – Operative Drugs**
  Any drug prescribed should be given 45 – 75 minutes before the patient is taken to the theatre e.g. atropine
- **Rest and Sleep**
  Ensure that the patient has adequate rest

13. Definethe followingterms:

a. Profession.Is a calling that requires special knowledge, skill and preparation

b. Professionalism.Is behavior that upholds the status, methods, character and standards of a profession

c. Medicalasepsis.is the state of being free from disease causing microorganisms

d. Surgical – any procedure that requires suture, incision, excision, manipulation, or other invasive procedure that usually, but not always, requires local, regional, or general anesthesia.

14. Stateany aspectsofthenurses' codeofethics.

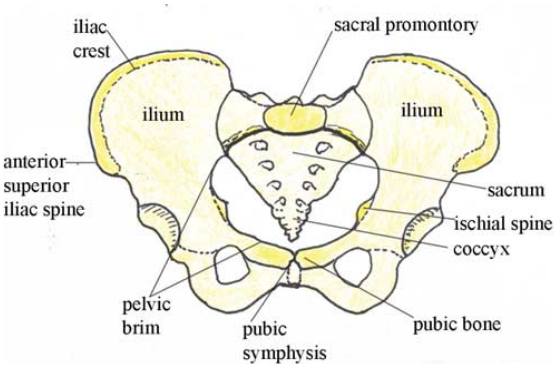
15. Outline thefactorsthatinfluence thedosageofadrugprescribetoapatient.
1. Age
2. Route of admiration
3. Type of drugs
4. Weight

16. State the 5 rights of giving safe injection
- The right drug
- The right dose

- The right patient
- The right route
- The right time

NormalMidwiferyandReproductiveHealth:

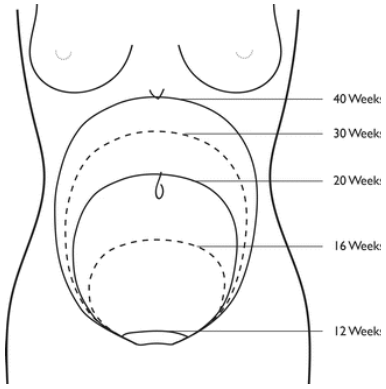
1. Drawwelllabeled landmarksofgynaecoidtypeofpelvis.



2. Brieflydescribethemenstrual anatomy.

3. Describe thechangesthat take placeinthefemalebody duringthefirst8weeksof gestation.
   - ❖ First Trimester
   - Increased urination
   - Changes with skin and hair
   - Thickening waistline
   - Nausea/fatigue
   - Dehydration due to poor feeding caused by pica
4. Definenormallabor.
   It is the onset of coordinated, involuntary and painful uterine contractions accompanied by cervical effacement and dilatation to expel products of pregnancy at term through SVD by vertex presentation within 19 hours or 12 hours of established labour with no complications to the mother and baby.
5. State2factorsthatinducelabor.
   - Mechanical factors (due to overstretching and over distension of uterus, the pressure of the presenting part on the nerve ending of the cervix)
   - Hormonal factors (The placenta efficiency is diminished toward term hence low oestrogen and progesterone hormones causing the uterus to be more sensitive thuslabour onset, The placental production of oxytocin increases towards term much more so as labour to start.)
6. State5componentsofapartograph.
   a. Biographical data
   b. **Fetal condition**
   c. **Progress of labour**
   d. **Maternal condition**
   e. Summary of labour.
7. State5minordisordersofpregnancy.
   a. Acidity and heart burn(Due to relaxation of the oesophageal sphincter - Eat a balanced diet)
   b. Constipation(occurs after eating too much of heavy or greasy food – Avoid indigestible food)
   c. Pica (cravings)(when a mother craves certain foods or unnatural substances – explain the possible harmful effects on pica)
   d. Fatigue(due to increased body weight – get enough rest, avoid overworking)
   e. Back ache(due to Physiological changes in posture and body alignment - Improvement in posture)
   f. Urinary frequency–(because of increased bladder sensitivity and pressure of the enlarging uterus on the bladder - Void when urge is felt, increased fluid intake

8. Drawandlabeladiagram showingfundalheightatvariousweeksofpregnancy.



9. Explainthe physiologicalchanges thattakeplaceinthe breastofapregnantwoman.

During the first trimester,

Your veins on your breasts become larger, bluer, and more visible. Your breasts will also continue to grow in size. They may feel tender and swollen, although these symptoms often dissipate within the first few weeks of pregnancy as your body adjusts to the hormonal.

During the Second trimester,

During the second trimester, estrogen levels continue to rise. Your breasts will continue feeling heavy or full as the milk ducts develop. Your breasts will also start to produce colostrum during the first few weeks of the second trimester.

During the Third trimester,

As your body continues to get ready to give birth, your breasts will become even heavier and denser. Your nipples will become larger and more pronounced. They may also change shape. Your nipples and areola may continue to darken significantly.As the skin on your breasts stretches to accommodate their growing size, you may experience itching or dryness. If so, using a gentle moisturizer will help. You may also develop stretch marks.

10. Differentiatebetweentrueandfalse labor.

character	True labour pain	False labour pain
contractions	regular	Irregular
Interval between contractions and intensity	Progressive (increase in frequency and intensity)	Short duration, not progressive
Changes in the cervix	Associated with effacement and dilation of the cervix	Not associated with effacement and dilation of the cervix
Membranes	Associated with bulging of membranes	Not associated with bulging of membranes
Response to analgesia	Not relieved by sedation	Relieved by sedation
Labour	Followed by labour	Not followed by labour

11. Describethepathophysiologyoftrue labor.

The mechanisms of labour, also known as the cardinal movements, involve changes in the position of the foetus's head during its passage in labour. These are described in relation to a vertex presentation. The cardinal movements are described as the following 7 discrete sequences:

1. Engagement
2. Descent
3. Flexion
4. Internal rotation
5. Extension
6. Restitution and external rotation
7. Expulsion

12. State5factorsthatcontributetonormallabor.

They are easily remembered as the five Ps (passenger, passage, powers, placenta, and psychology).

a. Passenger (Fetus).

(1) Presentation of the fetus (breech, transverse).
(2) Position of the fetus (ROP, LOP).
(3) Size of the fetus.

b. Passage (Birth Canal).

(1) Parity of the woman, if she has ever delivered before.
(2) Resistance of the soft tissues as the fetus passes through the birth canal.
(3) Fetopelvic diameters.

c. Powers (Contractions).

(1) Force of the uterine contractions.
(2) Frequency of the uterine contractions.

d. Placenta.

(1) Site of implantation.
(2) Whether it covers part of the cervical os.

e. Psychology (Psychological State of the Woman).

(1) Patient extremely anxious.
(2) Emotional factors related to the patient.
(3) Amount of sedation required for the patient.

13. 3 indicationsof1st examinationofa newborn.

		Score of 0	Score of 1	Score of 2
Appearance	**Skin color**	Blue or pale all over	Blue at extremities Body pink Acrocyanosis	No cyanosis Body and extremities pink
Pulse	**Pulse rate**	Absent	< 100 beats per minute	> 100 beats per minute
Grimace	**Reflex irritability grimace**	No response to stimulation	Grimace on suction or aggressive stimulation	Cry on stimulation
Activity	**Activity**	None	Some flexion	Flexed arms and legs that resist extension
Respiration	**Respiratory effort**	Absent	Weak, irregular, gasping	Strong, robust cry

14. Outline theprocessofanormalpeuperium.

Uterus

Weighs approximately 1000 g in pregnancy. In the 6 weeks following delivery, the uterus recedes to a weight of 50-100 g.

Cervix

The cervix also begins to rapidly revert to a nonpregnant state, but it never returns to the nulliparous state. By the end of the first week, the external os closes such that a finger cannot be easily introduced.

Vagina

The vagina also regresses but it does not completely return to its prepregnantsize.Iincreased vascularity and edemacauses the rugaeof the vagina begin to reappear.

Perineum

The perineum has been stretched and traumatized during the process of labor and delivery. The swollen and engorged vulva rapidly resolves within 1-2 weeks.

Abdominal wall

The abdominal wall remains soft and poorly toned for many weeks. The return to a prepregnant state depends greatly on maternal exercise.

Ovaries

The resumption of normal function by the ovaries is highly variable and is greatly influenced by breastfeeding the infant. The woman who breastfeeds her infant has a longer period of amenorrhea(absence of menstruation) and anovulation (not releasing an egg) than the mother who chooses to use formula.

Breasts

The changes to the breasts that prepare the body for breastfeeding occur throughout pregnancy. Lactogenesis, which is the development of the ability to secrete milk, occurs as early as 16 weeks gestation. The placenta supplies high levels of circulating progesterone which activates mature alveolar cells in the breast to secrete small amounts of milk.

15. State5temporarystructuresoffetalcirculation.
    a. Umbilical veins – has a branch that joins the portal vein to supply the liver. Supplies oxygen and nutrients
    b. Umbilical arteries – they return blood to the placenta as they branch off from the internal iliac artery
    c. Ductus venosus– connects the umbilical vein to the inferior vena cava. Carries partially deoxygenated blood
    d. Ductus arteriosus–leads from the bifurcation of the pulmonary artery to the descending aorta
    e. Foremen ovale– diverts blood from passing in the lungs for oxygenation but rather to enter inferior venacava
16. Mrs. Obiero para 1+0 gravida 2 comes to the prenatal clinic for the first time at 24 weeksgestation:
    a. Define focusedantenatal care.
       This is a goal-oriented antenatal care approach that aims to promote the health of mothers and their babies through targeted assessments of pregnant women.
    b. State4componentsoffocusedantenatalcare.
        7. Evaluation – Includes history taking, physical examination and other diagnostics
        8. Intervention – which includes prevention/prophylaxis administration and treatment
        9. Promotion of health - through health education message, family planning and risk awareness
        10. Partner involvement – mainly spouses and or any close family relative to be able to arrange for financial preparedness.
    c. Describe themanagementofMrs.Obieroduringthisvisit.
        - Should have occurred before 16 weeks of pregnancy but now you include second visit procedures since she is in her 2nd trimester
        - Determine the woman's medical and obstetric history in order to determine if she needs special care and/or referral.
        - Perform basic examinations (pulse rate, blood pressure, respiration rate, temperature, pallor, etc.).
        - Provide HIV counselling and PMTCT services where necessary
        - Give advice on malaria prevention and provide insecticide-treated bed nets (ITNs).
        - Check her urine for sugar if you suspect she may be developing diabetes.
        - Advise her and her partner to save money in case of any emergency
        - Provide specific answers to the woman's questions or concerns, or those of her partner.
        - Determine the fundal height measurement based on last normal menstrual period (LNMP)
        - **In addition:**
        - Address any complaints and concerns of the pregnant woman and her partner.
        - If with a history of hypertension or pre-eclampsia/eclampsia), perform the dipstick test for protein in the urine.
        - Review and if necessary modify her individual birth plan.
        - Give advice on any sources of social and financial support that may be available in her community.

        Schedule the third visit at 30-32 weeks
17. Ms. Rose aged 18 years para 0+0 gravida 1 is admitted in the labor ward in labor pains.On examination, thecervix is4cmdilated:
    a. Describe the management of Ms. Rose from admission until the commencement of 2nd stage.
       Start the partograph to help monitor progress of labour,
       Record her vitals alongside the fetal heart rate.
       Put mother on IV fluids as necessary and monitor her progress of contractions together with FHR and condition continuously
       Encourage the mother to Lamaze and apply the techniques of pain relief when contrating.
       Advice the mother to lie left lateral aswhen not in contraction to save energy for 2nd stage.

    b. State5temporarystructuresoffetalcirculation.
        - Foremen ovale
        - Ductus arteriosus
        - Ductus venosus

- The umbilical vein,
- Hypogastric arteries.

c. Brieflydescribethe1st examinationofa newborn.
Examine the general appearance of the color to detect any abnormality, check breathing/airway, the pulse rate, and examine the baby's response to stimuli, the baby's activity if it moves limbs or cries with energy, thumb sucking and also examine the baby's respiration, within 15 minutes. Check for any abnormal body formations or deformities, weigh the baby and observe the crying.

18. Mrs. P has come to MCH/FP for antenatal care 1st visit. She is 25 years old and married to amatatu driver. She is a housewife and they have a small shamba. Her last menstrual period wason20/02/2015.

a. Whatwasherexpecteddateofdelivery?Show thecalculations.
Add 7days to date of lmp, 27/02/2015
Sub. 3 to month 27/11/2015
Add 1 yrs.to years (when appropriate) - 2015
27/11/2015

b. Whatishermaturitybydatetoday?Showyourcalculations.
-

c. Statethe levelatwhichtheuterinefundus canbe palpatedatthisvisit.
- Approximately halfway between the symphysis pubis and the umbilicus
- At 16 weeks, the fundus can be found approximately halfway between the symphysis pubis and the umbilicus.
- At 20 to 22 weeks, the fundus is approximately at the location of the umbilicus.
- At 36 weeks, the fundus is at the xiphoid process.

d. Explainthehistoriesyouwouldtakefromher.
Take on Obstetric history on parity and gravidity
Family history of illness
Anypresenting reactions and allergies
History of hospital admission

Blood grouping and Rhesus factor

- Obtain personal, obstetric and medical history.
- Confirm pregnancy and EDD, classify women for basic ANC (four visits) or more specialized care.
- Complete general and obstetrical examination.
- Screen / test / treat: anaemia, Syphilis, HIV, Proteinuria, Blood/Rh group, bacteriuria
- Give tetanus toxoid as required and iron and folic acid
- Health education including safe sex, sleeping under ITN, birth and emergency plan.
- If >16 weeks, give anti-malarial treatment and Mebendazole.

19. State4typesofjaundicenewbornsarelikelyto present.
Physiological jaundice- yellowing of the skin, or jaundice.
Breastfeeding jaundice is seen in breastfed babies during the first week of life. It is more likely to occur when babies do not nurse well or the mother's milk is slow to come, leading to dehydration

Breast milk jaundice may appear in some healthy, breastfed babies after day 7 of life. The problem may be due to how substances in the breast milk affect the breakdown of bilirubin in the liver.

20. Explainsixpredisposingcausesofbabiesatrisk.

21. Explainhowyouwouldmanage anewbornunitwhere neonatesatrisk arenursed.
22. Baby Jones born at 36 weeks gestation weighed 2100grams and is admitted in the new born unit(NBU):
    a. State5predisposingfactorstomaturity.
        - Chronic health conditions, such as diabetes or infections.
        - Drug or alcohol abuse.
        - Multiple pregnancies, such as twins or triplets.
        - Preeclampsia (high blood pressure during pregnancy).
        - Problems with their uterus or cervix.
        - Too little time (less than 18 months) between pregnancies.
        - Vaginal bleeding or infections during pregnancy.
    b. State6characteristicsofapreterm baby.

        Small size, with a disproportionately large head. Sharper looking, less rounded features than a full-term baby's features, due to a lack of fat stores. Fine hair (lanugo) covering much of the body. Low body temperature, especially immediately after birth in the delivery room, due to a lack of stored body fat.
    c. State5complicationsbabyJonesmaydevelopifpropernursinginterventionsarenotdone:

        Some of the most common health conditions that affect premature babies are:

        - **Apnea of prematurity,** or temporary pauses in breathing during sleep.
        - **Bronchopulmonary dysplasia,** or underdeveloped lungs.
        - **Intraventricular hemorrhage,** or bleeding in the brain.
        - **Necrotizing enterocolitis**, or inflammation of the intestines.
        - **Neonatal sepsis**, or blood infection.
        - **Patent ductus arteriosus (PDA),** or abnormal blood flow in the heart.
        - **Retinopathy of prematurity**, or underdeveloped blood vessels in the eye.

        Premature babies are also at a higher risk of developmental challenges. They may have health issues later in life, including:

        - Cerebral palsy.
        - Hearing and vision problems.
        - Learning disabilities.
        - Poor growth.

    d. Describemanagementofbaby Jonesin thenewbornunitin thefirst48hours.

        Put Baby On O2,
        Fix The GIT For Feeding
        Monitor The Vitals Regularly
        Provide Warmth To Meet The Body Temperature Requirement.
23. Explain5 injuriesthatmaybe foundinthe headof anewbornbaby.
    1. **Bone injuries**
       Bones may be broken (fractured) before or during delivery even when the delivery is normal.
    2. **Injuries to the skin and soft tissues**
       The new-born's skin may have minor injuries after delivery, especially areas that receive pressure during contractions or that first emerge from the birth canal during delivery
    3. **Perinatal asphyxia**

Perinatal asphyxia is a decrease in blood flow to the baby's tissues or a decrease in oxygen in the baby's blood before, during, or just after delivery. Caused by

- Separation of the placenta from the uterus before delivery (placental abruption)
- Obstruction of umbilical cord blood flow
- Abnormal development of the foetus (for example, when there is a genetic abnormality)
- Severe infection in the foetus
- Exposure to certain drugs before birth
- Severe maternal haemorrhage
- Severe maternal illness

4. **Nerve injuries may occur before or during delivery**. These injuries usually cause weakness of the muscles controlled by the affected nerve. Nerve injuries may involve the
   - Facial nerve: Lopsided facial expression
   - Brachial plexus: Arm and/or hand weakness
   - Phrenic nerve: Difficulty breathing
   - Spinal cord (rare): Paralysis
5. **Head injury is the most common birth-related injury.**
   Head moulding is not an injury. Moulding refers to the normal change in shape of the baby's head that results from pressure on the head during delivery.
6. **Bleeding in and around the brain**
   Bleeding in and around the brain (intracranial haemorrhage) is caused by the rupture of blood vessels and may be caused by

   - Birth injury
   - Significant illness in the new-born that decreases delivery of blood or oxygen to the brain
   - A blood clotting problem

24. State4typesofjaundice.

Pre-hepatic jaundice is caused by conditions that heighten your blood's rate of hemolysis. This is the process through which red blood cells are broken down, releasing hemoglobin and converting into bilirubin. Causes include Malaria, sickle cell anemiaetc

Hepatic jaundice happens when your liver tissue is scarred (known as cirrhosis), damaged, or dysfunctional. This makes it less effective at filtering out bilirubin from your blood. Causes include liver cirrhosis, viral hepatitis, liver hepatitis.

Post-hepatic, or obstructive jaundice, happens when bilirubin can't be drained properly into the bile ducts or digestive tract because of a blockage. Caused by gallstones, pancreatic cancer, bile duct cancer.

Neonatal jaundice is a common type of jaundice that happens to newborn babies.

Most babies are born with a lot of red blood cells, and because the liver isn't fully developed yet, bilirubin can't be processed quickly. As a result, your child may have jaundice symptoms a few days after they're born.

Types of neonatal jaundice include:

- **Physiological**: This happens because the liver isn't fully formed yet.

- **Prematurity**. This results from a baby being born too early and being unable to poop out bilirubin properly.
- **Breastfeeding**. Breast milk jaundice occurs from a baby having trouble breastfeeding or not getting enough breast milk.
- **Incompatible blood type**. This results from a baby and mother having different blood types, which can cause the mother to make antibodies that break down her baby's red blood cells.

25. Statethe3thingsyoudoto check airwayandbreathingofanasphyxiatedbaby.
    Put the baby on ventilation
    Suction the nosal and oral secretion by suction pump
    Check the pulse rate

26. State3thingssignsofseverere spiratorydistresssyndrome.
    - Shortness of breath
    - Fast breathing, or taking lots of rapid, shallow breaths
    - Fast heart rate
    - Coughing that produces phlegm
    - Blue fingernails or blue tone to the skin or lips
    - Fatigue
    - Fever
    - Crackling sound in the lungs
    - Chest pain, especially when trying to breathe deeply
    - Low blood pressure
    - Confusion

27. State4principlesofmanagementofa babywithintracranialinjury.

28. State5predisposingfactorstoophthalmianeonatorum.
    - Maternal infections harboured in the mother's birth canal.
    - HIV infected mothers.
    - Exposure of the infant to infectious organisms.
    - Premature rupture of membranes (PROM)
    - Inadequacy of ocular prophylaxis after birth.
    - Silver nitrate exposure.
    - Ocular trauma during delivery.
    - Mechanical ventilation.

29. Baby Junior, born at term with birth weight of 3.2kg and score $9/_{1}$, $10/_{10}$ is diagnosed withjaundiceonthe seconddayof delivery.
    a. Explain3causesofphysiologicaljaundice.
       Physiologic jaundice is caused by a **combination of**
       - Increased bilirubin production secondary to accelerated destruction of erythrocytes,
       - Decreased excretory capacity secondary to low levels of ligandin in hepatocytes,
       - Low activity of the bilirubin-conjugating enzyme
    b. DescribethespecificmanagementofbabyJuniorunti ljaundiceclears.

- Mild jaundice will usually resolve on its own as a baby's liver begins to mature. Frequent feedings (between 8 to 12 times a day) will help babies pass bilirubin through their bodies.
- More severe jaundice may require other treatments. Phototherapy is a common and highly effective method of treatment that uses light to break down bilirubin in your baby's body.
- In phototherapy, your baby will be placed on a special bed under a blue spectrum light while wearing only a diaper and special protective goggles. A fiber-optic blanket may also be placed underneath your baby.
- In very severe cases, an exchange transfusion may be necessary in which a baby receives small amounts of blood from a donor or a blood bank.
- This replaces the baby's damaged blood with healthy red blood cells. This also increases the baby's red blood cell count and reduces bilirubin levels.

30. List6causesofante partum haemorrhage.
    1. Intra-uteral injury
    2. Multi parity
    3. Multiple pregnancies
    4. Previous APH
    5. Previous termination of pregnancy
    6. Placenta Previa and abrasion
    7. Advanced maternal age.
    8. Previous caesarian section
31. Defineobstetricshock.
    Shock from acute ,generalized , inadequate perfusion of tissues; below that needed to deliver the oxygen and nutrients for normal function.

32. Differentiate between puerperal sepsis and puerperal infection.
    Puerperal sepsis is an infective condition in the mother following childbirth
    A puerperal infection occurs when bacteria infect the uterus and surrounding areas after a woman gives birth. It's also known as a postpartum infection.
34.
    i) Defineamnioticfluidembolism.
    Condition that occurs when amniotic fluid or fetal material, such as fetal cells, enters the mother's bloodstream during delivery or in the immediate postpartum period.
    SIGNS AND SYMPTOMS
    - Sudden shortness of breath
    - Excess fluid in the lungs (pulmonary edema)
    - Sudden low blood pressure
    - Sudden failure of the heart to effectively pump blood (cardiovascular collapse)
    - Life-threatening problems with blood clotting (intravascular coagulopathy)
    - Bleeding from the uterus, cesarean incision or intravenous (IV) sites
    - Altered mental status, such as anxiety or a sense of doom
    - Chills
    - Rapid heart rate or disturbances in the rhythm of the heart rate
    - Fetal distress, such as a slow heart rate, or other fetal heart rate abnormalities
    - Seizures
    - Loss of consciousness

ii) Explain the management of a mother who has just delivered and has been diagnosedwithamniotic fluidembolism.

Emergency treatments might include:

- **Catheter placement.** A thin, hollow tube placed into one of your arteries (arterial catheter) might be used to monitor your blood pressure. You might also have another tube placed into a vein in your chest (central venous catheter), which can be used to give fluids, medications or transfusions, as well as draw blood.
- **Oxygen.** You might need to have a breathing tube inserted into your airway to help you breathe.
- **Medications.** Your doctor might give you medications to improve and support your heart function. Other medications might be used to decrease the pressure caused by fluid going into your heart and lungs.
- **Transfusions.** If you have uncontrollable bleeding, you'll need transfusions of blood, blood products and replacement fluids.

If you have amniotic fluid embolism before delivering your baby, your doctor will treat you with the goal of safely delivering your baby as soon as possible. An emergency C-section might be needed.

35. Differentiatebetweenfetaldistressandmaternaldistress.
    Fetal distress is a condition that the baby isn't coping with labour by not receiving enough oxygen through the placenta.
    Maternal distress is when a mother is emotionally unbalanced during pregnancy, as a response to pregnancy or non-pregnancy related issues manifested by different signs and symptoms of psychological distress.
36. Definefibrinogenemia.
    An increased level of fibrinogen in the blood.
37. MissJanehas beenadmitted inlaborwardwith a historyof prolonged labor:
    a. State4causesof prolongedlabor.
        - Slow cervical dilations.
        - Slow effacement.
        - A large baby.
        - A small birth canal or pelvis.
        - Delivery of multiple babies.
        - Emotional factors, such as worry, stress, and fear.
    b. Explainbrieflythemanagementofprolonged labor.
        - Put the mother on IV Fluids and Oxygen when necessary
        - artificial rupture of membranes, also called amniotomy,
        - augmentation of labour with oxytocin
        - recommend or perform C/S if there is strong prove of pelvis inadequacy

SocialAnthropology:

1. Definethe followingtermsasused insocialanthropology:
    a. Incesttaboo. - Are sexual behaviors between members of the same family that are absolutely forbidden by a certain culture
    b. Culture.-The totality of socially transmitted behaviour patterns, arts, beliefs, institutions, and all other products of human work and thought.

c. Socialstratification. -a process ranking members of society according to wealth, prestige and power.
d. Polyandry. -marriage of two or more men to one woman e.g. Ashanti in Ghana

2. Explain3characteristicsofculture.
   a. It is learned - It is a body of learnt values, beliefs, and behavior expectations derive from those we interact with.
   b. It is shared - as a result of belonging to some particular group. And behavior which is shared with others
   c. It is an adaptation - behavior acquired and transmitted from one generation to the other.
   d. It is a dynamic system changing constantly whereby different cultural behaviours are changing every now and then.
3. Describe5socialfunctionsofreligiousinstitutions.
   a. Group integration -religious beliefs provide a basis for people to unite together
   b. Social control- religion clearly states what is right and what is wrong.
   c. The control of stress -religion help the believers to accept and bear pain or agony, etc
   d. Humanitarian function- service for those in need e.g. hospitals, orphanages, homes for the aged and the handicapped schools
4. Evolution of society from primitive to become modern and industrialized leads to many healthandsocialchallenges.
   a. Definethetermsocialchange. - Social change is the transformation of culture and social institutions over time.
   b. Describe thesocialhealth effectsofruralto urbanmigrationofpopulation.
      Due to innovations in the provision of health care such as vaccines, availability of drugs, increase in the number of health workers and health care facilities, mortality rate has decreased. Also, social change brought about by population increase leads to cumulative effects of:
      - Inadequate and hazardous shelter
      - Overcrowding
      - Lack of water supply and sanitation
      - Unsafe food
      - Air and water pollution
      - High accident rates
   c. State3healthrelatedbenefitsofusingmodernfarmingtechnology.
      1. Reduced cases of waterborne diseases in the farming of rice
      2. Leads to continuous supply of food supply to meet the rising demand. Achieved through greenhouse farming
      3. Creation of employment to qualified machine operators and increased demand for research and education.
      4. Increased production due to efficiency in work output
5. Definethe followingterms:
   a.Culture - The totality of socially transmitted behaviour patterns, arts, beliefs, institutions, and all other products of human work and thought.

   b. Socialgroup- is two or more humans who interact with one another, share similar characteristics, and collectively have a sense of unity
   c. Urbandrift– is the growth of urban areas due to migration or urban increase
   d. Ethnocentrism– it is the ethnic or cultural bias either conscious or unconscious
   e. Society-a group of people who interact together, within a specified territory and have a unique culture,
6. Differentiatethe followingterms:
   a. Sociologyandanthropology
   Sociology is the study of social life, change and consequences of human behaviour. While anthropology is the scientific study of human culture in different types of societies
   b. Formalandinformaleducation…….
   Formal education is acquired through formally established institutions of learning
   Informal education takes place in informal places, for example, the work place, recreational place, among peer groups, in the church or other religious settings
   c. Nuclearandextendedfamily…….
      Nuclear or conjugal is composed of a husband, wife and their immediate off springs - natural, adopted or both

Extended family or consanguine- the nuclear family and other related persons (by blood)These are “kin “- grandparents, aunts, uncles and cousins

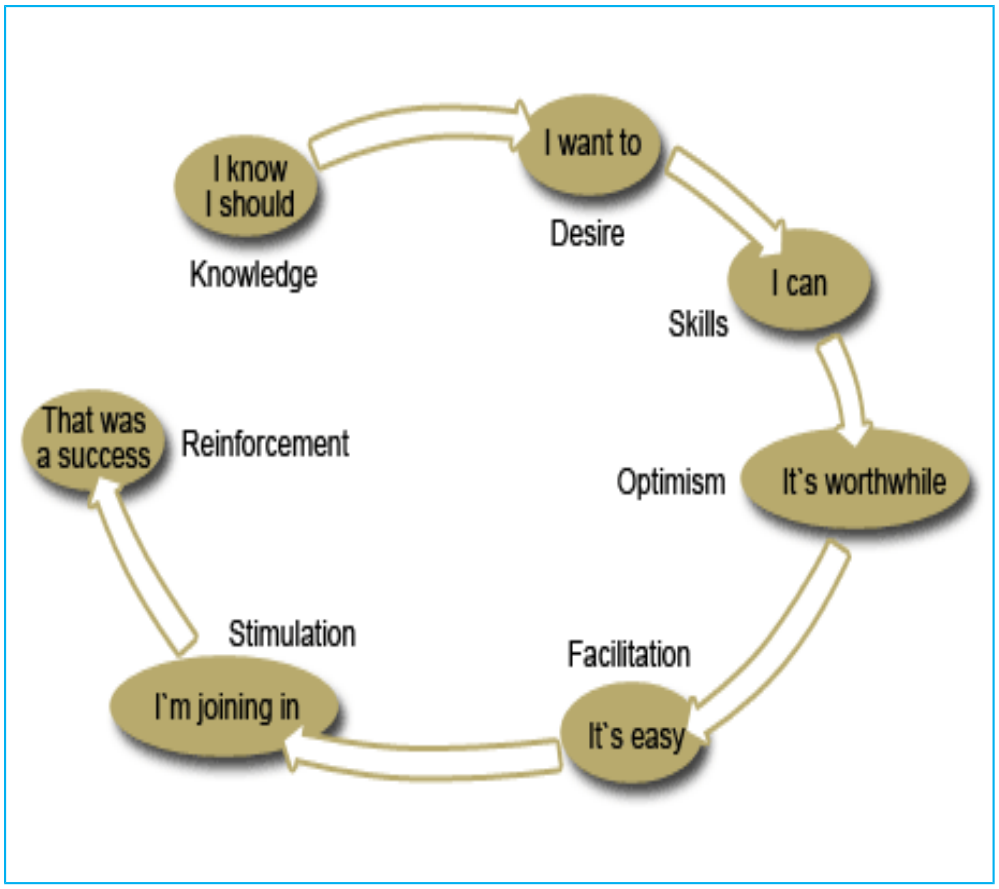
d. Nonmaterialandmaterialculture……..
Non-material culture - these are things that are observed through the behaviour of societal members. – language,norms,mores,laws
Material culture - these are the physical things in society.-clothing &ornaments, buildings, vehicles, plots, industries and other infrastructure.

e. Polygynyandpolyandry……
Polygyny-marriage of two or more women to one man
Polyandry -marriage of two or more men to one woman

7. Explain5 functionsofthefamilyin theprovisionof healthcare.
Provision of basic needs to all family members to keep them healthy
Care of socio-emotional needs of its members, thus contributing to health
Protecting the minor in the best upbringing ways to prevent contact with microorganisms
Civic education on sexual behaviour that might lead to HIV transmission
Practising good hygiene that is a preventive measure to many of disease causing microorganisms
Proper ways of waste disposal in the environment
8. State 5 characteristics of a society.
They share the same territory
They have a unique culture
They live together
They interact with each other
9.
a. Definesocialchange.
This is the transformation of culture and behavior of a society over time.
b. Explain2 socialchanges affectinghealth.
Population
Industrialization
Technology

c. List6 typesofchangeagents.
- Internal change agent. ...
- External change agent. ...
- Identify your allies. ...
- Co-create the vision. ...
- Get everyone on the same page. ...
- Create a track record. ...
- Make the change a normal process.

d. Usingthe7 doorsmodel,explainthebasicstepsofimplementingchange.



10. State4socialinstitutionswhichperformfunctionsofsecondarysocialization.
    - Family
    - Marriage
    - Religion
    - Politics
    - Education
11. Explain4characteristicsofculture.
    - It is learned
    - It is shared
    - It is an adaptation
    - It is a dynamic system changing constantly
12. State3typesofkinshiprelationships.
    - Lineal,
    - Collateral,
    - Affinal.
13. State5functionsoffamily.

    Moral support to relieve stress and pressure on its individual members
    Offers peer education on sexual morality
    Gives a sense of belonging
    Offers protection to its young members
    Provision of basic needs to its constituent members
    Procreation purposes to keep the lineage
    The provision of leisure and recreation for family members

14. Religionisasystem inwhichindividualshavebeliefsandpracticesrelativetosacredthings:
    a. State3typesofreligiousbeliefs.
        - Christians
        - Muslims
        - Hinduism
        - Atheists

- Free marson

b. Describe thefunctionsofreligionin relationtopromotionofhealth.
    - Educating members of the religion on importance of family planning and blood transfusion
    - Embracing healthy behaviors such as shunning FGM
    - Condemning sexual sins that brings about STI and
    - Engaging in humanitarian activities like building hospitals and schools for their members and society at large.
    - Practicing safe ways of conserving environment and avoid ignorance.
    - Participating in health promotion campaigns .

c. Explain your role as a nurse working in ward in a busy hospital in ensuring that your patientsenjoythebenefitsofreligionwhilein hospital.
    - Allow the patient to pray with their religious members on visiting with a limited number.
    - The nurse must recognize, assess and plan for spiritual needs of the patient.
    - Incase of death, ensure their religious customs are followed to the latter as for the case of muslims, not to delay body discharge
    - Advise the patient and encourage them to limit their ideaolgy and religious beliefs to help in nursing them.
    -

15. State4componentsofculture.
    - Non-material culture - these are things that are observed through the behaviour of societal members. – language,norms,mores,laws
    - Material culture - these are the physical things in society.-clothing & ornaments
16. List6mainsourcesofsocial change.
    - Population growth and composition,
    - Culture
    - Technology,
    - The natural environment,
    - Social conflict.
17. State5agentsofsocialization.
    - The family (comprises of the immediate or extended members to the family)
    - The neighbors
    - Schools and other institutions (church, schools, mosques and other social institutions)
    - Peer groups (play group, school mates and friends they associate with daily)
    - Electronic and printed media (Books, computers, internet etc)
18. State4effectsofover-urbanizationonthefamily.
    - Loss of cultural heritage
    - Assimilation of other cultures that might or might not be acceptable by their original families
    - Pollution of environment to water, air and soil.
    - Unhealthy foods and overdependence to technology
    - Good schooling system and medical services availability due to plenty of facilities
    - Employment increase due to industrialization as a positive effect.
    - Overpopulation as a negative effect.
19. Conflictsarecommoninplacesofwork aswemeetcommunityhealthneeds:
    a. Definea conflict.
    It is a strong disagreement between two people with a varied opinion, idea and facts about a common subject
    b. State3benefitsofconflicts.
        - It adds new perspectives. In order to generate new ideas and innovation, you need human interaction, conflict, argument, and debate. ...
        - We can verbalize better. ...
        - It teaches us to listen. ...
        - It hones communication skills. ...

- Provides us with patterns of predictability. ...
- It improves relationships.

c. State4disadvantagesofconflicts.
- Cause stressful working relationships
- Are time-consuming and costly for companies.
- They expose the weaknesses of an institution
- Decreased productivity—can have serious consequences for a business.
- Unresolved or poorly handled conflicts can lead to low morale in business and any other type of organization.
- A conflict results in heated arguments, physical abuses and definitely loss of peace and harmony. A conflict can actually change relationships.

d. Describewaysof reducingconflictsin ourplacesofwork.
- Communication. One of the most common causes of workplace conflict is either the lack of or poor communication. ...
- Stop avoiding it. ...
- Set a formal complaint process. ...
- Create an environment that promotes collaboration. ...
- Ensure everyone is treated fairly.

e. List4 typesofconflicts.
- Verbal conflict,
- Religious conflict,
- Emotional conflict,
- Social conflict,
- Personal conflict,
- Organizational conflict,
- Community conflict

20. Definethefollowingtermsas used insocialanthropology:

a. Sanctions.
A threatened penalty for disobeying a law or rule.

b. Status.
Status can be defined as any position within the stratification system that an individual occupies

c. Socialstratification.
Process ranking members of society according to wealth, prestige and power.

d. Culture.
The totality of socially transmitted behaviour patterns, arts, beliefs, institutions, and all other products of human work and thought.

21. Explain4importantsocialfunctionsofeducationalinstitutions.
- Social integration- binds community together,
- Custodial functions. Care of youngsters
- Preparation of children for future responsibilities . E.g. careers
- Transmission of skills and knowledge , medical schools
- Transmission of values, attitudes, and behavior from one generation to another

22. State3leadershipstylesused bythe governmental socialinstitutiontomaintainsocialorder.

a. Authoritarian
b. Democratic- parcipative
c. Laissez-faire- delegative, free reign

23. What are the functions of government to its citizen?
    - Protecting the constitution
    - Maintenance of social order by enacting laws
    - Co- ordination of essential services for the smooth functioning of the society.
    - Protecting citizens from enemies either from other countries or rebels within the society

Q2--

KENYAMEDICALTRAININGCOLLEGE–
END OF SEMESTER
EXAMSHUMANANATOMY&PHYSIOLOGYP
APER

INSTRUCTIONS

1. Writeyourexaminationnumberoneachsheetofpaperused
2. ForpartI,MCQs,circle inink the correct response
3. Allquestionsarecompulsory
4. Omission of or wrong numbering of examination paper, question or part for the question willresultin10%deductionofmarksscored fromtherelevant part
5. MOBILEPHONESarenot allowedintheexaminationhall

PART I:MCQ's

1. Themostfundamentalstructurallevelofthebodyis:
   a) Chemical
   b) Molecular
   c) Atom
   d) Biochemical

2. Thestructure thatismadeupofa numberof differenttypesoftissueis:
   a) A cell
   b) A tissue
   c) Anorgan
   d) Organelles

3. Thewater-basedmediuminwhichthebodycellsexististhe:
   a) Externalenvironment
   b) Internalenvironment.
   c) Noneoftheabove.
   d) Allthe above (a)and(b)

4. Thefluidthatsurroundandbathe humancellis:
   a) Extracellularfluid
   b) Plasmaglobulin
   c) Interstitialfluid
   d) Blood

5. The membrane which encloses the cell as well as provide a potential barrier to substancesenteringand/or leavingthecell is:
   a) Cytoplasm
   b) Cellwall
   c) Cellmembrane
   d) Plasmamembrane

6. Themechanism thatcontrolthebody'sinternalenvironmentwithinnarrow limitsis:

a) Positivefeedbackmechanisms
b) Negativefeedbackmechanisms
c) Nervousandendocrinesystems
d) Homeostasis

7. Thetinywalledbloodvesselsthatconsistsofone layer ofcellis:
a) Arteries
b) Capillaries
c) Venuoles
d) Arterioles

8. The system that provides the sites for the formation and maturation of lymphocytes and whitebloodcellsis:
a) Reticuloendothelialsystem
b) Lymphaticsystem
c) Thebonemarrow
d) Circulatorysystem

9. Thesystemthattransmitsignalsfromthebodytothebrainis:
a) Thenervoussystem
b) Q2Thesensoryorafferent
c) Themotororefferent nerves
d) Thesomaticsenses

10. Nervescommunicate toeachotherbyreleaseof:
a) Acatalyst
b) Neurotransmitter
c) Reflexaction
d) Sensoryimpulses

11. Asystemthatconsistsofanumberofdiscreteglandssituatedindifferentpartsofthebodyis:
a) Endocrinesystem
b) Lymphaticsystem
c) Body'sdefensemechanisms
d) Reticuloendothelialsystem

12. Reflexactionisbasicallyforthe body's:
a) Defensemechanism
b) Protectivemechanism
c) Facilitationof rapidmovement
d) Interactionwithnervousactivity

13. Changesinthebloodhormonallevelsare normallycontrolledby:
a) Positivefeedbackmechanism
b) Negativefeedbackmechanism
c) Positiveandnegativemechanism
d) Negativemechanisms

14. A gas that is necessary for a series of chemical reactions that result in the release of energy fromnutrients:
a) Oxygen
b) Carbondioxide
c) Nitrogen
d) Hydrogen

15. Foodcomponent usedin cellbuilding, growthandrepairis:
a) Fats
b) Carbohydrates
c) Proteins
d) Micronutrients

16. Atrialnatriuretichormoneisproducedby:
a) Endocrinegland
b) Kidney
c) Heart
d) Pituitarygland

17. Bloodenteringthelivermustfirst passthrough:
a) Commoniliacvein
b) Themesentery vein
c) Portal circulation
d) Interiorvenacava

18. Nervesoriginatinginmuscles andjoints formaintenanceofbalance,postureandstabilityare:
a) Proprioceptorsenses
b) Motorsenses
c) Somaticcutaneoussenses
d) Autonomicafferentnerves

19. Musclesthatareinvolvedindifficultordeepbreathingare:
a) Thediaphragmandabdominalmuscles
b) Intercostalsmuscles
c) Neck,shoulderandabdominalmuscles
d) Intercostalsanddiaphragmaticmuscles

20. The area of the brain involved with comprehension, intelligence and understanding of languagesis:
a) Premotorarea
b) Wernicke's area
c) Prefrontalarea
d) Broca's

areaPARTII: SAQ's

1. Statethefour(4)functionsofthecerebrospinalfluid
   - Supportsandprotects thebrainandspinalcordbymaintainingauniformpressure.
   - Actsasa shock absorberorcushionbetweenthebrainandthe skull.
   - Keeps the brain and spinal cord moist and there may be exchange of nutrients and wasteproducts.
   - Nourishes the brain

2. Statethree(3)functionsofreticular formation (3mks)
   - Role in sleep and wakefulness,
   - Influences circadian rhythm
   - Influences visceral functions
   - Modulates afferent actions and transmissions
   - Influences endocrine secretion
   - Controls muscle tone.
3. Statethree(3)differenttypes ofjoints
   - Fibrous joint
   - Synovial joint
   - Cartilaginous joint
4. Statefour(4)functionsofbones
   - For support and movement
   - Muscle attachment
   - Storage of calcium
   - Gives the body its shape
   - Protection of vital organs

5. Statefive(5)constituentsofplasma
   - Mineral salts
   - Water
   - Immunoglobulins
   - Clotting factors and fibrinogen
   - Lipids and fats

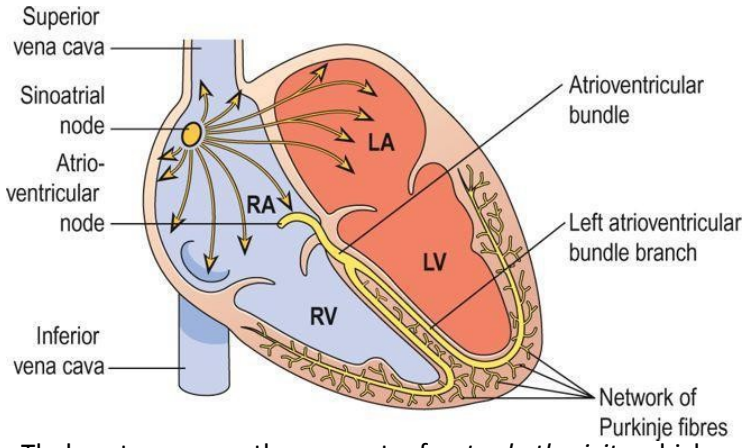
KENYA MEDICAL TRAINING COLLEGE – REVISIONWORK HUMANANATOMY&PHYSIOLOGY

1. The water-basedmediumof thebody is:-
   - Internalenvironment.
2. Thebody temperatureis aphysiologicalvariable:-
   - Thenegativefeedbackmechanism.
3. Themechanism thatfacilitatebodycellsto receivenutrientsandoxygen:-
   - The bloodandcirculatorysystem.
4. Homeostasiscanbe definedas:-
   - Adynamicandever-changingstateofthe bodywhichis keptwithinnarrowlimits.
5. Thetermusedforsumtotalofthe body'schemicalactivityis:-
   - Metabolism.
6. Achemicalsubstance consistingofthesametypeofatomis:-
   - Element.
7. Awaste productwhichdissolvesinbodyfluidtomakeitacidictomaintainthe body'spHwithinnormalbodyrangeis:-
   - Carbondioxide.
8. Anexampleofthe body'snon-specificdefensemechanismis:-
   - Theskin.
9. Thestudyofbodystructureandits physicalrelationshipofbodysystemsis:-
   - Anatomy.
10. Asubstancethatmaintainnormalbodyp Hbypreventingdramaticchangesinbloodvalue is:-
    - Buffer.
11. Themeasureoftheacidityof a solution is determinedby:-
    - Hydrogenions.
12. Substances that cross semi-permeable membrane down its concentration gradient without use ofenergy,theprocess involvedis:-
    - Passivetransport.
13. Complexcarbohydratesthatformimportantbiologicalmoleculesare:-
    - Polysaccharides.
14. Groupsoftissuesfoundcoveringbody liningcavitiesandholloworgans andtubes are:-
    - Epithelialtissues.
15. Thelargestcavityinthebodythatisovalinshape is:-
    - Abdominalcavity.
16. Redbloodcellsdevelopfrom:-
    - Pluripotentstemcells.
17. Theexchangeofnutrientsandgasestakeplaceat:-
    - Capillarybed.
18. Lymphaticductthatdrainslymphfrom theright halfof the thorax,head, neckandrightarmis:-
    - Rightlymphaticduct.
19. Transmissionofthe nerve impulsesduringactionpotentialoccursdue to:-
    - MovementofSodium, Potassium and Calcium ionsacrossthe nervecellmembrane.
20. Sympatheticnervefibreshaveaxonsofcellsin:-
    - Whitemater.
21. Statethe propertiesof theneurons.
    - Conductivity. – Carries impulses towards and from the central nervous system
    - Irritability/excitability. – ability to generate an impulse
22. List sixmainarterieswhichformthecircles arteriosus (Circle of Willis)
    - Basilar artery.

- Internal carotidartery.
- Anteriorcommunicatingartery.
- Posteriorcommunicatingartery.
- Anteriorcerebralarteries.
- Posteriorcerebralarteries.

23. Statethethree distinct parts ofthe humanear.
    - Outerear. (auricle & external acoustic meatus.)
    - Middle ear. (Mallleus, Incus and Stapes)
    - Inner ear. (semicircular canal, vestibulocochlear and cochlear)
24. Statethe threetypesofnerves.
    - Sensoryorafferentnerves.
    - Motororefferentnerves.
    - Mixednerves.
25. Explainthethreefunctionsofthecerebralcortex.
    - Mentalactivitieslikethinkingand reasoning.
    - Sensoryperceptionlikepainandtemperature.
    - Initiationandcontrolofskeletalmuscle contractionand voluntarymovement.
26. Explainthefourfunctionsofthecerebro-spinalfluid(CSF).
    - Supportsandprotects thebrainandspinalto maintainuniformpressure.
    - Cushioningorshockabsorberbetweenthe brainandthe skull.
    - Keeps brain and spinal cord moist hence exchange of nutrients and waste productsbetween CSFandcells.
    - Acts as a conduction medium for neurons.
    - Nourishes the brain and its cells
27. Statethecompositionofbloodplasma.
    - Plasmaproteins.
    - Inorganiccompounds.
    - Gases(oxygen).
    - Nutrients.
    - Wastematerials(urea)
    - immunoglobulins

28. Withanaidofawelllabeleddiagramof theheart, explaintheconductingsystemoftheheart.



Theheartpossesses the propertyof *auto rhythmicity*,whichmeansitgeneratesits ownelectrical impulses and beats independently of nervous or hormonal control, i.e. it is not reliant onexternal mechanisms to initiate each heartbeat. However, it is supplied with both sympatheticand parasympathetic autonomic nerve fibres, which increase and decrease

respectively theintrinsic heart rate. In addition, the heart responds to a number of circulating hormones,includingadrenaline(epinephrine) andthyroxin.
Smallgroupsofspecializedneuromuscularcellsinthemyocardium initiateandconductimpulses,causingcoordinatedandsynchronized contractionoftheheartmuscle.

Sinoatrialnode (SAnode)
This small mass of specialized cells lies in the wall of the right atrium near the opening of thesuperiorvenacava.
The sinoatrial cells generate these regular impulses because they are electrically unstable. Thisinstability leads them to discharge (*depolarize*) regularly, usually between 60 and 80 times aminute.
This depolarization is followed by recovery (*depolarization*), but almost immediately theirinstability leads them to discharge again, setting the heart rate. Because the SA node dischargesfaster than any other part of the heart, it normally sets the heart rate and is called the*pacemaker*oftheheart. Firingof theSAnodetriggersatrialcontraction.

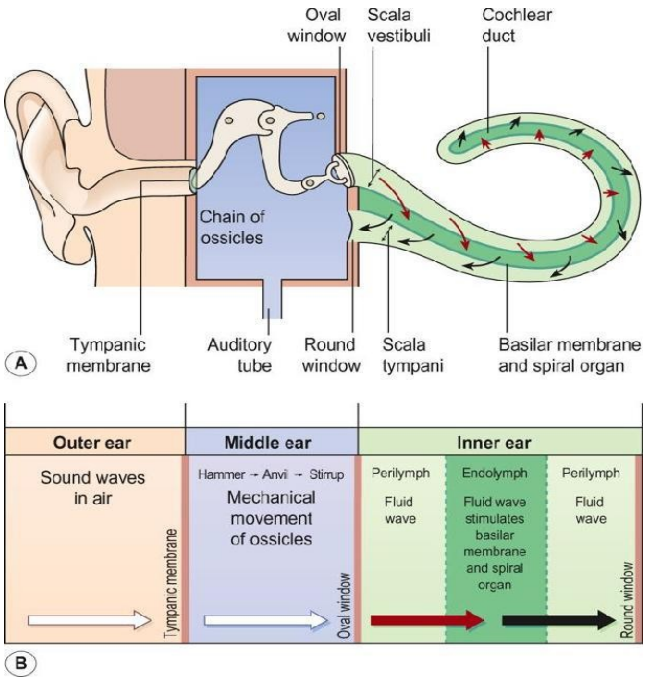
Atrioventricularnode(AVnode)
This small mass of neuromuscular tissue is situated in the wall of the atrial septum near theatrioventricular valves. Normally, the AV node merely transmits the electrical signals from theatria into the ventricles. There is a delay here; the electrical signal takes 0.1 of a second to passthrough into the ventricles. This allows the atria to finish contracting before the ventricles start.The AV node also has a secondary pacemaker function and takes over this role if there is aproblem with the SA node itself, or with the transmission of impulses from the atria. Its intrinsicfiringrate, however,is slowerthanthat setbytheSAnode(40–60 bpm).

Atrioventricularbundle(AVbundleorbundleofHis)
This is a mass of specialisedfibres that originate from the AV node. The AV bundle crosses thefibrous ring that separates atria and ventricles then, at the upper end of the ventricular septum;it divides into *right* and *left bundle branches*. Within the ventricular myocardium the branchesbreak up into fine fibres, called the *Purkinje fibres*. The AV bundle, bundle branches and Purkinjefibrestransmitelectricalimpulses fromthe AV nodetothe apexofthemyocardiumwherethewaveofventricularcontractionbegins,thensweepsupwardsandout wards,pumpingbloodintothepulmonaryartery andtheaorta.

29. Explainthephysiologyofhearing.

Every sound produces sound waves or vibrations in the air, which travel at about 332 meters persecond.
The auricle, because of its shape, collects and concentrates the waves and directs them alongthe auditory canal causing the tympanic membrane to vibrate. Tympanic membrane vibrationsare transmitted and amplified through the middle ear by movement of the ossicles. At theirmedial end the footplate of the stapes rocks to and fro in the oval window, setting up fluidwaves in the perilymph of the scalavestibuli. Some of the force of these waves is transmittedalong the length of the scalavestibuli and scala tympani, but most of the pressure is transmittedinto the cochlear duct. This causes a corresponding wave motion in the endolymph, resulting invibration of the basilar membrane and stimulation of the auditory receptors in the hair cells ofthe spiral organ. The nerve impulses generated pass to the brain in the cochlear (auditory)portionofthevestibulocochlearnerve(8thcranialnerve).Thefluidwaveisfinallyexpendedin to the middle ear by vibration of the membrane of the round window. The vestibulocochlearnerve transmits the impulses to the auditory nuclei in the medulla, where they synapse beforethey are conducted to the auditory area in the temporal lobe of the cerebrumBecause somefibres cross over in the medulla and others remain on the same side, the left and right auditoryareasof thecerebrumreceiveimpulsesfrombothears.
Sound waves have the properties of *pitch* and *volume*, or intensity. Pitch is determined by thefrequency of the sound waves and is measured in Hertz (Hz). Sounds of different

frequenciesstimulate the basilar membrane at different places along its length, allowing discrimination ofpitch.
The volume depends on the magnitude of the sound waves and is measured in decibels (dB).The greater the amplitude of the wave created in the endolymph, the greater is the stimulationoftheauditoryreceptorsinthe haircells inthespiralorgan, enablingperceptionofvolume.
Long-termexposuretoveryloudnoisecauseshearinglossbecauseitdamagesthe sensitivehaircellsof thespiralorgan



30. Factorswhichwoulddeterminebloodpressure.
    - Cardiacoutput–determinedbystrokevolumeX heartrate.
    - Auto regulation – capability of blood organs to adjust blood flow and pressureindependentofsystemic bloodpressure.
    - Peripheral/Arteriolar resistance – arterioles have tunica media entirely composed ofsmooth muscle sensitive to nerve and chemicals. Vasoconstriction raises pressure whilevasodilatationcauses ittofall.
31. Componentsoflymphaticsystem.
    - Lymph.
    - Lymphvessels.
    - Bonemarrow.
    - Lymphnodes.
    - Lymphorganse.g.spleen.
    - Diffuselymphoidtissuee.g.tonsils.

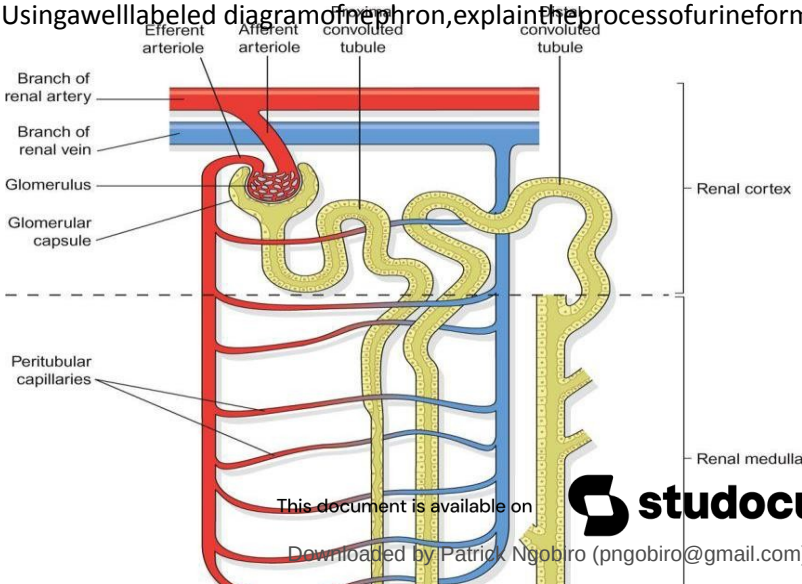
32. Functionsofreticularformation.
    Definition: - it is a collection of neurons in the core of the brain stem, surrounded by neuralpathwaysthatconductascendinganddescendingimpulses betweenthe brainandspinalcord.

- Coordination of skeletal muscle activity associated with voluntary motor movement andthemaintenanceofbalance.
- Coordination of activity controlled by the autonomic nervous system e.g. CVS and GITactivity.
- Selective awareness that functions through the reticular activating system (RAS) whichselectivelyblocksorpassessensoryinformationto thecerebralcortex.

33. Distinctpartsofthe ear.
    - Outer ear – consists of auricle (pinna), external acoustic meatus (auditory canal) andtympanicmembrane.

    - Middleear–auditoryossicles (malleus,incus andstapes),ovalandroundwindow.
    - Innerear–vestibule(utricle andsuccule),3semicircularcanalsandcochlea.
34. Hormonesproducedbytheanteriorlobeof pituitarygland.
    - Growthhormones.
    - Thyroidstimulatinghormone.
    - Adrenocorticotrophichormone.
    - Gonadotrophin.
    - Prolactin.
    - Follicle Stimulating Hormone (FSH) and Luteinizing Hormone (LH) also known asInterstitialCell StimulatingHormone(ICSH)
35. Hormonesproducedbytheposteriorlobeofpituitarygland.
    - Oxytocin.
    - AntidiureticHormone(ADH)
36. Mechanismsresponsibleforthe controlofrespiration.
    - Respiratory center.
    - Chemoreceptor – change in partial pressures of oxygen and carbon dioxide in blood andCSF.
    - Exerciseandrespiration.
    - Emotional displays.
37. Physiologicalvariablesaffectingbreathing.
    - Elasticity –abilitytoreturnto normalshapeafterbreath.
    - Compliance–stretch ability oflungs.
    - Airwayresistance.

38. Usingawelllabeled diagramofnephron,explaintheprocessofurineformation:



The nephron consists of a tubule closed at one end, the other end opening into a collectingtubule. The closed or blind end is indented to form the cup-shaped *glomerular capsule*(Bowman's capsule), which almost completely encloses a network of tiny arterial capillaries, the*glomerulus*. These resemble a coiled tuft and are shown above. Continuing from the glomerularcapsule, theremainderofthenephronisabout3cmlongandis described inthree parts:

- Theproximalconvolutedtubule.
- Themedullaryloop(loopofHenle)
- Thedistalconvolutedtubule,leadingintoacollectingduct.

FILTRATION:

This takes place through the semipermeable walls of the glomerulus and glomerular capsule.Water and other small molecules pass through, although some are reabsorbed later. Blood cells,plasma proteins and other large molecules are too large to filter through and therefore remainin the capillaries. The filtrate in the glomerulus is very similar in composition to plasma with theimportantexceptionsof plasma proteins andbloodcells.

Filtration takes place because there is a difference between the blood pressure in theglomerulus and the pressure of the filtrate in the glomerular capsule. Because the efferentarteriole is narrower than the afferent arteriole, a *capillary hydrostatic pressure* of about 7.3 kPa(55mmHg) builds upin the

glomerulus. This pressure is opposed by the *osmotic pressure* of the blood, provided mainly byplasma proteins, about 4 kPa (30 mmHg), and by *filtrate hydrostatic pressure* of about 2 kPa(15mmHg)intheglomerular capsule.

SELECTIVEREABSORPTION

Most reabsorption from the filtrate back into the blood takes place in the proximal convolutedtubule, whose walls are lined with microvilli to increase surface area for absorption. Materialsessential to the body are reabsorbed here, including some water, electrolytes and organicnutrients suchasglucose.

Some reabsorption is passive, but some substances are transported actively. Only 60–70% offiltrate reaches the loop of the nephron. Much of this, especially water, sodium and chloride, isreabsorbed in the loop, so only 15–20% of the original filtrate reaches the distal convolutedtubule, and the composition of the filtrate is now very different from its starting values.

Moreelectrolytesarereabsorbedhere,especiallysodium,sothefiltrateenteringthecollectingductsis actuallyquitedilute.

The main function of the collecting ducts therefore is to reabsorb as much water as the bodyneeds.

Active transport takes place at carrier sites in the epithelial membrane, using chemical energy totransportsubstancesagainsttheirconcentrationgradients.

Some ions, e.g. sodium and chloride, can be absorbed by both active and passive mechanismsdependingonthesitein thenephron.

TUBULARSECRETION:

Filtration occurs as the blood flows through the glomerular. Substances not required and foreignmaterials, e.g. drugs including penicillin and aspirin, may not be cleared from the blood byfiltration because of the short time it remains in the glomerular. Such substances are cleared bysecretionfrom theperitubularcapillariesinto the convolutedtubulesandexcretedfromthe

body in the urine. Tubular secretion of hydrogen ions (H+) is important in maintaining normalbloodpH.

39. Layersoftissues coveringarteriesandarterioles.
    - Tunicaadventitia–fibroustissue.
    - Tunicamedia –elasticandsmoothmuscle.
    - Tunicaintima–squamousepithelium(lining).
40. Mechanismswhichcontrolbloodpressure.
    - Short-term control involving baroreceptors (pressure receptors), chemoreceptor andhighercenters ofbrain.
    - Long-termcontroleffectedbyRenin-angiotensin-aldosteronesystem(RAAS)andADH.
41. Listthe 8arteriesthatformarteriosus(circulusarteriosus)
    - 1basilarartery.
    - 2posteriorcerebralarteries.
    - 2anteriorcerebralarteries.
    - 1 anteriorcommunicatingartery.
    - 2posteriorcommunicatingarteries.
    - 2 internalcarotidarteries.
42. Statethe typesof nerves.
    - Sensorynerves– fromthebody to spinalcord.
    - Motornerves– frombrain,spinalcordandautonomicgangliatomuscles andglands.
    - Mixed nerves – they are both sensory and motor
43. Layersofmeninges.
    - Dura mater – outer layer (dense fibrous tissue) takes place of periosteum on the innersurfaceofskullbonesandinner layerprovidesaprotectivecoveringofbrain.
    - Arachnoid mater – passes over the convolutions of the brain and accompanies the innerlayer of dura mater in the formation of falxicerebri, tentorium cerebella and falxicerebelli.
    - Pia mater – contains many minute blood vessels. Adheres to the brain, completelycoveringconvolutions anddippingintoeachfissure.
44. Hormonesthatinfluence selectivereabsorptioninthe nephrone.
    - Parathyroidhormone–calcium control where itriseslevelwhere calcitonin lowersit.
    - Antidiuretic hormone – increases permeability of distal convoluted tubules and collectingtubules increasingwaterreabsorption.
    - Aldosterone– increasesreabsorptionofwaterandsodium andexcretionofpotassium.
    - AtrialNatriuretic Peptide– lowersreabsorptionofsodiumandwaterfromproximalconvolutedtubules andcollectingducts.
45. Functionsofthecerebralcortex.
    - Highorderfunctions i.e.mental activities involved inmemory.
    - Sensoryperceptionlikepain.
    - Initiationandcontrolofskeletalmusclemovement.
46. Functionsofinsulin.
    - Increasingconversionofglucosetoglycogen(glycogenesis)
    - Preventionofbreakdownofproteinandfatandgluconeogenesis.
    - Acceleratinguptakeofamino acids bycells andthe synthesisofproteins.
    - Promotingsynthesisof fattyacids storageoffatin adiposetissue.
    - Decreasingglycogenolysis.
47. Typesof joints.

- Fibrousjoints–permitsnomovemente.g.skulljoints.
- Cartilaginousjoints– formed bya padoftoughfibrocartilage actingasshockabsorber e.g.betweenvertebral bodies.
- Synovial joints – presence of a capsule between the articulating bones e.g. hinge, ball andsocket,glidinge.t.c

48. Typesofmuscles.
    - Skeletalmuscles–bicepsandtriceps.
    - Cardiacmuscles–myocardium oftheheart.
    - Smoothmuscles–wallsofvessels andintestines.
49. Functionsofbones.
    - Providingbodyframework.
    - Givingattachmenttomuscles andtendons.
    - Allowingmovement.
    - Haemopoiesis.
    - Mineralstorage e.g.calcium phosphate.
50. Typesofbones.
    - **Longbones–** haveshaftandtwoextremities andtheyinclude femur,tibia.
    - **Shortbones–**have neithershaftnorextremitiese.g.carpals.
    - **Irregularbones–**haveneithershaftnorextremitiese.g.vertebrae.
    - **Flatbones–** haveneithershaftnorextremitiese.g.ribs.
    - **Sesamoidbones –** haveneithershaftnorextremitiese.g.patella.
51. Functionsofcerebrospinalfluid(CSF)
    - Supportsandprotects thebrainandspinalcordbymaintainingauniformpressure.
    - Actsasa shock absorberorcushionbetweenthebrainandthe skull.
    - Keeps the brain and spinal cord moist and there may be exchange of nutrients and wasteproducts.
    - Regulation of breathing as it bathes the surface of the medulla where central respiratorychemoreceptorsarelocated.
52. Functionsoflacrimalfluid.
    - Provision of oxygen and nutrients to the avascular corneal conjunctiva and drainage ofwater.
    - Washingawayirritatingmaterialse.g.dust.
    - Bacteriocidalenzyme lysozyme preventsmicrobialinfection.
    - Itsoiliness delaysevaporationandpreventsfrictionordryingoftheconjunctiva.
53. Functionsof cerumen (earwax)
    - **Itissecretedbyceruminousglandsandmodifiedbysweatglands.**
    - Sticky substance that contains protective substances like bacteriocidal enzyme lysozymeandimmunoglobulins.
    - Preventingforeignmaterialsfrom reachingtympanicmembranebywax.
54. Functionsofmembrane proteins.
    - Some areinvolved intransport acrossthemembrane.
    - Someareenzymes.
    - Actsasspecificreceptors(recognitionsites)forhormones andotherchemicalmessagers.
    - Branched carbohydrate molecules attached to the outside of some membrane proteinmoleculesgivethecell itsimmunological intentity.

55. The cytoskeleton of a cell.

- **Microfilaments –** it provides structural support, maintenance of characteristic shape andpermitcontraction.
- **Microtubules–**theyareinvolved inmovementof:-
  - Organelleswithinthecell.
  - Chromosomesduringcelldivision.
  - Cellextremities.
- **Centrosome–** itdirectsorganizationofmicrotubules.
  - ❖ Itisalsoinvolvedincell division.

56. Types of tissues.
    - Epithelial.
    - Muscle.
    - Nervous.
    - Connective.
57. Typesandfunctionsofepithelialtissue.

Types:

a. **Squamous(pavement)epitheliumtissue:**
   - Foundin:-
     - ✓ Endocardiumofthe heartmuscle.
     - ✓ Alveolioflungs.
     - ✓ Collectingductsofthe nephrones(lininglayers)

b. **Cuboidalepitheliumtissue:**
   - Foundin:-
     - ✓ Kidney tubules.

c. **Columnarepithelialtissue:**
   - Foundin:-
     - ✓ Liningofthestomachandsmallintestines

Functions:

- Absorption.
- Protection.
- Secretion.

58. Functionsof nutrientsin the body.
    - Provisionoffuel forenergyproduction.
    - Maintenanceofwaterbalance withinthebody.
    - Provisionofbuildingblocksforsynthesisoflarge andcomplexmoleculesneededbybody.
59. Functionsofelectrolytes.
    - Actsasbufferstoresist pHchanges inthebodyfluids.
    - Electricityconductionessentialformuscleandnervefunction.
    - Exertosmoticpressure keepingbodyfluidsintheirowncompartments.
60. Functionsof sugars.
    - FormingintegralpartofthestructureofDNAandRNA.
    - Providinga readysourceofenergyto fuel cellmetabolism.
    - Providingaformofenergystoragei.e. glucagon.
    - Actingas receptorstorecognize othermolecules andcells.
61. Biologicallyactive proteinsinclude.
    - Hormones.
    - Enzymes.
    - Antibodies.

- Carriermolecules(haemoglobin).

62. Importantgroupsoflipids.
    - Phospholipids – integraltocellmembrane structure.
    - Fat-solublevitamins i.e.A,D, E,K.
    - Fats(Triglycerides)for:-
        - Energysource.
        - Insulatingthebody.
        - Protectionofinternalorgans.
    - Prostaglandings–responsibleforinflammation.
    - Steroidse.g.gonads.
63. Constituentsofbloodplasma.
    - Plasmaproteins–responsibleforosmoticpressurei.e.albumins.
    - Inorganicsalts(electrolytes).
    - Wasteproducts.
    - Gases(oxygen).
    - Nutrients.
    - Hormones.
64. Functionofglobulins.
    - Inhibitionofsomeproteolyticenzymes.
    - Antibodies(immunoglobulins)playpartinimmunity.
    - Transportationofsomehormonesandmineralsalts.
65. Constituentsofbones.
    - Water(25%).
    - Organicconstituentsincluding**osteoid**and**bonecells.**
    - Inorganicconstituentsmainlycalciumphosphate(50%).
66. Characteristicsof asynovialjoint.
    - Articularorhyalinecartilage.
    - Capsule/capsularligar.
    - Synovialmembrane.
    - Synovialfluid.
    - Nerveandbloodsupply.
    - Movementatsynovialjoints.
    - Extracapsularstructures.
    - Intracapsularstructure.
67. Typesofsynovialjoint.
    - Ballandsocketjoints.
    - Hinge joints.
    - Glidingjoints.
    - Pivotjoints.
    - Saddlejoints.
    - Condyloidjoint.
68. Maintypesofsynovialjointsofthe limbs.
    - Shoulderjoint.
    - Elbow joint.
    - Anklejoint.
    - Kneejoint.
    - Proximalanddistalradioulnarjoint.

- Wrist joint.
- Hipjoint.
- Jointsofthefootand toes.

69. Actionof skeletonmuscle.
    - Inordertomove abodypart,themuscleoritstendonsmuststretchacrossat least onejoint.
    - Whenitcontracts,themuscle then pullsonebonetowards another.
    - Many muscles/muscle groups of the body are arranged so that their actions oppose oneanother.
70. Factorsaffectingskeletalmuscleperformance.
    - Skeletalmuscleperformsbetterwhenitisregularlyexercised.
    - Trainingimprovesenduranceandpower.
    - Weight lifting increases muscle bulk because it increases the size of individual fibreswithinthemuscle(hypertrophy).
    - Agingreducesthesizeofmusclefibresaswell astheirendurance andstrength.
71. Listthe cranialnerves inorder.
    I. Olfactory–sensory.
    II. Optic–sensory.
    III. Oculomotor–motor.
    IV. Trochlear–motor.
    V. Trigeminal– mixed.
    VI. Abducent–motor.
    VII. Facial–mixed.
    VIII. Vestibulocochlear.
    IX. Glossopharyngeal.
    X. Vagus.
    XI. Accessory.
    XII. Hypoglossol.
72. The water-basedmediumof thebody is:-
    - Internalenvironment.
73. Thebody temperatureis aphysiologicalvariable:-
    - Thenegativefeedbackmechanism.
74. Themechanism thatfacilitatebodycellsto receive nutrientsandoxygen:-
    - Thebloodandcirculatorysystem.
75. Homeostasiscanbe definedas:-
    - Adynamicandever-changingstateofthe bodywhichis keptwithinnarrowlimits.
76. Thetermusedforsumtotalofthe body'schemicalactivityis:-
    - Metabolism.
77. Achemicalsubstance consistingofthesametypeofatomis:-
    - Element.
78. Awaste productwhichdissolvesinbodyfluidtomakeitacidictomaintainthe body'spHwithinnormalbodyrangeis:-
    - Carbondioxide.
79. Anexampleofthebody'snon-specificdefensemechanismis:-
    - Theskin.
80. Thestudyofbodystructureandits physicalrelationshipofbodysystemsis:-
    - Anatomy.

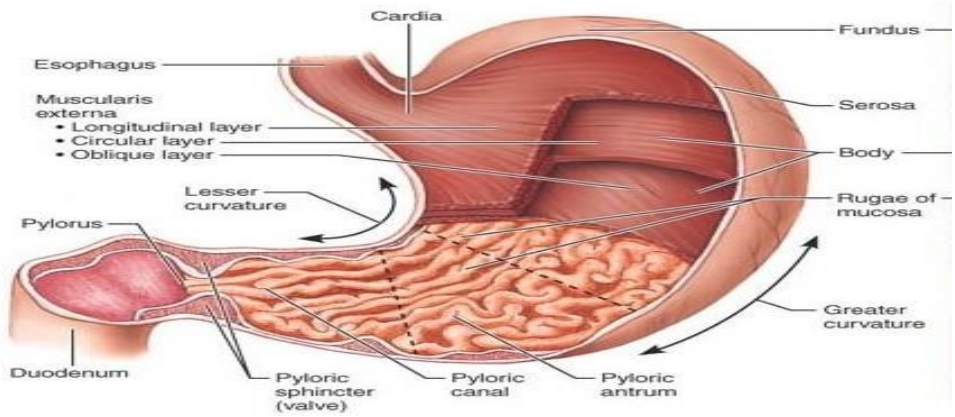
81. Asubstancethatmaintainnormalbodyp Hbypreventingdramaticchangesinbloodvalue is:-
    - Buffer.
82. Themeasureoftheacidityof a solutionisdeterminedby:-
    - Hydrogenions.
83. Substances that cross semi-permeable membrane down its concentration gradient without use ofenergy,theprocess involvedis:-
    - Passivetransport.
84. Complexcarbohydratesthatformimportantbiologicalmoleculesare:-
    - Polysaccharides.
85. Groupsoftissuesfoundcoveringbody liningcavitiesandholloworgans andtubes are:-
    - Epithelialtissues.
86. Thelargestcavityinthebodythatisovalinshape is:-
    - Abdominalcavity.
87. Redbloodcellsdevelopfrom:-
    - Pluripotentstemcells.
88. Theexchangeofnutrientsandgasestakeplace at:-
    - Capillarybed.
89. Lymphaticductthatdrainslymphfrom theright halfof the thorae,head, neckandrightarmis:-
    - Rightlymphaticduct.
90. Transmissionofthe nerve impulsesduringactionpotentialoccursdue to:-
    - Movementofionsacrossthe nerve cellmembrane.
91. Sympatheticnervefibreshaveaxonsofcellsin:-
    - Whitemater.
92. Statethe propertiesof theneurons.
    - Irritability/excitability.
    - Conductivity.
93. List sixmainarterieswhichformthecirulus arteriosus.
    - Basilarartery.
    - Internal carotidartery.
    - Anteriorcommunicatingartery.
    - Posteriorcommunicatingartery.
    - Anteriorcerebralarteries.
    - Posteriorcerebralarteries.
94. Statethethree distinct parts ofthe humanear.
    - Outerear.
    - Middle ear.
    - Inner ear.
95. Statethe threetypesofnerves.
    - Sensoryorafferentnerves.
    - Motororefferentnerves.
    - Mixednerves.
96. Explainthethreefunctionsofthecerebralcortex.
    - Mentalactivitieslikethinkingand reasoning.
    - Sensoryperceptionlikepainandtemperature.
    - Initiationandcontrolofskeletalmuscle contractionandvoluntarymovement.
97. Explainthefourfunctionsofthecerebro-spinalfluid(CSF).
    - Supportsandprotects thebrainandspinalmaintainuniformpressure.

- Cushioningorshockabsorberbetweenthe brainandthe skull.
- Keeps brain and spinal cord moist hence exchange of nutrients and waste productsbetween CSFandcells.

98. Statethecompositionofbloodplasma.
    - Plasmaproteins.
    - Inorganiccompounds.
    - Gases(oxygen).
    - Nutrients.
    - Wastematerials(urea)

REVIEWOFTHEANATOMYANDPHYSIOLOGYOFTHEALIMENTARYCANAL:

1. Withanaidofwelllabeleddiagram,explainthefunctionsof thestomach(10marks)



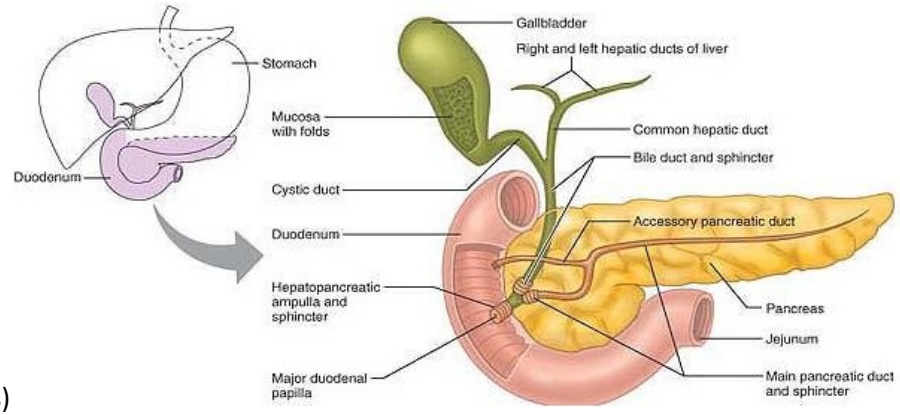
Functions:

- It'satemporarystorageoffoodallowingtime forpepsinactivity
- Chemicaldigestion-inthestomachproteinsareconverted to polypeptides bypepsin.
- Mechanical digestion - through churning of food ensures thorough mixing with gastricjuiceandliquefactiontomakechyme.
- Limitedabsorptionofwater,alcoholandsome drugs.
- Providesnon-specificdefenseagainstmicrobesbythepresenceofHCLandvomiting.
- Within the stomach iron is dissolved from food ready for absorption in the smallintestines.
- Itproducesandsecretes intrinsicfactorneededforvitamin $_{12}$absorption
- Secretesthehormonegastrin.

2. Listatleast5structuresassociatedwithsmallintestines (2.5marks)
    - Ascendingcolon.

- Descendingcolon.
- Transversecolon.
- Sigmoidcolon.
- Caecum.

3. Statethefunctionsofthe structuresthatmake upthesmallintestine (5marks)
   - Onwardmovementofitscontentsbyperistalsis.
   - Secretionofintestinaljuice.
   - SecretionofthehormonesCCKandsecretin.
   - Absorptionof nutrients, water, alcohol and some drugs
   - Protectionagainstinfection.
   - Completion of chemical digestion of carbohydrates, proteins and fats in enterocytes ofvilli.
4. Explainthe processofdigestioninthesmallintestine(5marks)
   - The muscles of the small intestine mix food with digestive juices from the pancreas, liver, and intestine, and push the mixture forward for further digestion. The walls of the small intestine absorb water and the digested nutrients into your bloodstream.
5. List4 functionsof largeintestines(2marks)
   - Defaecation.
   - Absorptionofwater,mineralsalts andsomedrugs.
   - Massmovement.
   - Microbialactivity.
6. Drawawelllabeleddiagramofthe pancreasin relationto the duodenum and biliarytract



(5mks)

7. List10functionsoftheliver (5marks)
   - Metabolismoffats.
   - Detoxificationofdrugsandtoxicsubstances.
   - Carbohydratemetabolism.
   - Proteinmetabolism.
   - Breakdownoferythrocytesanddefenseagainstmicrobes.
   - Productionof heat throughmetabolism.
   - Storageof:-iron,copper,vitamins(A,D,E,K),glycogen.
   - Secretionofbile.
   - Inactivationofhormonese.g.insulin,glucagon.

8. Explainthe physiologyofthe gallbladder(3marks)
   - Releaseof stored bile.
   - Reservoirforbile.

- Concentrationofbile.

9. List5componentsofbile(2.5marks)
   - Water.
   - Mucus.
   - Bilesalts.
   - Bile pigments.
   - Mineralsalts.
   - Cholesterol.
10. Briefly explain why mature gametes carry only one set of chromosomes

    A single gamete must combine with a gamete from an individual of the opposite sex to produce a fertilized egg, which has a complete set of chromosomes and is the first cell of a new individual

11. What special features are evident in sperm cells but not in somatic cells, and how do these specializations function?

    Unlike somatic cells, sperm are haploid. They also have very little cytoplasm. They have a head with a compact nucleus covered by an acrosome filled with enzymes, and a mid-piece filled with mitochondria that power their movement. They are motile because of their tail, a structure containing a flagellum, which is specialized for movement.

12. What do each of the three male accessory glands contribute to the semen?

    The three accessory glands make the following contributions to semen: the seminal vesicle contributes about 60 percent of the semen volume, with fluid that contains large amounts of fructose to power the movement of sperm; the prostate gland contributes substances critical to sperm maturation; and the bulbourethral glands contribute a thick fluid that lubricates the ends of the urethra and the vagina and helps to clean urine residues from the urethra.

13. Describe how penile erection occurs.

    During sexual arousal, nitric oxide (NO) is released from nerve endings near blood vessels within the corpora cavernosa and corpus spongiosum. The release of NO activates a signaling pathway that results in relaxation of the smooth muscles that surround the penile arteries, causing them to dilate. This dilation increases the amount of blood that can enter the penis, and induces the endothelial cells in the penile arterial walls to secrete NO, perpetuating the vasodilation. The rapid increase in blood volume fills the erectile chambers, and the increased pressure of the filled chambers compresses the thin-walled penile venules, preventing venous drainage of the penis. An erection is the result of this increased blood flow to the penis and reduced blood return from the penis.

14. While anabolic steroids (synthetic testosterone) bulk up muscles, they can also affect testosterone production in the testis. Using what you know about negative feedback, describe what would happen to testosterone production in the testis if a male takes large amounts of synthetic testosterone.

Testosterone production by the body would be reduced if a male were taking anabolic steroids. This is because the hypothalamus responds to rising testosterone levels by reducing its secretion of GnRH, which would in turn reduce the anterior pituitary's release of LH, finally reducing the manufacture of testosterone in the testes.

BASICNURSINGPROCEDURES

PART I:MCQ's

1. Thefollowingstatementistrueaboutadmissionofa patient inthe ward:
   a) Admissiontohospitalisnotastressfuleventlikeotherprocedures.
   b) Theconditionofthepatientwilldeterminetheextentoftheadmissionprocedure.
   c) Clientspastexperienceinthe hospitalis notrelevant.
   d) Nursesmay notplayakeyroleincoordinatingcase fromadmissionthroughdischarge.
2. Thefollowingareobservationsnotedonstoolspecimen:
   a) Color,smell,acetone
   b) Deposits,color,urea
   c) Color,smell,deposits
   d) Reaction,color,uricacid
3. Thebesttimetocollectasputumspecimenis:
   a) Earlyinthemorning
   b) Lateintheevening
   c) Afterbreakfast
   d) Before breakfast
4. Afterremovingaurinalfrom apatient,routinelyoneshould:
   a) Warmit,empty,sterileandclean
   b) Observeurine,empty,disinfect,clean
   c) Measure urine, recordinpatientsrecords andgive report
   d) Keepitunderthe bed,let patentuse ittillit'sfull
5. Thefollowingistheprocedureincollectionofa24hoururine specimen:
   a) Give the patient a big urine container; instruct him to put all urine passed from midnight tomidnightthe followingday.
   b) Givethepatientabigurine container; askhim toputallthe urinepassedfrom 6amto6amthefollowingday.
   c) Give the patient a big urine container, ask him to pass urine at 6am and discard it, thencollectallthe urinepassedupto6amthe followingday.
   d) Give the patient a big urine container, ask him to pass urine at 6am and discard it, thencollectallthe urinepassedupto6amthefollowingday anddiscard.
6. Thefollowingshouldbeobservedwhenmakinganoccupiedbed:
   a) Opennearbywindows.
   b) Removealllinen.
   c) Keepthe dirtylinenon thefloors.
   d) Keepthepatientcoveredalways.
7. Theliverispalpatedonthe:
   a) Lefthypochondriacregion

b) Epigastricregion.
c) Righthypochondriacregion.
d) Hypogastricregion

8. A patient has been taking medicines for high blood pressure before admission, his information isrecordedas partof:
   a) Presentmedicalhistory
   b) Pastmedicalhistory
   c) Familyhistory
   d) Surgicalhistory

PARTII:

a. Listfourindicationsofadmittingapatientinto hospital.
   - Monitorprogress.
   - Pre-operative.
   - Post-operative.
   - Safeenvironment.
   - Treatment.

b. Statethefivestepsinvolvedinmakingadiagnosis:
   - Demographic data-involves name, age, sex, tribe, hospital number of thepatient/client.
   - Subjectivedata-dealswithreasonsforconsultation.
   - Objectivedata-obtainedthroughP/E.
   - Assessment-diagnosis
   - Plan-treatmentandreviewclinics.

c. Listtwoindicationsforgivingbedpansandurinals:
   - Seriouslysickpatientsunabletowalkconfinedinbed.
   - Duringurinecollectionfortesting.

d. Listthreespecificinstructionsgivento apatienttocollect amidstreamurinespecimen:
   - Initialurineshouldbediscarded.
   - Midstreamurinecollected.
   - Laststream shouldbediscarded.

e. StatethreemethodsusedinP/E
   - Inspection-observation
   - Auscultation-vibrationsofmovementsoforgansbyuseofe.g.stethoscope.
   - Palpation-useoffingerstoexamine

KMTC/ QP-08/TIS
KENYA MEDICAL TRAINING COLLEGE –
NURSINGCLASS
BASIC NURSING
PROCEDURESEND-
SEMESTEREXAMS

MULTIPLECHOICEQUESTIONS(MCQs)

1. Whichofthefollowingcomplications ismostlikelytooccur2-4 hourspostoperatively?
   a. Woundinfection,chestinfection,aspiration.
   b. Chestinfection,paralyticileus,aspiration.
   c. Paralyticileus,aspiration,bleeding.

   d. Aspiration,bleeding,woundinfection.
2. Indeath rigormortisoccurs after?
   a. 48hrs.
   b. 12hrs.
   c. 2-6hrs.
   d. 30minutes.
3. Pre-operativeperiodisdefinedas?
   a. Timebefore,duringandafter anoperation.
   b. It begins when the patient is admitted in the ward and ends when the patient isdischargedhome.
   c. Timewhenthe patientrecoversfrom anesthesia.
   d. Timewhenthepatientispreparedforoperation.
4. Thefollowingisanadvantage ofverbalreport.
   a. Removeserrorinidentifyingthe patient reportedon.
   b. Communicatestootherteammembersgivingcare topatiente.g.doctors.
   c. Duringchangeofshiftbythe nursingstaff.
   d. Giventwice ina day in themorningandintheevening.
5. Thethreeessentialelementsofeffectivehandwashinginclude:
   a. Runningwater,disinfectant,andspirit.
   b. Friction,water inabasin,spirit.
   c. Friction,runningwater,soap.
   d. Soap,waterinabasin,alcoholrubs.
6. Whenfeedingapatientthroughnasogastrictube,thebestpositionto placeis:
   a. Flatonhis back.
   b. Onhisleftside.
   c. Onhisrightside.
   d. Inalowsittingposition.
7. Atechnique inphysicalexaminationwhere soundsareelicitedis:
   a. Palpation.
   b. Percussion.
   c. Auscultation.
   d. Impaction.
8. Reversebarriernursingisaimedat:
   a. Thepatient isnursedinLerner bed.
   b. Precautionsaretakentoprotect thepatient.
   c. Precautionsaretakentoprotect theinfectedpatient.
   d. Thepatientusuallyhasahighinfectiouscondition.

SECTIONB:

1. Listfourtypesoftherapeuticbaths.
   - Coolwatertubbath.
   - Warmwater tubbath.
   - Hotwatertubbath.
   - Sitzbath.
   - Bran bath
2. Givingindications, listsix bed appliances.
   - Hotwater bottle-keepthepatientwarm

- Bedcradle-protect injuredparts fromcomingto contactwiththebedcloths.
- Footrest- to preventfootdrop
- Abackrest/bedrest-patientwithdifficultyinbreathing
- Fractureboard-providesupporttopainfulback
- Siderails/cotrails-safetyofpatientfromfalling.

3. Listfiveaspectsusedtoassessifadressingpackissterile.
   - Checkexpirydate– takes28daysaftersterilization.
   - Checksterilizingtape.
   - Wetness.
   - Holes.
   - Protrudinginstruments.
   - Loosenessofthe pack.
4. Statethreestepsinwoundhealing.
   - InflammatoryPhase
   - ProliferativePhase
   - MaturationPhase
5. Listfournursinginterventionsusedtopreventpressuresoresdevelopment.
   - Changingpositionsoften.
   - Usingsupportsurfaces.
   - Cleaning.
   - Controllingincontinence.
   - Removalofdamagedtissue(debridement).
   - Rehydration (eating balanced diet)
   - Maintaining a dry skin and applying lotion.
   - Changing dirty linens
   - Inspecting the area more often – twice daily
6. Listfouradvantagesofinjectionsoveroraldrugadministration.
   - Fast inaction.
   - Intravenousisthefastest.
   - Oneissure thedrughasbeengiven.
   - Smalldosesaremoreeffective.
   - Some drugs areinactivatedin the stomach.
   - Drugswhichdo notpassthe bloodbrainbarriermustbe givenintradhecally.
   - Impressivemethodforall.
7. Listfive rightsofdrugadministration.
   - RightDrug.
   - RightPatient.
   - RightTime.
   - RightRoute.
   - RightDosage.

KENYAMEDICALTRAININGCOLLEGE–
END-
SEMESTEREXAMSBASICNURSI
NGPROCEDURES

PART I:MCQ's

1. Indicationsfor admittingapatient:
   - ✓ Treatment
   - ✓ Monitorprogress
   - ✓ Safeenvironment

- ✓ Investigation

- ✓ Pre-operative
- ✓ Post-operative

2. Kinds of patientswhowillcometoyouintheward foradmission.
   - ✓ Amputated.
   - ✓ Ona wheel chair.
   - ✓ Unconscious
   - ✓
3. Whatis Hxtaking?
   - ✓ Informationapatientpresentsto ahealthcareprovider.
4. TypesofHxobtainedfromapatient.
   - ✓ Historyofpresentingillness.
   - ✓ Pastmedical hx.
   - ✓ Surgicalhx.
   - ✓ Socialhx.
   - ✓ Familyhx.
   - ✓ Obstetrichx.
   - ✓ Economichx.
   - ✓ Immunizationshx(pediatrics)
5. Differentiatebetweensubjective andobjective data.
   - ✓ SubjectiveData: - dealswithreasonsforconsultation(use patientsownwords).
   - ✓ ObjectiveData:-obtainedthroughP/E.
6. MethodsusedinP/E.
   - ✓ Palpation-useof senseoftouch.
   - ✓ Auscultation-useofstethoscopetolistentosounds.
   - ✓ Percussion-strikingortapping
   - ✓ Inspection-observation
7. Observationnotedonstoolspecimen.
   - ✓ Shape.
   - ✓ Texture.
   - ✓ Smell.
   - ✓ Color.
   - ✓ Size.
8. Observationsnotedonurinespecimen.
   - ✓ Color.
   - ✓ Smell.
   - ✓ Turbidity.
   - ✓ Specificgravity.
   - ✓ Deposits.
   - ✓ pH.
9. Theremovalofnecrotic(dead cells)tissuefromadecubitus(pressure sore)isreferredto as:
   - ✓ Debridement.
10. Whengivingabed bathtoapatient,alwaysstartwiththe:
    - ✓ Face.
11. Themainpurposeofwritingward report isto:
    - ✓ Ensurecontinuityofcare.
    - ✓ Ensure accountability

✓

12. Themosteffectivemethodofinfectionpreventionis:
    - ✓ Handwashing.
13. Anintravenousfluidconcentrationissimilarasplasma is:
    - ✓ Isotonicsolution.
14. Atechnique inP/Ewhere astethoscope isusedis:
    - ✓ Auscultation.
15. Maintenanceofnormalbloodpressuredependson:
    - ✓ Cardiacoutput.
    - ✓ Venousreturn.
    - ✓ Peripheralresistance.
16. Whichis thebed applianceused for patientswithspinalcordfracture:
    - ✓ Fractureboard.
17. Positionindicatedforenemaadministration:
    - ✓ Leftlateral.
18. Pressure sorescanbepreventedby:
    - ✓ 2hourlyturningofthepatient,pressureareacare.
19. Personalhygieneforapatientconfinedinbedduetoafractureofthelowerlimbscanbemaintained through:
    - ✓ Assistedbedbath.
20. DuringP/E,enlargedspleenwillbedetectedon:
    - ✓ LeftHypochondriacregion
21. Apatientmay betransferred when:-
    - ✓ Theconditionrequiresspecializedcare.
    - ✓ When the patient is not satisfied with services offered.
22. Reversebarriersnursingispracticedto:-
    - ✓ Protectsusceptibleindividualfromgettinginfectionfromotherpeople.
23. Thethree essentialelements ofeffectivehandwashingincludeuseof:
    - ✓ Soap,runningwater,friction.
24. A chemical agent which is irritant to the skin and mucous membrane but is used to kill micro-organismsinobjectonly is:
    - ✓ Disinfectant.
25. Definitions:-
    a) Pre–operative period:-periodbefore patientistakentooperationsection.
    b) Intraoperativeperiod:-periodinwhichoperationis beingdoneona patient.
    c) Post operative period: - period after procedure has been done to a patient and is at the ward fromoperationsection.
26. Rolesofescortnurse:-
    - ✓ Continuityofnursingcarewhileon theway.
    - ✓ Assessandgiveemergencycare as required.
    - ✓ Offeringpsychologicalsupport.
    - ✓ Giveadequatereportwhenhandlingpatientanddocumentsovertoreceivinghospital.
    - ✓ Introducethepatienttoothercareprovidersofreceivinghospital.
27. Indicationsof admittingapatient:-
    - ✓ Rx.
    - ✓ Pre–operative
    - ✓ Postoperative.
    - ✓ Monitoringprogress.
    - ✓ Safeenvironment.
28. Listindicationsof bedmaking:
    - ✓ Ifthebedhasbeenoccupiedthe bedshouldbepreparedonce it'sused.
    - ✓ Inthemorningbeforenormalactivitiesstart.

- ✓ Whenthepatientis admitted intheward.
- ✓ Whenpreparingthewardi.e.duringcleanlinesstoeasemovement.
- ✓ Afterdischargingapatient.

29. Givingindications, listthetypesofbedsmadeinhospital:

- ✓ Admissionbed/emptybed/unoccupiedbed
- ✓ Occupiedbed-someoneassignedtoit
- ✓ Operationbed/post-operatingbed-
- ✓ Cradlebed/amputationbed/ dividedbed
- ✓ Fracturebed
- ✓ Cardiacbed

30. Givinguses,list bedappliances:

- ✓ Waterproofmaterial&a draw sheet
- ✓ Hotwaterbottle-keepthepatientwarm
- ✓ Bedcradle-protect injuredpartsfromcomingto contact withthebedcloths(burns).
- ✓ Bedblocks/bedelevators– to raiseheadorfootofthe patientandpreventpatientfromfalling.
- ✓ Abackrest/bedrest-patientwithdifficultyinbreathing
- ✓ Fractureboard-providesupporttopainfulback
- ✓ Siderails/cotrails-safetyofpatientfromfalling.
- ✓ Sandbags–immobilizesjointbelowthefracture.
- ✓ Airing/form/rubberring(usedtoreliefpressure)
- ✓ Bedtable– usedforpatients takingfood.
- ✓ Footrest- to preventfootdrop
- ✓ Foot-boot
- ✓ Electricblanket-extrawarmth
- ✓ Extrapillows-extracomfort
- ✓ Bedsidetable/alocker-used tostorepatientsfood
- ✓ Overhead trapeze –regulatesmovement.
- ✓ Eggcreatemattress– to preventpressure sores.
- ✓ Heel/elbow ring- to reliefpressure

31. Listspecificindicationsforanypositionsusedinnursing:-
    - ✓ Dorsalrecumbent–vaginalexaminations.
    - ✓ Trendelenburg's–posturaldrainageandpromotevenousdrainage.
    - ✓ Knee-chest–rectalprocedure/examination.
    - ✓ Supine–spinesurgeryandspineanesthesia.
    - ✓ Fowler's–breathingproblemsandcardiacoutputproblems.
32. Statespecificinstructionsgivento apatienton24hoururinespecimencollection:
    - ✓ Voidtheinitial urine intotoilet.
    - ✓ All subsequent urine collected to be passed to urine jug before emptying to specimenbottle.
    - ✓ Lasturineafter24hoursshouldbecollected.
    - ✓ Labelandsendurine specimento labwithin15-20minutesofcollection.
33. Differentiatebetweenbarrierandreverse barriernursing:
34. StatefourconsequencesofHospitalAcquiredInfections:
35. Listfactorsinfluencingwoundhealing:

- ✓ Developmentalconsideration.
- ✓ Nutrition.
- ✓ Lifestyle.
- ✓ Medication.
- ✓ Adequaterest.
- ✓ Infection.
- ✓ Smoking.

36. Importanceofinfectionprevention:-
    - ✓ Reduce periodofstayinthe hospital.
    - ✓ Reducethe costdue toextendedhospitalization.
    - ✓ Preventsepsisonwounds.
37. Abnormalitiesnotedonstoolspecimen:-
    - ✓ Texture.
    - ✓ Smell.
    - ✓ Shape.
    - ✓ Deposits.
    - ✓ Size.
38. Methodsofloweringtemperature:-
    - ✓ Exposure.
    - ✓ Givingcolddrinks.
    - ✓ Fanning.
    - ✓ Antipyretics.
    - ✓ Openingnearbywindowsanddoors.
39. Sitesof checkingpulserate:-
    - ✓ Temporal.
    - ✓ Facial.
    - ✓ Carotidartery.
    - ✓ Radialartery.
    - ✓ Femoralartery.
    - ✓ Fontanels.
    - ✓ Apexbeat
    - ✓ Posttibialartery.
40. Bed appliances:-
    - ✓ Eggcratemattress–preventpressuresores.
    - ✓ Hotwaterbottle–providewarmthtopatient.
    - ✓ Electricblanket –extrawarmth.
    - ✓ Extrapillows
    - ✓ Fractureboard.
    - ✓ Bed sidetable
    - ✓ Bed table
41. StagesofdyingprocessaccordingtoRossKubler:
    - ✓ Denial:patientappearsdazedandrefusesto believethe Dx.
    - ✓ Anger:patientbecomesfrustrated,irritableandangrythathe/sheissickandgoingtodie.
    - ✓ Bargaining:patientmayattempttonegotiatewithphysicians,friendsorevenGodinreturnforcure.
    - ✓ Depression: patient shows withdrawal, sleep disturbances, hopelessness and possiblesuicidalideation.Maybe due toeffectsofillnessor anticipationofapproaching death.

- ✓ Acceptance: patient realizes death is inevitable and accepts the universality of theexperience.

42. Observations carried out on a patient immediately on being received back from a majoroperation:-
    - ✓ Temperature.
    - ✓ Pulserate.
    - ✓ Bloodpressure.
    - ✓ Levelof response.

END OF SEMESTER ONE
EXAMSTHE NURSING PROCESS
(PAPER)**PART I:MCQ's**

1. Which ofthefollowingis aprioritynursingdiagnosis:-
    a) Healthpromotiondiagnosis.
    b) Wellnessdiagnosis.
    c) Riskdiagnosis.
    d) Actualdiagnosis.
2. Signsandsymptomsarelikely totheetiologybythe phrase:-
    a) ``Relatedto''
    b) ``Secondaryto''
    c) ``Asevidencedby"
    d) ``Primaryto"
3. Emergencyassessment:-
    a) Collects dataabouta problemthathasalreadybeenidentified.
    b) Performancetoidentifyalifethreateningproblem(choking,stabwound,heartattack).
    c) Initialassessmentonfirstcontactwitha client oronadmission.
    d) Screeningforaspecificproblem.
4. Represents a problem that has been validated by presence of a defining characteristics (signsandsymptoms):-
    a) Medicaldiagnosis.
    b) Riskdiagnosis.
    c) Actualdiagnosis.
    d) Maslow'sneeds.
5. Activities inthe planningphaseofthe nursingprocess:-
    a) Reassessclient,prioritizeproblem,andcollectdata,nursinginterventions.
    b) Datacollection,prioritize problem,organize data,andformulategoals.
    c) Prioritizeproblem,formulategoals,statenursinginterventions,writenursinginterventions.
    d) Reassessclientprioritize problem,organize data,nursingintervention.
6. Activitiesinthe assessmentphaseofthe nursingprocess:-
    a) Comparedata,reassessclient,determinenursinginterventions,andformulatediagnosis.
    b) Reassessclient,prioritize problem,organize data,andformulategoals.
    c) Reassessclient,collectdata,andformulategoals, nursinginterventions.
    d) Datacollection,organizingdata,validatingdata,documentingdata.
7. Anobjectivebehavioror responseyouexpectthe clienttoachieve inalongperiodoftimepossiblyover several days,weeksormonths:-
    a) Short term.
    b) Longterm.

c) Lapsedtime.
d) Emergencytime.

8. Whatistheevaluationphase ofthenursingprocess:-
   a) Comparethe client'sresponse inrelationtosetgoals/desiredoutcome.
   b) Implementsthe nursinginterventions.
   c) Identifieshealthproblems.
   d) Validatesdatacollected.
9.
   e) How do you formulate a risk diagnosis? /what does a risk diagnosis consist of. A risk nursingdiagnosisconsistsof3 parts/componentsfalse.
   f) Implementing interventions include: personal skills in communication and therapeuticinteractionsfalse.

Emergencyassessments → collect data about a problem that has already been identifiedfalse.
Secondarysourcesof data → informationcollectedareobtainedfrompatientonlyfalse.

PART II:SAQ's

10.
1. Definethefollowing terms:-
a)
b)
   a. Thenursingprocess– Itisasystematic,rational,scientificmethodofplanningandprovidingindividualizecaret othe patient,a familyora communityat large
   b. The nursing diagnosis – It is a clinical judgment about a client's individual, familycommunity response to actual and potential health problems that a nurse can ordernursinginterventionstoreduce,eliminateorprevent.
   c. The nursing care plan – A written or computerized guide that organizes informationaboutthepatient's/client'scare,itprovides continuity ofcare.
   d. Agoal/expectedoutcome.
   e. Documentation. **(5mks)**

2. Explainthecomponentsofthenursingdiagnosis. **(3mks)**
3. Differentiatebetweenthenursingprocessandthemedical process. **(3mks)**
4. Outlinethree (3)benefitsofthe nursingprocess(NANDA).**(3mks)**
5. Explainonhowtocollectobjectdataduringassessmentphaseofthenursingprocess. **(5mks)**
6. Brieflyexplainthree (3)characteristicsofthe nursingprocess.**(3mks)**
7. Outlinethree (3)typesofassessmentintheassessmentphaseofthenursingprocess. **(3mks)**

PARTIII:ESSAY/LAQ

1. Discussthefive(5)steps/phasesofthenursingdiagnosis **(20mks)**

KENYAMEDICALTRAININGCOLLEGE–

NURSINGPROCESS

QUESTIONS:

1. Definethe followingterms:
   a) Nursing process:-**it is a rational and systematic method of planning and providingindividualizedqualitynursingcaretoanindividual, familyorsociety.**
   b) Assessmentphaseofthenursingprocess: -**systematicandcontinuousdatacollection.**
   c) Nursingdiagnosis:-**clinicaljudgmentaboutindividual,familyorcommunityresponsestoactualor potential healthproblems.**
2. OutlinecharacteristicsoftheNursingprocess:
   ⇒Cyclicanddynamic.
   ⇒Client'scentered.
   ⇒Universally acceptable.
   ⇒Interpersonalandcollaborative.
   ⇒Humanistic.
   ⇒Permitscreativity,criticalthinkingandrational decisionmaking.
3. ExplainbenefitsoftheNursingprocess:
   ⇒Individualized care.
   ⇒Increasesclient'sparticipation.
   ⇒Stressesthe independent functionof anurse.
   ⇒Providesan orderlyandsystemicmethodofplanningandprovidingcare.
   ⇒Facilitatesdocumentationof care.
   ⇒Continuityofcareandpreventionof duplicationof services.
   ⇒Providesaunityoflanguagefornursingprofession.
4. ListphasesoftheNursingprocess:
   ⇒Assessment.
   ⇒Diagnosis.
   ⇒Planning.
   ⇒Implementation.
   ⇒Evaluation.
5. Listtypesofassessmentdone toclientsduringtheassessmentphase ofthenursingprocess.
   ⇒Comprehensiveassessment.
   ⇒Problem– focused/Episodicassessment.
   ⇒Timelapsedre–assessment.
   ⇒Emergencyassessment.
6. Listtypesof**NANDA** nursingdiagnosis:
   ⇒Actual.
   ⇒Risk/potential.
   ⇒Possible.
   ⇒Syndrome.
   ⇒Wellness.
7. Brieflyexplainthecomponentsofthenursingdiagnosis:
   ⇒Problemstatement/diagnosis.
   ⇒Etiology.

⇒Definingcharacteristics.

8. Listthe activitiesinthe planningphaseofthenursingprocess:
   ⇒Setpriorities.
   ⇒Establishgoalsanddesiredoutcomes.
   ⇒Setindividualizednursingintervention.
   ⇒Write individualized nursinginterventioninNCP.

Scenario:

Brenda sixteen (16) years old is brought to your medical ward with Hx of diarrhea and vomiting,headache, hotness of the body and general body weakness. O/E, her temperature is 40.8°c, sheverbalizes severe headache, her skin pinch goes back very slowly (poor skin turgor) and she isveryweak,sopassingstoolandurineinbed.

9. Readthescenario andformulatefivenursingdiagnosesforthispatient:
   ⇒Fluidvolume deficit relatedtoGIinfectionas evidencedbyDiarrhea.
   ⇒Electrolyteimbalancerelatedtolossoffluidsasevidencedbyirritability.
   ⇒Acutepainrelatedto infectionsasevidencedbypatient verbalizing.
   ⇒Anxietyrelatedto stateofillness asevidencedbypatient askingmanyquestions.
   ⇒Impairedthermoregulationrelatedtoinfectionasevidenced bytemperature at 40.8°c.
   ⇒Riskof impaired skinintegrity relatedtoimmobility.
10. Statetheuniquefunctionofanurseaccordingto VirginiaHenderson:
    ⇒Itistoassist individualssick orwellin theperformanceoftheactivitiescontributingtohealth recovery or peaceful deaths that he/she could perform unaided if he/she hadnecessary will and knowledge and to do this in such a way as to hope gainindependentrapidlyaspossible.
11. Statetwo classificationsofanursingDx:
    ⇒Actualdiagnosis.
    ⇒Potentialdiagnosis.
12. Statefive benefitsofusingN.P inpatientscare:
    ⇒Individualized care.
    ⇒Increasesclient'sparticipation.
    ⇒Itstressesthe unique functionofanurse.
    ⇒Itenhancescontinuityofcare andpreventsduplicationof services.
    ⇒It enhances documentationof care.
    ⇒Providesorderlyandsystematicmethodofplanningandprovidingcare.
13. StatethreecomponentsofusingDxaccordingtoNANDA:
    ⇒Problemstatement.
    ⇒Etiology.
    ⇒Definingcharacteristics.
14. Statefourtypesofpatientassessment:
    ⇒Comprehensiveassessment.
    ⇒Problemfocused/episodic.
    ⇒Timelapsedre-assessment.
    ⇒Emergencyassessment.
15. Define N.P accordingto VirginiaHenderson:
    ⇒Itisa systematicrationalmethodofplanningandprovidingindividualized qualitynursingcaretoapatient,familyorcommunity.
16. StatefourcharacteristicsofN.P:

⇒Clientcentered.
⇒Cyclicanddynamic.
⇒Humanistic.
⇒Universallyapplicable.
⇒Interpersonalandcollaborative.
⇒Allphases arecollaborative.
⇒Permitscreativity,criticalthinkingandrational decisionmaking.

17. StatethreedifferencesbetweenNursingandMedicalProcess:

Nursingprocess	Medicalprocess
Identifiessituationthenurseislicensedand qualifiedtoRx	Identifiesthe situationthemedicaldoctoris licensed andqualifiedtoRx
Focusesonclient'sresponsestoactualor potentialhealthproblem.	Focusesonillness,injuriesanddiseaseprocess.
Changesastheclientrespondsand/orhealth problemchanges.	Remainsconstant untilthecureiseffected.

18. StatefouractivitiesinAssessmentdata:
⇒Datacollection.
⇒Organizationof data.
⇒Validatingdata.
⇒Documentation/record.
19. StatefivetypesofNursingDx:
⇒Actual.
⇒Potential.
⇒Possible.
⇒Syndrome.
⇒Wellness.
20. Statethreecategoriesofpatientclassificationandthreebenefits:

CategoryA

- Verysickpatientswhoneedmaximumcare
- Nursednearnursingstationandnursedbytheexperiencedandmost skilled

CategoryB

- Theyare partialcompensatory
- Theyneedlessclosemonitory
- Theyareout danger
- Needsupportivecareandcanconducttheir daily activitiesontheirown

CategoryC

- They are out of danger patients who are either discharged to go home or they areawaitingelectivesurgery.
- Theyneedsupport,healtheducationandpsychotherapy.

Benefitsofpatient'sclassification:

- Itmaximizesuseofnursingstaffandnursingcompetences.

- Itminimizes dangerpatientsmaybeexposedto.
- Itmakesstaffaccountableforthe action.
- Itreduceserrormargins.

21. Themostimportantandwidelyacceptablereasonforusingnursingprocessis:
22. Whenreadingthe nursinggoals/outcomesforclient,the nurseshould:
23. Definenursingcareplananddescribethecomponentsofthenursingcare plan:
24. State the initial components of in compressive assessment which leads to problem identificationina patient:

KENYAMEDICALTRAININGCOLLEGE–

PROFESSIONALISM

PART I– MCQ's

1. According to nursing code of ethics, when working as a nurse and a conflict comes up betweenyourclient'sneeds andwhat the familyor physicianwants,yourfirstloyaltyis tothe:-
   a) Hospital.
   b) Client.
   c) Family.
   d) Physician.

2. You are attending an elderly patient who refuses vitamin B injection ordered by the physicianbut the family insists that this injection must be given and you give it while client is objecting.Theclientcontacts a lawyer, fromyourknowledgeofnursingandthelaw,yourealizethatyou:-
   a) Didtherightthingbecausethe clientimproved.
   b) Shouldhavethefamily puttheir request inwriting.
   c) Have committed anassaultagainst theclient.
   d) Have committed anact ofbatteryagainstthe client.
3. Whena nurseis tried undercriminal lawthe nurseisbeingbrought totrialby:-
   a) Society asawhole.
   b) Anorganization.
   c) Anindividual.
   d) Theplaintiff'slawyer.
4. When a nurse is checking the physician's order against medication prior to setting upmedication record prior to setting up medications that nurse discovers a medication errorsmade on the previous shift. The nurse reports this error to the supervising nurse. Which of thefollowingpersons willneedtofill outan incidentreport?
   a) Thenursewhodiscoveredtheerror.
   b) Thenursewhocommittedthemedicationerrorthe previousshift.
   c) Supervisingnursewho isin-charge ofthenursingcareunit.
   d) Primarynurse assignedtothe clientthepreviousday.
5. When working as a nurse, you determine that a patient scheduled for surgery does notunderstandthe physician'searlierexplanationofthesurgery.Theclientis askingmany questions about risks and seems worried. Which of the following actions would be best on yourpart?
   a) Quicklyexplainthesurgeryprocedureandtheriskstotheclient.
   b) Askyoursupervisortoexplainthe surgeryprocedureandits risks.
   c) Notifythephysician.
   d) Cancelthesurgery.

PART II– SAQ's

1. DefineProfessionalism:
   ⇒It is adherence to a set of values comprising statute laws of professional creations andformerly agreed codes of conduct which inform the expectations of patients and teammates.
2. Defineaprofessionalnurse:
   ⇒It is an individual who has successfully undergone a prescribed training program, haspassed a licensing examinations and is registered by the nursing regulatory body i.e.NCK
3. Statesixcharacteristicsofaprofessionalnurse:
   ⇒Displayshighstandardsofprofessionandintegrity.

⇒Have innerresourceshe cancome forrenewaloffateandencouragement whenwearyanddiscouragement.
⇒Dealingcompetentlywithcrisis situation.
⇒Providingholisticcare to patients andrelatives.
⇒Proudoftheprofessionand considersit to be atbarlikeotherprofessions.
⇒Seekscompetentlyto improveonhis/herskillsthroughcontinuingeducationandresearch.

4. Outline sixrolesofKRCHN:
⇒Counselor.
⇒Entrepreneur.
⇒Change–agent.
⇒Educator.
⇒Careprovider.
⇒Clients'advocate.
⇒Researcher.
5. Statesixuniversalgoalsofnursing:
⇒Research.
⇒Promotionofhealth.
⇒Preventionofillness.
⇒Promotingsafe workingenvironment.
⇒HealthsystemsMnx.
⇒Careof sick.
⇒Educationtopatientsandfamilies.
6. Statethe rolesofanurse inachievingthe 14basic needsofapatient:
⇒Supplementary role.
⇒Complimentaryrole.
⇒Substitutiverole.
7. Statetheunique functionofanurseaccordingto VirginiaHenderson.
⇒It is to assist the individuals, sick or well in the performance of these activitiescontributing to health recovery or peaceful deaths that he/she could perform unaided ifhe/she had necessary will, strength and knowledge and to do this in such a way as tohope gainindependently rapidlyas possible.
8. Outline theethicalprinciples inNursing.
⇒Non–maleficence-nurse avoids negative acts againsttheclients/patients.
⇒Beneficence –giveproperservices forthe selfinterest.
⇒Veracity– faithfultoone'sduty.
⇒Fidelity –maintainintegrityof clients.
⇒Justice–provisionofservices equallywithno discrimination.
9. Statebenefitsofnursingprofessionalorganizationstoitsmembers.
⇒Updatenursingwithknowledge,attitude andskills forimprovement.
⇒Formlinkwithotherorganizations.
⇒Advocateonwelfareissues.
10. Statenurse'sbillsofrights.
⇒Compensation.
⇒Supplies.
⇒Promotionandcareer development.
⇒Continuedlearning.
⇒Risk allowance.
⇒Safeworkingenvironment.
⇒Autonomy/independence.

11. Statefunctionsof NursingCouncilofKenya.
    - ⇒Indexes student nursesaspiringtobenurses.
    - ⇒Makeprovisionfortraining,registrationandenrollingof nurses.
    - ⇒Advisingtheministeronmattersconcerningnursing.
    - ⇒Describingbadges,uniformbypersonsto be registered.
    - ⇒Setsandmarksexamsforthosereadytobenurses.
    - ⇒Disciplines nurses foromissions andmalpractice.
12. Outlinethecustomer'sobligationsasdisplayedintheNursingcharter.
    - ⇒Careforpersonalhospitalrecordsandproducethemwhentheyare requested.
    - ⇒Be considerabletoother patients andensureminimalnoise.
    - ⇒Follow nurses'appointment dates.
    - ⇒Engageinapositive healthseekingbehaviorandlifestyle.
13. Nursingisa servicetohumanity:
    a) Describethe14fundamentalsofhumanbeings.
       - ⇒Breathingnormally.
       - ⇒Eatinganddrinkingadequately.
       - ⇒Eliminatingbodywaste.
       - ⇒Sleepingandresting.
       - ⇒Movingandmaintainingadesirableposture.
       - ⇒Selectingdesirableclothing.
       - ⇒Maintainingbodytemperature.
       - ⇒Keepingbody clean.
       - ⇒Avoidingdangers intheenvironmentbothphysicalandpsychological.
       - ⇒Communicatingwithothersinexpressingemotions,needs,fearsandopinions.
       - ⇒Worshippingaccordingtoone'sfaith.
       - ⇒Workinginsuchawaythattheyfeela senseof accomplishment.
       - ⇒Playingandparticipatinginvariousforms ofrecreation.
       - ⇒Running,discoverorsatisfythe curiositythatleadstonormaldevelopmentandhealthusingavailable resources.

    b) Outlinenursesbillsofrights.
       - ⇒Compensation.
       - ⇒Supplies.
       - ⇒Promotionandcareer development.
       - ⇒Continuedlearning.
       - ⇒Risk allowance.
       - ⇒Safeworkingenvironment.
       - ⇒Autonomy/independence.

    c) StatefunctionsofNCK
       - ⇒Indexes student nursesaspiringtobenurses.
       - ⇒Makeprovision fortraining, registrationandenrollingof nurses.
       - ⇒Advisingtheministeronmattersconcerningnursing.
       - ⇒Describingbadges,uniformbypersonsto be registered.
       - ⇒Setsandmarksexamsforthosereadytobenurses.
       - ⇒Disciplines nurses foromissions andmalpractice.

PART III–LAQ's

TheGoalofnursingisto providehighqualitynursingservicesto patients/clients:

a) Describe thecustomers'bills ofrights.

⇒Righttoaccesscare.
⇒Righttoqualitynursingpractice.
⇒Right toinformedconsent.
⇒Righttoinformationconcerningdisease,Rxandcare.
⇒Rightforprivacyandconfidentiality.
⇒Righttobe treatedwithrespect anddignity.
⇒Rightforsafetyandhealingenvironment.
⇒RighttorefuserecommendedplanofcareandRx.
⇒Righttobeinvolved inplanningcare and Rx.
⇒Righttohighquality carewithout discrimination.

b) Outlinefiveelementsofaninformedconsent.

- The nature of the procedure,
- The risks and benefits of the procedure,
- Reasonable alternatives,
- Risks and benefits of alternatives,
- Assessment of the patient's understanding of elements 1 through 4.

c) Statefiveroles/responsibilitiesofaKenyaRegisteredCommunityHealthNurse(KRCHN)

⇒Entrepreneur.
⇒Researcher.
⇒Careprovidertopatients.
⇒Educator.
⇒Change-agent.
⇒Client'sadvocate.
⇒Managerofhealthservices.

SEMESTER

ONEPREGNANCY

PARTI:MCQ's

1. Thepelvisformsabonycanalthroughthefetusmustpassduringdelivery.Itisdividedintotwoparts, namely:
   a. Thebony andovalpelvis.
   b. Thefalseandtruepelvis.
   c. Thefalseandbonypelvis.
   d. Thetrueandtriangularpelvis.
2. Whichistheflaredouterpartofthe pelvis:
   a. Theischium.
   b. Thecoccyx.
   c. Theischialspine.
   d. Theilium.
3. Thebones whichformstheinnominatebones are:
   a. Ilium,ilias,ischium.
   b. Pubis,iliac,ischium.
   c. Pubis,ischial, iliac.
   d. Ilium,ischium,pubis.
4.
5. Whicharethe ligamentsthat are betweenthe sac[illegible]handthe ilium:

a. Interpubicligaments.
b. Sacro-tuberousligaments.
c. Sacro-iliacligaments.
d. Sacro-spinousligaments.

6. When measuring diameters, the measurements from the sacral promontory to a point 1.25cmdowntheposterior surfaceofsymphysis pubis isknownas:
   a. Anatomicalconjugate.
   b. Obstetricalconjugate.
   c. Diagonalconjugate.
   d. Obliqueconjugate.
7. Thelongestdiameterofthepelvisoutletis:
   a. Antero-posterior.
   b. Transverse.
   c. Oblique.
   d. Intertuberous.
8. Ovulationistriggeredby:
   a. Folliclestimulatinghormone.
   b. Amid-cyclesurgeofinteinilizinghormone.
   c. Hormonefromthefollicularcells.
   d. Hormonesfromthetheca-intima.
9. Whichhormone isdetectedinapregnancytest:
   a. Estrogen.
   b. Humanchorionicgonadotrophin.
   c. Progesterone.
   d. Testosterone.
10. A full term gravid uterus increases 10 times non – gravid uterus to measure:a.7.5x5x2.5cm.
    b. 30x20x23cm.
    c. 30x23x20cm.
    d. 30x25x20cm.
11. Theacidicstateof thevagina atapHofmainlyto:
    a. Promotetheflowofspermatozoa.
    b. Enhancesexualenjoyment.
    c. Inhibit growthofmicrobes.
    d. Promotethegrowthofmicrobeslikethe lactobacilli.
12. Theplacentaisfullyfunctionalasfrom:
    a. 8-12weeks.
    b. 12-16weeks.
    c. 12-14weeks.
    d. 6-8weeks.
13. The normal head circumference of a newborn measures:a.40-45cm.
    b. 30-35cm.
    c. 33-37cm.
    d. 32-38cm.
14. Firstphysicalexaminationofanewbornisdone to:
    a. Rule outabnormalities,estimateweight,andruleoutbirthinjuries.
    b. Ruleoutabnormality,estimatematurity,assess its health.

c. Rule outabnormality,estimatematurity, andruleoutbirthinjuries.
d. Assess the completeness of the placenta, determine maturity, and assess the healthstatusof theplacenta.

15. Mouldingis defined as:
    a. Alterationofskullbone duetoobstructedlabor.
    b. Overlappingofthefetalsutures duringlabor.
    c. Swellingofthe fetalskull due toobstructedlabor.
    d. Overridingoftheskullbones duetoobstructedlabor.
16. Whichoneofthefollowinginvestigationsconfirmslungmaturityduringpregnancy:
    a. Surfactantfactor.
    b. Lecithinspineomyelin.
    c. Chestx-ray.
    d. Glucoronyltransferase.
17. Whena babyis left inwetclothingit losesheat by:
    a. Radiation.
    b. Conduction.
    c. Convention.
    d. Evaporation.

18. Thecareofthebabyfollowingdeliveryofthehead(crowning)is:
    a. Checkthe cordroundthe neck,clearthisairway.
    b. Cleartheairway;check thecordroundtheneck.
    c. Checkthe cordroundtheneck,scorethebaby.
    d. Scorethebaby;checkthecordroundthe neck.
19. Which ofthefollowingappears soonafterbirth:
    a. Cephalohematoama.
    b. Caputsuccedenum.
    c. Spinalbifida.
    d. Meningomyelocate.
20. Thenursedocumentsthe neonate's anteriorfontanelle asnormalbecause itis:
    a. Oval.
    b. Square.
    c. Diamondshaped.
    d. Triangular.
21. During the first feeding the nurse observes the neonate gaggling on mucus and becomingcyanotic.Thenurse shouldfirst:
    a. Startmouthtomouthresuscitation.
    b. Raisethe neonate'sheadandpatthe backgently.
    c. Raisethe neonatalresuscitationteam.
    d. Cleartheneonate'sairwaywith sunctionor gravity.
22. A neonate with low APGAR score is given vitamin K injection soon after delivery and the nursetellsthemother that theinjectionis given because:
    a. Neonateshavenogastrointestinalbacteria.
    b. Neonatesaresusceptibleto clottingdisorder.
    c. Hemolysisofthefetal redbloodcell destroyvitaminK.
    d. Theneonate'sliverdoesnotproducesufficientvitaminK.

23. While performing a gestational age assessment the nurse determines that the neonate is at termwhenhe/sheobservestheneonate's:
    a. Earlyingflatagainst thehead.
    b. Absenceofranugalinthe scrotum.
    c. Solecreasescoveringtheentirefoot.
    d. Absenceoftremors.
24. When the neonate is 2hours old, the nurse notes increased respiratory rate and tremors of thehandsandfeet.Apriority nursingdiagnosis is:
    a. Ineffectiveairwayclearancerelatedtoposttermgestationalage.
    b. Hyperthermiarelatedto large size anduse ofradiantwarmer.
    c. Decreasedcardiacoutputrelatedto difficultybreathing.
    d. Alterednutritionlessthanthebodyrequirementrelatedtodepletedglycogen.
25. Laboratoryfindingsindicate thatneonate'shemoglobinis16g/100mlofblood.The nurseshould:
    a. Documentthisasnormalfindings.
    b. Assessforsymptomsofpolycythemia.
    c. Recheck hemoglobinin1 hour.
    d. Assess for skinpallorandanemia.

PARTII: SAQ's

1. Describe theprocessof adaptationof fetalcirculationsoonafter birth(10marks).
2. Outlinestages afertilizedovum undergoestillitisafetus(6marks)
3. Explainthe physiologicalchanges thattakeplacein the breastofapregnantwoman(6marks)
4. Statethreeindicationsof firstexaminationof anewborn(3marks)

PARTIII: LAQ's

1. Roseaged18years para0+0comestoclinicfor thefirst time inhersecondtrimester.
   a) Outlinetheaimsof antenatalcare(5marks)
   b) Describe themanagementofRoseduringthis firstvisit (15marks)
2. Statefivecharacteristicsofafulltermneonates(6marks

MIDWIFERY:

EXAMINATION

NUMBER:PART I:MCQ's

1. Thenon-graviduterusmeasures:
   - 7.5cmx5.0cmx2.5cm
2. Whereistheinfundibulumfound?
   - Theendof thetube.
3. Progesteroneworkson:
   - Tissuespreviouslyaffectedbyestrogen.
4. Thefetusstarts passingurineatthe:
   - 10^{th}weeksofgestation.

5. Thefetalsacconsistsof adoublelayerofmembraneknownas:
   - Amnion.
   - Chorion.
6. Neonatal deathoccurs:
   - Firstweek
7. Duringdevelopmentoffertilized ovum,theinnercellmassforms:
   - Blastocyst.
8. Thepresentingdiametersintheavertexpresentation:
   - Suboccipitalfrontaldiameterandbiparietaldiameters.
9. Duringvaginalexaminationforamotherinlabor,brow presentationisdiagnosedbyfeelingthe:
10. Ductusvenosusconnects the:
    - Umbilicalveinto theinferiorvenacava.

11.11.

a) Schutzemethodofplacentadelivery:-
   - Formation of retro placental clot, weight of the clot helps peel the membranes off theiruterine wall, clot becomes enclosed in a membranous bag as placenta descends fetalsurfacefirst.

b) Mathew andDuncanmethodofplacentadelivery:
   - Placentadescends,slippingsideways,maternalsurfacefirst.

12. Drying the baby at birth helps to minimize heat loss by:13.

a) Thedenominatoristhepartofpresentationthatindicatesposition:-true
b) Alieistherelationshipofthe fetalheadandthelimbto its trunk:-false
c) Osiander'ssignisincreasedpulsationfelt inthe lateralforniclesofthevagina:-true
d) Fetalheartislistenedthroughthe trunk ifpossibleiscephalic:-false

14. Duringpregnancythehearthasa greaterbloodvolumetopumproundthebody:
    - Theincreasedoutputis20-4%
15. Thesafemotherhoodinitiativefocuseson:
    - Thewell-beingofthemother.
16. In fetal circulation exchange of oxygen, nutrients and elimination of waste products are formedby:
    - Placenta.
17. By 9thand10thday of postnatalthe uterusisusuallypalpated:
18. State6pillarsofsafemotherhood:
    - Familyplanning.
    - Essentialobstetriccare.
    - Cleanandsafedelivery.
    - FANC.
    - Postabortive care.
    - Neonatalcare.
    - Targetedpostpartumcare.
    - PreventionofmothertochildtransmissionofHIV/AIDs.

PART II:SAQ's

1. Statemajorfunctionsofthe placenta.
   - Nutritive.

- Respiratory.
- Excretory.
- Endocrine.
- Barrier–some diseases anddrugscannotpassfrommothertothefetus

2. Listconstituentsofamnioticfluid.
   - 99% water.
   - Mineralsalts.
   - Urea–fromfetalurine
   - Protein.
   - Cellsfromthefetus.
   - Lanugo.
   - Vernixcaseosa.
3. Listthetemporarystructuresinfetalcirculation.
   - Ductusvenosus.
   - Foramenovale.
   - Ductusarteriosus.
   - Hypogastricarteries.
4. Define:
   a) Lie
   b) Presentation:
   c) Denominator:
   d) Position:
5. Matchthe following:
   a) Formsthenervoussystemandskin:-Ectoderm
   b) Formsthemuscles,bonesandcirculatorysystem:-Mesoderm.
   c) Formsthealimentarycanal:-Endoderm
6. Explain:
   a) Ectoderm.
   b) Mesoderm.
   c) Endoderm.
   d) Fundalheight: -distance fromthepubicbonetothetopoftheuterus.
7. Listdangersignsinpregnancy.
   - Blurredvisionduetohypertensionandanemia.
   - Laboredbreathing.
   - Pre-maturelaborpains.
   - Vaginalbleeding.
   - Swellingofface,handsandlegs.
   - Hxofconvulsions.
   - Reducedfetalmovement.
8. Statecausesof normalonsetof labor.
   - Oxytocinhormone –causesuterinemusclestocontract.
   - Oxytosinaseenzyme –stopsOxytocinfromworkingduringpregnancy.
   - Progesteronehormone–levelfallsatendofpregnancyforremovingrelaxing.
   - Prostaglandins– stimulatepituitary glandto produceOxytocin.
   - Increasedcontractibility.
   - Engagementofhead.
   - Overdistension.

9. Functions of amniotic fluid:DuringPregnancy:
   - Allows freemovementofthe fetusandgrowth.
   - Absorbsshockandpreventsinjury.
   - Provides the correct temperature for the fetus to live

   in.DuringLabor:

   - Equalizesuterinepressure.
   - Preventsinterferencewithplacentalcirculationduringcontraction.
   - Washes birthcanal.
   - Cervicaldilatation.
10. Compensatoryfactorsinfetalcirculation:
    - Fetalheartrate isfastertomovebloodquickerroundthebody.
    - FetushasextraRBCs inintrauterinelifethatareableto carrymoreoxygen.
    - Fetushasspecialhemoglobinthatcombinesveryeasilywithoxygeninintrauterinelife.

PARTIII:LAQ's

1. Mother X arrives in your clinic for check-up. This is her first visit time on P/E she is healthy andwellgroomed.On abdominalexamination, her fundusis32weeksofgestation:
   a) Explainhowyouwilldevelopandimplementherindividualbirthplanbeforedelivery:
      - Placeoflabor.
      - Finances.
      - Transport.
      - Birthpartner/companion.
      - Identificationofskilled labor.
      - Identify decisionmaker incaseofemergency.

   b) ListtypesoflabinvestigationsmotherX willbedone.
2. BabyZhasjustbeenbornandthe Apgar scoreis8/10.
   a) ExplaintheApgarscoregrading.
   b) Describethesubsequentobservationthatyouwillperformonbaby Z.

MOREQUESTIONS:

1. State5waysin whichinfectioncanoccurduringlabor:
   - Clientcaninfectherself–vulva,rectumorskin.
   - Midwife.
   - Surroundingarea.
   - Equipments.
2. Show the difference between true and false labor.Uterine Contractions:

True labor	False labor
Alwayspresent	Notalwayspresent.
Painful	Notalwayspainful.
Rarelyexceed60seconds	Maylast3-4minutes.
Oftenaccompaniedbybackache	Notaccompaniedbybackache

TheCervix:

True labor	False labor
Cervixisshortened	Cervixnotshortened
Osis dilating	Osnotdilating
Membranes feeltenseduringcontractions	Membranesnottense
Showisusuallypresent	No show.

3. Statethetruesignoflabor.
   - Dilatationof thecervix.
   - Regularpainfuluterinecontraction.
4. Indicate 5importantfeatures thatdevelopbetween4-8weeksin embryonic lifeofa fetus.
   - AppearsCshape.
   - Headbecomes prominentaccountingfor1/3ofthe entireembryo.
   - Nervoussystembeginsto form.
   - Extremitiesappearasbuds.
   - Heart appearsas rudimentaryformasbulgeontheanteriorcervix.
   - Eyes,earsandnoseappearinrudimentary form.
5. Listtemporarystructuresinfetalcirculation:-repetition
6. Mrs.Yreportstoyourclinicforthefirsttime.OnP/Eshe's28weeksofpregnancy;herLMPwas19th November 2013.
   a) Calculate her expected date of delivery and her gestation

      date.19th112013

      07 03 xxxx

      26 08 2014

   b) Explainonhowyouwillimplementherindividual birthplan: -repeated
7. Amothercompletedhersecondstage,describe heractiveMnxof3rdstageoflabour.
8. BabyZoeisbornandhasagoodscore10/10minutes
   a) ExplainAGPARscore.
   b) Describe the subsequent Mnx care of baby Zoe.c)

KENYA MEDICAL TRAINING COLLEGE

-SEMESTERONE

LABOR

PARTI:MCQ's

1. Thetruesignsoflaborinclude:
   a) Contractionsradiatetothebackcontraction,rarelyexceed60seconds.
   b) Rhythmiccontractionsarepainless.
   c) Contractionsareonthelowabdomenonlythere is attachmentofthecervix.
   d) Cervicalattachment,painisreceivedbyanalgesics.
2. Whenassessingamotherinlabor themidwifewill considerthe fetal headtobeengagedwhen:

a) Presentingpartthroughthepelvis.
b) Thefetalheadrotatestopassthroughtheischialspines.
c) Thefetalheadextendsasitpassesunderthe symphsis.
d) Thebi-lateraldiameterpasses thepelvicinlet.

3. Themechanismoflaborthatallowsthefetalheadtopresentitselfto fitthe widestanteroposteriordiameterof thepelviccavityis:
   a) Flexion.
   b) Internal.
   c) Descent.
   d) Extension.
4. Theanteroposteriordiameterofthepelvicoutletmeasures:
   a) 12 cm.
   b) 13 cm.
   c) 11 cm.
   d) 10 cm.
5. Uterinecontractionsarecontrolledbythe:
   a) Centralnervoussystem.
   b) Sympatheticnervoussystem.
   c) Peripheralnervoussystem.
   d) Autonomicnervoussystem.
6. Thepartoftheuterus inwhichacontractionbeginsis:
   a) Cornua.
   b) Fundus.
   c) Isthmus.
   d) Thebodyorcorpus.
7. Firststageoflaborisdefinedasaperiodfrom theonsetof:
   a) Laborpainstofulldilatationofcervix.
   b) Labortocrowningofthehead.
   c) Truelaborto delivery.
8. Themanagementofanormalmotherduringthefirst48hoursinvolves:
   a) Examiningthebreast,treatingthe infection,monitorfluidintake/output.
   b) Inspecting the iodine loss, observing the initiation of lactation, assessing involution of theuterus.
   c) Encouragingpostnatalexercise,givingplentyoforalfluidsdaily, urinalysis.
   d) Encouragingearlyambulation,totallyhighvaginalswabtakingvitalsigns.
9. For question 9 indicate whether the following statements are true or false on the answerbookletprovided:
   a) Oxytocinhormone preparesthemyoepithelialmilkletdownreflex…….
   b) FallinProlactinlevelenhancestheprociferationoflactiferousducts…….
10. Thecontinuityofcareofapustridal motherafterdischargemainlydependson:
    a) Thenumber ofpostnatalvisits thatamidwifecanmake.
    b) Theabilityofthemidwife todetectproblemsandintervene.
    c) Adequate healthmessagesshared withthemother.
    d) Availabilityofhealthfacility.

PARTII: SAQ's

1. Outline the health messages that can be shared with a mother during 4th stage of labor (5marks).
2. Statefive factorsthatcancause onsetoflabor(5marks)
   - Oxytocinhormone.
   - Oxytocinaseenzyme.
   - Progesteronehormone.
   - Prostaglandins.
   - Increasedcontractibility.
   - Engagementofhead.
   - Overdistension.
3. Statethreefunctionsofthe pelvicfloormuscles(3marks)
4. Statefourbenefitsofbreastfeeding(4marks)
   - Breastmilkissuitedtobabyandeasyto digest.
   - Breastfeedingcauseslesswork.
   - Itisnotexpensive.
   - Promotesrelationshipbetweenmotherandbaby.
   - Milk isalways fresh.
   - Milkcontainsantibodies.
   - Sterileandhence no riskofcontamination.
5. Differentiatebetweentrueandfalselabor(3marks)

TrueLabor	FalseLabor
Uterinecontractionsalwayspresent.	Uterinecontractionsnotalwayspresent.
Painfuluterinecontractions.	Contractionsnotalwayspainful.
Contractionsrarelyexceed60seconds.	Contractionsmaylast3 –4minutes.
Contractionsoftenaccompaniedbybackache.	Contractionsnotaccompaniedbybackache.
Cervixisshortened.	Cervixnotshortened.
CervicalOsisdilating	CervicalOsnotdilating.
Cervicalmembranesfeeltenseduring contractions.	Cervicalmembranes no tense.
Showisusuallypresentinthecervix.	No show.

PARTIII: LAQ's

1. Mrs. KI arrives into labor and delivery unit at a gestation of 38 weeks. She complains of lowabdominal pain with some vaginal discharge. On examination you note some pouring ofamnioticfluidatthe posterior frinixwith cervicaldilatationof4 cm.
   a) Define labor(2marks)
   b) DescribethemanagementofMrs. KI(18marks)

REPRODUCTIVE HEALTHEND-SEMESTEREXAMS

MULTIPLECHOICEQUESTIONS(MCQs)

1. Thedeepmusclesofthepelvic floorinclude:

a) Pubococcygneous.
b) Thebulbocavernosusmuscles.
c) Ischiocavernosus.

d) Transverseperineal.

2. Thebones thatformthepelvic are:
a) 5coccyx,2 ileum,2ischium.
b) 2pubis,ileum,ischium.
c) 2coccyx,2pubis,2 ileum.
d) 2ischium,2pubis,5coccyx.

3. The non-gravid uterus measures (cm):a)7.5x5x2
b)7.5x5x2.5
c)7x5x2.5
d)7.5x5.5x2

4. Anadolescent isa person aged:
a) 13-19years.
b) 15-24years.
c) 15-19years.
d) 11-24years.

5. Thetypeofapelvisthatiskidney shapedis notfavorablefordeliverybecause:
a) Ithasawide transversediameter.
b) Ithasreducedanteroposteriordiameter.
c) Ithasreducedtransversediameter.
d) Ithasreducedoutletdiameter.

6. Theactivehormone duringtheproliferativephaseofthemenstrualcycleis:
a) Luteinisinghormone.
b) Progesterone.
c) Oestrogen.
d) Folliclestimulatinghormone.

7. Thehormoneresponsibleforbreastmilkejectionis:
a) Prolactine.
b) Oxytocin.
c) Humangonadotrophinhormone.
d) Progesterone.

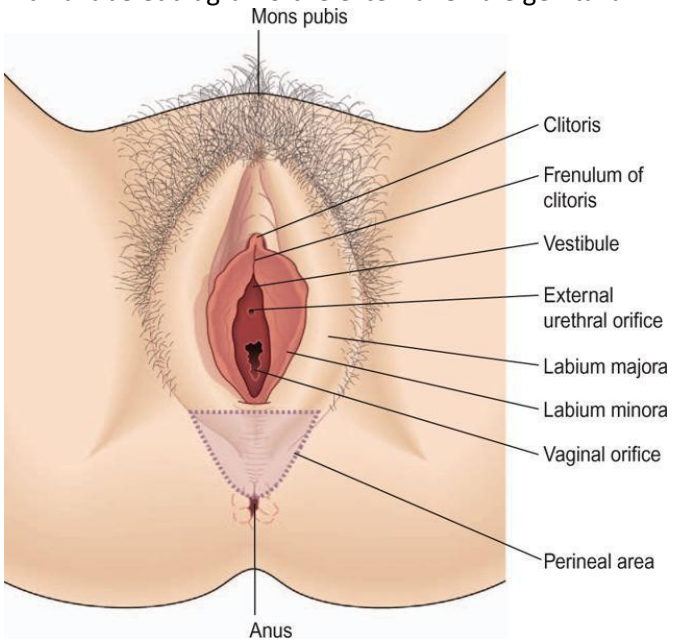
8. Integratedyouthfriendlyapproachisonewhere:
a) Onlyyouthsgetservices.
b) Onlyfamilyplanningservicesareoffered.
c) Youth andothermembersof thepublic getservices.
d) Allservicesareofferedto youthsonly.

9. Men and women who derive sexual gratification by being held, kissed or cuddled by anadmiredopposite sex are:
a) Foudlists.
b) Necrophilia.
c) Paraphilias.

10. Men or women derive sexual satisfaction by passing and handling faeces especially in aswimmingpoolor bath basinare:
a) Co-prophilia.
b) Tele-scaltogia.
c) Frotteorism.

ShortAnswerQuestions:

1. Drawa labeleddiagramofthe externalfemale genitalia.



2. Statefourproblemsfacebyyouths15-19years.
   - Peerpressure.
   - Earlypregnancies.
   - Drugabuse.
   - HighriskofcontractingSTI's.
3. Stateanyfouraccessory glandsofmalereproductivesystem.
   - Prostategland.
   - Seminalvesicle gland.
   - Bulbourethralgland.
   -
4. Stateanysixstructuresofthe lactatingbreast.
   - Areolarresponsible forproductionofmilk andstorage.
   - Nippleinwhichbabysucks.
   - Lactiferousducts whichtransmitmilkproducedfrom lobes.
   - Lobeswhichareresponsibleto secretemilk andcolostrum.
   - Highlyvascularisedto enablemilk production.
   - Darkprimaryareolar.

LongAnswerQuestions:

1. Describe thehormones involved infertilityregulationofawoman.
   - Oestrogen hormone is responsible for the growth of endometrium which in turnreceives fertilizedovum.
   - Human chorionic gonadotrophin is produced during pregnancy to inhibit production ofoestrogenandprogesteronewhichinturnpreventsovulation.
   - Lutenisinghormoneisresponsibleforactivatingprogesteronetohealtheaffectedendo metrium for preparationofreceivingovum.
   - Prolactingisresponsiblefordevelopmentofbreastduringpregnancy.
   - Oestrogenhormoneactsonbreaststogrow atpuberty.

- Folliclestimulatinghormone isresponsibleforinitiatingovulation.
- Follicle stimulating hormone also helps in activating oestrogen for development ofendometrialwall readytoreceivefertilizedovum.

2. Describereasonswhyyouthsdon't utilizeyouthfriendly services.
   - Ignorance.
   - Unfavorableconditions.
   - Unawareness.
   - Fear.
   - Harsh/unfavorablecaregivers

REPRODUCTIVEHEALTH:

PART I:MCQ's

1. Innominate boneismadeof:
   - Pubis.
   - Ilium.
   - Ischium.
2. Structuresthatformtheposteriorfontanelare:
3. Differentiatebetweenreproductivehealthandfamilyplanning:
   - ReproductiveHealthincludes conceptofmale involvement.
4. Area enclosed bytwo labiaminorais called:
   - Vestibule.
5. Fertilizationtakesplaceat:
   - Ampulla.
6. Normalmenstrualcycle takes:
   - 3 –5 days
7. Testes inthe utero descentat:
   - By 28thweeks
8. Organthatliessuperiortothevaginais;

PART II:SAQ's

1. Drawawelllabeled diagramofthe gynaecoidpelvisandindicate thecharacteristicfeature.
   - Classicpelvisforfemales
   - Itis well rounded inall directions andwide.
   - Itiswellsuitedforsupportingdelivery.
2. Statefivesexualproblemsthatfacetheadolescentsinthecommunitytoday.
3. StatefiveservicesofferedinaYouthFriendlyClinic.
   - Sexualandreproductivehealthcounseling.
   - Abortiveservices.
   - Sexualabusecounseling.
   - Relationshipandsexualitycounseling.
   - Sexuallytransmittedinfectioncounseling,testingandprevention.
   - ContraceptivecounselingandprovisionincludingE.C
4. Statefourmalesexualdysfunctions.

- **Premature ejaculation**:-it occurs when a man ejaculates sooner during sexualintercoursethanheor hispartner wouldlike.
- **Retarded ejaculation: -** it is a condition in which it takes an extended period of sexualclimaxandreleasesemen fromthepenis i.e.ejaculation
- **Erectile dysfunction (impotence): -** it is the inability to get and keep an erection firmenoughforsex.
- **Retrograde ejaculation: -** occurs when semen enters the bladder instead of emergingthroughthepenis duringorgasm.
- **Difficultinarousalanddesire.**

PART III:LAQ's

1. Describethemenstrualcycle:
   - Itis a seriesoffour phasesaffectingthetissueoftheendometrium.
   - Changes are caused by the hormones from pituitary gland and also estrogen andprogesterone.
     i) **Regeneration stage: -** begins when menstruation stops and lasts for 2 days.The remaining glands and stroma cells multiply and blood absorbed.Endometrium is reformed.
     ii) **Proliferativestage:-** lastsuntilovulation(14daysbeforetheonsetofnextmenstrualperiod) Estrogencausesthegrowthofthe endometrium.
     iii) **Luteal stage: -** pre-menstrual phase.Begins afterovulation. Progesteronemakestheendometriumto growmore. Glands increase in size, capillaries are distended with blood and endometrium isreadytoreceivefertilizedovum. If fertilization does not occur, ovum dies and corpus luteum degenerates.Levelofestrogenandprogesterone fallsandendometrium startstodie.
     iv) **Menstrual stage: -** characterized by menstrual bleeding per vagina.Superficiallayerofendometriumisshed.

2. Describetheimportanthormones thatcontrolthehumansexualcharacteristics.
   - Testosterone hormone in males directly induces growth of the testicles and penis.Increasessize andmassofmuscles,vocalcordsandbonesdeepeningthevoiceandchangingtheshapeof thefaceandskeleton.
   - EstradiolHormoneinfemalescausesbreaststodevelop.
   - Estrogen Hormone widens the pelvis and increases the amount of body fats in hips,thighs, buttocks and breasts. It also induces growth of uterus, proliferation of theendometriumandmenses.
3. Drawawelllabeled diagramofthepelvisindicatingdifferentdiametersanditslandmarks.
4. Explainthetypesofpelvis.
   - Platypelloidpelvis:-itiswide butflat andmaystillallowvaginalbirth.
   - Androidpelvis:-itisnarrowandheart– shapedfoundinmen.
   - Anthropoidpelvis:-itis narrowandovalinshapeandresemblesanape.
   - Gnaecoid pelvis: - it is wide and well rounded in all directions and is classic femalepelvis.
5. Statethefunctionsofprostategland.

6. Drawthediagramofthemalereproductiveorganandindicate the flowofthe spermatozoa.

PSYCHOLOGYANDSOCIALANTHROPOLOGY:

1. Statethefive(5)stagesofpsychosexualdevelopment.
   i. **Oralstage0-1$^{1/2}$yrs**
      The driving energy is from the mouth because it wants to get custom of the communitywhere heis.
   ii. **Analstage**
      This is done through the anal opening so that they are satisfied.Disorder:obsessivelysmart,O.C.N(OBSESSIVECOMPULSIVENEUROSIS)
   iii. **Phallicstage4-6yrs**
      Theenergycomesfromgenitals.
      Disorder:doingagainstthecommunitye.g.homosexuality.
   iv. **Latency phase7-12yrs**
      Schoolagewherethechildisquiet
      Thisstagetheystartlearningtheircustoms
   v. **Genitalstage(13-death)**
      Mustgetsatisfiedfromoppositesex

2. Statefour(4)defensemechanismsusedtoreduceanxiety.
   - Displacement– dischargingfeelingsofhostilityto alesspowerfulpersonorobject.
   - Denial–refusaltoacknowledge somethingdisturbal.
   - Repression–preventingpainfulthoughts fromenteringinto consciousmind.
   - Regression – retreating to early stages of development where behavior will be muchimmature.
   - Rationalization –blamingothers forone'sfault.

3. Explainthethree(3)typesofkinshipsrelationshipsexistingamongfamilymembers.
   - Bloodkinship(consanguinity)– betweenthechildandparents.
   - Affinity –as a resultof loveleadingtotheirmarriage.
   - Adoptionkinship– legallyincorporatedchildinafamily.

4. Statetwo (2)characteristicsofculture.
   - Notgeneticallyinherited.
   - Learntthroughobservation, imitationorinstruction(sociallytransmitted).
   - Itis dynamic.
   - Handeddownfromgenerationto generation.

END OF SEMESTER
EXAMSBEHAVIORALSCIEN
CES
PSYCHOLOGYANDSOCIALANTHROPOLOGY

PARTI{MCQ's}

1. Infections which can cross the blood – placenta barrier to affect a growing fetus in the mothersuterus include:-

   - ✓ Poliomyelitis,syphilis,Germanmeasles.
2. A defense mechanism characterized by an individual discharging feelings of hostility to a weakerobjectorpersonis:-
   - ✓ Displacement.
3. A typeofstress whichmayariseduetoanachievement whichistoogoodis :-
   - ✓ Eustress.
4. Acrisisexperiencedbyadolescentsaccordingto ErickErickson'sstagesofdevelopmentis:-
   - ✓ Identityversusidentitydiffusion.
5. ConstantinterplayamongtheID,EgoandSuper Egopersonality structureis:-
   - ✓ Psychodynamics.
6. Characteristicsofanintrovertpersonalityinclude:-
   - ✓ Shy,selfcentered, seclussive.
7. Thepsycho–sexualtheoryofpersonalitydevelopmentisassociatedwith:-
   - ✓ SigmundFreud.
8. Thepersonality structure achildhasat birthis:-
   - ✓ ID
9. A personwhoattained self–actualization hasthe followingcharacteristics:-
   - ✓ Satisfiedandgenerous.
10. Thebestway tocopewithstressis by:-
    - ✓ Emotionalexpression.
11. Survivalneeds accordingtoAbrahamMaslow'stheoryinclude;
    - ✓ Water,Food, Air.
12. Accordingto ErickErickson'sstagesofdevelopment. The taskassociatedwithadolescent stateis:-
    - ✓ Identityversusidentitydiffusion.
13. A defense mechanism in which an individual discharges feelings of hostility to a less powerfulpersonorobject is:-
    - ✓ Displacement.
14. Anobservable actions in anindividualis :-
    - ✓ Behavior.

PART II{SAQ's}

1. Definethe followingconcepts as usedinpsychology:-
   - ✓ Personality – sum total of physical and psychological characteristics that makes anindividualunique.
   - ✓ Growth– physicalincreaseinsize.
   - ✓ Motivation – driving and pulling forces which result in persistent behavior directedtowardscertaingoals.
   - ✓ Phobia–inappropriate/irrationalfearofpeople,objects, animals, eventsor ideas.
2. Statefour(4)defensemechanismsusedtoreduceanxiety.
   - ✓ Displacement– dischargingfeelingsofhostilityto alesspowerfulpersonorobject.
   - ✓ Denial–refusaltoacknowledge somethi[illegible]disturbal.
   - ✓ Repression–preventingpainfulthoughts f[illegible]nteringinto consciousmind.

- ✓ Regression – retreating to early stages of development where behavior will be muchimmature.
- ✓ Rationalization –blamingothers forone'sfault.

3. Statefour(4)characteristicsofapersonwithpositiveselfconcept (i.e.optimisticperson)

- ✓ Proactive– takes actionandalso getthingsdone.
- ✓ Persistent–goalorientedsofailuretriggers newtriesnot givingup.
- ✓ Creative –triesmultiplechoiceswhenonethingfails.
- ✓ Confident– futureisbright.

4. Drawawelllabeleddiagram to illustratethe hierarchyofneedsaccordingto AbrahamMaslow'stheory(RPin LAQ's)
   Drawninquestion2ofLAQ's

5. State5branchesofpsychology.
   - ✓ Educational.
   - ✓ Cognitive.
   - ✓ Clinical.
   - ✓ Social.
   - ✓ Developmental.
   - ✓ Experimental.

6. State5stagesofpsychosexualdevelopment.
   - ✓ Oralstage.
   - ✓ Analstage.
   - ✓ Phallicstage.
   - ✓ Latencystage.
   - ✓ Genital

stage.PARTIII(LAQ's)

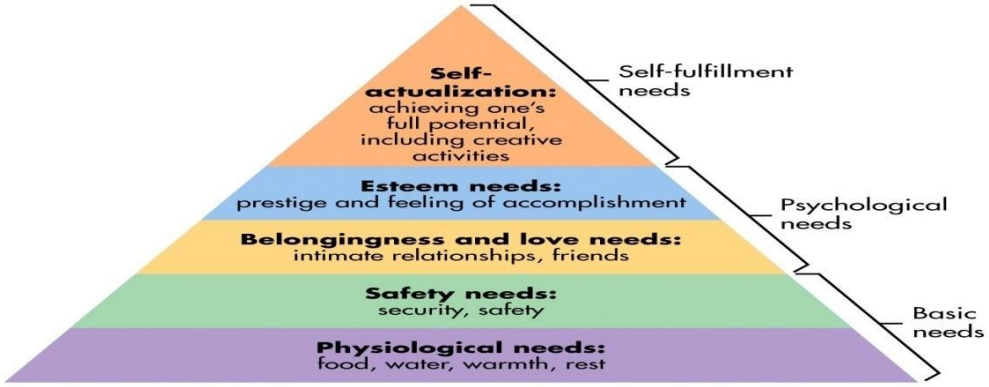
1. Healthworkers requireknowledgeoncrisisknowledgeoncrisis andcrisisintervention.
   i) Definecrisis– stateofdisequilibrium anddisorganization.
   ii) Statesix(6)typesofcrisis.
   - ✓ Naturalcrisis.
   - ✓ Technological.
   - ✓ Confrontation.
   - ✓ Malevolence.
   - ✓ Rumors.
   - ✓ Workplaceviolence.
   - ✓ Organizationmisdeeds.

   iii) Describethestepsofcrisisintervention.
   - ✓ Psychosocialandlethalityassessment.
   - ✓ Rapidly establish rapport.
   - ✓ Identify themajorproblemsorcrisisprecipitants.
   - ✓ Dealwithfeelingsandemotions.
   - ✓ Generate andexplorealternatives.
   - ✓ Implementanactionplan.
   - ✓ Follow – up.

2. Knowledge of Abraham Maslow's hierarchy of human needs theory is paramount in enhancingpatient's care.
   a. Define need:-

It is a physical or psychological condition which if present will increase the satisfaction of anindividual.

b. Draw a well labeled diagram to illustrate the levels of human needs according to AbrahamMaslow'stheory.



c. Describe theroleofa nurse inassistingapatienttomeetthosephysiologiclevelsofneeds.

- ✓ Oxygen– constantlyevaluatetheoxygenationstatusofthe patient.
- ✓ Feeding– nursehelpsbyfeedingthe client,monitoringcaloriecountsandmaintainsalternativemethodsof nutrition e.g.tubingandI.Vinfusions.
- ✓ Sleepandrest –nurseassists enoughsleepandrestbyprovidingsafe, comfortableandquietsurroundings.
- ✓ Sexual gratification – nurse will need to be aware of sexuality issues when care isgiven.
- ✓ Activity and exercise – nurse can assist the client to obtain needed exercise e.g.encouraginga persontowalk aftersurgery.
- ✓ Temperature regulation – the nurse will assist clients to meet the need fortemperatureregulationincasessuchas asevereburnor highfever.
- ✓ Water and fluids – nurse can assist by measuring intake and output, weighing theclientdailyandobservingI.V infusionoffluids.

BEHAVIORAL SCIENCESSOCIAL ANTHROPOLOGY**PART II:SAQ's**

1. A cultural diplomacy in which all cultures are viewed as equal and important is best referred toas.
   - -Culturerelativism
2. Atypeofmarriageinwhichonemanismarried tomorethanonewifeis:
   - -Polygamy
3. Normscanbedefined as:
   - -Sociallyacceptablepatternsofbehaviorinasociety
4. Thetypeofkinshipwhichexists betweenahusbandandwifeis
   - -Affinity
5. Thetypeofstatusenjoyedby a princeorprincessis:
   - -Ascribed status.
6. Paymentmadebyamantoparentsof hiswifetobe is:
   - -Bride price

7. Areligious beliefsysteminwhichan individual believesinmany godsis:
   - -Polytheism
8. A cultural control system in which marriage among members of the same lineage is prohibitedis:
   - -Exogamy
9. Theprocessofrankingmembersofsocietyaccordingtowealth,prestige or poweris:
   - -Socialstratification
10. Culturecanbedefinedas:
    - -The wholeofman'slearntandsocially influencedcharacteristics.
    - Atraditionalwayof doingthings.
11. The type of norms practiced bysmall subset of a society but is disapproved by the largermajorityis:-
    - -Deviantnorms
12. Sanctionsappliedtoindividualswhoviolategroupnormsto discouragedisapprovedbehavioris :-
    -
13. A child from a poor background can work hard in school to attain the highest level and earnrespectandstatusas aprofessor.This typeof status is :-
    - -Achieved
    -
14. Atendency tolookatothercultures as inferior toyourownis :-
    - -Ethinocentricism.
15. Thetypeof kinshipwhichexistsamongamother andher sonis :-
    - -Blood/consanguinityrelationship.
16. Inpolytheism:-
    - -Individualsreligiouslybeliefinmanygods.
17. Theterm`exogamy'inmarriage refersto:-
    - -Marriage amongmembersofunrelatedlineage.
18. Theprocessbywhichculture is passed fromonegenerationtotheotherin a societyis :-
    - -Enculturation.
19. A typeofmarriageinwhichonewoman ismarried tomorethanonehusband is :-
    - -PolyaSndry.

PART II(SAQ's)

1. Statethe4 branchesofanthropology.
   - ❖ Pre–historic archeologicalanthropology –pasthumancultures.
   - ❖ Biologicalanthropology– longterm developmentofthehumanorganism.
   - ❖ Linguisticanthropology– influenceoflanguage insociallife.
   - ❖ Socialandculturalanthropology-workingsof societiesaroundtheworld.
2. Explain3characteristicsofculture.
   - ❖ Notgeneticallyinherited.
   - ❖ Learntthroughobservation,imitationorinstruction(sociallytransmitted).
   - ❖ Itis dynamic.
   - ❖ Handeddownfromgenerationtogeneration.
3. State4healtheffectsofruraltourbanmigrationofpopulation.
   - ❖ Outbreakofdiseasesandspreadofcommunicablediseasesduetoovercrowding.

- ❖ Improperdisposalofwastematerialsleadingtooutbreakofdiseases.
- ❖ Unemployment leading to inadequate resources which lead to poor health as a result ofpoorfeeding[poverty]
- ❖ Highrateof socialevils includingimmorality andhighcrimerates.

4. Explain3typesofkinshiprelationships.
   - ❖ Bloodkinship(consanguinity)– betweenthechildandparents.
   - ❖ Affinity –as aresultof loveleadingtotheirmarriage.
   - ❖ Adoption kinship – legally incorporated child in a

family.PARTIII(LAQ's)

1. Religionis importantinpromotingthewell–beingofindividuals.
   a. Define religion – the belief in and worship of a superhuman controlling power, especiallya personalGodor gods.
   b. Describe withexampleshowreligioncanpromote thewell– beingofindividuals.
      - ❖ Sourceof hope andoptimism.
      - ❖ Promotesfeelingsofbelongingness.
      - ❖ Canboost self–esteem.
      - ❖ Providesprotectionfromexistentialthreats.
   c. State4typesof religiousbeliefs
      - ❖ Monotheism– acknowledges theexistence ofonlyone god.
      - ❖ Polytheism–honorsmorethanone godbutnotindualisticrelationship.
      - ❖ Atheistic – expressly states that there are no divine beings (lack of supernaturalbeings)
      - ❖ Non – theistic – does not center upon the existence of any deities, but it doesnotdeny theirexistenceeither.
2. Statecharacteristicsofapersonwithpositiveselfconcepti.e.optimisticperson
   - ❖ Proactive– takes actionandalso getthingsdone.
   - ❖ Persistent–goalorientedsofailuretriggers newtriesnot givingup.
   - ❖ Creative –triesmultiplechoiceswhenonethingfails.
   - ❖ Confident– futureisbright.
3. Explainthethreetypesofkinshipsrelationshipsexistingamongfamilymembers.
   - ❖ Blood/consanguinity –childandhermother.
   - ❖ Adoption–children legallyincorporatedinafamily.
   - ❖ Affinity–occursbecauseoflove andmarriage.
4. Describe 5functions ofreligionin relationtohealthofindividuals.
5. State4healthrelatedeffects ofsocialchange due to rural – urbanmigrationofpopulation.
   - ❖ Poorsanitationmy leadtooutbreakofdiseasessuchascholera.
   - ❖ Overcrowdingmayresultinto spreadofcommunicable diseases.
   - ❖ Poor economic status may lead into inadequate/shortage of food leading to malnourishedchildrenandalsoleadingtotheirdeaths.
   - ❖ AsocialevilsuchasimmoralitymayresultintospreadofSTI'sincludingHIV.
6. Afamilyisthemostbasicinstitutionwhichgivesbirthtoothersocialinstitutions.
   a) Definefamily.
      - ❖ Most basic social institution comprising of one or two parents with or without offspringwhosefunctions istonatureandnurtureoffspring.
   b) Name anddescribethecompositionof2 typesoffamily.

- ❖ Nuclearfamily–marriedcouplesandtheiroffspringinacommonresidence.
- ❖ Extendedfamily –twoormore nuclearfamilies.

c) Describetheprimaryfunctionsofafamily.

- ❖ Spiritualfunctions.
- ❖ Nurturance.
- ❖ Reproduction.
- ❖ Security.
- ❖ Legalfunction.
- ❖ Regulationof sexual behavior.
- ❖ Economicfunction.

COMMUNICATION MODULE

CATTIMEALLOWED: 11/$_2$HRS

PARTA:CRITICALTHINKING(20MARKS)

MCQ's

1. **Criticalthinkingisimportantbecause:-**
   a) **Ithelpsnonetolivelong.**
   b) **Ithelpsonetopassinexams.**
   c) **Qualityofourthoughtdeterminesqualityofourlife.**
   d) **Ithelpsteamleaderstoputmemberstogether.**
2. **Acriticalthinkermustbe:-**
   a) **Egocentric.**
   b) **Sociocentric.**
   c) **Dependentonothersfordecisionmaking.**
   d) **Openminded.**
3. **Criticalthinkingskillsentails:-**
   a) **Problemsolving,reasoning,analyzing.**
   b) **Evaluating,arguments,decisionmaking.**
   c) **Analyzing,conflicts,empathy.**
   d) **Questioning,guidingandgivinginformation.**
4. **Cognitiveskillsincriticalthinkinginclude:-**
   a) **Decidingforothers,advising.**
   b) **Reflection,Divergentthinking.**
   c) **Advising,Reasoning.**
   d) **Questioning,guidingandgivinginformation.**

Forquestions5,indicatewhetherthestatementsgivenaretrueorfalse:-

5. **a)Criticalthinkingdirectlyimpactsdecisionmaking**
   b)Criticalthinkingdependsonownthinkingonly

SAQ's

1. Stateanyfive(5)barrierstocriticalthinking.
2. IDEALisanac
   ronym
   usedinprobl
   em
   solvingskills
   ,brieflyexpl
   ainitsmeani
   ng.

PART B: COMMUNICATION PROCESS
(20MKS)MCQ's

1. Communicationinvolves:
   a) Intrapersonalinformationsharing.
   b) Interpersonalinformationsharing.
   c) Goalsetting.
   d) Counseling.

2. Nonverbalcommunicationinclude:
   a) Letterwriting.
   b) Use of media.
   c) Facetofacecommunication.
   d) Crying.
3. Themainobjectiveofanycommunicationis:
   a) Giveinformationto the receiver.
   b) Commandthereceiverandexpectfeedback.
   c) Understandofwhatyouaresayingby thereceiver.
   d) Explainingthe informationoverandoveragain.
4. Incommunicationprocess,'Noise'refers to:
   a) Anyformofinterference.
   b) Externalinterference.
   c) Internalinterference.
   d) Noisyenvironment.
5. Effective(Active)listeninginvolves:
   a) Avoidingdirecteyecontacttoencourage the speakerto continuetalking.
   b) Focusingfullyonthespeaker.
   c) Interruptingwhennecessaryforclarification.
   d) Waitingforyour turntotake.

SAQ's

1. Byaidofadiagram:describe thecommunicationprocess.
2. Stateanyfive (5)communicationtechniquesthatanursemay use inhistorytaking.
   - Silence.
   - Restating.
   - Accepting.
   - Recognition.
   - Reflecting.

PARTC:COUNSELLINGPROCESS(15MARKS)M
CQ's

1. Counselingis:
   a) Givingadvice.
   b) Givinginformationandassistinginproblem solving.
   c) Solvingclients'problem.
   d) Sympathizingwiththeclient.
2. The1st stepofthecounselingprocessis:
   a) Assessment.

b) Goalsetting.
c) Relationshipbuilding.
d) Intervention.

3. Therapeuticrelationshipincounseling:
   a) Createsanemotionalattachmentbetweenthetwoparts.
   b) Createsanatmosphereofsympathyandunderstanding.
   c) Createsaperfectidealconfidentialityofinformation.
   d) Modesahealthy interpersonalrelationship.
4. Assessmentasastepinthecounselingprocessentails:
   a) Obtaininginformationabouttheclients.
   b) Decidingon theplanofaction.
   c) Evaluatingto seetheeffectofthe counseling process.
   d) Establishingarapportbetweenthetwoparts.

Forquestions(5)indicatewhetherthe statementsgivenare trueorfalse:

5. a) In collaborative therapy, the expertise of the clients is given as much weight as the expertiseof thetherapist
   b)Clientstatusiselevatedfrompassiverecipienttoactivecontributor

SAQ's

1. Stateanyfive (5)qualitiesofatreatmentgoalincounseling.
2. ExplaintheacronymSOLERasappliedincounseling.
   - **S**Facetheother**S**quarely
   - **O**:Adoptan**O**penPosture
   - **L:L**eantowardtheother
   - **E:**Make**E**yeContact
   - **R**:Be Relatively**R**elaxed

KENYA MEDICAL TRAINING COLLEGECOMMUNICATIONMODULE CAT

TIMEALLOWED: 1HRS **DATE:……**

PART ONE:MCQ's

1. **Decodingcanbedefinedas:**
   - ✓ Processofreceiverunderstandingthemessage.
2. **Examplesofnonverbalcommunicationincludes:**
   - ✓ Facialgestures,bodylanguage, dressing.
3. **Componentsofanappraisalreportinclude:**
   - ✓ Relationshipwithotherworkersareaofimprovement,strengths.
4. **Communicationissaidtobecompleteif:**
   - ✓ Receiverunderstandsthemessageandresponds.
5. **Incommunicationthebestmethod ofenhancingunderstandingisby:**
   - ✓ Lecturethedemonstration.

SHORTANSWERQUESTIONS:

1. Statephasesofnursepatientrelationship.
   a) Pre-orientationPhase:

- ✓ Beginswhenthenurseis assignedto the patient.
- ✓ Patientisexcluded asan activeparticipant.
- ✓ Nursefeelsa certaindegreeofanxiety.
- ✓ Itincludes allthat the nurse thinksanddoesbefore interactingwithpatient.
- ✓ Majortaskof thenurse isself-awareness.

b) OrientationPhase:

- ✓ Begins whenthe nurseandthepatientmeet.
- ✓ Parametersofrelationshiparedone.
- ✓ Explanationofrolesisdone includingresponsibilitiesandexpectationofthe patientandnurse.
- ✓ Nursebeginsto knowthe patient.
- ✓ Majortaskof thenurse isto developmutuallyacceptablesetcontract.

c) WorkingPhase:

- ✓ Itis highlyindividualized.
- ✓ Itismore structured.
- ✓ Itislongest andmost productive.
- ✓ The nurse and the patient explore stressors and promote insight in the patient by linkingperceptions,thoughts,feelings andactions.
- ✓ Limitsettingisemployed.
- ✓ Majortaskof nurse isidentification andresolutionofthepatient'sproblem.

d) TerminationPhase:

- ✓ Itisthegradualweaningprocesssinceit isthemostdifficult andimportantphase.
- ✓ It is a mutual agreement, time to exchange feelings and memories and to evaluate the patient'sprogressandgoal attainment.
- ✓ Involvesfeelingsandanxiety,fearandloss.

2. Statetwochannelsofcommunicationa nursecanusewhileintheward.
   - ✓ Direct.
   - ✓ Indirect.
3. Statethreebarriersofthe receiverthataffectcommunication.
   - ✓ Poorjudgment.
   - ✓ Misunderstandingofthemessage.
   - ✓ Noise.
4. Statethefiveelementsofcommunication.
   - ✓ Sender.
   - ✓ Receiver.
   - ✓ Message.
   - ✓ Medium.
   - ✓ Feedback.

MIDSEMESTEREXAMINATION
Communicationmodule

MCQ's

1. Statistically,werememberwhatpercentageofwhatisspoken?
   a.70%
   b. 20%
   c. 30%
   d. 80%

2. Whatcharacteristicisessentialinthe definitionofcommunication?
   a. Interpreting.
   b. Sending.
   c. Sharing.
   d. Receiving.
3. Accordingto theCommunicationElementsModel,thelistener….
   a. Merelyencodesthefeedback.
   b. Decodesthefeedbackandencodesthemessage.
   c. Decodesboththemessageand the feedback.
   d. Encodesthefeedbackanddecodesthemessage.
4. Thefirstcriticalthinkingskilloneshouldutilizewhenpublicspeakingis…..
   a. Brainstorming.
   b. Focusing.
   c. Organizing.
   d. Evaluating.
5. Whichofthefollowinglevelsofcommunicationismost formal?
   a. Group.
   b. Public.
   c. Interpersonal.
   d. Intrapersonal.
6. Whatisthe critical thinkingskill thatallowsyoutoformulatequestions andcollectdata?
   a. Generating.
   b. Focusing.
   c. Informationgathering.
   d. Analyzing.
7. Josh is sitting in class listening to a speech when his stomach begins to growl. Josh isexperiencing……
   a. Intrapersonal noise.
   b. Psychologicalnoise.
   c. Physiologicalnoise.
   d. Physicalnoise.
8. Decodingcanbedefinedas
   a. Pathwaythemessage istransmitted.
   b. Persongettingthemessage.
   c. Processofreceiverunderstandingthemessage.
   d. Processofsendingthemessage bysender.
9. Exampleofnonverbalcommunicationincludes
   a. Facialgestures,bodylanguage,dressing.
   b. Written,facialgestures,dressing.
   c. Written,bodylanguage,gestures.
   d. Facial,gestures,written,dressing.
10. Componentsofan appraisalreportinclude
    a. Qualificationsofappraise,character,tribe.
    b. Relationshipwithotherworkersareaofimprovement,strengths.
    c. Abilitytoperform,maritalstatus,competency.
    d. Characterseniority,maritalstatus.

SECTION
BSAQ's

1. Statefivefactorsthatwouldenhanceinterpersonalcommunication.
   - Useofpropermedium to transfertheinformationespeciallyinanorganization.
   - Useoflanguage understoodbyeveryone.
   - Avoidinformationoverload.
   - Avoidanexternaldisturbancei.e.noise.
2. Statefive benefitsofcriticalthinking.
   - Providesself-disciplinedthinking.
   - Offersself-monitoredthinking.
   - Helpstothink beyondunderstandingtherefore adifficultsituationcanbesolved.
   - Responsibleforaidinginsettingdesirablegoalsforacertain problem.
3. Statethreedisadvantagesoffacetofacecommunication.
   - Difficultto practiceinlargesizedorganization.
   - Noteffectiveinlargegatherings.
   - Ineffective ifthe listenerisnotattentive.
4. Statefivereasonswhyanurseshouldbeacriticalthinker.
   - Helpsinsolvingconflictinganddifficultsituations.
   - Helpstoguide andassistpatients insolvingtheirproblemsfortheircare.
   - Assists anurse to have broadfocusoneffectingsolutionsforaproblem.
   - Helpsinthemanagementofseriushealthproblemsforpatients.

SECTION
CLAQ's

1. Describe theadvantages anddisadvantagesofthefollowingmodesofcommunication.
   a) Electronic media.Advantages:
      - Faster.
      - Immediatefeedback.

      Disadvantages:
      - Requireselectricityandskills tooperate.
      - Someone's attitude isnotnoted.

   b) Mass media.Advantages:
      - Faster.
      - Covers wide area to convey a message.Disadvantages:
      - Requiresadevice to receive themessage.
      - No room forfeedback.

   c) Interpersonal.
      Advantages:
      - Helpsin decisionmakingfor one'sissuesecretly.
      - Immediatefeedback.

Disadvantages:

- Feedbackmaybeforgoneandinsufficient.
- Insufficientinformationgathering.

d) Grape vine.Advantages:

- Entertainment.
- Immediatefeedback.
- One's attitude is noted.Disadvantages:
- Canbedistortedhencenoreference forfutureretrieval.
- Affectedbymisunderstandingofeachone's information.

END OF SEMESTER EXAMSMICROBIOLOGY

PART I:(MCQ's10marks)

1. Viruses areintracellularbecause they lack:-
   a) Genesnecessary forenergyproduction
   b) BothDNAandRNA
   c) Cellwallpeptidoglycan
   d) DNAonly
   e) RNA only
2. Whichofthefollowingistrueabouta subclinicalinfection:-
   a) Itis calledasymptomaticinfection.
   b) Ithasfew signsandsymptoms
   c) Itlackssignsandsymptoms
   d) Itis causedby unknownorganism
   e) Ithasno-specificsignsandsymptoms
3. Verticaltransmissionisassociatedwith:-
   a) Malaria
   b) Humanpapilloma
   c) Cytomegalovirus
   d) Mumps
   e) Measles
4. Whichofthe followingmicroorganismsis anobligate intracellularparasite:-
   a) Bacteria
   b) Protozoa
   c) Fungi
   d) Virus
   e) Chlamydia
5. Anoutcomeof an acute infectionis characterizedby:-
   a) Recoverywithno residueeffects
   b) Alongsilentperiodbeforedisease
   c) Silentsubclinicalinfectionfor life
   d) Proceedtochronicinfection
   e) Nosignsandsymptoms

6. Whichofthefollowingis anexampleof livewhole virus vaccine:-
    a) Polio(Salk vaccine)
    b) Polio (Sabinvaccine)
    c) Hepatitis Avaccine
    d) Rabiesvaccine
    e) Influenzavaccine
7. Thefollowingis/are examplesofnematodesexcept:-
    a) Ascaris(roundworm)
    b) Trichuris(whipworm)
    c) Ancylostoma(hookworm)
    d) Necator(hookworm)
    e) Taenia(tapeworm)
8. Theimmunesystem isthethirdline ofdefense against infectioninvolve:-
    a) Intact skin
    b) Mucousmembrane
    c) Antibodies
    d) Antimicrobialprotein
    e) Phagocyticwhite bloodcell

PARTII:ESSAYQUESTIONS(40Marks)

1. Stateanyfour(4) characteristicsofprotozoanphyla (4marks)
2. Describe thechainof infection (6marks)
3. Outline thelifecycleof *Ascarislumbricoides* (10marks)
4. Discussthetypesofacquired immunitygivinganexample ineach type
5. Statethedifferencebetweenvirusandbacteria.
6. Discussthemodesof diseasetransmissionin aman
7. List any 5 types of vaccine.8.
    a) Highlightany5 preventionandcontrolmeasures againstaparasiticinfection.
    b) Writeshortnotesoninnate typeofimmunity.
    c) Define:
        i) Immunity.
        ii) Nosocomialhost.
        iii) Definitivehost.
        iv) Commensal.
        v) Antigen.

END OF SEMESTER
EXAMSMICROBIOLOGY

PART I:(MCQ's10marks)

1. **Themostcommonlyencounteredbacteriaareroughlyspherical.Themicrobiologicaltermdescribingthisshapeis?**
    - Coccus.

2. **In bacterial cells, ribosome are packed into the cytoplasmic matrix and also loosely attachedtotheplasmamembrane.What is thefunctionofribosome?**
   - Siteforproteinsynthesis.

3. **Fimbrae:-**
   - Attachbacteriatovarioussurfaces.

4. **Capsulesandslimelayers:-**
   - Consistsofsecretedmateriallyingoutsideofthebacteriacellwall.
   - Theyarerequiredforbacteriatogrownormallyinculture.
   - Helpthebacteriatoresistphagocytosisbymacrophages.

5. **Bacteriacells:-**
   - Donothavenuclei.
   - Notallareharmful.
   - Areprokaryotes.
6. **Mostmicroorganismsaresinglecelledexcept:-**
   - Algaeandfungi.
7. **Prokaryoteshave:-**
   - Cellmembrane
   - Cytoplasm
   - Ribosome.
8. **Nucleusofeukaryotecontains:-**
   - Nuclearmembrane.
   - Nucleoli.
   - Nucleolus.
9. **Virulence:-**
   - Abilityofanorganismtoproduceseverepathologicalreactions.

10. **Antigenicity:-**
    - Abilityofanorganismtoproducespecificimmunity.

PartII

1. **Thefivemajorgroupsinwhichmicroorganismsareclassified:**
   - Bacteria.
   - Protozoa.
   - Fungi.
   - Algae
   - Viruses.
2. **Generalpropertiesofviruses.**
   - Lackribosome.
   - Undergoreplication.
   - ContaineitherDNAorRNA.
   - Resistanttoantibiotics.
   - Sensitivetointerferone.

3. **Morphology and arrangement of bacterial cells are criteria used for classification of bacteriaintodifferentgroups.Statefivegroupsofbacterialshapesusingmicrobiologicalterms:**
   - **Coccus–roughlyspherical/oval**
   - **Vibrio–commashaped.**
   - **Bacilli–rodshaped.**
   - **Spirilla–rigidspiralforms.**
   - **Spirochetes–flexiblespiralforms.**

MICROBIOLOGY,IMMUNOLOGY&PARASITOLOGY(PAPER)

PART I:MCQ's

1. Immunityisnotlonglastingto:-
   a) Influenza.
   b) Whoopingcough.
   c) Diphtheria.
   d) Mumps.
2. Passiveimmunizationisdonefor:-
   a) Tuberculosis.
   b) Diphtheria.
   c) Entericfever.
   d) Allofthe above.
3. Whichofthefollowingis NOT trueforprokaryoticorganism:-
   a) Nucleusisnot boundedbynuclear membrane.
   b) Chromosomesdonotcontainhistones.
   c) 80sribosome aredistributedincytoplasm.
   d) Cellwallcontainspeptiglycanasoneofthemajorcomponents.
4. Whichofthe followingis/areincludedinkingdom prokaryote:-
   a) Bacteria.
   b) Protozoa.
   c) Fungi.
   d) Allof these.
5. Viruses largely lackmetabolicmachineryoftheirowntogenerateenergyortosynthesize:-
   a) Protein.
   b) Carbohydrate.
   c) Alcohol.
   d) Allofthe above.
6. Theabilityofbacteriatochange morphologicalformfrequentlyistermedas: -
   a) Lysogeny.
   b) Pleomorphism.
   c) Alteromorphism.
   d) Noneoftheabove
7. Naturally acquired active immunity would be most likely acquired through which of thefollowing: -
   a) Vaccination.
   b) Drinkingcolostrums.
   c) Natural birth.
   d) Infectionwithdiseasecausingorganismfollowedbyrecovery.

8. Whichofthe followingconveylongest lastingimmunityto aninfectiousagent:-
   a) Naturallyacquiredpassiveimmunity.
   b) Artificiallyacquiredpassiveimmunity.
   c) Naturallyacquiredactive immunity.
   d) Allofthe above.
9. Cell mediatedimmunityiscarriedout by.....whilehumoralimmunityismainly carriedout by.....:-
   a) Epitopes/Antigens.
   b) T cells/Bcells.
   c) Antibodies/Antigens.
   d) Antibodies/Phagocytes.
10. Inmalaria,the formof plasmodiathat istransmitted frommosquitoto humanisthe:-
    a) Sporozoite.
    b) Gametocyte.
    c) Merozoite.
    d) Hypnozoite.

PART II:SAQ's

1.
   i. Whatdoes active immunizationmean?
      - Theindividualsownimmune systemisstimulated.
   ii. Whatdoespassiveimmunizationmean?
      - A person receives antibodies or lymphocytes that have been produced by anotherindividual'simmunesystem.
   iii. Mention two (2) bacterial infectious diseases that can be prevented or treated by passiveimmunization.
      - Whoopingcough.

2. What are the main advantages and disadvantages of live attenuated vaccines as compared tokilled one.

   Advantages:
   - Strong.
   - Fast acting.

   Disadvantages:
   - Pronetomutation.
   - Dangerous.
   - Needrefrigeration.

3. Whichtwo (2)roles areattributedtobacterialpili(fimbrae)
   - Organs ofadhesion(attachment).

4. Definethefollowingtermsusedinparasitology.
   a) Parasitism: - This is a relationship which occurs between two organisms in which oneorganism, parasite, depends on another organism, host, for nutrients causing harm to thehost.

b) Symbiosis: - This is a relationship occurring between two organisms whereby there is amutualbenefitbetweenthemandnoharmcausedtoeitheroftheorganism.
c) Definitive host: - The organism in which the adult or sexually mature stage of the parasitelives.
d) Reservoirhost:-Place inwhichaninfectiousagentcansurvivebutmayormay notmultiply

PARTIII:ESSAY/LAQ

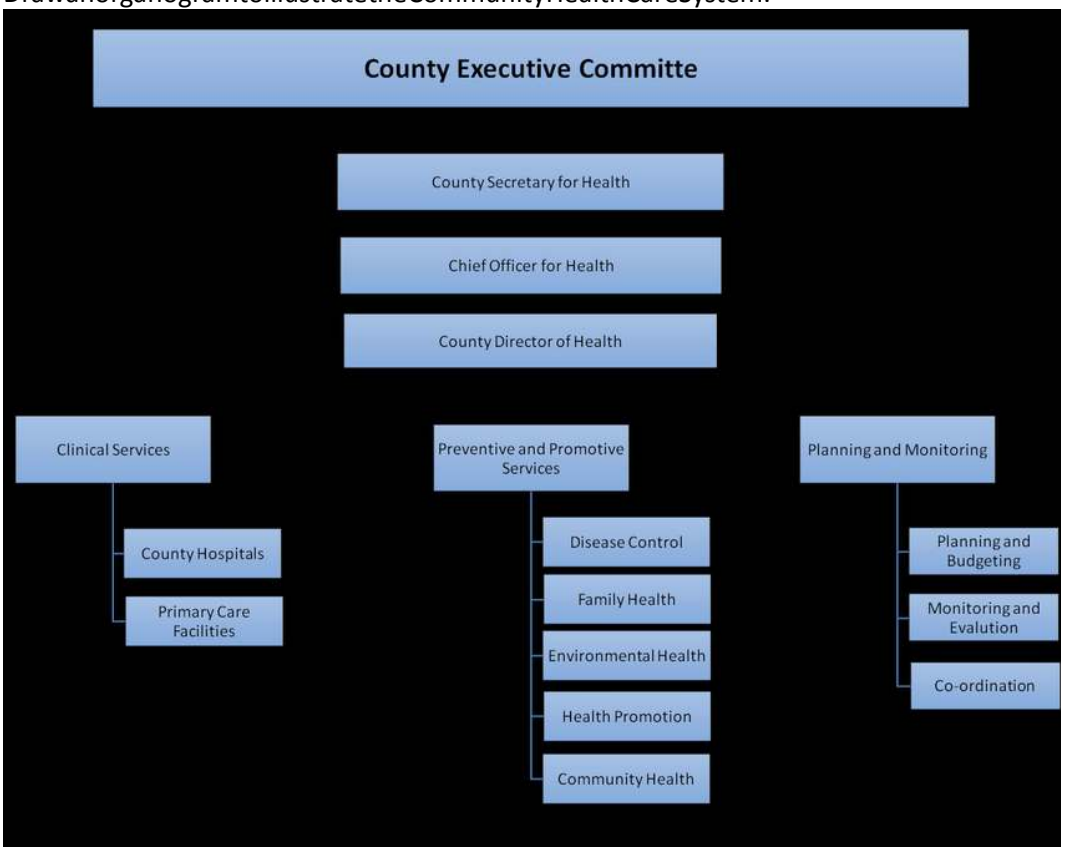
1. Describe the steps involved in an inflammatory response including the chemicals and cellsinvolved.
   - Tissuedamagecause bybacterialinfectionorinjury.
   - Releaseof vasodilatorsandchemotaticfactors like histamine.
   - Thisleadsto increasedcapillarypermeabilityandbloodflowtothearea.
   - Theserum proteinsalongwithphagocytes destroybacteria.
   - Onceintruderisdestroyed,inflammationsettlesdown.
2. Describeendospore.
   - Itisa resistantasexualsporethatdevelopsinside somebacterialcells.
   - Its formation is usually triggered by a lack of nutrients and usually occurs in grampositive bacteria.
   - Itenablesbacteriatoliedormantforextendedperiods.
   - Favorable environment enables the endospore to reactivate itself to the vegetativestate.
   - Bacteriathatform endosporesinclude BacillusandClostridium.
   - They are resistance to ultra violet radiation, desiccation, high temperatures, extremefreezingandchemicaldisinfectants.
   - Theycansurvivewithoutnutrients.
3. Statefive(5)criteriausedtoclassifybacteria.
   - Phylogenic:-Basedonbranchingsystemoforganisms.
   - Molecular/Genetic:-Basedongenetic relatednessoforganisms.
   - Intraspecies: - Based on biochemical relationship

COMMUNITYHEALTH:

1. Define:
   a) Community:-Is a social group of individuals that geographically live together and share common resources and challenges.
   b) CommunityHealth:-it is a branch of medicine that is concerned with the health of the population in prevention of the diseases that it suffers.
   c) PublicHealth:-it is the science of protecting and improving the health of individuals and their community.
2. Describe theroles of a CommunityHealth Nursing.
   - Manages and coordinates health programs within the facility
   - Implements the plans of action as prescribed within the community and to family
   - Trains families and the communities on safe ways of infection prevention
   - Researches on the problems that the community and the families under her care suffers
   - Plans for the best programs that suits the community health care needs
   - Evaluates the effectiveness of the community health services offered
3. DiscussanycomponentsofHomeBasedCare.

- Clinical Care: early diagnosis, rational treatment and planning for follow up care of HIV related illnesses;
- Nursing Care: includes care to promote and maintain good health, hygiene and nutrition;
- Counselling and psycho-spiritual care: includes reducing stress and anxiety and promoting positive living;
- Psycho-social support: includes information about and referral to support groups, welfare services and legal advice.

4. DrawanorganogramtoillustratetheCommunityHealthCareSystem.



5. DescribethespecificservicesofferedinanMCH/FPclinic:
   a) Regular Antenatal Check-ups.
   b) Advice on Antenatal Exercises (Lamaze classes)
   c) Exclusive breastfeeding and formula feeding.
   d) Complementary feeding (weaning)
   e) Nutritional advice
   f) Counselling
   g) Regular blood tests for rhesus compatibility.
6.
   i) DefinePrimaryHealthCare
   It is the whole-of-society approach to ensuring the highest level of health care services is provided to everyone for the well-being of its individuals
   ii) StatetheelementsofPHC
   - Education about prevailing health problems and how to prevent and control them
   - Food supply and proper nutrition
   - Adequate supply of safe water and basic sanitation
   - Maternal and child health, Family planning
   - Immunization against infectious diseases
   - Prevention and control of endemic diseases
   - Treatment of common infections
   - Essential drugs

7. As a community health nurse, you realize an increase in Home Deliveries. Outline strategies youwillimplement toencourageHospitalDeliveries:
    - Identify and assess the reasons why this has been happening.
    - Prepare the mothers in groups to give patient education on by sensitizing them on the importance of hospital delivery and risks posed to them in home deliveries.
    - Plan for the best action by liaising with local administration, local midwifes to provide psychological and infrastructural support for pregnant mothers. (good roads and ambulance)
    - Partners involvement is key for financial planning and delivery preparedness.
    - Encourage mothers to embrace ANC services as this would provide for appropriate and timely intervention.
8. BrieflyoutlinethedevelopmentofCommunityHealthNursinginKenya:
    - Community Health dates back to 2100 yrs ago.Early responsibility involved control of communicable diseases through;
        - Control of environment
        - Better sanitation
        - Strict isolation procedures e.g. for tuberculosis, leprosy
    - Advancement led to development of laboratory techniques which led to earlier diagnosis and more effective medication care. The control measures developed included:
        - Immunization
        - Provision of safe water supply
        - Waste disposal
    - Gradually, the six basic functions of public Health evolved:
        - Control of communicable diseases
        - Environmental sanitation
        - Laboratory services
        - Vital statistics
        - Maternal and child health care
        - Health education among other services to date
9. Statethesourcesofrevenue tothe exchequer forhealthcare inKenya.
    - Relief programs from world aid funds like DANIDA
    - Employees deductions as savings and shares
    - Private sectors welfares and subscription fees
    - Licensing of individuals, companies and corporates involved in health care services
    - Government support and budgetary allocations
    - Sale of medical equipment's, drugs and other supplies
10. DescribetheKenyanelementsofPrimaryHealthCare:
    - Free primary and secondary education and education about prevailing health problems to vulnerable society
    - Supply of enough and safe water for all communities and families
    - Immunization programs to all individuals against various diseases
    - Prevention of endemic diseases
    - Treatment of common illness

11. Discussthecomponentsofschoolhealthprograms:
    - Heath education – the school health program engages in training and sensitizing learners about the current and history of disease trends that they may fall victims of. Involves safe ways of maintaining hygienic conditions all through
    - Health services – this involves bringing health care services close to the learners and address their health needs appropriately and timely. Involves school dispensaries and clinics.
    - Health environment – prevention is a key role in disease control. This is achieved by way of keeping our environments clean and free from accidents, pollution and other bio-hazards that are costly to treat.
12. Describehealthcaredelivery systeminKenyausingtiers:
    - Level 1 – Community Health Services
    - Level 2 – Dispensary and Clinics
    - Level 3 – Health Centers and Maternity and Nursing Homes
    - Level 4 – District Hospital, Sub county Hospitals and Medium Sized Private health facility
    - Level 5 – Referral Hospital, County referral hospitals and other large private specialized hospitals

PARTII: LAQ's

1. Describeany5millenniumdevelopmentgoals,addressingwomenhealth.
   i) Promotion of gender equality and women empowerment to enable single mothers support their family
   ii) Reduce child mortality as this bring trauma and psychological effects on women
   iii) Improve maternal health for safe delivery and reduce maternal and child mortality
   iv) Eradicate extreme poverty and hunger for healthy babies and mothers.
   v) Combating HIV/Malaria and other infections. This is achieved by PMTCT education and ITN to prevent maternal and child mortality.
2.
   i) Discussthe levelofimplementation.

   ii) Thesuccess/failuresinimplementation

END OF SEMESTER ONE

EXAMSINTRODUCTIONTOCOMMUNITYH

EALTH

PART I:MCQ's

1. Definecommunityhealthnursing.
   - It is the union/synthesis of nursing and public health practices relied to promote andprotecthealth ofpopulation.
2. Namethe founderof community healthnursingandcountryoforigin.
   - LilianWald–NewYork
3. Statetwo conceptsofcommunityhealthnursing.
   - Themovetowardsthecommunity.
   - Highquality,costeffectiveandregulatory healthservicescareaccessibletoeveryone.
   - CHN considers a family as a unit of service. It is a level of a functioning influenced by thedegree to whichitcanrelieveits ownproblems.
4. Statefiverolesofcommunityhealthnurse.
   - Delivercareandcomfortforpatients

- Respondtohealthneeds andrisks forindividuals.
- Evaluatehealthstatusforpatientsanddiagnoseillness.
- Takehistoryofpatients'sicknessandconductphysicalexamination.
- Collects labanddiagnose dataandevaluate.
- Discusswithphysicianorconsumingspecialistabout patient's illness.
- Plan treatment procedures for patients and their families in accordance with doctor'sinstructions.
- Educates patients andtheirfamiliesondiseasestheir preventiveandcontrolmeasures.
- Educatecommunitiesabouthealthrisksandpreventive measures.
- Educate communities, patients and their families on infection control, emergency safetymethods.
- Teaches self-careabilitiestopatientswith special needs.
- Documents allvisitsandhealthcareoutcomes.

5. Differentiatebetweencommunityhealthnurseandgeneralnurse

   CHN is the union of nursing and public health practices concerned with promotion and protection of health of a population while GN is caring and meeting the needs of individual adult patients in family setups, communities or clinical areas.

Statewhetherthefollowingstatementsaretrueorfalse

6. OneoftherolesofSHMT(DMHT)istosupervise healthmattersinthecounty……FALSE……
7. The County Health Management Team (CHMT) equivalent to former PHMT advises the countygovernmentonmattersofhealth…TRUE…….

PARTII:ESSAY

1. Describe thehistoryofcommunityhealthnursinginKenya.
   - Ithasbeensaidthatyouhavetoknow thepastto understandthefuture.
   - Before the **Europeans** came to Kenya, the knowledge of treatment of diseases washandedfromfathers to sons betweengenerations.
   - It was believed that diseases could be caused by evil spirits, breaking taboos, witchcraft orby god.
   - WesternmedicationcametoKenyawithmissionariesinthebeginningof20th century.
   - Theystartedtobuilduphospitalsandstartedtoeducatepeopleaboutdiseases.
   - In the beginning it was almost impossible to train local people for nursing and dressing.This was because the Western medicine was seen as infringing their customary ways i.e.Africans and people did not want to be involved in it and if involved they were easilyoutcast fromthetribe.
   - The first local were trained as dresser in the year **1908** and slowly after, the number oftrained localsraised.
   - Upon that time, it wasn't easy to get women to come to hospital for training because offamilypressures,somostofthe localpeoplewho came fortrainingweremale.
   - The training lasted for **3 years** and they were trained as dressers. In the training, thesubjects covered were **cleanliness, sanitation, dressing of wounds and ulcers, takingtemperature**and**assistinginoperations.**
   - Trainingandpeople'sattitude evolvedover timeandtheneedformedicalpeople grew.
   - In **June 1949,** the act of enabling the formation of nurses and midwives registrationordinancewas bornandtrainingof nursing.
   - Before, this training was done by both government and missionaries withoutcoordination.
   - Thefirsttrainingof**registerednurses** startedin**1952**i.e.**KRN**.Studiestook**31/$_2$years.**
   - Incomparison,to graduateas**enrolledassistantnurse**ittook**2years.**
   - In**1966,** trainingof **CHN**wasstartedin**Kisumu** inthe**NyanzaSchoolofNursing(KECHN).**
   - CHN were so called multipurpose nurses, they were trained to working as **nurse,midwives**or**healthvisitors.**
   - Traininghappenedbecause therewasagreatmanofpersonnel.

- Trainingfor**RegisteredNurses**begunin**Nairobi** in**1972** andspreadout(**KRCHN**).
- In**1968,2year**traininginadvancednursingwasstartedat **UniversityofNairobi.**
- Over time it was noticed that improving health care training could enhance quality andskillsin training.
- In**2000** itwasdecidedthattrainingprogramsfor**certificatelevel**to beterminatedand **Diplomalevel**started.
- Thisprogram isstillgoingonbecausesometrainingcentersarestillofferingcertificates

2. Discussfiveprinciplesofcommunityhealthnurses.
   - The recognized need of individuals, families and communities provides a basis for CHNpractice.
   - The primary purpose is to further apply public health measures within the framework ofthe totalCHN.
   - Knowledge and understanding of objectives and policies of the agency facilitates goalachievement.
   - CHN considers family as the unit of service. Its level of functioning is influenced by thedegree towhichitcanleadwith its ownproblems.
   - It calls respects for values, customs and beliefs of the clients, contribute to the effectivecare.

- CHNintegrateshealtheducationandcounselingasvital partoftheactions.
- Collaborative work relationships with co-workers and members of team facilitatesestablishmentof goals.
- Periodic and continued evaluation provides means of assessing the degree to which theCHN goals and objectives are being attained. Clients are involved in the appraisal of theirhealthprogramthroughobservationsandaccurate.
- Continuing staff education program and quality service is essential for upgrading soundnursing practice. Professional interest and needs of CHN are considered in planningprogramoftheclient.
- Utilization of indigenous and existing community resources maximizes the success of theCHN.
- Active participation of individual, family and community in planning and making decisionsoftheirhealthcare needdeterminethe successofCHNprogram.
- Supervision of nursing services by qualified CHN personnel provides directions andguidance totheworktheydo.
- Accurate recording and reporting serve as basis in which regulation of plan progress andactivities asa guidefor future activities.

3. Discussthe rolesofgovernmentin provisionofhealthservices.
   - Financingthe ministry.
   - Makingpolicies.
   - Setsstandards.
   - Manpoweracquisition/training.
   - Build/improveinfrastructure.
   - Providesleadership.

EnvironmentalHealth:

1. Rolesofa nurseinOccupational Health:
   - Counselandguideemployeesonindividual'shealthstatus.
   - Offeringfirstaidservicesattimesofemergencyandcrisis.
   - Theytakepartincrisisinterventione.g.duringoutbreakofdiseases.
   - Health surveillance; theypromote health,primarycare,counselingandrehabilitation.

2. Methodsofwastedisposalapplicableinthecommunity:
   - Incineration.
   - Burying.
   - Opendumping.
   - Recycling.

3. Sourcesofwater inyourcatchment area:
   - Boreholes.
   - Wells.
   - Rivers.
   - Springs.
   - Lakes,

4. Factorsto assess ifahouse is fitforhumanoccupancy:
   - Ventilation.
   - Adequatelight.
   - Adequaterooms.
   - Siteoflocation.
   - Adequatewatersupply.
   - Adequate security
   - Proper waste disposal mechanisms in place
   - Proper sanitation

5. Whypests andvectors areofenvironmental concern:
   - Somevectorssuchasanophelesmosquitotransmitmalaria.
   - Some pests destroy crops in the farms such as cereals, vegetables hence causing loss tothefarmerse.g.weevil, rats, arphids.
   - Somevectorssuchaslice cause discomfortbymakingonetoscratchthem includingbedbugswhichmakeonenottosleepcomfortably.
   - Some pests cause a lot of damage in the house e.g. rats eat clothes, food making it notsuitable for humanconsumption.
   - Some vectors such as tsetse flies can transmit diseases to human.
   - Some pests make holes on mud houses making it not suitable for human occupation.

6. Diseasestransmittedbyvectors:
   - Sleepingsicknesstransmittedbytsetseflies.
   - Malariatransmittedbyfemaleanophelesmosquito.

7. Thegeneralmethodsofpests andvectorcontrol:
   - Clearing of bushes and grasses around the house to avoid mosquito from breeding inthoseareas.
   - Clearingstagnatedwateraroundthe housetoavoidmosquito breedinginthoseareas.
   - Properdisposalofsolidwastesuchasplasticcontainerswhichcollectsrainywaterhence providingbreedingsiteformosquitoes.
   - Useof insecticidesandpesticidesoncrops tokillpests andmicroorganismsoncrops.
   - Improving personal hygiene by maintaining short hair to avoid lice, taking bath daily andmaintainingshort nails.
   - Useofmosquitospraysandalsootherchemicalstospraybedbugs andpests.
   - Useofinsecticidetreatednetsto protectmosquitobites.
   - Killingratsbyuseoftraps.

ALLTHEBESTINYOU

RREVISION

THANKS!!!!!!!!!!!!