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Nursing (San Pedro College)



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PREBOARD 1 EXAMINATION

Nursing Practice II

ZAMORA, MARIA KARINA D.

GENERAL INSTRUCTIONS:
This test questionnaire contains 100 test questions
Shade only one (1) box for each question on your answer sheets. Two or more boxes shaded will invalid your answer.
AVOID ERASURES.
Detach one (1) answer sheet from the bottom of your Examinee ID/Answer Sheet Set.
Write the subject title "NURSING PRACTICE I" on the box provided.

Situation: Nurse Faith is a nurse geneticist in a Genetic clinic in metro manila. As a nurse geneticist, she knows her role in genetic assessment and genetic counseling.

1. Mrs, Araneta went to the clinic with her 2-year-old son who was diagnosed of Hemophilia which is a X-linked recessive inheritance type of disorder. Mrs. Araneta was concerned that how come that his son had this rare kind of disease whereas she and her husband does not have Hemophilia. Nurse Faith, as a knowledgeable nurse would answer that:
   a. A known common ancestor between the parents sometimes exists. This explains how his son got the disease.
   b. **A history of stillbirth of female fetus due to unknown history.**
   c. There is usually a history of the disorder in other family.
   d. All children of homozygous affected women are affected. Fifty percent of the children of heterozygous affected X-linked Dominant

Rationale: B. In X-linked recessive type of inheritance, a family genogram will reveal:

1. Only males in the family will have the disorder.
2. A history of girls dying at birth for unknown reasons often exists (females who had the affected gene on both X chromosomes).
3. Sons of an affected man are unaffected.
4. The parents of affected children do not have the disorder.

Option A is Autosomal Recessive. Option D is X-linked dominant while Option C is Autosomal dominant.

2. Mrs. Barrios is with her daughter, Angel a 7-monthold infant in the genetic clinic. While nurse faith is assessing angel, she noticed a low set ear, peculiar cat like cry and wide set eyes. The nurse would suspect for:
   a. Extra chromosome 21
   b. **Deletion of short arm of chromosome 5**

Rationale: B. **Cri-du-chat** or deletion of short arm of chromosome 5 has clinical signs of facial structure anomalies, peculiar cat-like cry, and cognitively challenged. Option C has clinical sign of Chronic Granulocytic Leukemia, and Option D has clinical signs of being cognitively challenged, multiple congenital malformation, and eye agenesis.

   c. Deletion of one arm of chromosomes 2
   d. Extra chromosome 13

3. Fluorescence In Situ Hybridization is a new method of staining, which allows karyotyping even before the cells reach metaphase. The following are characteristics of this method except:
   a. It uses fluorescent probes to detect DNA sequence
   b. It is possible for a report to be obtained in only 1 day
   c. It can be used to find chromosome abnormalities that may not show up in an extended banding chromosome study.
   d. **Fluorescent dye is added to a person's DNA sample. The DNA is then combined with a reference set of normal DNA**

Rationale: D. Option D is Chromosomal microarray analysis (CMA). CMA can find chromosome problems with more detail than karyotyping or FISH. Fluorescent dye is added to a person's DNA sample. The DNA is then combined with a reference set of normal DNA. This reference set is called the control. The 2 sets are directly compared with a special scanner. This shows the differences between the normal set of DNA and the person's sample. Options A, B, and C are all characterisics of FISH (Fluorescence in Situ Hybridization)

Reference: https://www.nature.com/scitable/topicpage/fluorescence-in-situ-hybridization-fish-327/

4. Mrs. Tuazon with her 3-year-old child noticed that her son has grayish spots on the periphery of the iris of the eyes of her son. Upon assessing, Nurse faith noticed that the child is manifesting signs and symptoms. Nurse Faith would think that gray spots on the iris is a/an:
   a. Adie pupil
   b. Auspitz's sign

Rationale: C. The white specks of the iris is called Brushfield spots, associated with Down syndrome symptoms. Brushfield spots are small, white or grayish/brown spots on the periphery of the iris in the human eye due to aggregation of connective tissue, a normal constituent of the iris stroma. **Adie pupil (or Holmes-Adie Syndrome) is a neurological disorder that causes one or both pupils to be abnormally dilated (mydriasis) with delayed constriction in response to exposure to light.** Patients commonly present with areflexia of the knee and/or ankles in addition to tonic pupil. **The Auspitz sign refers to the appearance of small bleeding points after successive layers of scale have been removed from the surface of psoriatic papules or plaques.** Balliance's sign are dullness to percussion in the left flank LUQ and shifting dullnes to percussion in the right flank seen with splenic rupture/hematoma. During trauma assessment of the abdomen, "Ballance's sign" may be observed upon

   c. **Brushfield spots**
   d. Balliance's sign – death d/t rupture of spleen: sepsis

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5. Nurse Angela is aware that Aira Lopez on her session that she is a carrier of balanced translocation for trisomy 21. As nurse geneticist counselor, Nurse Angela has seen Aira shocked on the results. What would be best action regarding this information?
   a. Make sure that she will tell it to her Partner and family
   b. Discuss the cost of various procedures in terminating pregnancy
   c. Be sure Aira knows that she should limit the number of children.
   d. **Answer if there are other queries on her diagnosis** – desisyon niya, huwag ka magmaganda

Situation 5: Nurse Lek is caring for a client with Exanthema Subitum and Erythema Infectiosum. The following questions apply.

6. Exanthema Subitum is also known as:
a. Fourth Disease
b. Fifth Disease
c. **Sixth Disease**
d. Seventh Disease

7. Erythmema Infectiosum is usually caused by:
a. Human Parvo Virus B9
b. Human Parvo Virus B12
c. Human Parvo Virus B6
d. **Human Parvo Virus B19** – clinical sign: slapped cheek

8. Nurse Lek is donning his PPE. He is aware that the mode of transmission of Roseola Infantum is:
a. Contact
b. Airborne
c. **Droplet**
d. Vector

9. Nurse Lek is aware that the fever associated with the Roseala Infantum infection can last about:
a. 24 hours
b. 24-74 hours
c. 24-48 hours
d. **3-7 days** – self limiting, after 7 days goods ka na

10. Nurse Lek is also anticipating the expected signs and symptoms of Exanthema Subitum except?
a. Upper respiratory illness
b. Pinkish red flat or raised rashes on trunk
c. Decreased appetite
d. **Inflamed tonsils**

Situation: Nurse Angela is aware that Developmental Assessment is one of the most essential components of a complete health appraisal of a pediatric client.

11. Nurse Angela should know that Metro Manila Developmental Screening Test has 4 sectors of development in evaluating a pediatric client. Which of the following is NOT part of the sectors?
a. Fine-Motor
b. Language
c. Gross motor
d. **Interpersonal** – should be Personal-social

12. Nurse Angela is about to assess a pediatric client using Metro Manila Developmental Screening Test, which of the following materials should Nurse Angela prepare?
i. **bright red yarn pom-pom**
ii. rattle with wide handle – narrow
iii. 6 1-inch-colored wooden blocks – 8 pieces
iv. **small clear glass bottle with 5/8-inch opening**
v. **cheese curls**
vi. **rubber ball 12 ½ inches in circumferenc**e
a. i, ii, iv, v
b. ii, iii, iv, vi
c. i , iv, v, vi
d. i, iii , iv, v

+ MMDST manual, test form, small bell with 2 ½ inch-diameter mouth, and pencil

13. Nurse Angela is aware of the importance of MMDST except ONE:
a. To screen if the developmental milestone of the child is appropriately developed for his/her age.
b. To know the capability of the child at his/her age
c. **To know how the personal-social, behavior, language, interpersonal and fine & gross motor develops.**
d. Measures to developmental delays.

14. Mrs. Barangan is asking Nurse Angela about Metro Manila Developmental Screening test. Nurse Angel should tell to Mrs. Barangan prior to the assessment is that:
a. **It has to be emphasized that this is not a diagnostic test but rather a screening test only**
b. **It is not an IQ test as it may be misinterpreted by parents.**
c. The child is expected to perform all the tasks correctly from the screening test
d. A and B
e. A and C

15. One of the parents asked Nurse Angela if what the age limit in assessing MMDST for children. What should be the response of Nurse Angela to the concerned parent?
a. 5 ½ years
b. **6 ½ years**
c. 7 ½ years
d. 8 ½ years

Situation: Nurse Rose is aware that pediatric clients especially toddlers are at risk for ingesting toxic substances. The following questions apply:

16. A 2 year old patient was brought to the emergency room due to ingestion of 30 ml muriatic acid. Patient was seen by Nurse Rose who is crying due to severe pain. As an efficient nurse, Nurse rose should prepare materials in expecting to assist with which of the following first?
a. Administering an emetic. – risk for aspiration, even if corrosive
b. **Performing a tracheostomy**. – secure airway
c. Performing gastric lavage

Rationale: B. Drain cleaner almost always contains lye, which can burn the mouth, pharynx, and esophagus on ingestion. The nurse would be prepared to assist with a tracheostomy, which may be necessary because of swelling around the area of the larynx. An emetic is contraindicated because, as the substance burns on ingestion, so too would it burn when vomiting. Additionally, the mucosa becomes necrotic and vomiting could lead to perforations. Gastric lavage is contraindicated because the mucosa is burned from the ingestion of the caustic lye, causing necrosis. Gastric lavage also could lead to perforation of the necrotic mucosa.

Insertion of an indwelling urinary (Foley) catheter would be indicated after the measures to remove the caustic substance have been started.

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d. Inserting an indwelling urinary (Foley) catheter. – unecessary

17. Several hours after the ingestion of Muriatic acid and performing several procedures, Nurse Rose should be alert to foresee that patient may develop of which of the following?

a. **Esophageal strictures.** – mapupunta sa GIT dahil nilaklak mo > sugat > strictures > liliit daanan ng pagkain
b. Tracheal Stenosis
c. Tracheal Varices
d. Esophageal diverticula.

*diverticula – common in large intestines

Situation: Nurse Roan is a pediatric nurse assigned in the delivery room. The following questions apply.

18. Nurse Roan is assessing a newly delivered neonate, which of the following parameters would warrant Nurse Roan that the neonate was born in full term?

a. Ear lying flat against the head. – preterm
b. Absence of rugae in the scrotum. – preterm
c. **Sole creases covering the entire foot.**
d. Square window sign angle of 30 degrees. – should be 90 deg to indicate it is term

19. While performing a complete assessment of a term neonate, the father of the patient ask you if there is an abnormal finding, what should nurse Roan should report to the father as an abnormal finding?

a. Red reflex in the eyes. – normal ; if absent – congenital cataract
b. **Expiratory grunt.** – resp distress
c. Respiratory rate of 45 breaths/min. – normal
d. Absence of Tears – normal

20. Nurse Roan is assessing a term neonate at 2 hours after birth. She observed that the neonate has a heart rate of 97 beats per minute, periods of apnea lasting for at leats 30 seconds and bluish discoloration around the mouth areas. Based on her assessment parameters, Nurse Roan would report this to the pediatric resident because it can lead to?

a. **Respiratory arrest**. – huwag advance mag-isip, may heart rate pa naman

Rationale: A. Periods of apnea **lasting longer than 20 seconds**, mild **cyanosis, and a heart rate of <100 bpm (bradycardia)** are associated with a potentially life-threatening event and subsequent respiratory arrest. The neonate needs further evaluation by the primary health care provider. Pneumonia is associated with tachycardia, anorexia, malaise, cyanosis, diminished breath sounds, and crackles. Intraventricular hemorrhage is associated with prematurity. Assessment findings include bulging fontanels and seizures. Epiglottitis is a bacterial form of croup. Assessment findings include inspiratory stridor, cough, and irritability. It occurs most commonly in children age 3 to 7 years.

b. Bronchial pneumonia.
c. Intraventricular hemorrhage.
d. Cardiac Arrest

21. Mr. Parker is reporting his observations on his newly born son to Nurse Roan. Upon hearing the observations of Mr. Parker, which of the following assessment parameter would warrant an immediate referral to the Pediatrician?

a. Absence of tears. – normal
b. **Unequally sized corneas**. – inc IOP: glaucoma
c. Pupillary constriction to bright light. – normal
d. Red circle on pupils – red reflex

*clinical sign of glaucoma: tunnel vision

22. Mr. Mallorca verbalized his concern on his 1 day old child after administering BCG vaccine that he notices his son that has been asleep for 5 hours, eyes closed skin pink and no signs of eye movement. Upon assessment of the pediatric nurse, the vital signs revealed a heart of 156bpm and respiratory rate of 40 breaths per minutes, The nurse will tell to Mr. Mallorce that his son is most likely experiencing which of the following?

a. Drug withdrawal.
b. Environmental adaptation
c. **A state of deep sleep**.
d. Adverse drug reaction to the BCG

23. 10 minutes after birth, Nurse Roan compares the measurement of the head circumference to the chest circumference of the neonate. Which of the following would Nurse Roan report to the doctor as a normal finding on the head circumference?

a. Equal to the chest circumference.
b. **Approximately 2 cm larger than the chest.**
c. About 3 cm smaller than the chest.
d. Approximately 3 cm larger than the chest.

Rationale: B. Normally at birth, the neonate's head circumference is approximately 2 cm larger than the chest circumference. The average normal head circumference is 13 to 14 inches (33 to 35 cm); average normal chest circumference is 12.5 to 14 inches (31 to 35 cm). A head circumference that is equal to or smaller than the chest circumference may indicate microcephaly; a head that is larger than normal may indicate hydrocephalus. The presence of any of these conditions warrants further evaluation.

24. A primiparous young mother who is suffering of eye problem raised a concern to the nurse on duty because she observed that her son's eyes are crossed. What should be the response of the nurse to the mother on her concern?

a. The neonate's eyes are unable to focus on light at this time.
b. **Neonates commonly lack eye muscle coordination**.
c. Congenital cataracts may be present.
d. The neonate is able to fixate on distant objects immediately.

Situation: Nurse Lou, a geriatric nurse has been assigned as a floater nurse in the pediatric hematology ward for a night shift.

25. An 18 year old doctor is suspected to have Hemophilia. Nurse Lou is knowledgeable about Hemophilia. The doctor has ordered several laboratory test in order to rule out other bleeding disorders to hemophilia. Nurse Lou would expect of which of the following laboratory test to be abnormal?

a. Bleeding time
b. Platelet Count
c. Clot retraction test
d. **Partial thromboplastin time (PTT)** – pag pinagtabi ang dalawang letter T, mukhang letter H: Heparin, Hemophilia

Hemophilia A – CF 8 ; B – CF 9 ; C – CF 11

26. Sex Ratio:

A. compares the number of male individuals to the number of females in the population
B. **compares the number of female individuals to the number of male individuals in the population**
C. represents the various sex ratios of each age group – sex structure
D. None of the above.

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27. The factors affecting population's age composition are the following EXCEPT

A. Fertility Level – the higher the level, the younger the population

B. **Income Status** – should be Migration: young adults are more mobile

C. Peace and Order – postwar episodes are usually followed by baby boom

D. Urban-rural differences – urban have older population compared to rural with younger age composition

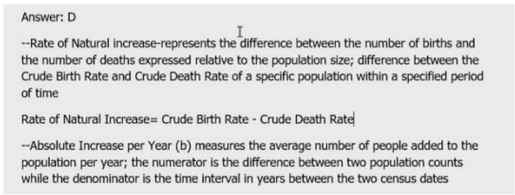
28. This is the actual difference between two census counts expressed in percent relative to the population size during the earlier census

A. Rate of natural increase

B. Absolute increase per year

C. Annual Rate of Growth

D. **Relative Increase**



Answer: D

--Rate of Natural increase-represents the difference between the number of births and the number of deaths expressed relative to the population size; difference between the Crude Birth Rate and Crude Death Rate of a specific population within a specified period of time

Rate of Natural Increase= Crude Birth Rate - Crude Death Rate

--Absolute Increase per Year (b) measures the average number of people added to the population per year; the numerator is the difference between two population counts while the denominator is the time interval in years between the two census dates

$$\text{Absolute Increase per Year} = \frac{Pt - Po}{t}$$

--Relative Increase (RI) is the actual difference between two census counts expressed in percent relative to the population size during the earlier census

$$\text{Relative Increase} = \frac{Pt - Po}{Po} \times 100$$

29. This represents the difference between the number of births and the number of deaths expressed relative to the population size; difference between the Crude Birth Rate and Crude Death Rate of a specific population within a specified period of time

A. **Rate of natural increase**

B. Absolute increase per year

C. Annual Rate of Growth

D. Relative Increase

30. This provides information about adequacy of basic household facilities conducive to health by describing the number of people living in a household

A. Census

B. **Crowding index**: formula: number of persons living in a household over number of rooms used for sleeping

C. Population survey

D. Facility count

Situation: A community nurse should be knowledgeable with the different communicable diseases that may be present in the community.

31. In the Philippines, which condition is the most frequent cause of death associated with schistosomiasis?

A. Liver cancer

B. **Liver cirrhosis**

C. Colon cancer

D. Intestinal perforation

*usually in swamps and rice fields (Zambales) ; from snails

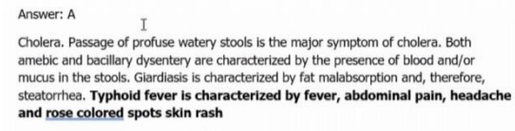
32. 2-year old client was brought to the health center with the chief complaint of severe diarrhea and the passage of "rice water" stools. The client is most probably suffering from which condition?

A. **Cholera**

B. Typhoid Fever

C. Amoebiasis

D. Dysentery



Answer: A

Cholera. Passage of profuse watery stools is the major symptom of cholera. Both amebic and bacillary dysentery are characterized by the presence of blood and/or mucus in the stools. Giardiasis is characterized by fat malabsorption and, therefore, steatorrhea. **Typhoid fever is characterized by fever, abdominal pain, headache and rose colored spots skin rash**

33. Salmonella enteritis is responsible for almost 4 million cases of food poisoning. One of the major goals is to promote proper food preparation. The community health nurse is tasks to conduct health teaching about the prevention of food poisoning to a group of mother everyday. The nurse can help identify signs and symptoms of specific organisms to help patients get appropriate treatment. Typical symptoms of salmonella include:

A. Nausea, vomiting and paralysis

B. Bloody diarrhea

C. **Diarrhea and abdominal cramps**

D. Nausea, vomiting and headache

*from raw food, eggs

34. The health nurse is conducting health teaching about "safe" sex to a group of Senoir high school students. Which of the following statement about the use of condoms should the nurse avoid making?

A. "Condoms should be used because they can prevent infection and because they may prevent pregnancy"

B. "Condoms should be used even if you have recently tested negative for HIV"

C. **"Condoms should be used every time you have sex because condoms prevent all forms of sexually transmitted diseases"** – not all

D. "Condoms should be used every time you have sex even if you are taking the pill because condoms can prevent the spread of HIV and gonorrhea"

35. Nurse Tina is aware that the disease declared through Presidential Proclamation No. 4 as a target for eradication in the Philippines is?

A. Poliomyelitis

B. **Measles**

C. Rabies

D. Neonatal tetanus

Situation: Hospitals aren't allowed to deny care to patients due to lack of financial capacity. There are certain laws that are bound to those who will violate to the law.

36. An act penalizing the refusal of hospitals and medical clinics to administer appropriate initial medical treatment and support in emergency or serious cases is also known as:

A. RA 3844

B. RA 8438

C. **RA 8344**

D. RA 3924

37. This law amended the "Act prohibiting the demand of deposits or advance payments for the confinement or treatment of patients in hospitals and medical clinics in certain cases".

A. **Batas Pambansa No. 702**

B. Presidential Decree No. 720

C. Batas Pambansa No. 812

D. Presidential Decree No 802

38. According to the previous items, any official, medical practitioner or employee of the hospital or medical clinic who violates the provisions of this Act shall, upon conviction by final judgment be:

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A. **Be punished by imprisonment of not less than six (6) months and one (1) day but not more than two (2) years and four (4) months, or a fine of not less than twenty thousand pesos (P20,000.00), but not more than one hundred thousand pesos (P100,000.00) or both.**

B. Be punished by imprisonment of not less than four (4) months and one (10) days but not more than two (2) years and three (3) months, or a fine of not less than twenty thousand pesos (P20,000.00), but not more than one hundred thousand pesos (P100,000.00) or both.

C. Be punished by imprisonment of not less than six (6) months and one (10) days but not more than one (1) year and three (3) months, or a fine of not less than twenty thousand pesos (P20,000.00), but not more than one hundred thousand pesos (P100,000.00) or both.

D. Be punished by imprisonment of not less than six (6) months and one (10) days but not more than one (1) year and three (3) months, or a fine of not less than ten thousand pesos (P10,000.00), but not more than one hundred thousand pesos (P100,000.00) or both.

39. A Discharge/Transfer Slip should contain the following:

A. **Admission form or transferring hospitals**

B. **Transfer form of Transferring Hospital, including vital signs, name of attending physician, treatment given to patient, Name of receiving hospital, name of contact person and approving official at receiving hospital, and consent of the patient or comparison**

C. Bill of Charge or promisory note

D. Both A and B

E. All of the following

40. This law was approved and enacted in

A. **1997**

B. 1996

C. 1995

D. 1994

Situation: Nurses give the individual patient the nursing care required by specific illness/trauma to help the patient reach a level of functioning at which the patient can maintain, or die peacefully. They are not only bound to work in hospitals, but also in community setting where patients can be in their homes.

41. The following are the principles of nursing care in the homes:

1. **Nursing care utilizes a medical plan of care and treatment.**
2. **The performance of nursing care utilizes skills that would give maximum comfort and security to the individual.**
3. **Nursing care given at home should be used as a teaching opportunity to the patient or to any responsible member of the family.**
4. **The performance of nursing care should recognize danger signs in the patient's over-prolonged acceptance of support and comfort.**
5. **Nursing care is a good opportunity for detecting abnormal signs and symptoms, observing patient's attitude towards care given and the progress exhibited by the patient.**

A. 2,3,4,5

B. 1,2,3,5

C. 1,3,4,5

D. 1,2,3,4 & 5

42. Bianca was a 24-year old member of the family who has communicable disease, measles and has been on sick leave for 3 days. Which of the following should the family members do with the articles used by the patient?

A. All articles used by patient should be burned and separated with the articles used by the other family members at home

B. **All articles used by patient not should be mixed with the articles used by the other family members at home** – fomites

C. All articles used by patient should be washed well with soap and lukewarm water, and sun dried before allowing other family members to use it

D. All articles used by the patient should be thrown away, and for one use only.

43. The one caring for Bianca should wear a protected gown that should be used:

A. Only when performing nursing care to Banca, regardless of setting

B. **Only within the room of Bianca**

C. Only when coming more than 3 feet far from Bianca

D. Only when coming less then 3 feet far form Bianca

44. How many minutes should the articles soiled with discharges should be boiled in water before laundering?

A. 10 minutes

B. 20 minutes

C. **30 minutes**

D. 60 minutes

45. How often do the articles and beddings used by Bianca, and the room she used to stay be wash, and cleaned, and disinfected respectively?

A. Only when the beddings were soiled and room is messy to prevent the frequent exposure of the caregiver and prevent contamination to other family members when bringing in and out the used beddings and articles

B. **As much as possible, frequently, to avoid contamination to other family members and prevent accumulation of other pathogens**

C. Only when Bianca requests to prevent the frequent exposure of the caregiver and prevent contamination to other family members when bringing in and out the used beddings and articles

D. None of the above

Situation: FHSIS is an important system to monitor the health service delivery and occurrence of several medical cases seen in the community. This can also be used in program monitoring, implementation, and evaluation. The following questions apply

46. This is the fundamental block or foundation of FHSIS

A. Target/Client List

B. Treatment Card

C. **Treatment Record**

D. Tally/Reporting Forms

47. Barangay Health Station can only be considered as a reporting unit if the following conditions were satisfied. Select all that apply.

1. **Renders health service to a defined catchment area.**
2. **A midwife render regular service to the area and if the midwife is on leave of absence, a replacement is expected**
3. **Health services may be provided for a designated structure for the purposes**

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4.Catchment area can be a service area of an RHU, like Poblacion BHS – NOT a service area of an RHU, like Poblacion BHS which is served by the RHU

5. Satellite BHS is counted as a reporting unit – not counted, this is just part of the catchment of Mother of BHS

A. 1, 2, 4, 5
B. 1, 2, 4,
C. 1, 3, 4, 5
D. 1, 2, 3

48. The lowest reporting unit in FHSIS is the
A. Satellite Barangay Health Station
B. **Barangay Health Station**
C. Rural Health Unit
D. District Hospital

ARALIN MO ANG FHSIS PALAGI LUMALABAS YAN

49. The following are the purposes of the Target/Client List except
A. To plan and carry out patient care and service delivery
B. To facilitate the monitoring and supervision of services
C. To report service delivered
D. **To provide a community-level database which can be access for further studies** – clinic database only – ang focus mo ay para malaman kung ano ang health services na nabibigay, hindi ang sakit

50. This serves as the facility level data base
A. Treatment record
B. **Target/client list**
C. Tally/ Reporting Forms
D. Output Reports

Situation: Health care during pregnancy is important and has major effects on the health of the mother during pregnancy and the baby. Nurses should be knowledgeable about the concepts and topics regarding this.

51. A primigravid client at 16 weeks' gestation has had an amniocentesis and has received teaching concerning signs and symptoms to report. Which statement indicates that the client needs further teaching?
A. "I need to call if I start to leak fluid from my vagina."
B. "If I start bleeding, I will need to call back."
C. **"If my baby does not move, I need to call my health care provider."** – primigravid kaya wala pa quickening ; quickening starts at 18-20 wks, 16-18 wks if multiparous
D. "If I start running a fever, I should let the office know." – d/t dehydration

52. "An antenatal client receives education concerning medications that are safe to use during pregnancy. The nurse evaluates the client's understanding of the instructions and determines that she needs further information when she states which of the following?
A. "If I am constipated, Milk of Magnesia is okay but mineral oil is not."
B. "If I have heartburn, it is safe to use chewable Tums ."
C. "I can take Tylenol if I have a headache."
D. **"If I need to have a bowel movement, Ex-Lax are preferred."** – abrasive during pregnancy, can destory bowel patterns

Laxatives are used only for: Barium swallow and enema, and hepatic encephalopathhy – d/t inc ammonia ; stool softeners are used to prevent valsalva maneuver

53. The nurse instructs a primigravid client to increase her intake of foods high in magnesium because of its role with which of the following?
A. Prevention of demineralization of the mother's bones. – calcium
B. **Synthesis of proteins, nucleic acids, and fats.**
C. Amino acid metabolism. – vit B6
D. Synthesis of neural pathways in the fetus. – folic acid

54. Which diagnostic test would be the most important to have for a primigravid client in the second trimester of her pregnancy?
A. Culdocentesis.
B. Chorionic villus sampling.
C. Ultrasonography.
D. **α-fetoprotein (AFP) testing**

Answer: D

" AFP testing is usually performed between the 15th and 18th weeks of gestation. Abnormally high levels found in maternal serum may be indicative of neural tube defects such as anencephaly and spina bifida. Low levels may indicate trisomy 21 (Down syndrome). Culdocentesis is used to confirm a tubal pregnancy. Chorionic villus sampling is done as early as 10 weeks' gestation to detect anomalies. Ultrasound testing may be done in the first trimester to determine fetal viability and in the third trimester to determine pelvic adequacy and fetal or placental position."

55. "After instructing a female client about the radioimmunoassay pregnancy test, the nurse determines that the client understands the instructions when the client states that which of the following hormones is evaluated by this test?
A. Prolactin.
B. Follicle-stimulating hormone.
C. Luteinizing hormone.
D. **Human chorionic gonadotropin (hCG)**

Situation: Preterm babies can be vulnerable to the extra-uterine life since some parts of their body hasn't fully developed yet. The following questions are related to the disorders related to premature clients.

56. Two hours ago, a neonate at 38 weeks' gestation and weighing 3,175 g (7 lb) was born to a primiparous client who tested positive for beta-hemolytic Streptococcus. Which of the following would alert the nurse to notify the primary health care provider?
A. Alkalosis – should be acidosis
B. Increased muscle tone.
C. **Temperature instability**.
D. Positive Babinski's reflex."

57. "Which of the following subjects should the nurse include when teaching the mother of a neonate diagnosed with retinopathy of prematurity (ROP) – d/t high 02 administration about possible treatment for complications?
A. **Laser therapy**.
B. Cromolyn sodium eye drops. – allergic rxn
C. Frequent testing for glaucoma. – for problem of IOP
D. Corneal transplants." – problem is not cornea

58. "Three days after admission of a neonate born at 30 weeks' gestation, the neonatologist plans to assess the neonate for intraventricular hemorrhage (IVH). The nurse should plan to assist the neonatologist by preparing the neonate for which of the following?
A. **Cranial ultrasonography.**

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B. Arterial blood specimen collection.
C. Radiographs of the skull. – avoided
D. Complete blood count specimen collection."

Answer: A

Neonates who weigh less than 1,500 g or are born at less than 34 weeks' gestation are susceptible to IVH. Cranial ultrasound scanning can confirm the diagnosis. The spinal fluid will show an increased number of red blood cells. Arterial blood gas specimen collection is done to evaluate the neonate's oxygen saturation level. Skull radiographs are not commonly used because of the danger of radiation. Additionally, computed tomography scans have replaced the use of skull x-ray films because they can provide more definitive results. Complete blood count specimen collection is usually performed to determine the hemoglobin, hematocrit, and white blood cell count. The results are not specific for PIVH.

59. Which of the following would the nurse most expect to assess in a neonate born at 28 weeks' gestation who is diagnosed with intraventricular hemorrhage (IVH)?
A. Increased muscle tone.
B. Hyperbilirubinemia.
C. **Bulging fontanels**.
D. Hyperactivity.

60. "Which of the following statements by the mother of a neonate diagnosed with bronchopulmonary dysplasia (BPD) indicates effective teaching?
A. "BPD is an acute disease that can be treated with antibiotics." – antbx but not cure
B. **"My baby may require long-term respiratory support."**
C. "Bronchodilators can cure my baby's condition." - cannot
D. "My baby may have seizures later on in life because of this condition." – IVH

Situation- Rare Diseases on Childhood

61. The most common cause of this syndrome is a heart defect that causes a shunt to develop between two changes of your heart.
A. CANDLE Syndrome – autoimmune inflamm dse
B. **Eisenmenger Syndrome**
C. Angelman Syndrome – genetic d/o of the nervous system – intellectual disabilities and delayed devt
D. Fragile X syndrome – learning disabilities

Answer: B. A heart defect that causes a hole (shunt) to develop between two chambers of your heart is the most common cause of Eisenmenger syndrome. This hole causes blood to circulate abnormally in your heart and lungs. Increased blood flow returns to your lungs instead of going to the rest of your body. The blood vessels in your lung arteries become stiff and narrow, increasing the pressure in your lungs' arteries. This permanently damages the blood vessels in your lungs.

62. Sign and symptoms of this syndrome includes the following EXCEPT
A. Clubbing of fingers and cyanosis – dec o2
B. **Bradycardia** – should be tachy
C. Headache – dec 02 of the brain
D. Hemoptysis – blood vessels in the lung arteries become stiff and narrow > inc pressure in lungs' arteries > pulmo congestion

63. The following are possible cause of the syndrome described in Item 11 EXCEPT
A. Ventricular Septal Defect
B. Atrial Septal Defect
C. Patent Ductus Arteriosus
D. **Tricuspid Atresia**

64. The following are possible complications of the diseases:
1. **Arrhythmias** – d/t shunting
2. **Cardiac Arrest** – d/t congestion
3. **Heart Failure** – d/t to cardiac arrest
4. **Hemoptysis** – d/t pulmo congestion

A. 1,2,3
B. 1,3,4
C. 1,2,4
D. 1,2,3,4
*pre-renal, parang CHF

- **Low oxygen levels in your blood (cyanosis).** The reversed blood flow through your heart lowers the amount of oxygen your body's tissues and organs receive. This causes you to have a lower tolerance for physical activity and your skin to have a bluish or a grayish color.
- **High red blood cell count (erythrocytosis).** Because you aren't getting enough oxygen-rich blood circulating throughout your body, your kidneys release a hormone that increases your number of red blood cells, the cells that carry oxygen throughout your body.

  Having too many red blood cells can reduce the blood flow to other organs and increase your risk of developing blood clots.
- **Arrhythmias.** Enlargement and thickening of the walls in the heart, along with low oxygen levels, may cause an irregular heart rhythm (arrhythmia).

  Some types of arrhythmias can cause blood to pool in your heart's chambers, where it can clot. If the clot travels out of your heart and blocks an artery, you can have a stroke, heart attack or clot in the lungs (pulmonary embolism).
- **Sudden cardiac arrest.** If you develop an arrhythmia as a complication of Eisenmenger syndrome, it's possible the arrhythmia could suddenly stop your heartbeat.
- **Heart failure.** The increased pressure in your heart can cause your heart muscles to weaken, decreasing your heart's pumping effectiveness. Eventually, this can lead to heart failure.
- **Coughing up blood (hemoptysis).** Increased pressure in the lungs and problems with your blood caused by Eisenmenger syndrome can cause life-threatening bleeding into your lungs and airways, causing you to cough up blood and further lowering your blood oxygen level. Bleeding can also occur in other parts of the body.
- **Stroke.** Stroke can occur when a blood clot travels from your heart to your brain. This blood clot may then block a blood vessel in the brain, leading to a stroke.

  The high levels of red blood cells in Eisenmenger syndrome also increase your risk of blood clots and stroke.
- **Kidney problems.** Low oxygen levels in your blood may lead to problems with your kidneys. This can also increase your risk of developing gout.
- **Pregnancy risks.** Due to the demands pregnancy puts on a mother's heart and lungs, women who have Eisenmenger syndrome shouldn't become pregnant. If you have Eisenmenger syndrome, pregnancy poses a high risk of death for both you and your baby.

65. Management of this syndrome are the following
A. **use of Oxygen Therapy**
B. **Pulmonary Vasodilation Therapy**
C. **Anticoagulation Medications**
*for congestion and to prev stroke
D. All of the above

66. This is genetic disorder characterized by deposition of glucocerebroside in cells of the macrophagemonocyte system.
A. Batten Disease
B. Eisenmenger Syndrome
C. CANDLE Syndrome
D. **Gaucher Disease** – neuro condition that causes vision loss, devtal disabilities, cognitive decline, motor defects – SEZIZURES
*macrophages – for phagocytosis/engulfing bacteria + reports to satellite center (dendritic cells)

67. Type 1 symptoms of the Item 16 is also called as
A. **Non-neuronopathic Type**
B. Neuronopathic Type
C. Nephropathic Type
D. Non-nephropatic Type

Answer: A

Type 1- Non- Neuronopathic Gauche; most common form. Type 1 symptoms can sometimes be mild. Some people may never notice it. Others may have more severe problems. Symptoms are Enlarged liver or spleen, Anemia (low red blood cell levels), which can make you tired, Low levels of blood platelets, which can make you bruise or bleed easily, Arthritis, Osteoporosis (weak bones that break easily), Bone pain and Lung disease

Type 1 – more common: enlarged spleen, anemia, low platelet
Type 2 – more serious, affected is CNS
Type 3 – problem is nutritional status

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68. A condition is also called as globoid cell leukodystrophy and galactosylceramide lipidosis
A. CANDLE Syndrome
B. Batten Disease
C. **Krabbe Disease** – disorder of myelin sheathe
D. Angelman Syndrome

Answer:C

Krabbe disease (also called globoid cell leukodystrophy) is a severe neurological condition. It is part of a group of disorders known as leukodystrophies, which result from the loss of myelin (demyelination) in the nervous system. Myelin is the protective covering around nerve cells that ensures the rapid transmission of nerve signals. Krabbe disease is also characterized by abnormal cells in the brain called globoid cells, which are large cells that usually have more than one nucleus.

69. How can the Previous item (No. 18) be inherited?
A. Autosomal Dominant Pattern
B. **Autosomal Recessive Pattern**
C. X-linked Recessive Pattern
D. X- linked Dominant Pattern
Pag dominant – need isang gene para mag-manifest, pag recessive kailangan dalawa

Answer: B

This condition is inherited in an autosomal recessive pattern, which means both copies of the gene in each cell have mutations. The parents of an individual with an autosomal recessive condition each carry one copy of the mutated gene, but they typically do not show signs and symptoms of the condition.

70. Mutations in these gene can cause this disease.
A. GALX
B. GLAN
C. **GALC**
D. GALB

Answer: C

Mutations in the GALC gene cause Krabbe disease. This gene provides instructions for making an enzyme **called galactosylceramidase**, which breaks down certain fats called galactolipids. One galactolipid broken down by galactosylceramidase, called galactosylceramide, is an important component of myelin

Situation: Nurse Timothy is caring for a client with Roseola infantum. The following questions apply.
71. Roseola Infantum is also known as:
A. Fourth Disease
B. Fifth Disease
C. **Sixth Disease**
D. Seventh Disease
72. It is caused by:
A. Human Herpesvirus (HHV) type 5 and type 7
B. **Human Herpesvirus (HHV) type 6 and type 7**
C. Human Herpesvirus (HHV) type 4 and type 7
D. Human Parvo Virus B19 – 5th dse
73. Roseola Infantum has mode of transmission of
A. **Droplet**
B. Airborne
C. Contact
D. Vector-borne
74. The fever associated with the infection can last about:
A. 3-4 days
B. 3-5 days
C. 2-5 days
D. **3-7 days**
75. Which of the following cannot be a manifestation of Roseola Infantum?
A. Upper respiratory illness
B. Pinkish red flat or raised rashes on trunk
C. Decreased appetite
D. **Inflamed tonsils**
76. Abigael complains leg cramps. What should nurse Tony advise her?
A. **Advise Abigail to extend knee and flex toes toward body**
B. Advise Abigail to flex knee and extend toes toward body
C. Advise Abigail to extend knee and toes against body D. Advise Abigail to flex knee and toes toward body
77. What should Abigael do to prevent leg cramps?
A. Avoid crossing legs
B. **Avoid standing or sitting for a long period of time**
C. **Drink plenty of water**
D. B and C
78. Abigael also complained of difficulty of eliminating bowel movements. What hormone could possibly cause this?
A. Prolactin
B. Estrogen
C. **Relaxin**
D. HCG
79. Increased salivation in pregnancy is also called?
A. Chloasma
B. **Ptyalism**
C. Hyperemesis
D. None of the above
80. Nausea and vomiting in pregnancy can be managed non-pharmacologically by:
A. **Ginger**
B. Honey
C. Lemon
D. Guava tea
Situtation: Nurse Abby is taking care of postpartum clients. The following questions apply.
81. Three hours after the delivery, the fundus of the primiparous client is at the midline, firm. Upon inspection of the perineum, the nurse notes blood in constant small trickles. What is the identified cause?
A. Retained placental tissue – dark lumps of blood
B. Uterine Inversion – fundus not midline
C. Bladder distention – deviated to right
D. **Perineal Lacerations**
82. Which of the following client statement indicates successful teaching about episiotomy care?
A. "I'll use hot sudsy water to clean the episiotomy area." – should be warm
B. **"Wipe the area from front to back using a blotting motion."**
C. "Before bedtime, I'll use a cold water sitz bath" – also warm
D. "I can use ice packs for 3 to 4 days after delivery" – within 24 hrs
83. If on the first postpartum day, the primiparous client complains of perineal pain unrelieved by Ibuprofen 400 mg given 2 hours earlier, which of the following will the nurse assess for?
A. Puerperal infection
B. Vaginal pain laceration
C. History of drug abuse
D. **Perineal Hematoma**
84. The nurse palpates the fundus of a primiparous client 12 hours post-partum, and finds it firm, above the umbilicus, and deviated to the right. Which of the following wil she do next?

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A. Contact the physician for an order for Methylergonovine
B. Document this as a normal finding in the client's record
C. **Encourage the client to ambulate to the bathroom and void**
D. Gently massage the fundus to expel the clots.

85. 28 hours after cesarean delivery, a multiparous breastfeeding client complains of severe postoperative cramping pains. The nurse explains that these are cause by which of the following?

A. Flatulence accumulation after a cesarean delivery B. Healing of the abdominal incision after cesarean delivery
C. Side effects of the medications administered after delivery
D. **Release of oxytocin during breast-feeding session**

Situation: Nurse Rachel is taking care of clients with pregnancy problems. The following questions apply.

86. A 38- year old client on her 14th weeks gestation is admitted to the hospital with a diagnosis of complete Hyatidiform Mole. Soon after admission, the nurse would assess the client for signs and symptoms of which of the following?

A. Gestational Diabetes
B. Hypothyroidism
C. **Pregnancy-induced Hypertension**
D. Polycythemia

87. When assessing a client who had D & C to expel a molar pregnancy, which of the following would be important to the nurse?

A. Abdominal distention
B. Trauma
C. **Hemorrhage**
D. Urinary tract infection

88. A 36- years old multigravida client is admitted for possible ruptured – sharp pain radiating at shoulders ectopic pregnancy. When obtaining the client's history, which of the following would be significant predisposing factor?

A. Alcohol use during pregnancy
B. Marijuana use during pregnancy
C. **Episodes of pelvic inflammatory disease**
D. Use of oral contraceptives while

89. On arrival at the emergency department, a client tells the nurse that she suspects that she may be pregnant but has severe pain in the lower abdomen accompanied with small amounts of bleeding. Her BP is 70/50 mmHg and pulse rate is 120 bpm. The nurse notifies the physician immediately because she suspects which of the following?

A. Abruptio Placenta
B. Complete Abortion
C. Threatened Abortion
D. **Ectopic Pregnancy** – severe lower abd pain radiating in shoulders; one sided pain

90. Which of the following are the assessment signs observed by the RN in threatened abortion?

A. Closed cervix, ruptured BOW
B. Closed cervix, spotting
C. **Uterine Cramps, spotting** – keyword is "observe"
D. Closed cervix, intact BOW

Situation- Nurse is caring for clients in labor. The following questions apply.

91. Ellaine, G7P5 is admitted to the hospital in labor. A 1 PM, cervix is at 6-7 cm, BOW intact Which of the following is Ellaine's condition?

1. **She is in active labor**
2. **She will deliver at approx. 4 pm**
3. **She may go into hypotonic contractions**
4. The RN must be alert in testing for presence of te Bandl's ring

A. 1 & 2
B. 2 & 4
C. 1,2, & 3

92. On which among these cases can VBAC be done?

1. G2P1- 1st pregnancy diagnosed as inlet contraction
2. G2P1- 1st pregnancy- fetus did not lighten or engage
3. **G2P1 - mother had history of severe pre eclampsia**
4. 4. G2P1- mother had prolonged labor and now has active herpes lesion

A. 1,2,& 3
B. 2,3, &4
C. 1 & 4
D. 3 only

93. Woman in active labor was given an epidural anesthesia by the doctor. The nurse knows that hypotension and pruritus are side effects. As she anticipates insertion of IV fluid which of the following will she prepare?

A. Meperidine Hcl
B. Promethazine
C. **Diphenhydramine**
D. Butorprolol – beta blocker

*pruritus – calamine lotion, oatmeal bath, cocoa butter lotion, cold sodium bicarb (alkaline) bath, cut short fingernails

94. 35 weeks old pregnant client presents to the health center. She complains fluid leaking from vaginal orifice but is unsure whether that's urine or fluid. The RN in charge would:

A. Examine vulva and performs an IE to determine whether labor has began
B. **Performs Nitrazine test to check the color of the liquid**
C. Collect sample of amniotic fluid and sends it into the lab or fern test for positive diagnosis of ruptured bag
D. Continue assessing the mother and tell her to observe color and odor of the fluid daily

95. The nurse who works in the labor and delivery units must become skilled at recognizing maternal drug induced signs and symptoms. During the assessment, the following are signs observed by the nurses EXCEPT:

A. Lethargic response, hypertension, increased temperature
B. **Tachycardia, hypermobility of the fetus**
C. Sudden onset of severely painful contractions
D. Emotional Lability, dilated pupils

Situation: Patient Paola Torres came to your clinic for prenatal assessment. You are the NOD

96. She told you that her last menstrual period started last May 15 and ended on May 20 this year. She asked you when she will be most likely give birth. Your calculation will use:

A. Estimate Date of Delivery (EDD)

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B. **Naegele's Rule**
C. Mcdonald's Rule – for fundal height

97.You answered correctly by telling her the date of birth will be most likely on:
A. **February 22, 2020**
B. Februrary 25, 2020
C. February 8, 2020
D. February 13, 2020

98. Based on your assessment, you palpated on Paola's abdomen and felt the fundus over the umbilical area, you know that she's pregnant for:
A. 12 weeks
B. 18 weeks
C. **20 weeks**
D. 36 weeks

Answer: C



99. What is measured in Non-stress test?
A. Response of fetal heart in relation to uterine contractions by nipple stimulation
B. **Response of fetal heart in relation to fetal movement**
C. Response of fetal heart to mother's movement D. Response of fetal heart to maternal heart rate

100. This maneuver determines whether the fetal head has descended into the mother's inlet
A. First Maneuver
B. Second Maneuver
C. **Third Maneuver**
D. Fourth Maneuver

Answer: C. AKA Pawlick's Maneuver
The following are the maneuvers in sequence:

1. Determination of what is in the fundus (Cephalic or breech)
2. Evaluation of the fetal back and extremities (Orientation to left or right)
3. Palpation of the presenting part above the symphysis, (if engaged or still floating)
4. Determination of the direction and degree of flexion of the head (fetal attitude).

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