detailed information on nursing books, visit our website www.ejaypee.com, for detailed information on nursing books, visit our website www.ejaypee.co



NURSING

Solved Question Papers for BSc Nursing

2025–2021

Semester III

As Per Revised INC Syllabus

I Clement

JAYPEE

Contents

SECTION I: Applied Microbiology and Infection Control Including Safety

Applied Microbiology: 2025 1
Applied Microbiology: 2024 18
Applied Microbiology: 2023 37
Applied Microbiology: 2022 55
Applied Microbiology: 2021 73

SECTION II: Adult Health Nursing-I

Adult Health Nursing-I: 2025 83
Adult Health Nursing-I: 2024 97
Adult Health Nursing-I: 2023 111
Adult Health Nursing-I: 2022 123
Adult Health Nursing-I: 2021 146

ADULT HEALTH NURSING-I

2023

LONG ESSAYS

1a. List down the types of fracture.
b. Enumerate the clinical manifestations of a fracture.
c. Explain the management of fracture.
2a. Explain the pathophysiological changes in myocardium.
b. Enumerate tests used to diagnose myocardial infarction.
c. Write the nursing management of patient with acute myocardial infarction.

SHORT ESSAYS

3. Management of chronic obstructive pulmonary diseases (COPD).
4. Collaborative management of diabetes mellitus.
5. Surgical management of peptic ulcers.
6. Psoriasis.
7. Hyperkalemia.

SHORT ANSWERS

8. Give reasons for: Intake out chart should be maintained for a client on diuretics.
9. Give reasons for: Canned foods are avoided in patients with choric heart failure.
10. Differentiate between hepatitis A and hepatitis B.
11. Differentiate between disinfection and sterilization.

JAYPEE BROTHERS

LONG ESSAYS

1a. List down the types of fracture.
b. Enumerate the clinical manifestations of a fracture.
c. Explain the management of fracture.

a. List down the types of fracture.

A A fracture is a medical term used for a broken bone. They occur when the physical force exerted on the bone is stronger than the bone itself. They commonly happen because of car accidents, falls, or sports injuries.

Types of Fracture/Classification of Bone Fractures (Fig. 1)

There are several ways to categorize bone fractures based on different characteristics.

- **Open vs. closed fractures:** Open fractures, also called compound fractures, involve the broken bone protruding through the skin or creating an open wound, increasing the risk of infection. Closed fractures, or simple fractures, don't pierce the skin, reducing the infection risk.
- **Displaced vs. nondisplaced fractures:** Displaced fractures occur when the bone fragments are misaligned, requiring manipulation or surgery for realignment and stabilization. In nondisplaced fractures, the bone is broken but the fragments remain relatively intact, potentially leading to a quicker healing process.

Common Types of Bone Fractures

- **Transverse fracture:** A straight break occurring perpendicular to the bone's long axis, often caused by a direct blow.
- **Spiral fracture:** Caused by a twisting force, the fracture line spirals around the bone shaft, resembling a staircase. Common in sports injuries and car accidents.
- **Greenstick fracture:** Unique to children with flexible bones, a greenstick fracture involves a bend and partial break, resembling a green stick that bends but doesn't snap completely.
- **Stress fracture:** Tiny cracks or hairline fractures caused by repetitive stress or overuse, common in athletes and individuals engaged in high-impact activities.
- **Compression fracture:** The collapse of a vertebra, often due to osteoporosis or trauma, causing pain, height loss, and curvature of the spine.
- **Other fracture types:** Additional fractures include oblique fractures (angled break), impacted fractures (one fragment driven into another), segmental fractures (multiple breaks), and comminuted fractures (bone shatters into multiple fragments).

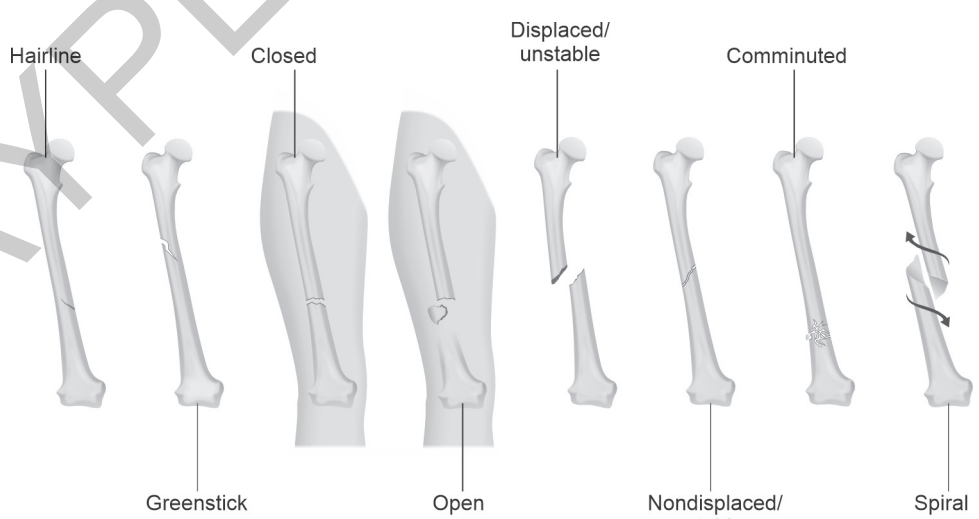

Fig. 1: Types of fracture.

JAYPEE BROTHERS

b. Enumerate the clinical manifestations of a fracture.

Ⓐ Clinical Manifestations

The clinical signs and symptoms of a fracture may include the following, but not all are present in every fracture:

- **Pain:** The pain is continuous and increases in severity until the bone fragments are immobilized.
- **Loss of function:** After a fracture, the extremity cannot function properly because the normal function of the muscles depends on the integrity of the bones to which they are attached.
- **Displacement**, angulation, or rotation of the fragments in a fracture of the arm or leg causes a deformity that is detectable when the limb is compared with the uninjured extremity.
- **Actual shortening of extremity:** There is an actual shortening of extremity because of the compression of the fractured bone.
  When the extremity is gently palpated, a crumbling sensation, called crepitus, can be felt.
- **Localized edema and ecchymosis:** Localized edema and ecchymosis occur after a fracture as a result of trauma and bleeding into the tissues.

c. Explain the management of fracture.

Ⓐ Treatment Options for Bone Fractures

Treatment depends on the fracture type, location, displacement, patient's age and health, and activity level. Here are some common approaches:

- **Immobilization:** The primary goal is to stabilize the fractured bone for proper healing using casts, splints, braces, or traction. Immobilization helps prevent further injury, reduces pain, and allows the bone to heal correctly in the proper alignment.
- **Reduction:** If the fracture is displaced, it may need realignment, a procedure called reduction. This can be done in two ways:
  i. *Closed reduction:* Performed without surgery, a doctor manipulates the bone fragments back into their correct position.
  ii. *Open reduction:* Surgery is required to achieve proper alignment and stability. This may involve internal fixation using screws, plates, or rods, or external fixation using pins or screws placed outside the skin to hold the bones in place.
- **Medications:** Pain relievers like over-the-counter or prescription medications may be recommended to manage pain during healing. Additionally, medications to prevent infection or promote bone healing may be prescribed.
- **Physical therapy:** Once healing begins, physical therapy exercises are crucial to restore strength, flexibility, and range of motion in the affected area. These exercises help prevent muscle atrophy, improve function, and facilitate a return to normal activities.
- **Follow-up care:** Regular appointments with your healthcare provider are essential to monitor healing progress, assess treatment effectiveness, and make adjustments if needed. X-rays or other imaging studies may be repeated to ensure proper bone alignment.

Nursing Interventions

Nursing care of a patient with fracture include:

- The nurse should instruct the patient regarding proper methods to control edema and pain.
- It is important to teach exercises to maintain the health of the unaffected muscles and to increase the strength of muscles needed for transferring and for using assistive devices.
- Plans are made to help the patients modify the home environment to promote safety such as removing any obstruction in the walking paths around the house.
- **Wound management:** Wound irrigation and debridement are initiated as soon as possible.
- **Elevate extremity:** The affected extremity is elevated to minimize edema.
- **Signs of infection:** The patient must be assessed for presence of signs and symptoms of infection.

JAYPEE BROTHERS

2a. Explain the pathophysiological changes in myocardium.
b. Enumerate tests used to diagnose myocardial infarction.
c. Write the nursing management of patient with acute myocardial infarction.

a. Explain the pathophysiological changes in myocardium.

A Myocardial infarction (MI) is used synonymously with coronary occlusion and heart attack, yet MI is the most preferred term as myocardial ischemia causes acute coronary syndrome (ACS) that can result in myocardial death.

- In an MI, an area of the myocardium is permanently destroyed because plaque rupture and subsequent thrombus formation result in complete occlusion of the artery.
- The spectrum of ACS includes unstable angina, non-ST-segment elevation MI, and ST-segment elevation MI **(Fig. 2)**.

Pathophysiology

In each case of MI, a profound imbalance exists between myocardial oxygen supply and demand.

- **Unstable angina:** There is reduced blood flow in a coronary artery, often due to rupture of an atherosclerotic plaque, but the artery is not completely occluded.
- **Development of infarction:** As the cells are deprived of oxygen, ischemia develops, cellular injury occurs, and lack of oxygen leads to infarction or death of the cells.

Clinical Manifestations

Some of the patients have prodromal symptoms or a previous diagnosis of CAD, but about half report no previous symptoms.

- **Chest pain:** This is the cardinal symptom of MI. Persistent and crushing substernal pain that may radiate to the left arm, jaw, neck, or shoulder blades.
- Pain is usually described as heavy, squeezing, or crushing and may persist for 12 hours or more.

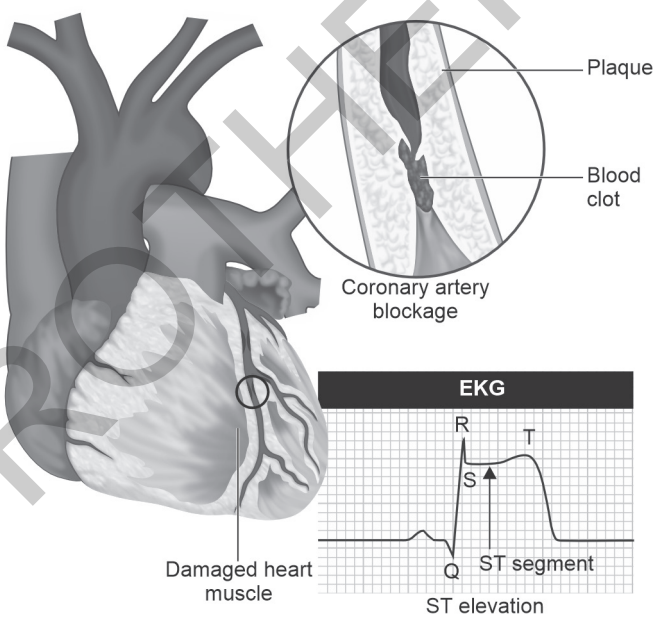

Fig. 2: STEMI.

- **Shortness of breath:** Because of increased oxygen demand and a decrease in the supply of oxygen, shortness of breath occurs.
- **Indigestion:** Indigestion is present as a result of the stimulation of the sympathetic nervous system.
- **Tachycardia and tachypnea:** To compensate for the decreased oxygen supply, the heart rate and respiratory rate speed up.
- **Catecholamine responses:** The patient may experience such as coolness in extremities, perspiration, anxiety, and restlessness.
- **Fever:** Unusually occurs at the onset of MI, but a low-grade temperature elevation may develop during the next few days.

b. Enumerate tests used to diagnose myocardial infarction.

A Assessment and Diagnostic Findings

The diagnosis of MI is generally based on the presenting symptoms:

- **Patient history:** The patient history includes the description of the presenting symptoms, the history of previous cardiac and other illnesses, and the family history of heart diseases.
- **ECG:** ST elevation signifying ischemia; peaked upright or inverted T wave indicating injury; development of Q waves signifying prolonged ischemia or necrosis.
- **Cardiac enzymes and isoenzymes:** CPK-MB (isoenzyme in cardiac muscle): Elevates within 4–8 hours, peaks in 12–20 hours, returns to normal in 48–72 hours.
- **LDH:** Elevates within 8–24 hours, peaks within 72–144 hour, and may take as long as 14 days to return to normal. An LDH1 greater than LDH2 (flipped ratio) helps confirm/diagnose MI if not detected in acute phase.

JAYPEE BROTHERS

- **Troponins:** Troponin I (cTnI) and troponin T (cTnT): Levels are elevated at 4–6 hours, peak at 14–18 hours, and return to baseline over 6–7 days. These enzymes have increased specificity for necrosis and are therefore useful in diagnosing postoperative MI when MB-CPK may be elevated related to skeletal trauma.
- **Myoglobin:** A hemeprotein of small molecular weight that is more rapidly released from damaged muscle tissue with elevation within 2 hours after an acute MI, and peak levels occurring in 3–15 hours.
- **Electrolytes:** Imbalances of sodium and potassium can alter conduction and compromise contractility.
- **WBC:** Leukocytosis (10,000–20,000) usually appears on the second day after MI because of the inflammatory process.
- **ESR:** Rises on second or third day after MI, indicating inflammatory response.
- **Chemistry profiles:** May be abnormal, depending on acute/chronic abnormal organ function/perfusion.
- **ABGs/pulse oximetry:** May indicate hypoxia or acute/chronic lung disease processes.
- **Lipids (total lipids, HDL, LDL, VLDL, total cholesterol, triglycerides, phospholipids):** Elevations may reflect arteriosclerosis as a cause for coronary narrowing or spasm.
- **Chest X-ray:** May be normal or show an enlarged cardiac shadow suggestive of HF or ventricular aneurysm.
- **Two-dimensional echocardiogram:** May be done to determine dimensions of chambers, septal/ventricular wall motion, ejection fraction (blood flow), and valve configuration/function.
- **Nuclear imaging studies:** Persantine or Thallium. Evaluates myocardial blood flow and status of myocardial cells, e.g., location/extent of acute/previous MI.
- **Cardiac blood imaging/MUGA:** Evaluates specific and general ventricular performance, regional wall motion, and ejection fraction.
- **Technetium:** Accumulates in ischemic cells, outlining necrotic area(s).
- **Coronary angiography:** Visualizes narrowing/occlusion of coronary arteries and is usually done in conjunction with measurements of chamber pressures and assessment of left ventricular function (ejection fraction). Procedure is not usually done in acute phase of MI unless angioplasty or emergency heart surgery is imminent.
- **Digital subtraction angiography (DSA):** Technique used to visualize the status of arterial bypass grafts and to detect peripheral artery disease.
- **Magnetic resonance imaging (MRI):** Allows visualization of blood flow, cardiac chambers or intraventricular septum, valves, vascular lesions, plaque formations, areas of necrosis/infarction, and blood clots.
- **Exercise stress test:** Determines cardiovascular response to activity (often done in conjunction with thallium imaging in the recovery phase).

c. Write the nursing management of patient with acute myocardial infarction.

Ⓐ Medical Management

The goals of medical management are to minimize myocardial damage, preserve myocardial function and prevent complications.

Pharmacologic Therapy

- Morphine administered in IV boluses is used for MI to reduce pain and anxiety.
- **ACE inhibitor:** ACE inhibitors prevent the conversion of angiotensin I to angiotensin II to decrease blood pressure and for the kidneys to secrete sodium and fluid, decreasing the oxygen demand of the heart.
- **Thrombolytics:** Thrombolytics dissolve the thrombus in the coronary artery, allowing blood to flow through the coronary artery again, minimizing the size of the infarction and preserving ventricular function.

Emergent Percutaneous Coronary Intervention

- The procedure is used to open the occluded coronary artery and promote reperfusion to the area that has been deprived of oxygen.
- PCI may also be indicated in patients with unstable angina and NSTEMI for patients who are at high risk due to persistent ischemia.

Diagnosis

Based on clinical manifestations, history, and diagnostic assessment data, major nursing diagnoses may include:

- Ineffective cardiac tissue perfusion related to reduced coronary blood flow.

JAYPEE BROTHERS

- Risk for ineffective peripheral tissue perfusion related to decreased cardiac output from left ventricular dysfunction.
- Deficient knowledge related to post-MI self-care.

Nursing Interventions

Nursing interventions should be anchored on the goals in the nursing care plan.

- Administer oxygen along with medication therapy to assist with relief of symptoms.
- Encourage bed rest with the backrest elevated to help decrease chest discomfort and dyspnea.
- Encourage changing of positions frequently to help keep fluid from pooling in the bases of the lungs.
- Check skin temperature and peripheral pulses frequently to monitor tissue perfusion.
- Provide information in an honest and supportive manner.
- Monitor the patient closely for changes in cardiac rate and rhythm, heart sounds, blood pressure, chest pain, respiratory status, urinary output, changes in skin color, and laboratory values.

SHORT ESSAYS

3. Management of chronic obstructive pulmonary diseases (COPD).

Ⓐ Chronic obstructive pulmonary disease (COPD) is a common, preventable, and treatable disease that is characterized by persistent respiratory symptoms and airflow limitation that is due to airway and/or alveolar abnormalities, usually caused by significant exposure to noxious particles or gases **(Fig. 3)**.

Pharmacologic Therapy

- **Bronchodilators:** Bronchodilators relieve bronchospasm by altering the smooth muscle tone and reduce airway obstruction by allowing increased oxygen distribution throughout the lungs and improving alveolar ventilation.
- **Corticosteroids:** A short trial course of oral corticosteroids may be prescribed for patients to determine whether pulmonary function improves and symptoms decrease.
- **Other medications:** Other pharmacologic treatments that may be used in COPD include alpha1-antitrypsin augmentation therapy, antibiotic agents, mucolytic agents, antitussive agents, vasodilators, and narcotics.

Management of Exacerbations

- **Optimization of bronchodilator medications** is first-line therapy and involves identifying the best medications or combinations of medications taken on a regular schedule for a specific patient.
- **Hospitalization:** Indications for hospitalization for acute exacerbation of COPD include severe dyspnea that does not respond to initial therapy, confusion or lethargy, respiratory muscle fatigue, paradoxical chest wall movement, and peripheral edema.
- **Oxygen therapy:** Upon arrival of the patient in the emergency room, supplemental oxygen therapy is administered and rapid assessment is performed to determine if the exacerbation is life-threatening.
- **Antibiotics:** Antibiotics have been shown to be of some benefit to patients with increased dyspnea, increased sputum production, and increased sputum purulence.

Surgical Management

Patients with COPD also have options for surgery to improve their condition:

- **Bullectomy:** Bullectomy is a surgical option for select patients with bullous emphysema and can help reduce dyspnea and improve lung function.
- **Lung volume reduction surgery:** Lung volume reduction surgery is a palliative surgery in patients with homogenous disease or disease that is focused in one area and not widespread throughout the lungs.
- **Lung transplantation:** Lung transplantation is a viable option for definitive surgical treatment of end-stage emphysema.

JAYPEE BROTHERS

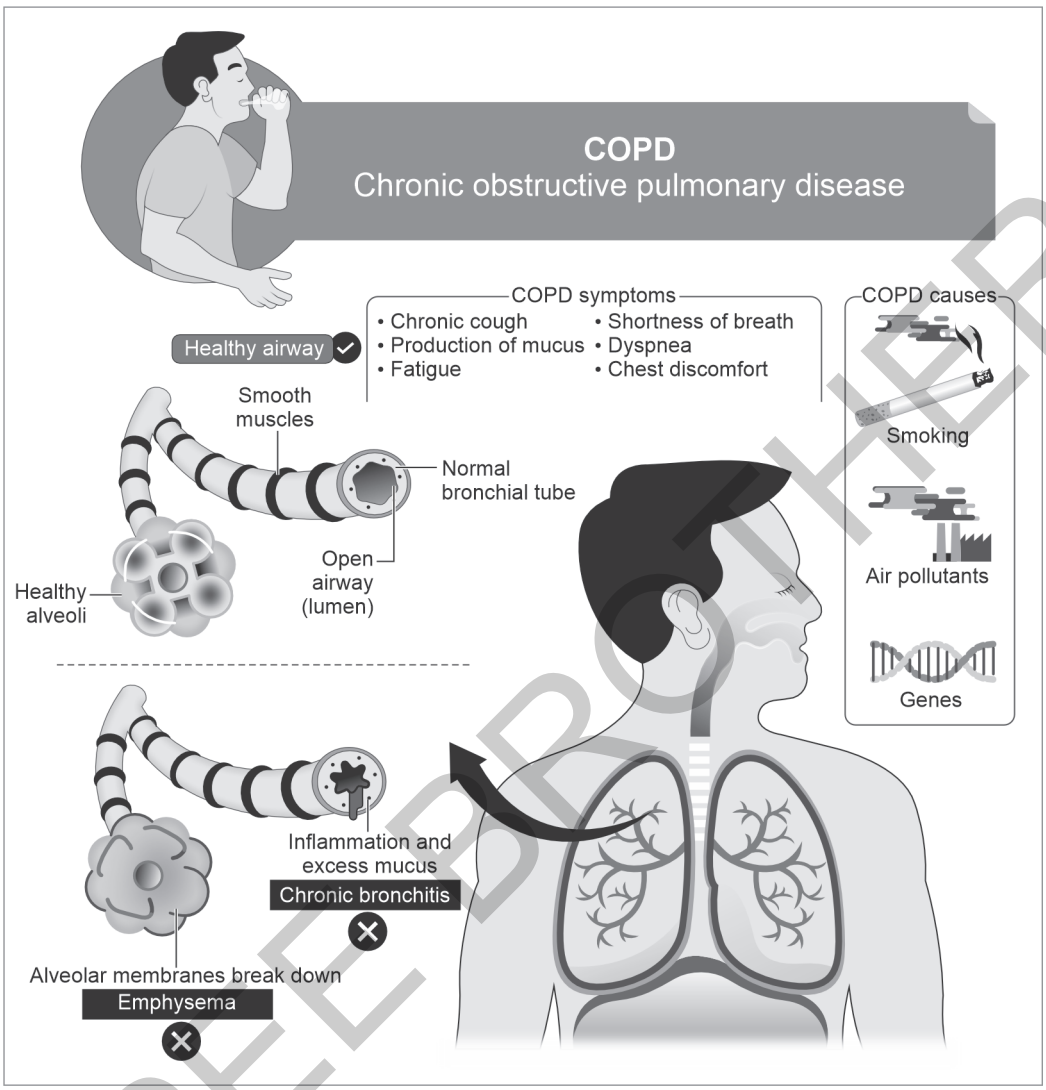

Fig. 3: Chronic obstructive pulmonary disease (COPD).

JAYPEE BROTHERS

Nursing Management

Patient and family teaching is an important nursing intervention to enhance self-management in patients with any chronic pulmonary disorder.

- **To achieve airway clearance:**
  1. The nurse must appropriately administer bronchodilators and corticosteroids and become alert for potential side effects.
  2. *Direct or controlled coughing:* The nurse instructs the patient in direct or controlled coughing, which is more effective and reduces fatigue associated with undirected forceful coughing.
- **To improve breathing pattern:**
  1. *Inspiratory muscle training:* This may help improve the breathing pattern.
  2. *Diaphragmatic breathing:* Diaphragmatic breathing reduces respiratory rate, increases alveolar ventilation, and sometimes helps expel as much air as possible during expiration.
  3. *Pursed lip breathing:* Pursed lip breathing helps slow expiration, prevents collapse of small airways, and control the rate and depth of respiration.

- **To improve activity intolerance:**
  1. *Manage daily activities:* Daily activities must be paced throughout the day and support devices can also be used to decrease energy expenditure.
  2. *Exercise training:* Exercise training can help strengthen muscles of the upper and lower extremities and improve exercise tolerance and endurance.
  3. *Walking aids:* Use of walking aids may be recommended to improve activity levels and ambulation.
- **To monitor and manage potential complications:**
  1. *Monitor cognitive changes:* The nurse should monitor cognitive changes such as personality and behavior changes and memory impairment.
  2. *Monitor pulse oximetry values:* Pulse oximetry values are used to assess the patient's need for oxygen and administer supplemental oxygen as prescribed.
  3. *Prevent infection:* The nurse should encourage the patient to be immunized against influenza and *S. pneumonia* because the patient is prone to respiratory infection.

4. Collaborative management of diabetes mellitus.

A Multidisciplinary diabetes medical care is a team approach to providing diabetes support, education and care. Multidisciplinary diabetes care **(Fig. 4)**:

- Demonstrates shared leadership, accountability and responsibility for individualized planning of services and support to improve the quality of life for a person living with diabetes.
- Is comprehensive, holistic and integrated across the lifespan needs of a person living with diabetes.
- Is a collaborative team effort of healthcare professionals who are respectful and accepting of each other's discipline specific skills, training, attributes and contribution to diabetes care.
- Supports shared decision-making by valuing and respecting the contributions of each member of the diabetes team; the person with diabetes, their family or carer and other healthcare professionals.

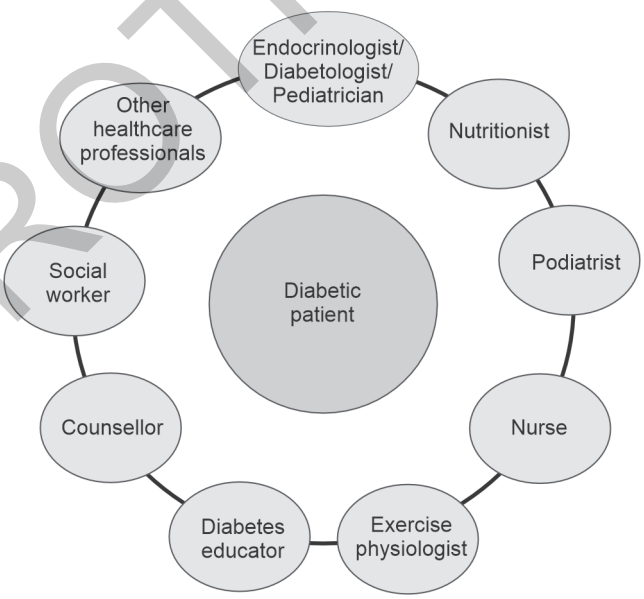

Fig. 4: Multidisciplinary diabetes care.

Examples of Who Would Require Multidisciplinary Approach

- People newly diagnosed with Type 1 diabetes.
- People with Type 1 diabetes (for carbohydrate counting and/or the use of insulin pumps/or continuous blood glucose monitoring).
- Children with diabetes.
- Patients with significant and ongoing cardiovascular or peripheral vascular disease.
- Young patients with diabetes of an undefined nature.
- Patients with active foot ulcers or uncontrolled neuropathic pain.
- Patients with diabetes and renal disease or retinopathy requiring active management or complex monitoring.
- People whose risk factors for complications have been unsuccessfully controlled in primary care.
- Patients with recurrent hypoglycemia.
- Patients with neuropathy, especially autonomic neuropathy.
- Inpatient care.

JAYPEE BROTHERS

Team approach: Multidisciplinary health professionals can serve as a link to the healthcare system, coordinate care, and provide ongoing support for behavior change. Additional benefits of a multidisciplinary diabetes team include:

- Access to multiple experts for patients.
- Better glycemic control.
- Increased patient follow-up.
- Lower risk for diabetes complications.
- Improved quality of life and patient satisfaction.
- Reduced hospitalizations.

5. Surgical management of peptic ulcers.

A Peptic ulcers typically heal with medication and lifestyle changes. For people who do not respond to medication or have experienced complications such as hemorrhage, perforation or obstruction, surgery is the best option.

- **Gastrectomy**, subtotal or partial gastrectomy, removes part of the stomach **(Fig. 5)**.
- **Vagotomy** involves cutting the vagus nerve to reduce acid secretion.
- **Antrectomy** removes the lower part of the stomach which produces a hormone that stimulates the stomach to secrete digestive juices. Sometimes, an adjacent part of the stomach that secretes pepsin and acid may be removed. A vagotomy is usually done along with an antrectomy.
- **Pyloroplasty** may be performed with a vagotomy. In pyloroplasty, the opening into the duodenum and small intestine are enlarged, enabling contents to pass from the stomach.
- **Laparoscopic surgery** uses a long, thin tube with a camera lens attached to examine the organs inside the abdominal cavity to check for abnormalities and to operate through small incisions.

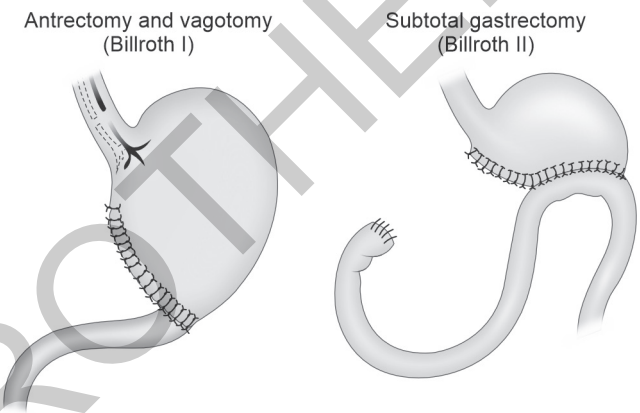

Fig. 5: Billroth I and Billroth II.

6. Psoriasis.

A
- It is a chronic, recurrent disease marked by epidermal proliferation **(Fig. 6)**.
- Its lesions, which appear as an erythematous papules and plaques covered with silver scales.
- This disorder commonly affects young adults, it may strike at any age, including during infancy.
- It is characterized by recurring partial remissions and exacerbations. Flare-ups are commonly related to specific systemic and environmental factors but may be unpredictable; they can usually be controlled by therapy.



Fig. 6: Psoriasis.

Medical Management

Goal of management are to slow the rapid turnover of epidermis and to promote resolution of the psoriatic lesions. There is no known cure. The therapeutic approach should be understandable, cosmetically acceptable and not too disruptive of lifestyle.

JAYPEE BROTHERS

Topical Therapy

- Topical treatment is used to slow the overactive epidermis without affecting other tissues.
- Medications include tar preparations, anthralin, salicylic acid, and corticosteroids. Medications may be in the form of lotions, ointments, pastes, creams and shampoos.

Intralesional therapy: Intralesional injections of triamcinolone acetonide (Kenalog-10).

Systemic Therapy

- Systemic cytotoxic preparations (methotrexate) may be used in treating unresponsive psoriasis. Other systemic medications in use include hydroxyurea (Hydrea) and cyclosporine A (CyA).
- Laboratory studies are monitored to ensure that hepatic, hematopoietic, and renal systems are functioning adequately.
- Patient should avoid drinking alcohol while taking methotrexate (increases possibility of liver damage).
- Oral retinoids (synthetic derivatives of vitamin A and vitamin A acid), etretinate may be prescribed.

Photochemotherapy

- Psoralens and ultraviolet A (PUVA) therapy may be used for severely debilitating psoriasis.
- Photochemotherapy is associated with long-term risks of skin cancer, cataracts and premature aging of the skin.
- Ultraviolet B (UVB) light therapy may be used to treat generalized plaque and may be combined with topical coal tar.

Nursing Management

- Administer prescribed medications, which may include coal tar therapy, and topical corticosteroids.
- Discuss and assist with the administration of additional medical treatments, which may include coal tar shampoos, intralesional therapy (i.e., injection of medication directly into lesion), systemic cytotoxic medication, photochemotherapy, occlusive dressing.
- Enhance skin integrity.
- Prevent infection.
- Provide client and family teaching:
  a. Advise the client receiving systemic cytotoxic (e.g., methotrexate) therapy, which inhibits deoxyribonucleic acid synthesis in epidermal cells to speed the replacement of psoriatic cells, to continue taking the medication even if nausea and vomiting occur, to increase fluid intake to prevent nephrotoxicity, and to avoid alcoholic beverages.
  b. Instruct the client to avoid sun exposure during photochemotherapy. This regimen of phototherapy with ultraviolet A (PUVA) light decreases cellular proliferation. PUVA therapy results in photosensitivity and the client should avoid exposure to sunlight during this time.

7. Hyperkalemia.

A Hyperkalemia is defined as a serum or plasma potassium level above the upper limits of normal, usually greater than 5.0 to 5.5 mEq/L. While mild hyperkalemia is usually asymptomatic, high potassium levels may cause life-threatening cardiac arrhythmias, muscle weakness, or paralysis. Symptoms usually develop at higher levels, 6.5 to 7 mEq/L, but the rate of change is more important than the numerical value.

Signs and Symptoms (Fig. 7)

- Muscular weakness
- Flaccid paralysis
- Ileus
- ECG changes

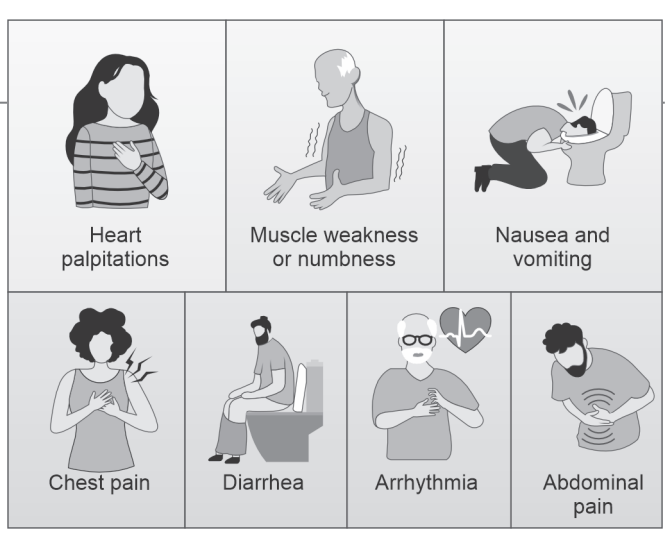

Fig. 7: Symptoms of hyperkalemia.

JAYPEE BROTHERS

- Nausea
- Slow, weak or irregular pulse
- Sudden collapse (heart rate too slow or stops)
- Paresthesias
- Fatigue
- Palpitations

Nursing Management

- Monitor ins and outs
- Check serum potassium levels
- Follow ECG closely to look for peaked T waves
- Educate patient on hyperkalemia
- Administer diuretics as ordered
- Administer insulin to lower potassium as ordered
- Check blood glucose when administering insulin
- Check BUN and creatinine levels
- Educate the patient on a low potassium diet
- Encourage the patient to follow closely with the clinician
- Educate the patient on renal dysfunction and hyperkalemia
- Ensure the patient is on no medications that can cause hyperkalemia or renal dysfunction.

SHORT ANSWERS

8. Give reasons for: Intake out chart should be maintained for a client on diuretics.

A Intake out chart should be maintained for a client on diuretics, reason is to study the fluid balance. These measurements are important to help evaluate a person fluid and electrolyte balance, to suggest various diagnosis, and allows for prompt intervention to correct the imbalance.

9. Give reasons for: Canned foods are avoided in patients with choric heart failure.

A Canned and processed foods, such as gravies, instant cereal, packaged noodles and potato mixes, olives, pickles, soups and vegetables are **high in salt.**

10. Differentiate between hepatitis A and hepatitis B.

A
- Hepatitis A is spread through the stool of an infected person, hepatitis B is spread through bodily fluids.
- Hepatitis A is an acute infection and people usually improve without treatment. Hepatitis B can cause a chronic, persistent infection, which can lead to chronic liver disease.

11. Differentiate between disinfection and sterilization.

A Disinfection and sterilization are both decontamination processes. While disinfection is the process of eliminating or reducing harmful microorganisms from inanimate objects and surfaces, sterilization is the process of killing all microorganisms.

MULTIPLE CHOICE QUESTIONS

1. **Communicable disease that is transmitted through orofecal route is:**
   a. Hepatitis C b. Typhoid
   c. Measles d. Pertussis
2. **The group g metabolic disorders characterized by elevated level of blood glucose:**
   a. Diabetes insipidus b. Diabetes mellitus
   c. SIADH d. Hypothyroidism

JAYPEE BROTHERS

3. Valve in the heart between the left atrium and left ventricle is called:
a. Bicuspid valve
b. Tricuspid valve
c. Aortic valve
d. Pulmonic valve

4. Early manifestations seen in chronic bronchitis is:
a. Productive cough
b. Chest pain
c. Wheezing
d. Chest tightness

5. The disorder in which there is reduction of bone density in it, the rate of bone absorption:
a. Osteoarthritis
b. Rheumatoid arthritis
c. Osteoporosis
d. Osteomyelitis

6. A condition in which arteries become narrow and narrowed due to an excessive buildup of plaque around artery wall, the disorder is:
a. Varicose vein
b. Aneurysm
c. Atherosclerosis
d. Venous thrombosis

7. Fluid-filled lesion less than 0.5 cm is called:
a. Macule
b. Nodule
c. Papule
d. Vesicle

8. Absorbable suture material is:
a. Silk
b. Catgut
c. Metal wire
d. Linen

9. The causative agent of pulmonary tuberculosis is:
a. *Pneumococcus*
b. *Mycobacterium*
c. *E coli*
d. *Streptococcus*

10. Sitz bath is given postoperatively for:
a. Hemorrhoidectomy
b. Hysterectomy
c. Colostomy
d. Appendectomy

11. Increased white blood cells are seen in:
a. Leukemia
b. Polycythemia
c. Thrombocytopenia
d. Neutropenia

12. Inflammation of the gallbladder is known as:
a. Cystitis
b. Cholecystitis
c. Choledocholithiasis
d. Cholelithiasis

JAYPEE BROTHERS

ANSWERS

1. b	**2. b**	**3. a**	**4. a**
5. c	**6. c**	**7. d**	**8. b**
9. b	**10. a**	**11. a**	**12. b**

or detailed information on nursing books, visit our website www.ejaypee.com, for detailed information on nursing books, visit our website www.ejaypee

NURSING

Solved Question Papers for BSc Nursing

Salient Features

- *Second-year subjects such as:* Applied Microbiology and Infection Control Including Safety and Adult Health Nursing-I.
- *Comprehensive Coverage:* Offers in-depth coverage of subjects for Semester III: Applied Microbiology and Infection Control Including Safety and Adult Health Nursing-I, aligning with Indian Nursing Council (INC) syllabi.
- *Diagrams and Tables:* This book contains many tables and diagrams. The diagrammatic and tabular presentation of the content helps to facilitate quick review and recall of the important concepts.
- *Exam Preparation:* Familiarizes students with exam formats, question types (MCQs, short/long answers), and typical question patterns from previous years (e.g., 2025–2021 papers).
- *Develops Critical Thinking:* Exposure to varied question formats challenges students to apply knowledge, enhancing critical thinking and problem-solving skills.
- *Self-Assessment:* Provides a tool for self-evaluation, helping students gauge their understanding and identify weaknesses before exams.

I Clement MA MSc (N) PhD (N) is currently working as Dean and Professor in St Benedict's Institute of Nursing, Bengaluru, Karnataka, India. He has obtained Doctorate in Nursing from Sri Ramachandra Institute of Higher Education, Chennai, and postgraduation from The Tamil Nadu Dr MGR Medical University, Chennai (Annai JKK Sampoorani Ammal College of Nursing, Erode), Tamil Nadu. He has an experience of 8 years after PhD and 17 years after postgraduation. He has a very long professional journey (36 years), from Axillary Nurse to Doctorate in Nursing (1986–2022). General education is part and parcel of his professional journey—MBA in Education (2019); Madras University (2017); MA in Education, Alagappa University (2015); MSc General Psychology, Madras University (2013); MSc Counseling and Psychotherapy (2022); Master of Social Work (MSW 2020) from The Tamil Nadu Open University, Chennai; MPhil, Education, Alagappa University (2006); MA, Child Care and Education, Alagappa University (2004); and MA, Sociology, Annamalai University (1995). He is PhD-guide, co-guide, examiner, tool validator, and thesis evaluator (MGM University, Aurangabad, Sri Balaji University, Puducherry, Rajiv Gandhi University of Health Sciences, Bengaluru). He has published 70 nursing textbooks for nursing and paramedical courses including solved question papers. He is the Editor and National Editorial Board Member for national and international journals. He has also published 90 scientific and research articles in national and international journals, Publisher (IC Publications). He has presented 60 scientific and research papers in national and international conferences and organized workshops, seminars, symposiums and panel discussions, state- and national-level geriatric health camps, eye camps, blood donation camps, health awareness programs, community development programs, and national health activities. He is a research guide and co-guide for PhD and PG students in various Indian universities. Professional membership includes TNAI, ISPN, CMAI, NRSI, Red Cross, St John's Ambulance, Society of Indian Neuroscience Nurse, and PhD Society of India University.

Scan for more nursing titles...

ISBN 978-93-6616-063-4

9 789366 160634

Buy from ejaypee

JAYPEE BROTHERS