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NURSING

Solved Question Papers for General Nursing and Midwifery

2nd Year 2026–2022

As per INC Syllabus

I Clement

6th Edition

JAYPEE

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GENERAL NURSING AND MIDWIFERY

MEDICAL SURGICAL NURSING-II

2026

MEDICAL SURGICAL NURSING-II

JAYPEE BROTHERS

I. Give the meaning of the following:

a. Sarcoma
b. Urticaria
c. Synovitis
d. Vertigo

II. Fill in the blanks:

a. Decreased sodium level in the blood is known as _____
b. Dilatation of an artery due to weakening of the arterial walls is called as _____
c. Excessive production of tears is known as _____
d. External radiation therapy also known as _____

III. Write short notes for any four of the following:

a. Palliative care
b. Pemphigus
c. Arthritis
d. Otitis media
e. Gonorrhea

IV. Answer the following:

a. Define typhoid
b. Explain the causes and incubation period of typhoid
c. Explain in detail medical and nursing management of typhoid
d. Define cataract
e. Explain the surgical and nursing management of cataract

V. State whether the following statements is True or False:

a. Skin is intact over fracture site in an open fracture
b. Iris provides the color to the eye
c. The spread of cancer cells is called infiltration
d. Angiography is a diagnostic radiography of the heart and blood vessels

VI. Write short notes for any three of the following:

a. Cardiogenic shock
b. Breast abscess
c. Nursing care of patient with traction
d. Triage in disaster management

VII. Answer the following:

a. Define burns
b. Explain fluid and nursing management of patient with burns
c. Define colorectal cancer
d. Explain causes and write about colostomy care

JAYPEE BROTHERS

I. Give the meaning of the following:

a. Sarcoma

Sarcoma is a rare cancer originating in bone or soft tissues like muscle, fat, cartilage, blood vessels, or fibrous tissue, characterized by a growing lump or swelling, pain, and sometimes fatigue or weight loss, though symptoms vary by location. While the exact cause is unknown, risk factors include radiation, certain genetic syndromes, and chemical exposure; treatments involve surgery, radiation, and chemotherapy, with outcomes depending heavily on the specific type and grade of the tumor.

b. Urticaria

Urticaria, or hives, are itchy, red, raised welts on the skin caused by histamine release, triggered by allergies, infections, stress, or unknown factors, with each welt typically fading within 24 hours, though new ones can form elsewhere. Symptoms include intense itching, burning, or stinging, and severe cases can involve angioedema (deeper swelling) or anaphylaxis (difficulty breathing). Treatment often involves antihistamines, but chronic cases (lasting over 6 weeks) require identifying triggers or specific medications.

c. Synovitis

Synovitis is inflammation of the synovial membrane, the tissue lining joints, causing swelling, pain, warmth, and stiffness, often from arthritis (like rheumatoid or osteoarthritis), injury, infection, or gout, and can lead to joint damage if untreated, requiring rest, anti-inflammatory meds, physical therapy, or steroid injections for management.

d. Vertigo

Vertigo is a sensation of spinning or swaying, often from inner ear issues like BPPV or Ménière's disease, but also from brain problems or migraines, causing imbalance, nausea, and sometimes hearing loss, treatable with maneuvers, medication, or physical therapy. It's a symptom, not a disease, characterized by feeling like you or your surroundings are moving, lasting seconds to days, and requiring medical diagnosis for proper treatment.

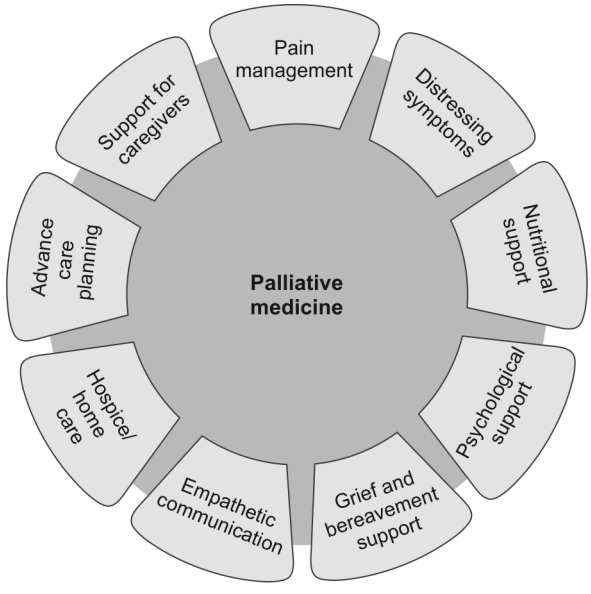
II. Fill in the blanks:

a. Decreased sodium level in the blood is known as **Hyponatremia**
b. Dilatation of an artery due to weakening of the arterial walls is called as **Aneurysm**
c. Excessive production of tears is known as **Epiphora**
d. External radiation therapy also known as **Teletherapy**

III. Write short notes for any four of the following:

a. Palliative care

Palliative care is specialized medical care focused on improving the quality of life for individuals with serious illnesses and their families, providing relief from symptoms, pain, and stress, rather than focusing solely on a cure.



Goals and Benefits

- **Symptom management:** Provides relief from physical symptoms such as pain, shortness of breath, fatigue, nausea, and difficulty sleeping.
- **Holistic support:** Addresses emotional, social, and spiritual distress for both the patient and their family or caregivers.
- **Coordination of care:** Palliative specialists work with your existing doctors to ensure everyone understands your goals and treatment preferences.
- **Improved outcomes:** Research indicates that early integration of palliative care can improve quality of life, reduce hospitalizations, and in some cases, prolong survival.

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Who is it for?

It is for anyone with a serious illness, including but not limited to:

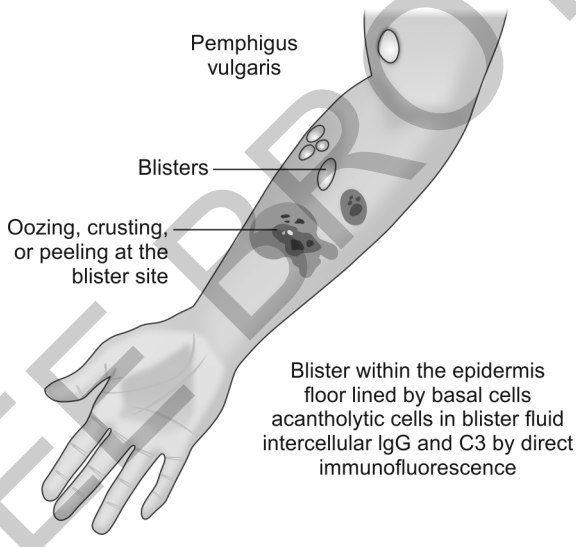
- **Cancer** and blood disorders.
- **Heart disease** (e.g., heart failure).
- **Lung disease** (e.g., COPD).
- **Neurological disorders** (e.g., Dementia, Parkinson's, ALS).
- Kidney or liver failure.

b. Pemphigus

Pemphigus is a rare autoimmune disease-causing fragile blisters and sores on skin and mucous membranes (mouth, nose, throat, eyes, genitals) due to the immune system attacking proteins (desmoglein's) that bind skin cells together, leading to cell separation and fluid-filled blisters that easily break.

Causes

- **Autoimmune attack**: The immune system mistakenly creates antibodies (autoantibodies) that target desmoglein's, proteins crucial for skin cell adhesion, causing cells to detach.
- **Unknown trigger**: The exact reason this attack starts is generally unknown, though genetic factors may play a role



Symptoms

- **Blisters and sores**: Soft blisters that rupture easily, leaving painful, open sores, crusts, and peeling skin.
- **Location**: Can affect the mouth (first sign in many), skin (chest, back, shoulders), eyes, genitals, nose, and throat.
- **Pemphigus vulgaris (PV)**: Often starts with mouth sores, then skin blisters; painful but usually not itchy.
- **Pemphigus foliaceus (PF)**: Affects skin (back, chest, shoulders); often itchy; no mouth sores.

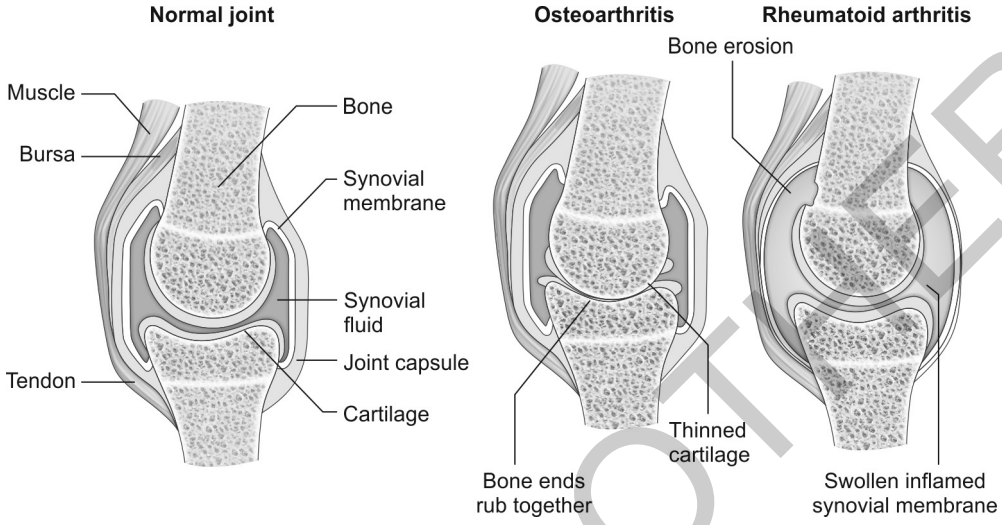
Treatment and Management

- **Corticosteroids:** High-dose steroids (like prednisone) are common to suppress the immune system.
- **Immunosuppressants:** Drugs like azathioprine or mycophenolate mofetil may be used alongside steroids.
- **Biologics:** Newer targeted therapies (e.g., rituximab) can be effective.
- **Supportive care:** Pain management, wound care, preventing secondary infections (like herpes), and nutritional support are vital.
- **Interprofessional team:** Dermatologists, nurses, dietitians, and social workers help manage the complex needs of patients.

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c. Arthritis

Arthritis is a broad term for joint pain or disease, involving inflammation, stiffness, and swelling, with over 100 types like osteoarthritis (wear-and-tear) and rheumatoid arthritis (autoimmune). Causes vary, from injury to autoimmune issues, with risk factors including genetics, age, and obesity.



Common Types of Arthritis

- **Osteoarthritis:** Cartilage wears down, causing bone-on-bone friction, often from aging or injury.
- **Rheumatoid arthritis (RA):** An autoimmune condition where the immune system attacks joint lining.
- **Gout:** Caused by uric acid crystal buildup, often starting in the big toe.
- **Psoriatic arthritis:** Affects people with psoriasis.
- **Juvenile arthritis:** Arthritis in children.

Symptoms

- Pain, swelling, warmth, and redness in joints.
- Stiffness, especially in the morning or after rest.
- Decreased range of motion.
- Joint deformities or visible changes.
- Can affect organs like the skin, eyes, heart, and lungs.

Causes and Risk Factors

- **Injury:** Joint damage or repeated injuries.
- **Autoimmune issues:** Immune system attacking the body (e.g., RA).
- **Infection:** Spread from another part of the body.
- **Genetics:** Family history.
- **Age:** Risk increases with age for some types.
- **Obesity:** Puts extra stress on joints.
- **Tobacco use:** Increases risk.

Treatment and Management

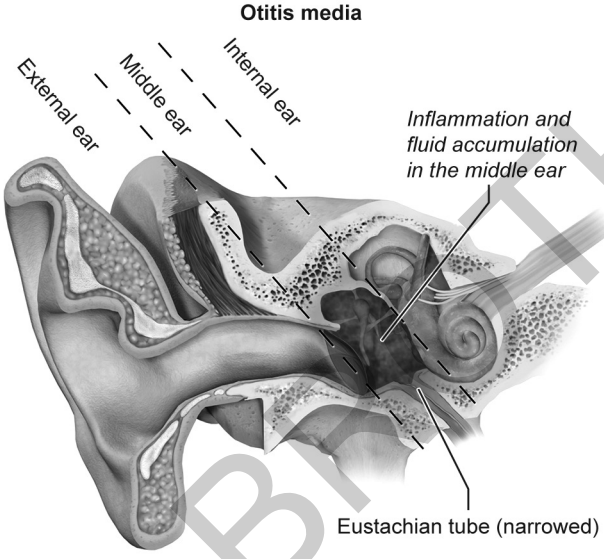
- **Medications:** Pain relievers, NSAIDs, corticosteroids, DMARDs.
- **Lifestyle:** Weight loss, regular joint-friendly exercise (swimming, walking, yoga).
- **Physical therapy:** To improve movement and strength.

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- **Assistive devices:** Canes, walkers, braces.
- **Surgery:** For severe cases.

d. Otitis media

Otitis media is inflammation or infection of the middle ear, common in children after colds or respiratory illnesses, causing ear pain, fever, pulling at the ear, and temporary hearing loss due to fluid buildup. It's diagnosed by a doctor looking at the eardrum with an otoscope. Treatment involves managing pain and infection, potentially with antibiotics for bacterial cases, while watchful waiting or ear tubes might be used for persistent cases, emphasizing timely medical care to prevent complications like hearing impairment



Symptoms

- **In young children:** Ear pulling, increased crying, fever, fussiness, poor sleep, loss of balance, difficulty hearing.
- **In older children/adults:** Ear pain, muffled hearing, fluid draining from the ear, reduced balance.

Causes

- **Infections:** Viruses (colds, flu) or bacteria causing swelling and blockage of the Eustachian tubes, trapping fluid.
- **Blocked Eustachian tubes:** Swelling from colds, allergies, or sinus infections prevents drainage.



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Types

1. **Acute Otitis Media (AOM):** Sudden infection with pain.
2. **Otitis Media with Effusion (OME):** Fluid remains in the middle ear without infection, causing hearing issues ("glue ear").

Diagnosis

A doctor uses an **otoscope** to check the eardrum for redness, bulging, or fluid, and assesses its movement with a puff of air (pneumatic otoscopy).

Treatment and Management

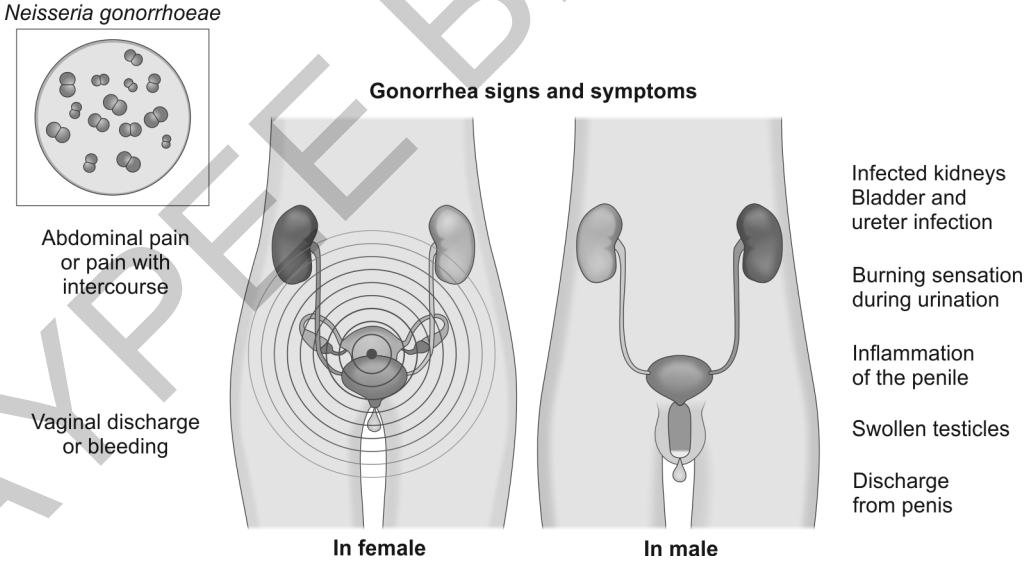
- **Pain relief:** Over-the-counter pain relievers.
- **Antibiotics:** Prescribed for bacterial infections.
- **Watchful waiting:** For mild cases, to see if they resolve on their own.
- **Ear tubes:** For recurring infections or persistent fluid, small tubes can ventilate the middle ear.

e. Gonorrhea

Gonorrhea is a common sexually transmitted infection (STI) caused by the *Neisseria gonorrhoeae* bacterium, often asymptomatic but causing painful urination, unusual discharge (penile/vaginal), pelvic pain, or sore throat, spread via vaginal, anal, or oral sex, treatable with antibiotics but facing rising drug resistance, requiring prompt testing and treatment to prevent serious complications like infertility, and can pass to newborns during delivery.

Causes and Transmission

- **Cause**: The bacterium *Neisseria gonorrhoeae*.
- **Transmission**: Through vaginal, anal, or oral sex with an infected person, even if they have no symptoms. It can also pass from mother to baby during childbirth.



Symptoms

- Many people have no symptoms, making it easy to spread.
- **In men**: Burning during urination, penile discharge (white, yellow, green), swollen testicles.
- **In women**: Increased vaginal discharge, bleeding between periods, pelvic pain, painful urination, redness/swelling of genitals.
- **Other sites**: Can infect the rectum (anal itching, discharge), throat (sore throat), and eyes (conjunctivitis).

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Treatment and Complications

- **Treatment**: Curable with specific antibiotics.
- **Antibiotic resistance**: A growing concern, with resistant strains emerging.
- **Without treatment**: Can lead to infertility, pelvic inflammatory disease (PID) in women, and blindness in newborns.

IV. Answer the following:

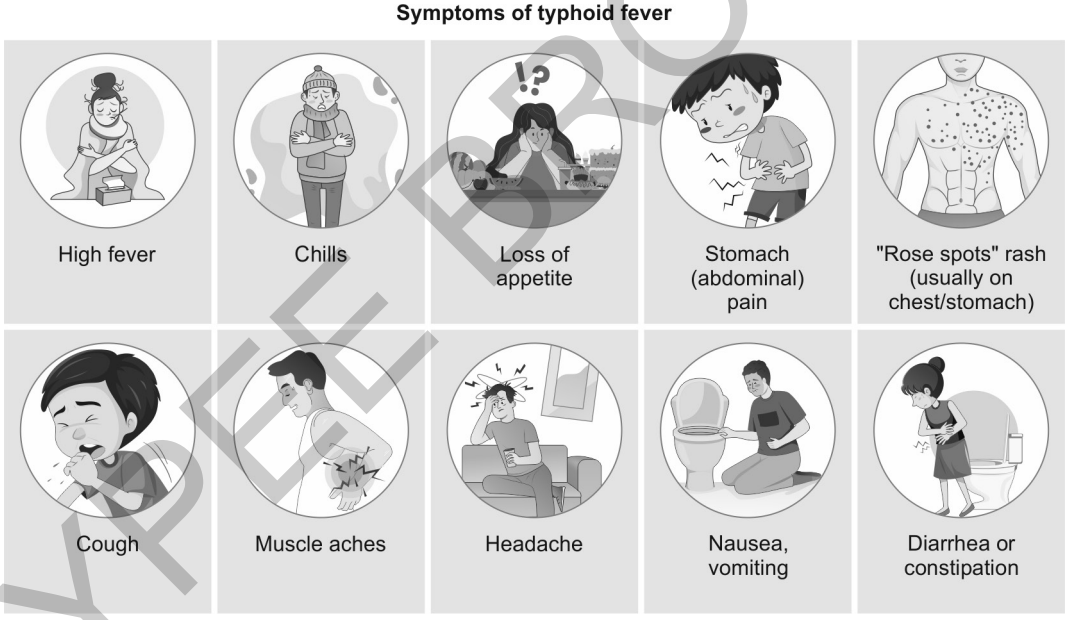
a. Define typhoid

Typhoid fever is a serious, life-threatening bacterial infection caused by *Salmonella* Typhi, spread through contaminated food or water, especially in areas with poor sanitation. It causes prolonged high fever, headache, fatigue, abdominal pain, and sometimes a rash, with symptoms developing 1–3 weeks after exposure.

b. Explain the causes and incubation period of typhoid

Causes of Typhoid Fever

- ***Salmonella* Typhi bacteria:** The sole cause is this specific bacterium, which lives in the intestines and bloodstream of humans.
- **Fecal-oral transmission:** The bacteria spread via the "fecal-oral route," meaning ingesting food or water contaminated with feces from an infected person or asymptomatic carrier.
- **Poor sanitation:** Areas with inadequate waste disposal and unsafe water supplies are hotspots for transmission.



- **Contaminated food/water:** Eating or drinking items handled by an infected person or exposed to contaminated sewage is a primary route.
- **Asymptomatic carriers:** Some people carry the bacteria and shed it without showing symptoms, unknowingly spreading the disease.

Incubation Period

- **Range:** 3 days to over 60 days (2 months).
- **Average:** Typically, 6 to 30 days, with a common average of 8 to 14 days.
- **Factors:** The period can vary based on the number of bacteria ingested and the host's immune system.

Stages of Illness (Progression)

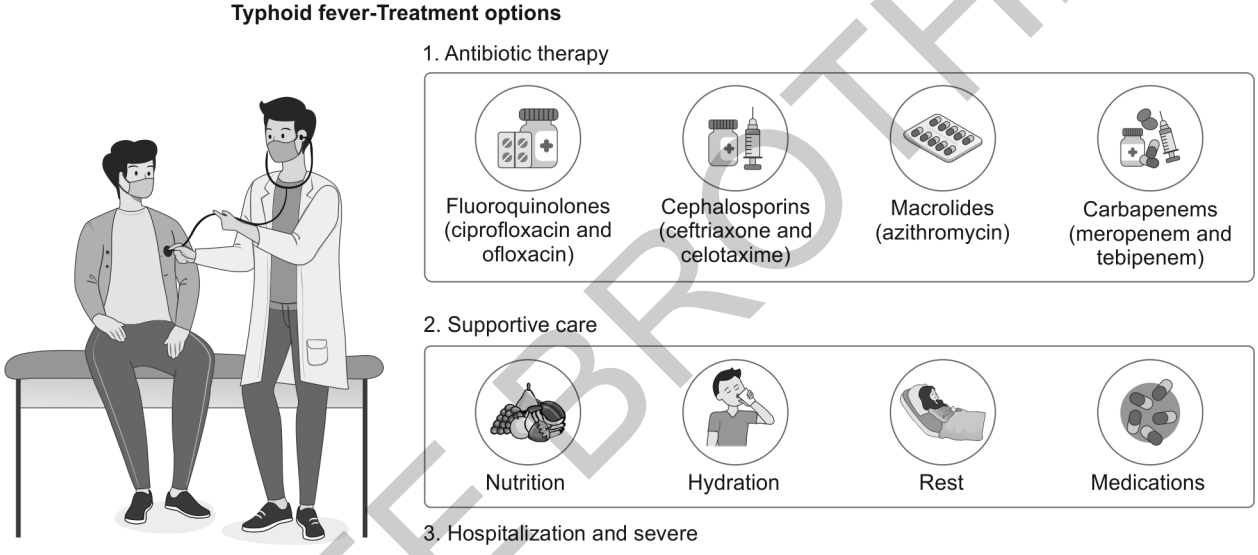
- **Incubation:** Bacteria multiply in the intestines; no symptoms.

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- **Week 1 (early symptoms):** Gradual onset of high fever (step-like), headache, fatigue, loss of appetite, abdominal pain, constipation or diarrhea, and sometimes a rash (rose spots).
- **Week 2–3 (worsening symptoms):** Fever rises, severe abdominal pain, diarrhea (pea-soup like), delirium, and potential organ involvement.
- **Week 3–4 (severe complications):** High risk of life-threatening issues like intestinal bleeding or perforation, confusion, and overwhelming infection (typhoid state).
- **Recovery:** Fever drops, but weakness, weight loss, and potential complications (like becoming a chronic carrier) can persist.

c. Explain in detail medical and nursing management of typhoid

Typhoid fever management involves prompt, targeted antibiotic therapy (like ciprofloxacin, azithromycin, ceftriaxone) based on bacterial resistance, crucial supportive care (hydration, rest, nutritious diet), and close monitoring for complications, potentially requiring hospitalization and IV fluids or even surgery for severe issues like perforation, with management tailored to local resistance patterns and patient health.



Antibiotic Therapy (Core Treatment)

- **First-line drugs**: Ciprofloxacin, azithromycin, or ceftriaxone are common choices, selected based on local resistance data and patient factors.
- **Resistance is key**: Salmonella *Typhi* often shows resistance, so doctors rely on susceptibility testing to pick the most effective drug, especially in high-resistance areas.
- **Duration**: Typically, a 7–14-day course but can vary.
- **Severe cases**: May need injectable antibiotics (like ceftriaxone) or carbapenems, potentially requiring hospitalization.

Supportive Care (Essential for Recovery)

- **Hydration**: Drink plenty of fluids and electrolyte solutions to counter dehydration from fever/diarrhea; IV fluids for severe cases.
- **Rest**: Adequate rest supports healing.
- **Nutrition**: Soft, digestible, nutritious diet (soups, soft veggies) to maintain energy.
- **Fever/pain**: Acetaminophen or NSAIDs (if approved by doctor) for discomfort.

Monitoring and Follow-Up

- **Symptom tracking**: Essential to check treatment effectiveness and spot complications early.
- **Referral**: Immediate referral if fever doesn't drop, or signs of shock, severe dehydration, pneumonia, or delirium appear.

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Managing Complications and Carriers

- **Hospitalization**: Needed for severe infections, IV antibiotics, fluid balance, or complications like intestinal bleeding/perforation.
- **Surgery**: May be needed for complications like intestinal perforation.
- **Carriers**: Chronic carriers need longer antibiotic courses (e.g., 4–6 weeks) to eradicate bacteria; surgery (cholecystectomy) might be considered for gallbladder carriers

Key Considerations

- **Early diagnosis**: Crucial for milder disease and better outcomes.
- **Antibiotic resistance**: A major challenge; impacts drug choice.
- **Holistic care**: Stress reduction and mental health support aid recovery.

d. Define cataract

A cataract is a clouding of the lens of the eye, which is typically clear. For people who have cataracts, seeing through cloudy lenses is like looking through a frosty or fogged-up window. Clouded vision caused by cataracts can make it more difficult to read, drive a car at night or see the expression on a friend's face.

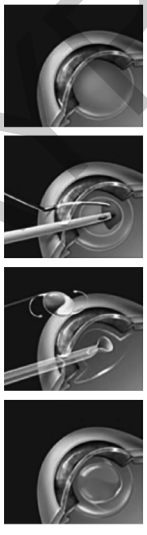
e. Explain the surgical and nursing management of cataract

Cataract surgical management primarily involves phacoemulsification, a minimally invasive outpatient procedure where a surgeon uses ultrasound to break up the cloudy lens through a tiny incision, suction out the fragments, and implant a clear artificial intraocular lens (IOL), restoring vision with quick recovery, often requiring only eye drops and avoiding strenuous activity post-surgery.

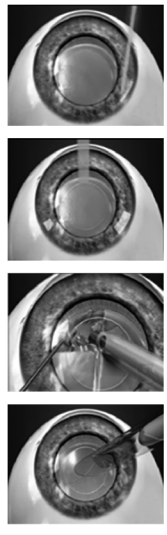
Surgical Procedure: Phacoemulsification

- **Anesthesia and preparation**: Eye drops numb the eye, and a sedative may be given for relaxation.
- **Incision**: A tiny cut (around 2–3 mm) is made in the cornea, often with a laser or blade, without needing stitches.
- **Lens fragmentation**: An ultrasonic probe is inserted through the incision to emulsify (break down) the cloudy lens into small pieces using vibrations.
- **Lens removal**: The fragmented lens pieces are carefully suctioned out, leaving the lens capsule intact.
- **IOL implantation**: A folded, clear IOL is inserted through the same small incision, unfolds, and is positioned within the lens capsule where the natural lens used to be.

Cataract surgery step by step



Standard cataract surgery	Laser cataract surgery
Surgeon uses a blade to manually make the corneal incision.	The LenSx® laser makes the corneal incision.
Surgeon manually makes an opening in the front of the lens (capsulorhexis).	The LenSx® makes an opening in the front of the lens (capsulorhexis).
Surgeon uses an ultrasonic instrument to break apart the cataract into smaller pieces.	The LenSx® laser breaks apart the cataract into smaller pieces.
Surgeon removes the cataract with an ultrasonic probe and suction.	Surgeon removes the cataract with an ultrasonic probe and suction.
Surgeon inserts a new lens through the same microincision.	Surgeon inserts a new lens through the same microincision.



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Types of Intraocular Lenses (IOLs)

- **Monofocal IOLs**: Correct vision for one distance (near or far).
- **Multifocal/Toric IOLs**: Provide vision at multiple distances (near, intermediate, far) or correct astigmatism, reducing the need for glasses.

Recovery and Postoperative Care

- **Immediate**: An eye shield might be placed; patients go home the same day.
- **Medication**: Prescribed antibiotic and anti-inflammatory eye drops are crucial.
- **Activity restrictions**: Avoid strenuous activity, heavy lifting, and touching the eye for a few weeks. Light walking is fine, but swimming is often discouraged for 2 weeks.
- **Healing**: Vision improves quickly, but full healing takes about 4–6 weeks.
- **Follow-up**: Regular follow-up with the eye doctor is essential.

Other Techniques

- **Extracapsular cataract extraction (ECCE)**: A traditional method for very dense cataracts, removing the lens in one piece through a larger incision, often requiring stitches.
- **Laser-assisted cataract surgery**: Uses femtosecond lasers for greater precision in creating incisions and softening the lens, enhancing outcomes.

Postoperative Medical Management

- **Eye drops:** Antibiotic drops (prevent infection) and steroid drops (reduce inflammation) for 1–2 weeks or more.
- **Activity restrictions:** Avoid heavy lifting, strenuous activity, and getting water in the eye for a couple of weeks.
- **Follow-up:** Essential visits at 1 day, 1–2 weeks, and 2–4 weeks to check healing and get new glasses.

Nursing Management

Cataract nursing management involves preoperative preparation (withholding anticoagulants, administering dilating drops), postoperative care focusing on infection prevention (eye drops, hygiene, patch use), patient education (medication, activity, safety), and managing symptoms like glare and discomfort, all while addressing patient anxieties and ensuring follow-up for optimal visual recovery and eye health. Key interventions include teaching correct drop administration, ensuring a safe home environment (lighting, fall prevention), and promoting healthy lifestyle habits.

Preoperative Nursing Management

- **Medication management:** Withhold anticoagulants as instructed to reduce bleeding risk.
- **Presurgical drops:** Administer prescribed dilating, antibiotic, and anti-inflammatory drops as scheduled.
- **Patient education:** Explain the procedure, post-op expectations (minimal pain, temporary vision blur), and importance of compliance.
- **Psychological support:** Address fears and anxiety about vision loss or surgery.

Postoperative Nursing Management (Immediate and Home Care)

- **Eye protection:** Apply eye pads/shields as ordered, especially at night, to prevent accidental poking or rubbing.
- **Medication administration:** Teach meticulous use of prescribed antibiotic, corticosteroid, and anti-inflammatory drops, stressing correct technique and schedule.
- **Activity restrictions:** Advise against heavy lifting, strenuous activity, bending forward, or water entering the eye.
- **Hygiene:** Emphasize handwashing before touching the eye and avoiding soap/water directly in the eye.
- **Symptom management:** Administer mild analgesics for discomfort; note that some itchiness/discomfort is normal initially.

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NURSING CARE PLAN ON CATARACT					
Nursing assessment	***Nursing diagnosis***	***Objective***	***Nursing intervention***	***Rationale***	***Evaluation***
Subjective data: ◆ Blurred vision or vision loss ◆ Photophobia ◆ Night blindness ◆ Short sightedness ◆ Sensitivity to light and glare ◆ Presence of Halo's around lights ◆ Double vision ◆ Flashes of light or Yellowing of the eye ◆ Eye pain and headache **Objective data:** ◆ Snellen's Chart Visual Acuity-20/40 ◆ Ophthalmic examination determines the presence of vision changes ◆ Slit lamp examination reveals the presence of cloudiness of the eye ◆ Retinal examination reveals presence of dark spots in the retina ◆ Fluorescein angiography test shows the presence of eye injury and opacity of lens	Disturbed sensory (visual) Perception related to cloudiness or opacity of the lens secondary to fibrous changes or injury to the eye tissues caused by ageing	Client verbalizes a normal visual acuity with regain in optimal vision or ability to adapt with changes in the vision loss	1. Monitor the visual acuity of the client regularly	Assessment aids to identify the amount of vision loss and provide appropriate interventions	Client regained optimal vision evidenced by normal visual acuity and absence of vision changes
			2. Advise the client to use bright lights in the environment	To enhance visual acuity and prevent fall or injury	
			3. Assess the need for special magnifying glasses that have anti-glare coating and advise the client to wear them	To enhance the vision and gain ability to read	
			4. Explain to the client clearly about the objects in their environment	To avoid bumping on to the objects and prevent injury	
			5. Provide adequate night lamps in the client's unit	To aid in night vision	
			6. Provide instructions to the client with larger print materials	To aid in reading and follow instructions	
			7. Do not leave the client alone and members to encourage family provide support	To assist the client in adapting to the vision changes and sustain life	
			8. Provide psychological support by explaining the client about the cause, symptoms and treatment of the disease condition	To enhance comfort and prevent anxiety due to vision changes	
			9. Educate and demonstrate the client on the use of canes while walking outdoors	To identify the obstacles in the environment with canes and promote independence	
			10. Do not keep any sharp or hard objects in the client's environment	To prevent injury	
			11. Explain the client and significant others for about the need for surgical intervention, its preparation and prognosis	To prepare the client for surgical intervention	
			12. Prepare and assist the client for the cataract surgery	To replace the lens and enhance visual acuity	

- **Environmental safety:** Reduce fall risk at home with improved lighting, use of magnifying glasses, and clear pathways.
- **Glare reduction:** Recommend prescription sunglasses, visors, or hats to shield from light and sun.
- **Follow-up:** Stress the critical importance of all scheduled follow-up appointments.

Long-term Health Promotion

- **Diet:** Encourage antioxidant-rich foods (fruits, vegetables) for general eye health.
- **Lifestyle:** Advise smoking cessation and good glucose control for diabetic patients.

Key Nursing Diagnoses and Goals

- **Disturbed sensory perception (visual):** Goal is improved vision.
- **Risk for injury:** Goal is to prevent falls and eye trauma.
- **Deficient knowledge:** Goal is patient understanding of care plan.

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V. State whether the following statements is True or False:

a. Skin is intact over fracture site in an open fracture: **False**
b. Iris provides the color to the eye: **True**
c. The spread of cancer cells is called infiltration: **True**
d. Angiography is a diagnostic radiography of the heart and blood vessels: **True**

VI. Write short notes for any three of the following:

a. Cardiogenic shock

Cardiogenic shock is a life-threatening emergency where the heart suddenly can't pump enough blood to meet the body's needs, most often due to a severe heart attack, leading to organ damage from lack of oxygen. Symptoms include low blood pressure, rapid breathing, confusion, cool skin, and low urine output, requiring immediate hospital treatment. Causes extend beyond heart attacks to heart failure, infections, or clots, while risk factors involve existing heart disease, and complications can include organ failure or death if untreated.

Definition

Cardiogenic shock is a life-threatening medical emergency where the heart suddenly becomes unable to pump enough blood to meet the body's needs. This leads to severe tissue hypoxia (lack of oxygen) and can cause rapid failure of multiple organs, including the brain, kidneys, and liver.

Common Symptoms

The condition often develops suddenly following a severe heart attack.

- **Cardiovascular:** Very low blood pressure (typically <90 mm Hg systolic), weak but fast pulse, and chest pain or pressure.
- **Physical:** Cold, clammy, or pale/mottled skin; sweating; and cool hands and feet.
- **Systemic:** Severe shortness of breath, rapid breathing, and significantly decreased urination.
- **Neurological:** Confusion, loss of alertness, lightheadedness, or loss of consciousness.

Leading Causes

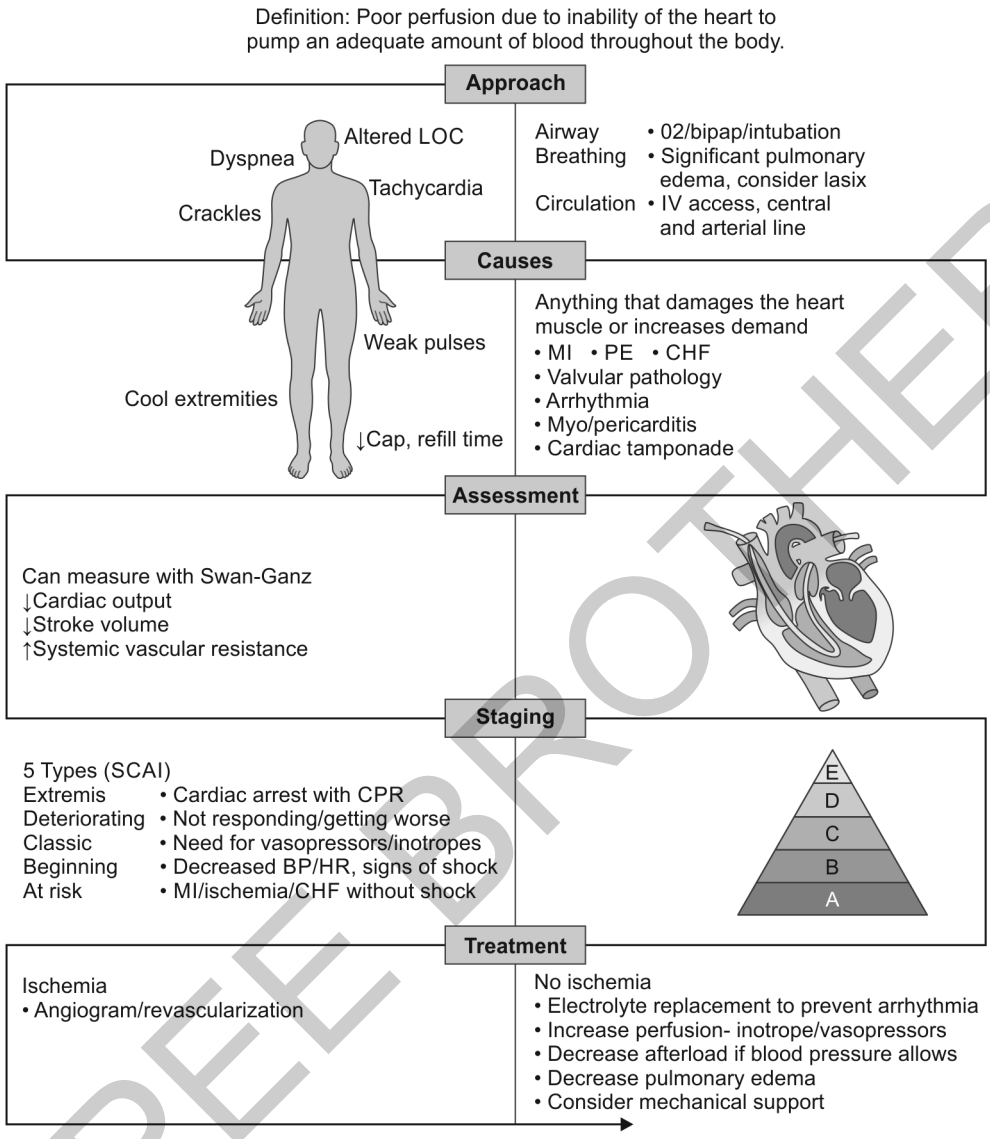
- **Heart attack (myocardial infarction):** The most frequent cause, particularly when a large portion of the heart muscle is damaged.
- **Heart muscle inflammation:** Conditions like severe myocarditis.
- **Structural defects:** Rupture of the heart muscle wall (septum) or heart valve failure (e.g., torn muscles supporting the mitral valve).
- **Other factors:** Severe arrhythmias (abnormal heart rhythms), pulmonary embolism, or drug overdose (e.g., beta-blockers or calcium channel blockers).

Staging (SCAI Scale)

Clinicians use a standard five-stage classification from the Society for Cardiovascular Angiography and Interventions (SCAI) to assess risk:

- **Stage A (at risk):** High risk due to heart attack or failure but no shock signs.
- **Stage B (beginning):** Hypotension or tachycardia present without tissue hypoperfusion.
- **Stage C (classic):** Evidence of hypoperfusion requiring inotropes or support devices.
- **Stage D (deteriorating):** Failure to respond to initial treatments within 30 minutes.
- **Stage E (extremis):** Refractory shock or actual cardiac arrest requiring CPR.

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Treatment and Management

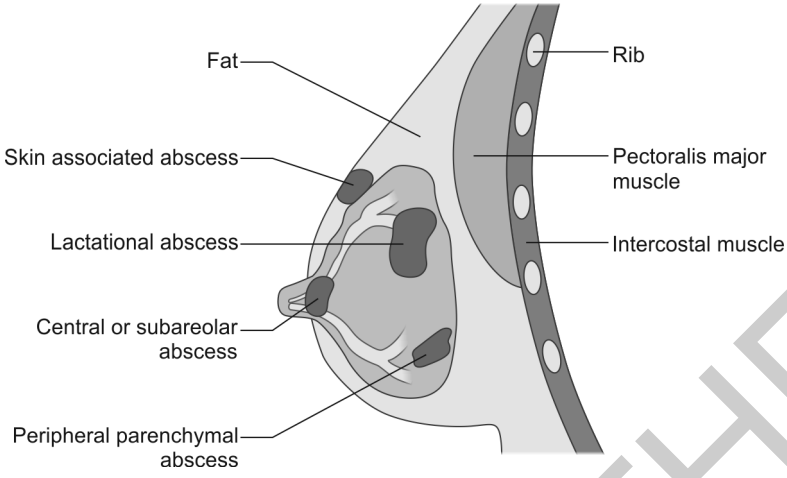
Treatment must begin immediately to improve survival, which has historically been low (around 50% even with treatment).

- **Emergency procedures: Percutaneous coronary intervention (PCI)** or **Bypass Surgery (CABG)** to restore blood flow to the heart is the most critical intervention.
- **Medications:** Vasopressors (like **norepinephrine**, typically preferred over dopamine in 2026) and inotropes (like **dobutamine** or **milrinone**) are used to maintain blood pressure and help the heart pump.
- **Mechanical circulatory support:** Devices such as the **Intra-aortic balloon pump (IABP)**, **Impella** (microaxial flow pump), or **ECMO** (extracorporeal membrane oxygenation) may be used to mechanically assist or take over the heart's work.

b. Breast abscess

A breast abscess is a painful, pus-filled lump in the breast, usually caused by a bacterial infection (often *Staphylococcus aureus*) that develops from untreated mastitis (breast inflammation), especially in breastfeeding mothers, though it can occur in anyone. Symptoms include a tender, red, warm, swollen lump with possible pus discharge, fever, and chills, requiring antibiotics and abscess drainage (needle aspiration or incision) for treatment, alongside continuing to empty the breast if lactating. Prompt treatment of mastitis prevents abscess formation, but an abscess needs medical intervention.

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Definition:

A breast abscess is a painful, localized collection of pus within the breast tissue, usually resulting from a bacterial infection. It is most common in lactating women (3–11% of mastitis cases) but can also occur in nonlactating individuals and, rarely, in men or neonates.

Common Symptoms

Symptoms often appear suddenly and may include:

- **Lump:** A firm, tender, or "squishy" (fluctuant) lump in the breast.
- **Pain:** Sharp or throbbing pain that may worsen with touch or movement.
- **Skin changes:** Redness, swelling, and warmth over the affected area; skin may appear shiny or stretched.
- **Discharge:** Thick, pus-like fluid draining from the nipple or through the skin.
- **Systemic signs:** Fever, chills, fatigue, and a general feeling of being unwell (malaise).

Primary Causes and Risk Factors

The most common cause is the bacterium ***Staphylococcus aureus***.

- **Lactational:** Often a complication of untreated **mastitis** (inflammation). Bacteria enter through cracked nipples or blocked milk ducts.
- **Nonlactational:** Associated with nipple piercings, smoking, diabetes, obesity, or breast trauma.
- **Smoking:** This is a major risk factor, particularly for recurrent abscesses near the areola.

Diagnosis

- **Physical exam:** A healthcare provider will check for signs of infection and palpable masses.
- **Ultrasound:** The gold standard for confirming an abscess and differentiating it from mastitis or a solid tumor.
- **Aspiration:** Drawing a sample of pus using a needle to identify the specific bacteria (culture).
- **Biopsy/mammogram:** Recommended in nonlactating patients or if symptoms persist to rule out inflammatory breast cancer.

Treatment Options

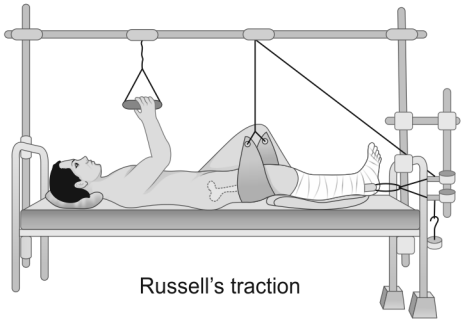
- **Drainage:** Most abscesses require the removal of pus.
  - *Needle aspiration:* Using a needle (often ultrasound-guided) to suck out the pus. This may need to be repeated several times.
  - *Incision and drainage (I&D):* A small surgical cut to drain larger or complex abscesses.
- **Antibiotics:** A 7–14-day course to clear the underlying infection.

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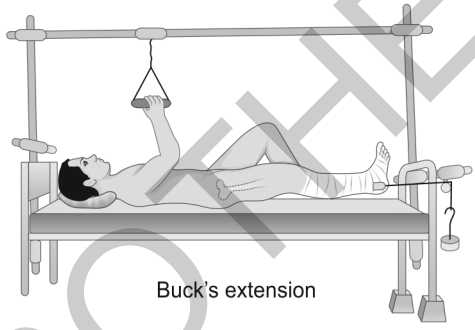
- **Pain management:** Over-the-counter relievers like ibuprofen or acetaminophen.
- **Supportive care:** Applying warm or cold compresses and wearing a supportive bra.

c. Nursing care of patient with traction

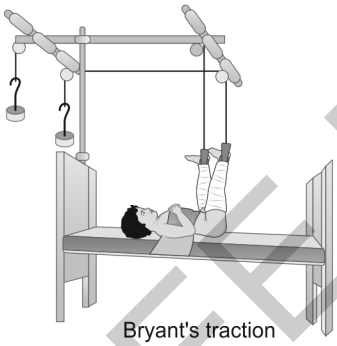
Nursing care for patients in traction focuses on meticulous system monitoring (weights hanging freely, ropes aligned), maintaining skin integrity (checking pressure points, padding), ensuring patient comfort and safety (using trapeze, proper positioning for countertraction, pin site care for skeletal traction), and promoting circulation/preventing complications through regular neurovascular checks, mobility, and hygiene. Key actions include keeping the traction apparatus clean and functional, avoiding obstructions to weights, and educating the patient on movement, all while preventing skin breakdown and infection.



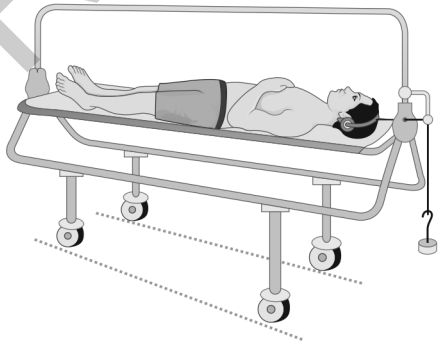
Russell's traction



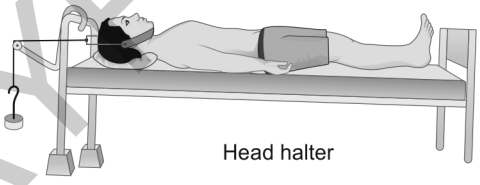
Buck's extension



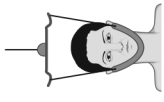
Bryant's traction



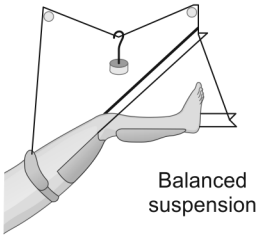
Skull tongs and turning frame



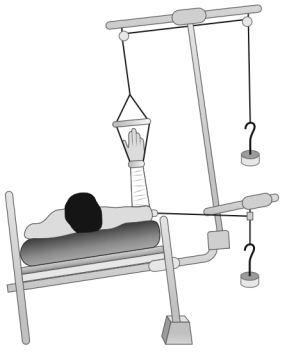
Head halter



Top view



Balanced suspension



Lateral skeletal fraction

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System and apparatus care:
- **Weights and Ropes:** Ensure weights hang freely, not touching the bed/floor; ropes must be in pulley tracks and aligned vertically.
- **Cleanliness:** Keep the traction frame and cords clean and dust-free.
- **Stability:** Check that all clamps and the frame are tight and stable.
- **Emergency:** Keep necessary tools (wrench/screwdriver for Halo) accessible for emergencies.

Patient positioning and skin care:
- **Countertraction:** Elevate the foot of the bed or keep the head flat as instructed to provide countertraction, preventing the patient from sliding down.
- **Skin integrity:** Inspect skin under bandages/straps for wrinkles, pressure, or breakdown (especially heels, malleoli, popliteal space).
- **Pressure points:** Use padding, avoid tight applications, and shift pressure from bony prominences.
- **Hygiene:** Keep skin clean and dry; use mild soap and water for skin traction preparation.

Neurovascular and circulation checks:
- **Assessments:** Check the affected limb's color, temperature, pulses, sensation, and movement (capillary refill, numbness) every 2–4 hours.
- **Report changes:** Immediately report numbness, pale/blue extremities, or decreased pulses.

Pin site care (Skeletal traction):
- **Monitor:** Watch for loosening, bleeding, redness, swelling, or foul odor.
- **Clean:** Perform diligent pin site care as ordered to prevent infection.
- **Cover:** Protect pin ends with corks or tape to prevent injury.

Patient comfort and mobility:
- **Trapeze:** Encourage use of an overhead trapeze to promote independence and movement.
- **Education:** Reassure patients that initial discomfort lessens as muscles relax.
- **Movement:** Encourage range-of-motion exercises for unaffected joints and deep breathing/coughing.
- **Positioning:** Move the patient as a unit, avoiding pressure on traction rods.

General care:
- **Document:** Meticulously record all observations, care provided, and any system alterations.
- **Hydration/elimination:** Monitor fluid intake, output, and bowel function.

d. Triage in disaster management

Disaster triage is the critical process of sorting victims in mass casualty incidents (MCIs) to maximize survival by allocating limited resources, prioritizing those with life-threatening injuries who are most likely to survive with immediate care, shifting from "save everyone" to "do the greatest good for the greatest number".

Core Principles

- **Resource allocation:** Triage addresses the imbalance between numerous casualties and scarce medical resources (personnel, supplies, time).
- **Goal:** Save the maximum number of lives possible, not necessarily every life.
- **Dynamic process:** Triage isn't a single step; it evolves from the scene to the hospital as conditions and resources change.

Triage Systems and Methods

Simple triage and rapid treatment (START): A widely used system for rapid assessment (under 15 seconds).
- **Gray (immediate):** Life-threatening injuries (e.g., airway obstruction, severe bleeding, shock) but likely to survive if treated now.

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Priority number	Priority color	Name	Description
1	Gray	Immediate/ emergency	Life in imminent danger and require immediate treatment
2	Light gray	Delayed	Life not in immediate danger but requires urgent, not immediate, medical care
3	Dark gray	Minimal	Minor injuries that will eventually require treatment
No priority	Black	Expectant/dead	Injuries are too extensive to be treated with available resources

- **Light gray (delayed):** Serious injuries, but not immediately life-threatening; can wait for care.
- **Dark gray (minor):** "Walking wounded," minor injuries, can wait or assist.
- **Black (deceased/expectant):** No signs of life or injuries incompatible with survival.

Sort, assess, lifesaving interventions (SALT), treatment/transport: Another common system that emphasizes the initial "Sort" (walking wounded first) before detailed assessment.

Stages of Triage in a Disaster

- **Primary triage (field/scene):** First assessment by responders, assigning initial tags (Gray, Light gray, Dark gray, Black).
- **Secondary triage (Hospital/ED):** Re-evaluation upon arrival at the hospital to confirm or adjust priorities for resuscitation and definitive care.
- **Tertiary triage (Hospital/ICU/OR):** Ongoing prioritization for ICU, surgery, or transfers, potentially involving resource rationing during extreme surges (Crisis Standards of Care).

Actions During Triage

- **Initial sorting:** Identify and direct walking wounded (Dark gray) away first to clear paths and free up resources.
- **Rapid assessment:** Check respiration (open airway if needed), perfusion (radial pulse/capillary refill), and mental status (ability to follow commands).
- **Tagging:** Apply colored tags clearly to victims.
- **Treatment:** Provide immediate life-saving interventions (airway, bleeding control) only for Gray (Immediate) patients.
- **Safety:** Rescuers must wear proper PPE and prioritize their own safety.

VII. Answer the following:

a. Define burns

A burn is a tissue injury caused by energy transfer from heat, chemicals, electricity, radiation, or friction, damaging skin and underlying tissues, classified by depth (first, second, third degree) and severity, requiring medical attention for deeper or larger burns due to potential for pain, blistering, scarring, and systemic shock.

b. Explain fluid and nursing management of patient with burns

Burn fluid management focuses on immediate, large-volume intravenous resuscitation (crystalloids like Lactated Ringers) for major burns (>= 20% TBSA) using formulas (like Parkland: 4 mL/kg/%TBSA) as a starting point, but critically titrating to maintain urine output (0.5–1.0 mL/kg/h adults, 1.0–1.5 mL/kg/h kids) to prevent both under-resuscitation and edema/organ dysfunction, adjusting for inhalation injury or delayed treatment. The process shifts from initial aggressive fluid replacement to tailored, goal-directed therapy, balancing volume with monitoring hemodynamic status.

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Infection prevention in burn patients



Goal

Restore intravascular volume and maintain tissue perfusion (preventing organ damage) while minimizing complications like pulmonary edema.

Principles

- **Prompt initiation:** Start IV fluids for major burns (>= 15–20% TBSA) as soon as possible.
- **Titration is key:** Formulas are starting points; adjust fluid rates based on urine output, not just the formula.
- **Avoid over-resuscitation:** Excess fluid causes edema, pulmonary issues, and abdominal compartment syndrome.

Common Formulas (Starting Point)

- **Parkland formula (adults):** 4 mL Lactated Ringers (LR) × Body Weight (kg) × %TBSA. Half in first 8 hours, rest over next 16 hours.
- **Modified approaches:** Some guidelines suggest 2–4 mL/kg/%TBSA for adults, with lower rates for children, adapting to burn severity and patient factors.
- **Children:** Require more fluids relative to body mass due to higher surface area-to-mass ratio; often need separate maintenance fluids.

Post-burn Rehabilitation

Rehabilitation is an essential component in the management of patients with burns and should be commenced on the day of injury is sustained.

Aims of Rehabilitation

- Maintaining range of movement
- Minimizing development of contracture and the impact of scarring
- Prevention of deformity
- Maximizing psychological well-being
- Maximizing functional ability and recovery
- Enhancing quality of life



Stages of Rehabilitation

Early Stage - Healing Phase

- Respiratory care (deep breathing exercises. vibrations, percussion, postural drainage. coughing and suctioning)
- Prevention of edema by elevating all affected limbs
- Prevention of contractures and stiffness
- Also performing active or passive range of motion (ROM) exercises
- Transcutaneous electrical nerve stimulation (TENS) to enhance pain relief

Last Stage - Post-healing Stage

- An improvement in muscle strength, endurance, balance and coordination
- Scar management
- Engaging in functional activities



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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.

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