

**ROYAL CIVIL SERVICE COMMISSION
BHUTAN CIVIL SERVICE EXAMINATION (BCSE) 2022
EXAMINATION CATEGORY: TECHNICAL**

PAPER III: SUBJECT SPECIALISATION PAPER FOR NURSING

Date	: October 9, 2022
Total Marks	: 100
Writing Time	: 150 minutes (2.5 hours)
Reading Time	: 15 Minutes (prior to writing time)

GENERAL INSTRUCTIONS:

1. Write your Registration Number clearly and correctly on the Answer Booklet.
2. The first 15 minutes is being provided to check the number of pages of Question Paper, printing errors, clarify doubts and to read the instructions. You are NOT permitted to write during this time.
3. This paper consists of **TWO SECTIONS**, namely SECTION A & SECTION B:
 - **SECTION A** has two parts: Part I - 30 Multiple Choice Questions
Part II - 4 Short Answer Questions
All questions under SECTION A are **COMPULSORY**.
 - **SECTION B** consists of two Case Studies. Choose only **ONE** case study and answer the questions of your choice.
4. All answers should be written on the Answer Booklet provided to you. Candidates are not allowed to write anything on the question paper. If required, ask for additional Answer Booklet.
5. All answers should be written with correct numbering of Section, Part and Question Number in the Answer Booklet provided to you. Note that any answer written without indicating the Section, Part and Question Number will NOT be evaluated and no marks will be awarded.
6. Begin each Section and Part in a fresh page of the Answer Booklet.
7. You are not permitted to tear off any sheet(s) of the Answer Booklet as well as the Question Paper.
8. Use of any other paper including paper for rough work is not permitted.
9. **You must hand over the Answer Booklet to the Invigilator before leaving the examination hall.**
10. This paper has **8 printed pages**, including this instruction page.

GOOD LUCK

SECTION A

PART I: Multiple Choice Questions [30 marks]

Choose the correct answer and write down the letter of your chosen answer in the Answer Booklet against the question number e.g. 31 (d). Each question carries ONE mark. Any double writing, smudgy answers or writing more than one choice shall not be evaluated.

1. Which assessment is most important for the nurse to prepare before advancing a client from liquid to solid food?
 - a) Food preferences
 - b) Appetite
 - c) Presence of bowel sounds
 - d) Chewing ability
2. A client with a known history of panic disorder comes to the emergency room and requests the nurse, "Please help me. I think I'm having a heart attack." What should the nurse do first?
 - a) Identify the manifestations related to panic disorder.
 - b) Check the client's vital signs.
 - c) Determine what triggered the pain.
 - d) Encourage the client to use relaxation techniques.
3. Which one of the following is the most accurate method for confirming the diagnosis of pulmonary tuberculosis?
 - a) History of hemoptysis
 - b) A positive purified protein derivative test (PPD)
 - c) A sputum culture positive for *Mycobacterium tuberculosis*
 - d) A chest X-ray positive for lung lesions
4. A client with diabetes mellitus has a blood glucose level of 644 mg/dl. Which type of acid-base imbalance is the client likely to develop?
 - a) Metabolic acidosis
 - b) Metabolic alkalosis
 - c) Respiratory acidosis
 - d) Respiratory alkalosis
5. A nurse is measuring the fundal height on a client whose period of gestation is 37 weeks when the client complains of feeling light headed. What could be its most likely cause?
 - a) Fear
 - b) A full bladder
 - c) Anemia
 - d) Compression of the vena cava
6. Which of the following parameters should be assessed on a daily basis for a patient diagnosed with nephrotic syndrome?
 - a) Activity tolerance
 - b) Blood urea nitrogen level
 - c) Weight
 - d) Albumin

7. A nurse is preparing to administer a cleansing enema. The nurse positions the client in the
 - a) left lateral position with right leg flexed.
 - b) supine position.
 - c) dorsal recumbent.
 - d) right lateral position with left leg flexed.

8. A nurse is caring for a pregnant client with a history of Human Immunodeficiency Virus (HIV). Which of the following nursing diagnoses has the highest priority?
 - a) Self-care deficit
 - b) Risk for infection
 - c) Imbalanced nutrition
 - d) Activity intolerance

9. A client started on blood transfusion 30 minutes ago complains of breathing difficulty, itching and chest tightness. What should the nurse do first?
 - a) Recheck the blood compatibility
 - b) Check the vital signs
 - c) Call the physician
 - d) Stop the transfusion

10. A postpartum client has a nursing diagnosis of risk for infection. A goal has been developed that states: "The client will remain free of infection during her hospital stay." Which assessment data would support that the goal has been met?
 - a) Presence of chills
 - b) Abdominal tenderness
 - c) Absence of fever
 - d) Loss of appetite

11. A nurse is assessing an older client's functional abilities and ability to perform Activities of Daily Living (ADLs). The nurse focuses the assessment on
 - a) self-care needs, such as toileting, feeding, and ambulating.
 - b) the normal everyday routine in the home.
 - c) ability to do light housework, heavy housework, and pay the bills.
 - d) ability to drive a car.

12. A pregnant client with diabetes mellitus arrives at the clinic for a follow up visit. In this client, the nurse most importantly monitors
 - a) urine for glucose and ketones.
 - b) blood pressure, pulse, and respirations.
 - c) urine for specific gravity.
 - d) presence of edema.

13. A nurse is preparing for suction on a client through a tracheostomy tube. Which protective items would the nurse wear to perform this procedure?
 - a) Gown, mask, and sterile gloves
 - b) Goggles, mask, sterile gloves
 - c) Mask, gown, and a cap
 - d) Mask, sterile gloves, and a cap

14. A client has a diagnosis of acute abdomen and the cause has not been determined. Which of the following orders should the nurse question at this time?
- Insertion of nasogastric tube
 - Insertion of intravenous line
 - Administration of narcotic analgesic
 - Institution of an NPO diet status
15. A nurse is caring for a client experiencing hypertensive crisis. The physician tells the nurse that medication will be prescribed to help reduce both preload and afterload. The nurse anticipates that the physician will prescribe which of the following medication?
- Digoxin
 - Nitroprusside sodium
 - Morphine sulfate
 - Furosemide
16. It is best described as a systematic, rational method of planning and providing nursing care for individual, families, group and community:
- Assessment
 - Diagnosis
 - Nursing process
 - Implementation
17. The nurse on duty identifies that a patient receiving chemotherapy has lost weight. Which is the best nursing intervention?
- Providing low carbohydrate meals
 - Explaining effect of chemotherapy
 - Encouraging the intake of large meals
 - Administering ordered antiemetics before meals
18. A nurse is orientating a new nurse to the clinical unit. The nurse determines that the new nurse needs further teaching if which action performed by the new nurse during a routine hand washing procedure?
- Keeps hands lower than elbows
 - Dries from forearm down to fingers
 - Washers continuously for 10 to 15 seconds
 - Uses 3 to 5mls of soap from dispenser
19. A nurse is caring for a 26-years-old male inpatient diagnosed with bipolar disorder and mania. What interventions should the nurse take?
- Encourage group activities
 - Speak calmly and use slow interactions
 - Avoid arguing with the patient
 - Organize team spot activities for the patients
- 1, 4
 - 2 only
 - 3 only
 - 2, 3

20. A 9-year-old boy is admitted to the Pediatric ward with a diagnosis of viral meningitis. He is experiencing a severe headache, a stiff neck, vomiting, photophobia and drowsiness. The nurse can make the patient comfortable by
- providing him with large and soft pillow.
 - teaching him deep breathing.
 - encouraging him to drink fluids.
 - closing the shades and dimming the lights.
21. A nurse calls a physician with the concern that a patient has developed pulmonary embolism. Which of the following symptoms has the nurse **MOST** likely observed?
- The patient is somnolent with decreased response to the family.
 - The patient suddenly complains of chest pain and shortness of breath.
 - The patient has developed a wet cough and the nurse hears crackles on auscultation of lungs.
 - The patient has a fever, chills and loss of appetite.
22. Which of the following is a characteristic of reassuring fetal heart rate pattern?
- A fetal heart rate of 170-180bpm
 - A baseline variability of 25-35bpm
 - Ominous periodic changes
 - Acceleration of FHR with fetal movements
23. The patient with suspected meningitis is admitted to the ward. The doctor is performing an assessment to determine meningeal irritation and spinal nerve root inflammation. A positive Kernig's sign is charted if the nurse notes
- pain on flexion of the hip and knee.
 - nuchal rigidity on flexion of the neck.
 - pain when the head is turned to the left side.
 - dizziness when changing positions.
24. A priority goal of involuntary hospitalization of the severely mentally ill patient is
- re-orientation to reality.
 - elimination of symptoms.
 - protection from harm to self and others.
 - return to independent functioning.
25. On admission to the Psychiatric ward, the patient is trembling and appears fearful. The nurse's initial response should
- give the patient orientation materials and review the rules and regulations.
 - introduce him/her and accompany to the patient's room.
 - take the patient to the day room and introduce her to other patients.
 - ask the nursing assistant to get the patients' vital signs and complete admission procedure.
26. A nurse is administering a shot of vitamin K to a 30-day old infant. Which of the following target areas is the most appropriate?
- Gluteus Maximus
 - Gluteus Minimus
 - Vastus lateralis
 - Vastus Medialis

27. Which of the following is accurate pertaining to physical exercise and type 2 Diabetes Mellitus?
- A physical exercise can slow progression of type 2 diabetes mellitus
 - Strenuous exercise is beneficial when blood glucose is high
 - Patients who take insulin engage in strenuous physical exercise might experience hyperglycemia
 - Adjusting insulin regimen allows for safe participation in all forms of exercise
28. The principal goals of therapy for elderly patients who have poor glycemic control is/are
- enhancing the quality of life.
 - decreasing the chance of complications.
 - improving self-care through education.
 - All of the above
29. A nurse would question an order to irrigate the ear canal in which of the following circumstances?
- Ear pain
 - Hearing loss
 - Otitis externa
 - Perforated tympanic membrane
30. Nurse is assessing a patient admitted with second and third degree burns on face, arms and chest. Which finding indicates potential problem?
- Partial pressure of arterial oxygen (PaO₂) value of 80mm Hg
 - Urine output of 20ml/hour
 - White pulmonary secretions
 - Rectal temperature of 100.6degree Fahrenheit (38 degree Celsius)

PART II – Short Answer Questions [20 marks]

This part has 4 Short Answer Questions. Answer ALL the questions. Each question carries 5 marks. Mark for each sub-question is indicated in the brackets.

- Write short answers for the following questions on Basic Life Support (BLS).
 - What are the two maneuvers used by the rescuers to maintain an open airway during the airway management? (2 marks)
 - List the characteristics of a high-quality CPR. (3 marks)
- Diagnosing is the second phase of the nursing process.
 - Define nursing diagnosis? (2 marks)
 - What are the three components of a nursing diagnosis label? (3 marks)
- Write short answers for the questions on nasal irrigation.
 - What is nasal irrigation? (2 marks)
 - What are the indications of nasal irrigation? (3 marks)

4. Answer questions on pressure ulcer/injury.
 - a) Define pressure ulcer/injury (1 mark)
 - b) Describe the stages of pressure ulcer? (4 marks)

SECTION B: Case Study [50 marks]

Choose either CASE I OR CASE II from this section. Each case study carries 50 marks. Mark for each sub-question is indicated in the brackets.

CASE I: Client Profile

Mr. Tshewang was admitted to medical unit of the hospital 3 days ago with pneumonia and heart failure. Upon admission, the client was having difficulty in breathing and had an elevated temperature and white blood cell count. Claforan IV was ordered to treat the pneumonia. His weight had increased by 6 pounds in 5 days preceding admission and he had significant swelling in his lower extremities. Mr. Tshewang was receiving IV furosemide twice a day. He became very short of breath while ambulating to the bathroom. To promote rest, an indwelling catheter was inserted. During the last 24 hours, his condition deteriorated and he was transferred to the intensive care unit (ICU).

Case study:

Mr. Tshewang was admitted to the ICU seven hours ago in septic shock. His last set of vital signs were BP 82/66, pulse 82, labored respiration of 32 per minute, temperature of 101.2°F and his oxygen saturation is 90% on 6 liters of oxygen via mask. Mr. Tshewang's skin is pale and moist, his radial pulse is fast and thready, capillary refill is 3 seconds, and he is complaining of nausea. The nurse auscultates crackles and wheezes in all lung fields and his bowel sound is hypoactive. Mr. Tshewang is restless and has difficulty answering questions at times because of slight confusion. The physician has ordered to monitor his urine output; his last hourly output was 18ml.

1. Define shock. Discuss the potential causes of septic shock; and state at least three risk factors for developing septic shock. **(10 marks)**
2. Shock affects all body systems. Discuss the signs and symptoms the shock produces in the following systems: respiratory, cardiovascular, neurological, and hematological. **(10 marks)**
3. The physician evaluating Mr. Tshewang asks the nurse to determine the pulse pressure is. What is a pulse pressure? Discuss the complications of septic shock. **(10 marks)**
4. A dopamine drip has been ordered.
 - a) Discuss what this medication is for, and side effects that the nurse must monitor. **(5 marks)**
 - b) The order reads 8mcg/kg/min of dopamine. The nurse has prepared 800 mg in 500 ml of 0.9% NaCl. Mr. Tshewang's weight is 60 kg. At what rate should the nurse program the IV pump to run (ml/hr)? **(5 marks)**
5. List five priority nursing diagnoses for Mr. Tshewang. **(10 marks)**

CASE II

Deki, a 38-years-old female with POG of 36 weeks arrives to the Emergency department with severe headache. She says that her headache does not get relieved even after taking pain killers. She also informs the doctor that she keeps on seeing floaters and had 2 episodes of vomiting. On examination, patient has facial puffiness and some swelling in the feet. She also complains of pain in the upper abdomen.

The patient's vital signs are as follows:

BP: 165/98 mmHg

PR: 104 b/min

RR: 32 t/min

SpO₂: 96% in room air

The nurse instructs the patient to give urine sample.

15 minutes after arrival to Emergency department

After handing over the urine sample, patient gets into the bed. The patient develops seizure. The nurse calls for help and other nurses enter the room. They call patient's name, apply oxygen and protect the patient. A nurse calls the doctor and explains that patient is having seizure.

1. Why is the patient advised to give urine sample? **(5 marks)**
2. Why patient is not advised Intravenous fluid? **(5 marks)**
3. What happened to the patient after 15 minutes of arrival to the Emergency department? What is this condition known as? **(4 marks)**
4. What are the drugs of choice to prevent seizure and to treat high BP in pregnant women? **(5marks)**
5. Define the following
 - a) Preeclampsia **(3 marks)**
 - b) Eclampsia **(3 marks)**
6. What are the risk factors of Preeclampsia? **(5 marks)**
7. What are the complications of preeclampsia? **(5 marks)**
8. What are the two nursing diagnosis for this patient? Develop nursing care plan including goals and nursing interventions for one of the mentioned nursing diagnoses? Provide rationale against each nursing interventions. **(15 marks)**

TASHI DELEK