ROYAL CIVIL SERVICE COMMISSION
BHUTAN CIVIL SERVICE EXAMINATION (BCSE) 2021
EXAMINATION CATEGORY: TECHNICAL

PAPER III: SUBJECT SPECIALISATION PAPER FOR NURSING

Date : October 31, 2021
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 **9 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. The basic steps for CPR are
   a) Cardiopulmonary Resuscitation
   b) Compressions, airway and breathing
   c) Circulation, perfusion and respiration
   d) None of the above.

2. To prevent pressure ulcer, the nurse needs to assess which of the following risk factors?
   a) Mental health, perfusion and activity status.
   b) Sleep patterns, activity and nutrition status.
   c) Mental health, sleep patterns and activity status.
   d) Activity, perfusion and nutrition status.

3. To focus on the needs, experiences, feeling and ideas of the patient, the nurse uses communication skills, personal strength and understanding of human behavior to interact with the patient. What type of relationship a nurse must built with patient to meet the patient's need?
   a) Social relationship
   b) Intimate relationship
   c) Therapeutic relationship
   d) Friendly relationship

4. What are the most important topics that need to be included during the self-administration of insulin at home health education program?
   a) Site rotations, long term monitoring of blood sugar control and potential complications.
   b) Site rotations, potential complications and good rest.
   c) Diet control, adjustment of insulin doses and site rotations.
   d) All of the above.

5. In nursing, some situations require quick thinking and fast actions and other require time to figure out the best solution to a complex problem. To become a good nursing leader, the adoption of three styles of leadership; autocratic, democratic and laissez-faire is explained through
   a) Trait Theories
   b) Behavioral Theories
   c) Motivating Theories
   d) Situational Theories

6. A male baby was delivered spontaneously following a term pregnancy. Apgar scores are 8 and 9 respectively. When are the APGAR scores taken?
   a) Immediately after birth and at 30 minutes after birth.
   b) At 1 minute after birth and at 5 minutes after birth.
   c) At 5 minutes after birth and at 30 minutes after birth.
   d) Immediately after birth and at 5 minutes after birth.

7. During the subjective assessment of the neurological system, a nurse showed the patient book and pen and asked what it is. What is the nurse trying to assess?
   a) Memory
   b) Language ability
   c) Mental status
   d) Perception

8. The parasitic organism that lives on the outer surface of its host is called
   a) Obligate-parasite
   b) Endo-parasite
   c) Ecto-parasite
   d) Facultative-parasite

9. Assessment of child's growth is a critical component of pediatric health surveillance and the growth results from the interaction of
   a) social, health and nutrition.
   b) genetics, health and nutrition.
   c) emotion, health and nutrition.
   d) education, health and nutrition.

10. A nurse should provide an appropriate care understanding the maladaptive behavioral responses commonly seen in patients. Adopting Freud's personality theory, if a patient exhibits "irrational impulsive behaviors", this behavior is the characteristic of
    a) Id
    b) Ego
    c) Superego
    d) None of the above.

11. Which is NOT the function of the kidneys?
    a) Maintains normal pH range of blood.
    b) Activates vitamin D.
    c) Production of erythropoietin.
    d) Regulates the levels of amino acids in the blood.

12. The most appropriate expected outcome of patient with impaired physical mobility related to bone fracture is:
    a) Patient will report relief from pain using pain assessment scale.
    b) Patient will demonstrate increased mobility.
    c) Patient will maintain peripheral pluses, warm skin, sensation, and ability to move extremity.
    d) Patient does not develop an infection.

13. What is the risk for a woman who is undergoing permanent cessation of menstrual cycles (menopause) due to declining estrogen production which the nurse must mention during health education?
    a) Heart disease
    b) Muscular disease
    c) Urinary disease
    d) Endocrine disease

14. Which vital sign needs to be monitored for Digoxin (Lanoxin) during medication?
    a) Blood Pressure
    b) Temperature
    c) Pulse Rate
    d) Respiration Rate

15. 30-year-old pregnant woman visits the hospital for her ANC visits. She has a history of a miscarriage 5 years ago at 6 weeks of gestation and at present she is with two years old twins. How would the nurse at the ANC clinic document the above information?
    a) Gravida 2 Para 1
    b) Gravida 2 para 2
    c) Gravida 3 para 1
    d) Gravida 3 para 2

16. The nurse is caring for a patient who is advised 500 ml of 5% dextrose in normal saline solution and 500 ml of Ringer lactate's solution, to be infused intravenously (IV) over duration of 24 hours. The nurse has tubing with a drop factor of 12 drops/ml available. How many drops/minutes should the nurse administer to the patient?
    a) 8 drops/min
    b) 41drops/min
    c) 83 drops/min
    d) None of the above.

17. 56-year-old blind and deaf patient without attendant has been admitted in your ward. As a nurse on duty, what is your primary responsibility?
    a) Orient the patient and provide secure environment for the patient.
    b) Order and let the attendants of another patient take care of the patient.
    c) Continuously keep on orientating the patient on a daily basis.
    d) Communicate with your supervisor your patient safety concerns.

18. The nurse has received nursing report from the previous shift and there are a total of four patients comprising of 3 post-operative and 1 pre-operative patients in the ward. Which of the following assessment requires further nursing interventions?
    a) Orange colored urine in patient who is taking Pyridium and is post-operative day 3 following Transurethral Resection of the Prostrate (TURP).
    b) No stool secretion in a patient who is post-operative day 2 following colostomy.
    c) Shoulder pain in a patient who is post-operative day 1 from laparoscopic Cholecystectomy.
    d) Pain rating that has decreased from severe pain to no pain in patient who is awaiting appendectomy.

19. All of the following statements made by the parents of newborn indicate need for further teaching, EXCEPT
    a) I should put alcohol on baby's cord 3 to 4 times a day.
    b) I should put the baby's diaper on so that it covers the code.
    c) I should call the doctor if the cord becomes dark.
    d) I should wash my hands before and after I take care of the cord.

20. A patient diagnosed with trichomoniasis is being treated with metronidazole (Flagyl). When teaching the patient about this medication, which of the following will the nurse include?
    a) Report any occurrence of pain in your upper abdomen immediately.
    b) Do not drink alcohol while taking this medicine.
    c) Avoid milk or dairy products during therapy.
    d) None of the above.

21. A patient had a colon resection. A nasogastric tube was in place when a regular diet was bought to the patient. The patient did not eat the solid food and asked that the physician be called. The nurses insisted that the solid food was the correct diet. The patient ate and subsequently had additionally surgery as a result of complications. The determinations of negligence in this situation are based on
    a) the nurse's persistence.
    b) not calling the physician.
    c) a duty existed and it was breached.
    d) the nutritionist sending the wrong food.

22. During the assessment of post–operative patient, the nurse observed that the patient was restless and the skin was cold, pale and moist. The nurse also observed that the patient was infused with IV fluid NS, and had an indwelling catheter and there was scanty urine in the urine bag. Patient was provided oxygen therapy with 2L/Min. What intervention should the nurse implement first?
    a) Prepare for insertion of central venous catheter.
    b) Obtain IV fluids for infusion protocol.
    c) Auscultate patient's breath sounds.
    d) Measure urine specific gravity.

23. A 40-year-old athletic male patient has been diagnosed with osteoarthritis of the knee. To which patient factor will the nurse likely contribute the etiology of the disease?
    a) Age
    b) Gender
    c) Previous trauma
    d) Current weight

24. The nurse is caring for an infant following a cleft lip repair surgery. While comforting the infant, what should the nurse avoid?
    a) Offering sterile water
    b) Holding the infant
    c) Offering a pacifier
    d) Providing a mobile

25. The nurse is caring a 8-year-old following a routine tonsillectomy. Which finding should be reported immediately?
    a) Reluctance to swallow.
    b) Drooling of blood-tinged saliva.
    c) An axillary temperature of 99°F.
    d) High-pitched sound when breathing.

26. Which of the following techniques is correct for obtaining a wound culture specimen from a surgical site?
    a) Thoroughly irrigate the wound before collecting the specimen.
    b) Use a sterile swab and wipe the crusty area around the outside of the wound.
    c) Gently roll a sterile swab from the center of the wound outward to collect drainage.
    d) Use a sterile swab to collect drainage from the dressing.

27. The nurse has an order to administer valium (Diazepam) 10mg and phenergan (Promethazine) 25mg for a patient awaiting surgery. The correct method of administering these medications is to
    a) administer the medications together in one syringe.
    b) administer the medication separately.
    c) administer the Valium, wait 5 minutes, and then inject the Phenergan.
    d) question the order because they cannot be given at the same time.

28. The chart of a client with schizophrenia states that the patient has perseveration. The nurse can expect the patient to
    a) speak using words that rhyme.
    b) say the same thing over and over.
    c) include irrelevant details in conversation.
    d) make up new words with new meanings.

29. A patient comes to the ER with COPD exacerbation and is having difficulty breathing. What action is performed by the nurse, would be considered negligence?
    a) The nurse raises the head of the bed to semi-fowler's position.
    b) The nurse checks the oxygen saturation of the patient.
    c) The nurse places the patient on 4L of Oxygen.
    d) None of the above.

30. The day following the admission of a male patient, the nurse communicates with the patient. He was admitted for depression and thoughts of suicide. He looks at the nurse and says "my life is so bad and no one can do anything to help me". The most appropriate response by the nurse would be:
    a) Why do you feel so bad when you have so many positive things in your life?
    b) It will take few weeks for you to feel better, so you need to be patient.
    c) You are telling me that you are feeling hopeless at this point?
    d) I suggest you can listen to the music so that you can get your mind off your problems for now.

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.

1. Write short answers for the following questions on surgical intervention:
   a) Define Peri-operative Nursing care. (2 marks)
   b) How will you prepare a patient for surgery under General Anesthesia? (3 marks)

2. Write short answers for the following question on tracheostomy:
   a) Define tracheostomy. (2 marks)
   b) List down three warning signs of tracheostomy tube obstruction. (3 marks)

3. Basic Life Support or BLS is a type of care that the nurses are expected to provide to anyone who experiences cardiac arrest, respiratory distress or an obstructed airway.
   a) Using Ambu bag, what is the two-person CPR ratio (Compression Ventilation Rate) for an adult victim and for the infant? (3 marks)
   b) How much oxygen flow has to be set during patient resuscitation? (2 marks)

4. What is nursing process? Briefly explain each of the five components of nursing process? (5 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

Patient's profile:

45-year-old Mr. Tshewang Tashi is a middle class employee of a private company. He has a history of hypertension and was on medication for the last 5 years. Due to busy schedule, he often misses his routine check-up with doctor and that led to irregular hypertensive medication. His nuclear family consist of his wife who is a housewife and two school going children in their teenage. In the morning, his wife found him unconscious in the bed and immediately called ambulance service and brought him to hospital.

Case Scenario:

The treating doctor diagnosed hemorrhagic stroke with bad prognosis as per the CT report. Blood samples were sent for CBCs, PT-INR tests and initiated treatment as soon as these results were out.

You were the charge nurse during the shift when the patient was admitted to the ward. Patient is unconscious and did not open eyes to verbal and pain stimuli. Patient has no verbal response and had abnormal flexion posturing. Patient also has urinary incontinence.

During your interaction with the wife, she mentioned her husband complaint of severe headache one day prior to admission in the hospital. She asked you repeatedly, "Will my husband get well?"

1. What is stroke and what are the risk factors of Stroke? Write common symptoms of stroke and one nursing diagnosis for stroke patient management. (10 marks)

2. During the care of Mr. Tshewang Tashi, what are the components of nursing assessment would you assess to enable you to make a systematic approach to determine the aspects of health and human function? (10 marks)

3. What is the scale used to measure the level of consciousness? What are the parameters assessed by this scale? What is the score of the parameters assessed for level of consciousness of Mr. Tshewang Tashi as per the case scenario? (10 marks)

4. As a charge nurse, you inserted the indwelling urinary catheter (Foley catheter) to Mr. Tshewang Tashi for his urinary incontinence as advised by treating doctor. What are the complication associated with urinary catheterization and why? Write one nursing care process for urinary incontinence? (10 marks)

5. During your interaction with the wife, she asked you repeatedly, "Will my husband get well?" This statement indicates wife's anxiety therefore, you formed a nursing diagnosis "*anxiety related to apprehension regarding potential outcome"*. Write nursing implementations for the expected outcome; *Family is coping with illness in a positive manner*. (10 marks)

CASE II

Patient profile:

51-year-old Mrs. Dema is admitted for total thyroidectomy. She is diagnosed as Multinodular goiter (MNG). She is survived by a husband and six children and they own a restaurant in the capital city.

Scenario:

Mrs. Dema has a history of anterior neck lump which developed a year ago. She has noticed neck swelling, which gradually increased in size over a period of 5 to 6 months. Two weeks before coming to hospital, she started developing difficulty breathing (when lying flat) and feeling of fullness in the neck while taking food. However, she did not experience any pain.

On examination, the size of the neck lump is found to be 10x6 cm, multinodular, non- tender, firm and the larynx is pushed to the left. There are also marks of local treatment present on the left side of the neck. She is diagnosed as Multinodular Goiter (MNG) and is admitted for total thyroidectomy procedure.

On surgery day, Mrs. Dema is brought back to the ward on a trolley with RL and a neck drain which was about 100mls of bloody discharge. On post-operative day 1, patient complained of headache,

tingling sensation, muscle cramps and leg spasm and was unable to ambulate. She was stressed about the post-operative symptoms and also complained of severe pain at the surgical site. When monitoring vital signs, it was measured that the patient's BP was102/74mmHg, PRwas62/minute and RBS was 111 mg/dl. The patient suddenly developed carpal spasm while the nurse was measuring her blood pressure. During the incident, the nurse examined the surgical site and did not find any evidence of inflammation or infection but the nurse observed facial twitching when she gently tapped on the cheeks.

The laboratory findings:

Test Name	Result	Normal Range	Units
Total protein	6.0	6.0-8.5	g/dl
Albumin	3.5	3.2-5.5	g/dl
Calcium	4.2	8.6-10.8	mg/dl

1. Define total thyroidectomy? What is the major post-operative complication following total thyroidectomy? What is the rationale behind sending the blood samples for serum calcium, serum albumin and protein to the laboratory? What does the laboratory findings indicate? (10 marks)

2. Name the two physical examinations to identify signs linked to hypocalcemia and describe how these tests are performed? (10 marks)

3. What does facial twitching when gentle tapping on the cheek near mouth indicate? Why is the patient exhibiting symptoms of headache, tingling sensation, muscle cramps and leg spasm following surgery? Why did the patient develop carpal spasm when checking blood pressure and what does this indicate? (10 marks)

4. List down the three functions of calcium in the body? Name at least two drugs that need to be given to the patient following total thyroidectomy? What is the responsibility of nurses in performing post-surgical drain care? (10 marks)

5. What are the two-priority nursing diagnosis for this patient? Develop nursing care plan including goals and nursing interventions for one of the mentioned nursing diagnoses? (10 marks)

TASHI DELEK