NORCET PYQs

NORCET 10 Mains

Q1 A child vomiting along with a sodium level of 150 MEq/L? What is the expected finding?
(A) Hypervolemic hypernatremia
(B) Hypernatremia hyponatremia
(C) Euvolemic hyponatremia
(D) Hypovolemic hypernatremia

Q2 A child undergoes cardiac catheterization, post-operatively which parameter will be monitored?
(A) Vital monitor every 15 min
(B) check for BP every hour
(C) check pulse rate for whole 15 second
(D) measure heart rate for 30 seconds.

Q3 A 60-year-old patient has been diagnosed with ARDS. He has been kept on a ventilator with the following settings – tidal volume 350ml, FiO2 75%, resp 10, peak pressure 35 cm H2O. PaO2 = 83. What is the severity of an ARDS patient suffering from?
(A) Mild (B) Moderate
(C) Severe (D) None of them

Q4 A fetus is having gestational age of 15 weeks. With the help of Doppler, how early can we detect the heart rate of the fetus?
(A) 6–8 weeks
(B) 10–12 weeks
(C) 16–20 weeks
(D) 20–22 weeks

Q5 The given sign will be seen at ?



(A) 10-12 (B) 6-8
(C) 12-14 (D) 16-18

Q6 An addict states that – "I drink only when I am stressed, otherwise I don't drink." which defence mechanism is displayed by the pt in this scenario
(A) Denial (B) Compensation
(C) Undoing (D) suppression

Q7 A 15-year-old patient has been brought to the clinic with a complaint of cyclic lower abdominal pain and primary amenorrhea. Physical examination shows an imperforate hymen with bulge at the perineum . What will be the likely diagnosis?
(A) Cryptomenorrhea
(B) Menorrhagia
(C) Metrorrhagia
(D) Oligomenorrhea

Q8 A patient has been diagnosed with bronchopulmonary dysplasia 3rd stage. What is the meaning of the 3rd stage?
(A) similar to uncomplicated RDS
(B) pulmonary parenchymal opacities with bubbly appearance of lungs
(C) areas of atelectasis, hyperinflation & fibrous sheaths
(D) Recently CT & MRI of chest - reveals more details of lung injury

Q9 A COPD pt is having breathless and dizziness which of the following ABG shows Partial compensated respiratory acidosis :
(A) pH = 7.46 CO_2 = 28, bicarbonate = 22
(B) PH 7.35, PCO_2 49 mmHg, HCO 28 mEq/L
(C) pH 7.29, PCO_2 50 mmHg, HCO3 28 mEq/L
(D) pH 7.40, PCO_2 40 mmHg, HCO 24 mEq/L

Q10 A child has been diagnosed with RSV. He is having copious secretion and difficulty breathing. What should be the next management?
(A) Suction give high O_2 via face mask and prep to intubate

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(B) Give oral fluids and observe the child
(C) Start chest physiotherapy immediately
(D) Administer antibiotics only

Q11 Which of the following is the vector of Zika virus?
(A) Sandfly (B) Aedes
(C) Culex (D) Anopheles

Q12 What is the ideal duration of cu-T380 A:
(A) 3 yr (B) 2 yr
(C) 5 yr (D) 10 yr

Q13 A 4 yr old girl has been brought by her mother to the chc clinical according to IMNCI which if the following is not a danger sign?
(A) Fever
(B) Cough >7 day
(C) Inability to drink or breastfeed
(D) Unconscious/ lethargy

Q14 Identify the symbol shown in the photograph?



(A) Radiation hazard
(B) Biohazard waste
(C) Cytotoxic waste
(D) Biodegradable waste

Q15 After a road traffic accident a pt came in the emergency department with chest trauma, absent breath sounds, and tracheal deviation. What will be the immediate management of the patient?
(A) Needle decompression
(B) ICD insertion
(C) Oxygen only
(D) Wait and watch

Q16 A female has given birth at PHC. In which biomedical waste will the placenta be disposed of?
(A) Yellow (B) Blue
(C) White (D) Red

Q17 Which of the following is incorrect regarding BMW?
(A) Always Collect needle and syringe in polythene
(B) Always Segregation of the waste should be done at the source of generation
(C) Never recap or bend the needle
(D) Always fill the bag 3/4th of the total

Q18 A patient underwent thyroid surgery. 4 days later he is complaining of tingling around the mouth and fingers. When you tap over a patient face, the face is lateralized to one side. What will be the possible cause for this?
(A) Hematoma Compression on trachea
(B) Thyroid storm
(C) Hypocalcemia due to Accidental removal of parathyroid gland
(D) Airway obstruction

Q19 Patient skipping thyroid medication for one week. He is suffering from tremors, BP 80/50 mmHg, heart rate 46 bpm. What will be the immediate management for this patient?
(A) Administer atropine 0.5 mg for symptomatic bradycardia
(B) Immediate IV thyroid medicine and airway secure
(C) Warm the patient
(D) Administer fluid

Q20 A patient on chemotherapy develops hyperkalemia, hyperphosphatemia, hypocalcemia, and increased uric acid levels. What will be the likely diagnosis?
(A) Tumor lysis syndrome
(B) Hypocalcemia of malignancy
(C) Acute renal failure
(D) Septic shock

Q21 A child has been diagnosed with celiac disease. Which of the following statements made by the parents requires further teaching?

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(A) Hydrolysed veg can be given
(B) Milk products of all types should be avoided
(C) Wheat should be avoided
(D) Lactogen free diet is used initially

Q22 A female has been presented in emergency with painless vaginal bleeding. Two weeks prior she had undergone normal vaginal delivery. What will be the possible cause for the bleeding?
(A) Subinvolution of uterus due to retained placental fragment
(B) Uterine rupture
(C) Cervical tear
(D) Disseminated intravascular coagulation

Q23 A nursing officer observes pt gait, posture, personal hygiene before beginning history collection this type of assessment is best classified as which of the following?
(A) Systemic focused examination
(B) Focused assessment
(C) General examination
(D) Detailed systemic examination

Q24 What is the advantage of peritoneal dialysis?
(A) require less aseptic technique
(B) it can be performed at home without diet restriction
(C) Dialysate is biodegradable
(D) more effective than hemodialysis and req no drugs

Q25 A nurse is teaching a mother about kick count. Which statement made by the mother required further teaching for this condition ?
(A) I will count the number of kicks while lying supine
(B) I can count the number of kicks by placing the hand on the abdomen
(C) If less then 10 kick in 2 hour i will check again in 2 hrs
(D) I should monitor fetal movement daily

Q26 A nurse observes late decelerations on the fetal heart rate monitor. What is the most appropriate initial action?
(A) Reposition the mother to her left side
(B) Administer oxygen via face mask 10 l/min
(C) Increase intravenous fluid rate
(D) Notify the healthcare provider

Q27 A client who is gravida 1, para 0 is admitted in labor. Her bishop score shows cervix is 70% effaced, and she is dilated to 8 cm. The fetal head is at +1 station station. What does this mean ?
(A) 1 cm above ischial spine
(B) 1 cm below pelvis
(C) 1 cm above pelvis
(D) 1 cm below ischial spine

Q28 The protection period provided by Cu-T 380 is??
(A) 10 years (B) 20 years
(C) 5 years (D) 5 years

Q29 PDSA stands for??
(A) Plan, do, study, act
(B) Plan, define, simplify, act
(C) Plan, define, simplify, assume
(D) Perform, due, simplify, act

Q30 Which one of the following is not a Graphic representation of the data?
(A) Histogram (B) Bar Chart
(C) Pie Chart (D) Stem and leaf

Q31 Severity of disease is assessed by which scale?
(A) Case fatality rate
(B) Incident rate
(C) Attack rate
(D) Cause specific death rate

Q32 A female undergoing NST for modified BPP which out of the following is the Second component of BPP (Biophysical Profile)?
(A) perform CST
(B) amniotic fluid volume
(C) ultrasound of fetal tone
(D) ultrasound of fetal movement

Q33 In diarrhea, what will be seen?
(A) Metabolic acidosis
(B) Metabolic alkalosis

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(C) Lactic acidosis
(D) Ketoacidosis

Q34 In bulimia nervosa, which electrolyte imbalance occurs?
(A) Hyperkalemia (B) Hyponatremia
(C) Hypokalemia (D) Hypercalcemia

Q35 A child presented to the school nurse with nose bleeding. What will be the appropriate management In epistaxis?
(A) Sitting position lean forward with pressure over the nasal bridge
(B) Sitting position lean forward with pressure over the lower nostril
(C) Lying position with pressure over the nasal bridge
(D) Lying position with pressure over the lower nostril

Q36 In the management of AMTLS the nursing officer is performing CCT. Which of the following maneuvers will be performed along with it?
(A) Apply fundal pressure
(B) Vigorous fundus massage
(C) Apply counter pressure over the pubic symphysis
(D) Controlled cord traction only

Q37 IM injection is administered at which angle ?
(A) 15° (B) 30°
(C) 45° (D) 90°

Q38 Vaccination that match like bcg -id:

A. Measles vaccine	Oral
B. Bcg vaccine	intramuscular
C. Hib vaccine	Intra dermal
D. Polio (sabin)	Subcutaneous
	Intra nasal

(A) 4321 (B) 4213
(C) 3124 (D) 3421

Q39 Patient vomited immediately after oral medication. What will be the next step?
(A) Keep pt. NPO immediately
(B) Inform dr before next dose
(C) Give double dose
(D) Document normal finding

Q40 What is the daily calorie intake of the pregnant female according to the NIN 2020 guidelines. Does she have a moderately active normal BMI in the 2nd trimester?
(A) 2180 kcal (B) 2280 kcal
(C) 2780 kcal (D) 2480 kcal

Q41 A 4 yr old child with cerebral palsy came to the clinic. Which of the most important while collecting history from parents ?
(A) Walking pattern and development
(B) Birth history
(C) Speech issues
(D) Baby functioning and eating

Q42 A 3 yrs old child having nephrotic syndrome is on steroids. Which of the components is most important?
(A) Fluid balance
(B) Nutrition status
(C) Infection prevention
(D) Improve hydration

Q43 A child 2 days after Palatoplasty. Which action made by the nurse is correct?
(A) Oral examination with tongue depressor
(B) Taking oral temperature
(C) Giving pacifier
(D) IV opioid

Q44 A relative risk value came out to be 1.0. What does this indicate:
(A) Indicates that there is a relation and the risk factor could be a cause of the disease
(B) There is no association between the exposure and disease
(C) The interpretation cannot be calculated
(D) The exposure is protective factor against the disease

Q45 After hemodialysis, the patient develops muscle weakness & cramps. What will be the cause of it?
(A) Hypercalcemia (B) Hyperkalemia
(C) Hypovolemia (D) Hyperglycemia

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Q46 A patient has a pain score of 9/10 but vitals are stable. What will be the nursing intervention?
(A) Pt is exaggerating
(B) Wait until vital change
(C) Recheck the vital after 3-4 hours
(D) Give pain medicine

Q47 What are the 3 characteristic features of epiglottitis?
(A) Whooping, wheeze, cough seal like cough
(B) Spontaneous cough absent, drooling, agitated
(C) Productive cough, cyanosis, fever
(D) Barking cough, stridor, rhinorrhea

Q48 Which test is used to detect whether the vaccine has been freeze damaged or not?
(A) HABEL test
(B) Modified HABEL test
(C) Shake test
(D) Cold chain test

Q49 A patient at preterm labor 32 weeks is given tocolytics but all tocolytics fails. The obstetricians deliver the baby. Which of the following would be the next appropriate management?
(A) Misoprostol (B) Dexamethasone
(C) Nifedipine (D) Ritrodine

Q50 The route of surfactant administration:
(A) IM
(B) Intubate give surfactant
(C) Subcutaneous
(D) Intranasal

Q51 A woman delivered 1 hr ago and is experiencing heavy vaginal bleeding the fundus is soft and deviated to right what is the priority nursing action?
(A) Assist the pt to void
(B) Massage fundus vigorously
(C) Reassure
(D) Give oxytocin immediately

Q52 Which of the following characteristic findings differentiate threatened abortion from inevitable abortion?
(A) Severe abdominal pain
(B) Close internal os on examination
(C) Increase in HCG
(D) Nausea vomiting

Q53 Which of the following finding needs to be reported by the mother in 2nd trimester?
(A) Constant increase in fundal ht
(B) Braxton hicks
(C) Nausea vomiting
(D) Fetal hr 180

Q54 A patient underwent CABG 2 days later his drainage amount suddenly dropped from 80ml/hr to 10 ml/hr. The client is having hypotension, dizziness and raised JVP. what will be the most probable cause?
(A) Cardiac tamponade and clot blocking the drain
(B) Pt is internally bleeding
(C) Pulmonary edema
(D) Hypovolemic shock

Q55 A nurse is screening the crowd for PTSD after a mass disaster. Which level of prevention is this?
(A) Primary (B) Secondary
(C) Tertiary (D) Primordial

Q56 A psychotic patient is agitated, restless and shows harmful behaviour. What will be the most immediate nsg intervention?
(A) Wait for the family
(B) Immediate physical restraint
(C) Immediate tranquilizer with BZD
(D) Verbal counselling

Q57 A parkinsonism pt is having tremors during the day which improves rest. Which NTM is responsible for this?
(A) Decrease serotonin
(B) Decreased dopamine
(C) Decrease norepinephrine
(D) Decrease ACH

Q58 While administering Paclitaxel, which of the following should be done?
(A) Perform continuous cardiac monitoring

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(B) Premedicate with hydrocortisone to prevent allergic reaction
(C) Pre medication with castor oil
(D) Give rapid IV push

Q59 An alcoholic pt develops tremors and an increase in BP and pulse 12 hours after the last dose. Which of the following complications is expected?
(A) Wernicke's encephalopathy
(B) Delirium tremens
(C) Alcohol intoxication
(D) Alcohol withdrawal syndrome

Q60 A patient came with right side hearing impairment. Weber test lateralize to right side, rinne test negative for right side. What will be the interpretation?
(A) Right side conductive hearing loss
(B) Right side sensorineural hearing loss
(C) Left side sensorineural hearing loss
(D) Left side conductive hearing loss

Q61 A patient having hypoxia despite continuous NIV support. Then what will be the next step?
(A) Wait and watch
(B) Remove NIV
(C) Intubate
(D) Continue for few more hours

Q62 Which valve helps in synchronization with patient breath on BiPAP?
(A) Expiratory valve
(B) Trigger valve
(C) Oxygen valve
(D) Safety valve

Q63 A patient is having hyperventilation and hypoventilation followed by a period of apnea. Which type of respiration is this called?
(A) Cheyne stokes
(B) Kussmaul
(C) Biot
(D) Depressed breathing

Q64 A nurse is cleaning the eye from inner canthus to outer canthus. What is the rationale for this?
(A) To prevent infection to lacrimal duct
(B) To prevent corneal abrasion
(C) To improve vision clarity
(D) To prevent dryness of the eyes

Q65 A child came with partial thickness burns to the lower extremity. What will the priority management in the 1st 24 hours?
(A) Secure airway
(B) Fluid resuscitation
(C) Encourage bed rest
(D) Keep the child isolated

Q66 Which muscle is avoided to prevent sciatic nerve injury?
(A) Dorsogluteal
(B) Ventrogluteal
(C) Deltoid
(D) Vastus lateralis

Q67 A female has been delivered as the fetus is suspected of superior venous thrombus but the baby came out to be normal, what should be the expected finding in case of superficial venous thrombosis?
(A) Superficial hard vein in calf
(B) Superficial hard veins in the cerebral area
(C) Pallor
(D) Coolness

Q68 A patient presented after a fracture. Which stage is correct according to Wolff's law?
(A) Ossification
(B) Callus formation stage
(C) Remodeling phase
(D) Hematoma formation

Q69 What is the most common cause of cushing syndrome?
(A) Exogenous steroid
(B) Adrenal tumor
(C) Pituitary tumor
(D) Ectopic foci

Q70 Which of the following is a sentinel event?
(A) Minor pressure redness on skin
(B) patient having a major injury after a fall

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(C) Minor delay in medication
(D) Delay in lab reports

Q71 What is the cutoff of fasting blood glucose to diagnose diabetes mellitus?
(A) >110 mg/dl (B) >140 mg/dl
(C) >126 mg/dl (D) >200 mg/dl

Q72 After kidney biopsy, Which of the following is the most common complication
(A) Fever (B) Bleeding
(C) Pain (D) Constipation

Q73 A patient underwent hip replacement , post op he Has been given enoxaparin for dvt prevention, 5 days later he has developed skin necrosis platelet drop from 220000/mm3 to 20000/mm3 what will be the immediate nursing management
(A) Wait and watch
(B) Platelet transfusion
(C) Continue
(D) Stop all heparin product and inform surgeon

Q74 A child is admitted with the following findings of hb 10gm/dl WBC 24000, platelet 20000. Which intervention will be the priority ?
(A) Pallor tachycardia and fatigue
(B) Fever
(C) Bleeding or bruising precautions
(D) Assess for nutrition status

Q75 A child uses a mobile phone for 10-12 hours daily for the past 14 months. There is a noticeable decline in academic performance and daily functioning. The child becomes aggressive when the phone is taken away. Which of the following conditions best explains this behavior?
(A) ADHD
(B) OCD
(C) Impulse control disorder
(D) Gaming disorder

Q76 Under anemia Mukt bharat what is the dose of iron and folic acid for pregnant females?
(A) 40 mg 400 ug (B) 60 mg 500 ug
(C) 45 mg 400 ug (D) 20 mg 500 ug

Q77 A 2 year old child develops respiratory distress. What is the cutoff value of tachypnea in this child?
(A) More than 50 (B) More than 40
(C) More than 20 (D) More than 30

Q78 In patients with Celiac disease, which food needs to be avoided?
(A) Rice (B) Wheat
(C) Bread (D) Corn

Q79 Most important intervention before starting blood transfusion?
(A) Warming the blood 2 hours before transfusion
(B) Take vitals 1 hr prior to transfusion
(C) Confirming the blood product and patient identity with another nurse
(D) Give prophylactic anti allergic meds

Q80 You have been called to assess log rolling. What does log rolling mean?
(A) To maintain spinal alignment and airway protection
(B) Hemorrhage control
(C) Spinal rigid board
(D) Pelvic stabilization

Q81 A fetus is moving down and backward but unable to engage in the pelvic inlet. What is the name of the space present in pelvic brim?
(A) Dead space of pelvic inlet
(B) Dead space of morris
(C) Dead space of pelvis
(D) Waste of morris

Q82 A newborn with congenital diaphragmatic hernia became restless and cyanosed on examination the scaphoid abdomen was present. Which is the most appropriate management for this condition?
(A) Discharge the patient on home care basis and advice follow up for surgery
(B) Initiate bag and mask ventilation
(C) Intubate and keep patient NPO
(D) Give oral feeding immediately

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Q83 A patient with pneumonia requires nasogastric suctioning. Arrange a sequence of suctioning in proper nursing order?
A. Sitting position
B. Give o2 with face mask
C. Perform suctioning
D. Place the suction in trachea
(A) BCAD (B) CDAB
(C) DABC (D) BADC

Q84 A newly joined nurse is caring for a patient having rigid abdomen, fever, right lower quadrant pain and appendicitis. As a ward in charge, which action performed by the new nurse requires immediate intervention?
(A) Administering antibiotic
(B) Monitoring vital signs
(C) Giving enema
(D) Keeping patient NPO

Q85 A child diagnosed with Hirschsprung disease is admitted to the pediatric ward. The nurse plans to frequently measure the abdominal girth; however, the frequent measuring of abdominal girth makes the child restless and irritable. What is the most appropriate nursing action?
(A) Measure abdominal girth before administering a saline enema
(B) Leave the measuring tape beneath the child
(C) Measure abdominal girth after administering a saline enema
(D) Perform a digital rectal examination

Q86 A patient underwent lap cholecystectomy complains of right shoulder pain other vitals are normal. Which of the following require immediate action?
(A) Fever
(B) Right shoulder pain
(C) Urethral stricture
(D) Decrease bowel movement

Q87 In twin pregnancy the presentation interlocking twins at most risk?
(A) 1st breech 2nd cephalic
(B) Both transverse
(C) Both breech
(D) 1st cephalic 2nd breech

Q88 A postpartum female after 2 weeks of uncomplicated normal vaginal delivery presented to emergency with a fresh gush of blood. What will be the possible cause?
(A) Subinvolution due to retained placental fragment
(B) Atony uterus
(C) Uterine rupture
(D) Cervical carcinoma

Q89 A pregnant female presented with painless vaginal bleeding. On USG she has been diagnosed with placenta previa. Which of the following should the nurse question?
(A) Arrange 2 pint PRBC
(B) Continuous electric fetal monitoring
(C) Digital vaginal examination / per vaginal examination
(D) Bed rest

Q90 An adolescent called Tele-MANAS and reported low mood for 2 weeks, decreased sleep, and no suicidal ideation. What will be the intervention for this condition?
(A) Emergency referral
(B) Inform the police
(C) Immediate admission
(D) Telephonic counseling

Q91 A mild alcoholic abuse patient is being counseled for 5–10 minutes in a structured manner. Which type of session is this?
(A) Brief intervention
(B) Psychotherapy
(C) Rehabilitation
(D) Group therapy

Q92 A patient is brought to the psychiatric clinic and states that she is unable to maintain office relations, feeling abandonment, self harm, unstable interpersonal relationship, getting into frequent fight. Which personality disorder is most likely?

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(A) Antisocial personality disorder
(B) Histrionic personality disorder
(C) Narcissistic personality disorder
(D) Borderline personality disorder

Q93 A child spends approximately 12–13 hours daily using a mobile phone. When the parents take the phone away, the child becomes anxious and distressed. Which of the following is the most appropriate diagnosis?
(A) Substance use disorder
(B) Behaviour addiction
(C) Generalized anxiety disorder
(D) Impulse control disorder

Q94 A COPD patient on nasal cannula 6 L/min develops restlessness and dizziness. What should be done next?
(A) Increase flow rate
(B) Remove oxygen
(C) Decrease flow rate and inform the doctor
(D) Reassure the patient

Q95 A COPD patient underwent laparoscopic appendectomy. Which intraoperative position requires the most careful observation?
(A) Reverse Trendelenburg position
(B) Prone position
(C) Supine position
(D) Trendelenburg position

Q96 A patient presented with right-sided weakness and aphasia. Which area is most likely to be involved?
(A) Right cerebral hemisphere
(B) Left cerebral hemisphere
(C) Cerebellum
(D) Medullary lesion

Q97 While assessing a pregnant woman, the nurse found that the sinciput and occiput are three finger breadths above pubic symphysis. What does this indicate?
(A) ⅘ freely mobile
(B) ⅗ not engaged
(C) ⅗ engaged
(D) ⅘ engaged

Q98 Which of the following will be a normal finding in the second trimester?
(A) Increased blood pressure
(B) Decreased blood pressure
(C) Increased heart rate
(D) Decreased heart rate

Q99 The heart rate of a patient increased from 80/min to 130/min after mild activity. What does this indicate?
(A) Equipment error
(B) Cardiovascular compromise
(C) Anxiety
(D) Normal physiological response

Q100 Despite continuous care, there is redness in the sacral region of the patient. On pressure, it is non-blanchable. Which intervention is most appropriate to prevent worsening of the condition?
(A) Massage vigorously
(B) Expose to air
(C) Change position every 2 hours with moist barrier dressing
(D) Apply lotion

Q101 A patient undergoing bladder irrigation for post TURP asks to void during irrigation. What is the next appropriate management?
(A) Notify the doctor
(B) Check the tube for kinking
(C) Increase the flow rate
(D) Tell the patient to void

Q102 Diabetic neuropathy patient has dry feet and decreased sensation. What is the best nursing intervention to prevent worsening of the condition?
(A) Apply moisturizer
(B) Elevate leg on pillow
(C) Provide warm compression
(D) Massage every shift

Q103 A pregnant woman undergoes a Non-Stress Test (NST). The tracing shows U-shaped and V-shaped

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patterns associated with a decrease in fetal heart rate. Which type of deceleration is indicated?
(A) Early deceleration with cord compression
(B) Variable deceleration
(C) Late deceleration
(D) Acceleration

Q104 The post term feature:
(A) Abundant lanugo
(B) Absent creases on soles
(C) Leathery, wrinkled skin
(D) Breast bud diameter less than 1–2 mm

Q105 A nurse has administered the medication but does not document it and done it at the end of shift. Which principle here has been violated?
(A) Legibility
(B) Completeness
(C) Timeliness
(D) Accuracy and objectivity

Q106 During hemodialysis, a patient develops dizziness, hypotension (80/54 mmHg), tachycardia (HR 120/min), and altered level of consciousness. What is the priority nursing action?
(A) Continue dialysis as prescribed
(B) Stop or slow dialysis and place the patient in supine position with legs elevated
(C) Consider it a normal condition
(D) Give oral fluids immediately

Q107 A child has been brought to the clinic by her mother. On asking multiple questions, he has been stating the same response again and again related to toys even when the topic is changed. What likely behavior does the child exhibit?
(A) Echolalia (B) Echopraxia
(C) Verbigeration (D) Perseveration

Q108 A mother brings her child to the clinic. The child is irritable, crying and is having an opisthotonous position suggesting bacterial meningitis. What should be the immediate nursing intervention in this case?
(A) Separation anxiety
(B) Make the child sleep in her mother's lap
(C) Isolate the child immediately and start antibiotics
(D) Assess fontanelle for bulging

Q109 A nurse is monitoring a client receiving a blood transfusion. After 30 minutes, the client develops fever of 1.5°C rise and chills. What is the most likely transfusion reaction?
(A) Acute hemolytic reaction
(B) Febrile non-hemolytic transfusion reaction
(C) Anaphylactic reaction
(D) Septic shock

Q110 A patient with liver cirrhosis develops Budd–Chiari syndrome and asterixis is seen. What will be the immediate management?
(A) Encourage fluids
(B) High protein diet
(C) Administer lactulose
(D) Sedate and calm the patient

Q111 Before starting chemotherapy for a patient, which of the following assessment is not done?
(A) Assessing for minor and major adverse effects
(B) Monitor vital signs for 10 minutes
(C) Give chemotherapy via free-flowing IV line
(D) Check infiltration

Q112 A female undergoing NST shows no fetal movement for 20 minutes and is declared non-reactive. What will be the initial next step?
(A) Provide left lateral position, offer snacks, and repeat after 20–30 minutes
(B) Prepare for cesarean section
(C) Perform immediate induction
(D) Start oxytocin and perform CST

Q113 A firm fleshy mass with destructed chorionic villi. Which of the following is a complication of missed abortion?
(A) Blighted ovum
(B) Hydatidiform mole
(C) Cancerous mole
(D) Incomplete abortion

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Q114 For LASA drugs, what is needed to be avoided?
(A) Ignoring the similarities
(B) Tall man lettering
(C) Arrange the drugs randomly
(D) Administer quickly to avoid delay

Q115 A 15-month-old toddler speaks only 1–2 words but understands and follows simple commands. What is the appropriate nursing response?
(A) Refer immediately for speech therapy
(B) Suspect developmental delay
(C) This is normal development for age
(D) Advise neurological evaluation

Q116 A child has been diagnosed with Respiratory Distress Syndrome (RDS). Which medication will help treat this child?
(A) Nifedipine
(B) Dexamethasone
(C) Misoprostol
(D) Caffeine citrate

Q117 A laboring patient develops uterine uncoordinated hyperstimulation with erratic frequency, prolonged and intense contractions. What is the nursing action?
(A) Prepare for amniotomy
(B) Monitor oxytocin infusion closely
(C) Administer pain relievers
(D) Promote walking every 30 minutes

Q118 A patient is 3 hours post-operative. Vital signs trend suggests which condition?

time	BP	HR	Temp
8 AM	120/80	78	37°C
10 AM	110/70	102	37.2°C
11 AM	96/60	122	37.5°C

(A) Normal post-operative response
(B) Early hypovolemic shock
(C) Post-operative infection
(D) Normal anesthetic effect

Q119 What is seen in Diabetic Ketoacidosis (DKA)?
(A) Decreased pH and decreased bicarbonate
(B) Increased pH and decreased bicarbonate
(C) Decreased pH and increased bicarbonate
(D) Increased pH and increased bicarbonate

Q120 An image shows a Vaccine Vial Monitor (VVM) where the inner square color matches the outer circle. What does this indicate?



(A) Stage 1 – Vaccine safe to use
(B) Stage 2 – Use vaccine immediately
(C) Stage 4 – Vaccine must be discarded
(D) Stage 3 – Vaccine potency increased

Q121 Which statement is false regarding NPH insulin?
(A) It is an intermediate-acting insulin
(B) It can be given IV
(C) It can be mixed with other insulin
(D) Causes hypoglycemia at peak effect

Q122 A postoperative patient has muscle cramps and weakness. Which electrolyte imbalance is most likely?
(A) Hyperkalemia (B) Hypercalcemia
(C) Hyponatremia (D) Hypovolemia

Q123 On abdominal examination, the nurse notes that the synciput and occiput are both above the pubic symphysis corresponding to 3 fingers. What does this indicate?
(A) 3/5 not engaged
(B) 3/5 engaged
(C) 2/5 non-engaged
(D) 3/2 engaged

Q124 On abdominal examination, the nurse could fit only one finger above the symphysis pubis along with diversion of hand. What is the interpretation?
(A) 1/5 unengaged
(B) 1/5 engaged partially
(C) 1/5 non-palpable
(D) 1/5 deeply engaged

Q125 What is the primary and most important role of oblique muscle fibers in the uterus?

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(A) Help in expulsion of placenta
(B) Hemostasis
(C) Help in conducting labour
(D) Support fetal circulation

Q126 A nursing officer performs auscultation prior to palpation during abdominal examination. Which statement is true regarding this action?
(A) Palpation reduces abdominal discomfort
(B) Auscultation reduces bowel sounds
(C) Palpation increases abdominal tenderness
(D) Palpation disturbs bowel sounds

Q127 Identify the following symbol.



(A) Biohazard (B) Cytotoxic
(C) Radioactive (D) BMW

Q128 Which finding is clinically associated with Coarctation of Aorta?
(A) Strong pulse in upper extremities
(B) Absent or diminished femoral pulse
(C) Bounding femoral pulse
(D) Tet spells or cyanotic spells

Q129 A child is admitted with Severe Acute Malnutrition (SAM). What will be the priority intervention in the initial 1–3 days?
(A) Start antibiotics as suspicion of infection
(B) Correct hypothermia, hypoglycemia, and hypovolemia
(C) Correct micronutrient deficiency and iron supplement
(D) Prevent anemia related to malnutrition

Q130 A patient on warfarin therapy for prevention of stroke in atrial fibrillation makes which statement showing correct understanding?
(A) I will take medication daily and monitor my INR values
(B) If I miss one dose, I will take double next time
(C) I can skip warfarin dose if I see bruising
(D) I can stop medicine once symptoms improve

Q131 A psychotic patient is shouting loudly and aggressively in the ward. Which type of speech characteristic is shown?
(A) Poverty of speech
(B) Mutism
(C) Pressure of speech
(D) Lack of ideas

Q132 In order to prevent ventilator-associated pneumonia (VAP), which component is most important?
(A) Suction the client frequently
(B) Head-end elevation to 30–45 degrees
(C) Prophylactic antibiotic
(D) Resuscitation

Q133 A 3-year-old child is in pain and anxious. Which pain scale is most appropriate?
(A) Faces Scale with poker chip tool
(B) Ask parents to tell pain level
(C) FLACC Scale with observation
(D) Visual analogue scale

Q134 Which best describes the clinical term "Paraphilia"?
(A) Intense and persistent sexual interests involving non-consenting persons, children, or non-living objects
(B) Persistent irrational fear of public places
(C) Repetitive imitation of another person's movements
(D) Firm false belief despite evidence

Q135 A patient with a plaster cast complains of tingling sensation and pallor below the cast. What should be the first responsibility of the nurse?
(A) Encourage the patient that it is a normal response
(B) Elevate the limb on pillows
(C)

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Immediately notify the physician and prepare to bivalve/cut the cast
(D) Check blood pressure in the limb

Q136 A female has uterine contractions 5 times every 10 minutes, each lasting 80–90 seconds with a resting period of 30 seconds. What is the most appropriate intervention?
(A) Continue oxytocin drip and observe closely
(B) Prepare for emergency LSCS
(C) Wait and watch
(D) Stop the oxytocin infusion drip

Q137 A newborn is at risk of hypothermia due to evaporation. Immediately after delivery, which intervention prevents heat loss?
(A) Place the baby in radiant warmer
(B) Cover the baby with warm blanket
(C) Close the door of labor room
(D) Dry the baby's head with a prewarmed sheet

Q138 Which statement is incorrect regarding development of depression?
(A) Family history contributes to depression
(B) Personal and family problems contribute to depression
(C) Chemical imbalance in brain can lead to depression
(D) Genetics plays important role

Q139 A newborn presents with hypotonia, single palmar crease, flat nasal bridge, and thick fat at the nape of neck. These features are associated with which chromosomal abnormality?
(A) Trisomy 18 (B) Trisomy 21
(C) Trisomy 15 (D) Trisomy 13

Q140 A patient with hyperthyroidism treated with radioactive iodine therapy is planned for discharge. What advice should the nurse give?
(A) Lifelong use of separate utensils
(B) Isolate for 2–3 days and use separate utensils
(C) Isolate for 24 hours only
(D) No precautions needed at home

Q141 A patient with depression expresses worthlessness and hopelessness. What should be the nurse's priority action?
(A) Ask open-ended questions
(B) Why do you feel like this?
(C) Give reassurance that everything will be fine
(D) Avoid discussing patient feelings

Q142 During IV line insertion, which site should be avoided?
(A) Distal site to the infiltration area
(B) Site proximal to infiltration
(C) Median vein and its branches
(D) Cephalic vein

Q143 A patient with peptic ulcer presents with hypovolemic shock (BP 84/60 mmHg). What is the fluid of choice for initial management?
(A) Normal saline + Ringer lactate
(B) D5W + 0.45% NS
(C) Dextrose 10%
(D) D5NS only

Q144 In a hospital, which tool is used to assess root cause analysis?
(A) Histogram (B) Bar chart
(C) Ishikawa chart (D) Pie chart

Q145 Which electrolyte imbalance is most common in renal failure?
(A) Hyperkalemia (B) Hypocalcemia
(C) Hypernatremia (D) Hypokalemia

Q146 A patient with myocardial infarction usually presents with which characteristic pain?
(A) Sharp and unilateral
(B) Relieved by rest
(C) Not relieved by nitroglycerin
(D) Aggravated by breathing

Q147 The most common complication of peptic ulcer disease is:
(A) Hemorrhage (B) Obstruction
(C) Perforation (D) Malignancy

Q148 Which of the following is the earliest sign of hypovolemic shock?
(A) Hypotension (B) Oliguria
(C) Reslessness (D) Bradycardia

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Q149 Which drug is considered the first line of treatment in status epilepticus?
(A) phenytoin (B) diazepam
(C) valproic acid (D) Phenobarbital

Q150 In COPD patients, the stimulus for respiration is mainly:
(A) Hypercapnia
(B) Hypoxemia
(C) Increased pH
(D) Increased oxygen

Q151 A patient with Cushing's syndrome typically presents with:
(A) Moon face
(B) Hyperpigmentation
(C) Weight loss
(D) Hypoglycemia

Q152 Which of the following is the most important nursing intervention after thyroidectomy?
(A) Encourage coughing exercises
(B) Monitor for tetany and laryngeal stridor
(C) Monitor urine output
(D) Provide high-calorie diet

Q153 The classic triad of meningitis includes:
(A) Fever, headache, neck stiffness
(B) Vomiting, convulsions, hemiplegia
(C) Cough, dyspnea, chest pain
(D) Fatigue, weight loss, anorexia

Q154 Which diagnostic test is considered the gold standard for myocardial infarction?
(A) Echocardiography
(B) Serum troponin levels
(C) CK-MB
(D) Chest X-ray

Q155 Which of the following is the hallmark clinical feature of Diabetic Ketoacidosis (DKA)?
(A) Hypertension and bradycardia
(B) Kussmaul's respiration with fruity odor
(C) Shivering with hypoglycemia
(D) Peripheral edema with weight gain

Q156 Which of the following is the earliest clinical sign of stroke (CVA)?
(A) Sudden unilateral weakness or paralysis
(B) Seizures
(C) Loss of consciousness
(D) Memory loss

Q157 What is the earliest clinical manifestation of left-sided heart failure?
(A) Peripheral edema
(B) Exertional dyspnea
(C) Jugular venous distension
(D) Ascites

Q158 Which of the following is the earliest clinical manifestation of Diabetes Mellitus?
(A) Polyphagia (B) Polyuria
(C) Polydipsia (D) Weight loss

Q159 Which of the following is the earliest clinical sign of stroke (Cerebrovascular Accident)?
(A) Loss of consciousness
(B) Sudden unilateral weakness or paralysis
(C) Severe headache with vomiting
(D) Seizures

Q160 The earliest and most common symptom of left-sided heart failure is:
(A) Orthopnea
(B) Exertional dyspnea
(C) Paroxysmal nocturnal dyspnea
(D) Pedal edema

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Answer Key

Q1	(D)
Q2	(A)
Q3	(B)
Q4	(B)
Q5	(B)
Q6	(A)
Q7	(A)
Q8	(C)
Q9	(C)
Q10	(A)
Q11	(B)
Q12	(D)
Q13	(B)
Q14	(B)
Q15	(A)
Q16	(A)
Q17	(A)
Q18	(C)
Q19	(B)
Q20	(A)
Q21	(B)
Q22	(A)
Q23	(C)
Q24	(B)
Q25	(A)
Q26	(B)
Q27	(D)
Q28	(C)
Q29	(A)
Q30	(D)
Q31	(A)
Q32	(B)
Q33	(A)
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Q36	(C)
Q37	(D)
Q38	(A)
Q39	(B)
Q40	(D)
Q41	(B)
Q42	(C)
Q43	(D)
Q44	(B)
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Q46	(D)
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Q50	(B)
Q51	(A)
Q52	(B)
Q53	(D)
Q54	(A)
Q55	(B)
Q56	(C)
Q57	(B)
Q58	(B)
Q59	(D)
Q60	(A)
Q61	(C)
Q62	(B)

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Q63 (A)
Q64 (A)
Q65 (B)
Q66 (A)
Q67 (A)
Q68 (C)
Q69 (A)
Q70 (B)
Q71 (C)
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Q121 (B)
Q122 (A)
Q123 (A)
Q124 (B)
Q125 (B)
Q126 (D)

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Q127 (C)
Q128 (B)
Q129 (B)
Q130 (A)
Q131 (C)
Q132 (B)
Q133 (A)
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Q156 (A)
Q157 (B)
Q158 (B)
Q159 (B)
Q160 (B)

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Hints & Solutions

Q1 Text Solution:

Vomiting causes loss of body fluids leading to dehydration (hypovolemia). Since sodium level is elevated (150 mEq/L), the child has hypernatremia. Therefore, the condition is hypovolemic hypernatremia.

Important Points:

- **Cause:** Vomiting → water loss > sodium loss → dehydration with hypernatremia.
- **Expected finding:** Signs of dehydration (dry mucosa, poor skin turgor, irritability, lethargy).
- **Lab clue:** Sodium >145 mEq/L = hypernatremia.
- **Complications:** Neurological symptoms (seizures, coma) due to brain cell shrinkage.
- **Management:** Careful correction with hypotonic fluids (avoid rapid correction → cerebral edema).

Q2 Text Solution:

After cardiac catheterization, close monitoring is essential to detect bleeding, arrhythmias, and hemodynamic instability. Vital signs are checked every 15 minutes initially.

Important Points:

- Monitor pulse, BP, respiration, oxygen saturation
- Check insertion site for bleeding
- Assess distal pulses and limb color

Confusing Points:

- Hourly BP monitoring is insufficient immediately after procedure
- Pulse should be assessed for a full minute, not 15 or 30 seconds

Q3 Text Solution:

ARDS severity is assessed using the PaO2/FiO2 ratio.

PaO2/FiO2 = 83/0.75 ≈ 110.

A ratio between 100–200 indicates moderate ARDS.

Important Points:

- Mild ARDS = 200–300
- Moderate ARDS = 100–200
- Severe ARDS = <100

Confusing Points:

- FiO2 should be converted into decimal before calculation
- PaO2 alone cannot classify ARDS severity

Q4 Text Solution:

Fetal heart sounds can usually be detected by Doppler ultrasound around 10–12 weeks of gestation.

Important Points:

- Fetal heart seen on ultrasound: about 6 weeks
- Doppler detects FHS: 10–12 weeks
- Fetoscope detects FHS: 18–20 weeks

Confusing Points:

- Ultrasound visualization and Doppler detection are different
- Fetoscope detection occurs much later

Q5 Text Solution:

The image represents an early pregnancy sign seen around 6–8 weeks gestation. These early anatomical and gestational changes are visualized during early pregnancy assessment.

Important Points:

- Early pregnancy changes occur in first trimester
- Ultrasound findings help confirm gestational age

Confusing Points:

- Similar signs may appear later but earliest appearance is important
- Weeks of gestation should not be confused with fetal viability

Q6 Text Solution:

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The patient is refusing to accept the severity of alcohol dependence and justifying the behavior, which is denial.

Important Points:

- Denial is common in substance abuse
- Patient minimizes or rejects reality

Confusing Points:

- Suppression is conscious avoidance of thoughts
- Compensation means overcoming weakness by emphasizing strengths

Q7 Text Solution:

Imperforate hymen obstructs menstrual flow. Menstruation occurs internally causing cyclic pain but no visible bleeding, called cryptomenorrhea.

Important Points:

- Primary amenorrhea with cyclic pain suggests outflow obstruction
- Hematocolpos may develop

Confusing Points:

- Menorrhagia = excessive bleeding
- Oligomenorrhea = infrequent menstruation

Q8 Text Solution:

Stage 3 bronchopulmonary dysplasia shows chronic lung changes including fibrosis, hyperinflation, and atelectasis.

Important Points:

- Common in premature infants on prolonged oxygen therapy
- Lung injury progresses in stages

Confusing Points:

- Bubbly appearance is seen in earlier stage
- CT/MRI findings are not staging criteria

Q9 Text Solution:

Respiratory acidosis occurs when CO_2 is elevated. Increased bicarbonate indicates compensation. Since pH is still low, compensation is partial.

Important Points:

- Respiratory acidosis: high CO_2
- Compensation by kidneys increases HCO_3
- Partial compensation = abnormal pH

Confusing Points:

- Fully compensated ABG may have normal pH
- Option B is closer to compensated state with near-normal pH

Q10 Text Solution:

Respiratory Syncytial Virus (RSV) commonly causes bronchiolitis in children leading to excessive secretions and respiratory distress. Airway management is the priority. Suctioning helps clear secretions, oxygen improves oxygenation, and preparation for intubation is necessary if respiratory failure worsens.

Important Points:

- RSV is the most common cause of bronchiolitis in infants
- Airway clearance and oxygenation are priority interventions
- Severe respiratory distress may require intubation and ventilation

Confusing Points:

- Antibiotics are not routinely used because RSV is viral
- Chest physiotherapy is generally not recommended routinely in bronchiolitis
- Oral fluids may be unsafe in severe respiratory distress due to aspiration risk.

Q11 Text Solution:

Zika virus is mainly transmitted by the *Aedes aegypti* mosquito. This mosquito also spreads dengue, chikungunya, and yellow fever.

Important Points:

- Aedes mosquito is a daytime biter
- Zika infection during pregnancy can cause congenital abnormalities like microcephaly
- Mosquito control is the main preventive measure

Confusing Points:

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- Anopheles mosquito spreads malaria
- Sandfly spreads kala-azar
- Culex mosquito spreads filariasis and Japanese encephalitis

Q12 **Text Solution:**
Cu-T 380A is an intrauterine contraceptive device that provides effective contraception for up to 10 years.
Important Points:

- Long-acting reversible contraceptive
- Fertility returns immediately after removal
- Highly effective and economical

Confusing Points:

- Different IUCDs have different durations
- Cu-T 200 has shorter duration compared to Cu-T 380A

Q13 **Text Solution:**
According to IMNCI guidelines, inability to drink, lethargy, unconsciousness, and convulsions are general danger signs. Cough lasting more than 7 days alone is not classified as a danger sign.
Important Points:

- General danger signs require urgent referral
- IMNCI focuses on early identification of severe illness

Confusing Points:

- Persistent cough still needs evaluation but is not a general danger sign
- Fever may or may not indicate severe illness depending on associated findings

Q14 **Text Solution:**
The symbol shown is the universal biohazard symbol used for infectious biomedical waste.
Important Points:

- Indicates infectious or contaminated material
- Commonly seen in hospitals, labs, and waste containers
- Helps prevent accidental exposure

Confusing Points:

- Radiation hazard has a trefoil sign
- Cytotoxic waste has separate labeling for chemotherapy-related waste

Q15 **Text Solution:**
The patient is showing signs of tension pneumothorax. Immediate needle decompression is required to relieve pressure before inserting an intercostal chest drain (ICD).
Important Points:

- Tension pneumothorax is life-threatening
- Tracheal deviation is a classic sign
- Followed by chest tube insertion

Confusing Points:

- Oxygen alone is not enough
- ICD insertion is done after emergency decompression

Q16 **Text Solution:**
Placenta is human anatomical waste and should be disposed of in the yellow biomedical waste bag.
Important Points:

- Yellow category includes anatomical and infectious waste
- Usually disposed by incineration or deep burial

Confusing Points:

- White container is used for sharps
- Red bag is for recyclable contaminated waste

Q17 **Text Solution:**
Sharps like needles and syringes should be discarded in puncture-proof containers, not polythene bags.
Important Points:

- Segregation should occur at source
- Do not recap needles
- Bags should only be filled up to 3/4th capacity

Confusing Points:

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- Improper sharps disposal increases needle-stick injuries
- White translucent containers are used for sharps

Q18 Text Solution:

Tingling around the mouth and positive Chvostek sign indicate hypocalcemia, which can occur after accidental removal or damage to parathyroid glands during thyroid surgery.

Important Points:

- Parathyroid hormone regulates calcium
- Chvostek and Trousseau signs indicate hypocalcemia
- Monitor calcium after thyroidectomy

Confusing Points:

- Thyroid storm presents with fever and tachycardia
- Hematoma mainly causes airway compromise

Q19 Text Solution:

The patient is likely experiencing myxedema crisis due to severe hypothyroidism. Immediate airway support and IV thyroid hormone therapy are required.

Important Points:

- Myxedema coma is an emergency
- Features include bradycardia, hypotension, hypothermia
- IV levothyroxine is commonly used

Confusing Points:

- Atropine treats only bradycardia temporarily
- Warming and fluids alone are insufficient

Q20 Text Solution:

Tumor lysis syndrome occurs after rapid destruction of cancer cells, releasing potassium, phosphate, and uric acid into the blood.

Important Points:

- Common after chemotherapy in leukemia and lymphoma
- Can lead to acute kidney injury
- Prevented with hydration and allopurinol

Confusing Points:

- Hypocalcemia occurs secondary to hyperphosphatemia
- Electrolyte abnormalities are characteristic clues

Q21 Text Solution:

Children with celiac disease require a gluten-free diet, not complete avoidance of milk products. Temporary lactose intolerance may occur initially, but all dairy products do not need lifelong restriction.

Important Points:

- Gluten is present in wheat, barley, and rye
- Rice and corn are safe foods
- Intestinal villi recover with gluten-free diet

Confusing Points:

- Celiac disease is not milk allergy
- Lactose intolerance may be temporary during acute intestinal damage

Q22 Text Solution:

Secondary postpartum hemorrhage occurring after delivery is commonly caused by retained placental fragments leading to subinvolution of the uterus.

Important Points:

- Secondary PPH occurs after 24 hours to 6 weeks postpartum
- Retained products prevent normal uterine contraction
- Ultrasound may help confirm diagnosis

Confusing Points:

- Uterine rupture usually occurs during labor
- Cervical tears generally cause immediate postpartum bleeding

Q23 Text Solution:

Observation of gait, posture, hygiene, and appearance forms part of the general examination before detailed assessment begins.

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Important Points:

- General survey provides overall health status
- Includes appearance, behavior, body build, grooming

Confusing Points:

- Focused assessment targets a specific complaint
- Systemic examination evaluates body systems individually

Q24 **Text Solution:**

Peritoneal dialysis can be done at home and usually allows greater dietary freedom compared to hemodialysis.

Important Points:

- Useful in chronic kidney disease
- Provides gradual fluid and solute removal
- Promotes independence in patients

Confusing Points:

- Strict aseptic technique is still essential
- Hemodialysis is generally more efficient for rapid solute removal

Q25 **Text Solution:**

Kick count should preferably be done in left lateral position because lying supine can compress the vena cava and reduce uteroplacental blood flow.

Important Points:

- Normal fetal movement: at least 10 movements in 2 hours
- Left lateral position improves circulation
- Reduced fetal movement requires evaluation

Confusing Points:

- Supine position may cause maternal hypotension
- Counting should be done during active fetal periods

Q26 **Text Solution:**

Late decelerations indicate uteroplacental insufficiency and fetal hypoxia. Immediate oxygen administration helps improve fetal oxygenation.

Important Points:

- Late decelerations occur after uterine contractions
- Suggest fetal distress
- Interventions include oxygen, left lateral position, and IV fluids

Confusing Points:

- Variable decelerations usually indicate cord compression
- Early decelerations are generally benign

Q27 **Text Solution:**

A fetal station of +1 means the presenting part is 1 cm below the level of the ischial spines in the birth canal.

Important Points:

- Station measures fetal descent
- Zero station = level of ischial spine
- Positive station = below ischial spine

Confusing Points:

- Negative stations indicate fetus is above the ischial spine
- Station is different from cervical dilation

Q28 **Text Solution:**

Cu-T 380 provides effective contraception for 05 years.

Important Points:

- Long-term reversible contraception
- Copper creates spermicidal environment
- Can be inserted postpartum or interval period

Confusing Points:

- Duration varies among different IUCDs
- Fertility returns quickly after removal

Q29 **Text Solution:**

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PDSA cycle is a quality improvement model used to test and improve healthcare processes.

Important Points:

- Widely used in nursing administration and quality assurance
- Helps continuous improvement
- Involves repeated evaluation cycles

Confusing Points:

- "Study" means analyzing results after implementation
- It is not a research design but a quality improvement tool

Q30 **Text Solution:**

Stem-and-leaf display is a method of organizing data numerically, but it is not considered a graphical representation like histograms or pie charts.

Important Points:

- Histogram represents frequency distribution
- Pie chart shows proportional distribution
- Bar graph compares categories

Confusing Points:

- Stem-and-leaf retains original data values
- Histogram and bar graph are different statistical tools

Q31 **Text Solution:**

Case fatality rate (CFR) measures the severity of a disease by indicating the proportion of diagnosed individuals who die from that disease within a specified time.

Important Points:

- CFR indicates virulence and severity
- Expressed as percentage
- Commonly used during outbreaks

Confusing Points:

- Incidence rate measures occurrence of new cases
- Attack rate measures spread during outbreaks

Q32 **Text Solution:**

Modified Biophysical Profile consists of Non-Stress Test (NST) and assessment of amniotic fluid volume.

Important Points:

- Evaluates fetal well-being
- Amniotic fluid reflects placental function
- Used in high-risk pregnancies

Confusing Points:

- Complete BPP includes fetal movement, tone, breathing, and AFV
- CST is a separate fetal assessment test

Q33 **Text Solution:**

Diarrhea causes excessive loss of bicarbonate from the gastrointestinal tract, leading to metabolic acidosis.

Important Points:

- Bicarbonate loss lowers blood pH
- Common in severe diarrhea and dehydration
- ABG shows low HCO_3^-

Confusing Points:

- Vomiting commonly causes metabolic alkalosis
- Ketoacidosis occurs mainly in uncontrolled diabetes

Q34 **Text Solution:**

Repeated vomiting in bulimia nervosa leads to potassium loss causing hypokalemia.

Important Points:

- Hypokalemia can cause arrhythmias
- Common in purging behaviors
- Monitor ECG and electrolytes

Confusing Points:

- Hyperkalemia is not common in vomiting
- Sodium imbalance may occur but potassium loss is classic finding

Q35 **Text Solution:**

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During epistaxis, the child should sit leaning forward while applying pressure over the soft lower part of the nose to stop bleeding.

Important Points:

- Leaning forward prevents aspiration of blood
- Pressure applied for 10–15 minutes
- Ice packs may help vasoconstriction

Confusing Points:

- Pressure should not be applied over nasal bridge
- Lying down increases risk of swallowing blood

Q36 **Text Solution:**

During controlled cord traction (CCT) in Active Management of Third Stage of Labor (AMTSL), counter pressure is applied over the pubic symphysis to prevent uterine inversion.

Important Points:

- AMTSL prevents postpartum hemorrhage
- Includes oxytocin, CCT, and uterine massage
- Counter traction stabilizes uterus

Confusing Points:

- Fundal pressure can cause uterine inversion
- Vigorous massage is not done simultaneously with traction

Q37 **Text Solution:**

Intramuscular injections are administered at a 90-degree angle to ensure medicine reaches the muscle tissue.

Important Points:

- Common IM sites: deltoid, ventrogluteal, vastus lateralis
- Needle length depends on age and body size
- Z-track method reduces leakage

Confusing Points:

- Subcutaneous injections are commonly given at 45°
- Intradermal injections are given at 15°

Q38 **Text Solution:**

Correct routes are:

- BCG – Intradermal
- Measles – Subcutaneous
- Hib – Intramuscular
- Polio (Sabin) – Oral

Thus the correct sequence is 4321.

Important Points:

- BCG is always intradermal
- OPV is oral vaccine
- Hib is intramuscular

Confusing Points:

- OPV and IPV have different routes
- Measles vaccine is not oral

Q39 **Text Solution:**

If a patient vomits immediately after medication, the healthcare provider should be informed before repeating or adjusting the dose.

Important Points:

- Assess timing of vomiting after medication
- Some medications may need re-administration
- Documentation is essential

Confusing Points:

- Double dosing can cause toxicity
- Vomiting after medication is not a normal finding

Q40 **Text Solution:**

According to NIN 2020 guidelines, a moderately active pregnant woman with normal BMI in the second trimester requires around 2480 kcal/day.

Important Points:

- Calorie needs increase during pregnancy
- Second trimester requires additional energy intake
- Balanced nutrition is essential for fetal growth

Confusing Points:

- Requirements vary with BMI and activity level
- Protein and micronutrient intake are equally important

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Q41 Text Solution:
Birth history is very important in cerebral palsy because prenatal, perinatal, and postnatal complications are major risk factors.
Important Points:

- History of birth asphyxia is significant
- Prematurity increases risk
- Developmental milestones should also be assessed

Confusing Points:

- Feeding and speech are important but not primary etiological history
- Detailed antenatal and natal history is crucial

Q42 Text Solution:
Children with nephrotic syndrome receiving steroids are immunocompromised and highly prone to infections. Prevention of infection is a priority.
Important Points:

- Steroids suppress immunity
- Infection can trigger relapse
- Monitor for fever and edema

Confusing Points:

- Fluid balance is important but infection prevention is priority
- Excess hydration may worsen edema

Q43 Text Solution:
After palatoplasty, pain control with IV opioids may be required. Oral trauma should be avoided to protect the surgical site.
Important Points:

- Avoid objects in mouth after surgery
- Elbow restraints may be used
- Maintain airway and pain control

Confusing Points:

- Tongue depressor can damage repair site
- Pacifiers are avoided postoperatively

Q44 Text Solution:
A relative risk (RR) of 1 means the risk among exposed and unexposed groups is equal, indicating no association.
Important Points:

- RR >1 indicates increased risk
- RR <1 indicates protective effect
- Used in cohort studies

Confusing Points:

- RR does not prove causation directly
- Protective effect exists only when RR <1

Q45 Text Solution:
Excessive fluid removal during hemodialysis can lead to hypovolemia, causing muscle cramps and weakness.
Important Points:

- Common dialysis complication
- Monitor BP and fluid removal rate
- Muscle cramps occur due to rapid fluid shifts

Confusing Points:

- Hyperkalemia usually improves after dialysis
- Hyperglycemia is unrelated to dialysis cramps

Q46 Text Solution:
Pain assessment is subjective. Even if vital signs are stable, a pain score of 9/10 requires prompt pain management.
Important Points:

- Pain is whatever the patient says it is
- Stable vitals do not rule out severe pain
- Timely analgesia improves recovery

Confusing Points:

- Patients may experience severe pain without abnormal vitals
- Delaying pain treatment is inappropriate nursing care

Q47 Text Solution:
Epiglottitis presents with drooling, absence of spontaneous cough, dysphagia, agitation, and

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respiratory distress due to upper airway obstruction.

Important Points:

- Medical emergency in children
- Child often sits in tripod position
- Airway management is priority

Confusing Points:

- Barking cough is more common in croup
- Wheezing is lower airway obstruction sign

Q48 **Text Solution:**

The shake test is used to determine whether freeze-sensitive vaccines have been damaged by accidental freezing.

Important Points:

- Used for DPT, TT, Hepatitis B vaccines
- Frozen vaccines lose potency
- Part of cold chain maintenance

Confusing Points:

- OPV is not damaged by freezing
- Heat-sensitive and freeze-sensitive vaccines differ

Q49 **Text Solution:**

At 32 weeks gestation, corticosteroids like dexamethasone are given to accelerate fetal lung maturity before preterm delivery.

Important Points:

- Reduces neonatal respiratory distress syndrome
- Most effective between 24–34 weeks
- Usually given in two doses IM

Confusing Points:

- Nifedipine and ritodrine are tocolytics
- Misoprostol is used for labor induction

Q50 **Text Solution:**

Surfactant is administered directly into the lungs through an endotracheal tube after intubation.

Important Points:

- Used in neonatal respiratory distress syndrome
- Helps reduce alveolar collapse
- Common in premature neonates

Confusing Points:

- Surfactant is not given IM or SC
- Requires airway access for direct lung delivery

Q51 **Text Solution:**

A deviated uterus after delivery commonly indicates bladder distension, which prevents uterine contraction and causes bleeding. Emptying the bladder helps the uterus contract.

Important Points:

- Uterine atony is major cause of PPH
- Full bladder displaces uterus
- Fundus should be firm and midline

Confusing Points:

- Oxytocin may still be needed later
- Cause of deviation must be corrected first

Q52 **Text Solution:**

In threatened abortion, vaginal bleeding occurs but the cervical os remains closed. In inevitable abortion, the os is open.

Important Points:

- Threatened abortion may still continue as viable pregnancy
- Cervical status is key differentiating factor

Confusing Points:

- Bleeding may occur in both conditions
- Pain severity alone is unreliable

Q53 **Text Solution:**

A fetal heart rate of 180 bpm indicates fetal tachycardia and requires immediate medical evaluation.

Important Points:

- Normal fetal heart rate: 110–160 bpm
- Tachycardia may indicate fetal distress or infection

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Confusing Points:

- Braxton Hicks contractions are normal
- Mild nausea can persist in pregnancy

Q54 **Text Solution:**
Sudden reduction in drainage with hypotension and raised JVP after CABG suggests cardiac tamponade due to blocked chest drain.
Important Points:

- Cardiac tamponade compresses the heart
- Beck's triad: hypotension, raised JVP, muffled heart sounds
- Emergency intervention needed

Confusing Points:

- Internal bleeding usually increases drainage
- Hypovolemia causes low JVP, not raised JVP

Q55 **Text Solution:**
Secondary prevention involves early detection and screening of disease or psychological disorders before severe progression occurs.
Important Points:

- PTSD screening identifies early mental health problems
- Early intervention improves outcomes

Confusing Points:

- Primary prevention prevents occurrence before disease develops
- Tertiary prevention focuses on rehabilitation

Q56 **Text Solution:**
In violent or severely agitated psychotic patients, rapid tranquilization with benzodiazepines helps quickly control agitation and maintain safety.
Important Points:

- Safety of patient and staff is priority
- De-escalation attempted if possible
- Monitor airway and sedation level

Confusing Points:

- Physical restraint is used only if necessary
- Counselling is ineffective during severe agitation

Q57 **Text Solution:**
Parkinsonism occurs due to degeneration of dopaminergic neurons in the substantia nigra leading to dopamine deficiency.
Important Points:

- Classic triad: tremor, rigidity, bradykinesia
- Dopamine and acetylcholine imbalance occurs

Confusing Points:

- Acetylcholine activity becomes relatively increased
- Serotonin deficiency is associated more with depression

Q58 **Text Solution:**
Paclitaxel can cause severe hypersensitivity reactions. Premedication with corticosteroids and antihistamines reduces this risk.
Important Points:

- Monitor for anaphylaxis
- Administer slowly through IV infusion
- Common chemotherapy drug

Confusing Points:

- Rapid IV push is unsafe
- Castor oil is not used as premedication

Q59 **Text Solution:**
Symptoms appearing within hours after stopping alcohol such as tremors, tachycardia, and hypertension indicate alcohol withdrawal syndrome.
Important Points:

- Usually begins 6–24 hours after last drink
- Benzodiazepines are commonly used
- Severe form may progress to delirium tremens

Confusing Points:

- Delirium tremens occurs later and is more severe

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- Intoxication occurs while actively consuming alcohol

Q60 **Text Solution:**
In conductive hearing loss, Weber test lateralizes to the affected ear and Rinne test becomes negative (bone conduction > air conduction).
Important Points:

- Conductive loss affects outer/middle ear
- Sensorineural loss affects inner ear/auditory nerve

Confusing Points:

- Weber lateralizes to opposite ear in sensorineural loss
- Positive Rinne is normal or sensorineural loss

Q61 **Text Solution:**
If hypoxia persists despite non-invasive ventilation (NIV), invasive airway management with intubation is required to ensure adequate oxygenation and ventilation.
Important Points:

- NIV failure is indicated by worsening hypoxia or respiratory distress
- Intubation prevents respiratory arrest
- Continuous monitoring is essential

Confusing Points:

- Delaying intubation worsens prognosis
- NIV is useful only in selected stable patients

Q62 **Text Solution:**
The trigger valve senses the patient's inspiratory effort and synchronizes ventilator support with breathing.
Important Points:

- Improves patient comfort
- Reduces work of breathing
- Essential component in BiPAP functioning

Confusing Points:

- Expiratory valve mainly regulates exhalation pressure
- Oxygen valve controls oxygen flow only

Q63 **Text Solution:**
Cheyne-Stokes respiration is characterized by alternating hyperventilation and hypoventilation followed by apnea.
Important Points:

- Seen in heart failure and neurological disorders
- Cyclic breathing pattern

Confusing Points:

- Kussmaul breathing is deep and rapid breathing in metabolic acidosis
- Biot breathing is irregular with unpredictable apnea

Q64 **Text Solution:**
Cleaning from inner to outer canthus prevents microorganisms from entering the lacrimal duct and spreading infection.
Important Points:

- Use separate swab for each stroke
- Clean from least contaminated to most contaminated area

Confusing Points:

- Improves hygiene, not vision clarity
- Corneal abrasion prevention is not the primary rationale

Q65 **Text Solution:**
Major burns cause massive fluid loss. Fluid resuscitation during the first 24 hours is essential to prevent burn shock.
Important Points:

- Parkland formula commonly used
- Monitor urine output
- Early fluid replacement saves life

Confusing Points:

- Airway is priority mainly in inhalation injury
- Isolation is important later for infection prevention

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Q66 **Text Solution:**
The dorsogluteal site is avoided because of the risk of sciatic nerve injury.
Important Points:

- Ventrogluteal is safer for IM injections
- Sciatic nerve damage may cause paralysis or pain

Confusing Points:

- Vastus lateralis is preferred in infants
- Deltoid used for smaller volume injections

Q67 **Text Solution:**
Superficial venous thrombosis commonly presents as a palpable, hard, tender superficial vein especially in the calf.
Important Points:

- Local redness and pain may occur
- Usually affects superficial leg veins

Confusing Points:

- Pallor and coolness are more common in arterial insufficiency
- Deep vein thrombosis has different presentation

Q68 **Text Solution:**
Wolff's law explains that bone remodels and adapts according to stress placed upon it, which occurs during the remodeling phase of fracture healing.
Important Points:

- Remodeling restores normal bone structure
- Bone becomes stronger with appropriate stress

Confusing Points:

- Hematoma formation is the first stage
- Callus formation occurs before remodeling

Q69 **Text Solution:**
The most common cause of Cushing syndrome is prolonged use of corticosteroid medications.
Important Points:

- Causes moon face, truncal obesity, hypertension
- Gradual steroid tapering is necessary

Confusing Points:

- Pituitary adenoma causes Cushing disease, not the most common overall cause
- Adrenal tumors are less common

Q70 **Text Solution:**
A sentinel event is a serious unexpected event causing death or major physical or psychological injury.
Important Points:

- Requires immediate investigation
- Indicates serious safety issue

Confusing Points:

- Minor delays are not sentinel events
- Sentinel events usually cause permanent harm or death

Q71 **Text Solution:**
Diabetes mellitus is diagnosed when fasting plasma glucose is 126 mg/dL or higher on repeated testing.
Important Points:

- Fasting means no caloric intake for 8 hours
- HbA1c ≥6.5% also supports diagnosis

Confusing Points:

- Random blood sugar >200 mg/dL with symptoms is also diagnostic
- 110 mg/dL indicates impaired fasting glucose

Q72 **Text Solution:**
Bleeding is the most common complication after renal biopsy because the kidneys are highly vascular organs.
Important Points:

- Monitor urine for hematuria
- Bed rest is usually advised post-procedure

Confusing Points:

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- Mild pain can occur but bleeding is more common and significant
- Fever is uncommon unless infection develops

Q73 **Text Solution:**
The patient likely developed Heparin-Induced Thrombocytopenia (HIT). All heparin products must be stopped immediately.
Important Points:

- HIT causes thrombocytopenia and thrombosis
- Platelet count drops significantly
- Alternative anticoagulants may be required

Confusing Points:

- Continuing heparin can be fatal
- Platelet transfusion is not routine unless severe bleeding occurs

Q74 **Text Solution:**
A platelet count of 20,000/mm^3 places the child at very high risk of bleeding, making bleeding precautions the priority.
Important Points:

- Avoid IM injections and trauma
- Monitor for petechiae and bleeding

Confusing Points:

- Elevated WBC may indicate infection but thrombocytopenia is more immediately dangerous
- Mild anemia is less urgent than severe thrombocytopenia

Q75 **Text Solution:**
Excessive screen or gaming use causing functional impairment, dependence, and withdrawal-like symptoms is consistent with gaming disorder.
Important Points:

- Causes academic and social impairment
- Irritability occurs when device removed
- WHO recognizes gaming disorder

Confusing Points:

- ADHD primarily involves inattention and hyperactivity
- OCD involves obsessions and compulsions, not gaming dependence

Q76 **Text Solution:**
Under Anemia Mukt Bharat, pregnant women should receive 60 mg elemental iron and 500 microgram folic acid supplementation daily.
Important Points:

- Prevents maternal anemia
- Reduces risk of neural tube defects
- Continued during pregnancy and postpartum period

Confusing Points:

- Dosage differs in children and adolescents
- Folic acid alone is insufficient for anemia prevention

Q77 **Text Solution:**
According to IMNCI guidelines, respiratory rate more than 40/min in a child aged 1–5 years is considered tachypnea.
Important Points:

- Respiratory rate should be counted for one full minute
- Tachypnea is an early sign of respiratory distress

Confusing Points:

- Normal respiratory rate varies with age
- Infants normally have higher respiratory rates

Q78 **Text Solution:**
Celiac disease is caused by intolerance to gluten, which is present in wheat, barley, and rye.
Important Points:

- Gluten-free diet is lifelong treatment
- Rice and corn are safe foods

Confusing Points:

- Bread may sometimes be gluten-free depending on ingredients

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- Oats should only be taken if certified gluten-free

Q79 **Text Solution:**
Correct identification of the patient and blood product is the most critical step to prevent fatal transfusion reactions.
Important Points:

- Verify blood group, Rh type, expiry date
- Cross-check should be done by two qualified staff
- Observe patient closely during first 15 minutes

Confusing Points:

- Blood warming is not routinely required
- Antiallergic medication is not routinely given before transfusion

Q80 **Text Solution:**
Log rolling is a technique used to move a patient while maintaining spinal alignment, especially in suspected spinal injuries.
Important Points:

- Requires coordinated team movement
- Prevents worsening of spinal cord injury

Confusing Points:

- It is a movement technique, not equipment
- Different from pelvic stabilization procedures

Q81 **Text Solution:**
Dead space of Morris refers to the posterior pelvic space where the fetal head may move backward and fail to engage properly.
Important Points:

- May contribute to labor abnormalities
- Associated with malposition of fetal head

Confusing Points:

- Not a commonly used routine obstetric term
- Different from pelvic cavity dimensions

Q82 **Text Solution:**
In congenital diaphragmatic hernia, bag-mask ventilation can worsen respiratory distress by inflating bowel loops in the chest. Immediate intubation is required.
Important Points:

- Scaphoid abdomen is a classic finding
- Avoid bag-mask ventilation
- Gastric decompression is important

Confusing Points:

- Oral feeding is contraindicated
- Cyanosis indicates severe respiratory compromise

Q83 **Text Solution:**
The patient should first receive oxygen, then be positioned properly, followed by catheter insertion and suctioning.
Important Points:

- Hyperoxygenation prevents hypoxia
- Suctioning should be sterile and brief
- Monitor oxygen saturation during procedure

Confusing Points:

- Suction should not begin before catheter insertion
- Sitting position improves lung expansion

Q84 **Text Solution:**
Enema is contraindicated in appendicitis because it may rupture the inflamed appendix causing peritonitis.
Important Points:

- Keep patient NPO before surgery
- Monitor for signs of rupture
- Antibiotics are commonly prescribed

Confusing Points:

- Heating pads are also avoided
- RLQ pain is a classic feature of appendicitis

Q85 **Text Solution:**
Leaving the measuring tape beneath the child minimizes disturbance and allows accurate repeated abdominal girth monitoring.
Important Points:

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- Abdominal distension indicates bowel obstruction
- Consistent measurement technique improves accuracy

Confusing Points:

- Digital rectal examination may increase discomfort
- Repeated handling can irritate the child

Q86 **Text Solution:**
Right shoulder pain after laparoscopic surgery is commonly due to diaphragmatic irritation from retained CO_2 gas.
Important Points:

- Usually temporary and expected
- Ambulation helps relieve pain

Confusing Points:

- Fever may indicate infection and requires evaluation
- Shoulder pain is referred pain via phrenic nerve

Q87 **Text Solution:**
Interlocking twins commonly occur when the first twin is breech and the second twin is cephalic.
Important Points:

- Serious obstetric emergency
- Can obstruct vaginal delivery

Confusing Points:

- Requires prompt obstetric management
- More common in vaginal twin delivery

Q88 **Text Solution:**
Secondary postpartum hemorrhage occurring weeks after delivery is commonly due to retained placental tissue causing subinvolution.
Important Points:

- Secondary PPH occurs after 24 hours postpartum
- Ultrasound helps diagnosis
- Uterotonics may be required

Confusing Points:

- Uterine atony usually causes immediate postpartum bleeding
- Uterine rupture occurs during labor

Q89 **Text Solution:**
Digital vaginal examination is contraindicated in placenta previa because it may trigger severe hemorrhage.
Important Points:

- Placenta previa causes painless bleeding
- Ultrasound confirms diagnosis
- Prepare for possible emergency cesarean section

Confusing Points:

- Fetal monitoring is appropriate
- Blood preparation is important in hemorrhage risk

Q90 **Text Solution:**
The adolescent is showing mild depressive symptoms without suicidal ideation. Initial management includes supportive telephonic counseling and psychological guidance through Tele-MANAS services.
Important Points:

- Early counseling helps prevent worsening of depression
- Suicide risk assessment should always be done
- Tele-MANAS provides accessible mental health support

Confusing Points:

- Emergency referral is needed only in severe psychiatric conditions
- Immediate admission is not indicated without suicidal ideation
- Police involvement is inappropriate in this situation

Q91 **Text Solution:**

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Brief intervention is a short, structured counseling session used to motivate patients to reduce alcohol abuse and risky behavior.

Important Points:

- Usually lasts 5–15 minutes
- Commonly used in substance abuse management
- Focuses on awareness and behavior change

Confusing Points:

- Psychotherapy is longer and more detailed
- Rehabilitation involves long-term recovery

Q92 **Text Solution:**

Borderline personality disorder is characterized by fear of abandonment, unstable relationships, impulsive behavior, emotional instability, and self-harm tendencies.

Important Points:

- Self-harm is common
- Emotional instability is characteristic
- Patients may have impulsive anger outbursts

Confusing Points:

- Antisocial personality disorder involves violation of others' rights
- Narcissistic personality disorder shows grandiosity and lack of empathy

Q93 **Text Solution:**

Excessive mobile phone use associated with dependency, withdrawal symptoms, and impaired functioning indicates behavioral addiction.

Important Points:

- Leads to social and academic decline
- Withdrawal symptoms include anxiety and irritability
- Early intervention is important

Confusing Points:

- No substance intake occurs here
- Anxiety disorder is broader and not limited to device use

Q94 **Text Solution:**

High oxygen concentration in COPD patients can suppress hypoxic respiratory drive and worsen carbon dioxide retention, leading to dizziness and restlessness.

Important Points:

- Maintain oxygen saturation around 88–92%
- Controlled oxygen therapy is essential
- Monitor ABG and respiratory status

Confusing Points:

- Increasing oxygen further may worsen hypercapnia
- Sudden oxygen removal may worsen hypoxia

Q95 **Text Solution:**

Trendelenburg position can impair diaphragmatic movement and worsen respiratory compromise in COPD patients.

Important Points:

- COPD patients already have compromised ventilation
- Positioning significantly affects respiratory mechanics

Confusing Points:

- Reverse Trendelenburg may improve breathing

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- Supine position is comparatively less problematic

Q96 **Text Solution:**
The left cerebral hemisphere controls language and motor function of the right side of the body in most individuals.
Important Points:

- Aphasia indicates dominant hemisphere involvement
- Stroke is a common cause

Confusing Points:

- Cerebellar lesions mainly affect coordination
- Right hemisphere lesions mainly affect spatial perception

Q97 **Text Solution:**
Most of the fetal head is palpable above the pelvic brim, indicating that the head is freely mobile and not yet engaged.
Important Points:

- Engagement occurs when the biparietal diameter passes the pelvic inlet
- Abdominal palpation helps assess fetal descent

Confusing Points:

- Less palpable head above brim means greater engagement
- Engagement differs from fetal station

Q98 **Text Solution:**
Maternal heart rate normally increases during pregnancy due to increased blood volume and cardiac output.
Important Points:

- Cardiac output rises during pregnancy
- Mild tachycardia may be physiological

Confusing Points:

- Significant tachycardia still needs evaluation
- Blood pressure may slightly decrease during mid-pregnancy

Q99 **Text Solution:**
Heart rate normally increases during physical activity to meet increased oxygen demand by the body.
Important Points:

- Sympathetic stimulation increases heart rate
- Temporary increase during activity is expected

Confusing Points:

- Persistent tachycardia at rest is abnormal
- Anxiety may also increase heart rate

Q100 **Text Solution:**
Non-blanchable redness indicates stage 1 pressure injury. Frequent repositioning and skin protection prevent progression.
Important Points:

- Pressure relief is essential
- Moisture control protects skin integrity
- Early management prevents ulcer formation

Confusing Points:

- Vigorous massage may damage tissues
- Lotion alone is not sufficient treatment

Q101 **Text Solution:**
A sensation of bladder fullness during continuous bladder irrigation usually indicates catheter blockage or kinking.
Important Points:

- Ensure unobstructed drainage
- Blood clots may obstruct catheter flow
- Monitor urine color and output

Confusing Points:

- Increasing flow without checking blockage may worsen discomfort
- Voiding sensation may occur despite catheterization

Q102 **Text Solution:**
Leg elevation improves circulation and reduces pressure, helping prevent complications in diabetic neuropathy.

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Important Points:

- Daily foot inspection is important
- Proper footwear prevents injury
- Neuropathy decreases protective sensation

Confusing Points:

- Hot compresses may cause burns due to reduced sensation
- Vigorous massage may damage tissues

Q103 **Text Solution:**
Variable decelerations are abrupt U- or V-shaped decreases in fetal heart rate commonly caused by umbilical cord compression.
Important Points:

- Timing and shape vary
- Cord compression is the common cause

Confusing Points:

- Late decelerations indicate uteroplacental insufficiency
- Early decelerations are usually benign

Q104 **Text Solution:**
Post-term babies usually have dry, cracked, leathery and wrinkled skin due to loss of vernix and prolonged stay in the uterus. They may also appear thin with long nails.
Important Points:

- Post-term baby = gestation beyond 42 weeks
- Skin appears dry, peeling and wrinkled
- Meconium aspiration risk is increased

Confusing Points:

- Abundant lanugo is seen in preterm babies
- Absent sole creases indicate prematurity

Q105 **Text Solution:**
Documentation should be done immediately after administering medication. Delayed charting can lead to medication errors and poor continuity of care.
Important Points:

- Document care immediately after completion
- Timely recording improves patient safety
- Delayed documentation may cause duplication of drugs

Confusing Points:

- Completeness means all required information is included
- Legibility refers to readable handwriting/documentation

Q106 **Text Solution:**
These symptoms indicate dialysis-induced hypotension. Dialysis should be slowed or stopped immediately and circulation improved by positioning the patient supine with elevated legs.
Important Points:

- Hypotension is a common complication of hemodialysis
- Monitor BP continuously during dialysis
- Rapid fluid removal can cause shock-like symptoms

Confusing Points:

- Oral fluids are not immediately given in unstable patients
- Continuing dialysis may worsen hypotension

Q107 **Text Solution:**
Perseveration is the persistent repetition of the same response or idea despite change in questions or topic.
Important Points:

- Common in autism and neurological disorders
- Patient keeps repeating the same thought or response
- Unable to shift to a new idea

Confusing Points:

- Echolalia = repetition of another person's words
- Echopraxia = imitation of movements

Q108 **Text Solution:**

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Bacterial meningitis is highly serious and potentially infectious. Immediate isolation and early antibiotic therapy are lifesaving interventions.
Important Points:

- Opisthotonos indicates severe meningeal irritation
- Early antibiotics reduce mortality
- Isolation prevents spread of infection

Confusing Points:

- Fontanelle assessment is important but not priority
- Comfort measures should not delay treatment

Q109 **Text Solution:**
Fever and chills occurring during transfusion without severe hemolysis are typical of febrile non-hemolytic transfusion reaction.
Important Points:

- Most common transfusion reaction
- Stop transfusion immediately
- Antipyretics are usually administered

Confusing Points:

- Acute hemolytic reaction causes severe pain and hemoglobinuria
- Anaphylaxis presents with respiratory distress and hypotension

Q110 **Text Solution:**
Asterixis indicates hepatic encephalopathy due to ammonia accumulation. Lactulose helps reduce ammonia levels by promoting excretion through stool.
Important Points:

- Asterixis = flapping tremor
- Lactulose lowers serum ammonia
- Protein intake may be temporarily restricted

Confusing Points:

- High protein diet can worsen encephalopathy
- Sedatives may further depress consciousness

Q111 **Text Solution:**
Monitoring vitals for exactly 10 minutes is not a standard pre-chemotherapy assessment protocol. IV patency and infiltration checks are essential.
Important Points:

- Chemotherapy drugs are vesicants
- Ensure IV line is patent before administration
- Monitor for adverse reactions carefully

Confusing Points:

- Free-flowing IV line is necessary for safe chemotherapy
- Infiltration can cause severe tissue damage

Q112 **Text Solution:**
A non-reactive NST may occur due to fetal sleep cycle. Repositioning and giving glucose/snacks may stimulate fetal activity before further interventions.
Important Points:

- NST evaluates fetal well-being
- Fetal sleep can cause temporary non-reactive NST
- Repeat testing is often done initially

Confusing Points:

- Cesarean section is not immediate first step
- CST is done only if NST remains non-reactive

Q113 **Text Solution:**

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Persistent trophoblastic tissue after abnormal pregnancy can progress to choriocarcinoma, also called cancerous mole.
Important Points:

- Choriocarcinoma is a malignant trophoblastic disease
- β-hCG levels remain elevated
- Early diagnosis improves prognosis

Confusing Points:

- Hydatidiform mole is usually benign initially
- Blighted ovum is an early pregnancy failure condition

Q114 **Text Solution:**
This question is asking what should NOT be avoided. Tall man lettering is actually recommended to reduce medication errors with LASA (Look-Alike Sound-Alike) drugs by highlighting differences in names.
Important Points:

- LASA drugs increase risk of medication errors
- Tall man lettering improves drug identification
- Proper storage and labeling reduce confusion

Confusing Points:

- Random arrangement of drugs should be avoided
- Administering drugs quickly without checking increases errors

Q115 **Text Solution:**
At 15 months, children commonly speak 1–3 meaningful words and can follow simple commands. This finding is age appropriate.
Important Points:

- Normal vocabulary at 15 months is limited
- Understanding commands is an important developmental sign
- Receptive language develops before expressive language

Confusing Points:

- Delayed speech alone does not always indicate developmental delay
- Immediate referral is unnecessary if milestones are otherwise normal

Q116 **Text Solution:**
Dexamethasone helps accelerate lung maturity and reduce inflammation in neonatal respiratory distress syndrome.
Important Points:

- RDS occurs due to surfactant deficiency
- Common in premature infants
- Steroids enhance lung maturation

Confusing Points:

- Caffeine citrate is mainly used for apnea of prematurity
- Nifedipine is a tocolytic drug

Q117 **Text Solution:**
Uterine hyperstimulation is commonly associated with oxytocin administration. Continuous monitoring and adjustment of infusion are essential.
Important Points:

- Hyperstimulation reduces fetal oxygenation
- Contractions may become prolonged and frequent
- Oxytocin may need reduction or discontinuation

Confusing Points:

- Walking can worsen hyperstimulation
- Amniotomy is not the first response

Q118 **Text Solution:**
Early postoperative hypovolemic shock presents with tachycardia, hypotension, cold skin, and reduced perfusion due to blood or fluid loss.
Important Points:

- Early recognition prevents complications
- Monitor BP, pulse, urine output closely
- Postoperative bleeding is a common cause

Confusing Points:

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- Infection usually develops later, not within 3 hours
- Anesthetic effects generally do not cause progressive hypotension

Q119 Text Solution:

DKA causes metabolic acidosis due to ketone accumulation, leading to low blood pH and decreased bicarbonate levels.

Important Points:

- DKA is a metabolic acidosis
- Ketone bodies increase in blood
- Kussmaul respiration may occur

Confusing Points:

- Increased pH indicates alkalosis
- Bicarbonate decreases because it buffers acids

Q120 Text Solution:

When the inner square becomes the same color or darker than the outer circle, the vaccine has been exposed to excessive heat and must be discarded.

Important Points:

- VVM monitors heat exposure of vaccines
- Stage 4 vaccines are unusable
- Cold chain maintenance is essential

Confusing Points:

- Lighter inner square means vaccine is still usable
- Vaccine potency never increases with heat exposure

Q121 Text Solution:

NPH insulin is not administered intravenously. Only regular insulin is commonly used IV.

Important Points:

- NPH = intermediate-acting insulin
- Appears cloudy due to protamine
- Peak effect can cause hypoglycemia

Confusing Points:

- Regular insulin is the IV insulin
- NPH can be mixed with short-acting insulin

Q122 Text Solution:

Hyperkalemia affects neuromuscular activity and can cause muscle weakness, cramps, and cardiac disturbances.

Important Points:

- Potassium imbalance affects muscle and heart function
- ECG monitoring is important
- Severe hyperkalemia may cause arrhythmias

Confusing Points:

- Hypocalcemia more commonly causes tetany
- Hypovolemia mainly causes hypotension and tachycardia

Q123 Text Solution:

If three-fifths of the fetal head is palpable above the pelvic brim, the head is not yet engaged.

Important Points:

- Engagement occurs when biparietal diameter passes pelvic inlet
- Fifths method assesses fetal descent
- More palpable head = less engagement

Confusing Points:

- 0/5 palpable indicates full engagement
- Greater palpable portion means higher station

Q124 Text Solution:

Only one-fifth of the head palpable above the brim indicates that the fetal head is mostly engaged.

Important Points:

- Less palpable head indicates descent into pelvis
- Engagement is assessed abdominally
- Engagement occurs before active labor in primigravida

Confusing Points:

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- Deep engagement usually means head is not palpable
- 5/5 palpable indicates unengaged head

Q125 **Text Solution:**
The oblique muscle fibers of the uterus contract after delivery and compress blood vessels at the placental site, preventing postpartum hemorrhage. This mechanism is called "living ligature."
Important Points:

- Oblique fibers help control bleeding after delivery
- Uterine contraction is essential for placental separation
- Failure leads to postpartum hemorrhage

Confusing Points:

- Labour conduction mainly depends on coordinated uterine contractions
- Placental expulsion is secondary to uterine contraction

Q126 **Text Solution:**
Palpation and percussion can stimulate bowel activity and alter bowel sounds. Therefore, auscultation is always performed first during abdominal examination.
Important Points:

- Order: Inspection → Auscultation → Percussion → Palpation
- Bowel sounds should be assessed before touching abdomen
- Prevents false interpretation of intestinal activity

Confusing Points:

- Tenderness assessment is not the reason for auscultation first
- Auscultation itself does not reduce bowel sounds

Q127 **Text Solution:**
The radioactive symbol warns about exposure to ionizing radiation and radioactive materials which may cause harmful biological effects.
Important Points:

- Used in radiology and nuclear medicine areas
- Indicates radiation hazard
- Protective precautions are mandatory

Confusing Points:

- Biohazard symbol is different and indicates infectious materials
- BMW refers to biomedical waste category marking

Q128 **Text Solution:**
Coarctation of the aorta causes narrowing of the aorta leading to weak or absent femoral pulses and reduced blood flow to lower extremities.
Important Points:

- BP is higher in upper limbs than lower limbs
- Femoral pulse delay is characteristic
- Common congenital heart disease

Confusing Points:

- Tet spells occur in Tetralogy of Fallot
- Bounding pulses are seen in PDA

Q129 **Text Solution:**
Initial management of SAM focuses on stabilization of life-threatening conditions before nutritional rehabilitation.
Important Points:

- Stabilization phase lasts first few days
- Treat hypoglycemia and hypothermia urgently
- Dehydration correction should be cautious

Confusing Points:

- Iron is usually delayed until stabilization
- Nutritional rehabilitation begins after stabilization phase

Q130 **Text Solution:**
Warfarin requires regular INR monitoring to maintain therapeutic anticoagulation and prevent bleeding complications.
Important Points:

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- INR monitoring is essential
- Take warfarin at same time daily
- Avoid sudden dietary vitamin K changes

Confusing Points:

- Double dosing increases bleeding risk
- Medication should not be stopped abruptly without advice

Q131 **Text Solution:**
Pressure of speech refers to rapid, excessive and difficult-to-interrupt speech commonly seen in psychosis and mania.
Important Points:

- Speech is loud and continuous
- Common in manic episodes
- Patient shifts rapidly between topics

Confusing Points:

- Mutism means absence of speech
- Poverty of speech means minimal verbal output

Q132 **Text Solution:**
Elevating the head of bed reduces aspiration of secretions and gastric contents, thereby preventing ventilator-associated pneumonia.
Important Points:

- Semi-Fowler's position is recommended
- Reduces aspiration risk
- Part of standard VAP bundle care

Confusing Points:

- Frequent suctioning alone does not prevent VAP
- Routine prophylactic antibiotics are not recommended

Q133 **Text Solution:**
Preschool children can identify pain using facial expressions and simple concrete tools like poker chips.
Important Points:

- Suitable for children above 3 years
- Uses visual representation of pain
- Easy for children to understand

Confusing Points:

- Visual analogue scale is used in older children
- FLACC is mainly for nonverbal children

Q134 **Text Solution:**
Paraphilia refers to abnormal sexual interests that may involve atypical objects, situations, or targets causing distress or impairment.
Important Points:

- Classified under psychiatric disorders
- May impair social and occupational functioning
- Requires psychological assessment and therapy

Confusing Points:

- Fear of public places = Agoraphobia
- False fixed belief = Delusion

Q135 **Text Solution:**
Tingling and pallor below the cast indicate neurovascular compromise due to impaired circulation. Immediate intervention is needed to prevent compartment syndrome and tissue damage.
Important Points:

- Assess circulation, sensation, and movement regularly
- Tight casts can impair blood supply
- Early intervention prevents permanent damage

Confusing Points:

- Elevation alone may not relieve severe compression
- Reassurance can dangerously delay treatment

Q136 **Text Solution:**
This pattern indicates uterine hyperstimulation. Oxytocin should be stopped immediately to prevent fetal distress and uterine rupture.
Important Points:

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- Normal contractions allow adequate resting period
- Hyperstimulation decreases placental blood flow
- Continuous fetal monitoring is essential

Confusing Points:

- Continuing oxytocin worsens uterine overstimulation
- LSCS is not always the immediate first step

Q137 **Text Solution:**
Evaporative heat loss occurs when moisture on the baby's body evaporates. Immediate drying with a warm towel prevents this type of heat loss.
Important Points:

- Newborns lose heat rapidly after birth
- Head accounts for major heat loss
- Drying should be done immediately

Confusing Points:

- Warmers help mainly after initial stabilization
- Closing doors prevents convection, not evaporation

Q138 **Text Solution:**
This appears incorrectly keyed in the source because genetics actually does play an important role in depression. Therefore, the question itself may be flawed.
Important Points:

- Depression has multifactorial causes
- Neurotransmitter imbalance is involved
- Psychosocial stressors increase risk

Confusing Points:

- Family history and genetics are established risk factors
- Question may contain an incorrect answer key

Q139 **Text Solution:**
These classic features are seen in Down syndrome (Trisomy 21), the most common chromosomal abnormality compatible with life.
Important Points:

- Hypotonia is common in newborn period
- Single palmar crease is characteristic
- Intellectual disability may occur later

Confusing Points:

- Trisomy 18 causes clenched fists and rocker-bottom feet
- Trisomy 13 is associated with cleft lip and polydactyly

Q140 **Text Solution:**
After radioactive iodine therapy, temporary radiation precautions help reduce exposure to family members.
Important Points:

- Maintain distance from others temporarily
- Avoid close contact with children and pregnant women
- Use separate utensils and toilet hygiene precautions

Confusing Points:

- Precautions are temporary, not lifelong
- Complete absence of precautions is unsafe initially

Q141 **Text Solution:**
Open-ended questions encourage expression of emotions and help assess suicidal ideation, mood, and coping.
Important Points:

- Therapeutic communication is essential
- Encourage verbalization of feelings
- Assess suicide risk in hopeless patients

Confusing Points:

- "Why" questions may sound judgmental
- False reassurance blocks communication

Q142 **Text Solution:**
A distal site below an infiltrated vein should be avoided because fluid leakage and vein damage may affect the new IV site.
Important Points:

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- Choose healthy, intact veins
- Avoid infected or infiltrated areas
- Start distally and move proximally when possible

Confusing Points:

- Proximal veins may still be usable if healthy
- Cephalic vein is commonly used for IV access

Q143 **Text Solution:**

Isotonic crystalloids such as normal saline and Ringer lactate are first-line fluids for rapid volume replacement in hypovolemic shock.

Important Points:

- Restore circulating volume quickly
- Monitor BP and urine output
- Shock management is time-sensitive

Confusing Points:

- Dextrose solutions are not preferred for shock resuscitation
- Hypotonic fluids worsen intravascular depletion

Q144 **Text Solution:**

The Ishikawa or fishbone diagram is used in root cause analysis to identify contributing factors to a problem.

Important Points:

- Also called cause-and-effect diagram
- Used in quality improvement
- Helps identify system-related causes

Confusing Points:

- Histograms show frequency distribution
- Pie charts show proportions, not root causes

Q145 **Text Solution:**

Renal failure (both acute and chronic) causes the kidneys to lose their ability to excrete waste products, regulate electrolytes, and maintain fluid balance. Among the various electrolyte abnormalities seen in renal failure, hyperkalemia (elevated serum potassium levels) is the most common and clinically significant.Normally, kidneys maintain potassium balance by excreting excess potassium through urine. When renal function declines (especially when GFR <20 mL/min), potassium accumulates in the blood, leading to hyperkalemia. This is dangerous because potassium directly affects cardiac conduction. Even a mild elevation (K^+ >5.5 mEq/L) can produce ECG changes, and levels >7 mEq/L may cause fatal arrhythmias such as ventricular fibrillation or asystole.

Important Points :

Hyperkalemia = most common electrolyte imbalance in renal failure.Cardiac monitoring is essential in renal patients because hyperkalemia can cause arrhythmias.ECG changes of hyperkalemia: Tall peaked T waves → prolonged PR interval → widened QRS → sine wave pattern → cardiac arrest.Management of hyperkalemia in renal failure:IV calcium gluconate (stabilizes cardiac membrane).IV insulin with glucose (shifts K^+ into cells).Sodium bicarbonate (temporary shift of K^+).Potassium binders (sodium polystyrene sulfonate).Hemodialysis (definitive treatment).Other electrolyte changes in renal failure:Hypocalcemia.Hyperphosphatemia.Metabolic acidosis (due to inability to excrete hydrogen ions).

Confusing Points :

Both occur in renal failure, but hyperkalemia is more acute and dangerous. Hypocalcemia develops slowly and often coexists.Sodium imbalance: Students often think "renal failure = hypernatremia" because of reduced urine output. In reality, dilutional hyponatremia or normal sodium is more common, unless patient is dehydrated or receiving excess sodium.Hypokalemia trap: In practice, hypokalemia may appear in patients on loop diuretics (furosemide) used for fluid overload, but this is drug-induced, not due to renal failure itself.Acute vs Chronic renal failure: Both can cause hyperkalemia, but it is especially severe in acute renal failure because the kidneys suddenly lose excretory function.

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Q146 **Text Solution:**

Myocardial Infarction (MI) is caused by complete obstruction of coronary arteries, usually due to atherosclerotic plaque rupture and thrombus formation. This results in ischemia and necrosis of the heart muscle. The most important and early clinical manifestation is chest pain (angina-like, but more severe and persistent).Characteristics of MI Pain:Intense, crushing, squeezing, or pressure-like pain behind the sternum.Radiates to left arm, shoulder, neck, jaw, or back.Duration >20 minutes (unlike angina, which lasts <15 minutes).Not relieved by rest or nitroglycerin, because myocardial necrosis has already occurred, and vasodilation cannot restore blood flow.May be associated with sweating, nausea, vomiting, anxiety, and shortness of breath.Therefore, the diagnostic feature of MI pain is that it persists and is not relieved by rest or nitroglycerin.

Important Points :

MI pain vs Angina:Stable angina → relieved by rest/nitroglycerin.Unstable angina → not relieved by rest, but no permanent damage yet.MI → prolonged pain, not relieved by nitroglycerin.Typical symptoms: Crushing chest pain, radiating pain, diaphoresis, sense of impending doom.Atypical presentation: In diabetics, elderly, and women, pain may be absent (silent MI) or present as fatigue, epigastric discomfort, or dyspnea.Diagnostic tests:ECG changes: ST elevation (STEMI), ST depression/T inversion (NSTEMI).Cardiac markers: Troponin I and T (gold standard), CK-MB.Immediate management: MONA protocol (Morphine, Oxygen, Nitrates, Aspirin).

Confusing Points :

Nitroglycerin effect: Students often confuse angina and MI. Remember, nitroglycerin relieves angina, but not MI.Pain character: Some students mistakenly think MI pain is "sharp" like stabbing pain, but it is actually a pressure/heavy sensation. Sharp pain is usually respiratory or musculoskeletal in origin.Rest factor: Pain of stable angina goes away with rest, but MI pain persists despite rest.Silent MI: A common trap is thinking MI always has severe pain. In fact, diabetics and elderly may not feel typical pain due to neuropathy.

Q147 **Text Solution:**

Peptic ulcer disease (PUD) is a chronic condition characterized by mucosal erosion in the stomach or duodenum due to imbalance between gastric acid/pepsin and mucosal defense mechanisms. While many ulcers remain uncomplicated, some develop life-threatening complications.The most common complication of peptic ulcer disease is hemorrhage (gastrointestinal bleeding).Mechanism: Ulcer erodes into blood vessels in the gastric or duodenal wall, leading to bleeding.Clinical features: Hematemesis (vomiting of blood), melena (black tarry stools), anemia, weakness, and hypovolemic shock in severe cases.Diagnosis: Endoscopy (to visualize bleeding site) and hemoglobin levels.Management: Endoscopic hemostasis (clipping, cautery, injection therapy), IV proton pump inhibitors, blood transfusion if needed.Other complications:Perforation: Ulcer penetrates full thickness of gastric/duodenal wall → leakage of gastric contents into peritoneum → peritonitis. It presents with sudden severe epigastric pain, rigid abdomen, absent bowel sounds, free gas under diaphragm on X-ray.

Important Points :

Most common complication of PUD = Hemorrhage.Most dangerous complication = Perforation (highest mortality).Gastric ulcers have a risk of malignancy, but duodenal ulcers rarely turn malignant.Risk factors for complications: NSAID use, H. pylori infection, smoking, alcohol, stress, and steroids.First-line treatment: Proton pump inhibitors, H. pylori eradication, avoiding NSAIDs/alcohol.

Confusing Points :

Hemorrhage vs Perforation:Students often confuse the most common complication with the most dangerous one.Remember: Hemorrhage is

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most common, perforation is most life-threatening.Obstruction misconception: Some think obstruction is common because ulcers near the pylorus can block food passage. However, this occurs in chronic, untreated cases and is relatively rare.

Q148 **Text Solution:**

Hypovolemic shock occurs when there is severe loss of circulating blood or fluid volume (e.g., trauma, hemorrhage, burns, dehydration, vomiting, diarrhea). This leads to decreased venous return → reduced stroke volume → decreased cardiac output → impaired tissue perfusion.The body responds in stages:Compensatory Stage (early):Baroreceptors sense low circulating volume.Sympathetic nervous system activates → tachycardia, vasoconstriction, restlessness, anxiety (due to cerebral hypoxia).Blood pressure may still remain normal initially because of compensatory vasoconstriction.Progressive Stage:Hypotension, oliguria, tachycardia, cool clammy skin, confusion appear.Irreversible Stage:Severe tissue hypoxia, metabolic acidosis, organ failure, bradycardia, cardiac arrest.

Important Points :

Earliest sign of hypovolemic shock = Restlessness / Anxiety.Most reliable parameter to assess tissue perfusion = Urine output (oliguria indicates progression).Classic features of shock: Hypotension, tachycardia, tachypnea, cold clammy skin, altered mental status.Nursing management:Ensure airway and oxygenation.Control bleeding/fluid loss.Rapid IV fluid resuscitation (crystalloids like NS or RL).Monitor urine output (normal = ≥0.5 mL/kg/hr).

Confusing Points :

Hypotension trap: Many students think hypotension is the first sign, but it is late, since compensatory mechanisms maintain BP in early shock.Oliguria confusion: Decreased urine output is important but not the very first symptom—it comes after neurological changes.Bradycardia vs Tachycardia: In early shock → tachycardia (SNS activation). Bradycardia appears in late/irreversible shock as the heart fails.Restlessness vs Confusion: Restlessness (mild cerebral hypoxia) occurs first. Confusion/disorientation appear as shock progresses.

Q149 **Text Solution:**

Status epilepticus (SE) is defined as a seizure lasting longer than 5 minutes, or two or more seizures without full recovery of consciousness between them. It is a medical emergency because prolonged seizures can cause neuronal injury, hypoxia, brain damage, and death.First-line drug of choice = Benzodiazepines (Diazepam or Lorazepam).Diazepam acts rapidly by enhancing GABA (inhibitory neurotransmitter) activity at the GABA-A receptor, which causes neuronal hyperpolarization and termination of seizure activity.Lorazepam is often preferred in many protocols because it has a longer duration of action than diazepam. But in standard exam-oriented nursing texts, Diazepam is given as the first-line treatment,Stepwise drug management of SE:First-line: Benzodiazepines (IV Diazepam or Lorazepam, or IM Midazolam if IV access is not available).Second-line: Antiepileptic drugs like IV Phenytoin, Fosphenytoin, Valproic acid, or Levetiracetam to maintain seizure control after initial termination.Third-line (refractory SE): Barbiturates (Phenobarbital, Thiopental) or general anesthesia.

Important Points :

Definition of SE = seizure >5 min or recurrent seizures without regaining consciousness.First-line treatment = Benzodiazepines (Diazepam IV, Lorazepam IV, or Midazolam IM).Second-line drugs = Phenytoin, Fosphenytoin, Valproic acid, Levetiracetam.Third-line = Phenobarbital / anesthesia (refractory SE)Airway, breathing, and circulation (ABC) management are as important as drug therapy. Oxygen and IV access must be established immediately.

Confusing Points :

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Diazepam vs Phenytoin: Many confuse phenytoin as first line. Remember: Diazepam is rapid-acting (stops seizure immediately). Phenytoin is slow-acting and used for maintenance after control.Diazepam vs Lorazepam: Some textbooks mention Lorazepam as the drug of choice because of its longer duration, but in nursing exams (NORCET/NCLEX style) → Diazepam is usually marked correct.Phenobarbital misconception: It is not the first choice, since it depresses respiration and CNS. Only used when benzodiazepines and phenytoin fai

Q150 **Text Solution:**

In normal healthy individuals, the primary respiratory drive is controlled by CO_2 levels (hypercapnia). The central chemoreceptors in the medulla are highly sensitive to even small changes in $PaCO_2$ and pH, which regulate breathing.However, in patients with Chronic Obstructive Pulmonary Disease (COPD), especially those with chronic bronchitis and emphysema, the mechanism changes:COPD patients have chronically elevated CO_2 levels (hypercapnia) due to poor ventilation and gas trapping.Over time, the central chemoreceptors in the brainstem become desensitized to high CO_2 levels.As a result, the peripheral chemoreceptors (in carotid and aortic bodies) become the primary drivers of respiration.These receptors respond to low oxygen levels (hypoxemia).

Important Points :

Normal drive: Hypercapnia (high CO_2) → central chemoreceptors.COPD drive: Hypoxemia (low O_2) → peripheral chemoreceptors.Oxygen therapy in COPD:Never give high-flow oxygen suddenly.Administer controlled O_2 (1–2 L/min via nasal cannula or 24–28% Venturi mask).CO_2 narcosis: High O_2 → suppresses hypoxic drive → hypoventilation → CO_2 buildup → drowsiness, confusion, respiratory failure.ABG findings in COPD: Chronic respiratory acidosis (↑ $PaCO_2$, ↓ PaO_2, ↓ pH, ↑ HCO_3^-).

Confusing Points :

Hypercapnia vs Hypoxemia: Many assume COPD patients still breathe due to CO_2. In reality, long-standing hypercapnia desensitizes central chemoreceptors, making hypoxemia the main drive.Oxygen therapy misconception: Students think oxygen is always safe. In COPD, excess oxygen worsens CO_2 retention.pH as stimulus: Respiratory center responds to acidosis, not alkalosis. Increased pH actually reduces breathing rate.Clinical vs Exam answer: In real practice, both hypercapnia and hypoxemia influence breathing, but for exam purposes → Hypoxemia is the correct answer.

Q151 **Text Solution:**

Cushing's syndrome is a disorder caused by prolonged exposure to excess cortisol, either due to endogenous overproduction (adrenal or pituitary tumor) or exogenous steroid therapy. Cortisol has wide-ranging effects on metabolism, immune function, and body fat distribution, producing a typical clinical picture.Key features of Cushing's syndrome:Redistribution of body fat: Classic signs are "moon face" (round, puffy face), "buffalo hump" (fat pad on the back of the neck), and truncal obesity.Skin changes: Thinning of skin, easy bruising, purple striae (stretch marks), delayed wound healing.Musculoskeletal: Muscle wasting in limbs, osteoporosis.Metabolic effects: Hyperglycemia (due to cortisol-induced insulin resistance), protein catabolism, dyslipidemia.Immune suppression: Increased risk of infections.

Important Points :

Classic triad of appearance: Moon face, buffalo hump, truncal obesity.Metabolic changes: Hyperglycemia, hypertension, muscle wasting, osteoporosis.Skin signs: Purple abdominal striae, thin fragile skin, poor wound healing.Diagnostic tests:24-hour urinary free cortisol.Dexamethasone suppression test.Serum ACTH (to differentiate pituitary vs adrenal cause).Management: Depends on cause → surgical removal of adrenal/pituitary tumor,

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tapering exogenous steroids, or medications like ketoconazole to reduce cortisol synthesis.
Confusing Points :
Cushing's vs Addison's:Cushing's: Excess cortisol → moon face, obesity, hyperglycemia, hypertension.Addison's: Cortisol deficiency → weight loss, hyperpigmentation, hypoglycemia, hypotension.Many students confuse hyperpigmentation with Cushing's, but it is only in Addison's.Weight changes: Remember: Cushing's = weight gain, Addison's = weight loss.Glucose levels: Cortisol increases glucose; so think "Cushing's → diabetes-like state." Students often mistakenly mark hypoglycemia

Q152 **Text Solution:**
A thyroidectomy is the surgical removal of all or part of the thyroid gland, done for thyroid cancer, goiter, or uncontrolled hyperthyroidism. After surgery, airway management and detection of complications are the nurse's top priorities.The most important nursing interventions post-thyroidectomy are:Airway monitoring: The greatest danger is airway obstruction due to edema, hemorrhage, or laryngeal nerve damage. This can manifest as stridor, hoarseness, or respiratory distress.Calcium monitoring (tetany): During surgery, the parathyroid glands may be accidentally removed or their blood supply damaged, leading to hypocalcemia. Early signs are tingling around mouth, fingers, toes, positive Chvostek's sign (facial twitching) and Trousseau's sign (carpopedal spasm). Severe hypocalcemia can cause tetany and laryngeal spasm, leading to airway compromise.Keep tracheostomy set, oxygen, and suction ready at bedside in case of airway emergency.Positioning: Semi-Fowler's to reduce neck tension and swelling.
Important Points :
Airway is always the first priority after thyroid surgery.Hypocalcemia signs (tingling, spasms, stridor) = parathyroid damage.Emergency kit bedside: Tracheostomy set, oxygen, suction.Voice monitoring: Hoarseness may indicate laryngeal nerve injury.Semi-Fowler's position to minimize swelling and promote breathing.
Confusing Points :
Coughing vs deep breathing: Many students assume coughing exercises are like other post-op chest care. But in thyroidectomy, coughing is avoided to prevent bleeding. Only gentle deep breathing is encouraged.Urine output monitoring: Important in nephrology, shock, or burns, but not a critical thyroidectomy priority.

Q153 **Text Solution:**
Meningitis is an acute inflammation of the meninges (the protective membranes covering the brain and spinal cord), usually caused by bacterial or viral infection. Because of the inflammation, patients present with a classic triad of symptoms:Fever → due to infection and systemic inflammatory response.Headache → caused by raised intracranial pressure and meningeal irritation.Neck stiffness (nuchal rigidity) → hallmark sign of meningeal irritation; the neck cannot be flexed forward easily without pain.Other features may include photophobia, altered sensorium, seizures, vomiting, and in severe cases coma. In infants, signs may be less specific such as bulging fontanelle or irritability.

Important Points :
Meningitis = medical emergency → needs rapid diagnosis and antibiotics.Classic triad (Fever, Headache, Neck stiffness) is asked repeatedly in nursing exams.Additional signs:Kernig's sign: Pain/resistance when hip flexed and knee extended.Brudzinski's sign: Flexion of hip/knee when neck is flexed.Investigations: CSF analysis (via lumbar puncture) → cloudy CSF, ↑ protein, ↓ glucose, ↑ WBC in bacterial meningitis.Immediate nursing care: Isolation, IV antibiotics, monitoring ICP, seizure precautions.
Confusing Points :
Convulsions vs Triad: Many students confuse convulsions as part of the triad. Seizures can occur but they are not part of the classic triad.Vomiting: Common in meningitis but due to

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increased ICP, not a core triad symptom.TB meningitis: Has a more chronic course with weight loss and anorexia. Students often confuse acute bacterial meningitis with tubercular meningitis.Neck stiffness vs Neck pain: Neck stiffness is due to meningeal irritation, not just muscular pain.Encephalitis vs Meningitis: Encephalitis usually has fever + altered sensorium + seizures, while meningitis has fever + headache + neck stiffness.

Q154 **Text Solution:**

Myocardial Infarction (MI), commonly called a heart attack, is caused by prolonged ischemia due to coronary artery occlusion leading to myocardial necrosis. Accurate and early diagnosis is essential because immediate management can save the myocardium and reduce mortality.The gold standard test for diagnosing MI is serum troponin levels (Troponin I and Troponin T). These are highly specific and sensitive markers of myocardial cell injury.Troponin I/T:Appear in blood within 3–6 hours after myocardial injury.Peak at 12–24 hours.Remain elevated for 7–14 days (Troponin T lasts longer than Troponin I).Extremely specific for myocardial necrosis (not elevated in skeletal muscle injury).

Important Points :

Gold standard = Troponin I/T. CK-MB is important for detecting reinfarction (because it normalizes quickly).ECG changes: ST elevation (STEMI), ST depression, or T-wave inversion are first bedside clues but not "gold standard."Nursing role: monitor chest pain, give oxygen, prepare for thrombolysis/PCI, monitor ECG and cardiac enzymes.Immediate MI management = MONA (Morphine, Oxygen, Nitrates, Aspirin).

Confusing Points :

ECG vs Troponin: Many believe ECG is gold standard because it is done immediately. But ECG only shows ischemia/infarction pattern; definitive confirmation comes from troponins.

CK-MB vs Troponin: CK-MB was once considered diagnostic but is less specific than troponin because it may rise in skeletal muscle injury.Echocardiography: Students confuse it as gold standard since it shows heart wall abnormalities, but it only assesses function, not necrosis.Timing of elevation: Troponins stay elevated longer (7–14 days), so cannot be used to detect reinfarction; CK-MB is better in that case.Gold standard vs supportive test: Troponins = gold standard; ECG = essential supportive tool for early detection.

Q155 **Text Solution:**

Diabetic Ketoacidosis (DKA) is a life-threatening acute complication of Type 1 Diabetes Mellitus, though it can also occur in insulin-deficient Type 2 diabetics under stress or infection. It results from absolute or relative insulin deficiency combined with increased counter-regulatory hormones (glucagon, cortisol, epinephrine, growth hormone).Pathophysiology:In absence of insulin, glucose cannot enter cells → body switches to fat metabolism → ketone bodies (acetoacetate, β-hydroxybutyrate, acetone) accumulate → metabolic acidosis.Hyperglycemia causes osmotic diuresis → dehydration, electrolyte loss.Acidosis stimulates respiratory center → Kussmaul's breathing (deep, labored respiration) to blow off CO_2.Acetone (volatile ketone) gives the fruity odor on breath.

Important Points :

Hallmark sign = Kussmaul breathing + fruity odor.DKA is more common in Type 1 DM, while Hyperosmolar Hyperglycemic State (HHS) is common in Type 2 DM.Both DKA & HHS have hyperglycemia, but acidosis is present only in DKA.Potassium imbalance is a major cause of death in DKA, so careful monitoring is essential.Nursing role: frequent monitoring of vitals, neurological status, blood glucose, and urine ketones.

Confusing Points :

DKA vs Hypoglycemia:Hypoglycemia presents with sweating, tremors, palpitations,

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seizures.DKA presents with dehydration, fruity breath, and deep breathing.Students often confuse fruity odor with hypoglycemia, but it is only in DKA.DKA vs HHS:DKA: ketosis, acidosis, common in Type 1 DM, rapid onset.HHS: very high glucose (>600 mg/dL), no ketosis, gradual onset, elderly Type 2 DM.Hyperkalemia in DKA: Serum potassium may look high, but total potassium is low. When insulin is given, potassium shifts into cells, leading to hypokalemia if not replaced.Kussmaul breathing: Deep and rapid respiration due to metabolic acidosis, often misinterpreted as a lung problem.

Q156 **Text Solution:**

Stroke (Cerebrovascular Accident, CVA) is a sudden loss of brain function due to interruption of blood supply (ischemic stroke) or rupture of a cerebral blood vessel (hemorrhagic stroke). The resulting ischemia causes cell death in the affected brain area, leading to neurological deficits.The earliest and most common sign of stroke is sudden weakness, numbness, or paralysis of one side of the body (hemiparesis or hemiplegia). This happens because stroke usually affects one cerebral hemisphere, and motor function is controlled contralaterally (right brain → left body, left brain → right body).Other presenting features include:Sudden confusion, difficulty speaking (aphasia) or understanding speechSudden visual disturbances (loss of vision in one eye or hemianopia).Sudden dizziness, loss of balance or coordinationSevere headache (more in hemorrhagic stroke)

Important Points :

FAST Rule – A quick screening tool for stroke:F = Facial droop.A = Arm weakness,S = Speech difficulty,T = Time to call emergency.Ischemic stroke (80–85%): Caused by thrombosis or embolism → more gradual onset.Hemorrhagic stroke (15–20%): Caused by rupture of cerebral blood vessel → sudden onset, severe headache ("worst headache of life"), vomiting, rapid deterioration.Time is brain: Every minute of untreated ischemic stroke causes brain cell death. Thrombolytic therapy (tPA) must be given within 3–4.5 hours of onset.Nursing priorities: Maintain airway, monitor neurological status, avoid sudden BP reduction, prepare for CT scan (to differentiate ischemic vs hemorrhagic stroke).

Confusing Points :

Unilateral weakness vs Loss of consciousness:Many assume loss of consciousness is earliest, but it usually happens in massive hemorrhagic stroke or late stages.Early ischemic stroke patients are often awake but with sudden weakness/paralysis.Seizures:Seizures can occur in hemorrhagic stroke, but they are not the first sign in most cases.Memory loss:Cognitive issues may develop later, especially with left hemisphere involvement, but the first sign is motor weakness.TIA (Transient Ischemic Attack) vs Stroke:TIA = temporary neurological deficit lasting <24 hours, no permanent damage.Stroke = symptoms persist >24 hours with permanent deficits.Both may present with sudden weakness, but TIA recovers quickly

Q157 **Text Solution:**

Heart failure (HF) is a condition where the heart is unable to pump enough blood to meet the body's metabolic needs. It can be classified into left-sided and right-sided heart failure, depending on the ventricle primarily affected.Left-sided HF: Most common, results from left ventricular dysfunction (e.g., MI, hypertension, valvular disease).Right-sided HF: Often secondary to left HF, leads to systemic venous congestion.The earliest sign of left-sided HF is exertional dyspnea (shortness of breath on exertion).In left HF, the left ventricle fails to pump blood efficiently → blood backs up into the left atrium and pulmonary veins → pulmonary congestion and increased hydrostatic pressure in capillaries → fluid leaks into interstitial lung tissues → impaired gas exchange → dyspnea.Initially, dyspnea occurs only during exertion because exercise increases oxygen demand, and the failing heart cannot cope.Later,

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it progresses to orthopnea (difficulty breathing while lying flat) and paroxysmal nocturnal dyspnea (PND).
Important Points :
Left-sided HF signs (pulmonary):Earliest: Exertional dyspnea.Orthopnea, PND.Cough (often dry, later frothy pink sputum in pulmonary edema).Crackles on auscultation.Fatigue due to poor cardiac output.Right-sided HF signs (systemic venous congestion):Peripheral edema,Jugular venous distension (JVD),Ascites, hepatomegaly, weight gain.Classification by NYHA (New York Heart Association):Class I: Symptoms only with exertion,Class II: Symptoms with ordinary activity,Class III: Symptoms with minimal activity,Class IV: Symptoms even at rest.Complications: Pulmonary edema, cardiogenic shock, arrhythmias.Nursing management:Monitor oxygenation, position patient in high Fowler's,Restrict fluid and sodium intake,Administer diuretics (furosemide), vasodilators, inotropes (digoxin, dobutamine),Daily weight monitoring (best indicator of fluid retention).
Confusing Points :
Peripheral edema vs Exertional dyspnea:Many assume edema appears first, but edema is a feature of right-sided HF, not left.Left HF begins with pulmonary symptoms (dyspnea).Jugular venous distension (JVD):Seen in right-sided HF due to systemic venous congestion, not an early sign of left HF.Ascites:Also belongs to right-sided HF, appears in later stages.Dyspnea types confusion:Exertional dyspnea = earliest,Orthopnea = later (difficulty breathing when lying flat),PND = advanced stage (wakes patient up at night gasping for breath)

Q158 **Text Solution:**
Diabetes Mellitus (DM) is a chronic metabolic disorder characterized by hyperglycemia due to defects in insulin secretion, insulin action, or both. The hallmark clinical manifestations are the "3 Ps" – Polyuria, Polydipsia, Polyphagia.Among these, the earliest manifestation is Polyuria (increased urination).Mechanism:When blood glucose rises above the renal threshold (≈180 mg/dl), the kidneys cannot reabsorb all the glucose.Excess glucose appears in urine (glycosuria).Glucose is osmotically active → draws water into renal tubules → increases urine output (polyuria).This leads to dehydration → stimulates thirst center in hypothalamus → polydipsia (excessive thirst).Because glucose is lost in urine and body cells are deprived of energy, it causes polyphagia (excessive hunger).Thus, polyuria is the first and earliest symptom, followed by polydipsia and polyphagia.
Important Points :
Classic triad of DM (3 Ps):Polyuria – earliest, due to osmotic diuresis.Polydipsia – due to dehydration.Polyphagia – due to cellular starvation.Other early features:Weight loss despite increased appetite (especially in type 1 DM).Fatigue, weakness.Blurred vision (due to osmotic changes in lens).Delayed wound healing and recurrent infections (e.g., candidiasis).Type 1 vs Type 2 DM differences:Type 1: Sudden onset, weight loss, more severe symptoms.Type 2: Gradual onset, obesity common, often detected during routine check-up.Diagnostic criteria (ADA):Fasting plasma glucose ≥126 mg/dl
Confusing Points :
Polyuria vs Polydipsia :Students often think polydipsia (thirst) comes first.But polyuria appears first because glycosuria directly increases urine output, which later triggers thirst.Polyphagia misconception:Many confuse polyphagia as earliest because of hunger.But this is a later symptom after cells starve from lack of insulin.Weight loss:Though common in type 1 DM, it is not the earliest sign. It develops later due to fat and muscle breakdown.Glycosuria vs Proteinuria:Glycosuria is typical in DM, but proteinuria (albumin in urine) is seen later in diabetic nephropathy.

Q159 **Text Solution:**
A stroke (Cerebrovascular Accident – CVA) is a sudden loss of brain function due to an

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interruption of blood supply (ischemic stroke) or rupture of a blood vessel (hemorrhagic stroke). The earliest and most important clinical sign is sudden weakness or paralysis on one side of the body (hemiparesis/hemiplegia).This happens because:Stroke affects the motor areas of the brain (frontal lobe, internal capsule, corticospinal tracts).Damage is contralateral → Stroke in right hemisphere → paralysis on left side of body, and vice versa.Other early associated features: facial droop, slurred speech (dysarthria), difficulty in speaking or understanding words (aphasia if dominant hemisphere is affected).

Important Points :

Types of Stroke:Ischemic stroke : Blockage of cerebral artery due to thrombus or embolus.Hemorrhagic stroke : Rupture of blood vessel → intracerebral or subarachnoid hemorrhage.Earliest clinical signs:Sudden weakness/numbness on one side of body (face, arm, leg).Difficulty speaking (aphasia, dysarthria).Facial droop.Sudden loss of balance or coordination.Sudden vision problems.Classic stroke recognition tool (FAST):F – Facial drooping,A – Arm weakness,S – Speech difficulty,T – Time to act (golden period = first 4.5 hours for thrombolysis).Investigations:CT scan (gold standard, done first to differentiate ischemic vs hemorrhagic stroke).MRI (more sensitive for ischemic stroke in early hours).Emergency Management:Maintain airway, breathing, circulation.Immediate CT scan.Ischemic stroke: IV thrombolysis with alteplase (tPA) within 4.5 hours.Hemorrhagic stroke: Manage blood pressure, surgery if needed.

Confusing Points :

Loss of consciousness:Many think LOC is the first sign, but it usually occurs in massive hemorrhage or late in severe ischemic stroke.Headache and vomiting:These are more common in hemorrhagic stroke or subarachnoid hemorrhage, but not the earliest universal sign.Seizures:Post-stroke seizures may occur but are not typical early presentation.Later vs Earliest symptoms:Early: Hemiparesis, facial droop, speech problems.Later: LOC, seizures, raised ICP features.

Q160 **Text Solution:**

Heart failure (HF) is a clinical syndrome where the heart is unable to pump sufficient blood to meet the metabolic demands of the body. It is classified as:Left-sided heart failure – usually due to hypertension, coronary artery disease, myocardial infarction, or valvular disease (mitral/aortic).Right-sided heart failure – commonly due to left HF, pulmonary hypertension, or lung disease (cor pulmonale).The earliest and most common symptom of left-sided HF is exertional dyspnea (shortness of breath during activity).In left HF, there is backward failure → blood backs up in pulmonary veins → pulmonary congestion → decreased lung compliance → dyspnea.Initially, it occurs only on exertion (exercise, climbing stairs), because cardiac output cannot increase adequately.

Important Points :

Left HF earliest sign = exertional dyspnea.Progression of dyspnea in left HF:Exertional dyspnea → Orthopnea → Paroxysmal nocturnal dyspnea → Pulmonary edema.Right HF hallmark = peripheral edema + JVD,Causes:Hypertension, CAD, MI, valvular disease, dilated cardiomyopathy.Investigations:Chest X-ray (pulmonary congestion, cardiomegaly).Echocardiography (gold standard for EF measurement).BNP/NT-proBNP levels (biomarker for HF).Treatment:Lifestyle: Low-salt diet, fluid restriction.Drugs: ACE inhibitors, ARBs, beta-blockers, diuretics, digoxin.Advanced: ICD, CRT, heart transplant.

Confusing Points :

Exertional dyspnea vs orthopnea:Many think orthopnea is the earliest sign.But orthopnea develops later, after pulmonary congestion worsens.Earliest = exertional dyspnea.Pedal

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edema confusion:Pedal edema is a feature of right-sided HF, not the earliest sign of left HF.Paroxysmal nocturnal dyspnea (PND):Also common in left HF, but it appears after exertional dyspnea and orthopnea.

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