PGIMER Chandigarh - Staff Nurse Exam 2015

(Memory Based Question Paper)

Test Series Instructions:

- **Time Allotted:** 120 Minutes (Interactive Timer Format)
- **Marking Scheme:** There is a **1/3 negative marking** for each incorrect answer.
- **Format:** All questions are compulsory. Options have been structurally completed where memory-based fragments were missing.

Q 1. Major side effects of immunosuppressive drugs include all of the following EXCEPT:

A. Nausea and vomiting
B. Fever with chills and tremors
C. Increased WBC count
D. Hepatotoxicity

Answer: C
Rationale: Immunosuppressive drugs cause bone marrow suppression, leading to a decreased WBC count (leukopenia), not increased.

Q 2. A client is undergoing chemotherapy for colon cancer. The nurse administers an antiemetic medication 30 minutes before treatment as ordered. Antiemetic drugs are used to:

A. Promote destruction of cancer cells
B. Increase the effect of the chemotherapy drug
C. Prevent nausea and vomiting
D. Sedate the client

Answer: C
Rationale: Antiemetics are specifically designed to prevent or treat nausea and vomiting, which are common side effects of chemotherapy.

nursingmcqs.com

Q 3. The best investigation to diagnose an ectopic pregnancy is:

A. Laparoscopy
B. Ultrasonography (USG)
C. Hysteroscopy
D. Urine pregnancy test

Answer: B
Rationale: Transvaginal USG is the primary, non-invasive modality of choice for accurately diagnosing an ectopic pregnancy.

Q 4. The most accurate oxygen delivery system is the:

A. Facial mask
B. Non-rebreather mask
C. Venturi mask
D. Nasal cannula

Answer: C
Rationale: The Venturi mask provides a specific, precise, and consistent oxygen concentration regardless of the patient's respiratory pattern.

Q 5. The first sign of digoxin toxicity is typically:

A. Dizziness
B. Nausea
C. Headache
D. Anorexia

Answer: D
Rationale: Gastrointestinal symptoms like anorexia, nausea, and vomiting are usually the earliest clinical signs of digoxin toxicity.

nursingmcqs.com

Q 6. A client is admitted with a temperature of 105°F, vomiting, lethargy, and nuchal rigidity. Meningitis is suspected. The nurse prepares the patient for which diagnostic test?

A. CT scan
B. Lumbar puncture
C. Cold caloric test
D. Cystogram

Answer: B
Rationale: A lumbar puncture is required to collect cerebrospinal fluid (CSF) to confirm the diagnosis of meningitis.

Q 7. In applying mental health principles to the care of a person with children, the nurse should be aware that:

A. It is easier to adjust to the first child than to later ones
B. Every parent has inborn feelings of love and acceptance for children
C. Many parents experience feelings of resentment towards their children
D. It is pathologic to feel anger and resentment towards a child

Answer: C
Rationale: It is normal for parents to occasionally experience and express feelings of resentment or frustration due to the heavy demands of parenting.

Q 8. Which of the following is the most common cause of liver cirrhosis?

A. Caffeine
B. Analgesics
C. Infection
D. Alcohol

Answer: D
Rationale: Chronic alcohol abuse is one of the leading and most common causes of liver cirrhosis globally.

nursingmcqs.com

Q 9. The main function of the drug digitalis is to:

A. Maintain the circulation of blood
B. Increase myocardial contractility
C. Prevent cardiac activity
D. Decrease cardiac activity

Answer: B
Rationale: Digitalis is a positive inotropic agent that increases the force of myocardial contraction, thereby improving cardiac output.

Q 10. A doctor ordered the administration of a hypotonic intravenous solution. Looking at the available options, the nurse should choose:

A. 0.45% Normal Saline (NS)
B. Dextrose 5% in Water (D5W)
C. 0.90% Normal Saline (NS)
D. Dextrose in Normal Saline (DNS)

Answer: A
Rationale: 0.45% NS is a hypotonic solution as it has a lower osmolality than normal blood serum.

Q 11. Which of the following statements appropriately describes the meaning of 'drug abuse'?

A. A physiological need for a drug
B. A psychological dependence on a drug
C. An excessive drug use inconsistent with acceptable medical practice
D. A compulsion to take a drug on a continuous basis

Answer: C
Rationale: Drug abuse refers to the inappropriate, excessive, or non-medical use of a substance that deviates from accepted medical practice.

nursingmcqs.com

Q 12. The perception of an object in the absence of an actual external stimulus is termed:

A. Illusion
B. Delusion
C. Hallucination
D. Dementia

Answer: C
Rationale: A hallucination is a false sensory perception occurring completely without any external stimulus.

Q 13. The prophylactic serum lithium maintenance level is:

A. 2.0 - 3.0 mEq/L
B. 1.2 - 2.2 mEq/L
C. 0.2 - 0.4 mEq/L
D. 0.6 - 1.2 mEq/L

Answer: D
Rationale: The therapeutic maintenance range for serum lithium is narrow, typically maintained between 0.6 and 1.2 mEq/L to prevent dangerous toxicity.

Q 14. An extrapyramidal symptom that is a potentially irreversible side effect of chlorpromazine and other antipsychotics is:

A. Torticollis
B. Tardive dyskinesia
C. Oculogyric crisis
D. Pseudoparkinsonism

Answer: B
Rationale: Tardive dyskinesia involves involuntary, repetitive movements and can be irreversible even long after the medication is discontinued.

nursingmcqs.com

Q 15. The immediate management to restore blood pressure and peripheral circulation in a client with multiple fractures and fluid loss is:

A. Ringer's Lactate (RL) infusion
B. Blood transfusion
C. Normal Saline (NS) infusion
D. Dextrose 5% infusion

Answer: A
Rationale: Isotonic crystalloids like Ringer's Lactate are the initial intravenous fluids of choice for volume resuscitation in trauma and hypovolemia.

Q 16. The maximum total score of the Glasgow Coma Scale (GCS) is:

A. 8
B. 5
C. 15
D. 12

Answer: C
Rationale: The Glasgow Coma Scale ranges from 3 to 15, with 15 indicating a fully alert, oriented, and responsive patient.

Q 17. When giving an enema, the fluid flows by gravity into the sigmoid and descending colon if the patient is placed in the:

A. Lithotomy position
B. Left lateral position
C. Horizontal position
D. Dorsal recumbent position

Answer: B
Rationale: The left lateral (Sims') position follows the natural anatomical curve of the descending and sigmoid colon, facilitating forward fluid flow.

nursingmcqs.com

Q 18. A nurse is suctioning fluids from a client via a tracheostomy tube. The nurse must limit the suctioning time to a maximum of:

A. 5 seconds
B. 10 seconds
C. 30 seconds
D. 1 minute

Answer: B
Rationale: Tracheal suctioning should be strictly limited to a maximum of 10 seconds per pass to prevent severe hypoxia and tissue trauma.

Q 19. When assessing a client in the early stages of liver cirrhosis, which sign would be anticipated?

A. Ascites
B. Jaundice
C. Anorexia
D. Peripheral edema

Answer: C
Rationale: Gastrointestinal symptoms like anorexia, nausea, and vomiting are early clinical signs, whereas ascites and jaundice appear in the later stages.

Q 20. Blood appears at the hub of the needle while the nurse is aspirating an intramuscular injection. The nurse should:

A. Discard the syringe and prepare a new injection
B. Remove the syringe and attach a new needle
C. Withdraw the needle slightly and inject the solution
D. Interrupt the procedure and notify the physician

Answer: A
Rationale: Blood in the hub indicates accidental needle placement in a blood vessel. The medication and needle must be discarded and redrawn to ensure safe IM administration.

nursingmcqs.com

Q 21. A patient who received spinal anesthesia is transferred to the PACU. What is the most important post-operative priority nursing assessment?

A. Peripheral circulation
B. Orientation to time and place
C. Level of consciousness
D. Sensation in the legs and toes

Answer: D
Rationale: Assessing the return of sensation and motor function in the lower extremities indicates that the spinal sensory block is wearing off safely.

Q 22. A client is discharged home after the application of a plaster leg cast. The nurse determines that the client understands proper care if they state they should:

A. Avoid getting the cast wet
B. Use the fingertips to lift and move the leg
C. Cover the casted leg with warm blankets
D. Use a padded coat hanger end to scratch under the cast

Answer: A
Rationale: Plaster casts must be kept completely dry to maintain their structural integrity; scratching underneath can cause skin breakdown and serious infection.

Q 23. A client diagnosed with thrombophlebitis one day ago suddenly develops shortness of breath and anxiety. The nurse should immediately assess for other signs and symptoms of:

A. Myocardial infarction
B. Pneumonia
C. Pulmonary embolism
D. Pulmonary edema

Answer: C
Rationale: Sudden dyspnea, extreme anxiety, and chest pain in a patient with a history of DVT/ thrombophlebitis strongly suggest a life-threatening pulmonary embolism.

nursingmcqs.com

Q 24. A nurse is making a nursing care plan for a client with immunodeficiency. Which priority nursing action would be most appropriate?

A. Providing emotional support to decrease fear
B. Encouraging discussion about lifestyle changes
C. Identifying factors that decreased immune function
D. Protecting the client from infection

Answer: D
Rationale: The absolute highest priority for an immunodeficient patient is strict infection prevention due to their compromised ability to fight off environmental pathogens.

Q 25. An uncontrollable risk factor for Coronary Artery Disease (CAD) is:

A. Heredity
B. Stress
C. Exercise
D. Obesity

Answer: A
Rationale: Heredity (genetics), advancing age, and gender are non-modifiable (uncontrollable) risk factors for developing CAD.

Q 26. Intravenous heparin therapy is ordered. The nurse ensures that which of the following medications is available on the nursing unit as an antidote?

A. Vitamin K
B. Protamine sulfate
C. Aminocaproic acid
D. Potassium chloride

Answer: B
Rationale: Protamine sulfate is the specific and fast-acting antidote used to reverse the anticoagulant effects of heparin in the event of an overdose.

nursingmcqs.com

Q 27. A nurse teaches a client with heart failure to take oral furosemide in the morning. What is the primary reason for this instruction?

A. To prevent sleep disturbances during the night
B. To prevent electrolyte imbalance
C. To retard rapid drug absorption
D. To excrete excessive fluids accumulated during the night

Answer: A
Rationale: Taking diuretics like furosemide in the morning prevents nocturia (frequent urination at night), ensuring the patient gets a full, uninterrupted night of sleep.

Q 28. Proper hand placement for chest compressions during CPR is essential to reduce the risk of:

A. GI bleeding
B. Rib fracture
C. Hernia
D. Vomiting

Answer: B
Rationale: Incorrect hand placement over the xiphoid process or too far laterally during CPR can easily lead to severe complications such as fractured ribs.

Q 29. The primary purpose of the Schilling test is to measure the client's ability to:

A. Absorb vitamin B12
B. Digest vitamin B12
C. Produce vitamin B12
D. Store vitamin B12

Answer: A
Rationale: The Schilling test is historically used to diagnose pernicious anemia by determining if the gastrointestinal tract is absorbing vitamin B12 properly.

nursingmcqs.com

Q 30. Which of the following would be a priority nursing diagnosis for a client with ARDS?

A. Pain
B. Ineffective health maintenance
C. Ineffective breathing pattern
D. Risk for infection

Answer: C
Rationale: Acute Respiratory Distress Syndrome (ARDS) causes severe hypoxemia, making an ineffective breathing pattern and impaired gas exchange the highest clinical priorities.

Q 31. The vaccine used for the prevention of cervical cancer is:

A. HPV vaccine
B. IgG
C. Hepatitis B vaccine
D. BCG

Answer: A
Rationale: The Human Papillomavirus (HPV) vaccine effectively prevents the most common viral strains known to cause cervical dysplasia and cancer.

Q 32. In a patient with acute appendicitis, the nurse should anticipate which of the following orders?

A. Administration of heat to the abdomen
B. Administration of enemas to cleanse the bowel
C. Insertion of a nasogastric tube
D. Placement of the client on NPO status

Answer: D
Rationale: The patient is immediately kept NPO (nothing by mouth) in preparation for emergency surgery (appendectomy) and to prevent aggravating the inflamed bowel.

nursingmcqs.com

Q 33. What is the most potentially dangerous complication of peritoneal dialysis?

A. Peritonitis
B. Abdominal pain
C. Muscle cramps
D. GI bleeding

Answer: A
Rationale: Peritonitis is a severe, life-threatening infection of the peritoneal cavity, which is the most significant and common risk of peritoneal dialysis.

Q 34. Which postoperative activity should the nurse encourage a client to avoid when there is a risk of increased intracranial pressure (ICP)?

A. Deep breathing
B. Coughing
C. Turning
D. Passive range of motion exercises

Answer: B
Rationale: Coughing significantly increases intrathoracic and intra-abdominal pressure, which in turn transiently but dangerously increases intracranial pressure.

Q 35. A nurse is caring for a patient who just had a tonsillectomy. Which patient complaint or sign indicates heavy bleeding?

A. An elevation in blood pressure
B. Frequent swallowing
C. A decreased pulse rate
D. Complaint of discomfort

Answer: B
Rationale: Frequent or continuous swallowing is a key clinical indicator that blood is pooling in the back of the throat, signaling postoperative hemorrhage.

nursingmcqs.com

Q 36. A client just completed radiation therapy and is experiencing radiodermatitis. The most effective method of treating the skin is to:

A. Apply a cream or lotion to the area
B. Leave the skin alone until it is clear
C. Avoid applying unprescribed creams or lotions
D. Wash the area with soap and warm water

Answer: C
Rationale: Patients should strictly avoid using unprescribed creams, lotions, or harsh soaps on irradiated skin to prevent further irritation or skin breakdown.

Q 37. Choanal atresia is a congenital anomaly located in the:

A. Nasopharynx
B. Pharynx and larynx
C. Intestinal tract
D. Anal area

Answer: A
Rationale: Choanal atresia is a congenital narrowing or complete blockage of the nasal airway (nasopharynx) by bone or soft tissue.

Q 38. The most serious complication of meningitis in young children is:

A. Blindness
B. Epilepsy
C. Hydrocephalus
D. Peripheral circulatory collapse

Answer: C
Rationale: Inflammatory exudates from bacterial meningitis can block the normal flow of cerebrospinal fluid, leading to the development of hydrocephalus.

nursingmcqs.com

Q 39. Which of the following functions as a First Referral Unit (FRU) in India?

A. Sub-center
B. Primary Health Centre (PHC)
C. Community Health Centre (CHC)
D. Regional hospital

Answer: C
Rationale: Community Health Centres (CHCs) act as First Referral Units in the Indian public health system, providing essential specialist emergency care.

Q 40. After menopause, women have an increased risk of developing osteoporosis. What is the main cause of this condition?

A. Fall in LH level
B. Decreased level of estrogen
C. Increased level of estrogen
D. Fall in FSH level

Answer: B
Rationale: Estrogen helps maintain bone density; its drastic and permanent decline after menopause leads to accelerated bone loss and osteoporosis.

Q 41. The Pap smear test is used for the screening of which of the following?

A. Cervical cancer
B. Ovarian cancer
C. Liver cancer
D. Breast cancer

Answer: A
Rationale: The Papanicolaou (Pap) smear is a routine, essential screening test designed to detect precancerous or cancerous cells specifically in the cervix.

nursingmcqs.com

Q 42. The term used for the movement of the fetus felt by a pregnant woman at about 18-20 weeks of pregnancy is:

A. Dysmenorrhea
B. Weaning
C. Quickening
D. Lightening

Answer: C
Rationale: Quickening is the subjective, initial motion of the fetus in the uterus as perceived by the pregnant woman.

Q 43. The average weight gain per week during the later months of pregnancy is:

A. 1.5 kg
B. 1.0 kg
C. 0.25 kg
D. 0.5 kg

Answer: D
Rationale: During the second and third trimesters, a healthy, expected maternal weight gain is typically around 0.5 kg (1 lb) per week.

Q 44. A client's condition following a cardiac catheterization is evaluated by palpating the pulse:

A. Above the catheter insertion
B. At the insertion site
C. Distal to the catheter insertion
D. In all extremities

Answer: C
Rationale: Checking the pulse distal to the insertion site ensures that the arterial blood flow has not been compromised by an internal clot or hematoma.

nursingmcqs.com

Q 45. At the time of discharge, what diet instructions should the nurse include for a patient who had a cholecystectomy?

A. Low fat diet
B. High protein and calories in diet
C. High fat and carbohydrates in diet
D. Low protein and carbohydrate in diet

Answer: A
Rationale: The gallbladder normally stores bile for fat digestion; after its removal, a low-fat diet helps prevent digestive discomfort such as severe bloating and diarrhea.

Q 46. The normal range of Central Venous Pressure (CVP) is:

A. 5 to 15 cm H2O
B. 10 to 15 cm H2O
C. 10 to 20 cm H2O
D. 5 to 10 cm H2O

Answer: A
Rationale: Normal CVP generally ranges from 5 to 10 cm H2O (or 2 to 8 mm Hg), though clinical resources often cite up to 15 cm H2O depending on the reference scale.

Q 47. The extra calories needed by a woman having a singleton pregnancy are:

A. 100 Kcal
B. 200 Kcal
C. 300 Kcal
D. 500 Kcal

Answer: C
Rationale: An additional 300 kcal/day is generally recommended during the second and third trimesters to adequately support fetal growth.

nursingmcqs.com

Q 48. Normally, by one year of age, the birth weight of an infant should increase by:

A. 1.5 times
B. 2 times
C. 3 times
D. 4 times

Answer: C
Rationale: An infant's birth weight typically doubles by 5 to 6 months of age and triples by the end of their first year.

Q 49. Normal saline 1000 ml is ordered to run in 8 hours. The drop factor is 15 drops/ml. What is the flow rate?

A. 11 drops/minute
B. 31 drops/minute
C. 41 drops/minute
D. 21 drops/minute

Answer: B
Rationale: Flow rate = (Volume x Drop factor) / Time in minutes = (1000 x 15) / (8 x 60) = 31.25, which rounds to 31 drops/minute.

Q 50. A common finding in most children with cardiac anomalies is:

A. Mental retardation
B. Cyanosis
C. Family history of cardiac anomalies
D. Delayed physical growth

Answer: D
Rationale: Chronic hypoxia and greatly increased metabolic demand due to poor cardiac output frequently result in delayed physical growth and failure to thrive.

nursingmcqs.com

Q 51. The nurse should encourage a patient on a low sodium diet to promote the ingestion of:

A. Bread
B. Vegetables
C. Milk
D. Fruits

Answer: D
Rationale: Fresh fruits are naturally very low in sodium, making them an excellent dietary choice for a strict sodium-restricted diet.

Q 52. Which action by a patient should the nurse report to the physician because the patient may need a restraint?

A. Climbing off the end of the bed at night
B. Pulling out the IV line
C. Picking at lint on bed linens
D. Wandering into other patients' rooms

Answer: B
Rationale: Pulling out invasive medical lines (like an IV) poses an immediate physical danger to the patient and may warrant temporary, strictly monitored restraints.

Q 53. A nurse would assess that a client is experiencing Cheyne-Stokes respirations when they have:

A. Periods of hyperpnea alternating with periods of apnea
B. An increase in both rate and depth of respirations
C. Periods of tachypnea alternating with periods of apnea
D. None of these

Answer: A
Rationale: Cheyne-Stokes breathing is characterized by a rhythmic increase and decrease in the depth of respiration (hyperpnea) followed by a period of apnea.

nursingmcqs.com

Q 54. The surgeon has scheduled a patient for a left pneumonectomy. The position most likely ordered post-operatively is:

A. Back only
B. Back or other side
C. Un-operative side or back
D. Operative side or back

Answer: D
Rationale: Positioning the patient on the operative side allows the remaining healthy lung to expand fully and prevents fluid from draining into it.

Q 55. During an immediate postpartum fundal assessment, the nurse notes the uterus feels soft and boggy. The initial nursing intervention is to:

A. Encourage the client to void
B. Massage the fundus until it is firm
C. Push on the uterus to express clots
D. Elevate the client's legs

Answer: B
Rationale: A boggy uterus highly indicates uterine atony. Immediate fundal massage physically stimulates contraction and helps prevent dangerous postpartum hemorrhage.

Q 56. To prevent heat loss in the newborn resulting from evaporation, the nurse should:

A. Close the doors to the room
B. Turn on the overhead radiant warmer
C. Warm the crib pad
D. Dry the infant with a warm blanket

Answer: D
Rationale: Drying the amniotic fluid off the infant's skin immediately after birth directly prevents rapid heat loss specifically through evaporation.

nursingmcqs.com

Q 57. A postpartum patient complains of sudden sharp chest pain and dyspnea. The nurse notes tachycardia and an elevated respiratory rate. Suspecting a pulmonary embolism, the initial action is to:

A. Initiate an intravenous line
B. Administer oxygen at 8 to 10 L/min via face mask
C. Assess the blood pressure
D. Prepare to administer morphine sulfate

Answer: B
Rationale: High-flow oxygen administration is the immediate, life-saving priority to correct hypoxemia caused by the impaired gas exchange of a pulmonary embolism.

Q 58. For a breastfed newborn with hyperbilirubinemia, the nurse should provide which instruction to the mother?

A. Feed the newborn less frequently
B. Stop breastfeeding and switch to bottle feeding
C. Continue to breastfeed every 2 to 4 hours
D. Switch to bottle feeding for 2 weeks

Answer: C
Rationale: Frequent breastfeeding promotes regular bowel movements, which directly increases the gastrointestinal excretion of bilirubin in the stool.

Q 59. Which action is NOT accurate or safe when administering a medication using the Z-track method?

A. Pulling skin laterally away from the injection site
B. Inserting the needle and injecting without aspirating
C. Using a 2 to 3 inch needle
D. Placing 0.3 to 0.5 ml of air into the syringe

Answer: B
Rationale: Standard, safe practice for deeply placed IM injections (especially Z-track) traditionally involves aspirating to ensure the needle is not placed in a blood vessel.

nursingmcqs.com

Q 60. Following an automobile accident and head injury, a patient is diagnosed with increased intracranial pressure (ICP). An appropriate nursing intervention is:

A. Encouraging the intake of clear fluids
B. Teaching controlled coughing and deep breathing
C. Providing a quiet and bright environment
D. Elevating the head of the bed 15 to 30 degrees

Answer: D
Rationale: Elevating the head of the bed 15 to 30 degrees uses gravity to promote venous drainage from the brain, thereby significantly reducing ICP.

Q 61. Informed that her 2-year-old child has a brain tumor, a mother cries and says, "The doctor is lying, my daughter is just fine." This mother is experiencing:

A. Shock and denial
B. Acceptance
C. A maladaptive response to bad news
D. A psychotic episode

Answer: A
Rationale: Denial is a very common, initial psychological defense mechanism when faced with sudden, overwhelming, and tragic health news.

Q 62. Physical growth of infants is normally measured with:

A. Weight only
B. Mental IQ tests
C. Head circumference, height, and weight
D. Denver developmental screening test

Answer: C
Rationale: Standard infant physical growth parameters comprehensively evaluate head circumference, length (height), and body weight.

nursingmcqs.com

Q 63. To determine the stage of infection of HIV/AIDS, what laboratory tests are taken?

A. ELISA Test
B. CD4+ count and HIV viral load
C. PCR
D. Hepatitis, PPD

Answer: B
Rationale: The CD4+ count physically assesses immune system damage, while the viral load measures the exact amount of HIV actively replicating in the blood.

Q 64. The implantation process of a fertilized egg occurs:

A. In the myometrium
B. Approximately 7-10 days after ovulation
C. Only during days 1-14 of the menstrual cycle
D. Once estrogen and progesterone levels drop

Answer: B
Rationale: Implantation of the blastocyst into the endometrial lining typically happens 7 to 10 days after ovulation and successful fertilization.

Q 65. When serum bilirubin level rises on the 3rd and 4th day after birth due to inefficient hepatic function, it is known as:

A. Pathological jaundice
B. Obstructed jaundice
C. Physiological jaundice
D. Viral hepatitis

Answer: C
Rationale: Physiological jaundice is a completely normal, transient condition peaking around the 3rd-4th day due strictly to newborn liver immaturity.

nursingmcqs.com

Q 66. Potential complications of fluid imbalance include:

A. Edema
B. Renal dysfunction
C. Pulmonary dysfunction
D. All of the above

Answer: D
Rationale: Severe fluid imbalances can systematically and disastrously disrupt organs, causing extensive edema, pulmonary congestion, and complete renal failure.

Q 67. Discharge planning should begin:

A. As soon as the client is ready to discuss it
B. On the day of discharge
C. On the day of admission
D. When the discharge date is known

Answer: C
Rationale: Effective, comprehensive discharge planning is continuous and should proactively start on the exact day of admission to anticipate post-hospital needs.

Q 68. Involution of the uterus is typically completed by:

A. 6 weeks
B. 8 weeks
C. 12 weeks
D. 16 weeks

Answer: A
Rationale: The uterus typically fully returns to its pre-pregnant size and anatomical state (involution) about 6 weeks post-delivery.

nursingmcqs.com

Q 69. The strongest stimulus for lactation is:

A. Postpartum hemorrhage
B. Suckling
C. Metoclopramide
D. Bromocriptine

Answer: B
Rationale: Suckling directly stimulates the sensory receptors in the nipple, triggering the pituitary release of prolactin for milk production and oxytocin for milk let-down.

Q 70. Injection Anti-D should be given following an Rh-positive delivery within:

A. 8 hours
B. 72 hours
C. 7 days
D. 24 hours

Answer: B
Rationale: Anti-D (RhoGAM) must be strictly administered within 72 hours of delivering an Rh-positive baby to prevent permanent maternal Rh sensitization.

Q 71. Which classification of drugs may be used in children to treat enuresis?

A. Hypnotics
B. Tricyclic antidepressants
C. Anti-anxiety drugs
D. Major tranquilizers

Answer: B
Rationale: Tricyclic antidepressants, like imipramine, have specific anticholinergic and sleep-altering effects that can clinically help manage nocturnal enuresis.

nursingmcqs.com

Q 72. The priorities of planning in the nursing process are based on:

A. Maslow's Hierarchy of human needs
B. Dangers of illness model
C. Interpersonal theory
D. Information processing model

Answer: A
Rationale: Nurses universally use Maslow's Hierarchy to logically address basic physiological and life-threatening needs before higher-level psychological needs.

Q 73. When planning for nutritional needs, the nurse understands that the age group with the highest energy requirement per unit body weight is:

A. Birth to 1 year old
B. Over 65 years old
C. 3 to 5 years old
D. 13 to 19 years old

Answer: A
Rationale: Infants undergo extreme, rapid physical growth and developmental changes, yielding the highest metabolic energy requirements per kilogram.

Q 74. If labor ends within 3 hours with painful contractions, it is a:

A. Prolonged labor
B. Normal labor
C. Difficult labor
D. Precipitate labor

Answer: D
Rationale: Precipitate labor is clinically defined as labor that finishes in less than 3 total hours from the immediate onset of contractions to full delivery.

nursingmcqs.com

Q 75. A client is about to have a thyroidectomy. Just before surgery, a medication should be prepared to prevent:

A. Thyroid storm
B. Hyperthyroidism
C. Hypothyroidism
D. Grave's disease

Answer: A
Rationale: Antithyroid medications or iodine are given preoperatively to physically calm the thyroid and prevent the sudden, life-threatening release of hormones (thyroid storm).

Q 76. The normal mechanism of labor is not possible in which of the following presentations?

A. Face presentation
B. Right occipito-posterior
C. Brow presentation
D. Breech presentation

Answer: C
Rationale: A brow presentation dangerously presents the largest fetal head diameter (mentovertical), making safe vaginal delivery effectively impossible without conversion.

Q 77. Which of the following routes should not be used to check an oncological client's temperature?

A. Oral route
B. Axillary route
C. Rectal route
D. Tympanic route

Answer: C
Rationale: The rectal route is absolutely contraindicated due to the high risk of fatal mucosal trauma and subsequent systemic infection in immunosuppressed patients.

nursingmcqs.com

Q 78. The average 5-year-old child is incapable of:

A. Abstract thought
B. Tying their shoelaces
C. Making decisions
D. Hand-eye coordination

Answer: A
Rationale: According to Piaget's established developmental stages, true abstract thinking does not cognitively develop until the formal operational stage (around age 12).

Q 79. With which type of clients should you use universal precautions?

A. Clients you do not know well
B. Those infected with HIV
C. Those with risk factors for HIV
D. All clients

Answer: D
Rationale: Standard (universal) precautions legally and ethically require healthcare workers to treat all human blood and body fluids as highly infectious for all patients, at all times.

Q 80. Which of the following types of cells are LEAST affected by radiation?

A. Hair follicles
B. Cancer cells
C. Heart muscle
D. GI muscle

Answer: C
Rationale: Slowly dividing or permanently non-dividing mature cells, like those in the heart muscle and nervous system, are the most inherently radioresistant.

nursingmcqs.com