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Omani Examination for Nurses

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Question: 1

A patient with a history angina pectoris brought by to the Emergency Department complaining of severe chest pain. The patient informs the nurse that he did not take nitroglycerine tablet.
Which of the following assessment findings must concern the nurses MOST before administering nitroglycerine?

A. Heart rate of 90 bpm
B. Blood sugar of 12 mmol/L
C. Blood pressure of 190/110 mmHg
D. Blood pressure of 80/60 mmHg

Answer: D

Explanation:

Patient History: The patient has angina pectoris, which means they have episodes of chest pain due to reduced blood flow to the heart muscle. Nitroglycerin is a common medication used to relieve this pain by dilating blood vessels.
Nitroglycerin Mechanism: Nitroglycerin works by relaxing and widening blood vessels, which decreases the workload on the heart and increases blood flow to the heart muscle. This process typically lowers blood pressure.
Assessment Concerns:
Heart rate of 90 bpm: This is within the normal range and does not typically contraindicate the use of nitroglycerin.
Blood sugar of 12 mmol/L: Elevated blood sugar is concerning but not directly affected by nitroglycerin administration.
Blood pressure of 190/110 mmHg: This is high and nitroglycerin can help reduce it. High blood pressure is often treated with nitroglycerin.
Blood pressure of 80/60 mmHg: This is hypotension (low blood pressure). Since nitroglycerin lowers blood pressure further, administering it to a patient with already low blood pressure can lead to severe hypotension, which is life-threatening.
Conclusion: The most concerning finding is the low blood pressure (80/60 mmHg) because administering nitroglycerin in this situation can further lower the blood pressure to dangerous levels.
Reference: NCLEX-RN review guides, pharmacology textbooks, clinical guidelines on the management of angina pectoris and nitroglycerin use.

Question: 2

A circulating nurse is caring for a patient who is undergoing to laparotomy under a general anesthesia in the Operating Room.
What is the PRIORITY nursing diagnosis the circulating nurse would include in the care plan?

A. Risk for anxiety related to surgery
B. Risk for bleeding related to surgery
C. Risk for injury related to positioning
D. Risk for infection related to surgical incision

Answer: C

Explanation:

Role of Circulating Nurse: The circulating nurse manages the overall environment of the operating room, ensuring safety and coordination among the surgical team. They are responsible for maintaining patient safety, including correct positioning.
Prioritizing Safety:
Risk for anxiety: While relevant, managing anxiety is typically addressed preoperatively and postoperatively, not the immediate intraoperative period.
Risk for bleeding: While bleeding is a concern, it is primarily monitored and managed by the surgical team.
Risk for injury related to positioning: During surgery, improper positioning can lead to nerve damage, pressure sores, and musculoskeletal injuries. The circulating nurse must ensure that the patient is correctly positioned to avoid these injuries.
Risk for infection: Preventing infection is crucial, but the sterile field and surgical techniques primarily address this risk.
Conclusion: The highest priority for the circulating nurse is to ensure the patient is correctly positioned to prevent any injury related to positioning, as this is a direct and immediate responsibility during the surgical procedure.
Reference: Surgical nursing textbooks, NCLEX-RN review guides, AORN (Association of periOperative Registered Nurses) guidelines.

Question: 3

A nurse is providing health education and instructions to a woman who has been diagnosed with mastitis.
Which of the following statements if made by the woman indicates a need for further teaching?

A. "1 need to stop breastfeeding until this condition resolves."
B. "Analgesia will help me to alleviate some of the discomfort."
C."1 need to take antibiotics and 1 will feel better in 24-48 hours."
D. "Warm compression to the breasts before feeding may be useful."

Answer: A

Explanation:

Understanding Mastitis: Mastitis is an infection of the breast tissue that results in breast pain, swelling, warmth, and redness. It often occurs in breastfeeding women.

Appropriate Management:
Continue Breastfeeding: It is generally recommended to continue breastfeeding or pumping to relieve milk stasis and prevent further complications.
Analgesia: Pain relief medications (analgesia) can help manage discomfort associated with mastitis.
Antibiotics: Antibiotics are often prescribed, and improvement is typically seen within 24-48 hours.
Warm Compression: Applying warm compresses before breastfeeding can help alleviate pain and improve milk flow.
Incorrect Belief: The statement "I need to stop breastfeeding until this condition resolves" indicates a misunderstanding. Stopping breastfeeding can worsen the condition due to milk stasis and increased engorgement.
Conclusion: The statement indicates a need for further teaching as continuing breastfeeding is crucial for managing and resolving mastitis.
Reference: Maternal and child nursing textbooks, NCLEX-RN review guides, clinical guidelines on breastfeeding and mastitis management.

Question: 4

A nurse is preparing to collect a throat culture for a middle-aged male patient.
The nurse is aware that the swabbing should be collected from:

A. Uvula and soft palate
B. Any site of oral cavity mucosa
C. Tongue and right or left buccal mucosa
D. Mucosa of oropharynx and tonsillar region

Answer: D

Explanation:

Purpose of Throat Culture: A throat culture is performed to detect the presence of pathogens (like bacteria) that cause infections such as strep throat.
Correct Technique:
Uvula and Soft Palate: These are not the primary sites for collecting throat cultures.
Any site of Oral Cavity Mucosa: This is too broad and non-specific.
Tongue and Buccal Mucosa: These sites are not typically infected in throat infections and do not provide accurate culture results.
Oropharynx and Tonsillar Region: The mucosa of the oropharynx and tonsillar region is the most common site of infection in throat infections, making it the appropriate site for swabbing.
Procedure: The nurse should gently swab the oropharynx and tonsillar area, avoiding the tongue and other parts of the oral cavity to avoid contamination and ensure accurate results.
Conclusion: The correct site for collecting a throat culture is the mucosa of the oropharynx and tonsillar region, ensuring the detection of the causative pathogens.
Reference: Clinical nursing skills textbooks, NCLEX-RN review guides, guidelines for throat culture collection.

Question: 5

The aim of outcome research in nursing is to:

A. Explore and investigate nursing clinical interventions
B. Focus on the perception and of nursing professional
C. Assess and documents the effectiveness of health care services
D. Analyze the cause and effect relationship based on nursing actions

Answer: C

Explanation:

Outcome research in nursing focuses on understanding the results of health care practices and interventions. It aims to evaluate how effective these practices are in improving patient outcomes. This type of research is crucial for ensuring that the care provided is evidence-based and leads to the best possible health results for patients.
For example, if a new wound care protocol is introduced, outcome research would measure whether patients heal faster or have fewer infections compared to the previous method. This helps in determining the effectiveness of the new protocol.
Reference:
Polit, D. F., & Beck, C. T. (2017). Nursing Research: Generating and Assessing Evidence for Nursing Practice. Wolters Kluwer Health.

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