SUNWAY UNIVERSITY

FACULTY OF SCIENCE AND TECHNOLOGY

EXAMINATION FOR THE DIPLOMA IN NURSING YEAR 3

SUMMATIVE EXAMINATION (SEMESTER 1)

ACADEMIC SESSION 2012

SND 3204: PSYCHIATRIC NURSING

December 2012

TIME: 2 Hours

QUESTIONS

INSTRUCTIONS TO CANDIDATES

This question booklet contains two sections.

Section A

Forty Multiple Choice Questions (MCQ)

Answer ALL questions in Section A using the multiple choice answer sheet provided.

Section B

Column A is the condition and Column B is the answers which were mixed up and not in order. Please match column A to B and write the correct answer numbers on the answer column

Section C

One Short Essay Question (SEQ)

Answer ALL questions in Section B using the answer booklets provided.

At the end of the examination, all the answer booklets, multiple choice answer sheets and the examination booklet must be fastened together to be placed in the box provided.

[This paper contains FORTY MCQ , 10 MIX AND MATCH QUESTIONS TWO SEQ question printed on TEN pages]

Section A: 40 marks

Answer ALL Multiple Choice Questions.

1. A patient has clenched fists and is yelling and swearing while pacing around the dayroom. This behavior is typical of which phase of the assault cycle?:

   a. Compulsivity
   b. Crisis
   c. Disorientation
   d. Escalation

2. A hospitalized client is dying and is very weak, tired and short of breath. The appropriate nursing care plan for this client and the client's family will include:

   a. allowing family members to spend as much time as possible with the client
   b. limiting visiting hours to help the client conserve energy
   c. planning all of the client's care to be done at one time so long intervals of rest can be scheduled
   d. having the client do as much self care as possible to increase self esteem and independence

3. The community health nurse notes several suspicious bruises and old burns on aninfant. Which is the nurse's priority action?

   a. call the child protection hotline and report possible abuse
   b. discuss the family with the physician and social worker at the next team meeting
   c. carefully record the visit for follow-up
   d. tell the parent that child protection will be notified if injuries are noted at the next visit.

4. The nurse understands that the best explanation for involuntary admission for psychiatric treatment is that:

   a. a psychiatrist has determined the client's behavior is irrational
   b. the client exhibits behavior that is a threat to either the client or to society
   c. The client is unable to manage the affairs necessary for daily life
   d. the client has broken a law

5. Communication skills are a vital skill within mental health nursing. A common framework for this includes:

   a.connection and disengagement
   b.working and disengagement
   c.working only
   d.connection, working and disengagement

6. The nurse is interviewing an elderly client who may have been abused by the neighbour who provides much of the client's care. The nurse's interview questions should:

a. avoid asking the client about the potential abuse
b. avoid directly asking the client if the client has ever been hurt by someone
c. be confrontational
d. be nonthreatening and non-judgemental

7. The nurse realizes that a typical characteristic of clients with anorexia nervosa is they:

a. have problems with self control
b. do poorly in school
c. exercise relentlessly
d. are truthful in reporting their eating habits

8. In planning the initial care for a client with an acute schizophrenic illness, the nurse will appropriately emphasize:

a. establishing a daily routine to promote orientation to the unit
b. encouraging the client to enter into simple group activities
c. providing a variety of activities to keep the client focused on reality based topics
d. assign the same staff members of the nursing staff to work with the client each day.

9. A client is admitted to the psychiatric unit on a temporary detention order. The nurse observes that the client is staring out the 4th floor window and replying to voices that the nurse is unable to see. The initial therapeutic statement that the nurse makes to the client is:

a. tell me what the voices are saying to you
b. who are you talking to?
c. are you thinking about jumping out the window?
d. why are you looking outside

10. Nurse Ng is caring for a client diagnosed with bulimia. The most appropriate initial goal for a client diagnosed with bulimia is to:

a. avoid shopping for large amounts of food
b. control eating impulses
c. identify anxiety-causing situations
d. eat only three meals per day

11. A female client who's at high risk for suicide needs close supervision. To best ensure the client's safety, nurse Geetha should:

a. **check the client frequently at irregular intervals throughout the night**
b. Assure the client that the nurse will hold in confidence anything the client says
c. Repeatedly discuss previous suicide attempts with the client
d. Disregard decreased communication by the client because this is common in suicidal clients

12. Which behavior would best indicate that the antisocial client is making the most progress in treatment?

a. serving as a judge for the unit's talent show
b. volunteering to chair the client government meeting
c. requesting a weekend pass to go home
d. assisting a depressed roommate to fill out a menu

13. The client tells the nurse that the television set in the room is really a two way radio.The client states that "voices are coming from the TV and everything we say in this roomis being recorded." The appropriate nursing response would be:

a. what are the voices saying?
b. That must be very frightening
c. do you recognize the voices?
d. Is the television set turned on?

14. The nurse approaches the triage window to see a client who is well known to the emergency room staff as being a frequent visitor who demonstrates drug seeking behavior. When asked what the problem is, the client states, "I want to see the doctor. I am having chest pains." What is the most appropriate action for the nurse to take?

a. bring the client to a treatment room and obtain a STAT electrocardiogram
b. take the client's pulse and blood pressure at the triage window
c. instruct the client to wait in the waiting room until it is his turn to be seen
d. ask the client an open ended question to elicit information about his manifestations

15. Which treatment approach would be most therapeutic for a hospitalized client with antisocial behaviour?

a. participation in group therapy
b. negotiating the treatment plan with the client
c. a one to one nurse client relationship
d. providing an unstructured environment

16. A client with paranoid delusions believes the hospital food is being poisoned by the staff. The nurse knows the meal presentation that is the most effective method of encouraging nutritional intake is to serve:

~~a. the client's favorite foods in an attractive arrangement~~
b. only warm foods that arrive from the kitchen with lids in place
c. invidual items that are pre-packaged and sealed
d. food items that are the same as what other clients in the dining room are eating

17. The nurse enters an anorexic client's room and finds the client doing vigorous push-ups on the floor. What is the most therapeutic nursing action?

a. remind the client that if there is a decrease in weight, privileges will beforfeited
b. tell the client to stop doing the push-ups and suggest a less strenuous activity
c. wait for the client to finish exercising, then ask why the client feels the need to exercise
d. leave the client's room and allow the client to exercise in private

18. The nurse would question the order if the physician prescribed a benzodiazepine for the treatment of:

a. status epilepticus
b. skeletal muscle injuries
c. chronic pain syndrome
d. Insomnia

19. The nurse knows which medication may be safely prescribed for a client already taking lithium (Lithane)?

a. Hydrochlorothiazide (hydroDIURIL)
b. Ibuprofen (Advil)
c. Succinylcholine (Anectine)
d. Valproic Acid (Depakane)

20. In caring for abused children, the nurse understands that sexual abuse of children is:

a. often repeated from generation to generation
b. significantly less common than physical abuse and neglect
c. more prevalent in economically depressed segments of society
d. usually perpetrated by strangers

21. A client is admitted through the emergency department with a diagnosis of depression. During the initial phase of the relationship with this client, the nurse would expect which reaction to interpersonal communication?

a. insight
b. silence
c. anger
d. elation

22. Which will the nurse expect to be ordered to manage a client's withdrawal from alcohol?

a. promethazine (Phenergan)
b. Chlordiazepoxide (Librium)
c. Haloperidol (haldol)
d. disulfiram (antabuse)

23. The nursing care plan for the antisocial client should stress:

a. supervising the client closely to prevent any destructive behavior
b. helping the client gain insight into what motivates behavior
c. setting clear rules and expectations about the client's behaviour
d. ignoring the client's past acts and focusing on current issues

24 Thirty minutes after receiving diazepam (valium), an emergency room client reports feeling much calmer. "I can't believe how scared I was when I came in. I will do anything to avoid having another panic attack." The nurse realizes the most importantaction at this time is:

a. tell the client to try and reduce personal stress
b. advise the client to be admitted to the psychiatric unit
c. make an appointment for outpatient psychotherapy
d. tell the client to just return to the emergency room if another panic attack occurs

25. The nurse has an order to administer donepezil (aricept) daily to a client withAlzheimer's disease. The nurse knows that this drug should be administered:

a. with eight ounces of water
b. before breakfast
c. at bedtime
d. with dinner

26. The nurse is talking to a resident of a long term care facility who has returned from an overnight stay with his son and son's wife. Which statement by the resident would warrant further investigation by the nurse for elder abuse?

a. The food wasn't very good. My daughter in law was never a very ~~good cook~~
b. we had a nice visit. My grandchildren are a little unruly, but I enjoy that insmall doses
c. they needed a new TV, so I gave them money so they could buy one
d. Those bruises aren't anything. I got clumsy at my son's house

27. Initially the nurse would expect a client to react to a diagnosis of cancer with:

a. anger
b. denial
c. acceptance
d. fear

28. The nurse would judge that a client might be developing Wernicke-Korsakoff syndrome when the client exhibits:

a. mood swings and suicidal ideation
b. suspicion and fearfulness
c. short term memory loss and disorientation
d. aggression and impulsiveness

29. A priority nursing intervention for a client experiencing an acute manic episode?

a. discourage the client's use of vulgar language
b. protect the client from impulsive behavior
c. maintain the client's contact with his/her family
d. redirect excessive energy to creative tasks

30. The nurse learns that a client with OCD brushes his/her tongue several times a day and has developed ulcerations on it. The priority nursing goal for this client at this time is. The client will:

a. re-establish healthy tissue in the oral cavity
b. seek out the nurse when feeling anxious
c. discontinue brushing and oral care rituals
d. verbalize the underlying cause of the behavior

31. A client who is taking chlorpromazine hydrochloride (Thorazine) is experiencing extrapyramidal side effects (EPS). The nurse understands that EPS is:

a. dysfunction of the cardiovascular system
b. involuntary muscle movements
c. similar to a seizure disorder
d. a toxic reaction of the liver

32. Family therapy is scheduled for an anorexic client and family. The parents ask howthe family therapy will help the client's eating problems. The best nursing response isthat the focus of the therapy will primarily be:

a. the client's dysfunctional eating behaviors
b. teaching family members to better meet each other's needs
c. improving communication between the family members
d. how parental behavior may be causing the client to stop eating

33. In the early stages of Alzheimer's disease, the nurse would anticipate that a client will retain the ability to:

a. cope with stressful experiences
b. solve simple mathematical problems
c. remember a daily schedule
d. recall the events of the distant past

34. What would the nurse most expect to observe in a client with impulsive behavior?

a. ability to delay gratification
b. low tolerance for frustration
c. good problem solving skills
d. commitment to long term goals

35. A client is being prepared to receive electroconvulsive therapy (ECT) when the nurse realizes the client has not signed an informed consent. What provides the rationale for the appropriate nursing action needed to address this issue?

a. permission is assumed since the client is an involuntary admission
b. failure to obtain informed consent can result in a lawsuit
c. a physician is needed to witness the consent form
d. verbal consent by the client is sufficient

Question 36 and 37 based on the case study

Mr. Ali is admitted for neglecting himself and behaving aggressively at times. During his hospitalization, he was observed to be suspicious of one of the inmates and argued frequently with him.

36. Based on the clinical manifestations what would be the most immediate nursing diagnosis for Mr. Ali?

a. Food refusal related to hallucination and delusion
b. Potential aggression related to disease symptoms
c. Self-care deficit related to disease and process
d. Alteration of thought related to symptoms of illness

37. Based on the nursing diagnosis above, what would be the most appropriate nursing intervention?

   a. To quickly inform doctors so that ECT treatment can be initiated
   b. To restrain the patient and ensure that is kept in isolation
   c. ~~To increase the patients' dose of medication so that he is less~~ aggressive
   d. To isolate the patient temporarily until he is subdued and the symptoms have lessened

38. Which one of the following is generally true about anxiety? Anxiety:

   a. begins with a life event
   b. has solely physical signs
   c. has solely mental signs
   d. needs good medication

39. Which one of the following best shows an educator role of the mental health nurse? Discussing with the

   a. medical staff about the need for a change of medicine
   b. relatives about the need for more support from them
   c. patient the purpose of the medicines being prescribed
   d. nursing staff the progress being made by the patient

40. A misinterpretation of a real external stimulus is known as a

   a. Hallucination
   b. Illusion
   c. Delusion
   d. Obsession

Section B (10 marks)

Section B

Column A is the condition and Column B is the answers which were mixed up and not in order. Please match column A to B and write the correct answer numbers on the answer column

	Column A		Column B	Answer
1	Schizophrenia	A	Loss of Interest and pleasure	G
2	Affective Disorder	B	Bipolar Disorder	B
3	Manic Depressive Psychosis	C	Is a mood disorder, patient can be excessive happy and energetic	J
4	Major Depression	D	It is characterized by a generalized persistent anxiety of at least six months duration	A
5	Mania	E	A disorder characterized being alone in a open space and in crowds form which escape might be difficult	C
6	Organic Brain Syndrome	F	Is a transient organic mental disorder characterized by generalized physiological dysfunction, usually fluctuating in degree	H
7	Delirium	G	Is define as functional psychosis characterized by disturbances in thinking , emotion and perception	F
8	Generalized anxiety disorder (GAD)	H	Transient or permanent central nervous system function	D
9	Agora Phobia	I	Is defines as the sum total of a person's intellectual, emotional and volitional traits.	E
10	Personality Disorder	J	Mood disorder is characterized by an excessive swing of mood	I

Section C (20 marks)

Answer All Questions (SEQ)

Question 1

Mr. Kamal is a 60 year old married Malay Singaporean. He was accompanied to clinic by his niece Mastura He was referred to the Mental Health Clinic by his primary doctor for Symptoms of Post Trauma Stress Disorder (PTSD). He reports having nightmares and waking up in a cold sweat. Recently, he was in a car accident and also learned that his best friend died from a heart attack . He reports that he has had an increased irritability and isolation. Mr. Kamal reports only getting 4-5 hours of sleep per night and that he have a decreased appetite and he has lost 15 kg in last month. Mastura denies any suicide or homicidal ideation noted by his uncle . The niece also reports that he has been locking himself in the room for hours and crying . She also informed sometime her uncle will verbalized following statement " it is not worth leaving ", There is no history of such condition patient presented through his life .

Question 1 .1

Please Indentify

A) What is the Objective Data? From the case study (2 marks)

1) **The niece also reports that he has been locking himself in the room for hours and crying .**
2) **She also informed sometime her uncle will verbalized following statement " it is not worth leaving ", There is no history of such condition patient presented through his life .**

B) What is the Subjective Data ? From the case study (2 marks)

1) **He reports having nightmares and waking up in a cold sweat.**
2) **Mr. Kamal reports only getting 4-5 hours of sleep per night**
3) **He has a decreased appetite and he has lost 15 kg in last month.**

Question 1.2

A) Please identify **3** nursing diagnosis for the above case study (6 marks)

1) Altered thought Process related to disease process
2) Disturbed sleep pattern related to psychological disturbances as evidence by not sleeping at night.
3) Self care deficit in activity of daily living
4) Anxiety
5) Fluid volume deficit
6)

QUESTION 2

Question 2.1

Please explain the understanding of the following term " Therapeutic milieu relationship" in detail

(4 marks)

Therapeutic milieu, sometimes also called milieu therapy or community therapy, is an approach to the treatment of behavioral or psychiatric issues that emphasizes modeling, peer feedback, and personal responsibility in the context of a highly structured environment. It is based on the philosophy that each interaction with others holds the potential for social learning and personal growth, because an individual's psychological difficulties are said to inevitably be expressed in the context of human relationships. This approach to behavioral therapy can occur in residential treatment, as well as day treatment, outpatient groups, and other psychiatric settings.

A therapeutic milieu, which is occasionally termed "life space," is a strengths-based approach that focuses on problem-solving rather than punishment for transgressions. For clients, a therapeutic milieu becomes a safe space in which to learn and practice new skills in human interaction. This nurturing and positive environment can foster trust in the client, who can then begin to recover from psychiatric or behavioral difficulties.

The contained setting of the therapeutic milieu enables both staff and clients to monitor the clients' personal interactions, as well as providing immediate feedback and social support. Staff are trained in de-escalation techniques, such as verbal redirection, that allow clients to regain self-control in the event that dangerous behaviors are manifested within the community. Temporary isolation from others might be used in extreme behavioral circumstances, but punishment or restrictions are generally avoided in favor of positive reinforcement.

Question 2.2

Please explain briefly on the following Nurses role in the Mental Health nursing .

(6 marks)

a. Caregiver – **Basic nursing process is the care of the patients from ADL, treatment, administrating medication**
b. Educator – **The nurse provide information about the illness and its treatment to the patient**
c. Counselor – **Easy availability and willingness of the nurse to listen actively as well with empathy and encourage patients to express his feelings**
d. Advocate –**The nurse functions as advocate to protect the rights of the patients**
e. Coordinator- **The nurse being the closest with patient , establishes and maintains communication with the patient , family members and various members of the treating team**
f. health promoter- **The nurses plays major role in identifying high risk groups and in preventing the occurrence of mental illness in them**