

Test Booklet Series



Test Booklet

**(Nursing Superintendent/Deputy Nursing Superintendent/
Assistant Nursing Superintendent)**

Test Booklet No.

Name of Applicant :

Answer Sheet No. :

Applicant ID/Roll No. :

Signature of Applicant :

Date of Examination :

Signature of the Invigilator(s)

Time of Examination :

1.

2.

Duration : 60 Minutes]

[Maximum Marks : 50

IMPORTANT INSTRUCTIONS

- (i) The question paper is in the form of Test-Booklet containing **50 (Fifty)** questions. All questions are compulsory. Each question carries four answers marked (A), (B), (C) and (D), out of which only one is correct. Choose the correct option or the most appropriate option.
- (ii) On receipt of the Test-Booklet (Question Paper), the candidate should immediately check it and ensure that it contains all the pages, i.e., **50** questions. Discrepancy, if any, should be reported by the candidate to the invigilator immediately after receiving the Test-Booklet.
- (iii) A separate Answer-Sheet is provided with the Test-Booklet/Question Paper. On this sheet there are **50** rows containing four circles each. One row pertains to one question.
- (iv) The candidate should write his/her Application ID/Roll number at the places provided on the cover page of the Test-Booklet/Question Paper and on the Answer-Sheet and **NOWHERE ELSE**.
- (v) No second Test-Booklet/Question Paper and Answer-Sheet will be given to a candidate. The candidates are advised to be careful in handling it and writing the answer on the Answer-Sheet.
- (vi) For every correct answer of the question **One (1) mark will be awarded**. There will be **negative marking of 0.25 mark** for every incorrect answer.
- (vii) Marking shall be done only on the basis of answers responded on the Answer-Sheet.
- (viii) To mark the answer on the Answer-Sheet, candidate should darken the appropriate circle in the row of each question with Blue or Black pen.
- (ix) For each question only **one** circle should be **darkened** as a mark of the answer adopted by the candidate. If more than one circle for the question are found darkened or with one black circle any other circle carries any mark, the answer will be treated as incorrect.
- (x) The candidates should not remove any paper from the Test-Booklet/Question Paper. Attempting to remove any paper shall be liable to be punished for use of unfair means.
- (xi) Rough work may be done on the blank space provided in the Test-Booklet/Question Paper only.
- (xii) *Mobile phones (even in Switch-off mode) and such other communication/programmable devices are not allowed inside the examination hall.*
- (xiii) No candidate shall be permitted to leave the examination hall before the expiry of the time.

DO NOT OPEN THIS QUESTION BOOKLET UNTIL ASKED TO DO SO.

Nursing Superintendent

[P.T.O.
11 / 1

1. A patient's BP is 150/70 mmHg. The pulse pressure and mean arterial pressure (MAP) are approximately:
 - (A) PP 70 mmHg, MAP 97 mmHg
 - (B) PP 80 mmHg, MAP 97 mmHg
 - (C) PP 80 mmHg, MAP 110 mmHg
 - (D) PP 220 mmHg, MAP 97 mmHg
2. A patient has a Braden Scale total score of 9. This indicates:
 - (A) Mild risk
 - (B) Moderate risk
 - (C) High risk
 - (D) Very high risk of pressure injury
3. The apical pulse is 110/min and the radial pulse is 84/min. Which statement is correct?
 - (A) Pulse deficit is 26, commonly seen in atrial fibrillation
 - (B) Pulse deficit is 194
 - (C) Pulse deficit is 26 and is a normal finding
 - (D) Pulse deficit is 26 and indicates hypovolaemia only
4. Deep, rapid and laboured respiration in a patient with diabetic ketoacidosis is called:
 - (A) Cheyne-Stokes respiration
 - (B) Biot's respiration
 - (C) Kussmaul's respiration
 - (D) Apneustic breathing
5. A wound shows full-thickness skin loss with visible subcutaneous fat and some slough, but no exposed muscle, tendon or bone. The stage is:
 - (A) Stage 2
 - (B) Stage 3
 - (C) Stage 4
 - (D) Unstageable
6. ABG : pH 7.30, PaCO₂ 30 mmHg, HCO₃ 14 mEq/L. The interpretation is:
 - (A) Uncompensated respiratory acidosis
 - (B) Metabolic acidosis with partial respiratory compensation
 - (C) Metabolic alkalosis
 - (D) Respiratory alkalosis
7. A patient in DKA has a serum potassium of 3.0 mmol/L. The most appropriate action is to:
 - (A) Start the insulin infusion immediately
 - (B) Give sodium bicarbonate
 - (C) Withhold insulin and replace potassium until K⁺ is at least 3.3 mmol/L
 - (D) Give 5% dextrose only

8. Intravenous alteplase for acute ischaemic stroke is generally considered within how many hours of symptom onset?
 - (A) 1 hour
 - (B) 3 hours only
 - (C) 4.5 hours
 - (D) 12 hours
9. On the 6th post-operative day, a patient's abdominal wound opens and loops of bowel protrude. The immediate action is to:
 - (A) Push the bowel back gently
 - (B) Cover with sterile saline-moistened dressings, keep the patient supine with knees flexed, and notify the surgeon
 - (C) Apply a dry dressing and ambulate
 - (D) Apply a tight abdominal binder
10. A patient with hyperkalaemia has tall peaked T waves on the ECG. The priority intervention is:
 - (A) Furosemide
 - (B) Oral sodium polystyrene sulfonate
 - (C) Sodium bicarbonate only
 - (D) IV calcium gluconate to stabilise the myocardium
11. A heparin infusion contains 25,000 units in 500 mL. The order is 1000 units/hour. The pump rate should be:
 - (A) 10 mL/hr
 - (B) 15 mL/hr
 - (C) 20 mL/hr
 - (D) 40 mL/hr
12. Digoxin toxicity is MOST likely to be precipitated by:
 - (A) Hyperkalaemia
 - (B) Hypokalaemia
 - (C) Hypernatraemia
 - (D) Hypermagnesaemia
13. When mixing regular and NPH insulin in one syringe:
 - (A) Draw NPH first, then regular
 - (B) Always use separate syringes
 - (C) Shake the vial vigorously before drawing
 - (D) Draw regular (clear) insulin first, then NPH (cloudy)

14. During a rapid vancomycin infusion, a patient develops flushing of the face and upper trunk, pruritus and hypotension. The nurse should:
- (A) Stop permanently and give adrenaline
 - (B) Increase the rate
 - (C) Slow or pause the infusion and give an antihistamine as ordered
 - (D) Switch to the IM route
15. After delivering one shock for ventricular fibrillation, the next step is to:
- (A) Check the pulse immediately
 - (B) Give amiodarone
 - (C) Deliver a second shock immediately
 - (D) Resume chest compressions for 2 minutes
16. An 80-kg adult has 50% TBSA burns at 2 pm. By the Parkland formula, the fluid rate for the first 8 hours is:
- (A) 500 mL/hr
 - (B) 1000 mL/hr
 - (C) 667 mL/hr
 - (D) 2000 mL/hr
17. A patient opens eyes to pain, speaks inappropriate words and shows flexion withdrawal to pain. The GCS score is:
- (A) 7
 - (B) 8
 - (C) 9
 - (D) 10
18. The initial adult dose of adrenaline for anaphylaxis is:
- (A) 0.5 mL of 1:1000 IM (0.5 mg)
 - (B) 0.5 mL of 1:10,000 IV
 - (C) 5 mL of 1:1000 subcutaneously
 - (D) 1 mg IV push
19. A patient has a generalised seizure lasting more than 5 minutes. The first-line drug is:
- (A) Phenytoin
 - (B) Valproate
 - (C) Levetiracetam
 - (D) IV lorazepam or diazepam
20. Which first-aid measure for snake bite is CONTRAINDICATED?
- (A) Reassurance and immobilisation of the limb
 - (B) Early transport to hospital for ASV
 - (C) Incision over the bite site and suction
 - (D) Marking the progression of swelling

- 21.** Which pair of conditions both require airborne precautions?
- (A) MRSA and VRE
 - (B) Norovirus and C. difficile
 - (C) Measles and disseminated varicella
 - (D) Influenza and pertussis
- 22.** The preferred hand hygiene method after caring for a patient with C. difficile infection is:
- (A) Alcohol-based rub alone
 - (B) Soap and water
 - (C) Chlorhexidine rub only
 - (D) None, if gloves were worn
- 23.** A ward recorded 4 CAUTIs in 2000 catheter-days. The CAUTI rate is:
- (A) 0.5 per 1000 catheter-days
 - (B) 2 per 1000 catheter-days
 - (C) 4 per 1000 catheter-days
 - (D) 8 per 1000 catheter-days
- 24.** To minimise infection risk in adults, the preferred site for a non-tunnelled central venous catheter is:
- (A) Subclavian vein
 - (B) Femoral vein
 - (C) Internal jugular vein
 - (D) Cephalic vein
- 25.** An unvaccinated health worker has a needle-stick injury from an HBsAg-positive patient. Appropriate management is:
- (A) Vaccination only, after 6 months
 - (B) No action
 - (C) Antiretroviral drugs
 - (D) Hepatitis B immunoglobulin plus hepatitis B vaccination
- 26.** Within 6 hours of transfusion a patient develops acute hypoxaemia, bilateral pulmonary infiltrates, hypotension and fever, with no evidence of cardiac failure. The most likely reaction is:
- (A) TACO
 - (B) TRALI
 - (C) Simple allergic reaction
 - (D) Delayed haemolytic reaction
- 27.** After rapid transfusion of many units of stored blood, a patient develops perioral tingling and muscle twitching. The likely cause is:
- (A) Hyperkalaemia
 - (B) Haemolysis
 - (C) Citrate-induced hypocalcaemia
 - (D) Hypernatraemia

28. An Rh-negative mother delivers an Rh-positive baby. Anti-D immunoglobulin should be given within:
- (A) 12 hours
 - (B) 72 hours
 - (C) 7 days
 - (D) 28 days
29. Which product is most appropriate for hypofibrinogenaemia in DIC?
- (A) Packed red cells
 - (B) Platelets
 - (C) Cryoprecipitate
 - (D) Albumin
30. The recommended initial transfusion rate for the first 15 minutes is:
- (A) 1–2 mL/min
 - (B) 10 mL/min
 - (C) 20 mL/min
 - (D) Rapid bolus
31. The best practice for blood culture collection in an adult with suspected sepsis is:
- (A) One bottle from an existing IV line
 - (B) Two sets from separate venepuncture sites before antibiotics
 - (C) After the first antibiotic dose
 - (D) From the IV cannula routinely
32. Which test is performed before radial arterial puncture?
- (A) Modified Allen's test
 - (B) Romberg's test
 - (C) Trendelenburg test
 - (D) Tourniquet test
33. A sputum sample is considered suitable for bacterial culture when the smear shows:
- (A) More than 25 neutrophils and fewer than 10 squamous epithelial cells per low-power field
 - (B) Fewer than 10 neutrophils and more than 25 squamous cells
 - (C) Only saliva
 - (D) Only red cells
34. The correct order of draw is:
- (A) Fluoride, EDTA, heparin, serum, citrate, culture
 - (B) EDTA, citrate, serum, heparin, fluoride, culture
 - (C) Serum, EDTA, culture, citrate, heparin, fluoride
 - (D) Blood culture, citrate, serum, heparin, EDTA, fluoride

- 35.** A haemolysed blood sample will falsely elevate:
- (A) Sodium
 - (B) Chloride
 - (C) Potassium
 - (D) Glucose
- 36.** In NABH standards, the chapter on infection control is coded as:
- (A) PRE
 - (B) HIC
 - (C) MOM
 - (D) ROM
- 37.** A bar chart arranged in descending order with a cumulative percentage line, used to identify the “vital few” causes, is a:
- (A) Run chart
 - (B) Scatter diagram
 - (C) Histogram
 - (D) Pareto chart
- 38.** The proactive risk assessment method used to identify possible failures in a process BEFORE harm occurs is:
- (A) Root cause analysis
 - (B) Failure Mode and Effects Analysis (FMEA)
 - (C) Incident report review
 - (D) Sentinel event audit
- 39.** In Reason’s Swiss cheese model, which is an example of a latent condition?
- (A) A nurse misreads a label
 - (B) Inadequate staffing and look-alike drugs stored together
 - (C) A momentary slip
 - (D) A lapse of memory
- 40.** On the Morse Fall Scale, a score of 50 indicates:
- (A) Low risk
 - (B) Moderate risk
 - (C) High risk
 - (D) No risk
- 41.** Under Section 115 of the Mental Healthcare Act, 2017, a person who attempts suicide is:
- (A) Punishable with imprisonment for one year
 - (B) Always an MLC to be handed over to police
 - (C) Presumed to be under severe stress and not to be tried or punished
 - (D) Barred from treatment

42. A dying declaration is best recorded by:
- (A) A nurse
 - (B) A police constable
 - (C) A magistrate
 - (D) A relative
43. The doctrine of “res ipsa loquitur” means:
- (A) Let the master answer
 - (B) The thing speaks for itself
 - (C) Without fault
 - (D) In good faith
44. A hospital is held liable for a staff nurse’s negligence committed during duty. This is:
- (A) Contributory negligence
 - (B) Strict liability
 - (C) Criminal liability
 - (D) Vicarious liability
45. A competent adult refuses a blood transfusion for religious reasons despite being told of the risk. The nurse should:
- (A) Respect the refusal, ensure informed refusal is documented, and explore acceptable alternatives
 - (B) Transfuse secretly
 - (C) Obtain consent from relatives and transfuse
 - (D) Discharge the patient immediately
46. Jaundice appearing within the first 24 hours of life is:
- (A) Physiological jaundice
 - (B) Breast-milk jaundice
 - (C) Pathological jaundice requiring evaluation
 - (D) Normal
47. A newborn has heart rate 110/min, slow irregular respirations, some flexion of extremities, a grimace on suction, and a pink body with blue extremities. The Apgar score is:
- (A) 5
 - (B) 6
 - (C) 7
 - (D) 8
48. A woman with severe pre-eclampsia on magnesium sulfate should have the next dose WITHHELD if:
- (A) Urine output is 40 mL/hr
 - (B) Patellar reflexes are present
 - (C) BP is 150/100 mmHg
 - (D) Respiratory rate is 10/min

- 49.** Heavy postpartum bleeding with a boggy, relaxed uterus. The first nursing action is:
- (A) Fundal massage and notifying the obstetrician
 - (B) Immediate hysterectomy preparation only
 - (C) Giving oral fluids
 - (D) Encouraging ambulation
- 50.** Which drug is generally considered potentially inappropriate in older adults (Beers criteria)?
- (A) Paracetamol
 - (B) Diazepam
 - (C) Amlodipine
 - (D) Metformin

ROUGH WORK

ROUGH WORK