

Test Booklet Series



Test Booklet  
(Staff Nurse)

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 : 120 Minutes]**

**[Maximum Marks : 100**

**IMPORTANT INSTRUCTIONS**

- (i) The question paper is in the form of Test-Booklet containing **100 (Hundred)** 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., **100** 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 **100** 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.**

Staff Nurse

[P.T.O.  
**14 / 1**



1. The normal respiratory rate of a healthy adult is:
  - (A) 6–10/min
  - (B) 24–30/min
  - (C) 12–20/min
  - (D) 30–40/min
2. The normal oral body temperature range is approximately:
  - (A) 34.0–35.0 °C
  - (B) 38.0–39.0 °C
  - (C) 39.5–40.5 °C
  - (D) 36.1–37.2 °C
3. The first step of the nursing process is:
  - (A) Planning
  - (B) Assessment
  - (C) Diagnosis
  - (D) Evaluation
4. The best position for a patient with severe breathlessness is:
  - (A) Prone
  - (B) Sims'
  - (C) High Fowler's
  - (D) Trendelenburg
5. Sims' (left lateral) position is commonly used for:
  - (A) Lumbar puncture
  - (B) Thoracentesis
  - (C) Open-heart surgery
  - (D) Rectal examination / enema administration
6. Non-blanchable erythema of intact skin over a bony prominence indicates a pressure injury of:
  - (A) Stage I
  - (B) Stage II
  - (C) Stage III
  - (D) Stage IV
7. The best measure to prevent bed sores is:
  - (A) Hot water bags
  - (B) Vigorous massage over bony prominences
  - (C) Bed rest without movement
  - (D) Repositioning at least every 2 hours
8. In last offices for a medico-legal death, the nurse should:
  - (A) Remove all tubes and wash the body
  - (B) Leave tubes/lines in place and not clean the body
  - (C) Discard the clothing
  - (D) Hand over the body to relatives immediately

- 9.** Hyperpyrexia refers to a body temperature above:
- (A) 37.5 °C
  - (B) 38.3 °C
  - (C) 39.0 °C
  - (D) 41.1 °C
- 10.** Perineal (peri) care in a female patient should be performed:
- (A) Front to back (urethra towards anus)
  - (B) Back to front
  - (C) In circular motion from anus
  - (D) Direction does not matter
- 11.** HbA1c reflects average blood glucose control over the past:
- (A) 1 week
  - (B) 2–3 months
  - (C) 1 year
  - (D) 24 hours
- 12.** Which of the following is a modifiable risk factor for hypertension?
- (A) Age
  - (B) Sex
  - (C) Family history
  - (D) Obesity
- 13.** The drug given first (chewed) to a patient with suspected myocardial infarction is:
- (A) Aspirin
  - (B) Paracetamol
  - (C) Furosemide
  - (D) Digoxin
- 14.** The most specific cardiac biomarker for myocardial infarction is:
- (A) AST
  - (B) Troponin
  - (C) Amylase
  - (D) LDH
- 15.** A sign of right-sided heart failure is:
- (A) Pulmonary oedema
  - (B) Orthopnoea
  - (C) Peripheral oedema and jugular venous distension
  - (D) Frothy pink sputum
- 16.** Oxygen therapy for a patient with COPD should be:
- (A) 15 L/min via non-rebreather mask
  - (B) Low-flow, titrated (about 1–2 L/min) to SpO<sub>2</sub> 88–92%
  - (C) Avoided completely
  - (D) 100% oxygen continuously

- 17.** The hallmark of nephrotic syndrome is:
- (A) Gross haematuria
  - (B) Oliguria with hypertension
  - (C) Massive proteinuria
  - (D) Pyuria
- 18.** A drug commonly used to reduce ammonia levels in hepatic encephalopathy is:
- (A) Lactulose
  - (B) Paracetamol
  - (C) Aspirin
  - (D) Morphine
- 19.** A clean surgical incision closed with sutures heals by:
- (A) Primary intention
  - (B) Secondary intention
  - (C) Tertiary intention
  - (D) Regeneration only
- 20.** The priority nursing action in the immediate post-operative period is:
- (A) Ambulation
  - (B) Maintaining a patent airway
  - (C) Diet advancement
  - (D) Allowing visitors
- 21.** The fastest route of drug administration is:
- (A) Oral
  - (B) Intramuscular
  - (C) Subcutaneous
  - (D) Intravenous
- 22.** The abbreviation “BD” in a prescription means:
- (A) Once daily
  - (B) Twice daily
  - (C) Thrice daily
  - (D) Four times daily
- 23.** 1000 mL of normal saline is to run over 8 hours using a set of 20 drops/mL. The drip rate is about:
- (A) 28 drops/min
  - (B) 35 drops/min
  - (C) 42 drops/min
  - (D) 56 drops/min
- 24.** A micro-drip (paediatric) set delivers:
- (A) 10 drops/mL
  - (B) 15 drops/mL
  - (C) 20 drops/mL
  - (D) 60 drops/mL

- 25.** The antidote for heparin is:
- (A) Vitamin K
  - (B) Naloxone
  - (C) Protamine sulfate
  - (D) Flumazenil
- 26.** Concentrated potassium chloride must NEVER be given as:
- (A) A diluted IV infusion
  - (B) A direct (undiluted) IV push
  - (C) Infusion in a large volume under monitoring
  - (D) Infusion through a pump
- 27.** The only insulin that can be given intravenously is:
- (A) NPH
  - (B) Glargine
  - (C) Regular (soluble)
  - (D) Lente
- 28.** The antidote for morphine overdose is:
- (A) Atropine
  - (B) Protamine
  - (C) Flumazenil
  - (D) Naloxone
- 29.** A drug commonly given by the sublingual route is:
- (A) Glyceryl trinitrate
  - (B) Metformin
  - (C) Amoxicillin
  - (D) Heparin
- 30.** The Z-track technique in IM injection is used to:
- (A) Speed up absorption
  - (B) Prevent leakage of the drug into subcutaneous tissue
  - (C) Reduce the dose
  - (D) Inject into a vein
- 31.** The compression-to-ventilation ratio for single-rescuer adult CPR is:
- (A) 15:2
  - (B) 5:1
  - (C) 30:2
  - (D) 10:1
- 32.** The recommended chest compression rate in adults is:
- (A) 60–80 /min
  - (B) 80–100 /min
  - (C) 100–120 /min
  - (D) 140–160 /min

- 33.** The drug repeated every 3–5 minutes during cardiac arrest is:
- (A) Atropine
  - (B) Adrenaline
  - (C) Calcium chloride
  - (D) Salbutamol
- 34.** An early sign of hypovolaemic shock is:
- (A) Bradycardia
  - (B) Hypertension
  - (C) Warm, dry skin
  - (D) Tachycardia with cool, clammy skin
- 35.** The first-line drug in anaphylaxis is:
- (A) IV hydrocortisone
  - (B) Oral antihistamine
  - (C) IM adrenaline
  - (D) Salbutamol nebulisation
- 36.** For a conscious hypoglycaemic patient, the first action is to give:
- (A) Insulin
  - (B) About 15 g of fast-acting carbohydrate
  - (C) Nothing by mouth
  - (D) Water only
- 37.** The minimum possible Glasgow Coma Scale score is:
- (A) 0
  - (B) 1
  - (C) 3
  - (D) 15
- 38.** By the Rule of Nines, one entire lower limb of an adult is:
- (A) 9%
  - (B) 18%
  - (C) 27%
  - (D) 36%
- 39.** A 70-kg adult has 40% TBSA burns. By the Parkland formula (4 mL/kg/%TBSA), fluid to be given in the first 8 hours is:
- (A) 5600 mL
  - (B) 11200 mL
  - (C) 2800 mL
  - (D) 8400 mL
- 40.** In snake bite, a 20-minute whole blood clotting test (WBCT) in which blood fails to clot indicates:
- (A) A normal result
  - (B) Dehydration
  - (C) Venom-induced coagulopathy, suggesting need for ASV
  - (D) Anaemia

41. Hand rubbing with an alcohol-based rub should take about:
- (A) 5 seconds
  - (B) 10 seconds
  - (C) 20–30 seconds
  - (D) 60 seconds
42. Which PPE item is removed FIRST during doffing?
- (A) Mask
  - (B) Gown
  - (C) Goggles
  - (D) Gloves
43. Under BMW Rules, the YELLOW bag is used for:
- (A) Sharps
  - (B) Human anatomical and soiled waste
  - (C) Glassware
  - (D) Contaminated recyclable plastic
44. The RED bag is used for:
- (A) Contaminated recyclable plastic (IV sets, catheters, tubing)
  - (B) Anatomical waste
  - (C) Sharps
  - (D) Glassware
45. Needles and sharps are discarded in a:
- (A) Red bag
  - (B) Yellow bag
  - (C) White puncture-proof container
  - (D) Blue box
46. The BLUE container/box is used for:
- (A) Anatomical waste
  - (B) Contaminated plastic
  - (C) Sharps
  - (D) Glassware and metallic body implants
47. First action after a needle-stick injury is to:
- (A) Squeeze the site hard
  - (B) Wash with soap and running water without scrubbing
  - (C) Apply bleach
  - (D) Suck the wound
48. A blood spill should be covered with absorbent material and disinfected with:
- (A) 1% sodium hypochlorite
  - (B) 70% alcohol
  - (C) Plain water
  - (D) Normal saline

- 49.** A key element of the CAUTI bundle is:
- (A) Routine bladder irrigation
  - (B) Early removal of unnecessary urinary catheters
  - (C) Daily catheter change
  - (D) Frequent disconnection of the bag
- 50.** A key element of the CLABSI bundle is:
- (A) Chlorhexidine skin antisepsis before insertion
  - (B) Daily replacement of the central line
  - (C) Routine antibiotic prophylaxis
  - (D) Flushing with plain water
- 51.** The universal recipient blood group is:
- (A) O negative
  - (B) AB positive
  - (C) A positive
  - (D) B negative
- 52.** Whole blood/red cells are stored at:
- (A)  $-20^{\circ}\text{C}$
  - (B)  $2-6^{\circ}\text{C}$
  - (C)  $20-24^{\circ}\text{C}$
  - (D)  $37^{\circ}\text{C}$
- 53.** The only IV fluid compatible with blood is:
- (A) Ringer's lactate
  - (B) 5% dextrose
  - (C) 0.9% sodium chloride
  - (D) Any fluid
- 54.** The most important pre-transfusion check is:
- (A) Correct patient and blood unit identification verified by two persons
  - (B) Colour of the bag
  - (C) Volume of the bag
  - (D) Donor's name only
- 55.** If a transfusion reaction is suspected, the nurse should first:
- (A) Slow the rate
  - (B) Stop the transfusion, keep the IV line open with saline and inform the doctor
  - (C) Continue and observe
  - (D) Give paracetamol and continue
- 56.** Features of acute haemolytic reaction include:
- (A) Rash only
  - (B) Itching only
  - (C) Dry cough
  - (D) Fever, chills, flank pain and red urine

- 57.** Fever and chills without haemolysis during transfusion indicate:
- (A) Febrile non-haemolytic reaction
  - (B) Acute haemolytic reaction
  - (C) Air embolism
  - (D) Anaphylaxis
- 58.** Signs of transfusion-associated circulatory overload (TACO) are:
- (A) Urticaria
  - (B) Dyspnoea, crackles and distended neck veins
  - (C) Fever only
  - (D) Haematuria
- 59.** Platelet concentrates are stored at:
- (A) 2–6 °C
  - (B) –20 °C
  - (C) 20–24 °C with continuous agitation
  - (D) 37 °C
- 60.** For a mild urticarial reaction during transfusion, the nurse should:
- (A) Give antibiotics
  - (B) Continue unchanged
  - (C) Increase the rate
  - (D) Stop/slow the transfusion and give antihistamine as ordered
- 61.** In the order of draw, which is collected FIRST?
- (A) EDTA tube
  - (B) Citrate tube
  - (C) Blood culture bottle
  - (D) Heparin tube
- 62.** The lavender (EDTA) tube is used for:
- (A) Coagulation tests
  - (B) Complete blood count
  - (C) Blood glucose
  - (D) Serum chemistry
- 63.** The grey (fluoride) tube is used for:
- (A) Blood glucose
  - (B) Blood culture
  - (C) Prothrombin time
  - (D) Serology
- 64.** The light blue (citrate) tube is used for:
- (A) CBC
  - (B) PT/INR (coagulation studies)
  - (C) Culture
  - (D) Serum urea

- 65.** The preferred urine specimen for culture, without catheterisation, is:
- (A) First-void
  - (B) Midstream clean-catch
  - (C) Last drops
  - (D) 24-hour collection
- 66.** The best sputum sample is collected:
- (A) After meals
  - (B) At midnight
  - (C) Early morning after rinsing the mouth, with a deep cough
  - (D) Only after nebulisation
- 67.** Specimens should be labelled:
- (A) At the bedside immediately after collection, in the patient's presence
  - (B) Before collection at the nurses' station
  - (C) By the laboratory
  - (D) Later in the day
- 68.** A urine specimen should reach the laboratory within:
- (A) 24 hours at room temperature
  - (B) 2 hours, or be refrigerated
  - (C) 48 hours
  - (D) No time limit
- 69.** The tourniquet should not be left on for more than:
- (A) 5 minutes
  - (B) 1 minute
  - (C) 10 minutes
  - (D) No limit
- 70.** A common cause of haemolysed blood samples is:
- (A) Gentle inversion
  - (B) Vigorous shaking of the tube
  - (C) Correct needle size
  - (D) Allowing alcohol to dry
- 71.** NABH stands for:
- (A) National Accreditation Board for Hospitals & Healthcare Providers
  - (B) National Association of Basic Hospitals
  - (C) National Academy of Bedside Health
  - (D) National Authority for Better Health
- 72.** Which is NOT acceptable as a patient identifier?
- (A) Name
  - (B) UHID
  - (C) Bed number
  - (D) Date of birth

- 73.** Which scale is used to assess fall risk?
- (A) Braden
  - (B) Morse
  - (C) Glasgow
  - (D) Apgar
- 74.** A fall prevention measure is:
- (A) Keeping the bed high
  - (B) Keeping the bed low and the call bell within reach
  - (C) Dim lighting
  - (D) Leaving the floor wet
- 75.** The main purpose of incident reporting is:
- (A) Learning and system improvement
  - (B) Blaming staff
  - (C) Punishing staff
  - (D) Reducing salary
- 76.** A “near miss” is:
- (A) An event that harmed the patient
  - (B) An event that could have caused harm but did not reach the patient
  - (C) A death
  - (D) A planned procedure
- 77.** A sentinel event is:
- (A) A near miss
  - (B) A minor delay
  - (C) A routine complaint
  - (D) An unexpected death or serious injury
- 78.** After a medication error, the nurse should first:
- (A) Hide it
  - (B) Assess the patient, inform the doctor and report via the incident form
  - (C) Wait and watch
  - (D) Silently correct the chart
- 79.** The Braden Scale assesses the risk of:
- (A) Pain
  - (B) Falls
  - (C) Unconsciousness
  - (D) Pressure injury
- 80.** PDCA in quality improvement stands for:
- (A) Prepare-Do-Control-Audit
  - (B) Plan-Develop-Check-Assess
  - (C) Plan-Do-Check (Study)-Act
  - (D) Practice-Deliver-Correct-Approve

- 81.** SBAR stands for:
- (A) Situation, Background, Assessment, Recommendation
  - (B) Symptom, Basis, Action, Result
  - (C) Status, Bed, Allergy, Report
  - (D) Safety, Behaviour, Advice, Review
- 82.** The correct way to correct an error in a nursing record is to:
- (A) Overwrite
  - (B) Scratch it out
  - (C) Draw a single line, write "error", sign and date
  - (D) Use correction fluid
- 83.** Which documentation practice is correct?
- (A) Charting care before giving it
  - (B) Charting promptly after care is given
  - (C) Charting at the end of the week
  - (D) Relying on memory
- 84.** Patient information may be disclosed to:
- (A) Any curious person
  - (B) The media
  - (C) Relatives without consent
  - (D) Persons involved in care, or with patient's consent/legal requirement
- 85.** Which is a medico-legal case?
- (A) Routine fever
  - (B) Uncomplicated appendicitis
  - (C) Chronic diabetes
  - (D) Assault or poisoning
- 86.** In a medico-legal case, the nurse should:
- (A) Preserve clothing and evidence, label them and hand over per protocol
  - (B) Discard clothing
  - (C) Wash everything
  - (D) Give evidence to relatives
- 87.** The principle of non-maleficence means:
- (A) Truth-telling
  - (B) Fairness
  - (C) Doing good
  - (D) Doing no harm
- 88.** For a verbal/telephone order, the nurse should:
- (A) Act without recording
  - (B) Ignore it
  - (C) Write it down, read it back, verify and get it countersigned
  - (D) Rely on memory

- 89.** Negligence is:
- (A) A deliberate harmful act
  - (B) Failure to give care expected of a reasonably prudent nurse
  - (C) A court order
  - (D) An ethical code
- 90.** Informed consent is NOT valid when:
- (A) It is obtained under coercion or without explaining risks
  - (B) The patient understood the procedure
  - (C) It is given voluntarily
  - (D) Information was explained
- 91.** The normal heart rate of a newborn is:
- (A) 60–80/min
  - (B) 80–100/min
  - (C) 120–160/min
  - (D) 180–200/min
- 92.** Exclusive breastfeeding is recommended up to:
- (A) 6 months
  - (B) 3 months
  - (C) 12 months
  - (D) 9 months
- 93.** Low birth weight is defined as less than:
- (A) 1500 g
  - (B) 2000 g
  - (C) 2500 g
  - (D) 3000 g
- 94.** The normal fetal heart rate is:
- (A) 110–160 /min
  - (B) 60–100 /min
  - (C) 160–200 /min
  - (D) 200–240 /min
- 95.** The drug of choice for prevention/treatment of postpartum haemorrhage is:
- (A) Atropine
  - (B) Furosemide
  - (C) Aspirin
  - (D) Oxytocin
- 96.** The antidote for magnesium sulfate toxicity is:
- (A) Vitamin K
  - (B) Protamine
  - (C) Calcium gluconate
  - (D) Naloxone

- 97.** Drug doses often need adjustment in the elderly because of:
- (A) Increased renal function
  - (B) Decline in renal and hepatic function
  - (C) Faster metabolism
  - (D) Increased gastric acid
- 98.** Which measure helps prevent falls in older adults?
- (A) Polished floors
  - (B) Cluttered rooms
  - (C) Adequate lighting, grab bars and non-slip footwear
  - (D) A very high bed
- 99.** Step 3 of the WHO analgesic ladder uses:
- (A) Paracetamol
  - (B) NSAIDs
  - (C) Weak opioids
  - (D) Strong opioids (e.g., morphine)
- 100.** The main goal of palliative care is:
- (A) Cure of the disease
  - (B) Improving quality of life of the patient and family
  - (C) Prolonging life at all costs
  - (D) Hospital-only care

## **ROUGH WORK**