

Test Booklet Series



Test Booklet
(Ward Incharge 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.

Ward Incharge Nurse

[P.T.O.
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1. In an unconscious adult during an emergency, the preferred site to check the pulse is the:
 - (A) Radial artery
 - (B) Carotid artery
 - (C) Pedal artery
 - (D) Temporal artery
2. During BP measurement, the disappearance of Korotkoff sounds (phase V) corresponds to the:
 - (A) Systolic pressure
 - (B) Mean arterial pressure
 - (C) Diastolic pressure
 - (D) Pulse pressure
3. Orthostatic hypotension is defined as:
 - (A) A rise of 20 mmHg in systolic BP on standing
 - (B) A fall of 5 mmHg in systolic BP on standing
 - (C) A rise in pulse rate only
 - (D) A fall in systolic BP of at least 20 mmHg or diastolic BP of at least 10 mmHg within 3 minutes of standing
4. The preferred site for a deep IM injection of a large volume in an adult is the:
 - (A) Deltoid
 - (B) Dorsogluteal
 - (C) Ventrogluteal
 - (D) Triceps
5. Which is a correctly written nursing diagnosis?
 - (A) Ineffective airway clearance related to retained secretions
 - (B) Needs oxygen
 - (C) Pneumonia related to infection
 - (D) Give nebulisation 4-hourly
6. The patient says, "I feel dizzy." This is an example of:
 - (A) Objective data
 - (B) Subjective data
 - (C) A nursing diagnosis
 - (D) An evaluation statement
7. A bed prepared for a patient returning from the operation theatre is called a:
 - (A) Open bed
 - (B) Closed bed
 - (C) Cardiac bed
 - (D) Post-operative (recovery) bed
8. The usual depth of rectal tube insertion for a cleansing enema in an adult is:
 - (A) 7.5–10 cm
 - (B) 2–3 cm
 - (C) 15–20 cm
 - (D) 25–30 cm

9. The safest position for giving oral care to an unconscious patient is:
 - (A) Supine
 - (B) Fowler's
 - (C) Side-lying (lateral)
 - (D) Trendelenburg
10. Compared with oral temperature, rectal temperature is usually:
 - (A) About 0.5 °C lower
 - (B) About 0.5 °C higher
 - (C) The same
 - (D) About 2 °C lower
11. The Somogyi effect refers to:
 - (A) Hypoglycaemia during the night followed by early-morning hyperglycaemia
 - (B) Early-morning hyperglycaemia due to waning insulin only
 - (C) Persistent hypoglycaemia
 - (D) Hyperglycaemia after meals only
12. Which advice on foot care for a diabetic patient is INCORRECT?
 - (A) Inspect the feet daily
 - (B) Wear well-fitting shoes
 - (C) Soak the feet in hot water daily
 - (D) Cut toenails straight across
13. In a hypertensive emergency, the initial reduction in mean arterial pressure should be no more than about:
 - (A) 25% in the first hour
 - (B) 50% in the first hour
 - (C) To normal within 10 minutes
 - (D) 75% in the first hour
14. Granulation tissue formation and collagen deposition occur in which phase of wound healing?
 - (A) Haemostasis
 - (B) Inflammatory
 - (C) Proliferative
 - (D) Maturation
15. A patient with heart failure gains 1.5 kg in 24 hours. This most likely indicates:
 - (A) Fat gain
 - (B) Fluid retention
 - (C) Improved nutrition
 - (D) Normal fluctuation
16. A peak expiratory flow rate below 50% of personal best (red zone) in an asthmatic patient indicates:
 - (A) 80–100% of control
 - (B) Mild symptoms only
 - (C) A medical emergency needing immediate treatment
 - (D) Better than personal best

- 17.** Continuous bubbling in the water-seal chamber of a chest drain indicates:
- (A) Normal lung expansion
 - (B) Tidal breathing
 - (C) An air leak
 - (D) Fluid drainage
- 18.** A patient with a left middle cerebral artery stroke is likely to show:
- (A) Left hemiparesis with neglect
 - (B) Bilateral weakness
 - (C) Visual loss only
 - (D) Right hemiparesis and aphasia
- 19.** The most effective measure to prevent post-operative deep vein thrombosis is:
- (A) Prolonged bed rest
 - (B) Massaging the calves
 - (C) Early ambulation, leg exercises and compression stockings
 - (D) Placing a pillow under the knees
- 20.** Which is CONTRAINDICATED in the arm with an arteriovenous fistula?
- (A) BP measurement and venepuncture
 - (B) Checking for the thrill
 - (C) Listening for the bruit
 - (D) Keeping the arm clean
- 21.** Gentamicin is mainly associated with:
- (A) Cardiotoxicity
 - (B) Pancreatitis
 - (C) Ototoxicity and nephrotoxicity
 - (D) Pulmonary fibrosis
- 22.** The usual therapeutic INR for a patient with atrial fibrillation on warfarin is:
- (A) 2.0–3.0
 - (B) 0.8–1.2
 - (C) 1.0–1.5
 - (D) 4.0–5.0
- 23.** The most common troublesome side effect of ACE inhibitors such as enalapril is:
- (A) Hypokalaemia
 - (B) Dry persistent cough
 - (C) Bradycardia
 - (D) Hyperglycaemia
- 24.** The most serious adverse effect of metformin is:
- (A) Weight gain
 - (B) Hypoglycaemia
 - (C) Hyperkalaemia
 - (D) Lactic acidosis

- 25.** Which insulin is long-acting and relatively peakless?
- (A) Lispro
 - (B) Regular
 - (C) Glargine
 - (D) NPH
- 26.** The antidote for paracetamol overdose is:
- (A) N-acetylcysteine
 - (B) Naloxone
 - (C) Flumazenil
 - (D) Atropine
- 27.** The antidote used for organophosphate poisoning is:
- (A) Vitamin K
 - (B) Flumazenil
 - (C) Protamine
 - (D) Atropine
- 28.** The order is digoxin 0.25 mg. The ampoule contains 0.5 mg in 2 mL. The volume to be given is:
- (A) 0.5 mL
 - (B) 1 mL
 - (C) 2 mL
 - (D) 0.25 mL
- 29.** Anaphylaxis to penicillin is best classified as:
- (A) A dose-related, predictable reaction
 - (B) A withdrawal reaction
 - (C) An unpredictable (Type B) hypersensitivity reaction
 - (D) A therapeutic failure
- 30.** Which tablet should NOT be crushed?
- (A) Plain paracetamol
 - (B) Folic acid
 - (C) Vitamin C
 - (D) Enteric-coated pantoprazole
- 31.** The recommended response to a conscious adult with severe choking and an ineffective cough is:
- (A) Blind finger sweeps
 - (B) Giving water
 - (C) Abdominal thrusts
 - (D) Waiting and observing
- 32.** During AED use, the standard adult pad placement is:
- (A) Both pads on the back
 - (B) Both pads at the centre of the chest
 - (C) Right infraclavicular and left mid-axillary region
 - (D) Over the breasts

- 33.** An unconscious hypoglycaemic patient has no IV access. The best option is:
- (A) Oral fruit juice
 - (B) IM glucagon
 - (C) Oral glucose gel
 - (D) Wait and observe
- 34.** A patient with tracheal deviation, absent breath sounds on one side and distended neck veins needs:
- (A) Immediate needle decompression
 - (B) A chest X-ray first
 - (C) Intubation only
 - (D) Pericardiocentesis
- 35.** In triage, which colour indicates the highest priority for immediate care?
- (A) Green
 - (B) Yellow
 - (C) Black
 - (D) Red
- 36.** The first aid for a chemical burn of the skin is:
- (A) Neutralise with the opposite chemical
 - (B) Apply an ointment
 - (C) Apply a dry dressing
 - (D) Irrigate with copious water for at least 20 minutes
- 37.** A person is in contact with a live electrical wire. The first step is to:
- (A) Pull the person with bare hands
 - (B) Pour water
 - (C) Switch off the power source or separate using a non-conductor
 - (D) Start CPR first
- 38.** The compression-to-ventilation ratio for two-rescuer infant CPR is:
- (A) 15:2
 - (B) 30:2
 - (C) 5:1
 - (D) 3:1
- 39.** Gastric lavage/induced vomiting is CONTRAINDICATED in:
- (A) An alert patient with a tablet overdose
 - (B) Corrosive acid ingestion
 - (C) A vitamin overdose in a child
 - (D) Mild cough
- 40.** The first measure for heat stroke (core temperature above 40 °C, hot dry skin) is:
- (A) Rapid external cooling
 - (B) Antipyretic tablets only
 - (C) Warm blankets
 - (D) Oral salt solution only

- 41.** Standard steam sterilisation in an autoclave uses:
- (A) 100 °C for 10 minutes
 - (B) 121 °C, 15 psi for 15–20 minutes
 - (C) 160 °C for 5 minutes
 - (D) 200 °C for 1 minute
- 42.** An endoscope (semi-critical item) requires at least:
- (A) High-level disinfection
 - (B) Low-level disinfection
 - (C) Intermediate disinfection
 - (D) Cleaning only
- 43.** 2% glutaraldehyde is used for:
- (A) Hand rub
 - (B) Floor mopping
 - (C) Cold sterilisation of heat-sensitive instruments
 - (D) Skin antisepsis before injection
- 44.** The biological indicator used for steam sterilisation is:
- (A) *E. coli*
 - (B) *Clostridium tetani*
 - (C) *Bacillus atrophaeus*
 - (D) *Geobacillus stearothermophilus*
- 45.** Droplet precautions are required for:
- (A) Pulmonary tuberculosis
 - (B) Measles
 - (C) Meningococcal meningitis
 - (D) Varicella
- 46.** The recommended duration of a surgical hand scrub is about:
- (A) 2–5 minutes
 - (B) 10 seconds
 - (C) 15 minutes
 - (D) 30 seconds
- 47.** The correct handling of a used needle is to:
- (A) Discard immediately without recapping into a puncture-proof container
 - (B) Recap using two hands
 - (C) Bend the needle
 - (D) Break it by hand
- 48.** A hospital-acquired infection is one that appears:
- (A) At admission
 - (B) 48 hours or more after admission
 - (C) Within 6 hours of admission
 - (D) Only after discharge

- 49.** Surgical prophylactic antibiotics should ideally be given:
- (A) 24 hours before surgery
 - (B) Within 60 minutes before incision
 - (C) After wound closure
 - (D) On post-operative day 2
- 50.** Protective (reverse barrier) isolation is indicated for:
- (A) A severely neutropenic patient
 - (B) Pulmonary tuberculosis
 - (C) Cholera
 - (D) Measles
- 51.** A blood warmer is indicated for:
- (A) Every transfusion routinely
 - (B) Massive rapid transfusion or neonatal exchange transfusion
 - (C) Never
 - (D) Mild anaemia
- 52.** A patient of blood group A can safely receive red cells from donors of group:
- (A) B and AB
 - (B) AB only
 - (C) A and O
 - (D) O only
- 53.** The universal plasma donor group is:
- (A) O
 - (B) A
 - (C) B
 - (D) AB
- 54.** A single unit of red cells should be completed within how many hours of starting?
- (A) 4 hours
 - (B) 8 hours
 - (C) 1 hour
 - (D) 12 hours
- 55.** Autologous transfusion means:
- (A) Blood from a relative
 - (B) The patient's own blood collected for his/her own use
 - (C) Pooled donor blood
 - (D) Commercial blood
- 56.** The major cross-match tests:
- (A) Donor serum with recipient cells
 - (B) Donor cells with donor serum
 - (C) Recipient serum with donor red cells
 - (D) Recipient serum with recipient cells

- 57.** The minimum haemoglobin required for a whole-blood donor under Indian guidelines is:
- (A) 12.5 g/dL
 - (B) 10 g/dL
 - (C) 11 g/dL
 - (D) 14 g/dL
- 58.** A delayed haemolytic transfusion reaction typically occurs:
- (A) Within minutes
 - (B) 3–14 days after transfusion
 - (C) After 6 months
 - (D) After 1 year
- 59.** Leucodepleted blood is used mainly to:
- (A) Increase shelf life
 - (B) Remove red cells
 - (C) Prevent ABO incompatibility
 - (D) Reduce febrile reactions and CMV transmission
- 60.** Plasma of a group O person contains:
- (A) No antibodies
 - (B) Anti-A and anti-B
 - (C) Anti-D only
 - (D) A and B antigens
- 61.** For a fasting blood glucose test, the patient should fast for:
- (A) Any duration
 - (B) 8–12 hours
 - (C) 2 hours after a meal
 - (D) Only after insulin
- 62.** A stool specimen for amoebic trophozoites should be:
- (A) Kept for 24 hours
 - (B) Refrigerated for 48 hours
 - (C) Examined fresh and warm within 30 minutes
 - (D) Sent next week
- 63.** The usual site for lumbar puncture is:
- (A) L1–L2
 - (B) T12
 - (C) L3–L4 or L4–L5
 - (D) S1
- 64.** For a wound swab culture, the best practice is to:
- (A) Swab surface slough
 - (B) Swab the dressing
 - (C) Swab the surrounding skin
 - (D) Clean with saline and sample from the healthy wound bed

- 65.** The best urine sample for a pregnancy test is:
- (A) Early morning urine
 - (B) Midnight urine
 - (C) Post-meal urine
 - (D) Post-exercise urine
- 66.** A semen sample for analysis should reach the laboratory within:
- (A) 6 hours
 - (B) 1 hour
 - (C) 24 hours
 - (D) 48 hours
- 67.** Which specimen must be protected from light?
- (A) Sodium
 - (B) Glucose
 - (C) Bilirubin
 - (D) Urea
- 68.** A blood sample for ammonia should be:
- (A) Transported on ice and tested immediately
 - (B) Left overnight
 - (C) Kept at room temperature for 6 hours
 - (D) Frozen daily
- 69.** A citrate (light blue) tube that is underfilled:
- (A) Is valid
 - (B) Is valid if mixed more
 - (C) Shows haemolysis
 - (D) Is invalid because the blood-to-citrate ratio (9:1) is wrong
- 70.** A nasopharyngeal swab for viral testing is transported:
- (A) At room temperature for 1 week
 - (B) Frozen at -80°C always
 - (C) In viral transport medium at $2-8^{\circ}\text{C}$
 - (D) As a dry swab at 37°C
- 71.** In NABH standards, COP stands for:
- (A) Care of Patients
 - (B) Control of Pathogens
 - (C) Clinical Operating Protocol
 - (D) Cases of Pain
- 72.** Tall-man lettering on drug labels is used to:
- (A) Save space
 - (B) Distinguish look-alike sound-alike drug names
 - (C) Show high doses
 - (D) Indicate storage temperature

- 73.** In the WHO Surgical Safety Checklist, the pause immediately before skin incision is the:
- (A) Sign-in
 - (B) Sign-out
 - (C) Time-out
 - (D) Debrief
- 74.** An independent double check by two nurses is required for:
- (A) High-alert drugs such as insulin and heparin
 - (B) No drugs
 - (C) Only students' administrations
 - (D) Only oral drugs
- 75.** A patient is found on the floor after a fall. The first action is to:
- (A) Lift immediately
 - (B) Assess for injury and vital signs before moving
 - (C) Give water
 - (D) Leave and report later
- 76.** There were 6 falls in 3000 patient-days. The fall rate is:
- (A) 2 per 1000 patient-days
 - (B) 6 per 1000 patient-days
 - (C) 18 per 1000 patient-days
 - (D) 0.5 per 1000 patient-days
- 77.** Medication reconciliation means:
- (A) Counting narcotics
 - (B) Pharmacy billing
 - (C) Drug expiry audit
 - (D) Comparing medication lists at admission, transfer and discharge
- 78.** A "just culture" approach:
- (A) Blames all staff
 - (B) Punishes all errors
 - (C) Distinguishes human error, at-risk behaviour and reckless behaviour with proportionate responses
 - (D) Ignores errors
- 79.** Surgical site marking should be done by:
- (A) A nurse in the OT
 - (B) The operating surgeon or team with patient participation, before sedation
 - (C) A porter
 - (D) An anaesthesia technician
- 80.** An adverse event is:
- (A) Harm resulting from healthcare rather than the underlying disease
 - (B) Any hospital admission
 - (C) A planned death
 - (D) A billing error

- 81.** Which is the best nursing documentation entry?
- (A) "Patient seems fine"
 - (B) "Patient looks depressed"
 - (C) "BP 140/90 mmHg at 10:15; patient states 'I have a headache'"
 - (D) "Doing well"
- 82.** Informed consent for a surgical procedure is ideally obtained by:
- (A) Housekeeping staff
 - (B) The doctor performing the procedure, with the nurse as witness
 - (C) Security staff
 - (D) A relative only
- 83.** Patient information may be disclosed without consent for:
- (A) Gossip
 - (B) The media
 - (C) A notifiable disease or a court order
 - (D) The employer
- 84.** In the ISBAR handover tool, "I" stands for:
- (A) Identify
 - (B) Inform
 - (C) Investigate
 - (D) Intervene
- 85.** In a poisoning case (an MLC), the priority is to:
- (A) Fill in forms first
 - (B) Save life first, then complete medico-legal formalities
 - (C) Call the police and delay treatment
 - (D) Wait for relatives
- 86.** Libel is:
- (A) Spoken defamation
 - (B) Touching without consent
 - (C) A threat
 - (D) Written defamation
- 87.** Performing a procedure without consent may amount to:
- (A) Slander
 - (B) Libel
 - (C) Battery
 - (D) Fraud
- 88.** Which is NOT an element of negligence?
- (A) Intent to harm
 - (B) Duty of care
 - (C) Breach of duty
 - (D) Causation of damage

- 89.** Allocating a scarce ICU bed fairly relates to the ethical principle of:
- (A) Autonomy
 - (B) Beneficence
 - (C) Justice
 - (D) Veracity
- 90.** The Indian Nursing Council:
- (A) Regulates nursing education standards
 - (B) Is only a hospital body
 - (C) Conducts school board exams
 - (D) Funds universities
- 91.** Vaccines given at birth under India's Universal Immunisation Programme include:
- (A) BCG, OPV-0 and Hepatitis B birth dose
 - (B) MMR
 - (C) Typhoid
 - (D) DPT
- 92.** A social smile in an infant normally appears at about:
- (A) 1 week
 - (B) 2 months
 - (C) 6 months
 - (D) 12 months
- 93.** For "some dehydration" (Plan B), ORS is given at about:
- (A) 20 mL/kg
 - (B) 150 mL/kg
 - (C) 75 mL/kg over 4 hours
 - (D) 10 mL/kg
- 94.** The third stage of labour is:
- (A) Onset of labour to full dilatation
 - (B) Full dilatation to birth of the baby
 - (C) The first 24 hours after birth
 - (D) Birth of the baby to expulsion of the placenta
- 95.** Lochia rubra normally lasts for about:
- (A) 10–14 days
 - (B) 3–4 days
 - (C) 3 weeks
 - (D) 6 weeks
- 96.** The uterine fundus reaches the level of the umbilicus at about:
- (A) 12 weeks
 - (B) 16 weeks
 - (C) 20 weeks
 - (D) 36 weeks

- 97.** Bluish discolouration of the cervix and vagina in early pregnancy is known as:
- (A) Hegar's sign
 - (B) Goodell's sign
 - (C) Chadwick's sign
 - (D) Braxton Hicks sign
- 98.** Presbycusis is:
- (A) Loss of near vision
 - (B) High-frequency hearing loss with ageing
 - (C) Loss of taste
 - (D) Loss of smell
- 99.** In Kübler-Ross's model, the first stage of grief is:
- (A) Anger
 - (B) Bargaining
 - (C) Denial
 - (D) Acceptance
- 100.** The anterior fontanelle normally closes by:
- (A) 12–18 months
 - (B) 2 months
 - (C) 6 months
 - (D) 3 years

ROUGH WORK