PGIMER M.SC NURSING SAMPLE PAPER 03

Time Allowed: 1 Hour 30 Minutes
Maximum Marks: 100
Total Questions: 100

Instructions:

- All questions are multiple choice questions.
- Each question carries 1 mark.
- 0.25 marks will be deducted for each wrong answer.
- Attempt all questions carefully.
- The question paper is in English language only.

SECTION 1 - MEDICAL SURGICAL NURSING

Q1. A patient with a history of deep vein thrombosis (DVT) suddenly develops sharp chest pain, tachycardia, and severe dyspnea. The nurse suspects an acute pulmonary embolism. Which immediate nursing intervention takes absolute priority?

(a) Initiate a high-flow intravenous fluid bolus to maintain blood pressure.

(b) Administer intramuscular morphine to relieve the sharp chest pain.

(c) Elevate the head of the bed and administer high-flow oxygen therapy.

(d) Prepare the patient for immediate lower-extremity venous duplex ultrasound.

Q2. The nurse is caring for a patient who returned 2 hours ago following a total thyroidectomy. The patient begins complaining of a tingling sensation around the mouth and fingers, accompanied by muscle twitching. Which medication should the nurse anticipate administering immediately?

(a) Potassium chloride

(b) Calcium gluconate

(c) Sodium bicarbonate

(d) Magnesium sulfate

Q3. A patient admitted with a severe head injury has a Glasgow Coma Scale (GCS) score that drops from 11 to 7 over the course of one hour. The nurse notes the patient's pupils are fixed and dilated. How should the nurse interpret this GCS score?

(a) The patient has a mild head injury and needs close monitoring.

(b) The patient has moderate neurological impairment and is stable.

(c) The patient has a severe brain injury indicating a critical emergency.

(d) The patient is entering a normal deep sleep cycle post-trauma.

Q4. The nurse is monitoring a patient with acute pancreatitis. Which clinical sign, if observed by the nurse, indicates retroperitoneal hemorrhage and severe hemorrhagic pancreatitis?

(a) Cullen's sign (bluish discoloration around the umbilicus)

(b) Homans' sign (pain in the calf upon dorsiflexion of the foot)

(c) Murphy's sign (painful arrest of inspiration during gallbladder palpation)

(d) Rovsing's sign (pain in the right lower quadrant during left lower quadrant palpation)

Q5. A patient with Type 1 Diabetes Mellitus is admitted with a blood glucose level of $450 mg/dL$, positive serum ketones, and an arterial blood gas (ABG) showing a pH of 7.15. The nurse notes deep, rapid, sighing respirations. What term is used to document this specific respiratory pattern?

(a) Cheyne-Stokes respirations

(b) Kussmaul respirations

(c) Biot's respirations

(d) Apneustic breathing

Q6. A patient presents to the emergency department with severe, crushing chest pain radiating to the left arm. The electrocardiogram (ECG) reveals ST-segment elevation in leads II, III, and aVF. Which wall of the myocardium is affected by this myocardial infarction (MI)?

(a) Anterior wall

(b) Lateral wall

(c) Inferior wall

(d) Posterior wall

Q7. The nurse is caring for a patient on a mechanical ventilator. The high-pressure limit alarm on the ventilator suddenly sounds. Which underlying clinical issue could be responsible for triggering this high-pressure alarm?

(a) A disconnection between the ventilator tubing and the endotracheal tube.

(b) An artificial airway leak or cuff deflation.

(c) Accumulation of excessive secretions or the patient biting the endotracheal tube.

(d) Extubation or spontaneous self-weaning by the patient.

Q8. A patient is admitted with a diagnosis of Chronic Renal Failure (Stage 5). Laboratory results reveal a serum potassium level of $6.8mEq/L$. Which electrocardiogram (ECG) changes should the nurse expect to see as a direct result of this critical electrolyte imbalance?

(a) Prolonged QT interval and prominent U waves

(b) Tall, peaked T waves, a prolonged PR interval, and a widened QRS complex

(c) ST-segment depression and inverted T waves

(d) Shortened PR interval with a delta wave

Q9. The nurse is performing a neurological assessment on a patient suspected of having meningitis. When the nurse flexes the patient's neck forward, the patient involuntarily flexes the hips and knees. How should the nurse document this finding?

(a) Positive Kernig's sign

(b) Positive Brudzinski's sign

(c) Positive Romberg's test

(d) Positive Babinski's reflex

Q10. A patient who underwent a percutaneous transluminal coronary angioplasty (PTCA) 1 hour ago via the right femoral artery approach is in the recovery unit. Which nursing intervention is crucial to prevent vascular complications at the puncture site?

(a) Elevate the head of the bed to 60 degrees to improve respiratory expansion.

(b) Keep the patient's right leg completely straight and maintain strict bed rest.

(c) Apply a warm, moist compress directly over the femoral dressing site.

(d) Encourage the patient to ambulate around the nursing unit immediately.

Q11. The nurse is caring for a patient in the intensive care unit who is in the compensatory stage of hypovolemic shock. Which compensatory physiological mechanism should the nurse expect the patient's body to exhibit?

(a) Parasympathetic stimulation leading to bradycardia and systemic vasodilation

(b) Decreased respiratory depth to preserve bicarbonate levels

(c) Activation of the renin-angiotensin-aldosterone system (RAAS) to retain sodium and water

(d) Increased renal blood flow resulting in profound polyuria

Q12. A patient with a history of liver cirrhosis is admitted after vomiting large amounts of bright red blood. The medical team suspects ruptured esophageal varices. Which mechanical intervention should the nurse ensure is at the bedside to control this massive bleeding if emergency endoscopy is delayed?

(a) Sengstaken-Blakemore tube

(b) Nasogastric Salem Sump tube

(c) Jackson-Pratt suction drain

(d) Indwelling suprapubic catheter

Q13. A nurse is reviewing the arterial blood gas (ABG) results of a patient with chronic vomiting: $pH 7.50$, $PaCO_2 48 mmHg$, $HCO_3^- 34 mEq/L$. How should the nurse interpret this acid-base imbalance?

(a) Respiratory Acidosis, fully compensated

(b) Metabolic Acidosis, uncompensated

(c) Metabolic Alkalosis, partially compensated

(d) Respiratory Alkalosis, uncompensated

Q14. A patient is diagnosed with an acute flare-up of Myasthenia Gravis (Myasthenic Crisis). Which medication must the nurse have readily available to safely perform the diagnostic testing (Tensilon test) used to differentiate a myasthenic crisis from a cholinergic crisis?

(a) Edrophonium chloride (Tensilon) and the antidote Atropine sulfate

(b) Pyridostigmine bromide and Neostigmine

(c) Epinephrine and Diphenhydramine

(d) Pralidoxime chloride and Protamine sulfate

Q15. The nurse is caring for a patient who sustained deep partial-thickness and full-thickness burns over 40% of their total body surface area (TBSA). During the first 24 hours of the emergent phase, which fluid shift should the nurse monitor for closely?

(a) Movement of fluid from the interstitial space into the intravascular compartment

(b) Massive shift of fluid, electrolytes, and albumin from the intravascular space into the interstitial space

(c) Shifting of intracellular water directly into the bone marrow matrices

(d) Rapid hypervolemia caused by systemic renal shutdown

SECTION 2 - COMMUNITY HEALTH NURSING

Q16. An epidemiologist is investigating an outbreak of an acute gastrointestinal illness in a village. To determine the primary source of the outbreak, the investigator calculates the ratio of the number of new cases of the disease to the total number of individuals exposed to the contaminated food source. What specific epidemiological metric is being calculated?

(a) Incidence density rate

(b) Attack rate

(c) Point prevalence

(d) Case fatality rate

Q17. The nurse is organizing a rural health camp focused on Secondary Prevention of non-communicable diseases. Which activity falls directly under this level of prevention?

(a) Conducting routine blood pressure screenings to identify hidden cases of hypertension.

(b) Administering the Hepatitis B vaccine to high-risk agricultural laborers.

(c) Providing cardiac rehabilitation exercises to individuals post-myocardial infarction.

(d) Educating school children on the dangers of tobacco and smoking.

Q18. Under the National Rural Health Mission (NRHM) structural guidelines in India, a community health volunteer serves as the primary bridge between the healthcare system and the village community. What is the full title of this healthcare worker?

(a) Anganwadi Worker (AWW)

(b) Auxiliary Nurse Midwife (ANM)

(c) Accredited Social Health Activist (ASHA)

(d) Lady Health Visitor (LHV)

Q19. A community health nurse is monitoring the cold chain system at a Primary Health Centre (PHC). Which specific tool is attached to vaccine vials to continuously monitor temperature exposure over time and alert workers if a vaccine has spoiled?

(a) Dial thermometer

(b) Vaccine Vial Monitor (VVM)

(c) Kata thermometer

(d) Ice-lined refrigerator card

Q20. According to the Indian Public Health Standards (IPHS), a standard Primary Health Centre (PHC) situated in a plain geographical area is designated to cater to what specific population size?

(a) 3,000 to 5,000 people

(b) 20,000 to 30,000 people

(c) 80,000 to 120,000 people

(d) 500,000 people

Q21. While reviewing a local community health register, the nurse notes that a particular communicable disease is constantly present at a baseline, predictable level within that specific geographic population year after year. The nurse should document this pattern as:

(a) Sporadic disease presence

(b) Endemic occurrence

(c) Epidemic outbreak

(d) Pandemic transmission

Q22. The community health nurse is conducting an epidemiological study on maternal mortality. Which metric is considered the most sensitive index for tracking the quality of maternal healthcare delivery and obstetric infrastructure within a district?

(a) Maternal Mortality Ratio (MMR)

(b) Maternal Mortality Rate

(c) Crude Birth Rate

(d) General Fertility Rate

Q23. A mother brings her 10-month-old infant to the sub-centre. Upon checking the immunization card, the nurse notes the child has not received any vaccines since birth. According to the National Immunization Schedule, which vaccine should be administered immediately along with Vitamin A?

(a) BCG and Oral Polio Vaccine (OPV) Booster

(b) Measles/MR (Measles-Rubella) Vaccine

(c) DPT (Diphtheria, Pertussis, Tetanus) Second Booster

(d) Pentavalent vaccine

Q24. During a water purification safety check at a local reservoir, the nurse measures the amount of free residual chlorine left in the water after the initial disinfection process. To ensure safe protection against pathogen re-contamination, what is the ideal level of residual chlorine required after 30 minutes of contact time?

(a) $0.05mg/L$

(b) $0.5mg/L$

(c) $5.0mg/L$

(d) $10.0mg/L$

Q25. A patient is diagnosed with open pulmonary tuberculosis and placed on standard Directly Observed Treatment, Short-course (DOTS) therapy. The nurse evaluates the family's environment. Which type of epidemiological agent-host-environment interaction factor is directly addressed by ensuring the patient does not default on their DOTS medication?

(a) Modifying environmental reservoirs
(b) Decreased host susceptibility profiles
(c) Reducing agent infectivity and eliminating the source of infection
(d) Enhancing physical barrier immunity mechanisms

Q26. The community nurse is managing a vector-borne disease control initiative. Which environmental sanitation method serves as a highly effective permanent measure to eliminate the breeding grounds of Anopheles mosquitoes?

(a) Spraying chemical larvicidal oils over open puddles weekly.
(b) Distributing insecticide-treated bed nets (ITNs) to all households.
(c) Environmental drainage, filling up low-lying stagnant pools, and ditch clearing.
(d) Conducting indoor residual space spraying using malathion fogging.

Q27. A nurse is calculating the vital statistics for a town. She calculates the total number of deaths among infants under 28 days of age per 1,000 live births in a given year. What specific health index does this yield?

(a) Post-neonatal Mortality Rate
(b) Neonatal Mortality Rate
(c) Infant Mortality Rate
(d) Perinatal Mortality Rate

Q28. Under the National Health Mission framework, how many beds should a standard, fully functional Community Health Centre (CHC) maintain to effectively act as a First Referral Unit (FRU) for a cluster of primary care facilities?

(a) 4 to 6 beds
(b) 10 to 20 beds
(c) 30 beds
(d) 100 beds

Q29. The community health nurse is evaluating the nutritional profile of a village. Which anthropometric assessment metric is considered the fastest, most reliable field-screening tool to detect Severe Acute Malnutrition (SAM) in children aged 6 to 59 months?

(a) Mid-Upper Arm Circumference (MUAC) using a tricolor tape
(b) Chest-to-head circumference ratio calculations
(c) Total standing height-for-age indices
(d) Triceps skinfold thickness measuring via calipers

Q30. A community health nurse is evaluating an occupational health risk at a local textile processing mill where workers are exposed to dense, fine airborne cotton dust particles over many years. Which chronic occupational lung disease should the nurse screen these workers for?

(a) Silicosis
(b) Anthracosis
(c) Byssinosis
(d) Asbestosis

SECTION 3 - OBSTETRIC AND GYNECOLOGICAL NURSING

Q31. A pregnant woman at 12 weeks of gestation presents to the antenatal clinic. She reports a history of one previous spontaneous abortion at 8 weeks, one preterm delivery of twins at 32 weeks who are both alive, and one full-term delivery at 39 weeks of a child who is now 5 years old. Using the GTPAL system, how should the nurse document her obstetric history?

(a) G3-T1-P1-A1-L3
(b) G4-T1-P1-A1-L3
(c) G4-T2-P0-A1-L2
(d) G3-T2-P1-A0-L3

Q32. During a routine antenatal checkup at 32 weeks of gestation, the nurse performs Leopold's maneuvers. While palpating the fundus, the nurse feels a soft, broad, irregularly shaped mass that does not ballot. Which fetal presentation does this finding indicate?

(a) Vertex presentation
(b) Breech presentation
(c) Shoulder presentation
(d) Face presentation

Q33. A pregnant woman at 36 weeks of gestation is admitted with sudden-onset, painless, bright red vaginal bleeding. Her abdomen is soft, relaxed, and non-tender on palpation. Which diagnostic or clinical intervention is strictly contraindicated for this patient?

(a) Performing a digital vaginal examination
(b) Applying an external fetal monitor to check fetal heart tones
(c) Initiating an intravenous access line for fluid resuscitation
(d) Obtaining an emergency transabdominal ultrasound

Q34. The nurse is reviewing an external electronic fetal monitoring strip of a woman in active labor. The nurse notes a pattern of fetal heart rate decelerations that mirror the uterine contractions perfectly—starting at the onset of the contraction, peaking at the contraction's peak, and returning to baseline as the contraction ends. What is the primary cause of this specific pattern?

(a) Umbilical cord compression
(b) Uteroplacental insufficiency
(c) Fetal head compression
(d) Maternal hypotension

Q35. A patient at 38 weeks of gestation is admitted with severe preeclampsia. The physician prescribes an intravenous loading dose of Magnesium Sulfate. Which assessment finding must the nurse identify as an early warning sign of impending magnesium toxicity?

(a) Hyperreflexia with a patellar reflex score of +4

(b) Respiratory rate of 18 breaths per minute

(c) Diminished or absent deep tendon reflexes

(d) Sudden onset of generalized skin flushing

Q36. A woman in active labor experiences a sudden gush of clear fluid, and the nurse notes variable decelerations on the fetal monitor. On pelvic examination, the nurse feels a loop of the umbilical cord pulsating in the vagina ahead of the fetal presenting part. Which action should the nurse perform first?

(a) Administer an immediate intravenous bolus of Oxytocin.

(b) Apply upward digital pressure against the fetal presenting part using a gloved hand to relieve cord compression.

(c) Cover the umbilical cord with a dry, sterile gauze pad.

(d) Encourage the patient to ambulate or sit upright in a chair.

Q37. A woman who delivered a $4.2kg$ infant 1 hour ago is being monitored in the postpartum unit. The nurse notes the patient's perineal pad is saturated with bright red blood within 15 minutes, and upon palpation, the fundus is soft, boggy, and displaced upward and to the right side of the umbilicus. What is the nurse's immediate priority?

(a) Administer intramuscular Methylergonovine immediately.

(b) Assist the patient to the bathroom to void or catheterize the bladder.

(c) Perform vigorous fundal massage until the uterus becomes firm.

(d) Notify the blood bank to prepare 2 units of packed red blood cells.

Q38. A nurse is teaching a group of student nurses about the different stages of lochia during the postpartum period. Which statement correctly identifies the standard progression and characteristics of lochia?

(a) Lochia serosa is bright red and lasts for the first 3 days postpartum.

(b) Lochia rubra is pinkish-brown and occurs from day 4 to day 10 postpartum.

(c) Lochia alba is yellowish-white, contains primarily leukocytes, and occurs from roughly day 11 up to 3 to 6 weeks postpartum.

(d) Lochia rubra should reappear 2 weeks after delivery as a sign of normal endometrial healing.

Q39. A 26-year-old woman comes to the clinic complaining of severe pelvic pain that worsens significantly right before and during her menses, painful intercourse (dyspareunia), and difficulty conceiving. Laparoscopy confirms the presence of functioning endometrial tissue implanted outside the uterine cavity. The nurse documents this condition as:

(a) Adenomyosis

(b) Endometriosis

(c) Pelvic Inflammatory Disease

(d) Endometritis

Q40. A patient at 10 weeks of gestation presents with severe, unremitting nausea and vomiting, significant weight loss ($> 5\%$ of pre-pregnancy weight), dehydration, and ketonuria. Which condition should the nurse anticipate as the primary admission diagnosis?

(a) Gestational Diabetes Mellitus

(b) Physiological morning sickness

(c) Hyperemesis Gravidarum

(d) Cholecystitis

Q41. The nurse is caring for a patient who has just been diagnosed with an ectopic pregnancy in the fallopian tube that has not ruptured. Which medication should the nurse anticipate administering to medically terminate the ectopic pregnancy while preserving the fallopian tube?

(a) Methotrexate

(b) Mifepristone

(c) Misoprostol

(d) Dinoprostone

Q42. A woman at 30 weeks of gestation is diagnosed with Gestational Diabetes Mellitus (GDM). When teaching the patient about the underlying pathophysiology of GDM, which factor should the nurse explain as the primary cause of this condition during the second half of pregnancy?

(a) Failure of the maternal pancreas to produce any insulin.

(b) Increased destruction of insulin molecules by maternal renal enzymes.

(c) Placental secretion of counter-regulatory hormones (like Human Placental Lactogen) that create maternal insulin resistance.

(d) Extreme dietary intake of refined carbohydrates during the first trimester.

Q43. A nurse is conducting a newborn assessment on a male infant born at 39 weeks. The nurse notes the infant's scrotum appears large, fluid-filled, and transilluminates brightly under a pinpoint light source. How should the nurse document this finding?

(a) Inguinal hernia

(b) Hydrocele

(c) Cryptorchidism

(d) Epispadias

Q44. During the active phase of labor, the nurse notes that the fetal heart rate baseline drops sharply below $110bpm$ and remains low for more than 3 minutes but less than 10 minutes. The nurse recognizes this pattern as a:

(a) Prolonged deceleration

(b) Late deceleration

(c) Sinusoidal rhythm

(d) Short-term variability change

Q45. A post-menopausal woman is diagnosed with advanced endometrial carcinoma. When reviewing the patient's medical history, which factor should the nurse identify as a primary high-yield risk factor for the development of this malignancy?

(a) Multiple full-term pregnancies (grand multiparity)

(b) Prolonged exposure to unopposed estrogen without progesterone balancing

(c) History of regular, long-term barrier contraceptive use

(d) Early menopause before 40 years of age

SECTION 4 - CHILD HEALTH NURSING

Q46. A 9-month-old infant is brought to the pediatric outpatient clinic for a routine well-child checkup. Which developmental milestone should the nurse expect the infant to demonstrate at this age?

(a) Sitting steadily unsupported and picking up small objects using a pincer grasp

(b) Walking unassisted and building a tower of two blocks

(c) Rolling over completely from back to abdomen and vocalizing monosyllables

(d) Drinking completely from a cup without spilling and knowing up to four words

Q47. A 2-year-old child is admitted to the pediatric unit with a diagnosis of Acute Laryngotracheobronchitis (Croup). The child has a harsh, barking cough and inspiratory stridor at rest. Which medication should the nurse anticipate administering first to rapidly reduce upper airway mucosal edema?

(a) Intravenous Ampicillin

(b) Nebulized Racemic Epinephrine

(c) Oral Albuterol syrup

(d) Intravenous Aminophylline

Q48. The nurse is performing a physical assessment on a 3-week-old infant suspected of having Congenital Hypertrophic Pyloric Stenosis. Which classic assessment finding supports this diagnosis?

(a) An olive-shaped mass palpable in the right epigastrium and progressive, projectile non-bilious vomiting

(b) A sausage-shaped mass in the right upper quadrant and jelly-like stools containing blood and mucus

(c) Scaphoid abdomen with severe, unremitting bilious vomiting since birth

(d) Generalized abdominal distension and failure to pass meconium within 48 hours

Q49. A 4-year-old child diagnosed with Tetralogy of Fallot suddenly becomes severely cyanotic, tachypneic, and agitated while crying. The nurse recognizes this as a hypercyanotic (”tet”) spell. Which immediate independent nursing action must be performed?

(a) Place the child in a prone position and perform chest physiotherapy.

(b) Position the child in a knee-chest position and administer supplemental oxygen.

(c) Prepare for an immediate intravenous bolus of Digoxin.

(d) Place the child in a high-Fowler’s position with the legs dangling over the edge of the bed.

Q50. The nurse is caring for an 18-month-old toddler who has just undergone a surgical repair of a cleft palate. Which nursing intervention is essential to protect the integrity of the fresh surgical site?

(a) Allow the toddler to soothe themselves using a standard pacifier.

(b) Use soft elbow restraints (splints) to prevent the child from placing fingers or objects in the mouth.

(c) Suction the posterior pharynx vigorously with a rigid tonsil tip (Yankauer) catheter every hour.

(d) Feed the toddler standard solid foods using a small metal spoon.

Q51. A 5-year-old child is hospitalized with Acute Post-Streptococcal Glomerulonephritis (APSGN). The child is lethargic, has periorbital edema, and a blood pressure of 140/92 mmHg. Which dietary modification should the nurse implement?

(a) High-protein, high-potassium liquid diet

(b) Low-sodium, fluid-restricted diet with monitoring of daily weights

(c) High-calorie, high-sodium unrestricted diet

(d) Strict low-carbohydrate, high-calcium diet

Q52. A mother brings her 15-month-old child to the emergency room because the child accidentally swallowed a coin. Radiography confirms the foreign body is lodged in the upper esophagus. The child is conscious, pink, and drooling but not coughing. What is the appropriate management protocol?

(a) Perform 5 rapid back blows and 5 chest thrusts immediately.

(b) Prepare the child for an endoscopic removal of the foreign body under conscious sedation or anesthesia.

(c) Blindly insert a gloved finger into the child's throat to sweep out the coin.

(d) Give the child a thick piece of bread to help push the coin down into the stomach.

Q53. The nurse is monitoring an infant with Hirshsprung's disease (Congenital Aganglionic Megacolon). Which clinical manifestation is considered a classic early diagnostic indicator of this condition in a newborn?

(a) Excessive drooling and coughing during the first oral feeding

(b) Failure to pass meconium within the first 24 to 48 hours after birth

(c) Severe projectile non-bilious vomiting within 2 hours of birth

(d) Frequent passage of loose, watery, clay-colored stools

Q54. A 6-year-old child with Hemophilia A is admitted to the pediatric unit after falling at school. The nurse notes that the child's left knee is swollen, warm, and extremely painful upon minimal movement. Which action should the nurse take first?

(a) Administer prescribed oral Aspirin for pain relief and apply a warm heating pad.

(b) Assist the child with passive range-of-motion exercises to prevent joint stiffness.

(c) Immobilize and elevate the joint, apply ice packs, and prepare to administer Factor VIII concentrate.

(d) Schedule an immediate emergency surgical arthroscopy to drain the joint fluid.

Q55. A 10-month-old infant is admitted with severe dehydration secondary to viral gastroenteritis. The physician prescribes an intravenous fluid bolus of 20 mL/kg of 0.9% Normal Saline over 20 minutes. What is the primary physiological rationale for selecting an isotonic fluid bolus?

(a) To shift intracellular fluid into the extracellular vascular spaces

(b) To rapidly expand intravascular volume and restore systemic tissue perfusion

(c) To deliver high amounts of glucose to meet brain metabolic demands

(d) To dilute elevated serum potassium levels via osmotic diuresis

Q56. The nurse is caring for an 8-year-old child diagnosed with Type 1 Diabetes Mellitus who was found sweating, trembling, and confused during morning activities. A fingerstick blood glucose check reads $52mg/dL$. Which action should the nurse take immediately?

(a) Inject 5 units of rapid-acting Regular Insulin subcutaneously.

(b) Administer 15 grams of fast-acting simple carbohydrates, such as 4 ounces of fruit juice.

(c) Provide a high-fat meal consisting of whole milk and cheese crackers.

(d) Encourage the child to lie down and re-check the blood glucose level in one hour.

Q57. A 3-year-old toddler is brought to the clinic with suspected iron-deficiency anemia. When collecting a dietary history from the parents, which finding represents a major contributing factor to this nutritional deficiency?

(a) The toddler drinks more than 1 liter (approx. 34 ounces) of whole cow's milk per day.

(b) The toddler refuses to consume raw green leafy vegetables or salads.

(c) The toddler eats three meals a day containing fortified breakfast cereals.

(d) The toddler prefers drinking water or diluted apple juice over citrus juices.

Q58. The nurse is assessing a 6-month-old infant brought to the clinic for a suspected case of Developmental Dysplasia of the Hip (DDH). Which physical assessment finding is highly indicative of this condition at this age?

(a) Symmetrical thigh and gluteal skin folds when lying prone

(b) Asymmetry of the gluteal skin folds and shortening of the thigh on the affected side

(c) Ability to fully abduct both hips to a 90-degree angle easily

(d) Upward curvature of the spine when the infant is held upright

Q59. A 7-year-old child is admitted to the pediatric ward with a diagnosis of Acute Rheumatic Fever. Which major clinical manifestation, according to the modified Jones criteria, should the nurse expect to find during assessment?

(a) Generalized maculopapular rash and high unremitting fever for 5 days

(b) Migratory polyarthritis affecting large joints and a new-onset cardiac murmur (carditis)

(c) Persistent splenomegaly and severe generalized muscle wasting

(d) Profuse watery diarrhea containing blood and microscopic mucus loops

Q60. The nurse is providing home care instructions to the parents of a 4-year-old child who has been newly diagnosed with Celiac Disease. Which dietary change is mandatory for this child?

(a) Strict elimination of all dairy products containing lactose.

(b) Complete avoidance of gluten-containing grains, including wheat, barley, and rye.

(c) A high-fiber diet consisting primarily of whole wheat bread and oats.

(d) Total restriction of dietary fats and fat-soluble vitamins.

SECTION 5 - MENTAL HEALTH NURSING

Q61. A patient diagnosed with severe clinical depression is being monitored on the inpatient unit. Which statement or shift in behavior, if observed by the nurse, indicates the highest immediate risk for suicide completion?

(a) The patient continues to report deep feelings of sadness and stays in bed all day.

(b) The patient shows a sudden, unexpected lift in mood, exhibits increased energy, and begins giving away personal belongings.

(c) The patient expresses anger and frustration regarding the quality of the hospital food.

(d) The patient asks the nurse for educational pamphlets explaining how antidepressants work.

Q62. A patient is admitted to the psychiatric unit with a diagnosis of Obsessive-Compulsive Disorder (OCD). The patient spends 45 minutes washing their hands before every meal, leading to skin breakdown. Which initial nursing intervention is most appropriate?

(a) Lock the patient out of the bathroom entirely to break the compulsive cycle immediately.

(b) Allow the patient enough time to complete the handwashing ritual initially, while gradually working to reduce the time allowed over days.

(c) Inform the patient that they will be denied their meal if they do not stop washing their hands.

(d) Force the patient to stop mid-ritual by physically pulling them away from the sink.

Q63. A patient on the inpatient unit is pacing rapidly, breathing heavily, and speaking in a highly agitated tone. The nurse assesses that the patient is progressing toward aggressive, violent behavior. What is the priority nursing action?

(a) Call security to immediately tackle and place the patient into physical restraints.

(b) Stand directly in front of the patient, look them in the eyes, and demand that they calm down.

(c) Maintain a safe physical distance, keep an open exit pathway, and use a calm, non-threatening, assertive voice to de-escalate the situation.

(d) Retreat into the nursing station and lock the door until the patient stops pacing.

Q64. A patient has been taking Haloperidol (Haldol) for the treatment of schizophrenia for several years. During a routine assessment, the nurse notes involuntary rhythmic movements of the patient's tongue, sucking lip movements, and involuntary blinking. The nurse recognizes these features as:

(a) Akathisia

(b) Acute Dystonia

(c) Pseudoparkinsonism

(d) Tardive Dyskinesia

Q65. A 28-year-old female patient is admitted following an intentional overdose of over-the-counter medications. The nurse notes she has a history of unstable relationships, intense mood swings, impulsivity, frequent self-harm gestures, and a profound fear of abandonment. The nurse identifies these traits as characteristic of which personality disorder?

(a) Antisocial Personality Disorder
(b) Borderline Personality Disorder
(c) Histrionic Personality Disorder
(d) Narcissistic Personality Disorder

Q66. A patient is brought to the emergency department after exhibiting signs of Lithium toxicity. The patient is sluggish, has slurred speech, a severe coarse hand tremor, and persistent vomiting. Which serum Lithium level should the nurse anticipate as matching this clinical presentation?

(a) $0.4mEq/L$
(b) $0.8mEq/L$
(c) $1.1mEq/L$
(d) $2.2mEq/L$

Q67. The nurse is caring for a patient experiencing a severe manic episode associated with Bipolar I Disorder. The patient is running around the unit, talking rapidly, and has been unable to sit down for a meal. Which nutritional intervention is most appropriate?

(a) Place a standard large tray of hot foods in the patient's room and close the door.
(b) Provide high-calorie, protein-rich "finger foods" that the patient can consume while walking or moving.
(c) Insist that the patient remain tied to a chair until they finish a complete three-course meal.
(d) Initiate immediate peripheral parenteral nutrition (PPN) through an IV line.

Q68. A patient with a history of severe alcohol dependence is admitted to the medical floor. At 72 hours post-admission, the patient becomes highly disoriented, agitated, tachycardic, hypertensive, diaphoretic, and reports seeing "insects crawling all over the walls." The nurse recognizes this life-threatening emergency as:

(a) Wernicke's Encephalopathy
(b) Korsakoff's Psychosis
(c) Delirium Tremens (DTs)
(d) Acute Schizophrenic Episode

Q69. A patient diagnosed with Illness Anxiety Disorder (Hypochondriasis) continuously seeks medical reassurances and visits different doctors, convinced they have advanced pancreatic cancer despite multiple negative diagnostic scans. Which underlying mechanism describes this psychiatric condition?

(a) Conscious production of false physical symptoms for monetary gain.

(b) Unconscious conversion of psychological conflict into a physical impairment or loss of function.

(c) An unrealistic or inaccurate interpretation of physical symptoms or sensations, leading to a preoccupation with having a serious illness.

(d) Direct intentional creation of symptoms on a dependent child to gain attention.

Q70. A nurse is conducting a therapeutic group session on the psychiatric unit. A patient stands up and says, "Everyone in this room is completely stupid, and you are all wasting my valuable time!" Using therapeutic communication techniques, what is the best initial response by the nurse leader?

(a) "How dare you speak to us like that? Leave the group room immediately."

(b) "You seem to be feeling very frustrated today, but we require everyone to speak respectfully in this group."

(c) "Let's all ignore what was just said and continue reading from page 12 of our worksheets."

(d) "I think you are just projecting your own deep insecurities onto the other group members."

Q71. An adolescent female patient is admitted with an absolute weight loss that is 25% below her ideal body weight, a profound fear of gaining weight, and a distorted body image where she perceives herself as overweight. The nurse notes the presence of fine, downy hair (lanugo) over her back and arms. What is the primary diagnosis?

(a) Bulimia Nervosa

(b) Anorexia Nervosa

(c) Binge Eating Disorder

(d) Avoidant/Restrictive Food Intake Disorder

Q72. A patient tells the nurse, "I cannot use the telephone in the dayroom because the Central Intelligence Agency (CIA) has implanted a microchip inside the handset to record my voice and track my thoughts." The nurse recognizes this statement as an example of which type of delusion?

(a) Delusion of Grandeur

(b) Delusion of Persecution/Paranoia

(c) Somatic Delusion

(d) Delusion of Jealousy

Q73. A patient on an inpatient unit is prescribed Phenelzine, a Monoamine Oxidase Inhibitor (MAOI). During a visit from family, the patient consumes a large meal containing aged cheeses, pepperoni pizza, and red wine. Within an hour, the patient develops a throbbing occipital headache, palpitations, neck stiffness, and a blood pressure of $210/130 mmHg$. What emergency complication is occurring?

(a) Serotonin Syndrome

(b) Hypertensive Crisis due to Tyramine interaction

(c) Acute Neuroleptic Malignant Syndrome

(d) Pseudomembranous enterocolitis shock

Q74. The nurse is performing a psychiatric assessment on a patient who has a history of traumatic loss. The patient describes experiencing an event where they suddenly felt completely detached from their own body, stating, "It felt like I was an outside observer watching myself from the ceiling." The nurse should document this dissociative symptom as:

(a) Derealization

(b) Depersonalization

(c) Fugue state

(d) Amnesia

Q75. A nurse is reviewing the pharmacological mechanism of action of typical (first-generation) antipsychotic medications like Chlorpromazine. These medications reduce the positive symptoms of schizophrenia primarily by blocking which neurotransmitter receptors in the brain pathways?

(a) Serotonin ($5-HT_2$) receptors

(b) Acetylcholine (Muscarinic) receptors

(c) Dopamine (D_2) receptors

(d) Gamma-Aminobutyric Acid (GABA) receptors

SECTION 6 - NURSING FOUNDATIONS

Q76. The nurse is caring for a patient receiving a rapid intravenous infusion of packed red blood cells. Fifteen minutes into the transfusion, the patient complains of a sharp lumbar backache, chills, and dyspnea. Which action should the nurse take first?

(a) Slow down the infusion rate and reassess vital signs in 10 minutes.

(b) Immediately stop the transfusion and disconnect the tubing at the hub.

(c) Administer an urgent intramuscular dose of an antihistamine.

(d) Flush the blood line immediately with a bolus of sterile water.

Q77. A physician prescribes a continuous intravenous medication to run at $15mL/hour$. The nurse uses a micro-drip intravenous administration set. What is the equivalent flow rate in micro-drops per minute ($\mu gtts/min$)?

(a) $15\mu gtts/min$

(b) $30\mu gtts/min$

(c) $45\mu gtts/min$

(d) $60\mu gtts/min$

Q78. While performing a routine dressing change for a deep sacral pressure injury, the nurse notes thick, yellowish-green drainage with a distinct foul odor coming from the wound bed. How should the nurse document this specific type of wound exudate?

(a) Serous exudate

(b) Sanguineous exudate

(c) Purulent exudate

(d) Serosanguineous exudate

Q79. The nurse is caring for an immobile patient who is at high risk for developing a pressure injury over bony prominences. Which anatomical position puts the patient at the highest risk for tissue breakdown over the trochanters?

(a) Prone position

(b) Supine position

(c) Lateral position

(d) Semi-Fowler's position

Q80. A patient presents to the emergency unit with severe respiratory distress. The arterial blood gas (ABG) analysis reveals: $pH 7.28$, $PaCO_2 55mmHg$, and $HCO_3^- 25mEq/L$. How should the nurse interpret these findings?

(a) Metabolic Acidosis, uncompensated

(b) Respiratory Acidosis, uncompensated

(c) Respiratory Alkalosis, fully compensated

(d) Metabolic Alkalosis, partially compensated

Q81. A nurse is reviewing isolation precaution guidelines. For an adult patient admitted with a confirmed diagnosis of Disseminated Herpes Zoster (shingles), which combination of transmission-based precautions must the nurse implement?

(a) Standard precautions and Droplet precautions only
(b) Contact precautions and Airborne precautions
(c) Protective environmental reverse isolation protocols
(d) Standard precautions and Vector-borne safeguards

Q82. The nurse is assessing a patient's arterial oxygen saturation using a pulse oximeter. Which pathophysiological or physical factor can cause an inaccurate, falsely low pulse oximetry reading?

(a) Elevated systemic core body temperature (hyperthermia)
(b) High ambient lighting or active target shivering/hypothermia causing peripheral vasoconstriction
(c) Placing the oximeter probe on an elevated extremity
(d) Increased systemic hemoglobin levels (polycythemia)

Q83. A nurse must administer an enema to an adult patient before a surgical procedure. To ensure optimal flow along the anatomical curve of the sigmoid colon, into which position should the nurse assist the patient?

(a) Right lateral Fowler's position
(b) Left Sims' (lateral-prone) position
(c) Dorsal recumbent position with knees flexed
(d) Lithotomy position

Q84. While preparing a medication from an ampule, what safety action should the nurse perform to prevent drawing glass fragments into the syringe?

(a) Wipe the neck of the ampule with a dry cotton ball after snapping it open.
(b) Use a standard 22-gauge regular hypodermic needle to draw up the fluid.
(c) Use a sterile filter needle to draw up the medication, then replace it with a regular injection needle.
(d) Tap the top of the ampule repeatedly while drawing up the medication.

Q85. The nurse is caring for a patient who is physically restrained due to severe, persistent cognitive agitation. According to standard patient safety and foundations protocols, how frequently must the nurse release the restraints to assess skin integrity, check pulses, and perform range-of-motion exercises?

(a) At least once every 2 hours
(b) Once per shift (every 8 hours)
(c) Only when the patient explicitly requests it
(d) Every 24 hours when the medical order is renewed

SECTION 7 - NURSING RESEARCH AND STATISTICS

Q86. A nurse researcher is studying the effect of a new position-turning protocol on the development of pressure injuries in bedridden intensive care unit patients. In this research design, what type of variable is the "position-turning protocol"?

(a) Dependent variable
(b) Independent variable
(c) Extraneous variable
(d) Confounding variable

Q87. A researcher selecting a sample from an institutional directory chooses every 10^{th} person on the list after randomly selecting a starting point between 1 and 10. What specific sampling method is being implemented?

(a) Simple random sampling
(b) Stratified random sampling
(c) Systematic random sampling
(d) Cluster sampling

Q88. A nurse researcher wants to explore the lived experiences of women undergoing chemotherapy for breast cancer. The researcher conducts open-ended, in-depth interviews to extract core themes from the transcripts. Which qualitative research approach is being used?

(a) Grounded theory
(b) Phenomenological approach
(c) Ethnography
(d) Historical research

Q89. A clinical research team measures patients' body temperatures using a digital tympanic thermometer. The thermometer is improperly calibrated, causing it to consistently read $0.4°C$ lower than the actual temperature for every patient. This error is an example of:

(a) Random error
(b) Systematic error (Bias)
(c) Sampling attrition error
(d) Investigator projection error

Q90. A nurse researcher is conducting an experimental study on a new wound gel. To prevent observer bias, neither the patients nor the bedside nurses collecting the healing data know whether a patient is receiving the active experimental gel or a standard placebo gel. This design feature is known as:

(a) Random allocation
(b) Double-blinding

(c) Stratification
(d) Manipulation check

Q91. A data analyst creates a distribution graph of patient treatment costs. The graph shows a long tail trailing off toward the high-value right side of the axis, indicating a small group of patients incurred exceptionally high costs. This type of distribution is described as:

(a) Symmetrically normal
(b) Positively skewed
(c) Negatively skewed
(d) Leptokurtic

Q92. A research study evaluates the efficacy of three different nursing intervention protocols to reduce post-operative fall rates among orthopedic patients. Which inferential parametric test should the researcher use to compare the mean scores of these three independent groups?

(a) Independent Student's t-test
(b) Chi-square test
(c) One-way Analysis of Variance (ANOVA)
(d) Pearson's r correlation

Q93. A nurse researcher drafts a study protocol statement: "There is no statistically significant difference in the post-operative pain scores between patients who receive musical therapy and those who receive standard ambient quiet." This statement represents a:

(a) Directional research hypothesis
(b) Null hypothesis (H_0)
(c) Non-directional complex hypothesis
(d) Theoretical conceptual framework

Q94. A research tool evaluates nursing clinical judgment by presenting a series of statements where respondents choose from options ranging from "Strongly Disagree," "Disagree," "Neutral," "Agree," to "Strongly Agree." This scale format is known as a:

(a) Visual Analog Scale
(b) Likert Scale
(c) Semantic Differential Scale
(d) Guttman Cumulative Scale

Q95. A nurse researcher is organizing a collection of nominal data listing the primary medical diagnoses of 200 clinic patients. Which measure of central tendency is the only one appropriate to describe this categorical data?

(a) Mean
(b) Median
(c) Mode
(d) Standard Deviation

SECTION 8 - GENERAL KNOWLEDGE AND CURRENT AFFAIRS

Q96. Which Indian state recently launched the "Mukhyamantri Vayoshri Yojana," a dedicated welfare scheme designed to provide financial aid and screening for physical disabilities to senior citizens suffering from age-related ailments?

(a) Maharashtra
(b) Kerala
(c) Rajasthan
(d) Uttar Pradesh

Q97. The central headquarters of the Indian Council of Medical Research (ICMR), the apex body in India for the formulation, coordination, and promotion of biomedical research, is located in which city?

(a) Mumbai
(b) New Delhi
(c) Chennai
(d) Hyderabad

Q98. India's first fully indigenous mRNA vaccine candidate designed to target specific variants of concern, developed in collaboration with Gennova Biopharmaceuticals, is named:

(a) Covaxin
(b) ZyCoV-D
(c) GEMCOVAC
(d) Corbevax

Q99. The "U-WIN" digital portal, launched by the Ministry of Health and Family Welfare, serves as a comprehensive national database to digitally track and register which public health initiative?

(a) Organ and tissue donation networks
(b) Universal Immunization Programme (UIP) for pregnant women and children
(c) Mental health counseling and tele-consultations
(d) Tuberculosis treatment adherence under DOTS

Q100. Which international organization partners with the Government of India to co-manage the "National Vector Borne Disease Control Programme" (NVBDCP) to eliminate malaria, kala-azar, and lymphatic filariasis?

(a) United Nations Children's Fund (UNICEF)
(b) World Health Organization (WHO)
(c) International Red Cross
(d) World Bank

SOLUTIONS

Q1. Correct Answer: (C)

Pulmonary embolism causes sudden respiratory compromise and hypoxia. The immediate priority is to improve oxygenation and ease breathing by elevating the head of the bed and administering high-flow oxygen.

Q2. Correct Answer: (B)

Tingling around the mouth and muscle twitching after thyroidectomy indicate hypocalcemia due to accidental parathyroid gland damage. Calcium gluconate is administered immediately to prevent tetany.

Q3. Correct Answer: (C)

A Glasgow Coma Scale score of 7 indicates severe neurological impairment and possible coma. Fixed and dilated pupils further suggest severe brain injury and raised intracranial pressure.

Q4. Correct Answer: (A)

Cullen's sign refers to bluish discoloration around the umbilicus caused by retroperitoneal bleeding. It is a serious sign seen in hemorrhagic pancreatitis.

Q5. Correct Answer: (B)

Kussmaul respirations are deep, rapid breathing patterns seen in diabetic ketoacidosis (DKA). They occur as the body attempts to compensate for metabolic acidosis.

Q6. Correct Answer: (C)

ST-segment elevation in leads II, III, and aVF indicates an inferior wall myocardial infarction. The right coronary artery is commonly involved.

Q7. Correct Answer: (C)

High-pressure ventilator alarms are commonly caused by airway obstruction from secretions, tube kinking, or patient biting the tube. These conditions increase airway resistance.

Q8. Correct Answer: (B)

Severe hyperkalemia produces tall peaked T waves, prolonged PR interval, and widened QRS complexes on ECG. These changes can progress to fatal arrhythmias.

Q9. Correct Answer: (B)

Brudzinski's sign is positive when neck flexion causes involuntary hip and knee flexion. It is a classic sign of meningeal irritation.

Q10. Correct Answer: (B)

After femoral artery catheterization, the affected leg should remain straight to prevent bleeding and hematoma formation at the puncture site.

Q11. Correct Answer: (C)

During hypovolemic shock, activation of the renin-angiotensin-aldosterone system helps retain sodium and water to maintain blood pressure and perfusion.

Q12. Correct Answer: (A)

A Sengstaken-Blakemore tube is used to compress bleeding esophageal varices mechanically when emergency control is needed.

Q13. Correct Answer: (C)

The elevated pH and bicarbonate indicate metabolic alkalosis. The elevated $PaCO_2$ shows respiratory compensation, making it partially compensated metabolic alkalosis.

Q14. Correct Answer: (A)

Atropine sulfate must be available during the Tensilon test to reverse severe cholinergic effects such as bradycardia and respiratory distress.

Q15. Correct Answer: (B)

Major burns cause increased capillary permeability leading to leakage of fluid and proteins from the intravascular space into the interstitial tissues. This results in massive edema and hypovolemia.

Q16. Correct Answer: (B)

Attack rate measures the proportion of people who become ill after exposure to a suspected source during an outbreak. It is commonly used in food poisoning investigations.

Q17. Correct Answer: (A)

Screening for hypertension aims at early detection and prompt treatment before complications occur. This is an example of secondary prevention.

Q18. Correct Answer: (C)

ASHA stands for Accredited Social Health Activist. She acts as a vital link between the healthcare system and the rural community.

Q19. Correct Answer: (B)

A Vaccine Vial Monitor (VVM) changes color with cumulative heat exposure. It helps identify whether vaccines remain safe and effective.

Q20. Correct Answer: (B)

According to IPHS norms, a Primary Health Centre in plain areas serves a population of approximately 20,000 to 30,000 people.

Q21. Correct Answer: (B)

An endemic disease is consistently present within a community or geographic area at a predictable baseline level.

Q22. Correct Answer: (A)

Maternal Mortality Ratio (MMR) is a sensitive indicator of maternal healthcare quality and obstetric services in a region.

Q23. Correct Answer: (B)

At 9 months of age, the Measles/MR vaccine is administered along with Vitamin A supplementation according to the National Immunization Schedule.

Q24. Correct Answer: (B)

An ideal residual chlorine level of $0.5mg/L$ after 30 minutes ensures safe drinking water disinfection.

Q25. Correct Answer: (C)

DOTS therapy reduces infectivity by ensuring complete tuberculosis treatment adherence. This helps eliminate the source of infection.

Q26. Correct Answer: (C)

Environmental drainage and removal of stagnant water permanently destroy mosquito breeding sites and help control malaria transmission.

Q27. Correct Answer: (B)

Neonatal Mortality Rate measures deaths occurring within the first 28 days of life per 1,000 live births.

Q28. Correct Answer: (C)

A standard Community Health Centre functions as a 30-bed referral unit under IPHS guidelines.

Q29. Correct Answer: (A)

MUAC is a quick and reliable community screening tool for Severe Acute Malnutrition in children aged 6–59 months.

Q30. Correct Answer: (C)

Byssinosis is an occupational lung disease caused by prolonged inhalation of cotton dust in textile industries.

Q31. Correct Answer: (B)

Gravida refers to the total number of pregnancies including the current pregnancy. This patient is:

$$G4 - T1 - P1 - A1 - L3$$

because she has one term birth, one preterm twin delivery, one abortion, and three living children.

Q32. Correct Answer: (A)

A soft, broad, irregular mass felt in the uterine fundus indicates the fetal buttocks. This means the fetus is in a vertex presentation.

Q33. Correct Answer: (A)

Painless bright red bleeding in late pregnancy suggests placenta previa. Digital vaginal examination is contraindicated because it can trigger severe hemorrhage.

Q34. Correct Answer: (C)

Early decelerations mirror uterine contractions and occur due to fetal head compression during labor. They are generally considered benign.

Q35. Correct Answer: (C)

Loss or absence of deep tendon reflexes is an early sign of Magnesium Sulfate toxicity. Respiratory depression may follow if toxicity worsens.

Q36. Correct Answer: (B)

In umbilical cord prolapse, relieving pressure on the cord is the immediate priority. The nurse should manually elevate the presenting part to improve fetal oxygenation.

Q37. Correct Answer: (C)

A boggy uterus indicates uterine atony, the most common cause of postpartum hemorrhage. Fundal massage stimulates uterine contraction and reduces bleeding.

Q38. Correct Answer: (C)

Lochia alba is the final stage of postpartum discharge. It is yellowish-white and mainly contains leukocytes and mucus.

Q39. Correct Answer: (B)

Endometriosis involves functioning endometrial tissue outside the uterus. It commonly causes dysmenorrhea, dyspareunia, and infertility.

Q40. Correct Answer: (C)

Hyperemesis gravidarum is characterized by severe persistent vomiting, dehydration, ketonuria, and weight loss during pregnancy.

Q41. Correct Answer: (A)

Methotrexate is used to medically manage unruptured ectopic pregnancy. It stops rapidly dividing trophoblastic tissue.

Q42. Correct Answer: (C)

Placental hormones such as Human Placental Lactogen create insulin resistance during pregnancy. This contributes to gestational diabetes mellitus.

Q43. Correct Answer: (B)

A hydrocele is a painless fluid-filled swelling of the scrotum that transilluminates with light.

Q44. Correct Answer: (A)

A fetal heart rate decrease below baseline lasting between 2 and 10 minutes is called a prolonged deceleration.

Q45. Correct Answer: (B)

Unopposed estrogen exposure increases the risk of endometrial hyperplasia and endometrial carcinoma.

Q46. Correct Answer: (A)

By 9 months, infants are expected to sit steadily without support and develop a pincer grasp. These are important developmental milestones.

Q47. Correct Answer: (B)

Nebulized Racemic Epinephrine rapidly decreases upper airway edema in children with croup. It improves stridor and airway obstruction.

Q48. Correct Answer: (A)

Projectile non-bilious vomiting with an olive-shaped abdominal mass is characteristic of pyloric stenosis.

Q49. Correct Answer: (B)

The knee-chest position reduces right-to-left shunting in Tetralogy of Fallot. Supplemental oxygen further improves oxygenation during a tet spell.

Q50. Correct Answer: (B)

Elbow restraints prevent the child from damaging the cleft palate repair site with fingers or objects.

Q51. Correct Answer: (B)

Acute glomerulonephritis causes fluid retention and hypertension. Low sodium intake and fluid restriction help reduce edema and blood pressure.

Q52. Correct Answer: (B)

A coin lodged in the esophagus generally requires endoscopic removal. Blind finger sweeps are dangerous and may worsen obstruction.

Q53. Correct Answer: (B)

Failure to pass meconium within the first 24–48 hours strongly suggests Hirschsprung's disease.

Q54. Correct Answer: (C)

Hemarthrosis in Hemophilia A is treated with rest, ice, elevation, and Factor VIII replacement.

Q55. Correct Answer: (B)

Isotonic saline rapidly restores intravascular volume and improves tissue perfusion in dehydration.

Q56. Correct Answer: (B)

A blood glucose level of $52mg/dL$ indicates hypoglycemia. Fast-acting carbohydrates provide immediate glucose correction.

Q57. Correct Answer: (A)

Excessive cow's milk intake is a major cause of iron-deficiency anemia in toddlers because it is low in iron and may cause intestinal blood loss.

Q58. Correct Answer: (B)

Asymmetrical gluteal folds and limb shortening are important findings in developmental dysplasia of the hip.

Q59. Correct Answer: (B)

Migratory polyarthritis and carditis are major Jones criteria for acute rheumatic fever.

Q60. Correct Answer: (B)

Children with Celiac Disease require lifelong avoidance of gluten-containing foods such as wheat, barley, and rye.

Q61. Correct Answer: (B)

A sudden improvement in mood along with giving away belongings may indicate the patient has made a decision to commit suicide. This is considered a high-risk warning sign.

Q62. Correct Answer: (B)

Initially allowing the compulsive ritual while gradually limiting it helps reduce anxiety and supports therapeutic progress in OCD.

Q63. Correct Answer: (C)

During escalating aggression, the nurse should maintain safety, use calm communication, and avoid threatening behavior. De-escalation is the priority intervention.

Q64. Correct Answer: (D)

Tardive Dyskinesia presents with involuntary movements such as lip smacking, tongue protrusion, and blinking after long-term antipsychotic use.

Q65. Correct Answer: (B)

Borderline Personality Disorder is characterized by unstable relationships, impulsivity, fear of abandonment, and self-harm behaviors.

Q66. Correct Answer: (D)

A serum Lithium level around $2.2mEq/L$ is associated with severe Lithium toxicity. Symptoms include coarse tremors, vomiting, and neurological impairment.

Q67. Correct Answer: (B)

Patients in manic episodes expend large amounts of energy and may not sit for meals. High-calorie finger foods support adequate nutrition.

Q68. Correct Answer: (C)

Delirium Tremens is a severe alcohol withdrawal emergency marked by hallucinations, autonomic instability, and severe confusion.

Q69. Correct Answer: (C)

Illness Anxiety Disorder involves excessive preoccupation with having a serious illness despite negative medical findings.

Q70. Correct Answer: (B)

Therapeutic communication validates feelings while setting behavioral limits respectfully and professionally.

Q71. Correct Answer: (B)

Anorexia Nervosa involves severe weight loss, distorted body image, and fear of gaining weight. Lanugo is a common physical finding.

Q72. Correct Answer: (B)

A false belief that others are spying, tracking, or intending harm is a persecutory or paranoid delusion.

Q73. Correct Answer: (B)

MAOI medications interact with tyramine-rich foods and may trigger a hypertensive crisis characterized by severe hypertension and headache.

Q74. Correct Answer: (B)

Depersonalization is a dissociative symptom where individuals feel detached from themselves or observe themselves externally.

Q75. Correct Answer: (C)

Typical antipsychotics mainly block Dopamine (D_2) receptors, reducing positive symptoms such as hallucinations and delusions.

Q76. Correct Answer: (B)

A transfusion reaction is suspected when the patient develops chills, dyspnea, and back pain. The transfusion must be stopped immediately to prevent further complications.

Q77. Correct Answer: (A)

A micro-drip set delivers 60 microdrops per mL.

$$\frac{15 \times 60}{60} = 15 \mu gtts/min$$

Q78. Correct Answer: (C)

Purulent exudate is thick, yellow-green drainage containing pus and bacteria. It commonly indicates wound infection.

Q79. Correct Answer: (C)

The lateral position places pressure directly on the greater trochanter area, increasing the risk of pressure injury.

Q80. Correct Answer: (B)

The low pH with elevated $PaCO_2$ indicates respiratory acidosis. Normal bicarbonate levels show there is no compensation yet.

Q81. Correct Answer: (B)

Disseminated Herpes Zoster spreads through direct contact and airborne transmission. Both contact and airborne precautions are required.

Q82. Correct Answer: (B)

Poor peripheral perfusion from shivering or vasoconstriction can produce falsely low pulse oximeter readings.

Q83. Correct Answer: (B)

The left Sims' position allows enema solution to flow naturally into the sigmoid colon and descending colon.

Q84. Correct Answer: (C)

A filter needle prevents glass particles from being drawn into the syringe when medication is withdrawn from an ampule.

Q85. Correct Answer: (A)

Restraints should be released at least every 2 hours to assess circulation, skin integrity, and range of motion.

Q86. Correct Answer: (B)

The independent variable is the factor manipulated by the researcher to observe its effect on outcomes. Here, the position-turning protocol is the independent variable.

Q87. Correct Answer: (C)

Systematic random sampling involves selecting every n^{th} subject after choosing a random starting point.

Q88. Correct Answer: (B)

Phenomenological research explores the lived experiences and personal meanings of participants facing a phenomenon.

Q89. Correct Answer: (B)

A consistent measurement error affecting all readings in the same direction is called systematic error or bias.

Q90. Correct Answer: (B)

Double-blinding prevents bias because neither participants nor observers know who receives the intervention or placebo.

Q91. Correct Answer: (B)

A distribution with a long tail extending toward higher values is called positively skewed.

Q92. Correct Answer: (C)

One-way ANOVA compares the means of three or more independent groups to determine statistical differences.

Q93. Correct Answer: (B)

A null hypothesis states that there is no significant difference or relationship between variables.

Q94. Correct Answer: (B)

A Likert Scale measures attitudes or opinions using ordered response categories such as strongly agree to strongly disagree.

Q95. Correct Answer: (C)

For nominal categorical data, the mode is the only suitable measure of central tendency because it identifies the most frequently occurring category.

Q96. Correct Answer: (A)

The Mukhyamantri Vayoshri Yojana was launched by the Government of Maharashtra to support senior citizens with age-related health issues. It provides financial assistance and health screening services.

Q97. Correct Answer: (B)

The headquarters of the Indian Council of Medical Research (ICMR) is located in New Delhi. ICMR is India's apex biomedical research organization.

Q98. Correct Answer: (C)

GEMCOVAC is India's first indigenous mRNA vaccine developed with Gennova Biopharmaceuticals. It can be stored at standard refrigeration temperatures.

Q99. Correct Answer: (B)

The U-WIN portal digitally tracks immunization records for pregnant women and children under the Universal Immunization Programme (UIP).

Q100. Correct Answer: (B)

The World Health Organization (WHO) collaborates with India in controlling vector-borne diseases under NVBDCP programs.