PGIMER M.SC NURSING SAMPLE PAPER 02

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 is admitted to the intensive care unit with a severe head injury following a motor vehicle accident. The nurse notes a widening pulse pressure, bradycardia, and irregular respirations. How should the nurse interpret this triad of clinical findings?

(a) Developing hypovolemic shock from internal bleeding

(b) Cushing's triad indicating significantly increased intracranial pressure

(c) Autonomic dysreflexia secondary to spinal cord transection

(d) Normal physiological compensation for cerebral perfusion pressure stability

Q2. The nurse is analyzing the arterial blood gas (ABG) results of a patient who has been experiencing severe, protracted vomiting for the past 48 hours. The results show: pH 7.52, $PaCO_2$ 48 mmHg, and HCO_3^- 36 mEq/L. Which acid-base imbalance is present?

(a) Partially compensated Respiratory Alkalosis

(b) Uncompensated Metabolic Acidosis

(c) Partially compensated Metabolic Alkalosis

(d) Fully compensated Respiratory Acidosis

Q3. A patient with a history of severe chronic heart failure is receiving intravenous Digoxin. The patient reports a new onset of nausea, anorexia, and blurry vision with a distinct yellow-green halo around lights. Which initial action must the nurse take?

(a) Administer the next scheduled dose of Digoxin and document the vision changes.

(b) Hold the scheduled dose of Digoxin and request a serum Digoxin level and electrolyte panel.

(c) Increase the patient's dietary potassium intake and re-evaluate in 24 hours.

(d) Request an immediate prescription for an intravenous loop diuretic to flush out the drug.

Q4. Leads V1 through V4 on a 12-lead electrocardiogram (ECG) overlook which anatomical zone of the heart?

(a) Inferior wall

(b) Lateral wall

(c) Anterior wall

(d) Posterior wall

Q5. The nurse is monitoring a patient with a chest tube attached to a three-chamber water-seal drainage system. During assessment, the nurse notes continuous, vigorous bubbling in the water-seal chamber. What does this observation indicate?

(a) The system is functioning perfectly and successfully evacuating air from a pneumothorax.

(b) There is an active, structural air leak within the drainage system or the patient's thoracic cavity.

(c) The suction pressure applied to the third chamber is dangerously low.

(d) The chest tube has become completely occluded by a thick blood clot.

Q6. An adult patient is admitted with a diagnosis of Acute Respiratory Distress Syndrome (ARDS). The healthcare provider prescribes mechanical ventilation utilizing high Positive End-Expiratory Pressure (PEEP). What is the primary therapeutic goal of PEEP in ARDS management?

(a) To increase the fraction of inspired oxygen (FiO_2) delivered by the ventilator circuits.

(b) To prevent alveolar collapse at the end of expiration, maximizing surface area for gas exchange.

(c) To lower the respiratory rate and provide a longer window for passive inhalation.

(d) To decrease systemic vascular resistance and unload the right ventricle.

Q7. A patient with a history of chronic cholecystitis is admitted with severe right upper quadrant pain radiating to the right shoulder. The nurse elicits sharp pain and a sudden catch-in-breath when palpating under the right costal margin during deep inspiration. Which clinical sign is the nurse demonstrating?

(a) McBurney's sign

(b) Rovsing's sign

(c) Murphy's sign

(d) Kernig's sign

Q8. The nurse is preparing to care for a patient who returned from surgery following a right-sided radical mastectomy with axillary lymph node dissection. Which nursing action is a priority to ensure patient safety?

(a) Maintain the patient's right arm in a dependent position below heart level.

(b) Place a prominent sign above the bed restricting blood pressure checks or venipunctures on the right arm.

(c) Apply a tight, restrictive warm compress to the right axilla every 4 hours.

(d) Encourage rapid, heavy weight-lifting exercises with the right arm during the first 24 hours.

Q9. A patient with chronic kidney disease (CKD) missed two consecutive hemodialysis sessions. The laboratory results show a critical serum potassium level of 6.8 mEq/L. Which medication should the nurse expect to administer first to immediately stabilize the myocardial cell membrane?

(a) Sodium Polystyrene Sulfonate orally

(b) Intravenous Calcium Gluconate

(c) Intravenous Regular Insulin and 50% Dextrose

(d) Intravenous Furosemide

Q10. A patient with a history of a crushing pelvic fracture is on strict bed rest. The patient suddenly develops extreme dyspnea, tachycardia, and petechiae across the anterior chest wall and neck. The nurse should recognize these symptoms as indicative of:

(a) An acute septic shock event

(b) A standard deep vein thrombosis migration

(c) Fat Embolism Syndrome (FES)

(d) An anaphylactic reaction to an unrecorded medication

Q11. The nurse is caring for a patient who is 12 hours post-operative following an uncomplicated lumbar laminectomy. Which assessment finding requires immediate notification to the surgical team?

(a) Complaints of localized, moderate incisional pain when turning side-to-side

(b) Clear, colorless drainage on the surgical dressing that tests positive for glucose

(c) A urinary output of 140 mL over the last four hours

(d) Hypoactive bowel sounds heard across all four abdominal quadrants

Q12. A patient with a confirmed diagnosis of SIADH (Syndrome of Inappropriate Antidiuretic Hormone) presents with severe lethargy and confusion. The lab results confirm a serum sodium level of 116 mEq/L. Which provider prescription should the nurse anticipate?

(a) Rapid infusion of 0.45% half-normal saline solution

(b) Strict fluid restriction and administration of 3% hypertonic saline

(c) Intravenous administration of Desmopressin acetate

(d) Encouraging a high-carbohydrate, low-sodium oral liquid diet

Q13. During an assessment of a patient admitted with a severe acute exacerbation of Asthma, the nurse notes that the patient's wheezing has abruptly ceased, and the chest sounds completely silent on auscultation. The patient remains tachypneic and is using accessory muscles. What does this indicate?

(a) The bronchodilator therapy has successfully resolved the airway constriction.

(b) The patient has moved past the acute stage and is falling asleep from comfort.

(c) Severe airway constriction has halted air movement entirely, indicating impending respiratory failure.

(d) The patient has developed an acute localized pneumothorax on the left side only.

Q14. The nurse is providing discharge instructions to a patient newly diagnosed with Addison's disease who is prescribed life-long Hydrocortisone and Fludrocortisone replacement therapy. What is a critical safety point to include in the teaching?

(a) Stop taking the medications immediately if a high fever or infection develops.

(b) The dose of medication must be increased during periods of physical stress, illness, or surgery.

(c) Restrict dietary sodium intake completely to avoid severe systemic fluid depletion.

(d) Take the steroid doses late at night right before sleeping to mimic normal diurnal patterns.

Q15. A patient with chronic atrial fibrillation is prescribed Warfarin therapy. The nurse reviews the laboratory values and notes an International Normalized Ratio (INR) of 6.2. The patient shows no visible signs of active bleeding. Which action should the nurse anticipate taking?

(a) Administer an additional loading dose of Warfarin to stabilize the clotting cascade.

(b) Prepare to administer Protamine Sulfate intravenously as the direct counter-agent.

(c) Withhold the Warfarin dose and prepare to administer Vitamin K as prescribed.

(d) Arrange for an emergency transfusion of three units of packed red blood cells.

SECTION 2 - COMMUNITY HEALTH NURSING

Q16. A community health nurse is calculating a specific epidemiological measurement that reflects the total number of both old and new cases of Pulmonary Tuberculosis existing in a specified population during a defined period. Which rate is the nurse calculating?

(a) Incidence rate
(b) Period prevalence rate
(c) Case fatality rate
(d) Attack rate

Q17. According to the National Immunization Schedule (NIS) in India, what is the maximum age up to which the Bacillus Calmette-Guérin (BCG) vaccine can be administered to a child if it was missed at birth?

(a) Up to 6 months of age
(b) Up to 1 year of age
(c) Up to 2 years of age
(d) Up to 5 years of age

Q18. The public health nurse is monitoring water safety in a rural sector. When using an orthotolidine arsenite (OTA) test to measure residual chlorine in the community water supply, what is the optimal level of free residual chlorine that should remain after 30 minutes of contact time?

(a) 0.1 mg/L
(b) 0.5 mg/L
(c) 1.5 mg/L
(d) 2.0 mg/L

Q19. During a community health survey, a nurse notes that an entire village uses open-field defecation, leading to high rates of soil-transmitted helminthic infections. Which level of prevention is targeted when the nurse coordinates mass deworming using Albendazole for all school-age children?

(a) Primordial prevention
(b) Primary prevention
(c) Secondary prevention
(d) Tertiary prevention

Q20. Under the Indian Public Health Standards (IPHS) guidelines, what is the expected population coverage pattern for a standard Primary Health Centre (PHC) situated in plain geographical areas?

(a) 3,000 to 5,000 population

(b) 20,000 population

(c) 30,000 population

(d) 80,000 to 120,000 population

Q21. A cluster of acute flaccid paralysis cases is reported from an urban slum. The epidemiologist tracks the index case. What is the definition of an "Index Case" in an epidemiological investigation?

(a) The first true case of a disease that occurs within a specific community population.

(b) The first case of a disease or condition that comes to the attention of health authorities or investigators.

(c) A person who contracts the disease via exposure from an intermediate environmental fomite.

(d) An individual who tests positive for a pathogen but remains completely asymptomatic while spreading it.

Q22. A community health nurse is evaluating the nutritional health of infants at an Anganwadi center. Which anthropometric assessment measurement is the most sensitive and reliable indicator for rapidly detecting acute malnutrition (wasting) in children aged 6 to 59 months?

(a) Head circumference

(b) Mid-Upper Arm Circumference (MUAC)

(c) Chest circumference

(d) Birth weight parameters recalled by parents

Q23. The community health nurse is organizing an educational session on family planning. Which contraceptive method acts primarily by producing a localized, sterile inflammatory reaction in the endometrium that prevents implantation?

(a) Oral Contraceptive Pills (OCPs)

(b) Copper-T Intrauterine Device (IUD)

(c) Subcutaneous implants

(d) Barriers like male condoms

Q24. During a field visit, the nurse learns that a patient diagnosed with open-case Pulmonary Tuberculosis has defaulted on their medication under the National TB Elimination Program (NTEP). What strategy should the nurse use to manage this situation?

(a) Discharge the patient from the program and stop tracking their records.

(b) Report the patient to local law enforcement for immediate isolation in jail.

(c) Conduct a home visit to identify barriers to adherence and re-engage the patient using Directly Observed Treatment (DOTS).

(d) Mail a new course of medications to the patient's home address without a follow-up visit.

Q25. Which of the following biological vectors is responsible for the transmission of Lymphatic Filariasis in endemic regions of India?

(a) Anopheles mosquito
(b) Aedes aegypti mosquito
(c) Culex quinquefasciatus mosquito
(d) Phlebotomus argentipes (Sandfly)

Q26. The infant mortality rate (IMR) is an important indicator of a nation's overall socioeconomic and health status. What is the denominator used when calculating the Infant Mortality Rate for a specific geographic region?

(a) Total number of live births in the same year per 1,000
(b) Total mid-year population of children under 5 years of age
(c) Total number of registered pregnancies in that calendar year
(d) Total census population of that specific community district

Q27. A public health nurse is monitoring an outbreak of infectious hepatitis in a community block. She observes that the disease peaked rapidly within a week and subsided just as quickly, and all affected individuals shared a common exposure to a contaminated community feast well water. This represents which type of epidemic curve pattern?

(a) Propagated or person-to-person epidemic
(b) Point-source common vehicle epidemic
(c) Continuous or cyclical epidemic
(d) Secular trend variation disease pattern

Q28. Under the current National Vector Borne Disease Control Programme (NVBDCD) guidelines, what is the drug of choice for radical curative therapy to eliminate the hypnozoite liver stage of *Plasmodium vivax* malaria?

(a) Chloroquine
(b) Primaquine
(c) Artesunate
(d) Quinine Sulfate

Q29. The community nurse is conducting an educational campaign on occupational health hazards. She explains that workers employed in glass manufacturing units, coal mines, and stone-crushing facilities are at a critically high risk of developing which chronic pulmonary occupational condition?

(a) Byssinosis
(b) Bagassosis
(c) Silicosis
(d) Farmer's Lung

Q30. The World Health Organization (WHO) defines a "Safe and Sanitary Latrine" as one that prevents any human contact with excreta. For a sanitary rural pit latrine, what is the minimum distance required between the latrine pit and the nearest community drinking water source (such as a tube well or hand pump) to prevent cross-contamination?

(a) 5 meters (approx. 16 feet)

(b) 15 meters (approx. 50 feet)

(c) 30 meters (approx. 100 feet)

(d) 50 meters (approx. 165 feet)

SECTION 3 - OBSTETRIC AND GYNECOLOGICAL NURSING

Q31. A primigravida patient at 32 weeks of gestation is admitted to the antenatal ward with a blood pressure of 165/110 mmHg, 3+ proteinuria, and a severe headache. The nurse anticipates an immediate prescription for intravenous Magnesium Sulfate ($MgSO_4$). What is the primary therapeutic purpose of this medication?

(a) To lower maternal systemic blood pressure to normal limits
(b) To stimulate fetal lung maturity prior to premature delivery
(c) To prevent or control tonic-clonic eclamptic seizures
(d) To arrest preterm uterine contractions and delay labor

Q32. During a pelvic assessment of a patient at 8 weeks of gestation, the nurse notes a distinct bluish-purple discoloration of the vaginal mucosa and cervix. The nurse should document this presumptive sign of pregnancy as:

(a) Hegar's sign
(b) Chadwick's sign
(c) Goodell's sign
(d) Ladin's sign

Q33. A patient at 36 weeks of gestation presents to the emergency unit reporting sudden, severe abdominal pain and dark vaginal bleeding. On abdominal palpation, the nurse notes that the uterus is rigid, board-like, and highly tender to the touch. Which obstetric complication is highly indicative of this presentation?

(a) Placenta Previa
(b) Abruptio Placentae
(c) Uterine Atony
(d) Hydatidiform Mole

Q34. The nurse is monitoring a laboring patient in the first stage of labor. The electronic fetal monitoring strip suddenly displays a pattern of late fetal heart rate decelerations that begin after the peak of the uterine contraction and return to baseline well after the contraction ends. What is the underlying cause of this fetal heart rate pattern?

(a) Umbilical cord compression
(b) Fetal head compression during descent
(c) Uteroplacental insufficiency causing fetal hypoxia
(d) Maternal hyperventilation syndrome

Q35. A multigravida patient at 41 weeks of gestation is undergoing a trial of labor. During the second stage, the fetal head is delivered, but it suddenly retracts tightly against the maternal perineum (the "turtle sign"), and the shoulders fail to emerge. Which initial nursing maneuver is indicated to resolve this shoulder dystocia?

(a) Apply steady, firm fundal pressure on the upper uterus.

(b) Perform the McRoberts maneuver by flexing the maternal thighs sharply against her abdomen.

(c) Administer a high-dose oxytocin bolus intravenously.

(d) Place the patient in a steep reverse Trendelenburg position.

Q36. A postpartum nurse is evaluating a patient 4 hours after an uncomplicated vaginal delivery. The nurse notes that the patient's uterine fundus is soft, boggy, and displaced upward and to the right of the umbilicus. What is the nurse's priority action?

(a) Notify the physician to schedule an emergency dilation and curettage.

(b) Administer a prescribed dose of intramuscular Methylergonovine immediately.

(c) Instruct or assist the patient to empty her urinary bladder completely.

(d) Place the patient in a prone position to encourage normal uterine drainage.

Q37. A pregnant patient at 12 weeks of gestation is diagnosed with severe Hyperemesis Gravidarum. Which clinical finding should the nurse anticipate as a direct consequence of this persistent metabolic disruption?

(a) Respiratory Acidosis from fluid retention

(b) Ketonuria and metabolic derangements due to starvation

(c) Hyperkalemia and elevated blood urea levels

(d) Hyperglycemia and severe respiratory depression

Q38. A patient is receiving an intravenous Oxytocin (Pitocin) infusion for labor induction. The nurse notes that the patient is experiencing 6 uterine contractions in a 10-minute period, each lasting 95 seconds, with a minimal resting tone between them. What is the nurse's immediate priority action?

(a) Increase the Oxytocin infusion rate by 2 mU/min to speed up delivery.

(b) Stop the Oxytocin infusion immediately to arrest uterine tachysystole.

(c) Instruct the patient to perform shallow, rapid breathing exercises.

(d) Prepare the patient for an immediate amniotomy procedure.

Q39. A nurse is providing discharge education to a postpartum patient regarding the normal progression of vaginal discharge (lochia). Which sequence correctly outlines the expected chronological transit of lochia colors and types?

(a) Lochia serosa, then lochia rubra, then lochia alba

(b) Lochia rubra, then lochia alba, then lochia serosa

(c) Lochia rubra, then lochia serosa, then lochia alba

(d) Lochia alba, then lochia serosa, then lochia rubra

Q40. A 24-year-old patient presents to the gynecology clinic complaining of severe, sharp unilateral lower abdominal pain, a missed menstrual period 2 weeks ago, and slight vaginal spotting. Which life-threatening complication must the care team rule out first?

(a) Acute Pelvic Inflammatory Disease (PID)

(b) Ruptured Ectopic Pregnancy

(c) Ovarian Follicular Cyst Rupture

(d) Threatened Abortion

Q41. The nurse is reviewing the lab results of a prenatal patient at 28 weeks of gestation who is Rh-negative. The indirect Coombs' test result is negative, indicating the patient is not sensitized. Which intervention is appropriate?

(a) Administer Rh Immune Globulin (RhoGAM) at 28 weeks and again within 72 hours of birth if the neonate is Rh-positive.

(b) Withhold RhoGAM completely because a negative Coombs' test means she is naturally immune.

(c) Prepare the patient for an immediate intra-uterine fetal blood transfusion.

(d) Administer RhoGAM only to the newborn infant within the first 24 hours after birth.

Q42. During an amniotomy (artificial rupture of membranes), what is the immediate priority nursing intervention that must be executed to ensure fetal safety?

(a) Assess and document the color, odor, and approximate volume of the amniotic fluid.

(b) Check the maternal temperature to establish a baseline for infection tracking.

(c) Measure the fetal heart rate immediately for 1 full minute to rule out umbilical cord prolapse.

(d) Perform a sterile vaginal exam to measure the exact station of the fetal head.

Q43. A patient at 38 weeks of gestation diagnosed with severe gestational diabetes undergoes an ultrasound. The report notes an amniotic fluid index (AFI) of 26 cm. The nurse documents this condition as:

(a) Oligohydramnios

(b) Polyhydramnios (Hydramnios)

(c) Anhydramnios

(d) Normal amniotic fluid volume parameter

Q44. The nurse is performing an assessment on a newborn infant at 1 minute after birth. The infant displays a pink body with blue extremities, a heart rate of 110 beats per minute, a prompt grimace and cough during suctioning, active movement of all limbs, and a slow, irregular respiratory effort. What is this infant's APGAR score?

(a) 6

(b) 7

(c) 8

(d) 9

Q45. A 48-year-old patient comes to the clinic reporting severe hot flashes, night sweats, mood swings, and irregular menstrual cycles over the past 10 months. The nurse explains that these symptoms are characteristic of which reproductive stage?

(a) Menarche

(b) Post-menopause

(c) Perimenopause (Climacteric)

(d) Ovarian senescence syndrome

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 52 mg/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 prescribed a Monoamine Oxidase Inhibitor (MAOI). The nurse is conducting pre-discharge dietary education. Which food item must the nurse explicitly instruct the patient to avoid to prevent a life-threatening hypertensive crisis?

(a) Fresh green leafy vegetables and boiled eggs

(b) Aged cheeses, cured meats, and red wine

(c) Refined white bread and pasteurized milk

(d) Fresh citrus fruits and white fish

Q62. A patient admitted to the acute psychiatric unit remains in a fixed, rigid posture for hours, completely resists any efforts to be moved, and exhibits "waxy flexibility" (maintaining a limb in whatever position the nurse places it). The nurse recognizes these behaviors as characteristic of:

(a) Paranoid schizophrenia

(b) Catatonic schizophrenia

(c) Paranoid personality disorder

(d) Borderline personality disorder

Q63. A patient who has been taking Haloperidol (Haldol) for three weeks approaches the nurse's station exhibiting an acute involuntary upward deviation of the eyes, a twisted neck (torticollis), and severe muscle spasms of the tongue and face. Which immediate medication should the nurse prepare to administer?

(a) Oral Lorazepam

(b) Intravenous or Intramuscular Benztropine Mesylate

(c) Subcutaneous Epinephrine

(d) An additional dose of Haloperidol

Q64. A patient with bipolar I disorder is admitted in an acute manic state. He is pacing rapidly, shouting at other patients, and has been unable to sit long enough to eat meals. Which nursing intervention is most appropriate to maintain his nutritional integrity?

(a) Insist that the patient sit at a dining table until he finishes a full meal.

(b) Provide high-calorie, high-protein "finger foods" that the patient can eat while walking.

(c) Request a prescription for immediate total parenteral nutrition (TPN).

(d) Withhold food until the patient's manic episode completely resolves.

Q65. The nurse is caring for a patient who was admitted following a severe traumatic assault. The patient appears completely detached from her surroundings, reports feeling as though she is "outside of her own body looking in," and cannot recall key details of the trauma. The nurse recognizes these manifestations as:

(a) Somatization mechanisms

(b) Dissociative symptoms

(c) Malingering behaviors

(d) Antisocial traits

Q66. A patient with a long history of severe alcohol dependence is admitted to the medical ward. Approximately 48 hours after his last drink, he becomes profoundly disoriented, tachycardic, hypertensive, and starts screaming that there are spiders crawling all over his bed sheets. The nurse recognizes this emergency as:

(a) Wernicke's Encephalopathy

(b) Delirium Tremens (DTs)

(c) Korsakoff's Psychosis

(d) Hepatic Encephalopathy

Q67. A patient is newly prescribed Lithium Carbonate for the maintenance treatment of Bipolar Disorder. The nurse is checking the patient's routine laboratory results. Which therapeutic range represents the safe, optimal maintenance blood level for Lithium?

(a) 0.1 to 0.4 mEq/L

(b) 0.6 to 1.2 mEq/L

(c) 1.5 to 2.0 mEq/L

(d) 2.5 to 3.5 mEq/L

Q68. A patient diagnosed with Obsessive-Compulsive Disorder (OCD) spends two hours every morning washing and re-washing his hands before he can leave his room, causing him to miss scheduled therapy sessions. Initially, what is the most appropriate nursing intervention?

(a) Physically lock the bathroom doors to prevent the patient from washing his hands.

(b) Allow the patient enough time to perform the ritual initially, while gradually working to limit the time allowed.

(c) Tell the patient that his behavior is completely irrational and demand that he stop immediately.

(d) Administer a sedative medication right before his morning routine starts.

Q69. A patient on an inpatient psychiatric unit tells the nurse, "The national intelligence agency has implanted a microchip in my brain, and they are broadcasting my thoughts on live television." How should the nurse therapeutically respond?

(a) "That is completely impossible; modern television networks cannot broadcast thoughts."

(b) "I understand that you believe this is happening, but it must be terrifying to feel that way. I do not see any evidence of a microchip."

(c) "Yes, I heard about that broadcast on the news morning updates as well."

(d) "Why do you think the intelligence agency would select you out of everyone else?"

Q70. A 19-year-old female patient is admitted with severe anorexia nervosa. Her weight is 30% below her ideal body weight, and she is experiencing bradycardia and electrolyte imbalances. Which nursing intervention is a priority during the initial re-feeding phase?

(a) Ensure the patient exercises for at least 1 hour after each meal to promote cardiovascular fitness.

(b) Observe the patient closely during meals and for at least 1 hour after meals to prevent food discarding or purging.

(c) Allow the patient complete control over her daily caloric selection and meal sizes.

(d) Weigh the patient multiple times throughout the day and discuss the exact numbers with her.

Q71. A patient who has been taking Olanzapine (Zyprexa) for six months comes to the clinic for a follow-up. Which physiological tracking parameter is a priority for the nurse to monitor, given the profile of atypical (second-generation) antipsychotics?

(a) Periodic chest radiographs for pulmonary fibrosis

(b) Serum electrolyte panels for hypokalemia

(c) Fasting blood glucose, lipid profiles, and body weight

(d) Audiometric testing for ototoxicity risks

Q72. A patient is scheduled to undergo Electroconvulsive Therapy (ECT) for treatment-resistant major depression. Which medication should the nurse expect to administer immediately before the procedure to induce brief skeletal muscle paralysis and prevent musculoskeletal injuries?

(a) Succinylcholine Chloride

(b) Atropine Sulfate

(c) Diazepam

(d) Methohexital Sodium

Q73. A patient with borderline personality disorder is admitted after superficial self-harm cuts to her forearm. The next day, she tells the day-shift nurse, "You are the most caring, wonderful nurse in this entire hospital. The night-shift nurse was cruel, mean, and shouldn't have a license." The nurse recognizes this defense mechanism as:

(a) Projection

(b) Splitting

(c) Sublimation

(d) Reaction Formation

Q74. A nurse is assessing a patient for suspected Neuroleptic Malignant Syndrome (NMS) after a recent increase in his Fluphenazine dosage. Which triad of clinical symptoms should the nurse identify as hallmark diagnostic indicators of NMS?

(a) Severe hypotension, hypothermia, and generalized muscle flaccidity

(b) Severe muscle rigidity ("lead-pipe"), high hyperpyrexia, and autonomic instability

(c) Profuse watery diarrhea, generalized urticaria, and urinary retention

(d) Hyperreflexia, fine hand tremors, and respiratory alkalosis

Q75. A patient is admitted following a motor vehicle accident where his close friend was killed. The patient tells the nurse, "I don't understand why I am completely fine and walked away without a scratch, while he died. I should have been the one who died." The nurse should document this as:

(a) Disenfranchised grief

(b) Anticipatory grief

(c) Survivor's guilt

(d) Somatization disorder

SECTION 6 - NURSING FOUNDATIONS

Q76. The nurse is preparing to administer an intramuscular injection to an adult patient. Which anatomical site is considered the safest and first-line choice because it is situated away from major blood vessels and sciatic nerves?

(a) Dorsogluteal site
(b) Ventrogluteal site
(c) Vastus lateralis site
(d) Deltoid site

Q77. While tracking a patient's vital signs, the nurse notes a pattern where the body temperature remains consistently elevated above normal with minimal fluctuations (less than $1^{\circ}C$ or $1.8^{\circ}F$) over a 24-hour period. Which type of fever pattern does this represent?

(a) Intermittent fever
(b) Remittent fever
(c) Constant or Sustained fever
(d) Relapsing fever

Q78. A patient with severe chronic obstructive pulmonary disease (COPD) is experiencing acute respiratory distress. To maximize chest expansion and ease the work of breathing, into which therapeutic position should the nurse place the patient?

(a) Lithotomy position
(b) Trendelenburg position
(c) Orthopneic or Tripod position
(d) Lateral recumbent position

Q79. The nurse accidentally administers the wrong dosage of an antihypertensive medication to a patient. After immediately assessing the patient's vital signs and ensuring their safety, what is the nurse's next critical legal and professional obligation?

(a) Document the error in the patient's progress notes and discard the medication administration record.
(b) Report the error immediately to the charge nurse and fill out an institutional incident/variance report.
(c) Wait until the end of the shift to see if the patient develops adverse side effects before reporting.
(d) Call the pharmacist to see if the error can be removed from the billing profile.

Q80. A bedridden patient has a localized area of intact skin with non-blanchable erythema over the sacrum. The area is painful and warmer compared to adjacent tissue. How should the nurse stage this pressure injury?

(a) Stage I

(b) Stage II

(c) Stage III

(d) Stage IV

Q81. The nurse is performing a surgical hand scrub before assisting in the operating theatre. Which technique correctly reflects standard infection control guidelines for a surgical scrub?

(a) Keep the hands lower than the elbows throughout the washing and rinsing cycles.

(b) Wash the hands and forearms from the elbows down to the fingertips.

(c) Keep the hands elevated above the elbows so that water drains from the cleanest area (fingertips) to the less clean area (elbows).

(d) Use a standard cloth towel to vigorously dry the arms starting from the elbows up to the fingers.

Q82. The nurse is inserting an indwelling urinary catheter for a female patient. After opening the sterile kit and donning sterile gloves, what is the correct sequence for cleansing the labia before catheter insertion?

(a) Cleanse from the urethral meatus directly backward toward the anus using one swab.

(b) Cleanse the labia majora on both sides, then the labia minora, and lastly the urethral meatus, using a new swab for each stroke from front to back.

(c) Wipe continuously in a circular motion around the perineum using a single antiseptic sponge.

(d) Cleanse from the bottom of the vulva upward toward the clitoris to avoid structural friction.

Q83. A provider prescribes a continuous intravenous infusion of 1,000 mL of 5% Dextrose in Water (D_5W) to run over 8 hours. The IV tubing drop factor is 15 drops/mL. What is the correct flow rate in drops per minute (gtts/min)?

(a) 21 gtts/min

(b) 31 gtts/min

(c) 42 gtts/min

(d) 52 gtts/min

Q84. An elderly patient who is alert and oriented refuses to take a prescribed morning dose of an oral cardiac medication. What is the most appropriate initial action by the nurse?

(a) Hide the medication inside the patient's breakfast food without their knowledge.

(b) Respect the patient's right to refuse, explore their reasons for refusal, and explain the therapeutic benefits and risks of skipping the dose.

(c) Inform the patient that they will be discharged from the hospital immediately if they do not comply.

(d) Administer the medication via an alternative intravenous route while the patient is sleeping.

Q85. The nurse is caring for a patient receiving a blood transfusion who suddenly complains of chills, lower back pain, and shortness of breath. Which immediate action should the nurse perform first?

(a) Slow down the transfusion rate and recheck the patient's identification band.

(b) Stop the blood transfusion immediately and run normal saline through a separate, new tubing line to maintain venous access.

(c) Administer a dose of prescribed antipyretic medication and document the symptoms.

(d) Send the remaining blood bag back to the laboratory before checking the patient's vital signs.

SECTION 7 - NURSING RESEARCH AND STATISTICS

Q86. A nurse researcher is designing a study to evaluate the effectiveness of a new pre-operative counseling protocol on post-operative anxiety levels among open-heart surgery patients. The researcher randomly assigns patients to either the new protocol group or the standard care group and measures anxiety levels before and after the intervention. Which research design is being utilized?

(a) True experimental pretest-posttest control group design

(b) Quasi-experimental non-equivalent control group design

(c) Descriptive correlational survey design

(d) Phenomenological qualitative design

Q87. A nurse investigator wants to select a sample of pediatric nurses from a regional hospital network. She divides the entire population into sub-groups based on their highest educational qualification (GNM, B.Sc. Nursing, and M.Sc. Nursing) and then randomly selects a proportionate number of participants from each distinct subgroup. Which sampling technique is demonstrated?

(a) Simple random sampling

(b) Stratified random sampling

(c) Purposive judgment sampling

(d) Cluster multi-stage sampling

Q88. A researcher evaluates the reliability of a newly developed patient satisfaction scale. When the scale is administered to the same group of stable patients on two separate occasions under identical conditions, the results are highly consistent. Which dimension of reliability does this measure?

(a) Internal consistency

(b) Equivalence

(c) Stability via test-retest reliability

(d) Content validity index

Q89. Before enrolling patients in a clinical trial investigating an experimental wound care dressing, the nurse researcher explains the study's risks, benefits, and alternative choices, ensuring that patients understand they can withdraw at any point without penalty. Which ethical principle is primarily upheld by securing this informed consent?

(a) Beneficence

(b) Respect for human autonomy

(c) Justice

(d) Non-maleficence

Q90. A research study investigates the relationship between maternal age (measured in exact years) and infant birth weight (measured in grams). How should the nurse researcher classify these two data variables in terms of measurement scales?

(a) Nominal scale variables
(b) Ordinal scale variables
(c) Ratio scale variables
(d) Interval scale variables

Q91. A statistical analysis compares the mean baseline hemoglobin levels across three independent groups of pregnant women receiving different iron supplementation regimens. Which inferential parametric statistical test is most appropriate for this analysis?

(a) Paired Student's t-test
(b) Independent Student's t-test
(c) Analysis of Variance (ANOVA)
(d) Chi-square test of independence

Q92. A study examines the effect of a lifestyle intervention on lowering systolic blood pressure. The statistical calculation yields a p-value of 0.012 ($p \leq 0.05$). How should the nurse researcher interpret this result?

(a) The null hypothesis must be retained because the finding is clinically insignificant.
(b) The finding is statistically significant, meaning the observed blood pressure reduction is unlikely to have occurred by random chance.
(c) A Type I error has definitely been committed during data tabulation.
(d) The research design lacks adequate sample size and internal power metrics.

Q93. A nurse researcher conducts an in-depth qualitative study to explore the lived experiences of individuals undergoing emergency limb amputations. The researcher collects narrative data via unstructured interviews until no new themes emerge. Which qualitative approach and data endpoint concept are described?

(a) Grounded theory methodology along with retrospective indexing parameters
(b) Phenomenology along with data saturation
(c) Ethnography along with statistical sample power convergence
(d) Historical research along with external source criticism authentication

Q94. In a negatively skewed frequency distribution of clinical exam scores, what is the correct mathematical relationship between the three measures of central tendency: the Mean, Median, and Mode?

(a) The Mean is higher than the Median, which is higher than the Mode.
(b) The Mean, Median, and Mode are all perfectly equal to each other.
(c) The Mean is lower than the Median, and both are lower than the Mode.

(d) The Median is always lower than the Mean, while the Mode remains zero.

Q95. A nurse researcher wants to determine if there is a statistically significant association between a patient's smoking status (classified as Smoker vs. Non-Smoker) and their development of chronic bronchitis (classified as Developed vs. Not Developed). Which statistical test should the researcher use?

(a) Pearson's correlation coefficient r

(b) Chi-square test of independence

(c) One-sample Student's t-test

(d) Linear regression analysis

SECTION 8 - GENERAL KNOWLEDGE AND CURRENT AFFAIRS

Q96. The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), the world's largest government-funded health assurance scheme, provides a health cover of how much amount per family per year for secondary and tertiary care hospitalization?

(a) 2 Lakh
(b) 3 Lakh
(c) 5 Lakh
(d) 10 Lakh

Q97. The World Health Organization (WHO) has designated the year 2026 as which of the following international public health awareness periods?

(a) International Year of the Nurse and the Midwife
(b) International Year of Volunteers for a Sustainable World
(c) International Year of Rangelands and Pastoralists
(d) International Year of Digital Health Empowerment

Q98. Who is the current Union Minister of Health and Family Welfare in the Government of India?

(a) Jagat Prakash Nadda
(b) Mansukh Mandaviya
(c) Dr. Harsh Vardhan
(d) Amit Shah

Q99. The prestigious Dr. B.C. Roy National Award is the highest recognition achievable in India within which of the following professional domains?

(a) Nursing and Healthcare Administration
(b) Medicine and Medical Research
(c) Environmental Sciences and Journalism
(d) Classical Music and Performing Arts

Q100. Which international organization is responsible for compiling and publishing the World Health Statistics report annually, tracking global progress toward the health-related Sustainable Development Goals (SDGs)?

(a) United Nations International Children's Emergency Fund (UNICEF)
(b) World Health Organization (WHO)
(c) Centers for Disease Control and Prevention (CDC)
(d) United Nations Development Programme (UNDP)

SOLUTIONS

Q1. Correct Answer: (B)

Cushing's triad consists of bradycardia, widening pulse pressure, and irregular respirations. It is a classic sign of dangerously increased intracranial pressure.

Q2. Correct Answer: (C)

Persistent vomiting causes excessive loss of gastric hydrochloric acid leading to metabolic alkalosis. The elevated bicarbonate with compensatory rise in $PaCO_2$ confirms partial compensation.

Q3. Correct Answer: (B)

Nausea, anorexia, and yellow-green visual halos are classic signs of Digoxin toxicity. The medication should be withheld and serum Digoxin levels checked immediately.

Q4. Correct Answer: (C)

Leads V1 to V4 primarily assess the anterior wall of the heart. Anterior wall infarctions commonly involve these ECG leads.

Q5. Correct Answer: (B)

Continuous bubbling in the water-seal chamber usually indicates an air leak. The leak may originate from the tubing system or the patient's thoracic cavity.

Q6. Correct Answer: (B)

PEEP prevents alveolar collapse during expiration and improves oxygenation. It increases functional residual capacity and gas exchange in ARDS.

Q7. Correct Answer: (C)

Murphy's sign is positive when deep inspiration causes pain during right upper quadrant palpation. It strongly suggests acute cholecystitis.

Q8. Correct Answer: (B)

After axillary lymph node dissection, blood pressure checks and venipunctures should be avoided on the affected arm. This prevents lymphedema and tissue injury.

Q9. Correct Answer: (B)

Intravenous Calcium Gluconate stabilizes the myocardial membrane during severe hyperkalemia. It protects the heart before potassium-lowering measures take effect.

Q10. Correct Answer: (C)

Fat Embolism Syndrome commonly follows long bone or pelvic fractures. Respiratory distress, petechiae, and neurological symptoms are characteristic findings.

Q11. Correct Answer: (B)

Clear drainage positive for glucose after spinal surgery suggests cerebrospinal fluid leakage. It requires immediate surgical team notification.

Q12. Correct Answer: (B)

SIADH causes severe dilutional hyponatremia due to excess ADH secretion. Fluid restriction and hypertonic saline are standard treatments in severe cases.

Q13. Correct Answer: (C)

A silent chest during severe asthma indicates minimal airflow and impending respiratory failure. This is a life-threatening emergency.

Q14. Correct Answer: (B)

Patients with Addison's disease require increased steroid doses during stress or illness. Failure to do so may precipitate adrenal crisis.

Q15. Correct Answer: (C)

An INR of 6.2 indicates excessive anticoagulation and bleeding risk. Warfarin should be withheld and Vitamin K administered as prescribed.

Q16. Correct Answer: (B)

Period prevalence measures the total number of existing cases (old and new) during a specified time period. It reflects the overall disease burden in a population.

Q17. Correct Answer: (B)

Under the National Immunization Schedule, BCG vaccine can be administered up to 1 year of age if missed at birth. It provides protection against severe childhood tuberculosis.

Q18. Correct Answer: (B)

An optimal residual chlorine level of 0.5 mg/L ensures effective disinfection of drinking water. It helps prevent water-borne diseases.

Q19. Correct Answer: (B)

Mass deworming aims to prevent disease occurrence before complications develop. Therefore, it is an example of primary prevention.

Q20. Correct Answer: (C)

A Primary Health Centre in plain areas generally covers about 30,000 population. In hilly or tribal areas, coverage is lower.

Q21. Correct Answer: (B)

An index case is the first detected case reported to health authorities during an outbreak investigation. It helps initiate epidemiological tracking.

Q22. Correct Answer: (B)

MUAC is a quick and reliable indicator of acute malnutrition in children. It is commonly used in community screening programs.

Q23. Correct Answer: (B)

Copper-T prevents implantation by producing a sterile inflammatory reaction in the uterus. It also impairs sperm motility and viability.

Q24. Correct Answer: (C)

DOTS improves treatment adherence in tuberculosis patients. Home visits help identify barriers and reduce treatment default.

Q25. Correct Answer: (C)

Culex quinquefasciatus mosquito transmits lymphatic filariasis in India. It spreads Wuchereria bancrofti infection.

Q26. Correct Answer: (A)

Infant Mortality Rate is calculated using total live births as the denominator. It is expressed per 1,000 live births.

Q27. Correct Answer: (B)

A point-source epidemic occurs when many people are exposed to the same source simultaneously. The outbreak rises and falls rapidly.

Q28. Correct Answer: (B)

Primaquine eliminates dormant liver hypnozoites of *Plasmodium vivax*. This prevents malaria relapse.

Q29. Correct Answer: (C)

Silicosis results from inhalation of crystalline silica dust. It commonly affects miners and stone workers.

Q30. Correct Answer: (B)

A minimum distance of 15 meters is recommended between a latrine and a water source. This reduces risk of fecal contamination.

Q31. Correct Answer: (C)

Magnesium Sulfate is administered in severe preeclampsia primarily to prevent eclamptic seizures. It acts as a central nervous system depressant.

Q32. Correct Answer: (B)

Chadwick's sign refers to bluish discoloration of the cervix and vaginal mucosa during pregnancy. It occurs due to increased pelvic vascularity.

Q33. Correct Answer: (B)

Abruptio Placentae presents with painful vaginal bleeding and a rigid, tender uterus. It is a serious obstetric emergency.

Q34. Correct Answer: (C)

Late decelerations occur due to uteroplacental insufficiency causing fetal hypoxia. They begin after the peak of contractions.

Q35. Correct Answer: (B)

The McRoberts maneuver is the first-line intervention for shoulder dystocia. It widens the pelvic outlet and facilitates delivery.

Q36. Correct Answer: (C)

A boggy uterus displaced to the right commonly indicates bladder distension. Emptying the bladder promotes uterine contraction and reduces hemorrhage risk.

Q37. Correct Answer: (B)

Hyperemesis gravidarum can cause starvation ketosis leading to ketonuria and electrolyte imbalance. Persistent vomiting results in dehydration and metabolic disturbances.

Q38. Correct Answer: (B)

Excessive uterine contractions indicate uterine tachysystole caused by Oxytocin over-stimulation. The infusion must be stopped immediately.

Q39. Correct Answer: (C)

Normal lochia progression is rubra, serosa, then alba. The color changes as postpartum healing progresses.

Q40. Correct Answer: (B)

Missed period, unilateral pain, and spotting strongly suggest ectopic pregnancy. Rupture can cause life-threatening hemorrhage.

Q41. Correct Answer: (A)

Unsensitized Rh-negative mothers receive RhoGAM at 28 weeks and after delivery if the baby is Rh-positive. This prevents Rh isoimmunization.

Q42. Correct Answer: (C)

After amniotomy, fetal heart rate assessment is the priority. It helps detect umbilical cord prolapse immediately.

Q43. Correct Answer: (B)

An AFI above normal range indicates polyhydramnios. It is commonly associated with diabetes and fetal anomalies.

Q44. Correct Answer: (C)

APGAR scoring gives: Appearance 1, Pulse 2, Grimace 2, Activity 2, Respiration 1. The total score is 8.

Q45. Correct Answer: (C)

Perimenopause is the transitional period before menopause characterized by hormonal fluctuations. Hot flashes and irregular menstruation are common symptoms.

Q46. Correct Answer: (A)

By 9 months, infants can usually sit without support and develop a pincer grasp. These are important fine and gross motor milestones.

Q47. Correct Answer: (B)

Nebulized Racemic Epinephrine rapidly reduces upper airway edema in croup. It improves stridor and airway obstruction.

Q48. Correct Answer: (A)

Projectile non-bilious vomiting with an olive-shaped mass is classic for pyloric stenosis. It results from hypertrophy of the pyloric muscle.

Q49. Correct Answer: (B)

The knee-chest position increases systemic vascular resistance and reduces right-to-left shunting. This helps relieve cyanotic spells in Tetralogy of Fallot.

Q50. Correct Answer: (B)

Elbow restraints prevent the child from touching the surgical repair site after cleft palate surgery. This helps maintain suture integrity.

Q51. Correct Answer: (B)

Acute glomerulonephritis causes sodium and water retention leading to edema and hypertension. Fluid and sodium restriction are essential.

Q52. Correct Answer: (B)

A lodged esophageal foreign body usually requires endoscopic removal. Blind finger sweeps can worsen obstruction or injury.

Q53. Correct Answer: (B)

Failure to pass meconium within 24–48 hours is a hallmark of Hirschsprung's disease. It occurs due to absence of ganglion cells in the bowel.

Q54. Correct Answer: (C)

Hemarthrosis in Hemophilia A requires immobilization, ice application, and Factor VIII replacement. Aspirin should be avoided because it increases bleeding risk.

Q55. Correct Answer: (B)

Isotonic saline rapidly restores circulating blood volume in dehydration. It improves tissue perfusion and prevents shock.

Q56. Correct Answer: (B)

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

Q57. Correct Answer: (A)

Excessive cow's milk intake contributes to iron-deficiency anemia in toddlers. It reduces iron intake and may cause microscopic intestinal blood loss.

Q58. Correct Answer: (B)

Asymmetrical gluteal folds and limb shortening are classic findings in developmental dysplasia of the hip. Early detection improves treatment outcomes.

Q59. Correct Answer: (B)

Migratory polyarthritis and carditis are major Jones criteria for rheumatic fever. It follows untreated Group A streptococcal infection.

Q60. Correct Answer: (B)

Celiac disease requires lifelong avoidance of gluten-containing foods. Wheat, barley, and rye trigger intestinal damage.

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Q76. Correct Answer: (B)

The ventrogluteal site is considered the safest IM injection site in adults. It is free from major nerves and large blood vessels.

Q77. Correct Answer: (C)

A sustained or constant fever remains elevated with very little fluctuation throughout the day. It is commonly seen in typhoid fever.

Q78. Correct Answer: (C)

The orthopneic or tripod position maximizes lung expansion and eases breathing. Patients often lean forward to improve respiratory effort.

Q79. Correct Answer: (B)

Medication errors must be reported immediately according to institutional policy. Incident reports help improve patient safety systems.

Q80. Correct Answer: (A)

Stage I pressure injury presents with intact skin and non-blanchable redness. Early intervention prevents progression.

Q81. Correct Answer: (C)

During surgical hand scrub, hands are kept above elbows so water flows from cleaner to less clean areas. This prevents contamination.

Q82. Correct Answer: (B)

Female catheterization requires cleansing from front to back using separate swabs. This reduces the risk of urinary tract infection.

Q83. Correct Answer: (B)

$$\frac{1000 \times 15}{480} = 31.25$$

The IV flow rate is approximately 31 gtts/min.

Q84. Correct Answer: (B)

Competent patients have the legal right to refuse treatment. The nurse should explore concerns and provide education respectfully.

Q85. Correct Answer: (B)

Signs of chills, dyspnea, and back pain suggest a transfusion reaction. The transfusion must be stopped immediately while maintaining IV access with normal saline.

Q86. Correct Answer: (A)

A true experimental pretest-posttest control group design includes manipulation, control, and randomization. Pretest and posttest measurements help evaluate the intervention effect accurately.

Q87. Correct Answer: (B)

Stratified random sampling divides the population into homogeneous subgroups called strata. Random samples are then selected proportionately from each subgroup.

Q88. Correct Answer: (C)

Test-retest reliability measures the stability of an instrument over time. Consistent results on repeated testing indicate high reliability.

Q89. Correct Answer: (B)

Informed consent protects the participant's autonomy and right to self-determination. Participants can voluntarily choose to participate or withdraw.

Q90. Correct Answer: (C)

Age and weight are ratio scale variables because they possess a true zero point. Mathematical operations can be performed meaningfully on ratio data.

Q91. Correct Answer: (C)

ANOVA is used to compare the means of three or more independent groups. It determines whether significant differences exist among group means.

Q92. Correct Answer: (B)

A p-value less than 0.05 indicates statistical significance. The observed result is unlikely to have occurred by chance alone.

Q93. Correct Answer: (B)

Phenomenology explores lived experiences of individuals facing a particular phenomenon. Data saturation occurs when no new themes emerge from interviews.

Q94. Correct Answer: (C)

In a negatively skewed distribution, extreme low scores pull the mean toward the left tail.

$$Mean < Median < Mode$$

Q95. Correct Answer: (B)

The Chi-square test evaluates association between categorical variables. Smoking status and chronic bronchitis are both categorical data variables.

Q96. Correct Answer: (C)

AB-PMJAY provides health insurance coverage of 5 Lakhs per family per year. It covers secondary and tertiary hospitalization services.

Q97. Correct Answer: (C)

The year 2026 has been designated as the International Year of Rangelands and Pastoralists. It highlights the importance of sustainable ecosystems and pastoral livelihoods.

Q98. Correct Answer: (A)

Jagat Prakash Nadda serves as the Union Minister of Health and Family Welfare. He assumed office after the formation of the new government cabinet.

Q99. Correct Answer: (B)

The Dr. B.C. Roy National Award is India's highest honor in Medicine and Medical Research. It recognizes exceptional contributions by medical professionals.

Q100. Correct Answer: (B)

The World Health Organization publishes the annual World Health Statistics report. The report tracks global health indicators and SDG progress.