PGIMER M.SC NURSING SAMPLE PAPER 04

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 54-year-old male is admitted with an acute exacerbation of chronic obstructive pulmonary disease (COPD). The nurse notes severe dyspnea, use of accessory muscles, and a barrel chest. The physician prescribes oxygen therapy. To maintain the hypoxic drive to breathe in this patient, which oxygen delivery device and flow rate should the nurse expect to implement?

(a) Simple face mask at $8L/min$

(b) Non-rebreather mask at $15L/min$

(c) Venturi mask calibrated to deliver a precise 24% to 28% FiO_2

(d) Nasal cannula at $10L/min$

Q2. The nurse is caring for a patient who returned to the unit 2 hours ago following a total thyroidectomy. The patient complains of numbness and tingling around the mouth and in the fingertips. The nurse checks the blood pressure and observes carpal spasms when the cuff is inflated. How should the nurse document these positive findings?

(a) Kernig's sign and Brudzinski's sign indicating acute meningitis

(b) Trousseau's sign indicating acute hypocalcemia

(c) Chvostek's sign indicating hypernatremia

(d) Homans' sign indicating deep vein thrombosis

Q3. A patient with an acute anterior wall myocardial infarction is being monitored. The electronic telemetry monitor suddenly alarms, displaying a chaotic, rapid, irregular wave pattern with no identifiable P waves, QRS complexes, or T waves. The patient is unresponsive and pulseless. Which intervention is the immediate priority?

(a) Administer an intravenous bolus of Amiodarone $300mg$.

(b) Perform immediate synchronized cardioversion at $50Joules$.

(c) Initiate immediate chest compressions and prepare for unsynchronized defibrillation.

(d) Obtain a definitive 12-lead electrocardiogram (ECG) to confirm the rhythm.

Q4. A patient is admitted to the intensive care unit with severe cranial trauma following a motor vehicle collision. The nurse notes a widening pulse pressure, bradycardia, and irregular, altered breathing patterns. The nurse recognizes this triad of symptoms as an indicator of:

(a) Cardiogenic shock

(b) Increased intracranial pressure (Cushing's Triad)

(c) Pulmonary embolism collapse

(d) Autonomic dysreflexia crisis

Q5. A patient with a history of liver cirrhosis is admitted with severe hematemesis due to ruptured esophageal varices. Which medication should the nurse anticipate administering intravenously to reduce portal venous pressure and control the acute bleeding?

(a) Pantoprazole

(b) Octreotide

(c) Lactulose

(d) Propanolol

Q6. A 45-year-old female presents with severe, burning epigastric pain radiating to the back, accompanied by nausea and persistent vomiting. Laboratory results reveal a serum amylase level of $450U/L$ and a lipase level of $600U/L$. Which order should the nurse question during the acute phase of this illness?

(a) Keep the patient strictly NPO (nothing by mouth).

(b) Insert a nasogastric tube for low intermittent suction.

(c) Administer Morphine sulfate intravenously for pain control.

(d) Clear liquid diet as tolerated.

Q7. The nurse is caring for a patient who has a chest tube connected to a three-chamber water-seal drainage system. During assessment, the nurse notes continuous, vigorous bubbling in the water-seal chamber. How should the nurse interpret this finding?

(a) The patient's pneumothorax is resolving normally.

(b) There is a system leak somewhere in the chest tube circuit.

(c) The suction control wall pressure setting is too low.

(d) This is a expected finding during deep inspiration.

Q8. A patient is diagnosed with Chronic Renal Failure and requires regular hemodialysis. The nurse evaluates the patient's newly created left-arm arteriovenous (AV) fistula. Which assessment method confirms that the AV fistula is patent and functioning properly?

(a) Palpating a distinct thrill and auscultating a continuous bruit over the site.

(b) Measuring the blood pressure in the left arm every 4 hours.

(c) Observing a deep, dark purple discoloration at the anastomotic line.

(d) Assisting with cannulation using a standard 25-gauge regular hypodermic needle.

Q9. A patient with Type 1 Diabetes Mellitus is brought to the emergency department unconscious. Laboratory analysis reveals: Blood glucose $540mg/dL$, arterial $pH7.15$, and positive serum ketones. Which insulin protocol should the nurse prepare to initiate?

(a) Subcutaneous injection of long-acting Glargine insulin.

(b) Continuous intravenous infusion of Regular short-acting insulin in normal saline.

(c) Intermittent subcutaneous injections of Lispro rapid-acting insulin.

(d) Continuous intravenous infusion of NPH intermediate-acting insulin.

Q10. A 68-year-old male undergoes a transurethral resection of the prostate (TURP) and has a three-way indwelling urinary catheter attached to a continuous bladder irrigation (CBI) system. During assessment, the nurse notes that the urinary output has stopped, and the patient reports severe, cramping lower abdominal pain. What is the nurse's priority action?

(a) Turn up the flow rate of the irrigation solution immediately.

(b) Manually irrigate the catheter using a sterile syringe and normal saline to clear potential clots.

(c) Administer the prescribed PRN dose of an opioid analgesic.

(d) Remove the three-way urinary catheter and replace it with a standard Foley catheter.

Q11. The nurse is performing a neurological assessment on a patient suspected of having an acute ischemic stroke. When the nurse asks the patient to name a common object (like a pen), the patient understands the request but struggles to articulate the word, producing slow, labored, and fragmented speech. The nurse documents this as:

(a) Receptive aphasia (Wernicke's aphasia)

(b) Expressive aphasia (Broca's aphasia)

(c) Global dysarthria

(d) Apraxia

Q12. A patient who underwent an open cholecystectomy yesterday morning tells the nurse, "I felt a sudden popping sensation in my abdomen when I coughed just now." The nurse removes the dressing and notes that the surgical wound loops have separated and a segment of the small intestine is protruding onto the skin. What is the nurse's immediate sequence of interventions?

(a) Push the loop of bowel back into the abdominal cavity using a clean gloved finger.

(b) Apply a dry, sterile adhesive pressure dressing firmly over the wound site.

(c) Position the patient supine with knees flexed, cover the protruding bowel with sterile dressings moistened with sterile normal saline, and notify the surgeon immediately.

(d) Instruct the patient to ambulate immediately to lower intra-abdominal pressure.

Q13. A patient with a deep vein thrombosis (DVT) in the left leg is receiving a continuous intravenous Heparin infusion. The nurse monitors the laboratory values. Which parameter is used to adjust the dosing of a heparin infusion, and what is its antidote if severe toxicity develops?

(a) Prothrombin Time (PT); Vitamin K

(b) Activated Partial Thromboplastin Time (aPTT); Protamine sulfate

(c) International Normalized Ratio (INR); Aminocaproic acid

(d) Platelet Count; Deferoxamine

Q14. A patient is admitted with severe systemic deep burns covering 40% of their total body surface area. According to the Parkland formula for fluid resuscitation during the first 24 hours, how should the calculated volume of intravenous lactated Ringer's solution be distributed?

(a) Administer the entire volume evenly over 24 hours at a constant flow rate.

(b) Give half of the total volume over the first 8 hours from the time of injury, and the remaining half over the next 16 hours.

(c) Infuse 75% of the fluid in the first 4 hours and the rest over 20 hours.

(d) Deliver the first half over 12 hours and the second half over 12 hours.

Q15. A 62-year-old male patient is diagnosed with advanced Multiple Myeloma. When reviewing the patient's routine serum chemistry profile, which electrolyte abnormality should the nurse expect to find as a direct result of extensive neoplastic bone destruction?

(a) Severe hyperkalemia

(b) Profound hypophosphatemia

(c) Hypercalcemia

(d) Hyponatremia

SECTION 2 - COMMUNITY HEALTH NURSING

Q16. A community health nurse calculates the number of existing cases of a chronic disease in a town divided by the total population at a specific point in time. Which epidemiological index is being measured?

(a) Incidence rate
(b) Point Prevalence
(c) Period Prevalence
(d) Crude mortality rate

Q17. The community health nurse is designing a Primary Prevention campaign for a rural village. Which intervention should be included as an example of primary prevention?

(a) Providing sputum smear diagnostic screenings for family contacts of tuberculosis patients.
(b) Distributing iron and folic acid supplements to pregnant women to prevent nutritional anemia.
(c) Teaching a stroke patient how to perform daily exercises in a rehabilitation center.
(d) Performing routine blood glucose checks at a community health fair.

Q18. A community health nurse is monitoring the cold chain system at a rural Sub-centre. Which equipment is designed to store vaccines safely at the village level for short durations during local immunization sub-camps?

(a) Ice-Lined Refrigerator (ILR)
(b) Deep Freezer unit
(c) Vaccine Carrier box with conditioned ice packs
(d) Walk-in cooler room

Q19. According to the revised National Tuberculosis Elimination Programme (NTEP) diagnostic guidelines, which technological diagnostic tool is preferred for the rapid identification of *Mycobacterium tuberculosis* along with rifampicin resistance screening?

(a) Sputum microscopy via Ziehl-Neelsen staining
(b) Cartridge Based Nucleic Acid Amplification Test (CBNAAT / GeneXpert)
(c) Mantoux tuberculin skin testing
(d) Chest X-ray evaluation

Q20. Under the Indian Public Health Standards (IPHS), what is the minimum recommended population size served by a standard Community Health Centre (CHC) in a plain geographical region?

(a) 5,000 people
(b) 30,000 people

(c) 120,000 people

(d) 500,000 people

Q21. An outbreak of a disease occurs suddenly in a single community, and all affected individuals developed the illness within hours of attending a common village feast. This pattern of disease distribution is classified as a:

(a) Propagated epidemic

(b) Point-source common vehicle epidemic

(c) Continuous-source outbreak

(d) Cyclical endemic variation

Q22. The community health nurse is evaluating the vital statistics of a district. Which definition correctly describes the Infant Mortality Rate (IMR)?

(a) The number of infant deaths under 1 year of age per 1,000 live births in a given year.

(b) The number of deaths under 28 days of age per 10,000 total births.

(c) The number of stillbirths and neonatal deaths per 1,000 total births.

(d) The total number of infant deaths divided by the total number of married women.

Q23. According to the National Immunization Schedule in India, at what age should the first dose of the Vitamin A supplement be administered to a child, and what is its correct dosage?

(a) At birth; $50,000IU$ orally

(b) At 6 months of age; $100,000IU$ intramuscularly

(c) At 9 months of age along with Measles/MR vaccine; $100,000IU$ (or $1mL$) orally

(d) At 16 months of age; $200,000IU$ orally

Q24. During a home visit, a community health nurse is evaluating a household's water treatment methods. Which chemical compound is most widely distributed in small tablet forms for emergency domestic water disinfection at the household level in India?

(a) Potassium Permanganate crystals

(b) Halazone/Bleaching powder (Chlorine-releasing) tablets

(c) Copper Sulfate compound

(d) Silver Nitrate solution

Q25. The community health nurse is working with an Accredited Social Health Activist (ASHA). Which task is an appropriate and authorized core responsibility of an ASHA worker within the village ecosystem?

(a) Conducting advanced instrumental deliveries at the Sub-centre.

(b) Accompanying pregnant women to institutional health facilities for delivery and promoting immunization.

(c) Prescribing third-generation cephalosporin antibiotics to sick neonates.

(d) Performing surgical family planning procedures independently.

Q26. An epidemiologist is assessing the pathogenicity of an infectious agent. Which index represents the ability of an infectious agent to cause severe clinical disease or death in an infected host population?

(a) Infectivity index

(b) Virulence

(c) Secondary Attack Rate

(d) Commensalism ratio

Q27. A community health nurse is tracking a local health index. The metric defined as the number of structural maternal deaths due to pregnancy-related complications per 100,000 live births is known as the:

(a) Maternal Mortality Rate

(b) Maternal Mortality Ratio

(c) Total Fertility Proportion

(d) Perinatal Fatality Index

Q28. A health department is implementing an active surveillance program for malaria in a district. What does "Active Surveillance" mean in community health practice?

(a) Waiting for private clinics to send monthly case summary reports to the district office.

(b) Health workers actively visiting communities, screening households, and collecting blood smears from symptomatic individuals.

(c) Instructing patients to look up their symptoms online before visiting a hospital.

(d) Publishing a general warning notice in local newspapers about mosquito control.

Q29. A worker at a public storage warehouse presents to the community health clinic with severe respiratory signs. Investigation confirms the inhalation of moldy grain dust containing actinomycetes. The nurse recognizes this occupational lung disease as:

(a) Asbestosis

(b) Bagassosis

(c) Farmer's Lung

(d) Anthracosis

Q30. The "Kangaroo Mother Care" (KMC) initiative is a key public health intervention package implemented globally. What are the two primary structural clinical pillars of KMC recommended for low-birth-weight neonates?

(a) Artificial formula feeding and radiant warmer incubator isolation.

(b) Continuous skin-to-skin contact and exclusive breastfeeding.

(c) Prophylactic broad-spectrum antibiotics and routine phototherapy.

(d) High-flow oxygen supplementation and swaddling in thick blankets.

SECTION 3 - OBSTETRIC AND GYNECOLOGICAL NURSING

Q31. A woman at 10 weeks of gestation presents to the clinic complaining of vaginal bleeding and severe, cramping lower abdominal pain. On pelvic examination, the nurse notes that the cervical os is dilated and tissue fragments are visible within the cervical canal. How should the nurse document this type of abortion?

(a) Threatened abortion

(b) Inevitable abortion

(c) Missed abortion

(d) Incomplete abortion

Q32. The nurse is reviewing the lab results of a pregnant woman at 28 weeks of gestation who is Rho(D)-negative. The indirect Coombs' test result is negative. Which nursing action is appropriate?

(a) Administer Rho(D) Immune Globulin (RhoGAM) intramuscularly within the next 24 hours.

(b) Do nothing, as a negative test indicates the fetus is safe and no sensitization risk exists.

(c) Prepare the patient for an emergency intrauterine fetal blood transfusion.

(d) Schedule the patient for an immediate Cesarean section delivery.

Q33. A patient at 35 weeks of gestation is admitted with severe preeclampsia. The nurse notes a sudden drop in the platelet count to $80,000/\mu L$, elevated liver enzymes (AST and ALT), and visible schistocytes on a peripheral blood smear. The nurse recognizes this presentation as:

(a) Disseminated Intravascular Coagulation (DIC)

(b) HELLP Syndrome

(c) Idiopathic Thrombocytopenic Purpura (ITP)

(d) Cholecystitis of pregnancy

Q34. During a vaginal delivery, the infant's head emerges but immediately retracts tightly against the maternal perineum (the "turtle sign"). The nurse recognizes shoulder dystocia. Which nursing intervention should be performed immediately?

(a) Apply strong, direct fundal pressure to push the infant through the pelvis.

(b) Hyperflex the mother's legs tightly against her abdomen (McRoberts maneuver) and apply suprapubic pressure.

(c) Instruct the mother to push as hard as she can during the next contraction.

(d) Prepare for an emergency vacuum extraction configuration.

Q35. A primigravida at 39 weeks of gestation is in active labor. The nurse notes that the fetal heart rate baseline drops late in the contraction cycle, reaching its nadir after the peak of the contraction, and slowly returns to baseline well after the contraction has ended. What is the nurse's priority action?

(a) Increase the intravenous Oxytocin (Pitocin) infusion rate to speed up labor.

(b) Turn the patient onto her side, discontinue Oxytocin if infusing, administer oxygen via face mask, and increase IV fluids.

(c) Elevate the patient's legs into a high lithotomy position and instruct her to hold her breath.

(d) Document this as a normal, physiological finding during active labor.

Q36. The nurse is performing a pelvic assessment on a patient who delivered a healthy infant 12 hours ago. Where should the nurse expect to locate the uterine fundus in a normally progressing postpartum patient?

(a) At the level of the symphysis pubis

(b) Midway between the umbilicus and the symphysis pubis

(c) At or firmly 1 cm below the level of the umbilicus

(d) Two fingers above the level of the umbilicus

Q37. A 31-year-old woman at 14 weeks of gestation presents with vaginal spotting. An ultrasound reveals a uterine cavity filled with a "snowstorm" or "cluster of grapes" pattern of vesicular tissue, and no identifiable fetal poles. Her serum human chorionic gonadotropin (hCG) levels are abnormally elevated. The nurse identifies this condition as:

(a) Choriocarcinoma

(b) Hydatidiform Mole (Molar Pregnancy)

(c) Ectopic interstitial pregnancy

(d) Monoamniotic twin gestation

Q38. A woman is admitted to the postpartum unit 4 days after a long, difficult labor with ruptured membranes lasting 36 hours. She presents with a fever of $38.8°C$, lower abdominal pain, uterine tenderness on palpation, and foul-smelling, purulent lochia. The nurse recognizes these findings as indicative of:

(a) Postpartum mastitis

(b) Pelvic thrombophlebitis

(c) Endometritis

(d) Urinary tract infection

Q39. A patient presents to the gynecology clinic seeking advice for severe hot flashes, mood swings, and sleep disturbances. She states she has not had a menstrual period for 14 consecutive months. The nurse recognizes that the patient has entered:

(a) Perimenopause

(b) Menopause

(c) Premature ovarian failure

(d) Secondary amenorrhea

Q40. A pregnant patient at 34 weeks of gestation is diagnosed with a total placenta previa. She is stabilized and scheduled for home management. Which instruction is critical for the nurse to include in the discharge teaching?

(a) "Perform pelvic floor (Kegel) exercises twice daily."

(b) "Maintain complete pelvic rest; absolutely no sexual intercourse or douching."

(c) "Walk at least 2 miles a day to keep up lower extremity circulation."

(d) "Check your cervix daily with your finger to monitor for dilation."

Q41. The nurse is caring for a patient in labor who is receiving an intravenous Oxytocin (Pitocin) infusion. The nurse notes that the uterine contractions are occurring every 90 seconds, lasting 100 seconds each, with a resting uterine tone of $25mmHg$ between contractions. What is the nurse's immediate action?

(a) Increase the Oxytocin infusion rate to strengthen the contraction profile.

(b) Stop the Oxytocin infusion immediately.

(c) Help the patient change to a supine position.

(d) Prepare for an immediate vacuum-assisted extraction.

Q42. A nurse is performing a newborn assessment 10 minutes after birth. The infant is pink all over, has a heart rate of $132bpm$, cries vigorously with active motion when the feet are flicked, and maintains a tightly flexed posture with active movement of all extremities. What is this infant's APGAR score?

(a) 7

(b) 8

(c) 9

(d) 10

Q43. A 24-year-old female presents to the emergency department reporting sudden, sharp, one-sided lower abdominal pain accompanied by vaginal spotting. Her last menstrual period was 7 weeks ago. Her blood pressure is $90/50mmHg$, heart rate is $118bpm$, and she complains of referred pain to her right shoulder. The nurse recognizes these signs as indicative of:

(a) Acute appendicitis

(b) Ruptured ectopic pregnancy

(c) Pelvic inflammatory disease flare-up

(d) Ovarian cyst torsion

Q44. The nurse is teaching a postpartum mother about the composition of breast milk. Which statement correctly identifies the properties of Colostrum?

(a) It is high in volume, high in fat, and thin in consistency, appearing around day 10 postpartum.

(b) It is a thick, yellowish fluid secreted during the first few days after birth that is rich in proteins and secretory Immunoglobulin A (IgA).

(c) It is deficient in white blood cells and must be discarded to avoid infant gastric distress.

(d) It contains high concentrations of processed lipids designed to cause rapid newborn weight gain.

Q45. A woman comes to the clinic complaining of severe pelvic pain, high fever, and a yellow, foul-smelling vaginal discharge. On pelvic examination, the clinician notes extreme cervical motion tenderness (Chandler's sign). The nurse anticipates a diagnosis of:

(a) Endometriosis

(b) Pelvic Inflammatory Disease (PID)

(c) Bacterial vaginosis

(d) Cervical carcinoma in situ

SECTION 4 - CHILD HEALTH NURSING

Q46. A 3-week-old male infant is brought to the clinic due to forceful, non-bilious projectile vomiting after every feeding. The mother states the infant acts hungry immediately after vomiting. On palpation of the abdomen, the nurse notes an olive-shaped mass in the right upper quadrant. The nurse anticipates a diagnosis of:

(a) Intussusception
(b) Hirschsprung's Disease
(c) Hypertrophic Pyloric Stenosis
(d) Gastroesophageal reflux disease

Q47. A 2-year-old child is admitted with suspected acute meningitis. The nurse attempts to flex the child's neck forward toward the chest and notes that this movement causes involuntary flexion of the child's hips and knees. How should the nurse document this finding?

(a) Positive Kernig's sign
(b) Positive Brudzinski's sign
(c) Positive Babinski reflex
(d) Decerebrate posturing

Q48. A 10-month-old infant is brought to the emergency department. The parents state the infant has had sudden episodes of severe, screaming abdominal pain during which he draws his knees up to his chest, followed by periods of calm. The infant has passed a stool that resembles "current jelly" (blood mixed with mucus). What condition should the nurse suspect?

(a) Meckel's diverticulum
(b) Intussusception
(c) Acute viral gastroenteritis
(d) Celiac disease crisis

Q49. A child is diagnosed with Tetralogy of Fallot (TOF). During a routine blood draw, the child begins crying intensely, becomes deeply cyanotic, and exhibits dyspnea. Which action should the nurse perform first to manage this "tet spell"?

(a) Administer an intravenous bolus of a loop diuretic.
(b) Place the child in a knee-chest position.
(c) Prepare for immediate endotracheal intubation.
(d) Encourage the child to walk around to increase systemic venous return.

Q50. A newborn infant is diagnosed with Tracheoesophageal Fistula (TEF) combined with Esophageal Atresia. Which clinical manifestations should the nurse look for during the initial feeding to confirm this life-threatening defect?

(a) Projectile vomiting and a scaphoid abdomen

(b) Choking, coughing, and cyanosis (The Three C's)

(c) Persistent bradycardia and loose green stools

(d) Microcephaly and low-set ears

Q51. A 4-year-old child is admitted to the pediatric unit with severe generalized edema (anasarca), massive proteinuria, and hypoalbuminemia. The physician diagnoses Minimal Change Nephrotic Syndrome. Which medication represents the primary therapeutic choice to induce remission?

(a) Intravenous Penicillin

(b) Corticosteroids (e.g., Prednisone)

(c) Loop Diuretics exclusively

(d) Recombinant human erythropoietin

Q52. A newborn male infant has not passed meconium within 48 hours of birth. The abdomen is distended, and the infant begins vomiting bilious fluid. A rectal biopsy reveals a complete absence of ganglion cells in the submucosal and myenteric plexuses of the distal colon. The nurse identifies this condition as:

(a) Celiac Disease

(b) Hirschsprung's Disease (Congenital Aganglionic Megacolon)

(c) Imperforate anus

(d) Necrotizing Enterocolitis

Q53. A 15-month-old child is brought to the immunization clinic. According to the National Immunization Schedule in India, which vaccines are routinely administered at this specific toddler milestone?

(a) BCG and Oral Polio Vaccine (OPV) birth dose

(b) DPT booster-1, Measles-Rubella (MR) second dose, OPV booster, and Vitamin A dose-2

(c) Pentavalent third dose and Fractional IPV second dose

(d) Tetanus Toxoid booster exclusively

Q54. The nurse is caring for an 8-year-old child diagnosed with acute rheumatic fever following a streptococcal pharyngeal infection. Which manifestation should the nurse identify as a major criterion under the Jones criteria framework?

(a) Elevated erythrocyte sedimentation rate (ESR)

(b) Carditis or Sydenham's Chorea

(c) Arthralgia without joint swelling

(d) Prolonged PR interval on an electrocardiogram

Q55. A 6-year-old child is admitted with a diagnosis of acute post-streptococcal glomerulonephritis (APSGN). Which assessment finding is most characteristic of this renal disease?

(a) Gross hematuria causing smoky, "cola-colored" or tea-colored urine
(b) Hypotension and massive generalized body anasarca
(c) Polyuria and clear, pale straw-colored urine
(d) Deep ulcerations of the urinary meatus

Q56. A mother brings her 18-month-old toddler to the pediatric clinic for a developmental evaluation. Which motor skill should the nurse identify as an expected milestone for a normally developing child at this age?

(a) Riding a tricycle independently
(b) Walking backward and stacking a tower of 3 to 4 blocks
(c) Tying shoe laces using a double bow knot
(d) Hopping on one foot for a distance of 10 feet

Q57. A pediatric patient is admitted with a diagnosis of Kawasaki Disease. When monitoring the child during the acute phase of this systemic vasculitis syndrome, which complication is the most critical for the nurse to track?

(a) Severe sensorineural hearing loss
(b) Coronary artery aneurysm formation
(c) Acute splenic rupture
(d) Chronic glomerulonephritis

Q58. A nurse is examining a 12-month-old child with a history of severe nutritional vitamin D deficiency. Which structural skeletal finding should the nurse expect to observe as a hallmark sign of active Rickets?

(a) Craniosynostosis and short stature finger micro-fractures
(b) Epiphyseal enlargement, bowing of the legs, and a "rachitic rosary" on the chest wall
(c) Complete fusion of the lumbar vertebral discs
(d) Dense, thickened, hyper-mineralized long bones

Q59. The nurse is evaluating a 5-year-old child suspected of having Duchenne Muscular Dystrophy. When asked to rise from a supine position on the floor, the child uses their hands to walk up their own legs to achieve a standing position. The nurse documents this diagnostic behavior as a:

(a) Positive Babinski sign
(b) Positive Gower's sign
(c) Positive Trendelenburg sign

(d) Positive Moro response

Q60. A 6-month-old infant is admitted with severe dehydration due to acute viral gastroenteritis. The nurse reviews the laboratory results and notes a serum sodium level of $162mEq/L$. How should the nurse classify this hydration state, and what is a key fluid replacement precaution?

(a) Hyponatremic dehydration; infuse high concentrations of hypertonic saline rapidly.

(b) Hypernatremic dehydration; lower the sodium level slowly over 48 hours to prevent cerebral edema.

(c) Isonatremic dehydration; fluid balance can be completely restored within 2 hours.

(d) Nutritional edema; restrict all fluid intake for the next 24 hours.

SECTION 5 - MENTAL HEALTH (PSYCHIATRIC) NURSING

Q61. A patient diagnosed with Schizophrenia tells the nurse, "The grass is green, the television screen is wide, I need to buy a tie, why do people cry, pie in the sky." The nurse recognizes this speech pattern, where words are chosen based on their sound and rhyming characteristics rather than their conceptual meaning, as:

(a) Neologism

(b) Clang association

(c) Word salad

(d) Echolalia

Q62. A 42-year-old female is admitted to the psychiatric unit after being found scrubbing her kitchen floor with a toothbrush for 6 consecutive hours. She states, "If everything isn't scrubbed perfectly, my children will get a deadly disease." The nurse identifies the primary purpose of the patient's repetitive hand scrubbing behavior as:

(a) To gain attention and sympathy from family members.

(b) To consciously manipulate the clinical staff.

(c) To temporarily reduce the overwhelming anxiety generated by her obsessive thoughts.

(d) To express latent aggressive feelings toward her family.

Q63. A patient who has been taking Lithium carbonate $300mg$ three times daily for Bipolar Disorder presents to the clinic with persistent nausea, vomiting, severe diarrhea, blurred vision, a coarse hand tremor, and an unstable gait. What is the nurse's priority action?

(a) Administer the next scheduled dose of Lithium on time with a full glass of water.

(b) Instruct the patient to perform deep breathing exercises to control the nausea.

(c) Hold the medication immediately and prepare to draw a blood sample for a serum Lithium level.

(d) Reassure the patient that these are expected transient side effects that will pass.

Q64. A patient with a history of alcohol dependence is admitted to the medical ward following a bone fracture. Forty-eight hours after admission, the patient becomes severely disoriented, sweats profusely, has a heart rate of $124bpm$, and screams that there are "spiders crawling all over my bedsheets." The nurse recognizes this life-threatening emergency as:

(a) Korsakoff's Psychosis

(b) Delirium Tremens (DTs)

(c) Wernicke's Encephalopathy

(d) Acute Hepatic Encephalopathy

Q65. A patient is brought to the emergency department with a suspected overdose of Phencyclidine (PCP). The patient is exceptionally combative, exhibits horizontal and vertical nystagmus, and displays hyperthermia. Which environment should the nurse provide to minimize complications?

(a) A brightly lit room with soft music to reorient the patient.

(b) A high-stimulation dayroom with other patients for social integration.

(c) A low-stimulus, quiet, darkened room with minimal staff entry.

(d) Placing the patient directly in front of the nursing station desk.

Q66. A patient who lost his job 2 weeks ago is admitted to the hospital with a sudden, complete loss of motor function in his right arm. Extensive neurological examinations, CT scans, and electromyography reveal no underlying biological or nerve pathology. The patient appears surprisingly unconcerned about his paralysis. The nurse recognizes this defense mechanism as:

(a) Conversion

(b) Malingering

(c) Hypochondriasis

(d) Projection

Q67. A patient diagnosed with Major Depressive Disorder has been taking Phenelzine, a Monoamine Oxidase Inhibitor (MAOI), for 3 weeks. During a dietary counseling session, which food option should the nurse instruct the patient to avoid entirely?

(a) Fresh chicken and steamed white rice

(b) Aged cheddar cheese, pepperoni, and red wine

(c) Fresh green leafy vegetables and apples

(d) Whole wheat bread and pasteurized milk

Q68. A patient who is taking Haloperidol (Haldol) develops a high fever ($40.2°C$), severe "lead-pipe" muscle rigidity, a heart rate of $130bpm$, fluctuating blood pressure, and a depressed level of consciousness. The nurse should immediately prepare for the management of:

(a) Serotonin Syndrome

(b) Neuroleptic Malignant Syndrome (NMS)

(c) Acute Dystonic Reaction

(d) Anticholinergic Toxicity

Q69. A 22-year-old female patient is admitted with a body weight that is 30% below her expected ideal baseline. She has amenorrhea, fine downy hair (lanugo) over her back, and states, "I am so incredibly fat, I need to lose at least 5 more kilograms." The nurse identifies the priority nursing diagnosis during the acute stabilization phase as:

(a) Distorted Body Image related to cognitive processing errors

(b) Imbalanced Nutrition: Less than body requirements related to restricted intake

(c) Deficient Knowledge related to long-term health consequences

(d) Ineffective Coping related to family conflict patterns

Q70. A patient with Schizophrenia points to a long, coiled brown television extension cord on the floor and screams, "Get it away from me! There is a giant venomous snake crawling in the room!" The nurse documents this sensory perception error as a/an:

(a) Hallucination

(b) Illusion

(c) Delusion

(d) Neologism

Q71. A patient on the inpatient unit approaches the nurse and states, "The doctor wants to kill me, and the other nurses are slipping poison into my water pitcher because they want my money." Which response by the nurse is the most therapeutic?

(a) "That is completely ridiculous! No one here is trying to poison you."

(b) "Why do you think the clinical team wants to kill you for your money?"

(c) "I do not see anyone putting anything in your water, but it sounds like you are feeling very frightened right now. Let's get you a fresh pitcher."

(d) "If you keep accusing the staff of poisoning you, we will have to lock you in your room."

Q72. A patient diagnosed with Borderline Personality Disorder approaches the evening nurse and says, "The morning shift nurse is absolute garbage and refused to help me, but you are the most wonderful, kindest nurse in this entire hospital." The nurse recognizes this behavior as:

(a) Rationalization

(b) Splitting

(c) Sublimation

(d) Reaction Formation

Q73. A nurse is caring for a patient who is undergoing electroconvulsive therapy (ECT) for severe, treatment-resistant depression. Which medication should the nurse anticipate administering immediately prior to the procedure to prevent severe musculoskeletal injuries during the induced seizure?

(a) Atropine sulfate

(b) Succinylcholine

(c) Propofol

(d) Diazepam

Q74. A patient who has been taking Sertraline (Zoloft), an SSRI, for depression is admitted with severe muscle clonus, hyperreflexia, shivering, profuse diaphoresis, and altered mental status after starting an over-the-counter herbal supplement. The nurse suspects:

(a) Neuroleptic Malignant Syndrome

(b) Serotonin Syndrome

(c) Tardive Dyskinesia

(d) Akathisia crisis

Q75. A patient diagnosed with Antisocial Personality Disorder is admitted to the forensic unit. When developing the plan of care, which structural nursing approach is a priority to manage the patient's behavioral presentation?

(a) Allow the patient to modify unit rules as they see fit to prevent conflicts.

(b) Maintain a highly flexible, unstructured schedule with minimal staff interference.

(c) Establish clear, explicit, and consistent behavioral limits and enforce rules uniformly.

(d) Provide intense isolation to prevent any peer interaction.

SECTION 6 - NURSING FOUNDATIONS

Q76. A physician prescribes an intravenous infusion of $500mL$ of 5% Dextrose in 0.9% Normal Saline to run over exactly 4 hours. The macro-drop IV administration set has a drop factor of $15drops/mL$. What is the correct flow rate in drops per minute ($gtts/min$)?

(a) $21gtts/min$

(b) $31gtts/min$

(c) $42gtts/min$

(d) $52gtts/min$

Q77. The nurse is preparing to insert an indwelling urinary catheter for a female patient. After setting up the sterile field and opening the catheter kit, the nurse uses the non-dominant hand to separate the labia minora. How should the nurse view the status of this non-dominant hand for the remainder of the procedure?

(a) It remains sterile as long as it does not touch the rectal area.

(b) It is now contaminated and must not touch any sterile supplies in the kit.

(c) It can be re-sterilized by wiping it with an alcohol swab.

(d) It should be used to advance the sterile catheter tube into the meatus.

Q78. A patient has a large surgical wound that is healing by Primary Intention. During an evaluation of the incision site on post-operative day 4, which structural finding should the nurse identify as a normal characteristic of this healing phase?

(a) A thick layer of black, dry eschar covering the suture line.

(b) Complete separation of the dermal borders with visible underlying fat tissue.

(c) A firm, elevated healing ridge extending under the incision line.

(d) Copious amounts of green, foul-smelling purulent drainage.

Q79. A nurse needs to administer a deep intramuscular injection of $2.5mL$ of a thick, viscous medication to an adult patient. Which injection site is preferred to safely accommodate this volume while minimizing the risk of sciatic nerve injury?

(a) Dorsogluteal muscle

(b) Ventrogluteal muscle

(c) Deltoid muscle

(d) Rectus femoris muscle

Q80. While reviewing a patient's vital sign sheet, the nurse notes a respiratory pattern characterized by a gradual increase in breathing depth, followed by a gradual decrease, and then a temporary period of apnea lasting 20 seconds before the cycle repeats. The nurse documents this pattern as:

(a) Kussmaul's respirations

(b) Cheyne-Stokes respirations
(c) Biot's respirations
(d) Hyperventilation

Q81. An elderly, bedridden patient is at high risk for developing deep vein thrombosis (DVT). Which fundamental nursing intervention is most effective at preventing venous stasis in this patient?

(a) Massaging the calves vigorously with warm lotion twice daily.
(b) Placing a soft pillow directly under the knees to keep them flexed.
(c) Encouraging regular active or passive range-of-motion ankle pumping exercises.
(d) Restricting oral fluid intake to lower total blood volume.

Q82. A patient's blood pressure reads $160/100mmHg$. How should the nurse calculate and document this patient's Pulse Pressure?

(a) $260mmHg$
(b) $130mmHg$
(c) $60mmHg$
(d) $80mmHg$

Q83. A nurse is preparing to insert a nasogastric (NG) tube into an adult patient. Which anatomical measurement method should the nurse use to estimate the correct insertion depth for the tube?

(a) Measure from the tip of the nose to the umbilicus.
(b) Measure from the forehead to the sternal notch, then down to the pubis.
(c) Measure from the tip of the nose to the earlobe, and then from the earlobe down to the xiphoid process.
(d) Measure from the mouth directly to the stomach margin along the left flank.

Q84. The hospital fire alarm is activated after smoke is spotted in a patient storage area. According to standard emergency protocols, which action represents the first step the nurse should execute?

(a) Pull the fire alarm pull-station box.
(b) Extinguish the flames using a carbon dioxide wall extinguisher.
(c) Remove any patients in immediate physical danger to a safe zone.
(d) Close all doors and windows to contain the smoke.

Q85. A nurse is caring for a patient who has an indwelling urinary catheter. Which action is a priority for preventing a catheter-associated urinary tract infection (CAUTI)?

(a) Disconnect the catheter from the drainage bag daily to flush the line with sterile water.
(b) Keep the urinary drainage bag positioned below the level of the bladder at all times.
(c) Cleanse the perineal area from back to front during routine morning care.
(d) Change the entire catheter system every 3 days.

SECTION 7 - NURSING RESEARCH AND STATISTICS

Q86. A nurse researcher is designing a study to evaluate the effect of a structured preoperative education program on the postoperative anxiety scores of coronary artery bypass graft (CABG) patients. In this research design, "postoperative anxiety scores" represent which type of variable?

(a) Independent variable
(b) Dependent variable
(c) Extraneous variable
(d) Demographical attribute

Q87. A researcher selects a sample from an institutional directory of 1,500 registered nurses by picking every 15^{th} name after randomly selecting a starting point between 1 and 15. What specific probability sampling technique is being implemented?

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

Q88. A nurse researcher wants to deeply explore the lived experiences of parents who have tragically lost a child to a sudden terminal illness. The researcher conducts open-ended, face-to-face, in-depth interviews to extract core themes directly from the transcripts. Which qualitative research design is most appropriate?

(a) Ethnography
(b) Grounded theory
(c) Phenomenology
(d) Historical analysis

Q89. A research team evaluates a new electronic blood pressure monitoring device. They discover that while it yields identical readings across multiple checks on the same patient (high consistency), it consistently reads $15mmHg$ higher than the patient's true arterial pressure. This diagnostic tool is described as:

(a) Valid but not reliable
(b) Reliable but not valid
(c) Lacking both reliability and validity
(d) Perfectly symmetrical and unbiased

Q90. An institutional ethical review board (IRB) reviews a clinical trial protocol. The board ensures that participants' identities cannot be linked to their individual data responses by anyone, including the primary researcher. This specific ethical safeguard is known as:

(a) Confidentiality
(b) Anonymity
(c) Informed consent
(d) Beneficence

Q91. A study measures patient satisfaction with nursing care using a structured scale categorized into five choices: "Highly Dissatisfied," "Dissatisfied," "Neutral," "Satisfied," and "Highly Satisfied." What level of measurement scale does this data represent?

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

Q92. A researcher evaluates the impact of an educational workshop on critical care nursing knowledge by administering a test immediately before the workshop and the exact same test after the workshop to the same group of participants. Which inferential statistical test is most appropriate to compare the mean scores?

(a) Independent Student's t-test
(b) Paired Student's t-test
(c) One-way ANOVA
(d) Chi-square test

Q93. A researcher establishes a significance level (α) of 0.05. After data analysis, the statistical test yields a p-value of 0.02. What is the correct statistical decision regarding the study's null hypothesis (H_0)?

(a) Retain the null hypothesis because $p < 0.05$.
(b) Reject the null hypothesis, concluding that the results are statistically significant.
(c) Invalidate the study because the p-value is below the alpha threshold.
(d) Conclude that a definitive Type II error has occurred.

Q94. A distribution curve plotting student test scores demonstrates a long, elongated tail trailing off toward the lower values on the left side of the axis. This type of data distribution is described as:

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

Q95. A nurse researcher publishes a study concluding that a new positioning protocol significantly reduces pressure injury rates in the ICU. In reality, however, the new protocol has absolutely no true effect on pressure injury development. What type of statistical error has been committed?

(a) Type I error (α error)

(b) Type II error (β error)

(c) Measurement instrument bias

(d) Sampling attrition error

SECTION 8 - GENERAL KNOWLEDGE AND CURRENT AFFAIRS

Q96. Which Indian public health institution was recently designated as the National Coordinating Centre for the "One Health" mission in India, aimed at integrated surveillance of zoonotic diseases, human health, and environmental safety?

(a) National Centre for Disease Control (NCDC), New Delhi
(b) National Institute of Virology (NIV), Pune
(c) Indian Council of Agricultural Research (ICAR), New Delhi
(d) All India Institute of Medical Sciences (AIIMS), New Delhi

Q97. The "Pradhan Mantri National Dialysis Programme" (PMNDP), which provides free dialysis services to Below Poverty Line (BPL) patients across the country, is implemented as a core component under which broader national health framework?

(a) Ayushman Bharat Digital Mission (ABDM)
(b) National Health Mission (NHM)
(c) Pradhan Mantri Surakshit Matritva Abhiyan
(d) Rashtriya Swasthya Bima Yojana

Q98. The prestigious "Dr. B.C. Roy National Award," the highest and most coveted recognition given to eminent individuals in India for outstanding contributions to the field of medicine, medical philosophy, and healthcare organization, is presented annually on which date?

(a) January 30th (Martyrs' Day)
(b) April 7th (World Health Day)
(c) July 1st (National Doctors' Day)
(d) October 24th (United Nations Day)

Q99. Which global body formally collaborates with India's Ministry of Ayush to operate the "Global Centre for Traditional Medicine" (GCTM), a first-of-its-kind international knowledge hub established in Jamnagar, Gujarat?

(a) United Nations Educational, Scientific and Cultural Organization (UNESCO)
(b) World Health Organization (WHO)
(c) United Nations Children's Fund (UNICEF)
(d) G20 Health Working Group

Q100. Under the rules of the central "Maternity Benefit Amendment Act," what is the mandatory duration of paid maternity leave that an employer must provide to an eligible working woman for her first two children?

(a) 12 weeks

(b) 18 weeks

(c) 26 weeks

(d) 52 weeks

SOLUTIONS

Q1. Correct Answer: (C)

Patients with severe COPD may rely on hypoxic drive for respiratory stimulation. A Venturi mask delivers a precise low concentration of oxygen safely, usually between 24% and 28%.

Q2. Correct Answer: (B)

Trousseau's sign is carpal spasm produced by inflating a blood pressure cuff. It indicates hypocalcemia, which can occur after thyroidectomy due to parathyroid gland injury.

Q3. Correct Answer: (C)

The rhythm described is ventricular fibrillation, a fatal cardiac arrest rhythm. Immediate CPR and unsynchronized defibrillation are lifesaving priorities.

Q4. Correct Answer: (B)

Widening pulse pressure, bradycardia, and irregular respirations form Cushing's Triad, which indicates increased intracranial pressure.

Q5. Correct Answer: (B)

Octreotide reduces portal venous pressure and is commonly administered to control bleeding esophageal varices.

Q6. Correct Answer: (D)

The patient has acute pancreatitis. During the acute phase, oral intake is avoided to rest the pancreas, so a clear liquid diet should be questioned.

Q7. Correct Answer: (B)

Continuous bubbling in the water-seal chamber indicates an air leak somewhere in the drainage system.

Q8. Correct Answer: (A)

A functioning AV fistula should have a palpable thrill and an audible bruit, indicating blood flow through the access site.

Q9. Correct Answer: (B)

The patient is experiencing diabetic ketoacidosis (DKA). Regular insulin is administered intravenously because it acts rapidly and can be titrated safely.

Q10. Correct Answer: (B)

Severe bladder pain and no urine output during continuous bladder irrigation suggest catheter blockage by clots. Manual irrigation helps restore drainage.

Q11. Correct Answer: (B)

Expressive aphasia (Broca's aphasia) occurs when the patient understands language but struggles to produce speech.

Q12. Correct Answer: (C)

The patient has wound evisceration. The bowel should be covered with sterile saline-moistened dressings while preparing for emergency surgical repair.

Q13. Correct Answer: (B)

Heparin therapy is monitored using the activated partial thromboplastin time (aPTT). Protamine sulfate is the antidote for heparin toxicity.

Q14. Correct Answer: (B)

According to the Parkland formula, half of the calculated fluid volume is administered within the first 8 hours after the burn injury, and the remaining half over the next 16 hours.

Q15. Correct Answer: (C)

Multiple Myeloma causes extensive bone destruction, releasing calcium into the bloodstream and leading to hypercalcemia.

Q16. Correct Answer: (B)

Point prevalence measures the total number of existing cases of a disease in a population at a specific point in time.

Q17. Correct Answer: (B)

Primary prevention aims to prevent disease before it occurs. Iron and folic acid supplementation helps prevent anemia during pregnancy.

Q18. Correct Answer: (C)

Vaccine carriers with conditioned ice packs are used during outreach sessions and village immunization camps to safely transport vaccines.

Q19. Correct Answer: (B)

CBNAAT (GeneXpert) rapidly detects *Mycobacterium tuberculosis* and rifampicin resistance with high sensitivity.

Q20. Correct Answer: (C)

According to IPHS norms, a Community Health Centre in plain areas serves approximately 120,000 people.

Q21. Correct Answer: (B)

A point-source epidemic occurs when individuals are exposed to the same source over a short period, such as contaminated food at a feast.

Q22. Correct Answer: (A)

Infant Mortality Rate (IMR) refers to the number of deaths of infants below 1 year of age per 1,000 live births in a year.

Q23. Correct Answer: (C)

The first dose of Vitamin A is given at 9 months along with the Measles/MR vaccine. The dosage is $100,000 IU$ orally.

Q24. Correct Answer: (B)

Chlorine-releasing tablets such as halazone tablets are commonly used for emergency household water disinfection.

Q25. Correct Answer: (B)

ASHA workers promote immunization, maternal care, and institutional delivery and accompany pregnant women to healthcare facilities.

Q26. Correct Answer: (B)

Virulence refers to the severity of disease caused by an infectious agent and its ability to produce serious illness or death.

Q27. Correct Answer: (B)

Maternal Mortality Ratio (MMR) measures maternal deaths per 100,000 live births.

Q28. Correct Answer: (B)

Active surveillance involves health workers actively searching for cases in the community through home visits and screening.

Q29. Correct Answer: (C)

Farmer's Lung is caused by inhalation of moldy hay or grain dust containing thermophilic actinomycetes.

Q30. Correct Answer: (B)

Kangaroo Mother Care focuses on continuous skin-to-skin contact and exclusive breastfeeding to improve survival of low-birth-weight infants.

Q31. Correct Answer: (D)

An incomplete abortion occurs when some products of conception are expelled while some tissue remains inside the uterus. The cervical os remains open and bleeding continues.

Q32. Correct Answer: (A)

Rho(D) Immune Globulin (RhoGAM) is routinely administered at 28 weeks to Rh-negative mothers with a negative indirect Coombs' test to prevent Rh sensitization.

Q33. Correct Answer: (B)

HELLP Syndrome stands for Hemolysis, Elevated Liver enzymes, and Low Platelet count. It is a severe complication of preeclampsia.

Q34. Correct Answer: (B)

The McRoberts maneuver with suprapubic pressure is the first-line intervention for shoulder dystocia. Fundal pressure is contraindicated.

Q35. Correct Answer: (B)

Late decelerations indicate uteroplacental insufficiency and fetal hypoxia. The nurse should improve placental perfusion and stop Oxytocin if infusing.

Q36. Correct Answer: (C)

Normally, the uterine fundus is located at or slightly below the umbilicus during the first 12 postpartum hours.

Q37. Correct Answer: (B)

A "snowstorm" appearance with very high hCG levels is characteristic of a Hydatidiform Mole.

Q38. Correct Answer: (C)

Fever, uterine tenderness, and foul-smelling lochia after prolonged rupture of membranes suggest postpartum endometritis.

Q39. Correct Answer: (B)

Menopause is confirmed after 12 consecutive months without menstruation.

Q40. Correct Answer: (B)

Patients with placenta previa must avoid vaginal intercourse and any vaginal insertion because it may trigger severe hemorrhage.

Q41. Correct Answer: (B)

Contractions occurring too frequently and lasting excessively long indicate uterine hyperstimulation. Oxytocin must be stopped immediately.

Q42. Correct Answer: (D)

The infant receives:

$$2 points for heart rate$$

$$2 points for respiration$$

$$2 points for muscle tone$$

$$2 points for reflex irritability$$

$$2 points for color$$

Total APGAR score:

$$10$$

Q43. Correct Answer: (B)

Severe abdominal pain, vaginal bleeding, shoulder pain, and signs of shock strongly indicate a ruptured ectopic pregnancy.

Q44. Correct Answer: (B)

Colostrum is a thick yellow fluid rich in proteins and Immunoglobulin A (IgA), providing passive immunity to the newborn.

Q45. Correct Answer: (B)

Pelvic Inflammatory Disease commonly presents with pelvic pain, fever, foul discharge, and cervical motion tenderness.

Q46. Correct Answer: (C)

Projectile non-bilious vomiting with an olive-shaped abdominal mass is the classic presentation of hypertrophic pyloric stenosis.

Q47. Correct Answer: (B)

Brudzinski's sign is positive when passive neck flexion causes involuntary flexion of the hips and knees, indicating meningeal irritation.

Q48. Correct Answer: (B)

Intussusception commonly presents with intermittent severe abdominal pain and "currant jelly" stools containing blood and mucus.

Q49. Correct Answer: (B)

The knee-chest position increases systemic vascular resistance and reduces right-to-left shunting during a tet spell.

Q50. Correct Answer: (B)

The "Three C's" — coughing, choking, and cyanosis during feeding — are characteristic of Tracheoesophageal Fistula with Esophageal Atresia.

Q51. Correct Answer: (B)

Corticosteroids are the first-line treatment for Minimal Change Nephrotic Syndrome and help induce remission.

Q52. Correct Answer: (B)

Failure to pass meconium with absence of ganglion cells confirms Hirschsprung's Disease.

Q53. Correct Answer: (B)

At 15 months, children receive:

$$DPT\,Booster - 1 + MR\,Second\,Dose + OPV\,Booster + Vitamin\,A\,Dose - 2$$

according to the National Immunization Schedule.

Q54. Correct Answer: (B)

Carditis and Sydenham's chorea are major Jones criteria for diagnosing acute rheumatic fever.

Q55. Correct Answer: (A)

Acute post-streptococcal glomerulonephritis commonly causes smoky or cola-colored urine due to hematuria.

Q56. Correct Answer: (B)

At 18 months, toddlers are expected to walk backward and build small block towers.

Q57. Correct Answer: (B)

Kawasaki Disease can lead to coronary artery aneurysms, which are the most serious complication.

Q58. Correct Answer: (B)

Rickets causes defective bone mineralization leading to bow legs, widened epiphyses, and a rachitic rosary.

Q59. Correct Answer: (B)

Gower's sign occurs when a child uses their hands to climb up their legs while standing due to proximal muscle weakness.

Q60. Correct Answer: (B)

Hypernatremic dehydration requires slow correction of sodium levels to avoid cerebral edema and neurological complications.

Q61. Correct Answer: (B)

Clang association is a speech pattern characterized by choosing words based on sound or rhyming rather than logical meaning. It is commonly seen in schizophrenia and manic episodes.

Q62. Correct Answer: (C)

Compulsive rituals in OCD are performed to temporarily reduce anxiety caused by obsessive thoughts.

Q63. Correct Answer: (C)

Severe nausea, vomiting, diarrhea, coarse tremors, blurred vision, and ataxia indicate Lithium toxicity. The medication should be withheld immediately and serum Lithium levels checked.

Q64. Correct Answer: (B)

Delirium Tremens is the most severe form of alcohol withdrawal and presents with hallucinations, severe confusion, tachycardia, and diaphoresis.

Q65. Correct Answer: (C)

PCP intoxication causes extreme agitation and sensory hypersensitivity. A quiet, low-stimulation environment helps reduce violent behavior.

Q66. Correct Answer: (A)

Conversion disorder involves unconscious expression of psychological stress as neurological symptoms without organic pathology.

Q67. Correct Answer: (B)

Patients taking MAOIs must avoid tyramine-rich foods such as aged cheese, cured meats, and red wine to prevent hypertensive crisis.

Q68. Correct Answer: (B)

Neuroleptic Malignant Syndrome presents with severe rigidity, hyperthermia, autonomic instability, and altered consciousness after antipsychotic use.

Q69. Correct Answer: (B)

The immediate priority in severe anorexia nervosa is correcting life-threatening malnutrition and restoring nutritional balance.

Q70. Correct Answer: (B)

An illusion is a misinterpretation of a real external object or stimulus, such as mistaking a cord for a snake.

Q71. Correct Answer: (C)

The nurse should acknowledge the patient's fear without reinforcing the delusion and provide reassurance and safety.

Q72. Correct Answer: (B)

Splitting involves viewing people as either completely good or completely bad and is common in Borderline Personality Disorder.

Q73. Correct Answer: (B)

Succinylcholine is administered before ECT to relax muscles and prevent injury during the induced seizure.

Q74. Correct Answer: (B)

Serotonin Syndrome results from excessive serotonin activity and presents with hyperreflexia, clonus, diaphoresis, and altered mental status.

Q75. Correct Answer: (C)

Patients with Antisocial Personality Disorder require firm, clear, and consistently enforced behavioral limits.

Q76. Correct Answer: (B)

Once the non-dominant hand touches the patient's skin during catheterization, it is considered contaminated and should not touch sterile supplies.

Q77. Correct Answer: (C)

A healing ridge is a normal finding during wound healing by primary intention and indicates collagen formation beneath the incision.

Q78. Correct Answer: (B)

The ventrogluteal site is the safest site for large-volume intramuscular injections because it is free from major nerves and blood vessels.

Q79. Correct Answer: (B)

Cheyne-Stokes respiration is characterized by cyclic waxing and waning respirations followed by periods of apnea.

Q80. Correct Answer: (C)

Regular ankle pumping and range-of-motion exercises improve venous return and reduce venous stasis, helping prevent DVT.

Q81. Correct Answer: (C)

Pulse pressure is calculated as:

$$160 - 100 = 60mmHg$$

Q82. Correct Answer: (C)

Correct NG tube measurement is from the nose to the earlobe and then to the xiphoid process.

Q83. Correct Answer: (C)

According to the RACE protocol, the first action during a fire emergency is Rescue — removing people from immediate danger.

Q84. Correct Answer: (B)

Keeping the drainage bag below bladder level prevents backflow of urine and reduces the risk of catheter-associated urinary tract infection.

Q85. Correct Answer: (B)

$$Flowrate = \frac{500 \times 15}{240}$$

$$= 31.25 \approx 31gtts/min$$

Therefore, the correct flow rate is:

$$31gtts/min$$

Q86. Correct Answer: (B)

The dependent variable is the outcome measured by the researcher. In this study, postoperative anxiety scores depend on the educational intervention provided.

Q87. Correct Answer: (B)

Systematic sampling involves selecting subjects at regular intervals from a population list after choosing a random starting point.

Q88. Correct Answer: (C)

Phenomenology focuses on understanding and describing the lived experiences of individuals regarding a specific phenomenon.

Q89. Correct Answer: (B)

The instrument consistently gives the same readings, showing reliability, but the readings are inaccurate, indicating poor validity.

Q90. Correct Answer: (B)

Anonymity means that participants' identities cannot be linked to their responses, even by the researcher.

Q91. Correct Answer: (B)

Ordinal scales arrange responses in a meaningful order or rank, but the differences between categories are not mathematically equal.

Q92. Correct Answer: (B)

A paired t-test compares the means of the same group measured at two different times, such as pre-test and post-test scores.

Q93. Correct Answer: (B)

When:

$$p \leq \alpha$$

the null hypothesis is rejected, indicating statistically significant findings.

Q94. Correct Answer: (C)

A negatively skewed distribution has a tail extending toward the lower values on the left side of the graph.

Q95. Correct Answer: (A)

A Type I error occurs when the researcher incorrectly rejects a true null hypothesis and concludes that an effect exists when it actually does not.

Q96. Correct Answer: (A)

The National Centre for Disease Control (NCDC), New Delhi, serves as the coordinating center for India's One Health mission integrating human, animal, and environmental health surveillance.

Q97. Correct Answer: (B)

The Pradhan Mantri National Dialysis Programme (PMNDP) operates under the National Health Mission (NHM) to provide free dialysis services to economically vulnerable patients.

Q98. Correct Answer: (C)

The Dr. B.C. Roy National Award is presented annually on July 1st, celebrated as National Doctors' Day in India.

Q99. Correct Answer: (B)

The World Health Organization (WHO) collaborates with the Ministry of Ayush for the Global Centre for Traditional Medicine in Jamnagar, Gujarat.

Q100. Correct Answer: (C)

Under the Maternity Benefit Amendment Act, eligible women are entitled to:

$$26 weeks$$

of paid maternity leave for the first two children.