PGIMER M.SC NURSING SAMPLE PAPER 05

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

Instructions:

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

SECTION 1 - MEDICAL SURGICAL NURSING

Q1. A patient with an acute exacerbation of Myasthenia Gravis is admitted to the neuro-ICU. The nurse notes severe respiratory distress, dyspnea, and dysphagia. The physician performs a Tensilon (Edrophonium chloride) test. Immediately after administration, the patient's muscle weakness worsens drastically. How should the nurse interpret this result, and what medication must be kept at the bedside?

(a) Myasthenic crisis; administer Neostigmine

(b) Cholinergic crisis; administer Atropine sulfate

(c) Adrenergic crisis; administer Epinephrine

(d) Transient side effect; increase the Edrophonium dose

Q2. A patient returns to the surgical unit after undergoing a right pneumonectomy for lung cancer. When positioning the patient in bed, which rule should the nurse enforce to optimize ventilation-perfusion matching and prevent mediastinal shift?

(a) Position the patient exclusively on the unoperated left side.

(b) Maintain the patient on the operative right side or in a semi-Fowler's back position.

(c) Keep the patient completely flat in a prone position for 24 hours.

(d) Place the patient in a Trendelenburg position to improve cerebral blood flow.

Q3. A patient with a history of severe systemic hypertension presents with sudden, excruciating, tearing chest pain that radiates directly to the back between the scapulae. The nurse notes a significant blood pressure discrepancy between the left and right arms. Which emergency condition should the nurse suspect?

(a) Acute Pericarditis

(b) Aortic Dissection

(c) Anterior Wall Myocardial Infarction

(d) Tension Pneumothorax

Q4. The nurse is caring for a patient who sustained a compound fracture of the left femur 24 hours ago. The patient suddenly develops severe dyspnea, tachypnea, a heart rate of $115bpm$, and confusion. On physical examination, the nurse notes a fine, pinpoint petechial rash across the patient's anterior chest and neck. The nurse recognizes this as indicative of:

(a) Pulmonary Embolism due to deep vein thrombosis

(b) Fat Embolism Syndrome (FES)

(c) Acute Bacterial Endocarditis

(d) Compartment Syndrome

Q5. A patient with severe acute pancreatitis is being monitored in the intensive care unit. The nurse notes that the patient has developed carpopedal spasms during routine blood pressure monitoring and exhibits a twitching of the facial muscles when the facial nerve is tapped in front of the ear. Which electrolyte deficit is causing these signs?

(a) Hypokalemia

(b) Hypocalcemia

(c) Hypermagnesemia

(d) Hyponatremia

Q6. A patient is scheduled for an outpatient colonoscopy tomorrow morning. The nurse provides pre-procedural teaching regarding dietary restrictions and bowel cleansing. Which instruction is accurate for this specific phase of care?

(a) Maintain a high-fiber solid diet until 2 hours before the procedure.

(b) Consume a clear liquid diet the day before the procedure and avoid fluids containing red or purple dyes.

(c) Drink a warm milk solution immediately prior to entering the procedure suite.

(d) Take a double dose of oral iron supplements to prevent bleeding during the test.

Q7. A patient with a traumatic cervical spine injury at the level of C5 is being managed in the neuro unit. The nurse notes a sudden spike in blood pressure to $210/110mmHg$, a severe pounding headache, a heart rate drop to $48bpm$, and profuse sweating above the level of the spinal lesion. What is the nurse's priority sequence of actions?

(a) Lie the patient completely flat and administer a rapid IV fluid bolus.

(b) Elevate the head of the bed to a high-Fowler's position, check the urinary drainage system for kinking, and assess for fecal impaction.

(c) Prepare for immediate endotracheal intubation and mechanical ventilation.

(d) Administer a high-dose intramuscular injection of Epinephrine.

Q8. A patient is diagnosed with Primary Hyperaldosteronism (Conn's Syndrome) due to an adrenal adenoma. Which clinical presentation and electrolyte imbalance should the nurse expect to find when assessing this patient?

(a) Hypotension and profound hyperkalemia

(b) Hypertension and hypokalemia

(c) Hyponatremia and massive fluid weight loss

(d) Hypoglycemia and hypercalcemia

Q9. The nurse is caring for a patient who has a temporary transvenous cardiac pacemaker inserted. The telemetry monitor shows a pattern where a pacemaker spike is visible on the rhythm strip, but it is not followed by a QRS complex or a P wave. The nurse recognizes this pacemaker malfunction as:

(a) Failure to Sense

(b) Failure to Capture

(c) Failure to Pace (Output failure)

(d) Normal demand-mode operation

Q10. A patient presents to the emergency department with a severe crush injury to both lower extremities following an industrial accident. The nurse monitors the laboratory values. Which metabolic change and associated complication should the nurse anticipate due to extensive muscle tissue destruction?

(a) Respiratory alkalosis due to lung hyper-inflation
(b) Hyperkalemia and acute kidney injury due to rhabdomyolysis
(c) Hypophosphatemia and rapid bone mineralization
(d) Hypernatremia and fluid volume depletion

Q11. A patient who has a history of chronic atrial fibrillation is admitted with an acute embolic ischemic stroke. The physician intends to initiate long-term oral anticoagulation with Warfarin (Coumadin). Which laboratory test must the nurse monitor to safely evaluate the therapeutic efficacy of Warfarin?

(a) Activated Partial Thromboplastin Time (aPTT)
(b) International Normalized Ratio (INR) / Prothrombin Time (PT)
(c) Bleeding time configuration
(d) Serum Fibrinogen degradation products

Q12. The nurse is caring for a patient who returns to the recovery unit following an open abdominal cholecystectomy with a T-tube placed in the common bile duct. When managing the T-tube drainage system, which action should the nurse implement?

(a) Keep the T-tube clamped tightly for the first 24 hours post-surgery.
(b) Position the drainage bag above the level of the patient's abdomen to encourage backflow.
(c) Maintain the drainage bag below the level of the gallbladder and monitor for an initial expected output of $300 to 500 mL$ of greenish-brown bile in the first 24 hours.
(d) Flush the T-tube forcefully with $50 mL$ of sterile water every 4 hours.

Q13. A patient is diagnosed with Syndrome of Inappropriate Antidiuretic Hormone (SIADH) secondary to a small cell lung carcinoma. Which clinical profile and nursing intervention should be prioritized?

(a) Dilutional hyponatremia and strict fluid restriction $(800 to 1000 mL/day)$
(b) Hypernatremia and rapid continuous intravenous infusion of 0.45% normal saline
(c) Profuse polyuria and administration of synthetic Vasopressin
(d) Severe hypokalemia and encouragement of high fluid intake

Q14. A patient presents to the emergency department with severe, deep burns over 36% of their total body surface area. The nurse notes a high hematocrit level of 58% and a high serum potassium level of $6.1 mEq/L$ during the first 8 hours post-injury. The nurse understands these values are a result of:

(a) Excessive renal clear clearance function

(b) Intravascular fluid shifts into the interstitial space and cellular damage releasing intracellular potassium

(c) Severe systemic hypervolemia and fluid overload

(d) Chronic bone marrow suppression

Q15. A patient undergoes an open surgical repair of an abdominal aortic aneurysm (AAA). On post-operative day 1, the nurse notes a sudden drop in urine output to $15mL/hour$ for two consecutive hours, accompanied by an elevation in serum creatinine. Which anatomical factor during surgery explains this potential complication?

(a) Accidental ligation of the common bile duct

(b) Temporary cross-clamping of the aorta above or near the renal arteries during the graft placement

(c) Damage to the internal urethral sphincter

(d) Inadvertent removal of the adrenal glands

SECTION 2 - COMMUNITY HEALTH NURSING

Q16. A community health nurse is tracking an outbreak of a respiratory illness. The nurse notes that out of 500 exposed individuals in a local housing complex, 75 developed symptoms within the first week. Which epidemiological rate is the nurse calculating?

(a) Prevalence Rate
(b) Attack Rate
(c) Case Fatality Rate
(d) Cause-Specific Mortality Rate

Q17. Under the National Vector Borne Disease Control Programme (NVBDCP) in India, which specific biological agent is widely introduced into stagnant village water bodies as an eco-friendly vector control measure against mosquito larvae?

(a) Gambusia affinis (Mosquito fish)
(b) Anopheles stephensi sterile drones
(c) Clarias batrachus catfish
(d) Freshwater copepods

Q18. A community health nurse is organizing an outreach camp. According to public health guidelines, which vaccine must be strictly discarded exactly 4 hours after reconstitution, or at the end of the immunization session, whichever comes first?

(a) Oral Polio Vaccine (OPV)
(b) Tetanus and Diphtheria (Td) vaccine
(c) Measles-Rubella (MR) vaccine
(d) Hepatitis B vaccine

Q19. A health worker is assessing a patient under the National Tuberculosis Elimination Programme (NTEP). The patient has completed 2 months of the Intensive Phase treatment. What is the standard drug combination provided during the Continuation Phase of the drug-susceptible TB regimen in India?

(a) Isoniazid, Rifampicin, Pyrazinamide, and Ethambutol
(b) Isoniazid, Rifampicin, and Ethambutol
(c) Streptomycin and Rifampicin exclusively
(d) Linezolid and Bedaquiline

Q20. In a hilly, tribal, or desert region with difficult geographical access, an individual Primary Health Centre (PHC) is structurally designated to cater to what maximum population size under Indian Public Health Standards (IPHS)?

(a) 3,000 people
(b) 5,000 people

(c) 20,000 people

(d) 30,000 people

Q21. An epidemiological study analyzes a disease that maintains a low, continuous, and relatively constant presence within a specific geographical area or population group year after year. This pattern of occurrence is called:

(a) Epidemic

(b) Endemic

(c) Pandemic

(d) Sporadic

Q22. The community health nurse is computing the demographic data of a district. The Crude Birth Rate (CBR) is mathematically expressed using which standard denominator?

(a) Per 1,000 women of reproductive age

(b) Per 1,000 mid-year estimated total population

(c) Per 100,000 married couples

(d) Per 1,000 total live births

Q23. A mother brings her 14-week-old infant to the village Health and Nutrition Day session. According to the National Immunization Schedule, which set of routine vaccines should the infant receive during this specific visit?

(a) BCG, HepB birth dose, and OPV-0

(b) Pentavalent-1, OPV-1, and fIPV-1

(c) Pentavalent-3, OPV-3, Rotavirus Vaccine (RVV)-3, and Pneumococcal Conjugate Vaccine (PCV)-2

(d) MR-1 and Vitamin A 1st dose

Q24. When investigating a localized outbreak of Typhoid fever in a community, which epidemiological tool is most effective for measuring the rapid, retrospective strength of association between specific suspected food exposures and the development of the illness?

(a) Randomized Controlled Trial (RCT)

(b) Case-Control Study (Odds Ratio calculation)

(c) Prospective Cohort Study

(d) Descriptive cross-sectional census

Q25. A community health nurse monitors a worker in a glass manufacturing plant who complains of worsening vision. Examination confirms bilateral cataracts. The nurse recognizes this as an occupational injury caused by prolonged exposure to:

(a) Ultraviolet rays

(b) Infrared (heat) radiation

(c) Ionizing X-rays

(d) Microscopic silica dust particles

Q26. Which index is used by community epidemiologists to track the transmissibility of an infectious agent, representing the average number of secondary infections generated by a single primary case in a completely susceptible population?

(a) Virulence Proportion

(b) Case Fatality Ratio

(c) Basic Reproduction Number (R_0)

(d) Secondary Attack Rate

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 primigravida at 32 weeks of gestation presents to the triage unit complaining of a sudden gush of clear fluid from her vagina. A sterile speculum examination is performed. Which diagnostic finding firmly confirms a diagnosis of Premature Rupture of Membranes (PROM)?

(a) The vaginal fluid turns the yellow Nitrazine test strip bright olive green ($pH 5.0$).

(b) Microscopic evaluation of the dried fluid on a slide reveals a distinct "ferning" pattern.

(c) A rapid urine test shows completely absent human chorionic gonadotropin (hCG).

(d) Physical examination reveals a completely thick, long, and closed cervix.

Q32. A 28-year-old woman is admitted to the labor unit in active labor. An assessment reveals the fetal presentation is cephalic, with the fetal occiput pointing directly toward the mother's right anterior pelvic quadrant. How should the nurse document this fetal position?

(a) Left Occipito-Anterior (LOA)

(b) Right Occipito-Anterior (ROA)

(c) Right Occipito-Posterior (ROP)

(d) Left Sacro-Anterior (LSA)

Q33. A patient at 36 weeks of gestation with severe preeclampsia is receiving a continuous intravenous infusion of Magnesium Sulfate ($2g/hour$). During an hourly assessment, the nurse notes that the patient's deep tendon reflexes (patellar) are completely absent, respirations are $10 breaths/minute$, and hourly urine output is $15mL$. Which action is the priority?

(a) Increase the Magnesium Sulfate infusion rate to prevent an eclamptic seizure.

(b) Stop the Magnesium Sulfate infusion immediately and prepare to administer Calcium Gluconate.

(c) Place the patient in a prone position and perform immediate chest chest physiotherapy.

(d) Administer an intravenous bolus of regular insulin.

Q34. A multigravida patient at 38 weeks of gestation is admitted with sudden, severe abdominal pain accompanied by dark red vaginal bleeding. On palpation, the nurse finds that the uterus is exceptionally rigid, firm, and tender ("board-like"). The fetal heart rate monitor shows severe bradycardia. The nurse suspects:

(a) Placenta Previa

(b) Abruptio Placentae

(c) Incompetent Cervix

(d) Uterine Atony

Q35. The nurse is monitoring a patient in the second stage of labor. The electronic fetal monitor displays a pattern of sudden, sharp drops in the fetal heart rate that resemble a ”V” or ”W” shape, unrelated to the timing of uterine contractions. The nurse recognizes this pattern as:

(a) Early decelerations due to fetal head compression

(b) Variable decelerations due to umbilical cord compression

(c) Late decelerations due to uteroplacental insufficiency

(d) Sinusoidal waveforms due to severe fetal anemia

Q36. A nurse evaluates a postpartum woman 4 hours after a vaginal delivery. The nurse notes that the uterine fundus is boggy, displaced upward, and shifted to the right of the midline. What is the nurse's immediate appropriate intervention?

(a) Administer an extra dose of an intravenous oxytocic drug immediately.

(b) Ask the patient to void or perform straight catheterization if she is unable to pass urine.

(c) Place the patient in a Trendelenburg position to improve uterine perfusion.

(d) Pack the vagina tightly with sterile gauze sponges.

Q37. A 24-year-old female patient presents with a history of bilateral lower abdominal pain, high fever, and a foul-smelling vaginal discharge. During a bimanual pelvic examination, moving the cervix causes excruciating pain. The nurse recognizes this finding as:

(a) Hegar's sign indicating an early intrauterine pregnancy

(b) Chvostek's sign indicating acute hypocalcemia

(c) Cervical Motion Tenderness (Chandler's Sign) indicating Pelvic Inflammatory Disease

(d) Cullen's sign indicating a ruptured tubal ectopic pregnancy

Q38. A woman is diagnosed with an unruptured tubal ectopic pregnancy at 6 weeks of gestation. She is hemodynamically stable, and the embryonic mass measures less than 3.5 cm with no fetal cardiac activity. Which medication is the non-surgical drug of choice to terminate this pregnancy?

(a) Methotrexate

(b) Mifepristone

(c) Oxytocin

(d) Misoprostol

Q39. During a prenatal screening visit at 16 weeks of gestation, a patient's maternal serum alpha-fetoprotein (MSAFP) levels are reported as abnormally elevated. The nurse understands that an elevated MSAFP level is associated with an increased risk of:

(a) Down Syndrome (Trisomy 21)

(b) Neural Tube Defects (such as Spina Bifida or Anencephaly)

(c) Gestational Diabetes Mellitus

(d) Hydatidiform Molar Pregnancy

Q40. A multigravida patient at 41 weeks of gestation undergoes a biophysical profile (BPP) to assess fetal well-being. Which five structural parameters are evaluated and scored to compile a comprehensive BPP index?

(a) Maternal blood pressure, maternal heart rate, fetal weight, cervical dilation, and effacement

(b) Fetal heart rate reactivity (NST), fetal breathing movements, gross body movements, fetal muscle tone, and amniotic fluid volume

(c) Fetal head circumference, biparietal diameter, femur length, abdominal girth, and placental grading

(d) Maternal blood glucose, fetal cord blood pH, uterine resting tone, contraction frequency, and maternal pulse

Q41. The nurse is assisting with a vaginal delivery of a vertex presentation. Following the delivery of the fetal head, the nurse notes that the chin presses tightly back against the maternal perineum, and the shoulder fails to emerge with standard downward traction. What is the first mechanical maneuver the nurse should implement?

(a) Apply firm, downward fundal pressure.

(b) Place the mother in the McRoberts maneuver (hyperflexing the thighs against the abdomen) and apply suprapubic pressure.

(c) Perform immediate high forceps extraction configurations.

(d) Instruct the mother to sit upright and twist her pelvis.

Q42. A postpartum nurse is assessing a woman 36 hours after delivery. The nurse notes that the vaginal discharge is red-pink to brown in color, composed of old blood, serum, and tissue debris. How should the nurse document this specific lochial progression?

(a) Lochia rubra

(b) Lochia serosa

(c) Lochia alba

(d) Lochia purulenta

Q43. A patient at 8 weeks of gestation presents to the clinic with severe, intractable nausea and vomiting. She has lost 7% of her pre-pregnancy body weight, is clinically dehydrated, and her urine chemistry shows $3+$ ketones. The nurse identifies this condition as:

(a) Physiological morning sickness

(b) Hyperemesis Gravidarum

(c) Gestational Cholecystitis

(d) Acute viral gastroenteritis

Q44. The nurse is caring for a patient in labor who has been administered an epidural block for pain relief. Ten minutes after initiation, the patient's blood pressure drops from $120/80mmHg$ to $88/50mmHg$, and the fetal heart rate baseline drops. Which nursing action should be performed first?

(a) Turn the patient to a fully supine position and apply a warm blanket.

(b) Discontinue the IV fluid line to prevent pulmonary edema.

(c) Position the patient on her left side, increase the IV fluid infusion rate, and administer oxygen via face mask.

(d) Administer an immediate subcutaneous injection of regular insulin.

Q45. A primigravida presents for her first prenatal visit. She states that her last normal menstrual period (LMP) began on October 10th, 2025. Using Nägele's Rule, what is her estimated date of delivery (EDD)?

(a) July 17th, 2026

(b) July 10th, 2026

(c) January 17th, 2026

(d) August 17th, 2026

SECTION 4 - CHILD HEALTH NURSING

Q46. A 4-year-old child is brought to the emergency department with a sudden onset of high fever, severe sore throat, and a muffled, "hot potato" voice. The nurse notes that the child is sitting in a "tripod position" (leaning forward with the chin thrust out) and is drooling heavily. Which nursing action is strictly contraindicated in this situation?

(a) Placing the child in a high-Fowler's position on the mother's lap

(b) Inspecting the oral cavity and throat using a tongue depressor

(c) Preparing the patient for an urgent lateral neck X-ray

(d) Administering humidified supplemental oxygen

Q47. A 2-day-old neonate is evaluated in the nursery. The nurse notes a soft, fluctuant swelling on the infant's scalp that is sharply demarcated and does not cross the cranial suture lines. The nurse documents this finding as:

(a) Caput succedaneum

(b) Cephalohematoma

(c) Craniotabes

(d) Subgaleal hemorrhage

Q48. The nurse is caring for an 18-month-old child who has undergone a surgical repair for a cleft palate. Which feeding intervention and safety measure should the nurse enforce postoperatively?

(a) Feed the child using a firm, standard plastic spoon, placing it deep into the mouth.

(b) Allow the child to drink clear liquids using a flexible straw.

(c) Use a cup or an open-ended syringe for feedings, and ensure soft elbow restraints (splints) are applied.

(d) Keep the child strictly prone and unmonitored to prevent aspiration.

Q49. A 6-year-old child is admitted to the pediatric unit with acute post-streptococcal glomerulonephritis (APSGN). The child is hypertensive and has periorbital edema. Which dietary restriction must the nurse incorporate into the patient's care plan?

(a) High-protein, high-sodium diet

(b) Low-sodium, fluid-restricted diet

(c) High-potassium, low-carbohydrate diet

(d) High-calorie fat-emulsion diet exclusively

Q50. A 3-year-old child is brought to the clinic because of a dense, persistent bark-like cough ("croupy cough"), inspiratory stridor, and hoarseness that worsens at night. The nurse recognizes this as Laryngotracheobronchitis (Croup). Which medication is routinely prescribed to reduce upper airway edema in this patient?

(a) Intravenous Penicillin G

(b) Nebulized racemic epinephrine and oral dexamethasone

(c) Oral Theophylline syrup

(d) Nebulized Acetylcysteine (Mucomyst)

Q51. An infant is diagnosed with Congenital Megacolon (Hirschsprung's Disease). When taking a clinical history from the parents, which classic neonatal manifestation should the nurse expect to find?

(a) Passing loose, watery, bright yellow stools within 12 hours of birth

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

(c) Forceful, non-bilious projectile vomiting after every formula feeding

(d) Rapid closure of the anterior fontanelle

Q52. The nurse is performing a developmental assessment on a 6-month-old infant. Which fine and gross motor milestone should the nurse observe as an expected skill for a normally developing infant at this age?

(a) Walking independently while holding onto furniture (cruising)

(b) Stacking a tower of three wooden blocks

(c) Sitting steadily without support and transferring objects from one hand to another

(d) Using a mature neat pincer grasp to pick up small pieces of cereal

Q53. A child is admitted with a history of recurrent pulmonary infections, bulky foul-smelling fatty stools (steatorrhea), and failure to thrive. The physician orders a Sweat Chloride Test. A sweat chloride level above which value is considered diagnostic for Cystic Fibrosis?

(a) $> 20mEq/L$

(b) $> 40mEq/L$

(c) $> 60mEq/L$

(d) $> 10mEq/L$

Q54. A 5-year-old child with a known diagnosis of Hemophilia A sustains a knee injury after falling from a playground slide. The joint is swollen, painful, and warm to the touch (hemarthrosis). What is the immediate priority nursing action?

(a) Administer high-dose oral Aspirin to manage bone pain.

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

(c) Perform passive range-of-motion exercises immediately to prevent joint contractures.

(d) Apply a warm heating pad to the joint to encourage blood clot absorption.

Q55. The nurse is caring for an infant with a large, left-to-right shunting Ventricular Septal Defect (VSD). Which clinical signs of congestive heart failure (CHF) should the nurse monitor for closely?

(a) Bradycardia, decreased respiratory rate, and increased urinary output

(b) Tachycardia, tachypnea, diaphoresis during feedings, and hepatomegaly

(c) High systemic blood pressure and bounding peripheral pulses in the lower legs

(d) Microcephaly, sparse hair, and extreme dry skin patterns

Q56. A 2-year-old toddler is brought to the emergency clinic after accidentally ingesting an unknown quantity of iron supplement tablets. Which specific chelating agent should the nurse expect to administer to manage acute iron toxicity?

(a) Deferoxamine

(b) Calcium Disodium EDTA

(c) Dimercaprol (BAL)

(d) N-acetylcysteine

Q57. An infant is born with an open neural tube defect (Myelomeningocele) located in the lumbar region. Which pre-operative nursing intervention is critical to prevent infection and protect the structural integrity of the sac?

(a) Keep the infant supine and cover the sac with a dry, sterile adhesive dressing.

(b) Position the infant prone with the legs slightly abducted, and cover the sac with a sterile gauze dressing moistened with warm normal saline.

(c) Apply a thick layer of petroleum jelly and wrap the infant's torso in a tight elastic bandage.

(d) Swaddle the infant tightly in a warm blanket and hold them in an upright position.

Q58. A 12-month-old infant is admitted with severe iron-deficiency anemia. The nurse provides dietary education to the parents. Which instruction regarding oral iron supplement administration is correct?

(a) Administer the iron liquid directly with a glass of whole cow's milk to protect the stomach lining.

(b) Give the iron supplement with orange juice (Vitamin C) between meals to enhance absorption.

(c) Mix the iron medication directly into the infant's hot cereal formula before cooking.

(d) Stop the iron supplement as soon as the infant's skin color returns to a pink tone.

Q59. During a physical examination of a newborn, the nurse flexes the infant's hips and knees at 90 degrees, then gently abducts the thighs while applying forward pressure over the greater trochanter. The nurse feels a distinct, palpable "clunk" as the femoral head slips into the acetabulum. The nurse documents this positive finding as:

(a) Barlow's Sign

(b) Ortolani's Sign

(c) Moro Reflex

(d) Gower's Sign

Q60. A 4-year-old child is admitted to the isolation ward with a confirmed diagnosis of Rubeola (Measles). When assessing the oral mucosa during the early prodromal stage, which pathognomonic clinical sign should the nurse look for?

(a) Large, painful aphthous ulcers with white curd-like plaques

(b) Koplik's spots (small, irregular blue-white spots on an erythematous base opposite the lower molars)

(c) A bright "strawberry tongue" with desquamation

(d) Diffuse black hairy tongue configurations

SECTION 5 - MENTAL HEALTH NURSING

Q61. A patient with Schizophrenia is standing in the middle of the unit and begins shouting, "The voices! They are screaming at me to jump out the window right now!" The nurse immediately initiates safety protocols. What is the nurse's priority action?

(a) Ask the patient what the voices are saying to them.

(b) Administer an oral dose of an antipsychotic medication immediately.

(c) Engage in reality-based conversation, stating, "I do not hear those voices, but I am here to keep you safe."

(d) Tell the patient that the voices are not real and they should ignore them.

Q62. A patient diagnosed with Generalized Anxiety Disorder (GAD) is started on Buspirone (Buspar). The patient asks how this medication differs from a Benzodiazepine. What is the nurse's most accurate response?

(a) "Buspirone causes physical dependence and withdrawal symptoms if stopped suddenly."

(b) "Buspirone does not have a sedative effect and has a lower potential for abuse or dependence."

(c) "Buspirone works within 30 minutes of administration to stop panic attacks."

(d) "Buspirone is a stimulant that will increase your energy levels during the day."

Q63. A patient with a history of alcohol use disorder is admitted for detoxification. Within 24 hours of his last drink, he becomes irritable, exhibits fine hand tremors, tachycardia, and hypertension. Which class of medication is the standard of care for managing these acute withdrawal symptoms?

(a) Tricyclic Antidepressants

(b) Benzodiazepines (e.g., Chlordiazepoxide or Diazepam)

(c) Typical Antipsychotics

(d) Monoamine Oxidase Inhibitors (MAOIs)

Q64. A patient with Obsessive-Compulsive Disorder (OCD) spends several hours a day washing her hands to "wash away germs." Which nursing intervention is most therapeutic during the early stages of her treatment?

(a) Forcefully stopping the ritual to demonstrate that no harm will come to her.

(b) Allowing the ritual to continue, but gradually limiting the time permitted for hand washing.

(c) Directly forbidding the patient from washing her hands at all.

(d) Ignoring the ritualistic behavior so the patient feels less self-conscious.

Q65. During a clinical interview, a patient who is manic states, "I am the king of the world, I have solved all the world's financial problems in one hour, and I can fly if I jump off this building." The nurse identifies these symptoms as:

(a) Delusions of grandeur and nihilism

(b) Grandiose delusions and potential for physical harm

(c) Persecutory delusions and phobias

(d) Echolalia and flight of ideas

Q66. A patient with Bipolar Disorder is being treated with Lithium. Which laboratory value requires immediate monitoring to prevent toxicity?

(a) Serum Sodium

(b) Serum Potassium

(c) Serum Calcium

(d) Serum Magnesium

Q67. A patient receiving Clozapine for treatment-resistant Schizophrenia develops a sudden sore throat, fever, and flu-like symptoms. What is the nurse's immediate priority?

(a) Advise the patient to take acetaminophen and monitor for 24 hours.

(b) Stop the medication immediately and order a Complete Blood Count (CBC) with differential.

(c) Increase the dosage, assuming the patient has an infection that is worsening their condition.

(d) Place the patient in a private, quiet room to reduce stimulation.

Q68. A patient with Depression is prescribed an SSRI. She tells the nurse she heard that SSRIs have "sexual side effects." What is the most appropriate response?

(a) "Do not worry, those side effects only occur in men."

(b) "Sexual dysfunction is a common side effect of SSRIs; please inform your provider if this occurs so we can adjust the dosage or switch medications."

(c) "You should stop the medication immediately if you notice any changes in your libido."

(d) "That is a myth, SSRIs actually increase sexual drive."

Q69. A patient diagnosed with Borderline Personality Disorder (BPD) exhibits "splitting" behaviors toward the nursing staff. How should the nursing team manage this to ensure consistent care?

(a) Assign only one nurse to the patient to avoid staff conflict.

(b) Have all staff members communicate frequently to maintain clear, consistent limits and boundaries.

(c) Encourage the patient to tell the nurses what they think of other staff members.

(d) Rotate staff frequently to ensure no single nurse becomes too "attached."

Q70. A patient experiencing a major depressive episode is unresponsive to other treatments. The physician recommends Electroconvulsive Therapy (ECT). What is the nurse's primary responsibility immediately following the procedure?

(a) Keep the patient in a sitting position to prevent aspiration.

(b) Monitor the patient's airway, breathing, and level of consciousness until they are fully awake and oriented.

(c) Administer the patient's daily dose of antidepressants immediately.

(d) Encourage the patient to walk around the unit to prevent post-procedural stiffness.

Q71. A patient with Anorexia Nervosa has a BMI of 14. Which finding is the most critical physiological alert requiring immediate medical intervention?

(a) Lanugo hair growth on the arms.

(b) An ECG showing a prolonged QT interval and bradycardia.

(c) Amenorrhea for 6 months.

(d) Excessive preoccupation with calorie counts.

Q72. A patient is brought in with suspected overdose on an unknown antidepressant. He is hyperthermic, has severe muscle rigidity, and shows fluctuating blood pressure. The nurse suspects Serotonin Syndrome or NMS. Which diagnostic tool or symptom helps differentiate the two?

(a) NMS is characterized by hyporeflexia, whereas Serotonin Syndrome is characterized by hyperreflexia and myoclonus.

(b) Serotonin Syndrome always results in high blood pressure, while NMS results in low blood pressure.

(c) NMS only occurs with SSRIs.

(d) Serotonin Syndrome is not a medical emergency.

Q73. Which defense mechanism involves consciously pushing painful or unacceptable thoughts, feelings, or memories out of one's mind?

(a) Repression

(b) Suppression

(c) Projection

(d) Displacement

Q74. A patient with Antisocial Personality Disorder repeatedly breaks unit rules. When confronted, he blames the nurses for being "too strict" and "unfair." The nurse recognizes this as:

(a) Projection

(b) Rationalization

(c) Reaction Formation

(d) Intellectualization

Q75. A patient is in a state of catatonic stupor, remaining in a fixed, immobile posture for hours despite external stimuli. What is the nurse's most appropriate intervention?

(a) Physically force the patient to move to prevent muscle stiffness.

(b) Ensure the patient's physiological needs (nutrition, hydration, hygiene) are met safely.

(c) Leave the patient alone as they prefer solitude.

(d) Loudly stimulate the patient to force them to "wake up."

SECTION 6 - NURSING FOUNDATIONS

Q76. A nurse needs to administer a $1liter$ (1000 mL) IV fluid bolus over 8 hours using a drip set with a drop factor of $20gtts/mL$. What is the flow rate in drops per minute $(gtts/min)$?

(a) 32 gtts/min
(b) 42 gtts/min
(c) 50 gtts/min
(d) 62 gtts/min

Q77. A nurse is teaching a patient about pressure injury prevention. Which anatomical area should the nurse identify as being at the highest risk for pressure injury development when the patient is in the side-lying (lateral) position?

(a) Sacrum
(b) Greater trochanter
(c) Scapula
(d) Occiput

Q78. A patient is placed on "Droplet Precautions" for a suspected respiratory infection. Which of the following components of Personal Protective Equipment (PPE) is mandatory when entering the patient's room?

(a) N95 respirator
(b) Surgical mask
(c) Double gloves
(d) Sterile gown

Q79. When assessing a patient's "Capillary Refill Time" (CRT), what does the nurse interpret as a normal finding?

(a) Less than 2 seconds
(b) 5 to 7 seconds
(c) More than 10 seconds
(d) 15 seconds

Q80. A nurse is preparing a patient for a surgical procedure. Which principle must guide the nurse in ensuring the patient's informed consent?

(a) The nurse is responsible for explaining the surgical risks and benefits.
(b) The nurse's role is to witness the patient's signature, ensuring the patient is competent and has been fully informed by the surgeon.
(c) The consent form can be signed by the patient after they have received preoperative sedation.

(d) Only the patient's next-of-kin can provide consent for surgery.

Q81. Which part of the nursing process involves the systematic collection, verification, and organization of data regarding the patient's health status?

(a) Diagnosis
(b) Planning
(c) Assessment
(d) Implementation

Q82. A patient is placed on a strict intake and output (I&O) record. Which of the following should the nurse include as "intake"?

(a) Intravenous infusions, enteral tube feedings, and ice chips
(b) Wound drainage and urine output
(c) Sweating (diaphoresis) and emesis
(d) Oral medications only

Q83. A nurse performs a physical exam using the order of "Inspection, Palpation, Percussion, and Auscultation." For which body system is this order specifically modified?

(a) Respiratory
(b) Musculoskeletal
(c) Abdominal
(d) Cardiovascular

Q84. A nurse is caring for an immobile patient. To prevent the development of a "foot drop," which assistive device should the nurse use?

(a) Bed cradle
(b) Footboard
(c) Trochanter roll
(d) Abduction pillow

Q85. According to Maslow's Hierarchy of Needs, which of the following patient needs should the nurse address first?

(a) The patient's need to feel respected by staff.
(b) The patient's need for oxygen and hydration.
(c) The patient's desire to participate in social activities.
(d) The patient's need to understand their diagnosis.

SECTION 8 - GENERAL KNOWLEDGE AND CURRENT AFFAIRS

Q86. The "PM-ABHIM" (Pradhan Mantri Ayushman Bharat Health Infrastructure Mission) was launched to strengthen the healthcare infrastructure in India. Which of the following is a primary objective of this mission?

(a) To provide free air travel for medical tourists
(b) To create robust public health infrastructure for both urban and rural areas, focusing on pandemic preparedness
(c) To mandate the digitisation of all private pharmacy records only
(d) To provide life insurance for every citizen of India

Q87. The World Health Organization (WHO) defines "Universal Health Coverage" (UHC) as a situation where:

(a) Everyone receives free health care from the government.
(b) All people have access to the health services they need, when and where they need them, without financial hardship.
(c) Every country has a hospital in every village.
(d) Health care is provided only to those who have private insurance.

Q88. Which Indian government initiative focuses on the "First 1000 Days" of a child's life, emphasizing nutrition for pregnant women, lactating mothers, and children to reduce stunting and wasting?

(a) Poshan Abhiyaan (National Nutrition Mission)
(b) Swachh Bharat Abhiyan
(c) Pradhan Mantri Jan Dhan Yojana
(d) Skill India Mission

Q89. What is the primary purpose of the "Co-WIN" platform, which became a global model for digital health systems?

(a) To track the spread of seasonal flu across the globe.
(b) To facilitate digital registration, scheduling, and certification for COVID-19 vaccinations in India.
(c) To provide online doctor consultations for chronic diseases.
(d) To manage the distribution of blood in hospitals.

Q90. In the context of the National Health Mission (NHM), what does the term "ASHA" stand for?

(a) Advanced Surgical Health Assistant
(b) Accredited Social Health Activist
(c) All-India School Health Agency
(d) Associated Senior Health Advisor

SOLUTIONS

Q1. Correct Answer: (B)

Worsening muscle weakness after Edrophonium administration indicates a cholinergic crisis caused by excess acetylcholine. Atropine sulfate must be readily available as the antidote.

Q2. Correct Answer: (B)

After pneumonectomy, the patient should be positioned on the operative side or semi-Fowler's position to prevent mediastinal shift and optimize oxygenation.

Q3. Correct Answer: (B)

Sudden tearing chest pain radiating to the back with unequal blood pressure in both arms is characteristic of aortic dissection.

Q4. Correct Answer: (B)

Fat Embolism Syndrome commonly occurs after long bone fractures and presents with respiratory distress, neurological symptoms, and petechial rash.

Q5. Correct Answer: (B)

Both Trousseau's sign and Chvostek's sign indicate hypocalcemia, which commonly develops in severe pancreatitis.

Q6. Correct Answer: (B)

Before colonoscopy, patients are instructed to consume only clear liquids and avoid red or purple dyes because they may resemble blood during the procedure.

Q7. Correct Answer: (B)

The patient is experiencing autonomic dysreflexia. Immediate interventions include elevating the head of the bed and removing triggering stimuli such as bladder distension or fecal impaction.

Q8. Correct Answer: (B)

Conn's Syndrome causes excess aldosterone secretion leading to sodium retention, hypertension, and hypokalemia.

Q9. Correct Answer: (B)

Pacemaker spikes not followed by QRS complexes indicate failure to capture.

Q10. Correct Answer: (B)

Crush injuries can cause rhabdomyolysis, releasing potassium and myoglobin into the bloodstream, leading to hyperkalemia and acute kidney injury.

Q11. Correct Answer: (B)

Warfarin therapy is monitored using the International Normalized Ratio (INR) and Prothrombin Time (PT).

Q12. Correct Answer: (C)

T-tube drainage should remain below the abdomen to promote bile drainage. An initial bile output of $300–500mL$ in the first 24 hours is expected.

Q13. Correct Answer: (A)

SIADH causes water retention and dilutional hyponatremia. Fluid restriction is the primary nursing intervention.

Q14. Correct Answer: (B)

Burn injuries cause fluid to shift into the interstitial space and release intracellular potassium due to cell destruction.

Q15. Correct Answer: (B)

During AAA repair, temporary aortic cross-clamping near the renal arteries may reduce renal perfusion and lead to acute kidney injury.

Q16. Correct Answer: (B)

Attack Rate measures the proportion of people who become ill after exposure during an outbreak.

Q17. Correct Answer: (A)

Gambusia affinis, commonly called mosquito fish, is widely used for biological mosquito control because it feeds on mosquito larvae.

Q18. Correct Answer: (C)

Measles-Rubella vaccine must be discarded within 4 hours after reconstitution because it rapidly loses potency.

Q19. Correct Answer: (B)

The continuation phase of drug-sensitive TB treatment includes Isoniazid, Rifampicin, and Ethambutol.

Q20. Correct Answer: (C)

In difficult geographical regions, a PHC generally serves a population of about 20,000 people.

Q21. Correct Answer: (B)

An endemic disease remains constantly present in a specific area or population.

Q22. Correct Answer: (B)

Crude Birth Rate is calculated per:

$$1000mid - yearpopulation$$

Q23. Correct Answer: (C)

At 14 weeks, infants receive:

$$Pentavalent - 3 + OPV - 3 + RVV - 3 + PCV - 2$$

according to the National Immunization Schedule.

Q24. Correct Answer: (B)

Case-control studies are highly useful during outbreaks because they rapidly identify associations between exposures and disease.

Q25. Correct Answer: (B)

Prolonged exposure to infrared radiation in glass industries can cause occupational cataracts.

Q26. Correct Answer: (C)

The Basic Reproduction Number:

$$R_0$$

represents the average number of secondary infections produced by one infected individual in a susceptible population.

Q27. Correct Answer: (B)

Maternal Mortality Ratio measures maternal deaths per:

$$100,000 live births$$

Q28. Correct Answer: (B)

Active surveillance involves health workers directly searching for cases through household visits and screening.

Q29. Correct Answer: (C)

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

Q30. Correct Answer: (B)

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

Q31. Correct Answer: (B)

A ferning pattern on microscopic examination confirms the presence of amniotic fluid and supports the diagnosis of Premature Rupture of Membranes (PROM).

Q32. Correct Answer: (B)

When the fetal occiput points toward the mother's right anterior pelvis, the position is documented as Right Occipito-Anterior (ROA).

Q33. Correct Answer: (B)

Absent reflexes, respiratory depression, and decreased urine output indicate Magnesium Sulfate toxicity. Calcium Gluconate is the antidote.

Q34. Correct Answer: (B)

Painful vaginal bleeding with a rigid "board-like" uterus is characteristic of Abruptio Placentae.

Q35. Correct Answer: (B)

Variable decelerations are abrupt V- or W-shaped drops in fetal heart rate caused by umbilical cord compression.

Q36. Correct Answer: (B)

A boggy uterus displaced to the right commonly indicates bladder distension. The patient should be assisted to void immediately.

Q37. Correct Answer: (C)

Severe cervical motion tenderness (Chandler's sign) is a classic finding in Pelvic Inflammatory Disease (PID).

Q38. Correct Answer: (A)

Methotrexate is used medically to treat stable, unruptured ectopic pregnancies.

Q39. Correct Answer: (B)

Elevated maternal serum alpha-fetoprotein levels are associated with open neural tube defects such as spina bifida.

Q40. Correct Answer: (B)

A biophysical profile evaluates:

$$NST + fetalbreathing + fetalmovements + fetaltone + amnioticfluidvolume$$

Q41. Correct Answer: (B)

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

Q42. Correct Answer: (B)

Lochia serosa is pinkish-brown vaginal discharge that occurs several days after delivery.

Q43. Correct Answer: (B)

Severe vomiting with dehydration, weight loss, and ketonuria indicates Hyperemesis Gravidarum.

Q44. Correct Answer: (C)

Hypotension after epidural anesthesia is managed by left lateral positioning, oxygen administration, and increasing IV fluids to improve uteroplacental perfusion.

Q45. Correct Answer: (A)

Using Nägele's Rule:

$$EDD = LMP + 7days - 3months + 1year$$

$$10October2025 \rightarrow 17July2026$$

Therefore, the estimated date of delivery is:

$$17^{th}July2026$$

Q46. Correct Answer: (B)

The child has signs of acute epiglottitis. Using a tongue depressor can trigger fatal airway obstruction and is strictly contraindicated.

Q47. Correct Answer: (B)

Cephalohematoma is bleeding beneath the periosteum and does not cross cranial suture lines.

Q48. Correct Answer: (C)

After cleft palate repair, feeding should be done with a cup or syringe, and elbow restraints are used to prevent trauma to the suture line.

Q49. Correct Answer: (B)

In APSGN, sodium and water retention cause edema and hypertension, so fluid and sodium restriction are necessary.

Q50. Correct Answer: (B)

Moderate-to-severe croup is treated with nebulized racemic epinephrine and dexamethasone to reduce airway edema.

Q51. Correct Answer: (B)

Failure to pass meconium within 24–48 hours after birth is a classic sign of Hirschsprung's Disease.

Q52. Correct Answer: (C)

At 6 months, infants are expected to sit with support and transfer objects from one hand to another.

Q53. Correct Answer: (C)

A sweat chloride level greater than:

$$60mEq/L$$

is diagnostic for Cystic Fibrosis.

Q54. Correct Answer: (B)

Management of hemarthrosis includes:

$$RICE = Rest, Ice, Compression, Elevation$$

along with Factor VIII replacement.

Q55. Correct Answer: (B)

Large VSDs may lead to congestive heart failure presenting with tachycardia, tachypnea, sweating during feeds, and hepatomegaly.

Q56. Correct Answer: (A)

Deferoxamine is the antidote for acute iron poisoning and binds excess iron for renal excretion.

Q57. Correct Answer: (B)

Infants with myelomeningocele should be kept prone with moist sterile saline dressings to protect the sac and prevent infection.

Q58. Correct Answer: (B)

Vitamin C enhances iron absorption, so iron supplements are best given with orange juice between meals.

Q59. Correct Answer: (B)

Ortolani's maneuver detects developmental dysplasia of the hip by feeling a "clunk" as the femoral head relocates into the acetabulum.

Q60. Correct Answer: (B)

Koplik's spots are pathognomonic for measles and appear as bluish-white spots on the buccal mucosa opposite the molars.

Q61. Correct Answer: (C)

The therapeutic response is to acknowledge the patient's fear without reinforcing the hallucination and to provide reassurance and safety.

Q62. Correct Answer: (B)

Buspirone is a non-sedating anxiolytic with low abuse potential and does not usually cause dependence like benzodiazepines.

Q63. Correct Answer: (B)

Benzodiazepines are the first-line treatment for alcohol withdrawal because they prevent seizures and delirium tremens.

Q64. Correct Answer: (B)

In OCD, rituals should not be abruptly stopped. Gradually limiting ritual time while teaching coping strategies is the therapeutic approach.

Q65. Correct Answer: (B)

The patient demonstrates grandiose delusions with a risk for serious self-harm due to impaired judgment.

Q66. Correct Answer: (A)

Low sodium levels increase Lithium retention by the kidneys and can rapidly lead to Lithium toxicity.

Q67. Correct Answer: (B)

Clozapine can cause agranulocytosis. Any fever or sore throat requires immediate CBC monitoring and discontinuation of the drug until evaluated.

Q68. Correct Answer: (B)

Sexual dysfunction is a common SSRI side effect, and patients should be encouraged to discuss it openly with their healthcare provider.

Q69. Correct Answer: (B)

Consistent communication and firm boundaries among all staff members help manage splitting behaviors in Borderline Personality Disorder.

Q70. Correct Answer: (B)

After ECT, airway management and neurological monitoring are the immediate nursing priorities until the patient is fully awake.

Q71. Correct Answer: (B)

A prolonged QT interval and bradycardia are life-threatening cardiac complications of severe anorexia nervosa.

Q72. Correct Answer: (A)

Serotonin Syndrome presents with hyperreflexia and myoclonus, whereas Neuroleptic Malignant Syndrome causes severe rigidity and hyporeflexia.

Q73. Correct Answer: (B)

Suppression is the conscious effort to avoid thinking about disturbing thoughts or feelings.

Q74. Correct Answer: (A)

Projection occurs when a person attributes their own unacceptable behavior or feelings to others.

Q75. Correct Answer: (B)

Patients in catatonic stupor are at high risk for dehydration, malnutrition, and pressure injuries, so physiological care is the priority.

Q76. Correct Answer: (B)

$$FlowRate = \frac{Totalvolume \times Dropfactor}{Totaltimeinminutes}$$

$$= \frac{1000 \times 20}{480} = 41.66 \approx 42gtts/min$$

Q77. Correct Answer: (B)

In the side-lying position, the greater trochanter is the major pressure-bearing bony prominence and is highly susceptible to pressure injury formation.

Q78. Correct Answer: (B)

Droplet precautions require a surgical mask because large respiratory droplets spread infections such as influenza and meningococcal disease.

Q79. Correct Answer: (A)

Normal capillary refill time is:

$$< 2seconds$$

indicating adequate peripheral circulation.

Q80. Correct Answer: (B)

The physician explains the procedure and obtains informed consent, while the nurse witnesses the patient's signature and confirms competence and understanding.

Q81. Correct Answer: (C)

Assessment is the first step of the nursing process and includes collection and organization of patient data.

Q82. Correct Answer: (A)

Intake includes all fluids entering the body such as IV fluids, tube feedings, and ice chips.

Q83. Correct Answer: (C)

For abdominal assessment, auscultation is performed before palpation and percussion because touching the abdomen can alter bowel sounds.

Q84. Correct Answer: (B)

A footboard prevents plantar flexion contractures and helps prevent foot drop in immobile patients.

Q85. Correct Answer: (B)

According to Maslow's Hierarchy, physiological needs such as oxygen and hydration are the highest priority for survival.

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Q97. Correct Answer: (B)

Universal Health Coverage (UHC) means all individuals receive essential health services without facing financial hardship.

Q98. Correct Answer: (A)

Poshan Abhiyaan focuses on improving nutrition during the critical ”First 1000 Days” from conception to a child’s second birthday.

Q99. Correct Answer: (B)

The Co-WIN platform was developed for digital registration, scheduling, tracking, and certification of COVID-19 vaccinations in India.

Q100. Correct Answer: (B)

ASHA stands for:

$$Accredited Social Health Activist$$

ASHA workers play a vital role in community healthcare delivery under the National Health Mission (NHM).