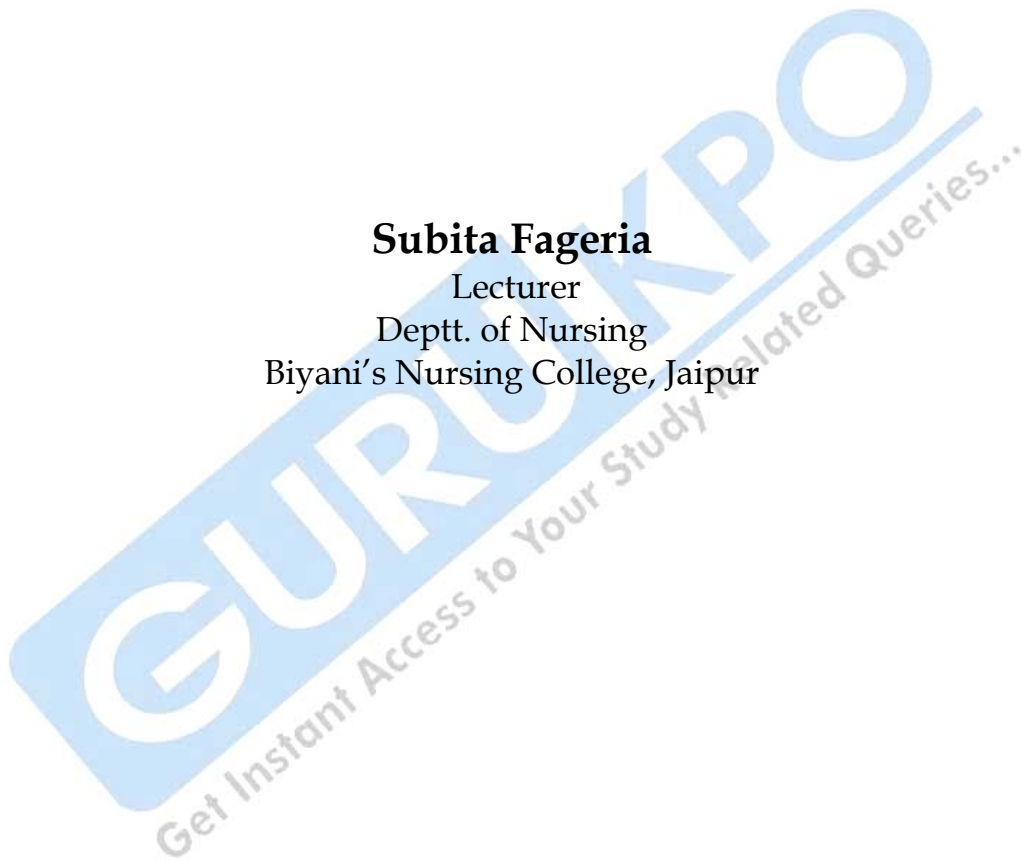


Biyani's Think Tank
Concept based notes
Medical Surgical Nursing -II
(GNM)

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Medical Surgical Nursing-II

Hrs. 120

Course Description

This course will help students understand the concept of disease and disease process. Student will be able to gain knowledge and develop understanding of various medical surgical specialty disorders and disease. They will be able to give comprehensive nursing care to patient with these disease.

General Objective

Upon completion of this course, the student will be able to;

1. Describe the causes, symptoms, signs, treatment and prevention of disease classified under medical surgical specialties.
2. Demonstrate skill in carrying out nursing techniques and procedure with the application of scientific principles.
3. Prepare nursing care plan using nursing process and provide care to patients with these disease.

Course Content

Unit I Oncology Nursing

- Nursing management of patient with abnormal cell growth.
- Assessment
- Problems and management
- Classification of cancer
- Detection, prevention
- Treatment modalities

Nursing management of patient receiving

- Chemotherapy
- Radiation
- Late effect of chemotherapy and radiation
- Nursing management of patient undergoing radical surgery.

- Bone marrow transplant and its management.
- Nursing management of terminally ill patient.
- Rehabilitation of cancer patients.

Unit II Nursing Management of patients with discuss of male genitor-urinary tract

- Assessment of genitor-urinary function.
- Disorders of male genitor-urinary tract and its management.

Unit-III Nursing Management of patients with disorders of breast

- Assessment
- Disorders of breast and breast cancer.
- Management of patient undergoing surgery for cancer breast.

Unit IV nursing management of patients with disorders of integument system.

- Assessment of skin and its functions.
- Inflammatory and non-inflammatory disorder and disease and its management.
- Infestations, infections and non-infections disease and their management.
- Skin cancer
- Special dermatological therapy.
- Burn and its management.

Unit V Nursing management of patients with ophthalmic disorder and disease

- Assessment of function of eyes.
- Disease and disorder of eyes and their management.
- Review national programmes on blindness and trachoma.

Hospital cornea Retrieval

- Grief counseling eye collection in hospital.
- Motivation for eye donation.
- Obtaining consent for eye donation.
- Transplantation of human organs bill and eye collection.

- Eye banking in India.

-

Unit VI Nursing Management of patients with disorders and disease of ear, nose and throat

- Assessment of the function of ear, and Throat.
- Disorder and disease of the ear nose and throat.
- Management of disorders and disease of ear, nose and throat.

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Unit VII Nursing Management of patients with cardio-vascular, circulatory and hematological disorder

- Assessment of cardio-vascular functions.
- Management of patients with cardio-vascular disease.
- Management of patient in ICU and CCU.
- Management of patient with cardio-vascular surgery.
- Assessment and management of circulatory, hematological disorder and problems of peripheral circulation.
- Phlebotomy procedure in blood donors.
- Sample and request for blood donors.
- Sample and request for blood transfusion.
- Adverse transfusion reaction and their management.
- Blood bank functioning – hospital transfusion committee.
- Blood donor care, post donation management, counseling of blood donors.
- Inventory of necessary requirement for the transfusions.

-

Unit VIII Nursing Management of patients with communicable disease

- Assessment
- Review of infection, how it spreads and its control.
- Preparation, care and administration of antisera and vaccines.
- Isolation – review of epidemiology and control measures.
- Management of various infection disease.

Disease caused by:

Virus – measles, chicken pox, influenza, small pox, mumps, encephalitis, infective hepatitis, poliomyelitis, rabies, AIDS,

Bacteria – Diphtheria, Whooping Cough, Tetanus, typhoid, Dysentery, Gastro-enteritis, Cholera, Meningococcal meningitis, Tuberculosis

Zoonosis – Kala- azar, Plague, Relapsing Fever.

Mosquito – Malaria, Filaria, yellow fever, dengue fever.

Unit IX Nursing Management of patients with sexually transmitted disease

- Assessment
- Sex health and hygiene
- Gonorrhoea, syphilis, Granuloma Venerium, chancroid, Granuloma inguinale and AIDS

Unit X Nursing Management of Patients with musculo – skeletal disorder and disease

- Assessment of musculo skeletal functions
- Disorders and disease of bone, muscle, cartilage, ligaments and their management
- Rehabilitation, physiotherapy and occupational therapy.

Unit XI Emergency and Disaster Nursing

- Natural calamities
- Manmade disaster
- Community resources available to meet such calamities.
- Nurse's role in disaster management

Unit I

Oncology Nursing

Q.1 What is the Cancer? Define the term Cancer?

Ans. Cancer is an abnormal growth and Malignant cost by un-control Cell division.

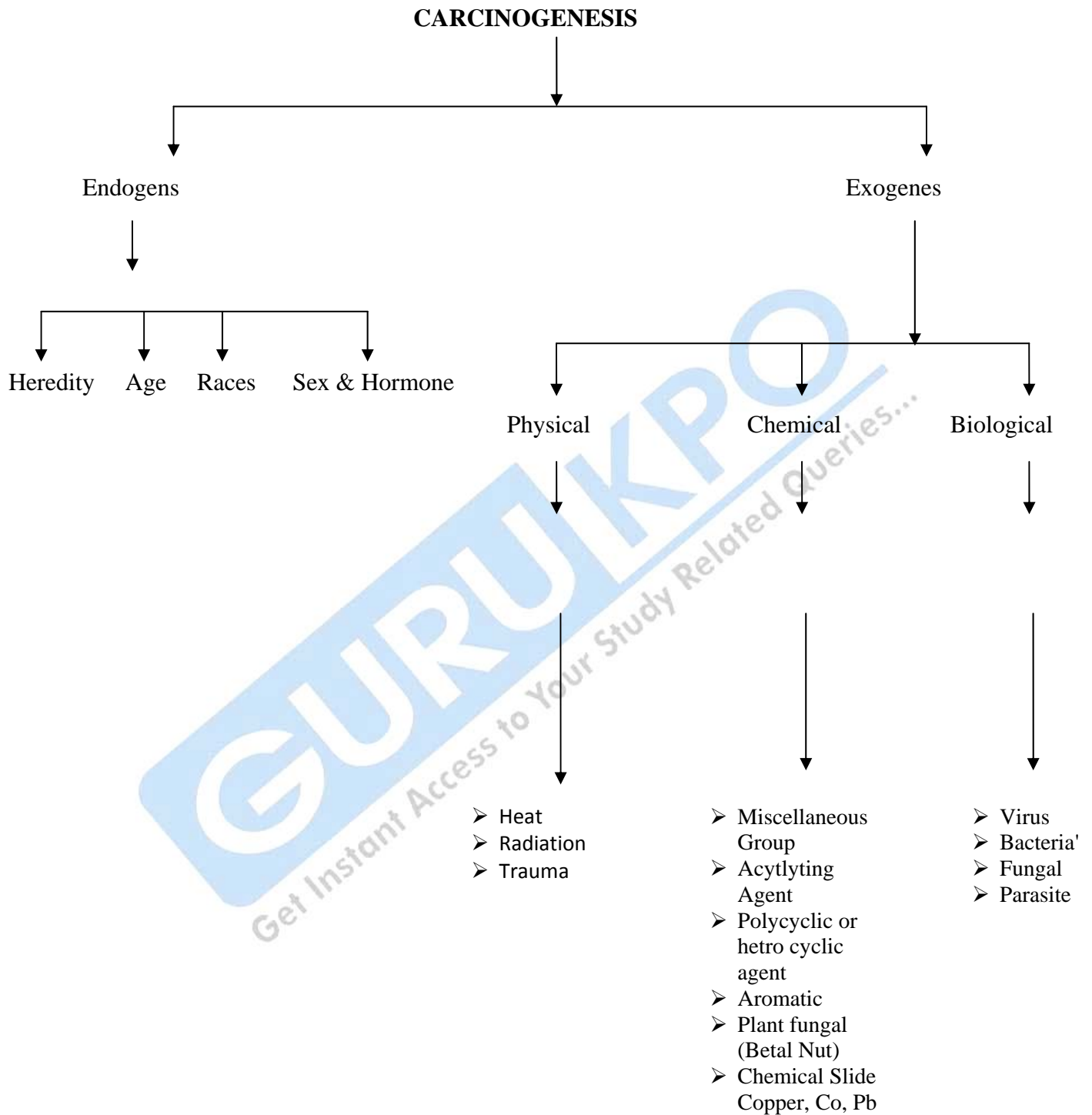
- It may spread to other parts of the body through Lymphatic system or the blood stress.
- The word cancer is derived the Greek word "Crab" . As a Crab move fast in all direction similarly the disease Cancer spread in all direction. The word cancer is usually abrivated "CA" and usually used for malignant tumour.

Q.2 What are the common cases of cancer?

Ans. The following 2 theories are common for the development of cancer.

- i. Cellular transformation and derangement
Immune response failure.

ii.



Q.3 What are the sign & symptom of cancer?

Ans. There are 7 warning sign which are represented as "CAUTION" :-

C → Changing in bowel & bladder function.

A → A sore that does not heal.

U → Usual bleeding & discharge.

T → Thickening or lump in breast.

I → Indigestion or difficulty in swallowing.

O → Obvious changes in mole.

N → Nagging cough & Hoarseness.

Q.4 How would you classify the Tumour?

Ans. **Classification of Tumour :**

1. **GRADING :** Identification of the type of tissue from which the tumour originated the degree to which the tumour cell retain the functional and structural characters of the tissue of the origin.

- Grading is classified from grade I to grade IV on the basis of pathological examination of tumour cell.
- **Grade – I** → Well differentiated.
- **Grade – II** → Moderately differentiated.
- **Grade – III & IV** → Poor differentiated

2. **STAGING:** Process determine the size of spread or metastasis of tumour c/a staging. Staging is done on the basis on **TNM** classification.

T → Extent of primary tumour.

N → The term refer's to regional lymph node.

M → The term indicates metastasis of tumour.

Q.5 What are the common diagnosis for cancer?

Ans. **Common diagnosis for cancer:**

- ➔ History & physical examination.
- ➔ Radiology procedure and X-ray.

- Angiogram, Lymph angiogram.
- Cytological examination.
- Pap's smear.
- Biopsy
- Excisional Biopsy.
- Incisional Biopsy.
- MRI

Q.6 What are the surgical treatment for cancer?

Ans. **A. Surgical Treatment:**

- Diagnostic surgery.
- Cytologic surgery.
- Fine – needle aspiration Cytology surgery (FNAC).
- Biopsy

B. Curative surgery : The removal of the primary site of malignant and any lymph node.

C. Re-constructive Surgery/Re-habilitated Surgery: Repair defect and previous Medical Surgical Resection.

D. Preventive Surgery : Removal and lesions.

E. Paliative Surgery

Q.7 What are the medical management of the cancer?

Ans. **Medical Management :**

- Radiation therapy
- Chemo therapy

Q.8 What are the nursing management for cancer?

Ans. **Nursing management:**

- A. Provide analgesics drugs to reduce the pain.

- B. Provide comfortable position to the patient from relief the pain and reduce anxiety.
- C. Nutrition therapy should be given to the patient like – tube feeding, I.V. line.
- D. Provide explanation of disease and all the needs of client.
- E. All the information regarding pre-operative, post-operative should be given to the client to reduce his anxiety and fear related surgery.
- F. Emotional support and psychological support should be given to the client and his family.

Unit-II

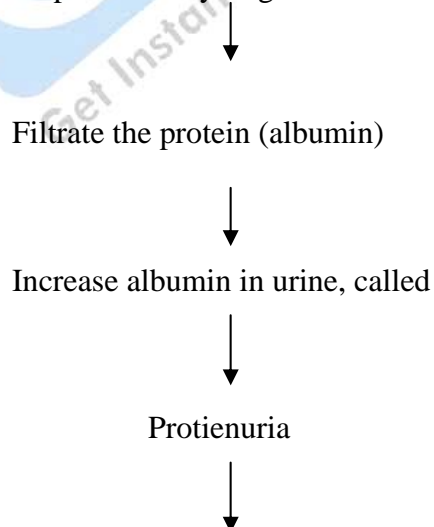
Nursing Management with of Genito-urinary Tract

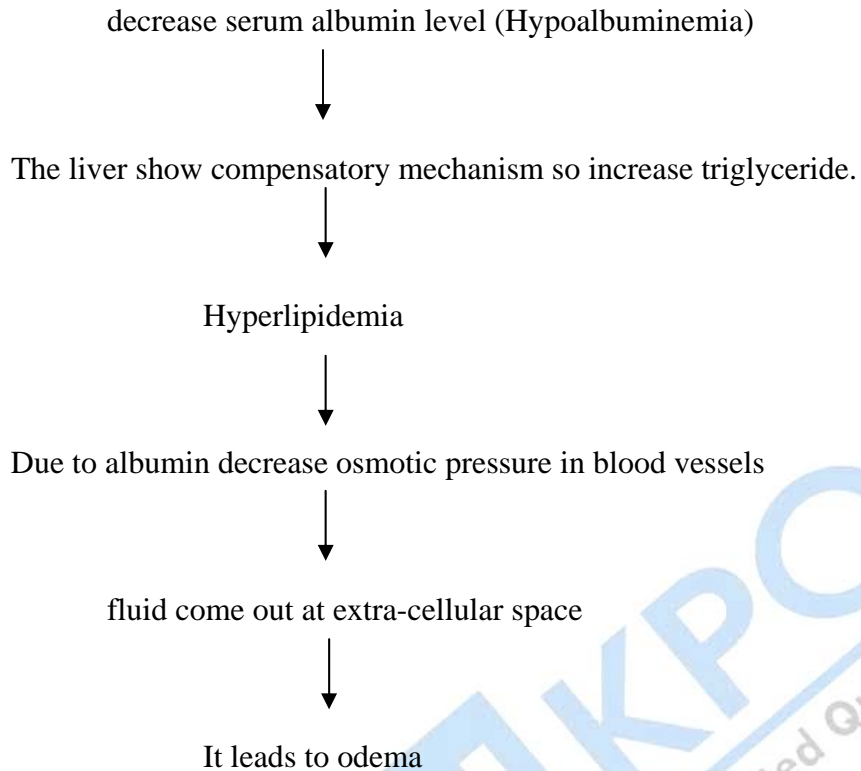
Q.1 What do mean by nephrotic syndrome?

Ans. N.S. is nonspecific disorder in which the kidneys are damaged causing them to leak large amount of protein from the blood into the urine.

Q.2 What is pathophysiology of nephrotic syndrome ?

Ans. Abnormal permeability of glomerular basal membrane





Q.3 What are the sign & symptoms of nephrotic syndrome?

Ans.

1. Proteinuria
2. Hypoalbuminemia
3. Hyperlipidemia
4. Oedema

Other :

- Shortness of breath
- Mild headach
- Weakness
- Anorexia
- Flank pain
- Anaemia due to loss of RBC's

Q.4 What treatment would be provide to the patient to correct the condition of nephrotic syndrome?

Ans. **Medical Management :**

1. If nephrotic syndrome is caused by streptococcal infection then the antibiotic therapy like penicillin should be given to the patient.
2. If nephrotic syndrome is caused by auto-immune reaction then the immune suppressive therapy, steroids cytotoxin agents should be given.
3. To reduce the oedema diuretics like lasix should be given.
4. Antihypertensive given to the patient.

Q.5 How would be manage the diet for patient during nephrotic syndrome?

Ans. **Diet for Nephrotic Syndrome's Patient:**

- Protein requirement 1.5 – 2.3 gram per body weight should be given to the patient.
- Increasing carbohydrate in diet
- If disease in advanced stage then restrict of the protein in diet.
- Sodium diet restrict in oedema condition.

Q.6 What are the common causes of retention of urine?

Ans. **Common causes of urine retention**

- Benign hyper prostate (BPH)
- Urethral structural
- Urethral valves
- Phimosis
- Meatal stenosis
- Fibrosis
- Calculi
- Blood clots
- Tumours and bladder neck contraction
- Muscle tension
- Anxiety

- Surgical process
- Spinal Anesthesia
- Some medications eg.: Antihistamines

Q.7 Define the term acute renal failure (ARF)?

Ans. Acute renal failure is sudden decline in renal function caused by failure of the renal circulation or by glomerular or tubular dysfunction.

Q.8 Bring out out the preventive measure to prevent acute renal failure in normal person?

Ans. **Preventive measure:**

- Identify patient with pre-existing renal disease.
- Administer prescribed drugs to the patient.
- Monitor patient for urinary out-put and central venous pressure.
- Prevent to the patient from infection by using aseptic techniques.
- Prevent to the patient from draining, wound, burn etc.

Unit III

Nursing Management of Patient with Disorder Breast Cancer Disorder

Q.1 What is breast cancer? Define the term breast cancer?

Ans. Breast cancer is refers to a group of malignant disease that commonly occur in the female breast's infrequently in the male breast.

Q.2 What are the sign & symptoms of breast cancer?

Ans. **Sign & Symptoms of Breast Cancer:**

- Change in the size of the breast bloody discharge.

- Bloody discharge.
- A breast lump or thickening of surrounding tissue of the breast.
- Redness of skin over the breast.
- Inverted nipple.
- Swelling in breast.
- Discomfort & heaviness, fullness in breast.

Q.3 What are the risk factors which can increase the chances of breast cancer?

Ans. **Risk Factors:**

- Advancing stage (older stage).
- Mother or sister with breast cancer.
- Radiation exposure.
- Early menarche.
- Late Menopause.
- History of the cancer of uterus, ovary or colon.
- Oral contraceptive (hormonal pills).
- Diet high in total fat.
- Alcohol consumption.
- Genetic factor.
- Ovarian – pituitary dysfunction.
- Above average weight & obesity.

Q.4 Describe the of "Treatment Therapy" of breast cancer with nursing care?

Ans. **Radiation therapy :** As primary therapy to shrink the size of tumour.

Chemo Therapy Various combination of Anticlastic agent are use ex:
cyclophoshemide, prednisolone.

Hormonal therapy :

- Anti estrogen.
- Immunotherapy
- Bone marrow & transplant
- Surgery

Q.5 What is radical mastectomy?

Ans. Removal of the breast tissue along with pectoralis minor, Muscle & Axillary lymph node.

Q.6 Describe post operative care of radical mastectomy?

Ans. **Post operative care:**

- Provide lateral position to the patient.
- Provide complete bed rest to the patient.
- Observe to the patient if any complication find then immediately inform to the Doctor.
- Wound care – if any discharge noticed.
- Care of arm-restrict the movement in affected arm.
- After one week of surgery, Provide exercise to the patient.
- Avoid heavy weight lifting.
- Proper diet : Orally fluid should be provide to the patient.
- Health education.

Q.7 What is mastitis?

Ans. Mastitis is the inflammation of the breast due to infection may occur by lactation, infected hands, personal care of patient blood borne.

Q.8 What are common pathogens which responsible for mastitis?

Ans. **Common Pathogens:**

- Staphylococcus : E-coli
- Stephylo aurous
- E-Coli

Q.9 Mention the clinical manifestation of mastitis?

Ans. **Clinical Manifestation:**

- Redness.

- Odema breast may be tough & hard.
- Patient may complain of pain from affected area.
- Nipple discharge
- Mammary abcess (Pus in a cavity of breast tissue).

Unit IV

Nursing Management at Patient with Disease and Disorder of Integumentary System

Q.1 Classify the burn?

Ans. **Classification of burn:**

1. Minor Burn:

Burn acc. To site :

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> ➤ I Degree ➤ II Degree ➤ III Degree | } | In these cases face, hand and genitalia will not include |
|---|---|--|

2. Moderate burn:

- 2° – In these cases face, hand, genitalia will include.
- 3° – Burn occur at 10% body surface area.

3. Severe Burn :

- 2° – 20% body surface area include.
- 3° – More and more part include.

Q.2 Describe the management and nursing care of extensive burn?

Ans. **Management of burn:** If IIIrd Degree of burn occur then management should be done in 3 phases :

- Emergent phase
- Acute phase (In hospital)
- Rehabilitative phase

I. Emergent Phase :

- Remove to victim from the source of fire.
- Remove cloths from burning area.
- Assess the air way, breathing & circulation of patient.
- Ensure adequate breathing of patient.
- Apply cold water on burning area.
- Prevent the infection and bleeding by cover to the wound.
- Valuables things should be removed from body.
- Cover the patient's body to prevent heat loss.
- Patient should be send to hospital.

II. Acute Phase :

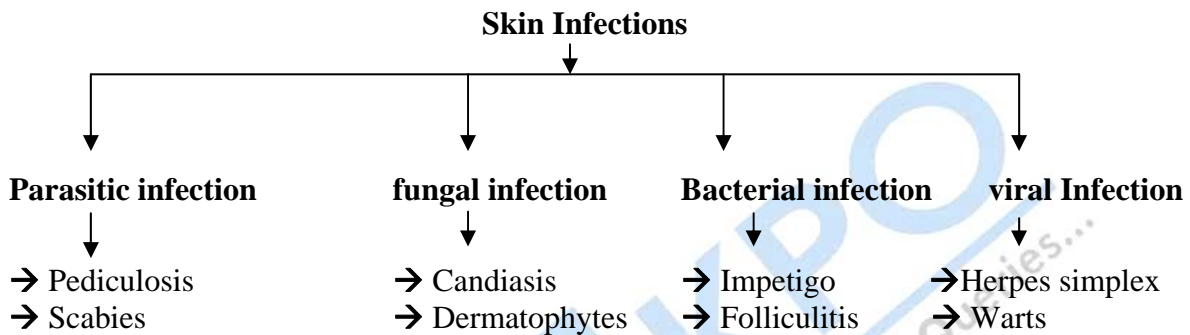
- Administer O₂ if needed.
- Start the fluid replacement therapy.
- Placement of indwelling catheter.
- Monitoring of vital sign.
- Pain management
- Administer tetnus toxoid (T.T.)
- Data collection
- Wound care
- Psychological support
- Infection control
- Nutritional support
- Physical therapy

III. Rehabilitation phase :

Encourage to discharged patient for living socially, physically & mentally healthy life.

Q.3 Write short notes on common skin infection?

Ans. They are mainly in four type :



Unit V

Nursing Management of Patient with Ophthalmic Disorder

Q.1 What is cataract?

Ans. It an opacity (or cloudiness) of the crystalline lens. It may be in one or both eyes.

Q.2 List out the common causes of cataract?

Ans. 1. **Congenital Factor** : Pregnant mother to Fetus

2. **Systemic disease** : – Diabetes mellitus

– Galactosemia

–Down's syndrome

3. **Intraocular disorder** : –Glaucoma

– Retinal detachment

4. According to age : –

- Infant :
 - Heredity
 - Malnutrition
 - Rubella infection

- Young age (26-45 years)
 - Diabetes
 - Eye trauma
 - Inflammation of eyes
 - Drug Reaction
 - Long use of steroid
 - Radiation

- In old age (after 45 year)
 - Prolonged contact with sun light
 - Nutrition value deficiency
 - Diplopia (double vision)
 - Blurred vision (dim)
 - Photophobia
 - Gradually vision loss
 - Cloudy lens
 - No pain

Q.3 Describe pre and post operative nursing care for cataract case?

Ans. **Nursing management:**

A. Pre-operative care:

1. Provide psychological support to the patient.
2. Reduce infection
 - use aseptic technique
3. Prepare the patient for surgery.

B. Post operative care:

1. Prevent increase intraocular pressure
 - ambulate patient

2. Avoid those activities which increase intraocular pressure like sneezing coughing.
3. Administer prescribed drug, like antiemetic drug.
4. Relieve from pain topical, mydriatics, topical antibiotic drops.
5. General post operative care as per required.
6. Health education about
 - Use of glass and shield
 - Eye drop administration technique
 - Avoidance of night driving of any topical work.

Q.4 Elaborate faco-surgery used in eye surgery?

Ans. **Facio emulsification**:- In these surgery the use of machine with an ultrasonic hand piece equipped with a titanium or still tip. The tip vibrates at ultrasonic frequency and lens material is emulsified.

- After that the second step is break down of lens.
- Then sucking of the lens.
- Implant new lens.

Q.5 Write pre operative nursing care in faco-surgery?

Ans. **Pre nursing operative care**:

1. Provide psychological support to the patient
2. Provide knowledge about surgery and hospitalization to the patient.
3. To reduce infection
 - Use aseptic technique
 - Patient should not touch his eyes by contaminated hands.
4. To prepare the patient for surgery.
5. Medications to the patient like
 - Topical antibiotic to prevent infection
 - Narcotics to reduce and control pain.
 - Ocular hypotensive example.: osmotic hypotensive, manitol etc.
6. General pre operative care (As per required)

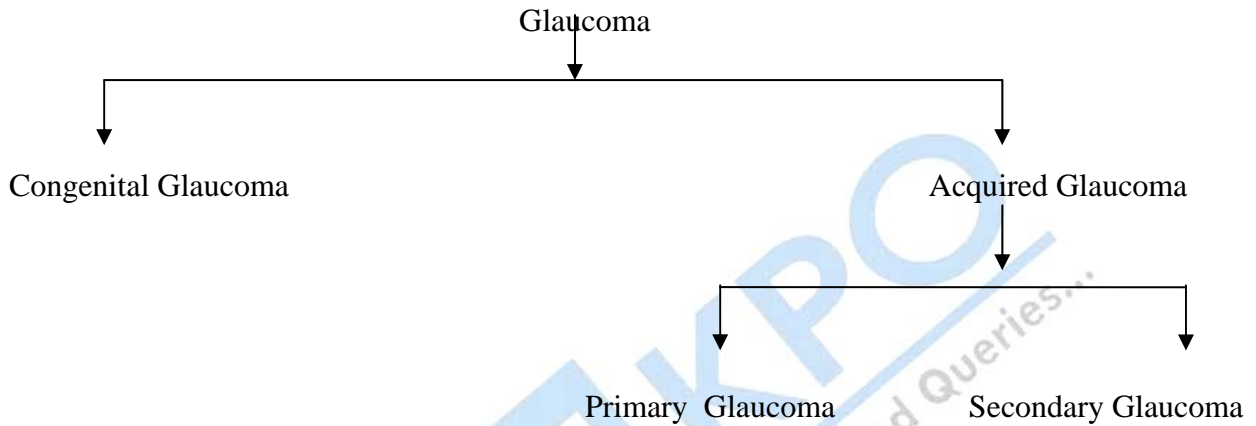
Q.6 Define glaucoma?

Ans. It is progressive disease of the eye in which damage sight & vision field.

The common cause of glaucoma is increase intra – ocular pressure of the eye.

Q.7 Classify the glaucoma ?

Ans. **Classification of glaucoma:**



Other types

- Primary open angle glaucoma.
- Angle closer glaucoma (Acute).
- Low tension glaucoma.

Q.8 Write short note an conjunctivitis?

Ans. **Definition:**

"It is an inflammation of conjunctiva "

Causes :

- Allergy
- Monococcus
- Bacterial infections eg. gonococcus
- Viral infection eg: trachoma
- Physical or chemical trauma

Sign symptoms :

- Itching
- Redness of eye
- Watery discharge
- Pain
- Inflammation
- Photophobia
- Usually start from one eye and involve both eye.

Medical Management

- Administer topical antibiotics to the patient.
- Antihistamine
- Irrigation of eye with warm N.S.

Unit VI

Nursing Management of Disease of Ear Nose and Throat

Q.1 Describe the sign and symptoms of Mastoiditis?

Ans. Sign **Symptoms of Mastoiditis:-**

- Otalgia (Ear pain).
- Perforation of Ear drum.
- Swelling on the mastoid bone.
- Loss of hearing.
- Severe pain at eating time.
- Nausea, vomiting.
- Painless discharge from affected ear.
- Increase intra cranial pressure.
- Otorrhoea or foul smelling.

Q.2 Elaborate pre and post operating management of mastoidectomy case?

Ans. **Pre Operative Nursing Care :**

1. Check the vital sign of the patient before operative procedure.
2. Provide psychological support to the patient and reduce the anxiety and fear regarding surgery.
3. Explain the procedure to the patient.
4. Written consent should be taken from the patient's relative.
5. Administer prescribed medicine to the patient.
6. Remove the hair clean the operative site of the patient for the surgery and paint the operative site.
7. Shifting of the patient to the patient in operation theater and send all the investigation, report related surgery.
8. Provide correct position to the patient for surgery.

Post operative nursing care:

1. Check the vital sign of the patient after surgery.
2. Reliving pain by Analgesics.
3. Provide sedatives to the patient for reduce of his restlessness.
4. Prevent infection.
5. Provide antiemetics and antiestamine if required.
6. Restrict heavy exercise.
7. Meningeal sign should be checked like –
 - High grade fever
 - Chills
 - Stiff neck
 - Nausea, vomiting
8. Check the blood pressure of the patient.
9. Educate to the patient about -
 - Smoking and alcohol.
 - Protection of Ear form water.

Q.3 List out the causes of otitis media?

Ans. **Causes of Otitis Media :-**

- Bacteria (streptococcus, pneumonae etc.).
- Virus
- Upper respiratory infection, like - sinusitis etc.
- Allergic reaction.
- Eustachian tube infection.

Q.4 What the management would you like to as a nurse to manage the chronic otitis media?

Ans. **Management the chronic otitis:-**

1. Medical therapy :

- Antibiotic and steroid, Ear Drops may control infection and inflammation.
- Use of ear irrigation to remove purulent drainage.

2. Surgical Intervention :-

- Simple mastoidectomy – removal of infected bone and insertion of drain. When there is persistence of infection and sign of intracranial complication.
- Radical mastoidectomy – Removal of posterior wall of ear canal, tympanic membrane & malleus & incus.
- Posterior - Anterior mastoidectomy - combine simple mastoidectomy with tympanoplasty (reconstruction of middle ear structure).

Q.5 Enumerate the type of deafness?

Ans. **Type of deafness :**

1. Central brain deafness : There is injury may great cause of deafness ex. Damage of nerve.

2. Obstructive deafness: This type deafness may caused by ear wax or ear discharge can be blockage to the ear and may produce deafness.

3. **Conductive deafness:** Auditory receptors can not perceive sound waves so the patient can not here the sound.

4. **Neural deafness:** Due to injury in the hearing nerve or central nerve can produce deafness.

5. **Occupational deafness :** Noise pollution produce deafness at working place like factory, mills.

6. **Hysterical deafness :** → Hysteria Patient may lead to deafness.

Q.6 Define the term sinusitis?

Ans. It is an inflammation of the mucus membrane of one or more para-nasal sinuses. It is usually precipitated by congestion from viral upper respiratory infection or nasal allergic obstruction of sinus (resulting from mucosal swelling or mechanical obstruction) leads to retention of secretions & sinusitis.

Q.7 What are the management for sinusitis?

Ans.

➤ **Medical Intervention:**

- Topical of systemic decongestion or topical corticosteroid to promote drainage.
- Antibiotic amoxicillin for infection
- Analgesics should be given.
- Warm compress : steam inhalation
- Health Education

➤ **Surgical Intervention**

- Endoscopic Sinus : Remove of disease tissue from affected sinus.
- Suctioning in the mucus membrane

Q.8 Write causes, symptoms, complications and treatment of "Acute tonsillitis"?

Ans.

➤ **Cause of tonsillitis:**

- Causative agent: Group "A" Streptococci
- **Complication:**
 - Otitis media
 - Mastoiditis
 - Deafness
 - Infection may spread to the middle ear

 - **Clinical Manifestation:**
 - Enlarge red tonsilles
 - Sore throat
 - Difficulty in swallowing
 - Snoring
 - Fever (Moderate to severe)
 - **Management:**
 - Analgesics (like aspirin etc)
 - Anti inflammatory
 - Antibiotics

Unit VII

Management of Disorder of Cardiovascular Disease and Haematological Disorders

Q.1 What is "Angina Pectoris"?

Ans. Angina pectoris is the chest pain resulting from myocardial ischemia (tissue damage) means inadequate blood supply to myocardial.

Q.2 How will you differentiate angina pain from myocardial ischemic pain?

Ans. **The differences between angina pectoris and myocardial ischemia:**

S.No.	Characters	Angina Pectoris	Myocardial Ischemia
1	Location to	the left of sternum.	myocardium layer of heart.
2	Duration of pain	Less than five min. and pain relived by nitroglycerin.	More than 15 minute not relived by nitroglycerin.
3	Radiation of pain	Pain usually radiates to the shoulder & upper arm & it travels down left arm to elbow, 4 th and 5 th finger (thumb).	Pain radiate to nose, jaw, shoulder, fore arm 4 th -5 th finger .
4	Severity of pain	Mild to moderate	Severe subs internal pain

Q.3 What are the medical management to control angina pain?

Ans. **Medicines use in angina pectoris :**

1. Vasodilators to reduce vasoconstriction
2. Nitroglycerin
3. B – blockers : prophanol
4. Ca⁺⁺ channel blockers : spasm preventing nifpdine.
5. Antiplatelets : Morphine : sulphate

Q.4 Prepare diet plan for angina pectoris patient?

Ans. **Diet Plan**

- Advise to the patient for low fat/low cholechol diet.
- Advise to the patient for light diet like, green leafly vegetables, Daliya etc
- Advice to patient for high fibre diet to prevent side effect of constipation from verapamil drug.
- Avoid High caffeine intake.
- Avoid use of alcohol.
- Advise to patient for low sodium.

Q.5 Prepare the nursing care for a patient who is suffering from angina pectoris?

Ans. **Nsg. Care for Anginal Pectoris patient :**

I. To decrease severity of pain:

- Provide comfortable position to the patient for relief from pain.
- Administer O₂ if prescribed.
- Administer antianginal drugs as prescribed by the physician.
- Monitor vital sign in every 5-10 min
- Determine the level of activity of patient.

II. To maintain the cardiac output:

- Nurse should be aware about physiologic effect from antianginal medications.

III. To decrease anxiety: Nurse

- Doubt Should clear the daubt about hospitalization, diagnosis, tests, drug therapies and their reasons to the patient and his family.
- Provide anxiolytic drugs as prescribed by physician.
- Provide rest and security to the patient.

IV. To provide general care

- Help to the patient in his daily living activity (ADL)
- Maintain the hygine in patient by bathing or changing clothes.
- Change the position of patients time to time Frequently to prevent bed sore.
- Maintain diet of the patient.
- If observe any complication in patient then immediately inform to the doctor.

V. To educate the patient and his family:

- Instruct to the patient about diet therapy .
- Motivate to the patient for some relaxing exercise to reduce the chest discomfort, shortness of breath and fatigue.

- Instruct to the patient to avoid the cold weather.
- Avoid over eating and weight should be reduce.
- Motivate to the patient to avoid risk factors like :
 - Smoking
 - Stress
 - Sedantory life style

Q.6 What is "myocardial infraction"?

Ans. M.I. Usually follows the sudden occlusion of a coronary artery & the cessation of blood at O₂ flow to the heart muscles.

Cessation → Blood flow and O₂ flow → heart muscles → nacroitic development of the heart muscle.

Q.7 Describe the treatment of M.I. ?

Ans. Medical Treatment :

- ➔ O₂ therapy as prescribe
- ➔ Pain management by Morphin Sulphate 5-10 mg S.C.
- ➔ Vasodilators - Nitrates, Ca⁺⁺ channel blocker.
- ➔ Anxieolytic – eg. Benzodiazapines
- ➔ Anticoagulants : heparin
- ➔ Thrombolytic streptokinase
- ➔ Antidysrrhythmic – eg – xylocaine

(B) Surgical management :

- ➔ CABG : Coronary artery by pass Grafting:
- ➔ PTCA : Percutaneous transluminal coronary angioplasty.

Q.8 Describe the nursing management of a case of M.I. ?

Ans. To control pain related to M.I.n :

- ➔ Admit to the patient in cardiac care unit (C.C.U.) for constant monitoring.
- ➔ Administer the prescribe analysis drugs.
- ➔ Check the response of drug for 15-20 to the patient.

- Provide calm environment to the patient
- Provide comfortable measures to the patient.

II. to provide psychological support to reduce anxiety :"

- Provide knowledge about equipment, drug therapies, diagnostic tests to patient and his family to reduce the fear.
- Provide rest and security to the patient.
- Attender of patient should be limited.

III. to control cardiac out put :

- Administer Antidysrhythmic drugs to patient as prescribed by physician.
- Monitor the effect of drugs
- Monitor serum potassium level in the patient because it affects the cardiac rhythm.

IV. To decrease activity level of patient

- Decrease mobilization time to time to patient and provide rest to the patient.
- Encourage to the patient for active and passive exercise.

V. To Prevent Bleeding :

- Infuse thrombolytic agent and check the vital sign in every 15 min.
- If bleeding occur then apply pressure on venous and arterial site in stool, emesis, urine and spectrum.

VI. Maintaining tissue perfusion :

- Administer O₂ as prescribed
- Record a 12 lead ECG, prepare patient for possible emergency

VI. To provide other general nursing care:

- Maintain personal hygiene of patient by giving care of mouth care of bed sores care of skin etc.
- Maintenance of input – output charting
- Continuous check the cardiac monitor.

Q.9 What are clinical manifestations of congestive heart failure?

Ans.

S.No.	Left. Side	Right Side
1	Heart Failure (forward)	Heart Failure (backward)
2	Shortness of breathing	Oedema of ankles & pitting oedema
3	Severe dyspnoea on sitting position	Unexplained weight gain
4	Pulmonary oedema	Liver congestion or liver enlargement
5	Dry cough	
6	Skin Pallor	Anorexia
7	Fear	Nausea, vomiting
8	Sweating	Abnormal fluid in body cavities
9	Bubbling respiration	Weakness
10	Cyanosis	Cyanosis
11	Nasal flashing	Anxiety
12	Hypoxia in blood (ABG)	
13	Insomnia	
14	Trachyeardia	

Q.10 What are the common causes of hypertension?

Ans. **A. Primary hypertension :**

- Unknown Etiology
- Family History
- Prolong mental tension, eg. Worry
- Anxiety stress depression
- Hormonal metabolic disturbances

B. Secondary hypertension :

1. Acute stress

- Burn
- Hypoglycemia
- Psychogenic
- Alcohol
- Smoking

2. Vascular :

- Atherosclerosis
- Decrease vascular volume

3. Endocrine disorder:

- Adrenal disorders
- Hypothyroidism
- hyperthyroidism
- Pancreatitis

4. Neurological disorders :

- Decrease intra cranial pressure
- Brain tumour
- Encephalitis

5. Medications :

- Steroids glucocorticoids

6. Problems with pregnancy

- Eclampsia (Pregnancy induced hypertension)

7. Renal disorder

- Stenosis
- Renal failure

8. Sever Anaemia

9. Other causes

- Smoking
- Sex (male)
- Lack of exercise
- Sedentary life style
- High sodium intake.

Q.11. Classified to the anaemia?

Ans. **Iron deficiency anemia**

- Pernicious anaemia : Deficiency of vit-B₁₂
- Megaloblastic anaemia – Deficiency Folic acid

- Aplastic anaemia – failure of aplasia in bone marrow.
- Acute immune – premature RBC's
- Haemolytic Anaemia - Destruction of RBC's
- Sickle cell anaemia – abnormal shape of RBC's (sickle shape)
- Thalassemia

Q.12 In What condition blood transfusion is given?

Ans. Indications :

- To fulfill the lack of blood in anaemia cases.
- To maintain the blood amount or blood or blood loss from the body.
- In haematemesis (blood in vomit)
- Antipartum or postpartum haemorrhage.
- Burning cases.
- Injury or accident
- Haematuria
- To improve the WBC count in the blood.
- To improve the immunity power.
- Plasma protein clotting factor for the treatment.

Q.13 Describe the role of a nurse in blood transfusion?

Ans.

Before blood transfusion :

- Preparation of articles
- Preparation of patient & the environment

During blood transfusion

- Selection of donor
- Hb. Level not less than 13.5 gm/dl in male and female 12.5 gm/dl.
- Blood should not be donated by donor before 3 months.

Collection, storage & transport of blood

- Blood collection done by the technician
- Blood should be stored in disinfected container

- All data's labeled upon the donor unit such as : - name, blood group, RH factor, age etc.
- Storage should be 1°C -6° C
- Transportation of blood should be done within 30 min.

Selection of recipient

- Sample of blood taken from the recover.
- Check the vital sign of recipient

After blood transfusion

- Monitor the recipient for any complication
- Check the vital sign of the patient
- Reporting & recording
- Type of blood
- Amount of blood
- Flow rate of blood
- Any reaction etc.

Q.14 Define pericarditis?

Ans. It is an inflammation of the pericardium of heart.

Q.15 Classified the haemophilia?

Ans.

1. Haemophilia type – A absence of clotting factor – A
2. Haemophilia type – B absence of clotting factor B

Unit VIII

Nursing Management of Patient with Communicable Disease

Q.1 What are the communicable disease?

Ans. All the infection due to an infectious agents which are transmitted by directly or indirectly to a well person from infected person or animal through host or vector.

Q.2 Describe the role & responsibilities of nurse in prevention & control of communicable disease?

Ans. Nursing Management

1. To prevent infections:

- Isolation of the patient
- Use barrier nursing eg: masking, gowning, gloving during procedure.
- Hand washing should be must before and after surgery.
- Cloths & linen of patient should be exposed in sunlight.
- All the infected articles should be disinfected.

2. Retain & regain muscular capacity:

- Application of heat
- Provide active exercise to the patient for active movement
- Provide comfort position.

3. To maintain hydration status :

- Prevention of bed sore.
- Care of the skin
- Changes in the position
- Maintain fluid & Electrolyte balance
- Maintain input output chart.
- Provide mouth care.

4. **Improve nutritional status**
5. **Improve personal hygiene**
6. **Reliving from urine & constipation**
7. **Maintain the social interaction**
8. **Provide knowledge and education in the community about communicable disease.**

Q.3 How does hepatitis spread? What measures should be adopted for it's prevention and control.

Ans. **Mode of transmission:**

1. Faecal oral route
2. Direct contact
3. Contaminated objects
4. Rarely by blood or blood products
5. Air borne
6. Shell fish from contaminated water.

Preventive measure

- Vaccination 2 vaccine (6-18 month)
- Isolation
- Disinfection of faces and formites provide better hygiene and sanitary.
- Provide sterilization of needles and syringes
- Provide proper education.

Q.4 What are the causes of diphtheria? How will you prevent spread of diphtheria among children?

Ans. Diphtheria acquired through secretions of carriers or infected by direct & contaminated articles. It may be caused by:

- Droplet infection
- In direct infection

Prevention in children:

According to immunization schedule

- DPT vaccination 0.5 ml dose isolation
- Disinfection of articles
- Immunization

Q.5 Describes the causes, sign & symptoms a treatment of tuberculosis?

Ans. **Causes :**

All causes of T.B. are passed from person to person via air droplets like cough, sneezes or talks :

- Infected particles reach the alveoli.
- People who have inhaled T.B. bacteria.
- Risk factors for T.B. include.
- HIV infection.
- Low socioeconomic status.
- Alcoholism.
- Weakening of immune system.

Sign/symptoms of T.B.

- Pulmonary tuberculosis frequently goes away by it self but in 50-60 % of case the disease can return.
- Tuberculosis pleuritis
- Cough
- Chest pain and fever
- Weakened immune systems
- Weight loss
- Difficulty in breathing
- Coughing up blood
- Loss of appetite
- Night sweats
- Chills

Medical Management : T.B. Treatment refers to the medical treatment of the infection disease T.B.

The standard "Short" course for T.B. is – isoniazid

- Rifampicin
- Pyrazinamide
- Ethambutol

For 2 months

- ➔ Isoniazid and rifampicin alone for a further 4 months.
- ➔ The pt. is considered cured at 6 months for latent T.B.
- ➔ The Standard course is 6-9 months of isoniazid alone.

If the organism is 1/w to be fully sensitive the course is with isoniazid, rifampicin and pyrazinamide for 2 months followed by isoniazid and rifampicin for 4 months.

Ethambutol need not be used.

1. First line : At 1st line anti T.B. drug names have a standard three – letter and a single abbreviation.

Ethambutol – EMB or E

ISONiazid – INH or H

Pyrazinamide – PZA or Z

Rifampicin – RMP or R

Streptomycin – STR or S

2. Second line : There are 6 classes of second line drugs used for the treatment of T.B. a drug may be added as second line instead of first line for one of 3 possible things.

- ➔ It may be more effective than the 1st line drugs
- ➔ It may have toxic side effect
- ➔ It may be unavailable in many developing countries.

Third line

Other drugs that may be useful

- Bedaquiline
- Macrolides

- Linezolid
- Thioacetazone
- Arginine
- Vit. D

These drugs may considered as third line drugs

Q.6 Describe the role & responsibilities of a nurse in prevention & control of communicable disease?

Ans.

Nursing Management:

1. **To prevent infection:**

- Isolation of the patient
- Use barrier nursing eg: masking, gowning, gloving, during procedure
- Hand washing should be must before and after surgery.
- Cloths & linen of patient should be exposed in sunlight.
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1. **Retain & regain muscular capacity:**

- Application of heat
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- Prevention of bed sore
- Care of the skin
- Changes in the position
- Maintain fluid & electrolyte balance
- Maintain input output chart
- Provide mouth care.

3. **Improve nutritional status**

4. **Improve personal hygiene**

5. **Reliving from urine & constipation**

6. **Maintain the social interaction.**

7. **Provide knowledge and education in the community about communicable disease.**

Unit IX

Nursing Management of Patient with Sexually Transmitted Disease

Q.1 List the sexually transmitted disease (STD)?

Ans. **There are mainly 5 venereal disease :**

1. Syphilis
2. Gonorrhoea
3. Lympho granuloma venerum (LGV)
4. Soft sore
5. Granuloma inguinale

Q.2 Discuss role and responsible of nurse in prevention and control of venereal disease?

Ans. **Role and responsible of nursing in prevention and control venereal disease:**

1. Planning
2. Detection of disease
3. Finding the contact.
4. Treatment and control
5. Social remedies
6. Health education
7. Individual prevention and other measures.
8. Monitoring and evaluation .

Q.3 Discuss the role and responsible of nurse in prevention and control AIDS?

Ans. **Prevention & control of AIDS :**

1. Safe sexual contact
2. Transmission on control of infected blood
3. Health education

Role and responsibility of nurse in prevention and control of AIDS:

1. Planning
2. Detection of disease
3. Finding the contact
4. Treatment and control
5. Social remedies
6. Health education
7. Individual prevention and other measures
8. Monitoring and evaluation

Q.4 What are the sign symptoms of gonorrhoea?

Ans.

- Purulent thick, yellow, discharge from urethra.
- Painful micturation
- Frequent Urination
- Throat infection.

Unit X

Nursing Management of Patient with Musculo Skeletal Disorders and Disease

Q.1 Define the fracture? What are the types of fracture?

Ans. Fracture is also K/w as breaking strength.

Definition: A fracture is the (local) separation of an object or material into two or more, pieces under the action of stress.

Classification of fracture:

→ **Acc. To the pattern**

- i. Ablique fracture
- ii. Transverse Fracture
- iii. Spiral fracture
- iv. Longitudinal

→ **On the basis of communication with environment**

- i. Close fracture (simple)
- ii. Open fracture (compound)

→ **On the basis of cause**

- i. Pathologic fracture
- ii. Compression fracture
- iii. Impacted fracture
- iv. Stress fracture
- v. Communicated fracture

→ **On the basis of eponyms**

- i. Colle's fracture
- ii. Potts fracture

→ **On the basis of appearance**

- i. Complete fracture
- ii. Incomplete fracture

➔ **On the basis of bone ends:**

- i. Proximal end
- ii. Distal end.
- iii. Middle shaft

On the basis joint

- i. Intracapsular
- ii. Extracapsular

Q.2 Write down the nursing management of point with fracture?

Ans. **Nursing management**

i. To control hemorrhage and shock

- Monitoring of B.P. for observation of any kind of hemorrhage
- Vaso constriction
- Maintain blood volume & circulation by administer I.V. fluid.
- Maintenance of input output chart.

ii. To monitor for impaired gas exchange

- Evaluate mental status of patient
- Administer O₂ to reduce hypoxia condition.

iii. To prevent compression of nerve.

- Assess neuro- muscular status of patient
- Motivate to the pt. for exercise.
- Provide physiotherapy to the patient
- Provide proper positioning to the patient.

iv. Reducing swelling

- Elevate the fracture part
- Prevent bed sore by frequent repositioning

v. To reduce change of injection

vi. To relieve pain

To promote self care activities by pt.

Q.3 Explain in detail arthritis it causes, sign and symptoms and treatment and nursing care?

Ans. Inflammation of the joints commonly rheumatoid disorder because these follows the rheumatic fever.

Clinical of arthritis manifestation

- Gout
- Lower back pain
- Isoriasis
- Knee Pain
- Fever
- Ankle pain the tendinitis
- Elbow pain
- Carplan tunnel syndrome
- Paget's disease
- Reduce range of motion (R & H)
- Dyormity of joint
- Swelling over the joints
- Joint stiffness

Medical Management

- NSAID – Aspirin, paracetamol
- Antirheumatoid drugs are D-penicillamine
- Heat apply for vasodilator

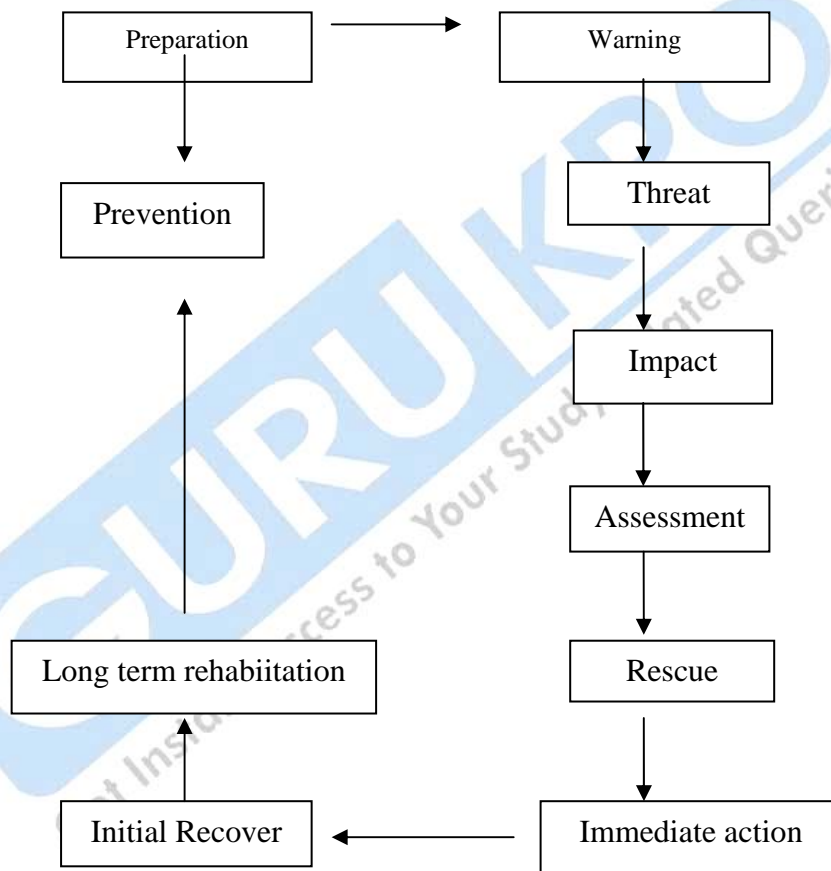
Exercises

Unit XI

Emergency and Disaster Nursing

Q.1 What are the process of disaster?

Ans. The process of disaster includes pre-emergence, emergency and post emergency phase :



Q.2 What are the nurses role in disaster management?

Ans.

1. **Critical care** : the person who have immediate category they needed critical care.

Eg. Intubation, resuscitation

- The requirement of nurse according to situation she takes decision & start the management.
2. **Supportive Care**: In this care minor injuries treated by the nurses so, nurse should be able to know about first aid services.
Eg. Symptomatic treatment, wound dressing etc.
 3. **Psychological support**: The affected person during disaster may lose physically & economically their properties so the nurse provide psychological support to the patient.
 4. **Managing behavioral issues**: During disaster may develop behavioral issues like depression, anxiety interpersonal conflicts, somatization (fatigue headach, general malaise) so the nurse manage behavioural issues from the affected person.
 5. **Rehabilitation**: The person who have become handicap during disaster the nurse should provide rehabilitation services to patient from relive disaster effects.
 6. **Other**: Complete spiritual needs of the affected persons.
 - Provide knowledge to the people for infection control methods.

Q.3 Clarify the term HIV and AIDS write nursing responsibilities of prevention and control of AIDS?

Ans. A – Acquired
I – Immuno
D – Deficiency
S- Syndrome

AIDS is a fatal illness it is caused by a virus k/w as HIV.

H- Human

I – Immuno Deficiency

V – Virus

Nursing responsibility of prevention and control AIDS.

1. Safe sexual contact
2. Control an transmission of infected blood
3. Health Education
 - Sex edu.

–Causes & mode of transmission of AIDS.

4. Other

–Primary health care provide to the patient.

–Giving antiviral treatment

–Provide psychological support to the patient.

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