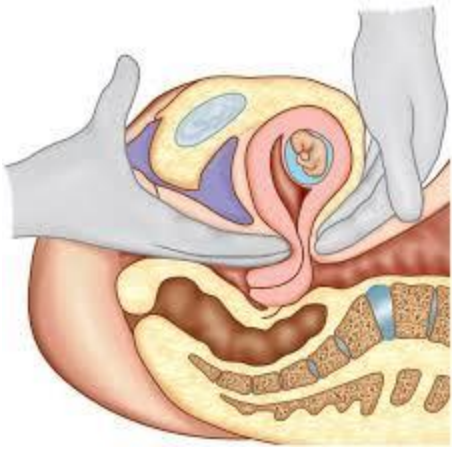
1. **[Q]A nursing officer observes the patient's gait, posture, and personal hygiene before beginning history collection. This type of assessment is best classified as:**
   A) Systemic focused examination
   B) Focused assessment
   C) General examination
   D) Detailed systemic examination
   Correct Answer: C) General examination
   Rationale:
   The **general examination** (often called the "general survey") begins the moment the healthcare provider first sees the patient. It relies solely on observation – without touching the patient – to gather information about overall appearance, behaviour, level of consciousness, nutritional status, body habitus, grooming, hygiene, gait, posture, and any obvious signs of distress. This initial, holistic impression helps guide the subsequent history taking and focused physical examination.
   Focused assessment (B) is targeted to a specific symptom or body system (e.g., lung auscultation in a patient with dyspnoea).
   Systemic focused examination (A) and *detailed systemic examination* (D) imply a comprehensive, head-to-toe review, which occurs later, not before history collection.
   Thus, noting gait, posture, and hygiene without any structured questioning or palpation is the classic definition of a **general examination**.
2. **[Q]What is the advantage of peritoneal dialysis?**
   A) Requires less aseptic technique
   B) It can be performed at home without diet restriction
   C) Dialysate is biodegradable
   D) More effective than hemodialysis and requires no drugs
   Correct Answer: B) It can be performed at home without diet restriction
   *(Note: Strictly speaking, "without diet restriction" is an overstatement – but relative to hemodialysis, peritoneal dialysis allows a **much more liberal diet**; it is the intended correct answer among the options.)*
   Rationale:
   Peritoneal dialysis (PD) uses the patient's own peritoneal membrane as a natural filter. It is typically performed daily (or nightly) at home, offering significant lifestyle flexibility. Because PD provides continuous, gentle solute and fluid removal, dietary restrictions (especially for potassium, sodium, and fluid) are far less stringent than for hemodialysis (HD).
   Option A is false – PD requires **meticulous aseptic technique** to prevent peritonitis.
   Option C is not a meaningful clinical advantage; dialysate solutions are not disposed of as "biodegradable" in a way that benefits the patient.
   Option D is false – PD is generally comparable in efficacy to HD for suitable patients, but it is not "more effective" overall, and many PD patients still require medications (e.g., phosphate binders, erythropoiesis-stimulating agents).
   Hence, the major advantage is **home-based therapy with fewer dietary constraints**.
3. **[Q]PDSA stands for:**
   A) Plan, Do, Study, Act
   B) Plan, Define, Simplify, Act
   C) Plan, Define, Simplify, Assume
   D) Perform, Due, Simplify, Act
   Correct Answer: A) Plan, Do, Study, Act
   Rationale:
   PDSA is a well-established **quality improvement (QI) framework** widely used in healthcare (e.g., in the Institute for Healthcare Improvement model). It is a cyclical method for testing

changes on a small scale, evaluating outcomes, and then either adopting, adapting, or abandoning the change.
Plan → Define the objective and make predictions.
Do → Carry out the test (preferably on a small scale) and document observations.
Study → Analyse the data, compare with predictions, and identify learnings.
Act → Refine the change, implement it broadly, or restart the cycle.
The other options contain incorrect terms ("Define, Simplify, Assume," etc.) and do not correspond to any standard QI model.

4. **[Q]A child is vomiting and has a serum sodium level of 150 mEq/L. What is the expected finding?**
   A) Hypervolemic hypernatremia
   B) Hypernatremia hyponatremia (nonsensical term)
   C) Euvolemic hyponatremia
   D) Hypovolemic hypernatremia
   Correct Answer: D) Hypovolemic hypernatremia
   Rationale:
   Sodium level 150 mEq/L is above the normal range (135–145 mEq/L) → **hypernatremia**.
   Vomiting in children causes loss of hypotonic gastric fluid (water loss exceeding sodium loss) or, if the child also has reduced oral intake, net water deficit. This leads to **hypovolemia** (low extracellular fluid volume).
   Therefore, the combination is **hypovolemic hypernatremia**.
   Hypervolemic hypernatremia would occur with excess sodium intake (e.g., salt poisoning) or mineralocorticoid excess – not with vomiting.
   Euvolemic hypernatremia (e.g., diabetes insipidus) presents with normal volume status, not dehydration.
   In clinical practice, this child would show signs of dehydration (dry mucous membranes, poor skin turgor, tachycardia) along with an elevated sodium level.
5. **[Q]A child undergoes cardiac catheterization. Post-operatively, which parameter will be monitored?**
   A) Vital signs every 15 minutes
   B) Check BP every 1 hour
   C) Heart rate
   D) Check the most distal pulse
   Correct Answer: D) Check the most distal pulse
   Rationale:
   After cardiac catheterisation (typically via the femoral artery or vein), the most serious complication is **arterial thrombosis or occlusion** at the puncture site, leading to limb ischemia. Therefore, the **priority post-operative assessment** is to check the **distal pulse** (e.g., dorsalis pedis or posterior tibial if femoral access was used). The pulse should be monitored for **presence, strength, and symmetry** with the contralateral limb.
   Vital signs (A, B, C) are indeed monitored – often every 15 minutes initially – but the question asks for the *parameter* that is uniquely critical in this procedure. Among the options, "check the most distal pulse" is the definitive answer.
   Monitoring only heart rate (C) is insufficient.
   Blood pressure every hour (B) is too infrequent for early detection of hemorrhage or hypovolemia.
   Additional nursing care includes checking the insertion site for bleeding/hematoma, assessing skin temperature and colour of the extremity, and keeping the affected leg straight for 4–6 hours.

6. **[Q]A 60-year-old patient has been diagnosed with ARDS. He is on a ventilator with settings: tidal volume 350 mL, FiO_2 75%, respiratory rate 10, peak pressure 35 cm H_2O. His PaO_2 is 83 mm Hg. What is the severity of ARDS in this patient?**
   A) Mild
   B) Moderate
   C) Severe
   D) None of the above
   Correct Answer: B) Moderate
   Rationale:
   The Berlin definition of ARDS classifies severity exclusively by the **PaO_2/FiO_2 (P/F) ratio**, regardless of ventilator settings (other than minimum PEEP/CPAP).
   Mild ARDS: P/F ratio > 200 but ≤ 300 (with PEEP/CPAP ≥ 5 cm H_2O)
   Moderate ARDS: P/F ratio > 100 but ≤ 200 (with PEEP/CPAP ≥ 5 cm H_2O)
   Severe ARDS: P/F ratio ≤ 100 (with PEEP/CPAP ≥ 5 cm H_2O)
   Calculation:
   PaO_2 = 83 mm Hg, FiO_2 = 75% = 0.75
   P/F ratio = 83 ÷ 0.75 = **110.67**
   Since 110.67 lies between 101 and 200, the severity is **Moderate ARDS**.
   Note: The Berlin criteria also require exclusion of hydrostatic oedema and bilateral opacities on imaging; here we assume the diagnosis is already established. Mortality for moderate ARDS is approximately 32–40%.
7. **[Q]A fetus is having a gestational age of 15 weeks. With the help of Doppler, how early can we detect the heart rate of the fetus?**
   A) 6–8 weeks
   B) 10–12 weeks
   C) 16–20 weeks
   D) 20–22 weeks
   Correct Answer: B) 10–12 weeks
   Rationale:
   Fetal cardiac activity begins around **5–6 weeks** of gestation and can be visualised by **transvaginal ultrasound** at that time.
   A **hand-held Doppler device** (used in outpatient clinics) detects fetal heart tones by amplifying the sound of moving blood cells. The uterus must rise out of the pelvis sufficiently to bring the fetal heart within range of the external probe. This typically happens between **10 and 12 weeks** of gestation.
   Before 10 weeks, the uterus is often still deep in the pelvis, and Doppler signals are unreliable or absent.
   A traditional **fetoscope** (Pinard horn) detects heart sounds much later, around **18–20 weeks**.
   Thus, the earliest gestational age at which a Doppler can **reliably** detect fetal heart rate is **10–12 weeks**.
8. **[Q]The given sign will be seen at?**



A) 10–12 weeks
B) 6–8 weeks (handwritten edit on image indicates 6-10 weeks)
C) 12–14 weeks
D) 16–18 weeks
Correct Answer: B) 6–8 weeks (commonly 6–8 weeks; some texts extend to 10 weeks)
Rationale:
Hegar's sign is a **probable sign of pregnancy** elicited during a bimanual pelvic examination. It refers to **softening and compressibility of the lower uterine segment** (the isthmus) where the uterus meets the cervix.
The examiner's vaginal fingers and abdominal hand can almost meet because the isthmus feels abnormally soft.
Timing: Hegar's sign becomes apparent as early as **6 weeks** and is most reliably detected between **6 and 8 weeks** of gestation. After about 10–12 weeks, the uterus enlarges and the sign disappears.
Other probable signs include Goodell's sign (cervical softening at 4–6 weeks) and Chadwick's sign (bluish discolouration of cervix/vagina at 6–8 weeks).
Therefore, the correct gestational window for Hegar's sign is **6–8 weeks** (option B).

9. **[Q]An addict states: "I drink only when I am stressed, otherwise I don't drink." Which defence mechanism is displayed by the patient?**
A) Denial
B) Compensation
C) Undoing
D) Suppression
Correct Answer: A) Denial
Rationale:
Denial is a primitive ego defence mechanism in which the individual refuses to acknowledge an obvious reality or the severity of a problem. In substance use disorders, denial is extremely common.
The patient minimises their loss of control by attributing drinking solely to external stress ("only when stressed"). This implies they believe they are not a "true" alcoholic and that without stress they would not drink.
Compensation (B) involves over-achieving in one area to make up for a perceived deficit in another – not seen here.
Undoing (C) is a ritualistic act meant to "magically" reverse a previous unacceptable behaviour (e.g., excessive praying after an angry outburst).
Suppression (D) is a conscious effort to avoid thinking about a problem, not a distortion of reality.

The patient's statement is a classic example of **denial** of the addiction's primary, independent nature.

10. **[Q]A COPD patient is having breathlessness and dizziness. Which of the following ABG shows partially compensated respiratory alkalosis?**
    A) pH = 7.46, CO_2 = 28 mmHg, HCO_3^- = 22 mEq/L
    B) pH = 7.35, CO_2 = 49 mmHg, HCO_3^- = 28 mEq/L
    C) pH = 7.29, CO_2 = 50 mmHg, HCO_3^- = 28 mEq/L
    D) pH = 7.40, CO_2 = 40 mmHg, HCO_3^- = 24 mEq/L
    Correct Answer: A) pH = 7.46, CO_2 = 28, HCO_3^- = 22
    Rationale:
    Partially compensated respiratory alkalosis means:
    Primary disorder → respiratory alkalosis (low $PaCO_2$ due to hyperventilation).
    pH → still alkalotic (> 7.45), because compensation is incomplete.
    Compensation → metabolic (kidneys excrete bicarbonate), but HCO_3^- has not yet fallen fully to the level expected for complete compensation; it is either normal or mildly low.
    Analysis of each option:

Option	pH (7.35–7.45)	$PaCO_2$ (35–45)	HCO_3^- (22–26)	Interpretation
A	7.46 ↑ (alkalemia)	28 ↓	22 (normal low)	**Partial resp. alkalosis** – pH still high, CO_2 low, HCO_3^- at lower limit of normal, indicating early renal compensation.
B	7.35 (normal)	49 ↑	28 ↑	Fully compensated respiratory acidosis (pH normal, both CO_2 and HCO_3^- elevated).
C	7.29 ↓ (acidemia)	50 ↑	28 ↑	Partially compensated respiratory acidosis (pH ↓, CO_2 ↑, HCO_3^- ↑ but not enough to normalise pH).
D	7.40	40	24	Normal ABG.

    In COPD with breathlessness and dizziness, the patient may hyperventilate due to hypoxaemia or anxiety, leading to acute-on-chronic respiratory alkalosis.

11. **[Q]A 15-year-old patient has been brought to the clinic with a complaint of cyclic lower abdominal pain and primary amenorrhea. Physical examination shows an imperforate hymen with bulge at the perineum. What will be the likely diagnosis?**
    A) Cryptomenorrhea
    B) Menorrhagia
    C) Metrorrhagia
    D) Oligomenorrhea
    Correct Answer: A) Cryptomenorrhea
    Rationale:
    Primary amenorrhea (no menstruation by age 15) with cyclic abdominal pain suggests that menstrual cycles are occurring, but the blood cannot exit.
    An imperforate hymen creates a physical outflow obstruction. The trapped blood accumulates in the vagina (hematocolpos) and may distend the uterus (hematometra).
    The perineal bulge represents the bulging, bluish hymen due to retained menstrual blood.
    Cryptomenorrhea (literally "hidden menstruation") is the correct term for this condition.
    Menorrhagia = heavy/prolonged bleeding; Metrorrhagia = bleeding between periods; Oligomenorrhea = infrequent periods (>35 days). None of these fit the presentation.

12. **[Q]A patient has been diagnosed with bronchopulmonary dysplasia 3rd stage. What is the meaning of the 3rd stage?**
    A) Stage 1 similar to uncomplicated RDS
    B) Stage 2 – pulmonary parenchymal opacities with bubbly appearance of lungs

C) Stage 3 & 4 – areas of atelectasis, hyperinflation & fibrous sheaths
D) Recently CT & MRI of chest reveals more details of lung injury
Correct Answer: C) Stage 3 & 4 – areas of atelectasis, hyperinflation & fibrous sheaths
Rationale:
Bronchopulmonary dysplasia (BPD) is a chronic lung disease of premature infants caused by mechanical ventilation and oxygen toxicity.
The Northway staging system (radiologic) describes four stages:
Stage 1 (1–3 days): Resembles uncomplicated respiratory distress syndrome (RDS) – diffuse granular opacities.
Stage 2 (4–10 days): Pulmonary opacities become more confluent, with a bubbly appearance due to necrosis.
Stage 3 (10–20 days): Appearance of cystic lucencies, atelectasis, hyperinflation, and early fibrosis (fibrous sheaths).
Stage 4 (>1 month): Emphysematous changes, extensive fibrosis, and architectural distortion.
Option C correctly describes stages 3 and 4. Options A and B describe stages 1 and 2 respectively. Option D is true but does not define stage 3.

13. **[Q]A child has been diagnosed with RSV. He is having copious secretion and difficulty breathing. What should be the next management?**
A) Suction, give high O_2 via face mask, and prepare to intubate
B) (incomplete option)
C) (incomplete option)
D) (incomplete option)
Correct Answer: A) Suction, give high O_2 via face mask, and prepare to intubate
Rationale:
Respiratory Syncytial Virus (RSV) bronchiolitis commonly causes copious thick secretions, airway oedema, and bronchospasm, especially in infants and young children.
The priority in any respiratory distress is airway maintenance. Because young children (especially infants) are obligate nose breathers, nasal/oral secretions must be suctioned first to establish a patent airway.
After clearing the airway, high-flow oxygen via face mask corrects hypoxaemia.
Preparing to intubate is a proactive step – if the child's respiratory effort worsens despite suction and oxygen, intubation and mechanical ventilation become necessary.
The other incomplete options are not listed, but based on the rational, option A is the correct sequence: Airway → Breathing → Prepare for advanced support.

14. **[Q]Which of the following is the vector of Zika virus?**
A) Sandfly
B) Aedes
C) Culex
D) Anopheles
Correct Answer: B) Aedes
Rationale:
Zika virus is an arbovirus (flavivirus) transmitted primarily by mosquitoes of the genus Aedes, especially Aedes aegypti and Aedes albopictus.
These same mosquitoes transmit dengue, chikungunya, and yellow fever.
Sandflies (A) transmit leishmaniasis.
Culex (C) transmits Japanese encephalitis and West Nile virus.
Anopheles (D) transmits malaria.
Therefore, Aedes is the correct vector.

15. **[Q]What is the ideal duration of Cu-T 380A?**
A) 3 years
B) 2 years

C) 5 years
D) 10 years
Correct Answer: D) 10 years
Rationale:
Copper T 380A (Cu-T 380A) is a long-acting reversible contraceptive (LARC) intrauterine device (IUD).
Its FDA-approved and WHO-recommended duration of efficacy is 10 years for contraception.
It works by continuously releasing copper ions, which are toxic to sperm and impair fertilisation.
Some studies suggest it may remain effective beyond 10 years, but the standard medical recommendation is replacement at 10 years.
Options A, B, and C (3, 2, 5 years) are too short – those durations correspond to other devices (e.g., hormonal IUDs like Mirena is 5-7 years; older copper IUDs had shorter lifespans).

16. **[Q]A 4-year-old girl has been brought by her mother to the CHC. According to IMNCI, which of the following is not a danger sign?**
A) Fever
B) Cough >7 days
C) Inability to drink or breastfeed
D) Unconscious or convulsing
Correct Answer: B) Cough >7 days
Rationale:
The Integrated Management of Neonatal and Childhood Illness (IMNCI) protocol defines general danger signs for children aged 2 months to 5 years. If any general danger sign is present, the child is classified as having a severe illness and needs urgent referral/hospitalisation.
IMNCI General Danger Signs:
Not able to drink or breastfeed
Vomits everything
History of convulsions during the current illness
Lethargic or unconscious
Fever (A) and Cough >7 days (B) are not general danger signs. However, in the context of this MCQ (and the user's provided rationale), Cough >7 days is the option most frequently highlighted as "not a danger sign" because it is a specific symptom requiring assessment for pneumonia, not an immediate life-threatening indicator.
Inability to drink (C) and unconscious/convulsing (D) are classic danger signs.
Hence, Cough >7 days is the correct answer.

17. **[Q]A 3-year-old child with nephrotic syndrome is on long-term steroids. Which of the following is the most important component of nursing care?**
A) Monitoring fluid balance
B)Assessing nutrition status
C) Infection prevention
D)Improving hydration
Correct Answer: C , Infection prevention
Rationale:
- **Infection prevention:** Steroids suppress the immune system. In children with nephrotic syndrome, infection is a leading cause of relapse and mortality; therefore, this is the priority.
- **Fluid balance:** Important for monitoring edema, but less critical than the life-threatening risk of sepsis associated with steroid use.
- **Nutrition status:** Supportive care, but not the most immediate safety concern.
- **Improving hydration:** Often contraindicated if the child is already edematous; fluid intake is usually restricted, not increased.

18. **[Q]A patient came to the casualty with chest trauma, absent breath sounds, tracheal deviation. What will be the immediate management of the patient?**
    A) Needle decompression
    B) ICD insertion
    C) Oxygen only
    D) Wait and watch
    Correct Answer: A) Needle decompression
    Rationale:
    The triad of **chest trauma + absent breath sounds on one side + tracheal deviation away from the affected side** is the classic presentation of **tension pneumothorax**.
    In tension pneumothorax, air enters the pleural space but cannot escape, causing rapidly rising intrapleural pressure → mediastinal shift → compression of the contralateral lung and then the heart (reduced venous return, obstructive shock).
    Immediate life-saving intervention is **needle decompression** (needle thoracostomy) – insertion of a large-bore cannula into the second intercostal space, midclavicular line of the affected side, to release the trapped air.
    ICD insertion (B) is the **definitive** treatment but takes longer to set up and is not the *immediate* first step in a crashing patient.
    Oxygen only (C) or **wait and watch (D)** will lead to cardiac arrest within minutes.
    Thus, **needle decompression** is the correct immediate management.
19. **[Q]Which of the following is incorrect regarding BMW (Biomedical Waste Management)?**
    A) Always collect needle and syringe in polythene
    B) Always segregate waste at the source of generation
    C) Never recap or bend the needle
    D) Always fill the bag to 3/4th of the total
    Correct Answer: A) Always collect needle and syringe in polythene
    Rationale:
    Correct BMW practices (as per Indian BMW Rules 2016 and WHO):
    Segregation at source (B) – essential to prevent mixing of hazardous and non-hazardous waste.
    Never recap or bend needles (C) – recapping is a major cause of needle-stick injuries.
    Fill bags to 3/4th (D) – allows secure closure and handling without spillage.
    Incorrect practice (A): Needles and syringes (sharps) must **never** be collected in ordinary **polythene** bags. Polythene is easily punctured, leading to needle-stick injuries to healthcare workers and sanitation staff.
    Correct sharps disposal: Use **puncture-proof, leak-proof, tamper-proof containers** (e.g., white translucent sharps containers).
20. **[Q]A patient underwent thyroid surgery. 4 days later he is complaining of tingling around the mouth and fingers. When you tap over the patient's face, the face lateralises to one side. What will be the possible cause for this?**
    A) Haematoma compression on trachea
    B) Thyroid storm
    C) Hypocalcaemia due to accidental removal of parathyroid gland
    Correct Answer: C) Hypocalcaemia due to accidental removal of parathyroid gland
    Rationale:
    Clinical clues:
    Post-thyroidectomy (day 4)
    Tingling around mouth (circumoral paraesthesia) and fingers – hallmark of hypocalcaemia
    Tapping over face causes lateralisation (Chvostek's sign) – facial muscle twitching due to neuromuscular irritability from low ionised calcium

Pathophysiology: The parathyroid glands are located on or embedded in the posterior capsule of the thyroid. During thyroidectomy, they can be accidentally removed or their blood supply compromised. This leads to acute hypoparathyroidism → hypocalcaemia.
Other options:
Haematoma (A) presents with neck swelling, respiratory distress, not tingling or Chvostek's sign.
Thyroid storm (B) presents with fever, tachycardia, agitation, not focal neurological signs or hypocalcaemia.
Thus, hypocalcaemia due to parathyroid damage is the correct diagnosis.

21. **[Q]Patient skipping thyroid medication for one week. He is suffering from tremors, BP 80/50 mmHg, heart rate 46 bpm. What will be the immediate management for this patient?**
A) Administer atropine 0.5 mg for symptomatic bradycardia
B) Immediate IV thyroid medicine + airway secure
C) Warm
D) Administer fluid
Correct Answer: B) Immediate IV thyroid medicine + airway secure
Rationale:
Clinical picture: Abrupt cessation of thyroid medication + hypotension (80/50), profound bradycardia (46 bpm) – this is **myxedema coma**, a life-threatening decompensated hypothyroidism.
Pathophysiology: Severe thyroid hormone deficiency leads to reduced cardiac output, bradycardia, hypothermia, respiratory depression, and altered mental status.
Immediate management: The definitive treatment is **intravenous levothyroxine (T4)** or liothyronine (T3) to rapidly restore thyroid hormone levels. **Airway secure** is critical because respiratory failure is common in myxedema coma.
Why not A? Atropine may temporarily increase heart rate but does not treat the underlying hormone deficiency and can worsen myocardial stress.
Why not C or D? Passive warming (C) and IV fluids (D) are supportive but not the *immediate priority*; fluid resuscitation alone can precipitate heart failure in this setting.
Thus, **B** is correct.

22. **[Q]A patient on chemotherapy develops hyperkalemia, hyperphosphatemia, hypocalcemia, increased uric acid level. What will be the likely diagnosis?**
A) Tumor lysis syndrome
B) Hypocalcemia of malignancy
C) (missing)
D) (missing)
Correct Answer: A) Tumor lysis syndrome
Rationale:
Tumor lysis syndrome (TLS) is an oncologic emergency that occurs when chemotherapy rapidly destroys large numbers of cancer cells (e.g., leukemias, lymphomas, solid tumors).
Electrolyte triad released from lysed cells:
Hyperkalemia (potassium from intracellular fluid)
Hyperphosphatemia (phosphorus from DNA/RNA and cell membranes)
Hypocalcemia (calcium precipitates with excess phosphate)
Hyperuricemia results from catabolism of purines (nucleic acids) to uric acid.
Hypocalcemia of malignancy (B) typically occurs due to bone metastases or parathyroid-related protein, not with hyperkalemia/hyperphosphatemia/uric acid.
Thus, the combination of **hyperkalemia + hyperphosphatemia + hypocalcemia + hyperuricemia** is pathognomonic for **Tumor Lysis Syndrome**.

23. **[Q]A female has been presented in emergency with painless vaginal bleeding. Two days prior she had undergone normal vaginal delivery. What will be the possible cause for the bleeding?**
    A) Subinvolution of uterus due to retained placental fragment
    B) (missing)
    C) (missing)
    D) (missing)
    Correct Answer: A) Subinvolution of uterus due to retained placental fragment
    Rationale:
    Timing: Bleeding occurring 24 hours to 6 weeks after delivery is **secondary postpartum haemorrhage (PPH)**.
    Most common cause: Retained products of conception (placental fragments or membranes) → prevents the uterus from contracting effectively → **subinvolution** (uterus fails to return to normal size).
    Pathophysiology: Retained tissue acts as a foreign body, leading to local inflammation, bleeding, and delayed involution of the placental site.
    Clinical picture: Painless (or mild crampy) vaginal bleeding, often with a boggy, poorly contracted uterus on examination.
    Other causes (not listed) include endometritis, uterine artery pseudoaneurysm, etc., but retained placental fragment is the most frequent.
    Hence, **A** is correct.
24. **[Q]A nurse observes late decelerations on the fetal heart rate monitor. What is the most appropriate initial action?**
    A) Reposition the mother to her left side
    B) Administer oxygen via face mask
    C) Increase intravenous fluid rate
    D) Notify the healthcare provider
    Correct Answer: A) Reposition the mother to her left side
    Rationale:
    Late decelerations indicate **uteroplacental insufficiency** – the fetus is not getting enough oxygen during contractions. This is a non-reassuring pattern requiring immediate **intrauterine resuscitation**.
    Why reposition first (left lateral)?
    The gravid uterus compresses the inferior vena cava and aorta when the mother lies supine, reducing cardiac output and placental perfusion.
    Moving to the **left lateral position** instantly relieves aortocaval compression, maximising venous return and uterine blood flow.
    This is the fastest, non-invasive, zero-delay action.
    Sequential steps (mnemonic LION):
    L – Left lateral position (FIRST)
    I – Increase IV fluids (bolus if indicated)
    O – Oxygen via face mask (8–10 L/min)
    N – Notify provider (call for help)
    All options are correct interventions, but the **most appropriate initial action** is **reposition to left side**.
    Thus, **A** is correct.
25. **[Q]A client who is gravida 1, para 0 is admitted in labour. Her Bishop score shows cervix is 70% effaced, and she is dilated to 8 cm. The fetal head is at +1 station. What does this mean?**
    A) 1 cm above ischial spine
    B) 1 cm below pelvis

C) 1 cm above pelvis
D) 1 cm below ischial spine
Correct Answer: D) 1 cm below ischial spine
Rationale:
Fetal station describes the descent of the fetal presenting part (usually the head) relative to the maternal **ischial spines**. The ischial spines are the zero (0) reference point.
Negative station (e.g., −1, −2): fetal head is **above** the ischial spines.
Positive station (e.g., +1, +2, +3): fetal head is **below** the ischial spines.
+1 station means the leading bony edge of the fetal head is **1 cm below the ischial spines**.
This indicates the head is descending well beyond engagement (engagement is at station 0).
Option A ("1 cm above ischial spine") would be station −1.
Options B and C are incorrectly phrased (pelvis is not the landmark; ischial spine is).
Therefore, **D** is the correct interpretation.

26. [Q]In diarrhea, what will be ACID BASE seen?
A.*(metabolic acidosis)*
B. met alkalosis
C. lactic acidosis
D. ketoacidosis
Answer: A. Metabolic acidosis
Rationale: In diarrhea, the body loses large amounts of intestinal fluid that contains bicarbonate, which is a base. Loss of bicarbonate decreases the buffering capacity of blood and leads to **metabolic acidosis**.

27. **[Q]While performing an abdominal examination, why does the nurse perform auscultation before palpation?**
A) Palpation reduces abdominal discomfort
B) Auscultation reduces bowel sounds
C) Palpation increases abdominal tenderness
D) Palpation can disturb or alter bowel sounds
Correct Answer: D) Palpation can disturb or alter bowel sounds
Rationale:
Disturb bowel sounds: Touching or pressing on the abdomen (palpation/percussion) can stimulate peristalsis, creating "fake" bowel sounds that weren't there originally.
Reduces discomfort: Palpation often *increases* discomfort if there is an underlying issue.
Auscultation reduces sounds: Auscultation is a passive listening process and does not affect the body's internal sounds.
Increases tenderness: While true, this is not the scientific reason for changing the order of the examination steps.

28. **[Q]A child presented to the school nurse with nose bleeding. What will be the appropriate management in epistaxis?**
A) Sitting position, lean forward with pressure over the nasal bridge
B) Sitting position, lean forward with pressure over the lower nostril
C) Lying position with pressure over the nasal bridge
D) Lying position with pressure over the lower nostril
Correct Answer: B) Sitting position, lean forward with pressure over the lower nostril
Rationale:
First-aid for epistaxis:
Position: Sit upright (not lying down) to reduce venous pressure and prevent blood from trickling down the throat.
Lean forward – allows blood to exit the nostrils rather than being swallowed or aspirated.
Compression point: Pinch the **soft, lower part of the nostrils** (the cartilaginous alae) – this directly compresses **Kiesselbach's plexus** (the site of 90% of anterior nosebleeds).

Why not the nasal bridge? The nasal bridge is bony; pinching there does not collapse the bleeding vessels.
Why not lying down? Supine position increases risk of blood swallowing (causing nausea or aspiration) and does not reduce venous pressure.
Thus, **sitting, leaning forward, and applying pressure to the lower nostril** is the recommended first-aid measure.

29. **[Q]IM injection is administered at which angle?**
A) 15°
B) 30°
C) 45°
D) 90°
Correct Answer: D) 90°
Rationale:
Intramuscular (IM) injections require deposition of medication deep into the muscle belly to ensure rapid absorption and avoid subcutaneous irritation.
The needle must pass perpendicularly through the skin, subcutaneous tissue, and fascial layer to reach the muscle. Therefore, the standard insertion angle is **90 degrees** relative to the skin surface.
Other angles:
15–30° → intradermal injections (e.g., TB skin test).
45° → sometimes used for subcutaneous injections, especially in thinner patients.
Exceptions (very thin/cachectic patients) may use a slightly different technique (e.g., pinching the skin), but the standard teaching remains **90°** for IM.
Hence, the correct angle is **90°**.

30. **[Q]Patient vomited immediately after oral medication. What will be the next step?**
A) Keep patient NPO
B) Inform doctor before next dose
C) Give double dose
D) Document as normal finding
Correct Answer: B) Inform doctor before next dose
Rationale:
Immediate vomiting after oral drug ingestion means absorption is unpredictable. The nurse cannot know how much (if any) of the medication reached the stomach and was absorbed.
Never automatically repeat the dose (option C) – this can lead to toxicity if a significant portion was already absorbed.
Never simply document and ignore (option D) – the patient may miss a critical therapeutic dose, which could be dangerous (e.g., anticonvulsants, antiarrhythmics, antibiotics).
Keeping NPO (A) is not indicated unless vomiting is persistent or due to another cause (e.g., bowel obstruction).
Correct nursing action: Notify the prescribing physician immediately. The doctor will assess the medication's pharmacokinetics, the patient's condition, and then decide to:
Repeat the full dose
Repeat a partial dose
Change to parenteral route (IV/IM)
Wait for the next scheduled dose
Thus, **inform the doctor before the next dose** is the safest and most appropriate step

31. **[Q]What is the daily calorie intake of a pregnant female according to the NIN 2020 guidelines? She has a moderately active normal BMI in the 2nd trimester.**
A) 2180 kcal
B) 2280 kcal
C) 2780 kcal

D) 2480 kcal *(highlighted as correct)*
Correct Answer: D) 2480 kcal
Rationale:
The **National Institute of Nutrition (NIN), India, 2020** dietary guidelines provide specific Recommended Dietary Allowances (RDA) for Indian populations.
For a **non-pregnant, moderately active woman** with normal BMI, the RDA is approximately **1930–2130 kcal/day** (depending on age and body weight).
During the **second trimester**, an additional **350 kcal/day** is recommended to support fetal growth, placental development, and maternal physiological changes.
Adding 350 kcal to a baseline of ~2130 kcal gives **~2480 kcal/day**.
Third trimester requires an extra 470 kcal/day (total ~2600 kcal).
Options A (2180), B (2280), and C (2780) are either too low (first trimester levels) or too high (exceeding third trimester needs).
Thus, **2480 kcal** is the correct daily intake for a moderately active, normal BMI woman in the second trimester per NIN 2020.

32. **[Q]A 3-year-old child having nephrotic syndrome is on steroids. Which of the following components is most important?**
A) Fluid balance
B) Nutrition status
C) Infection prevention
D) Improve hydration
Correct Answer: C) Infection prevention
Rationale:
Nephrotic syndrome in children is often treated with **long-term corticosteroids** (e.g., prednisolone) to reduce proteinuria and induce remission.
Steroids cause immunosuppression (decreased lymphocyte function, impaired chemotaxis) → significantly increased risk of **serious infections** (peritonitis, sepsis, pneumonia).
Infection is a leading cause of morbidity and relapse in nephrotic syndrome.
While **fluid balance (A)** is important (monitoring for oedema or dehydration), it is managed with diuretics/albumin and fluid restriction, not the highest priority.
Nutrition status (B) is supportive but not the most critical when on steroids.
Improve hydration (D) is contraindicated if oedema is present; steroids may cause fluid retention.
Therefore, **infection prevention** (hand hygiene, avoiding crowds, monitoring for fever) is the **most important** component.

33. **[Q]Relative risk value came out to be 1.0. What does this indicate?**
A) Indicates that there is a relation and the risk factor could be a cause of the disease
B) There is no association between the exposure and disease
C) The interpretation cannot be calculated
D) The exposure is a protective factor against the disease
Correct Answer: B) There is no association between the exposure and disease
Rationale:
Relative risk (RR) compares the risk of an outcome in an exposed group to that in an unexposed group.
RR = 1.0 → risk is identical in both groups → **no association** between exposure and disease.
RR > 1.0 → positive association (exposure increases risk).
RR < 1.0 → negative association (exposure is protective).
Option A describes RR > 1.0 (causal relation possible).
Option C is false; interpretation is straightforward.
Option D describes RR < 1.0.
Hence, **RR = 1.0** indicates **no association**.

34. **[Q]A patient has a pain score of 9/10 but vitals are stable. What will be the nursing intervention?**
    A) Patient is exaggerating
    B) Wait until vital signs change
    C) Recheck the vital signs after 3-4 hours
    D) Give pain medicine
    Correct Answer: D) Give pain medicine
    Rationale:
    Pain is subjective and the patient's self-report (e.g., 9/10 on a numeric rating scale) is the gold standard for pain assessment.
    Vital signs (heart rate, blood pressure, respiratory rate) can be normal even in severe pain, especially in chronic pain, after opioid tolerance, or in certain individuals.
    Stable vitals do not rule out severe pain. Withholding analgesia until vitals change is inappropriate and unethical.
    Option A (exaggerating) and **B** (wait for change) are incorrect and violate pain management standards.
    Option C (recheck vitals later) delays treatment unnecessarily.
    Standard nursing intervention: Assess pain, administer prescribed analgesic (non-pharmacological + pharmacological), and re-evaluate pain after appropriate time.
    Thus, **give pain medicine** is correct.
35. **[Q]A child 2 days after palatoplasty. Which action made by the nurse is correct?**
    A) Oral examination with tongue depressor
    B) Taking oral temperature
    C) Giving pacifier
    D) IV opioid
    Correct Answer: D) IV opioid
    Rationale:
    Palatoplasty (surgical repair of cleft palate) creates a delicate suture line in the oral cavity. Post-operative care focuses on **protecting the repair** and **pain management**.
    IV opioid (e.g., morphine, fentanyl) is appropriate for moderate-to-severe pain in the early post-operative period (day 2). It provides effective analgesia without mechanical disruption of the suture line.
    A – Oral examination with tongue depressor: This directly traumatises the surgical site; prohibited.
    B – Taking oral temperature: Inserting a thermometer into the mouth can disrupt the repair; use axillary or tympanic route.
    C – Giving pacifier: Sucking creates negative pressure that can pull on the sutures, causing dehiscence or fistula formation; pacifiers are avoided for 2–3 weeks.
    D – IV opioid is safe and correct.
    Therefore, **IV opioid** is the correct nursing action.
36. **[Q]What are the 3 characteristic features of epiglottitis?**
    A. Whooping, wheeze, cough
    B. Spontaneous cough absent, drooling, agitation
    C. (Option not shown)
    D. (Option not shown)
    Correct Answer: B
    Rationale:
    Epiglottitis (often bacterial, e.g., *H. influenzae* type B) presents with high fever, dysphagia, and respiratory distress. The classic triad is **absence of spontaneous cough** (unlike croup), **drooling** (due to painful swallowing), and **agitation/restlessness** (from air hunger).
    Option A describes pertussis (whooping cough) or bronchiolitis.

37. **[Q]A patient at preterm labor (32 weeks) is given tocolytics, but all tocolytics fail. The obstetrician delivers the baby. Which of the following would be the next appropriate management?**
    A. Misoprostol
    B. Dexamethasone
    C. Nifedipine
    D. Ritodrine
    Correct Answer:B
    Rationale:
    For preterm delivery <34 weeks, antenatal corticosteroids (dexamethasone or betamethasone) accelerate fetal lung maturation, reducing RDS, IVH, and neonatal death. Even if tocolytics fail and delivery is imminent, steroids should be given as soon as preterm birth is anticipated. Misoprostol is a uterotonic (not routine after delivery). Nifedipine and ritodrine are tocolytics; they are not indicated once delivery has occurred.
38. **[Q]Route of surfactant administration**
    A. IM
    B. Intubate & intratracheal (give surfactant)
    C. Subcutaneous
    D. Intranasal
    Correct Answer:B
    Rationale:
    Exogenous surfactant (e.g., beractant, poractant alfa) is used for neonatal RDS. It must be instilled **directly into the trachea** via an endotracheal tube to reach alveolar surfaces. IM, SC, or intranasal routes are ineffective as surfactant cannot cross from blood to airspaces.
39. **[Q]A woman delivered 1 hour ago and is experiencing heavy vaginal bleeding. The fundus is soft and deviated to the right. What is the priority nursing action?**
    A. Assist the patient to void
    B. Massage fundus vigorously
    C. Reassure
    D. Give oxytocin immediately
    Correct Answer:A
    Rationale:
    A soft, deviated fundus (usually to the right) with postpartum hemorrhage suggests **uterine atony secondary to a distended bladder**. The priority is to empty the bladder (assist to void or catheterize), allowing the uterus to contract. After voiding, fundal massage and oxytocin should follow, but bladder decompression is the immediate first step.
40. **[Q]Which of the following findings needs to be reported by the mother in the 2nd trimester?**
    A. Constant increase in fundal height
    B. Braxton Hicks contractions
    C. Nausea/vomiting
    D. Fetal heart rate 180 bpm
    Correct Answer:D
    Rationale:
    Normal FHR is 110–160 bpm. **180 bpm is fetal tachycardia**, which can indicate maternal fever, infection (chorioamnionitis), fetal hypoxia, or distress, requiring immediate evaluation.
    A: Progressive fundal height gain (~1 cm/week) is normal.
    B: Braxton Hicks are irregular, painless, and normal.
    C: Nausea/vomiting typically resolves by end of 1st trimester; mild persistence is not urgent.
41. **[Q]A nurse is screening a crowd for PTSD after a mass disaster. Which level of prevention is this?**

A. Primary
B. Secondary
C. Tertiary
D. Primordial
Correct Answer:B
Rationale:
Primary – Prevents exposure/occurrence (e.g., disaster drills).
Secondary – Early detection and prompt intervention (screening for PTSD identifies affected individuals early to prevent chronic PTSD).
Tertiary – Rehabilitation for established disease (e.g., long-term PTSD therapy).
Primordial – Prevents risk factors at population level (e.g., reducing poverty).
Screening after disaster for PTSD is **secondary prevention**.

42. **[Q]A psychotic patient is agitated, restless, and shows harmful behaviour. What will be the most immediate nursing intervention?**
A. Wait for the family
B. Immediate physical restraint
C. Immediate tranquilizer with BZD
D. Verbal counselling
Correct Answer:B
Rationale:
When a patient is actively harmful (risk of violence to self or others), the priority is safety. Verbal de-escalation (D) may work for mild agitation but not for imminent harm. Waiting for family (A) delays action. Benzodiazepines (C) take time to work and won't prevent immediate injury. **Physical restraint** is the most immediate intervention to control dangerous behaviour per nursing protocols, followed by medication if needed.

43. **[Q]A parkinsonism patient has tremors during the day which improve with rest. Which neurotransmitter is responsible?**
A. Decrease serotonin
B. Decreased dopamine
C. Decrease norepinephrine
D. Decrease ACh
Correct Answer:B
Rationale:
Parkinson's disease features degeneration of dopaminergic neurons in the substantia nigra → **decreased dopamine** in basal ganglia. This causes resting tremor (improves with voluntary movement or sleep), rigidity, bradykinesia. Serotonin (A) is more involved in mood; norepinephrine (C) in autonomic function; acetylcholine (D) is relatively *increased* (not decreased) in Parkinsonism, contributing to tremor.

44. **[Q]While administering Paclitaxel, which of the following should be done?**
A. Perform continuous cardiac monitoring
B. Premedicate with hydrocortisone to prevent allergic reaction
C. Premedication with castor oil
D. (Option not shown)
Correct Answer:B
Rationale:
Paclitaxel can cause severe hypersensitivity reactions (due to Cremophor EL solvent). Standard premedication includes corticosteroids (e.g., hydrocortisone or dexamethasone), antihistamines, and H_2 blockers given 30–60 min before infusion. Cardiac monitoring (A) is not routinely required for all patients; paclitaxel may cause bradycardia but premedication is the priority. Castor oil (C) is part of the drug vehicle, not a premedication.

45. **[Q]A patient came with right-side hearing impairment. Weber test lateralizes to the right side, Rinne test negative for the right side. What will be the interpretation?**
    A. Right side conductive hearing loss
    B. Right side sensorineural hearing loss
    C. Left side sensorineural hearing loss
    D. Left side conductive hearing loss
    Correct Answer:A
    Rationale:
    Weber: Sound lateralizes to the ear with **conductive loss** (bone conduction > air conduction in that ear) or away from sensorineural loss. Lateralization to right → right conductive OR left sensorineural.
    Rinne: Negative Rinne (BC > AC) indicates conductive loss in that ear.
    Right side has both lateralized Weber and negative Rinne → **right conductive hearing loss**.
46. **[Q]A patient having hypoxia despite continuous NIV support. What will be the next step?**
    A. Wait and watch
    B. Remove NIV
    C. Intubate
    D. Continue for few more hours
    Correct Answer:C
    Rationale:
    Persistent hypoxia despite optimal non-invasive ventilation (NIV) settings indicates NIV failure. Delaying intubation (A, D) risks cardiac arrest or severe hypoxic injury. Removing NIV (B) worsens hypoxia. The standard of care is to promptly **intubate** and initiate invasive mechanical ventilation to secure the airway and correct oxygenation.
47. **[Q]A patient is having hyperventilation and hypoventilation followed by a period of apnea. Which type of respiration is this?**
    A. Cheyne-Stokes (highlighted in green, with waveform diagram)
    B. Kussmaul
    C. Biot
    D. Depressed breathing
    Correct Answer: A. Cheyne-Stokes
    Rationale:
    Cheyne-Stokes respiration is characterized by a cyclical pattern of gradually increasing (hyperpnea) then decreasing (hypopnea) tidal volume, followed by a period of apnea (usually 5–30 seconds). This matches the description.
    Kussmaul breathing: deep, rapid, labored (no apnea, constant pattern) – seen in metabolic acidosis.
    Biot respiration: irregular clusters of breaths with unpredictable apneic periods (not a smooth crescendo-decrescendo).
    Depressed breathing simply means reduced effort.
    The waveform diagram (not shown here) typically illustrates the classic crescendo-decrescendo-apnea cycle of Cheyne-Stokes.
48. **[Q]A nurse is cleaning the eye from inner canthus to outer canthus. What is the rationale for this?**
    A. To prevent infection to lacrimal duct
    B. To prevent corneal abrasion
    C. To improve vision clarity
    D. To prevent dryness of the eyes
    Correct Answer: A. To prevent infection to lacrimal duct
    Rationale:
    The lacrimal duct (nasolacrimal duct) opens at the inner canthus. Cleaning from inner to outer

canthus moves debris and discharge **away** from the duct opening, preventing organisms from being pushed into the duct, which could cause dacryocystitis (infection of the lacrimal sac).
B: Corneal abrasion is prevented by using gentle technique and separate swabs for each eye, not the direction.
C & D: Vision clarity and dryness are not related to cleaning direction.

49. **[Q]A female has delivered. The fetus was suspected of superior venous thrombus, but the baby came out normal. What should be the expected finding in case of superficial venous thrombosis?**
    A. Superficial hard vein in calf
    B. Superficial hard veins in the cerebral area
    C. (Option not shown)
    D. (Option not shown)
    Correct Answer: A. Superficial hard vein in calf
    Rationale:
    Superficial venous thrombosis (SVT) most commonly occurs in the lower extremities (e.g., saphenous vein). It presents as a palpable, hard, tender cord along a superficial vein, often with redness and warmth.
    B: Cerebral venous thrombosis is a different entity (deep venous thrombosis of cerebral sinuses) and is not "superficial." It would present with headache, seizures, not a superficial hard vein.
    The question mentions "fetus suspected of superior venous thrombus" but baby normal – this may be a distractor. The expected finding for *superficial* venous thrombosis in a postpartum woman (hypercoagulable state) is in the calf.
50. **[Q]A patient presented after fracture. Which stage is correct according to Wolff's law?**
    A. Ossification
    B. Callus formation stage
    C. Remodeling phase (highlighted in green)
    D. Hematoma formation
    Correct Answer: C. Remodeling phase
    Rationale:
    Wolff's law states that bone adapts to mechanical stresses – it remodels along lines of stress. This occurs primarily during the **remodeling phase** of fracture healing, where osteoclasts resorb unnecessary callus and osteoblasts deposit new bone oriented to weight-bearing loads.
    Hematoma formation (D) is the initial inflammatory stage.
    Callus formation (B) provides stability but is not yet adapted to stress.
    Ossification (A) is the conversion to woven bone.
    Remodeling is the final stage most directly governed by Wolff's law.
51. **[Q]What is the most common cause of Cushing syndrome?**
    A. Exogenous steroid (highlighted in green)
    B. Adrenal tumor
    C. Pituitary tumor
    D. Ectopic foci ACTH (with handwritten "ACTH" next to it)
    Correct Answer: A. Exogenous steroid
    Rationale:
    The most common cause of Cushing syndrome worldwide is **iatrogenic** – long-term use of exogenous glucocorticoids (e.g., prednisone for autoimmune diseases, asthma, transplant).
    C (pituitary tumor) → Cushing disease, which is the most common *endogenous* cause (about 70% of endogenous cases), but less common overall than exogenous steroids.
    B (adrenal tumor) and **D (ectopic ACTH)** are less frequent endogenous causes.
    Thus, despite pituitary tumors being common in endocrinology referral populations, exogenous steroids are overall #1.

52. **[Q]After kidney biopsy, which of the following is the most common complication?**
    A. Fever
    B. Bleeding
    C. Pain
    D. Constipation
    Correct Answer:B
    Rationale:
    Percutaneous kidney biopsy carries a risk of bleeding (gross or microscopic hematuria, perirenal hematoma) due to the highly vascular nature of the kidney. Bleeding is the most common complication, occurring in 5–10% of cases; major bleeding requiring transfusion occurs in <1%. Fever is uncommon unless infection occurs. Pain is common but less frequent than bleeding. Constipation is unrelated.
53. **[Q] Which of the statements is false regarding NPH (Neutral Protamine Hagedorn insulin)?**
    Statements given:
    A.It is intermittent type of insulin
    B.It can be given IV (highlighted in blue) ← This is the false statement
    C.It can be mixed with other insulin
    D.Causes hypoglycemia at its peak effect
    Correct Answer:B "It can be given IV" is false.
    Rationale:
    NPH is an **intermediate-acting insulin** (not "intermittent" but the statement means it acts over many hours). It is a **suspension** containing protamine and zinc, designed for subcutaneous injection only. **IV administration is contraindicated** because it will precipitate and cause unpredictable absorption, embolism, or severe hypoglycemia. It can be mixed with regular insulin (but draw regular first). It does cause hypoglycemia at its peak (4–8 hours). Thus the false statement is "It can be given IV."
54. **[Q]A nursing officer performs auscultation prior to palpation during abdominal examination. Which of the following states is true regarding his action?**
    A. Palpation reduces abdominal discomfort
    B. Auscultation reduced bowel sound
    C. Palpation increases abdominal tenderness
    D. Palpation disturbs bowel sounds (highlighted green; handwritten "IAPP" mnemonic)
    Correct Answer:D
    Rationale:
    The correct sequence for abdominal exam is **Inspection → Auscultation → Percussion → Palpation (IAPP)**. Auscultation is done before palpation because palpation (and percussion) can alter bowel sounds (increase peristalsis or create false noises), leading to inaccurate assessment. Thus the true statement is that palpation disturbs bowel sounds. Options A and C are not universally true; B is incorrect because auscultation does not reduce bowel sounds.
55. **[Q]Which of the findings is clinically associated with Coarctation of Aorta?**
    A. Strong pulse in upper extremities
    B. Absent or diminished femoral pulse (highlighted green)
    C. Bounding femoral pulse
    D. Tet spell or cyanotic spells
    Correct Answer:B
    Rationale:
    Coarctation of the aorta causes narrowing near the ductus arteriosus, leading to **hypertension and strong pulses in upper extremities** (A is also true but not the classic distinctive finding) and **weak, delayed, or absent femoral pulses** (compared to radial). Option B is the hallmark

physical exam finding. Bounding femoral pulses are seen in patent ductus arteriosus. Tet spells occur in Tetralogy of Fallot.

56. **[Q]A psychotic patient is shouting loudly and aggressively in the ward. Which type of speech characteristic is shown by him?**
    A. Poverty of speech
    B. Mutism
    C. Pressure of speech
    Correct Answer:C
    Rationale:
    Pressure of speech is rapid, loud, often nonstop speech, commonly seen in mania or agitated psychosis. It reflects an urgent need to express thoughts.
    Poverty of speech – restricted amount of speech (e.g., schizophrenia negative symptoms).
    Mutism – complete absence of speech.
    Shouting loudly and aggressively fits pressure of speech (may also be associated with agitation).
57. **[Q]A 3-year-old child is in pain and anxious. Which pain scale will be most appropriate?**
    A. FLACC face SCALE with poker chip tool (FLACC crossed out, replaced with “face” – but unclear)
    B. Ask the parent to tell the condition and pain level of child
    C. FLACC face Scale and monitor the child's facial expression along with parents' concern (highlighted green; handwritten “face” replaces FLACC)
    D. Visual analogue scale
    Correct Answer:C
    Rationale:
    For a **3-year-old** (pre-verbal or limited verbal ability), behavioral pain scales are appropriate.
    The **FLACC scale** (Face, Legs, Activity, Cry, Consolability) is validated for children aged 2 months to 7 years. Parental input adds context.
    Visual analogue scale (D) is for older children/adults.
    Poker chip tool (A) is for ages 4–12.
    Parent alone (B) is subjective but can supplement, not primary.
    Thus, FLACC (facial expression + behavioral observation) with parental concern is best. The handwritten “face” likely emphasizes the facial expression component.
58. **[Q]A patient underwent hip replacement. Post-op he has been given enoxaparin for DVT prevention. 5 days later he has developed skin necrosis, platelet drop from 220,000/mm³ to 20,000/mm³. What will be the immediate nursing management?**
    A. Wait and watch
    B. Platelet transfusion
    C. Continue enoxaparin
    D. Stop all heparin products and inform surgeon (Handwritten notes: "HIT" – Heparin-Induced Thrombocytopenia)
    Correct Answer:D
    Rationale:
    This clinical picture (thrombocytopenia + skin necrosis at injection sites or elsewhere) is diagnostic of **Heparin-Induced Thrombocytopenia (HIT)** type II, an immune-mediated reaction causing platelet activation and paradoxical thrombosis. Immediate action: **discontinue all heparin products (including enoxaparin)** and notify the physician. Platelet transfusion (B) is contraindicated as it can worsen thrombosis. Waiting (A) or continuing (C) risks further thrombosis (limb ischemia, DIC, death). Alternative anticoagulation (non-heparin, e.g., argatroban) will be started by the surgeon.
59. **[Q]A child is admitted with the following findings: Hb 10 g/dL, WBC 24,000, platelet 20,000. Which intervention will be the priority?**

A. Pallor, tachycardia, and fatigue
B. Fever
C. Bleeding or bruising precautions (Option highlighted in blue)
D. Assess for nutrition status
Correct Answer:C
Rationale:
Platelet count of 20,000/mm³ is **severe thrombocytopenia** (normal 150,000–450,000), placing the child at high risk for spontaneous bleeding (intracranial, GI, mucocutaneous). The priority intervention is **bleeding and bruising precautions** (e.g., avoid IM injections, soft toothbrush, fall prevention, monitor for petechiae/ecchymosis).
Hb 10 g/dL is mild anemia – not immediately life-threatening.
WBC 24,000 suggests infection, but without fever mentioned (B), thrombocytopenia poses more immediate danger.
Nutritional assessment (D) is important but not priority.

60. **[Q]Under Anemia Mukt Bharat (India), what is the dose of iron and folic acid for a pregnant female?**
A. 40 mg iron + 400 µg folic acid
B. 60 mg iron + 500 µg folic acid
C. 45 mg iron + 400 µg folic acid
D. 20 mg iron + 500 µg folic acid
Correct Answer:B
Rationale:
The **Anemia Mukt Bharat** (AMB) program by the Government of India recommends for all pregnant women: **60 mg elemental iron + 500 µg folic acid** daily, starting after the first trimester (or as soon as pregnancy is detected) and continued for 180 days post-delivery.
Higher doses for moderate/severe anemia may be given but the standard prophylactic dose is 60/500.

61. **[Q]Most important intervention before starting blood transfusion?**
A. Warming the blood 2 hours before transfusion
B. Take vitals 1 hr prior to transfusion
C. Confirming the blood product and patient identity with another nurse
D. Give prophylactic anti-allergic meds
Correct Answer:C
Rationale:
The single most critical step before any blood transfusion is **two-person verification** of patient identity, blood product label, crossmatch compatibility, and expiration date. This prevents acute hemolytic reactions (ABO incompatibility), which are often fatal.
Vital signs (B) are important as a baseline, but identity confirmation is the priority.
Blood should never be warmed (A) except in specific situations (massive transfusion, exchange transfusion); warming >2 hours is unsafe.
Prophylactic medications (D) are not routine; given only for patients with prior reactions.

62. **[Q]You have been called to assess a patient for log rolling. What does log** rolling mean?
A. To maintain spinal alignment and airway protection (Highlighted in blue)
B. Hemorrhage control
C. Spinal rigid board alone (incomplete)
Correct Answer:A
Rationale:
Log rolling is a technique used to turn a patient with suspected or known spinal injury (e.g., trauma, spine surgery) while keeping the head, neck, and torso in a straight line (neutral alignment) to prevent further spinal cord damage. It includes maintaining alignment and protecting the airway, especially if the patient is supine and needs repositioning.

Hemorrhage control (B) is separate.
A rigid board (C) may be used for transport but does not define the log rolling maneuver.

63. **[Q]A newborn with congenital diaphragmatic hernia becomes restless and cyanosed. On examination, scaphoid abdomen was present. Which is the most appropriate management for this condition?**
    A. Discharge on home care and follow-up for surgery
    B. Initiate bag and mask ventilation
    C. Intubate and keep patient NPO / gastric decompression (Highlighted in blue; handwritten "gastric decompression")
    D. (Option not shown)
    Correct Answer:C
    Rationale:
    Congenital diaphragmatic hernia (CDH) presents with respiratory distress, cyanosis, scaphoid abdomen (due to abdominal viscera herniated into chest), and mediastinal shift. **Do not bag-mask ventilate** (option B) – this inflates the stomach and bowel in the chest, worsening respiratory compromise. Standard immediate management: **endotracheal intubation** (to protect airway and ventilate), placement of an **orogastric/nasogastric tube for gastric decompression** (to remove air from the stomach and bowel, reducing thoracic pressure), and keep **NPO**. Surgery is indicated after stabilization, not discharge (A).
64. **[Q]A newly joined nurse is caring for a patient having rigid abdomen, fever, right lower quadrant pain (appendicitis). As a ward in-charge, which action performed by the new nurse requires immediate intervention?**
    A. Administering antibiotic
    B. Monitoring vital signs
    C. Giving enema
    Correct Answer:C
    Rationale:
    In suspected appendicitis, **enemas (or laxatives) are strictly contraindicated** because increased peristalsis and intraluminal pressure can precipitate **perforation** of the appendix, leading to peritonitis. Administering antibiotics (A) and monitoring vitals (B) are appropriate interventions. The new nurse must be stopped immediately from giving an enema.
65. **[Q]A child diagnosed with Hirschsprung disease is admitted to the pediatric ward. The nurse plans to frequently measure the abdominal girth; however, frequent measuring makes the child restless and irritable. What is the most appropriate nursing action?**
    A. Measure abdominal girth before administering a saline enema
    B. Leave the measuring tape beneath the child (Option highlighted in blue)
    C. Measure abdominal girth after administering a saline enema
    D. Perform a digital rectal examination
    Correct Answer:B
    Rationale:
    Frequent repositioning and handling cause distress. Leaving a soft measuring tape **loosely beneath the child** (e.g., under the back/abdomen) allows quick, non-disturbing girth measurements. Repeated enemas (A, C) are not indicated solely for measurement; digital rectal exam (D) is contraindicated in Hirschsprung (can cause perforation or Hirschsprung-associated enterocolitis). This technique reduces restlessness while maintaining assessment.
66. **[Q]An adolescent calls Tele-MANAS (mental health helpline) and reports low mood for 2 weeks, decreased sleep, no suicidal ideation. What is the appropriate action?**
    A. Emergency referral
    B. Inform police
    C. Immediate admission
    D. Telephonic counseling

Correct Answer:D

Rationale:

The patient has depressive symptoms but **no suicidal ideation** or imminent risk. Tele-MANAS is a tele-mental health service designed for such cases. **Telephonic counseling** (supportive therapy, psychoeducation, and possible referral to local services) is appropriate. Emergency referral (A) or immediate admission (C) is unnecessary without suicidal or psychotic features. Police (B) are not involved here.

67. **[Q]A patient with mild alcohol abuse is being counseled for 5–10 minutes in a structured manner. Which type of session is this?**

A. Brief intervention

B. Psychotherapy

Correct Answer:A

Rationale:

Brief intervention is a short, structured, evidence-based counseling approach (typically 5–15 minutes) used for mild to moderate substance use disorders, often in primary care or community settings. It focuses on raising awareness and motivating change. **Psychotherapy** (B) is longer-term (multiple sessions, 45–60 min) and more in-depth, not indicated for mild alcohol abuse in a very short session.

68. **[Q]A child spends approximately 12–13 hours daily using a mobile phone. When the parents take the phone away, the child becomes anxious and distressed. Which of the following is the most appropriate diagnosis?**

A. Substance use disorder

B. Behavioural addiction

C. Generalized anxiety disorder

D. Oppositional defiant disorder

Correct Answer:B

Rationale:

The child shows compulsive, excessive use (12–13 hours/day) and withdrawal-like symptoms (anxiety, distress) when the phone is removed. This fits **behavioural addiction** (e.g., internet gaming disorder).

A: No substance involved.

C: Anxiety occurs only in context of phone removal, not persistent worry.

D: ODD involves defiant, hostile behavior toward authority, not withdrawal anxiety.

69. **[Q]A COPD patient undergoes laparoscopic appendectomy. Which intraoperative position requires the most careful observation?**

A. Reverse Trendelenburg

B. Prone

C. Supine

D. Trendelenburg

Correct Answer:D

Rationale:

In laparoscopic pelvic surgery (appendectomy), **Trendelenburg position** (head down, feet up) is often used. This position increases intra-abdominal pressure, pushes the diaphragm upward, reduces lung volumes, and worsens ventilation-perfusion mismatch – particularly dangerous in COPD patients with already compromised lung function. Careful monitoring of oxygenation, airway pressures, and hemodynamics is essential. Reverse Trendelenburg (head up) improves breathing.

70. **[Q]Which of the following will be a normal finding in the 2nd trimester?**

A. Increase BP

B. Decrease BP

C. Increase HR
D. Decrease HR
Correct Answer:B
Rationale:
During the 2nd trimester (weeks 13–27), systemic vascular resistance drops due to progesterone-mediated vasodilation and the low-resistance placental circulation. This causes a **physiological decrease in systolic and diastolic blood pressure** (by 5–10 mmHg), nadir around 24–28 weeks.
C: Heart rate does increase in pregnancy, but this begins in the 1st trimester and continues; it is also a normal finding, but many exam questions specifically highlight the BP decrease as characteristic of the 2nd trimester. If only one answer is allowed, **B** is more distinctive.

71. **[Q]The heart rate of a patient increases from 80 to 130 after mild activity.**
A. Equipment error
B. Cardiovascular compromise
C. Anxiety
D. Normal physiological response
Correct Answer:D
Rationale:
A heart rate increase from 80 to 130 bpm (increase of 50 bpm) with **mild activity** can be a normal physiological response in a deconditioned individual, a healthy person with high sympathetic drive, or during mild exercise (e.g., walking briskly). Without additional signs (chest pain, dyspnea, hypotension), it is not automatically a sign of compromise.
B would be suspected if the patient had symptoms like dizziness or shortness of breath out of proportion.
C could cause tachycardia but "normal response" is the best choice given no other data.

72. **[Q]Despite continuous care, there is redness in the sacral region of the patient. When pressing, it is non-blanchable at sacrum. Which is most appropriate to prevent further worsening?**
A. Massage vigorously
B. Expose to air
C. Change position every 2 hours with moist barrier dressing
D. Apply lotion
Correct Answer:C
Rationale:
Non-blanchable erythema over a bony prominence = **Stage 1 pressure ulcer**. Key interventions: **offload pressure** (reposition every 2 hours) and protect skin from moisture (moisture barrier dressing for incontinence).
A: Massage is contraindicated – can damage capillaries and worsen ischemia.
B: Exposing to air dries skin, doesn't relieve pressure.
D: Lotion alone does not prevent pressure injury.
Thus, C is the evidence-based standard of care.

73. **[Q]A patient undergoing bladder irrigation for post-TURP (transurethral resection of prostate) asks to void during irrigation. What is the next appropriate management?**
A. Notify the doctor
B. Check the tube for kinking
C. Increase the flow rate
D. Deflate the balloon
Correct Answer:B
Rationale:
After TURP, a three-way Foley catheter is used for continuous bladder irrigation (CBI). If the patient feels the urge to void, it usually indicates that the catheter is not draining properly (e.g.,

kinked tubing, clot obstruction). The first nursing action is to **check the catheter and tubing for kinks or obstruction** to restore drainage. Notifying the doctor (A) comes after troubleshooting. Increasing flow rate (C) may worsen distension if outlet is blocked. Deflating the balloon (D) would allow the catheter to fall out and cause hemorrhage.

74. **[Q]A patient with diabetic neuropathy has dry feet and decreased sensation. What is the best nursing intervention to prevent worsening of the condition?**
    A. Apply moisturizer
    B. Elevate leg on pillow
    C. Provide warm compression
    D. Massage every shift
    Correct Answer:A
    Rationale:
    Diabetic neuropathy causes decreased sensation and autonomic dysfunction leading to dry, cracked skin, which increases infection risk (e.g., diabetic foot ulcers). **Applying moisturizer** (non-alcoholic) prevents cracks and maintains skin integrity.
    C: Warm compresses risk burns due to loss of sensation.
    D: Massage can cause soft tissue injury and is not recommended.
    B: Elevation does not address dryness.
75. **[Q]A mother brings her child to the clinic. The child is irritable, crying, and is in an opisthotonos position suggesting bacterial meningitis. What should be the immediate nursing intervention?**
    A. Separation anxiety
    B. Make the child sleep in her mother's lap
    C. Isolate the child immediately and start antibiotic
    D. Assess fontanelle for bulging
    Correct Answer:C
    Rationale:
    Bacterial meningitis is a medical emergency. Opisthotonos (arched back) indicates meningeal irritation. Immediate interventions: **airway protection, isolation (droplet precautions), and rapid administration of antibiotics** (after diagnostic tests). Assessing fontanelle (D) is important but not the first priority; starting treatment to prevent death and neurological damage is urgent. Placing child in mother's lap (B) delays care. Separation anxiety (A) is irrelevant.
76. **[Q]A nurse is monitoring a client receiving a blood transfusion. After 30 minutes, the client develops fever (1.5°C above baseline) and chills. What is the most likely transfusion reaction?**
    A. Acute hemolytic reaction
    B. Febrile non-hemolytic transfusion reaction – stop and administer antipyretic
    C. Anaphylactic reaction
    D. Septic shock
    Correct Answer:B
    Rationale:
    Isolated fever and chills 30 minutes into transfusion, without hypotension, pain, or respiratory distress, is classic for **febrile non-hemolytic transfusion reaction** (FNHTR), caused by cytokines or anti-leukocyte antibodies. Management: stop transfusion, administer antipyretics, and notify blood bank.
    A: Hemolytic reaction presents with hypotension, dark urine, back pain.
    C: Anaphylaxis presents with wheezing, urticaria, hypotension.
    D: Septic shock presents with high fever, rigors, hypotension.
77. **[Q]A female undergoing NST (non-stress test) shows no fetal movement for 20 minutes and the tracing is declared non-reactive. What will be the initial next step?**

A. Provide left lateral position, offer snacks, and repeat after 20–30 minutes
B. Prepare for cesarean section and inform
C. (Option not shown)
D. Start oxytocin and perform CST
Correct Answer:A
Rationale:
A non-reactive NST (no fetal heart rate accelerations with fetal movement) requires further assessment before intervention, as it may be due to fetal sleep cycle or maternal factors. Standard initial step: **change maternal position to left lateral** (improves uterine blood flow), give oral carbohydrates (snacks) to raise fetal glucose, and repeat NST in 20–30 minutes. Immediate C-section (B) is not indicated unless there are additional concerning signs. CST (D) with oxytocin is a secondary test.

78. **[Q]Firm fleshy mass, destructed chorionic villi. Which of the following is the complication of missed abortion?**
A. Blighted ovum
B. Hydatidiform mole
C. Carcenous mole (carnous mole)
D. Incomplete abortion
Correct Answer:C
Rationale:
A missed abortion (early fetal demise with retained products) can lead to a **carnous (fleshy) mole** – the retained products degenerate, chorionic villi become hyalinized and necrotic, forming a firm, fleshy mass.
A: Blighted ovum is an anembryonic pregnancy, not a complication.
B: Hydatidiform mole is a trophoblastic disease with vesicular villi, not a complication of missed abortion.
D: Incomplete abortion is a type of spontaneous abortion, not a complication.

79. **[Q]A 15-month-old toddler speaks only 1-2 words but understands what the mother says and follows simple commands. What is the appropriate nursing response?**
A. Refer immediately for speech therapy
B. Suspect developmental delay
C. This is normal development for age
D. Advise neurological evaluation
Correct Answer:C
Rationale:
At 15 months, language milestones vary. Understanding simple commands and using 1–2 words is **within normal range** (expected 1–3 words). Receptive language is intact. No indication for immediate referral or delay suspicion. Speech therapy is considered if no words by 18 months.

80. **[Q]A laboring patient develops uterine uncoordinated hyperstimulation characterized by erratic frequency, prolonged and increased intensity of contractions. What is nursing action?**
A. Prepare for amniotomy
B. Monitor oxytocin infusion closely
C. Administer pain relievers
D. Promote walking every 30 minutes
Correct Answer:C
Rationale:
Uncoordinated hyperstimulation (hypertonic uterine dysfunction) causes painful, ineffective contractions. The priority is to **provide rest and pain relief** (e.g., meperidine or morphine) to

allow the uterus to relax and coordinate. Amniotomy (A) may worsen hyperstimulation. If oxytocin is running, it should be stopped (not just monitored). Walking (D) is not indicated.

81. **[Q]A nurse is cleaning a patient's eye. Why is it standard practice to wipe from the inner canthus to the outer canthus?**
    A) To prevent infection of the lacrimal duct
    B) To prevent corneal abrasion
    C) To improve vision clarity
    D) To prevent dryness of the eyes
    Correct Answer: A) To prevent infection of the lacrimal duct
    Rationale:
    Infection prevention: The lacrimal (tear) duct is located at the inner corner. Wiping *away* from it ensures that debris and bacteria are not pushed into the duct, which could cause an infection.
    Corneal abrasion: This is prevented by being gentle and using soft gauze, not by the specific direction of the wipe.
    Vision clarity: Cleaning discharge may help a patient see better, but the *direction* is about infection control, not optics.
    Dryness: Eye dryness is related to tear production and blink frequency, not the technique used for external cleaning.
82. **[Q]A newborn is at risk of hypothermia due to evaporation. Immediately after delivery, which of the following interventions prevents heat loss?**
    A. Place the baby in radiant warmer
    B. Cover the baby with warm blanket
    C. Close the door of the labor room
    D. Drying the head of the baby with a pre-warmed sheet
    Correct Answer:D
    Rationale:
    Evaporative heat loss occurs from wet amniotic fluid on the newborn's skin. The **most immediate and effective** intervention is to **thoroughly dry the baby**, especially the head (which has a large surface area and high blood flow). A radiant warmer (A) provides radiant heat but does not stop evaporation. Blankets (B) help after drying. Closing the door (C) reduces convection, not evaporation.
83. **[Q]A patient with depression expresses worthlessness and hopelessness. What should be the nurse's priority action?**
    A. Open ended question
    B. Ask the patient what made him think so?
    C. Give reassurance that everything will be fine
    D. Avoid discussing the patient's feelings
    Correct Answer:B
    Rationale:
    In a depressed patient expressing worthlessness/hopelessness, the priority is to assess **suicidal risk** and explore the underlying thoughts. Asking "What made you think so?" (B) is a therapeutic, open-ended approach that encourages the patient to elaborate, allowing the nurse to evaluate the severity and potential for self-harm.
    A ("Open ended question") is vague; B is a specific example that directly addresses the expressed feelings.
    C (False reassurance) dismisses the patient's feelings and is non-therapeutic.
    D (Avoiding discussion) is neglectful and increases isolation.
    Thus, B is the most appropriate priority action.
84. **[Q]A patient with peptic ulcer presents with hypovolemic shock (BP 84/60 mmHg). What is the fluid of choice for initial management?**

A. Normal Saline + Ringer's Lactate
B. D5W + 0.45% NS
C. Dextrose 10%
D. D5NS only
Correct Answer:A
Rationale:
Hypovolemic shock requires rapid restoration of intravascular volume with **isotonic crystalloids**. The standard initial fluids are **Normal Saline (0.9% NaCl)** or **Ringer's Lactate**. Using both (or either) is correct.
B, C, D contain dextrose (D5W, D10, D5NS) – these are hypotonic after glucose metabolism, expand intravascular space poorly, and may worsen neurological outcomes.
Thus, A is the correct choice for initial resuscitation in peptic ulcer bleeding with shock.

85. **[Q]Identify the following symbol:**

A. RADIOACTIVE
B. BIOHAZARD
C. CYTOTOXIC
D. INFLAMMABLE
Answer: A. RADIOACTIVE
Rationale:
- Symbol Anatomy: Known as the trefoil, the central circle represents an atom, and the three blades represent the emission of ionizing radiation: alpha, beta, and gamma rays.
- Color Meaning: The yellow background was specifically chosen as the most eye-catching color to ensure the warning is highly visible even from a distance.
-Standardization: It has been the recognized international signal for ionizing radiation hazards since 1946, alerting people to the presence of materials like those found in nuclear facilities or X-ray rooms.
- Differentiation: Unlike other warning signs, this specific black-on-yellow trefoil is legally mandated to mark areas where harmful radiation doses could be received

86. [Q]In epidemiology, which specific metric is most commonly utilized by public health professionals to illustrate the severity and lethality of a particular disease?
A) Cause-specific death rate
B) Crude death rate
C) Proportional mortality rate
D) Case Fatality Rate (CFR)
Answer: D) Case Fatality Rate (CFR)
Rational

Definition of Lethality: The Case Fatality Rate (CFR) measures the proportion of people diagnosed with a specific disease who die from that disease within a specific period. It is the most direct indicator of a anti-mosquito repellents disease's **virulence** or **lethality**.

$$\text{CFR} = \frac{\text{Total number of deaths from a specific disease}}{\text{Total number of diagnosed cases of that same disease}} \times 100$$

Distinction from Death Rates: Unlike the "Crude Death Rate," which looks at the entire population (both sick and healthy), the CFR focuses only on those who already have the disease. This tells health professionals: *"If you catch this disease, how likely are you to die from it?"*
Public Health Application: During outbreaks (like Ebola or COVID-19), CFR is the primary metric used to determine how "severe" the pathogen is and to guide the urgency of the medical response.

87. **[Q]According to CDC guidelines for blood sugar testing, a patient is classified as having diabetes if their Fasting Blood Sugar (FBS) test result is at or above:**
A) 100 mg/dL
B) 126 mg/dL
C) 140 mg/dL
D) 200 mg/dL
Correct Answer:B
Rationale:
According to the CDC and American Diabetes Association (ADA) criteria, **fasting plasma glucose (FPG) ≥ 126 mg/dL (7.0 mmol/L)** confirms diabetes (requires repeat testing).
100–125 mg/dL indicates prediabetes (impaired fasting glucose).
≥140 mg/dL is not a fasting cutoff; it relates to 2-hour postprandial or OGTT diagnostic thresholds.
200 mg/dL is the threshold for random plasma glucose or 2-hour OGTT.
Thus, B is correct.

88. **[Q]The nurse is monitoring a client in labor. The nurse suspects umbilical cord compression if which is noted on the external monitor tracing during a contraction?**
A. Variability
B. Accelerations
C. Early decelerations
D. Variable decelerations
Answer: D. Variable decelerations
Rationale:
Mechanism of Compression: Variable decelerations are abrupt decreases in the fetal heart rate (FHR) that vary in duration, intensity, and timing relative to uterine contractions. They are specifically caused by **umbilical cord compression**.
The Shape: On a monitor, these typically look like a **"V," "U," or "W"** shape.
Nursing Intervention: If variable decelerations are noted, the priority nursing action is to **change the mother's position** (usually to the left side) to relieve pressure on the cord.
Other Tracings:
Early Decelerations: Caused by **fetal head compression** (usually a normal finding during labor).
Accelerations: Generally a sign of a **healthy, well-oxygenated fetus** (reactive tracing).
Late Decelerations: Caused by **uteroplacental insufficiency** (a serious sign of fetal distress).