#### **No. LD-16** ИН

## Federal State Budgetary Educational Institution of Higher Education ''North Ossetian State Medical Academy'' of the Ministry of Health of the Russian Federation

**Department** Internal Medicine No. 1 **Department** Surgical diseases No. 1

#### APPROVED

Minutes of the meeting of the Central Coordinating Educational and Methodological Council dated March 22, 2022 No. 4

## FUND OF EVALUATION TOOLS OF PRACTICE

## "Practice for obtaining professional skills and experience in professional activities in the positions of nursing staff (assistant to the ward nurse)"

the main professional educational program of higher education - the program of a specialist in the specialty 31.05.01 "General Medicine", approved on 30.03.2022.

for 2nd year students

specialty 31.05.01 "Medicine"

**Reviewed and approved at the meeting of the department** dated March 18, 2022 (Minutes No. 7)

**Department head** 

MD I.N. Totrov

**Department head** 

pon

c.m.s. U.S. Beslekoev

Vladikavkaz 2022

# **STRUCTURE OF FOS**

- 1. Title page
- 2. Structure of FOS
- **3.Review of FOS**
- 4. Passport of evaluation tools
- 5. Evaluation Toolkit:
  - questions for the exam
  - Bank of situational tasks
  - test task standards (with title page and table of contents)
  - exam tickets

#### FEDERAL STATE BUDGETARY EDUCATIONAL EDUCATION OF HIGHER EDUCATION "NORTH OSSETIAN STATE MEDICAL ACADEMY" OF THE MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION

#### **REVIEW**

#### to the appraisal fund

on practice "Practice for obtaining professional skills and experience of professional activity in the positions of nursing staff (assistant to the ward nurse)"for 2nd year students in the specialty 31.05.01 "General Medicine"

The fund of evaluation funds was compiled at the Department of Internal Medicine No. 1 on the basis of the practice program ("Practice for obtaining professional skills and experience in professional activities in the positions of nursing staff (assistant to a ward nurse)", 2020) and meet the requirements of Federal State Educational Standard 3++majoring in Medicine.

The appraisal fund includes:

- questions for the exam
- Bank of situational tasks
- sample test items (with title page and table of contents)
- exam tickets

The bank of test tasks includes the following elements: test tasks, answer templates. All tasks correspond to the practice program "Practice for obtaining professional skills and experience in professional activities in the positions of nursing staff (assistant to a ward nurse)" and cover all its sections. The difficulty of the tasks varies. The number of tasks for each section of practice is sufficient for knowledge control and eliminates the repeated repetition of the same question in different versions. The bank contains answers to all test tasks.

The number of exam tickets is sufficient for the exam and excludes the repeated use of the same ticket during the exam in the same academic group on the same day. Examination tickets are made on blanks of a single sample in a standard form, on paper of the same color and quality. The examination paper includes 2 questions. The wording of the questions coincides with the wording of the list of questions submitted for the exam. The content of the questions of one ticket refers to different sections of the program, allowing you to more fully cover the practice material.

In addition to theoretical questions, a bank of situational problems is proposed. The situational tasks included in the examination card make it possible to objectively assess the level of assimilation of the theoretical material by the student.

The complexity of the questions in the exam papers is evenly distributed.

There are no comments on the peer-reviewed fund of evaluation tools. In general, the fund of evaluative means of practice "Practice for obtaining professional skills and experience in professional activities in the positions of nursing staff (assistant to a ward nurse)" contributes to a qualitative assessment of the level of proficiency in students' professional competencies.

The peer-reviewed fund of evaluative means of practice ""Practice for obtaining professional skills and experience in professional activities in the positions of nursing staff (assistant to a ward nurse)" can be recommended for use for intermediate certification at the Faculty of Medicine for 2nd year students.

Reviewer:

*Chairman of the TSUMK for therapy Department of Internal Diseases №1* 

MD, Associate Professor

I.N. Totrov

M.P.

# Passport of the fund of evaluation means of practice

"Practice for obtaining professional skills and experience in professional activities in the positions of nursing staff (assistant to the ward nurse)"

No. p / p	Name of the controlled section (topic) of the discipline/module	Code of the formed competence (stage)	Name of the evaluation tool		
one	2	3	four		
Type of control	Intermediate				
one	Maintenance of sanitary hygienic and medical protective regime departments.	OPK-4, OPK-6, PK-1	Oral survey, testing, assessment of practica skills		
2	Sanitization sick.	OPK-4, OPK-6, PK-1	Oral survey, testing, assessment of practica skills		
3	Transportation of patients.	OPK-4, OPK-6, PK-1	Oral survey, testing, assessment of practica skills		
four	Personal hygiene of the patient and medical staff. Food sick.	ОРК-4, ОРК-6, РК-1	Oral survey, testing, assessment of practica skills		
5	The simplest physiotherapy procedures. Training patients to laboratory instrumental research methods.	OPK-4, OPK-6, PK-1	Oral survey, testing, assessment of practica skills		
6	Methods of using medicines	OPK-4, OPK-6, PK-1	Oral survey, testing, assessment of practical skills		
7	Observation and care of patients with diseases various body systems, including dying patients.	OPK-4, OPK-6, PK-1	Oral survey, testing, assessment of practical skills		

# **QUESTIONS FOR THE EXAM**

# DEPARTMENT OF INTERNAL DISEASES №1

1. Responsibilities of Nursing Staff. Fundamentals of medical ethics and deontology.

2. Principles of organization of work and arrangement of the reception and therapeutic departments.

3. Working hours of a nurse's office. Types of documentation, post equipment.

4. Sanitary-hygienic and medical-protective regime of the reception and therapeutic departments.

5. Methods of transporting patients from the emergency department.

6. Basic principles of rational therapeutic nutrition. Dietary (therapeutic) tables. Ways of feeding patients in hospital departments.

7. Rules for changing underwear and bed linen. Significance for the patient.

8. Skin care. Prevention of bedsores.

9. Personal hygiene of the patient: care of the oral cavity, nose, eyes, ears.

10. The use of heat and cold in medical practice. Indications, contraindications.

11. Enemas. Types, rules of setting. Indications, contraindications.

12. Gas tube. Setting rules. Indications, contraindications.

13. Bladder catheterization in women and men. Execution technique. Indications, contraindications.

14. Gastric lavage. Execution technique. Indications, contraindications.

15. Fractional study of gastric contents. Execution technique. Indications, contraindications.

16. duodenal sounding. Execution technique. Indications, contraindications.

17. Rules for preparing patients for instrumental methods of studying the digestive organs.

18. Rules for the preparation of patients for instrumental methods of examination of the organs of the urinary system.

19. Urine, material sampling for laboratory research. Types of laboratory tests of urine. Features of care for patients with urinary incontinence.

20. Feces, material sampling for laboratory research. Types of laboratory studies of feces. Features of care for patients with fecal incontinence.

21. Sputum. Types of laboratory research. Collection of material for laboratory research.

22. The order of storage and accounting of medicines.

23. Ways of using medicines. Technique of intradermal, subcutaneous and intramuscular injections. Prevention of possible complications.

24. Assessment of the general condition of the patient. clinical significance.

25. Anthropometry. Clinical significance of the study. Interpretation of the received data.

26. Methods for measuring body temperature. Registration of the received data. Care and first aid for febrile patients in various stages of fever.

27. Characteristics of breathing. Counting the frequency of respiratory movements. clinical significance. Pathological forms of breathing.

28. Properties of the arterial pulse. Counting rules. clinical significance.

29. Arterial pressure. Measurement rules. clinical significance.

30. Oxygen therapy. Indications for carrying out. Security measures. Methodology and technique of carrying out. Possible complications.

31. Care and first aid for shortness of breath, suffocation.

32. Care and first aid for vomiting. Collection of vomit.

33. Pain in the region of the heart, the mechanism of occurrence. Clinical diagnostics. First aid.

34. Acute vascular insufficiency (fainting, collapse). Clinical manifestations. First aid.

35. Features of care of patients with heart failure. An attack of cardiac asthma. Clinical manifestations. First aid.

36. Hypertensive crisis. Clinical manifestations. First aid.

37. Care and first aid for bleeding (nasal, pulmonary, gastrointestinal).

- 38. Anaphylactic shock. Clinical manifestations. First aid.
- 39. terminal states. Statement of death and rules for handling the corpse.

40. Indications for cardiopulmonary resuscitation (artificial respiration, chest compressions). Technique. Conditions for termination of resuscitation.

# DEPARTMENT OF SURGICAL DISEASES №1

- 1. Compresses, heating pads, ice pack. Setting technique. Indications. Contraindications.
- 2. Body temperature and its measurement, types of temperature curves.
- 3. Disinfection of medical instruments and patient care products
- 4. Rules and technique of artificial respiration. Indications for resuscitation.
- 5. First aid for vomiting
- 6. Rules and methods for applying a colostomy bag.

- 7. Rules and technique of indirect heart massage. Indications for resuscitation.
- 8. Rules and technique for performing nutritional and medicinal enemas. Indications, contraindications.
- 9. Functional bed. Purpose. Rules for using a functional bed.
- 10. Rules and technique of gastric lavage. Indications, contraindications.
- 11.Deontology of care for oncological patients.
- 12. Rules and methods for introducing an air duct. Possible complications.
- 13.Skin care. Prevention of bedsores
- 14. Oxygen therapy. Security measures. Methodology and technique of carrying out.
- 15. Rules and techniques for sanitizing a patient upon admission to a hospital.
- 16.Rules and techniques for changing underwear and bed linen.
- 17. Rules and techniques for moving the patient from the gurney to the operating table and back.
- 18. Technique and rules for bladder catheterization. Indications. Contraindications.
- 19.Diet therapy in the surgical department. Optimal ratio of fats, proteins and carbohydrates in surgical patients.
- 20. Ways and methods for assessing the sterility of the material in the bix
- 21. Rules for the technique of conducting cleansing and siphon enemas. Indications. Contraindications.
- 22. Rules and technique of feeding patients in bed.
- 23. Fundamentals of the activities of medical staff at all stages of the treatment of surgical patients.
- 24. Indications and rules for conducting tube enteral nutrition.
- 25.Rules and techniques for monitoring drainage in operated patients.
- 26. Methods of preparing patients for x-ray examination of the gastrointestinal tract.
- 27. The volume of sanitization of the patient in the emergency department.
- 28.Rules and technique of venipuncture, blood sampling.
- 29. Rules and techniques for moving a patient from bed to wheelchair and vice versa.
- 30. Rules and technique for performing pararenal blockade.
- 31. Subcutaneous and intradermal injections. Execution technique. Possible complications.
- 32. Intramuscular injections. Execution technique. Possible complications.
- 33.Rules and technique of dialysis of the wound through the flow-washing system.
- 34. Rules and technique of pulmonary resuscitation.
- 35. Transportation of the surgical patient up the stairs and to the operating room.

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### Situational task No. 1

A patient with an attack of expiratory suffocation in a state of moderate severity was delivered to the emergency department by an ambulance. The patient was given first aid. The doctor of the admission department, after examining him, decides whether the patient needs to be hospitalized in this medical institution.

#### **Questions:**

- 1. What documentation is required by a nurse?
- 2. What is the required document for the patient?
- 3. What are the nurse's responsibilities in preparing this documentation?

#### Situational task No. 1

After the operation was completed, the nurse began to treat the instruments used during the purulent operation with water, and the used surgical material (napkins, balls, tampons, etc.) was loaded into a bag and thrown into the trash.

#### **Question:**

1. What mistakes did she make, and what dangerous consequences can they lead to?

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### Situational task No. 2

A 20-year-old patient was admitted to the clinic with severe cyanosis and recurrent asthma attacks. He sits in bed, cannot take a horizontal position. Cough with a small amount of glassy sputum. Breathing with sharply difficult and prolonged expiration 22 in 1 minute. Wheezing whistling during breathing, heard at a distance.

### **Questions:**

1. What type of shortness of breath does the patient have?

2. In what sequence is it necessary to provide assistance to the patient?

### Situational task No. 2

At night, the guard nurse remembered the missed injection of a sleeping pill to the patient, leaving the medical history on her desk, entered the ward, turned on the light and, waking up the patient, injected him with a sleeping pill.

#### **Questions:**

1. What mistakes were made by the nurse?

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### Situational task No. 3

A patient is admitted to the emergency room. When examined in the sanitary inspection room, the nurse detects head lice in the patient. It is decided to carry out anti-pediculosis treatment. Before the procedure, the nurse puts on protective clothing, sits the patient in a separate room directly on a wooden stool, covers his shoulders with a plastic diaper, and performs the treatment. At the end of the procedure, the cut hair is thrown into the urn, the protective clothing of the nurse is placed together with the patient's clothing in a cotton bag and sent to the disinfection chamber. The comb and scissors are to be treated with a cleaning solution.

### **Questions:**

- 1. Evaluate the correctness of the actions of the nurse?
- 2. What mistakes were made?
- 3. What are the possible consequences of violation of the processing rules?

### Situational task No. 3

During the X-ray of the lungs while standing on a seriously ill patient, the nurse supported the patient in her usual working form.

1. What mistake did she make and what does it threaten her with?

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## Situational task No. 4

The head nurse of the department sends a nurse to help a colleague with whom she has a bad relationship.

## Questions:

- 1. What should a nurse do?
- 2. What rules and regulations should a nurse follow?

## Situational task No. 4

A patient with a suspected colon tumor will have to undergo an irrigoscopy and a colonoscopy.

## **Questions:**

1. What is the volume of preparation of the patient's intestines?

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### Situational task number 5

Patient P. was hospitalized in the therapeutic department for pneumonia. Against the background of the prescribed treatment, the patient experienced a sharp decrease in temperature from 40C to 36C, which was accompanied by severe weakness, profuse sweating, and nausea. On examination, the patient is pale; pulse quickened, weak; BP is reduced.

### **Questions:**

one. What period of fever corresponds to the patient's condition?2. What is the name of such a decrease in temperature and why is it dangerous?3. First aid measures? What is the care of the patient in this period of fever?

### Situational task number 5

An elderly patient with indefinite abdominal pain in a satisfactory condition (history of hypertension) was prescribed a hygienic bath in the emergency room. After 10 minutes, the patient's condition worsened, and then he lost consciousness.

1. What happened to the patient?

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## Situational task No. 6

During an intravenous infusion of the drug, a patient developed severe weakness, cold, sticky sweat, and a short-term loss of consciousness.

Questions:

- 1. What kind of condition has developed in the patient?
- 2. Independent nursing interventions for this condition?
- 3. What are the preventive measures?

### Situational task No. 6

The patient was taken to the emergency room in a state of moderate severity, with severe pain in the abdomen, with a picture of peritonitis.

Questions:

1. What volume of sanitization will he have to produce?

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## Situational task number 7

The patient categorically refuses to take medications, arguing that he still does not get better, and these medications do not help.

### **Questions:**

- 1. What is the nurse's tactics?
- 2. What measures should be taken?
- 3. What rules and regulations should be followed when dealing with a patient?

Situational task No. 7

A patient in a state of moderate severity with abdominal pain was accompanied by a nurse from the emergency room to the ward on foot. However, in the corridor he lost consciousness and fell.

## **Questions:**

1. What could happen to him, and what was the mistake?

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## Situational task No. 8

Patient P., 53 years old, who is on inpatient treatment in the therapeutic department, complained of an increase in body temperature. To the touch, the skin in the forehead is hot.

### **Questions:**

- 1. What is the nurse's tactics?
- 2. Describe the algorithm for measuring body temperature in the armpit?

## Situational task No. 8

The patient was diagnosed with pediculosis during examination in the emergency room.

### **Questions:**

1. How much sanitization will you do? The further fate of the patient?

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## Situational task No. 9

During the round, the senior nurse noticed at the post in the closet where medicines are stored, on one shelf there are packages of vitamin C in ampoules and dragees, on the other shelf there are expectorant mixtures, rectal suppositories.

## **Questions:**

- 1. What remarks will the senior nurse make on duty?
- 2. How should these medicines be distributed?
- 3. What are the consequences of improper storage and distribution of medicines?

## Situational task No. 9

In the emergency room, the patient was diagnosed with a penetrating stab wound to the abdomen with eventration of the intestinal loop. Surgeons are busy in the operating room.

## **Questions:**

1. What will be your actions?

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### Situational task No. 10

A young woman went to the ambulance service with complaints of pronounced, dense, pale, non-itchy swelling of the face, shortness of breath, weakness, nausea, fever up to 38C. This condition developed after 30 minutes. after an injection of gentamicin. Objectively: there is a pronounced edema on the face, the eyes are almost closed, the tongue does not fit in the mouth. Pulse 110 beats / min. BP 150/90 mmHg

#### **Questions:**

- 1. Determine the emergency condition that the patient has developed?
- 2. Make an algorithm for therapeutic measures to provide emergency care.

### Situational task No. 10

After an injection of Dibazol into the muscle of the buttocks, after three days, a patient developed increasing pains at the site of the drug, swelling, and local hyperemia appeared. 5-6 days after the injection, the temperature increased to 39-40C.

Questions: 1. What complication has occurred and what could be the reason?

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## Situational task No. 11

Blood was taken from a young man's vein for analysis. Suddenly he turned pale, broke out in a cold clammy sweat, lost consciousness and fell out of his chair.

### **Questions:**

- 1. Explain the patient's condition?
- 2. What is the first aid?

## Situational task No. 11

The patient is given an intravenous injection by a young inexperienced nurse. A few minutes after the injection, the patient's condition deteriorated sharply, shortness of breath appeared, cyanosis of the face and motor excitation increased. Soon there was a respiratory arrest and death of the patient.

## **Questions:**

1. What could be the cause of death?

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## Situational task No. 12

A patient with duodenal ulcer was assigned to study feces for occult blood.

### **Questions:**

- 1. What is this study for?
- 2. What should be the actions of a nurse?

## Situational task No. 12

A patient after surgery in a state of post-narcotic sleep in the ward experienced vomiting, regurgitation.

### **Questions:**

1. What is the scope of first aid?

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## Situational task No. 13

The patient was admitted to the emergency department with acetic acid poisoning.

#### **Questions:**

- 1. What is the method of gastric lavage?
- 2. Describe the method of the procedure.

### Situational task No. 13

In a patient after surgery on the abdominal organs, due to the severity of the general condition, the oral cavity was not cared for for several days.

### **Questions:**

1. What consequences can this lead to, what is the reason for the pain in the patient's ear?

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## Situational task No. 14

A patient with pneumonia had a sharp drop in temperature (from 39°C to 35°C), he became covered with a cold, sticky sweat, and turned pale sharply.

## **Questions:**

- 1. What condition has developed in the patient?
- 2. What should be the actions of a nurse?

## Situational task No. 14

A middle-aged patient, due to the severity of his general condition, could not take care of his ears for a long time. Gradually, his hearing loss began to progress.

## **Questions:**

1. What is the reason. What other complications are expected and how to prevent them?

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### Situational task No. 15

The patient has burning, constricting pain behind the sternum, radiating to the left arm, subscapular region. The patient specified that the pain appeared after heavy physical exertion.

### **Questions:**

- 1. What should be the tactics of a nurse?
- 2. What causes chest pain?

### Situational task No. 15

An elderly patient in the postoperative period for 5-6 days developed bedsores in the area of the shoulder blades, the sacrum.

#### **Questions:**

1. What is the anatomical and pathogenetic rationale for their development?

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### Situational task No. 16

The nurse, having confused outwardly similar bottles, injected the patient with a large dose of insulin instead of heparin, which quickly lowers blood sugar levels. As a result, there was a sharp deterioration in the condition (hypoglycemic coma).

### **Questions:**

1. How can you evaluate the actions of a nurse?

## Situational task No. 16

In a postoperative patient, after several days of bed rest, a dark red, cyanotic area first appeared in the sacrum, and then the wound opened.

### **Questions:**

1. What happened and how to prevent it?

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### Situational task No. 17

The patient was prescribed vitamin B12 injections. Having opened a new package with a medicinal product and took out an ampoule from it, the nurse did not find the inscription of the name of the medicinal substance on it.

### **Questions:**

- 1. What is the nurse's tactics?
- 2. Rules for the recruitment and administration of the drug?

## Situational task No. 17

A drowned man has just been taken out of the pond, unconscious, cyanotic, there is no breathing.

## **Questions:**

1. How much first aid should you give him?

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### Situational task No. 18

A 45-year-old man was stung by a bee, after which he began to notice pain, burning at the site of the sting, shortness of breath, weakness, nausea, swelling of the face, fever. Objectively: the state of moderate severity. The face is moon-shaped due to growing dense, white edema. The palpebral fissures are narrow. Temperature 39C, pulse 96 beats / min, rhythmic, blood pressure 130/80 mm Hg, respiratory rate 22 per minute.

### **Questions:**

- 1. Determine the patient's condition.
- 2. Make an emergency aid algorithm.

## Situational task No. 18

An elderly patient had no stool for a week. No pain in the abdomen, no nausea, no vomiting. The abdomen is swollen, there are no symptoms of peritoneal irritation.

### **Questions:**

1. What explains the patient's condition and how to help him?

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### Situational task No. 19

A 19-year-old patient whose parents suffer from pulmonary tuberculosis developed weakness, subfebrile temperature, cough with a small amount of sputum over the past three years.

### **Questions:**

- 1. What research should be done for the patient?
- 2. What method is used to collect sputum for the study of mycobacterium tuberculosis in it.

## Situational task No. 19

The patient has peptic ulcer in the acute stage.

### **Questions:**

1. What dietary table will you prescribe for him, justify the expediency of the appointed table?

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## Situational task No. 20

The patient was admitted to the emergency department with complaints of pain in the epigastric region, coffee grounds vomiting, and dizziness.

## **Questions:**

- 1. What disease should you think about?
- 2. What is the emergency care?

## Situational task №20

The patient was diagnosed with chronic cholecystopancreatitis with frequent relapses.

## **Questions:**

1. Justify the dietary table you have prescribed

Head Department of Surgical Diseases No. 1, Ph.D. U.S. Beslekoev

### Federal State Budgetary Educational Institution of Higher Education ''North Ossetian State Medical Academy'' of the Ministry of Health of the Russian Federation

**department**Internal Medicine No. 1 **department**Surgical diseases No. 1

APPROVED

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Standards of test tasks for the practice "Practice for obtaining professional skills and experience in professional activities in the positions of nursing staff (assistant to a ward nurse)"

the main professional educational program of higher education - a specialist's program in the specialty 31.05.01 "General Medicine", approved on 12/25/2020.

for 2nd year students

by specialty05/31/01 "General Medicine"

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**Department head** 

MD I.N. Totrov

Vladikavkaz 2020	Vladikavkaz 2020	
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#### ACQUAINTANCE WITH THE ORGANIZATION OF THE WORK OF THE ADMISSION AND THERAPEUTIC DEPARTMENTS AND FUNCTIONAL DUTIES JUNIOR MEDICAL STAFF

- 1. What are the main tasks of a student when studying general nursing?
- a) mastering the technique of operations
- b) mastering the methods of examination of the patient
- c) first aid
- d) practical mastery of nursing skills
- e) diagnosis
  - 2. Who should take care of the sick?
- a) relatives of the patient
- b) all medical workers
- c) doctor
- d) patients in the ward
- d) nurse
  - 3. What does medical deontology study?
- a) relationship between doctor and patient
- b) issues of duty, morality and professional ethics
- c) iatrogenic diseases
- d) the relationship between the medical staff and the relatives of the patient
- d) all of the above are correct
  - 4. Who was the first organizer of nursing service in Russia?
- a) Zakharyin GL.
- b) Nightingale F.
- c) Pirogov NM.
- d) Kurashov SV.
- e) Mudrov ML.
  - 5. What is iatrogenic disease?

a) a disease that has developed as a result of a careless statement by a health worker about a patient or his illness, or as a result of improper treatment

- b) a disease that has developed as a result of improper treatment
- c) complication of the underlying disease
- d) a disease transmitted from patient to patient
- d) hereditary disease
  - 6. What medical institutions provide outpatient care?
- a) hospitals
- b) polyclinics, outpatient clinics, health centers
- c) hospitals
- d) clinics
- d) all of the above are correct

## 7. Which hospitals provide inpatient care?

- a) clinics
- b) dispensaries
- c) health centers
- d) hospitals, hospitals, clinics

- 8. Name a specialized institution operating on the dispensary principle:
- a) hospital
- b) medical and sanitary unit
- c) dispensary
- d) dispensary
- e) health center

9.

### What medical institution is organized at large industrial enterprises?

- a) medical unit
- b) dispensary
- c) hospital
- d) dispensary
- d) all of the above are correct

10. Name a medical institution for patients in need of constant treatment and care:

- a) dispensary
- b) sanatorium
- c) health center
- d) hospital
- e) ambulance station

11. Name a medical institution specially designed to provide medical care in case of urgent need:

- a) hospital
- b) clinic
- c) female consultation
- d) an ambulance.
- e) sanatorium

12. Name the medical institution where the aftercare of patients is carried out:

- a) sanatorium
- b) hospital
- c) hospital
- d) dispensary
- e) clinic

13. The patient care system in a hospital can be

- a) single-stage (doctor)
- b) two-stage (doctor, nurse)
- c) three-stage (doctor, nurse, junior nurse)

14. Name a medical institution where, in addition to inpatient treatment, students, doctors, paramedical personnel are trained:

- a) clinic
- b) medical and sanitary unit
- c) hospital
- d) clinic
- e) hospital

15. Types of medical institutions of stationary type:

a) dispensary

- b) hospital
- c) clinic
- d) dispensary
- e) health center

16. Inpatient hospitals include all of the following except:

- a) clinic
- b) multidisciplinary hospital
- c) hospital
- d) medical unit
- e) private hospitals

17. The structural unit of the hospital is not:

- a) front desk
- b) registry
- c) therapeutic department
- d) surgical department
- e) pharmacy

18. The development of polyclinic care for the adult population in modern socioeconomic conditions does not provide for:

a) strengthening and development of forms and methods of restorative treatment and rehabilitation

- b) ensuring the possibility of choosing a district or family doctor
- c) development of general medical practices
- d) creation of advisory and rehabilitation centers on the basis of polyclinics
- e) reduction in the number of district doctors, enlargement of districts

19. Types of medical institutions for the protection of motherhood and childhood:

- a) sanatoriums dispensaries
- b) mud baths
- c) neuropsychiatric dispensaries
- d) women's consultations
- e) dispensaries

20. Types of medical institutions of the sanatorium-resort type:

- a) medical and physical education dispensaries
- b) medical unit
- c) children's sanatoriums
- d) research medical institutes

21. What types of institutions belong to the medical and preventive direction of medicine:

- a) emergency medical facilities
- b) bureau of forensic medical examination
- c) pharmacies
- d) medical equipment institutions
- e) health education centers

22. What type of activity is the fulfillment of doctor's prescriptions by a nurse?

- a) operation
- b) prevention
- c) deontology

d) patient care

23. What manipulations can a junior nurse perform:

a) injects

b) puts cleansing enemas

c) flushes the bladder

d) gives intravenous infusions

24. Which of the following can a nurse do?

a) give food to the sick

b) do breathing exercises

c) independently transport the patient from the operating room to the ward

d) wash the patient

25. What are the duties of a procedural nurse:

a) taking gastric juice for analysis

b) washing away the sick

c) setting mustard plasters

d) dressing of the operated patient

26. Which of the following functions applies to a senior nurse:

a) organize the work of doctors in the department

b) organize the work of nurses

c) organize the work of support staff to monitor the operation of plumbing equipment

d) organize the work of the department staff

27. Who belongs to the junior medical staff:

a)sister is the owner

b) a dietitian

c) local nurse

d) ward nurse

e) procedural nurse

28. Who belongs to the nursing staff:

a) nurse

b) sister - hostess

c) junior nurse

G)senior nurse

e) doctor

29. All of the following can be sources of iatrogenesis except:

a) doctor-patient communication

b) communication of nursing staff with the patient

c) communication with relatives of the patient

d) inaction of a medical worker

e) medical literature

30. The workplace of the department nurse is:

a) internship

b) housewife's office

c) hall

G)sister post

### e) buffet

31. Nursing station equipment includes:

a) table, table lamp, telephone

b) means of communication with seriously ill patients (light display, bell, local telephone connection, list of office telephones)

c) cabinets (including a refrigerator) for storing medicines

d) a cabinet for storing medical records

e) a mobile table for dispensing medicines

e) all of the above are correct

32. The duties of a ward nurse do not include:

a) maintaining medical records, referral of patients to clinical diagnostic studies as prescribed by a doctor

b) prescribing drugs

c) general assessment of the patient's condition (general condition, position of the patient in bed, state of consciousness of the patient, anthropometry) and monitoring of the condition of patients (thermometry, following the pulse and counting the respiratory rate, measuring daily diuresis with the obligatory fixation of the obtained data in the relevant medical documentation)d) monitoring the general hygienic condition of the patient, including examination for the presence of pediculosis, monitoring the patient's personal hyena and cleanliness in the wards, quartzing the wards

33. The main types of nursing medical records:

a) patient movement log: registration of admission and discharge of patients

b) procedure sheet: list of medical prescriptions

c) temperature sheet: it contains the main data characterizing the patient's condition - body temperature, pulse, blood pressure, respiratory rate, diuresis, body weight (as needed), physiological functions

d) requirement for food for patients (PORTION)

e) log of acceptance and delivery of duty

e) all of the above is correct

34. The order of delivery of duties of junior and middle medical personnel includes:

a) transfer of medical instruments

b) a summary of the movement of patients

c) handing over the keys to the safe with list A medicines

d) all of the above are correct

35. Medical documentation transmitted on duty:

a) journal of accounting and expenditure of narcotic drugs

b) register of poisonous and potent drugs

c) log of reception and transfer of duties

d) all of the above are correct

36. The log of reception and transfer of duties does not provide for:

a) a list of febrile patients

b) list of urgent appointments

c) procedure and temperature sheets

d) availability of medical instruments according to the list

37. The responsibilities of a nursing assistant include:

a) following medical orders

b) collection of material for analysis

c) distribution of medicines

d) providing patient care

d) all of the above are correct

38. The Senior Nurse is responsible for:

a) upon receipt of medicines, control the design of the label

b) instruct nurses on the shelf life of each drug received from the pharmacy

c) instruct nurses on how to store medicines and solutions

d) all of the above are correct

39. The nurse in the therapeutic department should:

a) put enemas of all kinds

b) carry out subcutaneous and intramuscular injections

c) feed the sick

d) all of the above are correct

40. The nurse's responsibilities do not include:

a) admission of newcomers to the department

b) familiarization of patients with the daily regimen

c) familiarization of patients with prescribed drugs

d) collection of materials for analysis

41. The duties of a nurse include

a) collection of material for analysis

b) accompanying patients for examinations

c) drawing up portion requirements for the nutrition of patients

d) all of the above are correct

42. Admission of the patient to the medical department

a) doctor

b) post nurse

c) junior nurse

d) head nurse

43. When a patient is admitted to a medical ward, the nurse should not

a) note the time of admission in the medical history

b) send a telephone message to the clinic

c) inspect the scalp and skin

d) to acquaint the patient with the rules of stay in the department

44. In the duty log, the nurse does not note

a) information about the movement of patients (how many are discharged and accepted)

b) the amount of linen used per shift

c) data on the preparation of patients for laboratory and instrumental studies

d) the volume of unfulfilled prescriptions in patients

45. The medical documents that the ward nurse works with include: a) medical history

b) a request to the pharmacy

- c) duty log
- d) sister sheet
- d) all of the above are correct

46. The post of nurse should be

- a) analysis forms
- b) cases for storing case histories
- c) medicine cabinet
- d) a safe for storing potent drugs
- d) all of the above are correct

47. The ward nurse notes on the title page of the case history

a) the time of admission of the patient to the hospital

b) the result of examining a patient for pediculosis

c) type of transportation of the patient

d) all of the above are correct

48. In the list of medical appointments, the nurse notes

- a) the time of admission of the patient to the department
- b) the result of examining a patient for pediculosis
- c) weight and height
- d) performing the prescribed tests

49. In the temperature sheet, the nurse notes

- a) weight and height
- b) the patient's temperature in the morning and evening
- c) days of bathing and changing clothes
- d) patient's daily stool
- d) all of the above are correct

50. What is the purpose of the hospital admissions department?

- a) to register and receive patients
- b) for examination and sanitary and hygienic treatment of patients
- c) to provide qualified medical care to patients
- d) all of the above are correct
- e) there is no correct answer.

51. The main premises of the reception department do not include

- a) intensive care unit
- b) waiting room
- c) reception and viewing boxes
- d) sanitary pass

52. The tasks of the admissions department are

a) reception and registration of the patient

- b) prevention of the introduction of infectious diseases
- c) referral of patients to medical departments of the hospital
- d) sanitization of patients

d) all of the above are correct

53. Responsibilities of the Reception Nurse include

a) filling out the passport part of the medical history

b) examination for pediculosis

c) body temperature measurement

d) all of the above are correct

54. Patients in the emergency room should not stay longer

a) 15 minutes

b) 30 minutes

c) 45 minutes

d) 60 minutes

e) 2 hours

55. Responsibilities of the Receptionist Nurse include:

a) sanitation

b) accompanying the patient to the doctor in the office and sanitizing the patient

c) transportation and escort of the patient to the specialized department

d) all of the above are correct

d) none of the above

56. The Admissions Sister is required to do everything except:

a) make an initial inspection

b) carried out sanitary treatment of hospitalized

c) in the case history on the title page, make a note about sanitary treatment, examination for pediculosis, and viral hepatitis

57. The work of the admission department should take place in the following sequence:

a) registration of patients, sanitary and hygienic treatment, medical examination

b) registration of patients, medical examination, sanitary and hygienic treatment

c) sanitary and hygienic treatment, medical examination, registration of patients

d) depending on the specific situation

e) arbitrarily

58. Ways of hospitalization of patients in a hospital:

a) an ambulance

b) independently

c) by referral from the clinic

d) transfer from other hospitals

d) all of the above are correct

59. What is not included in the reception desk device?

a) waiting room

b) offices of specialists

c) dining room

d) insulator

d) bathroom

60. List the departments of the hospital that are not related to therapeutic: a) gynecological

- b) neurological
- c) cardiological
- d) pulmonological

#### 61. Which departments do not belong to therapeutic:

- a) gastroenterology
- b) nephrological
- c) rheumatological
- d) obstetric

### 62. What is included in the device of the therapeutic department:

- a) office of the head of the department
- b) staff room (doctors office)
- c) head nurse's office
- d) wards for patients
- e) treatment rooms
- e)all of the above is correct

63. What is not included in the arrangement of chambers in the medical department:

- a) functional beds
- b) bedside tables
- c) x-ray machine
- d) common table and chairs for patients
- e) refrigerator for food storage

64. The staff of the therapeutic department does not include the following employees:

- a) department head
- b) procedural nurse
- c) housewife
- d) X-ray laboratory assistant
- e) ward doctors of the department

# MAINTENANCE OF THE SANITARY AND HYGIENIC AND MEDICAL AND PROTECTIVE REGIME OF THE DEPARTMENT

- 1. The medical and protective regime includes:
  - a) ensuring the regime of sparing the psyche of the patient
  - b) strict adherence to the rules of the internal daily routine
  - c) providing a regime of rational physical (motor) activity
  - G) all of the above is correct
    - d) none of the above
- 2. The sanitary and epidemiological regime in the medical department includes:
  - a) wet cleaning of all premises
  - b) maintaining proper cleanliness and order in hospital premises
  - c) sanitary and hygienic treatment of patients
  - d) all of the above are correct
  - d) none of the above
- 3. Elements of the medical and protective regimen of the hospital department:

a) following medical orders

b) the psychological comfort of the patient

c) daily routine of the medical department

G)appropriate physical activity

e) all of the above are correct

4. The number of the order regulating the medical and protective regimen:

a) 408

b) 320

- c) 288
- d) 1204

5. The mode that excludes the patient's motor activity in bed:

- a) general
- b) bed
- in) strict bed
- d) ward
- 6. The person prescribing the mode of individual motor activity of the patient prescribes: a) department head
  - b) a nurse
  - c) doctor
  - d) housewife
- 7. The method of transportation determines:
  - a)doctor
  - b) post nurse
  - c) front desk nurse
  - d) head nurse
- 8. In order to prevent the introduction of infectious diseases into the hospital, everything must be provided in the reception area, except for:

a) information about the contact of the patient with infectious patients

- b) the presence of reception and viewing boxes
- c) information about vaccinations
- d) a thorough examination of the skin and throat of the patient
- e) observance of the sanitary and hygienic regime
- f) exclusion of oncoming flows of patients
- 9. List all types of disinfection:
  - a) prophylactic
  - b) focal current
  - c) focal final
  - d) all of the above are correct
- 10. Focal final disinfection is carried out:
  - a) after the transfer of the patient to the infectious department
  - b) after the recovery of an infectious patient
  - c) after the arrival of a new patient in the ward
  - d) after isolation of the patient
  - d) all of the above are correct

- 11. Mechanical methods of disinfection do not include:
  - a) wet cleaning of premises and furnishings
  - b) freeing the premises from dust with a vacuum cleaner
  - c) whitewashing, painting rooms
  - d) washing hands
  - e) the use of a broom, panicle
- 12. Chemical disinfectants include:
  - a) hydrogen peroxide
  - b) potassium permanganate
  - c) deoxon-I
  - d) chlorine-containing products
  - d) all of the above are correct

#### 13. Chemical methods of disinfection do not include:

- a) rubbing with a solution
- b) calcination
- c) complete immersion in the solution
- d) solution spraying
- e) heating to boiling
- 14. To carry out disinfection measures, you must have:
  - a) containers for disinfectants
  - b) clean disinfecting rags
  - c) special clothes
  - d) oilcloth bags for used kits and rags
  - d) all of the above are correct
- 15. Labor protection rules when working with disinfectants provide for:
  - a) the presence of a passport indicating the name and purpose of the funds
  - b) indication of the date of preparation of the solution
  - c) indication of the expiration date
  - d) the presence of personal hygiene attributes
  - d) all of the above are correct
- 16. How often are rooms cleaned?
  - a) once a day
  - b) 2 times a day
  - c) 3 times a day
  - d) 4 times a day
  - e) more than 1 time if necessary
- 17. Current daily cleaning in medical departments does not include
  - a) washing window and door frames, glass
  - b) washing floors, furnishings
  - c) putting things in order in bedside tables, in closets at the post
  - d) washing walls, plafonds
  - e) ventilation, quartzization of chambers, corridors
- 18. Preventive disinfection and cleaning in the wards, corridors and other rooms of the medical department is carried out bya) a nurse

- b) junior nurse
- c) housewife
- 19. General cleaning in medical departments is carried out
  - a) 2 times a week
  - b) every 7-10 days
  - c) 1 time in 2 weeks
  - d) once a month

## 20. After use, the cleaning material is subjected to

- a) washing in a solution of laundry soap
- b) soaking in a disinfectant solution for 30 minutes
- c) soaking in a disinfectant solution for 60 minutes
- d) boiling
- 21. Cleaning equipment items (buckets, napkins, brushes, etc.) are used
  - a) for cleaning all premises of the medical department
  - b) separately for cleaning the wards, treatment room, canteen and other premises
- 22. Floors in wards, corridors and other rooms of the medical department
  - a) sweep
  - b) wash with warm water
  - c) wash with water with the addition of a disinfectant solution
- 23. Floors in wards, corridors and other rooms of the medical department are washed at least
  - a) 1 time per day
  - b) 2 times a day
  - c) 3 times a day

#### 24. Panels in medical departments are washed

- a) once a day
- b) 1 time in 2 days
- c) 1 time in 3 days
- d) once a week

25. Surface treatment (walls, doors, tables, bedside tables, beds, etc.) in the premises of medical departments is carried out

- a) warm water
- b) warm soapy water
- c) single wiping with a cloth moistened with a disinfectant solution
- d) double wiping with a cloth moistened with a disinfectant solution

26. Ventilation of the wards is carried out daily at least

- a) 1st time
- b) 2 times
- c) 3 times
- d) 4 times
- e) 5 times

#### 27. Wet wiping of radiators and central heating pipes in treatment wards is carried out

- a) daily
- b) I time in 3 days

c) once a week

- 28. Change of gowns, caps of medical personnel is carried out at least a week
  - a) 1st time
  - b) 2 times
  - c) 3 times

29. The distance between beds in the ward should be at least

- а) 1 м
- б) 1,5 м
- в) 2 м
- г) 3 м
- 30. The main way to disinfect the hands of the medical staff of the departments is to wash them
  - a) toilet soap
  - b) laundry soap
  - c) soda solution
- 31. The mode of surface treatment of the wheelchair with a disinfectant
  - a) once
  - b) twice with an interval of 1 5 minutes.
  - c) twice without an interval
  - d) twice with an interval of 10 minutes.
- 32. View of the horizontal position of the patient:
  - a) lying on your back
  - b) reclining
  - c) sitting
  - d) standing
- 33. Sims position:
- a) on the back
  - b) on the stomach
  - c) on the side
  - d) on the side and stomach
- 34. Option for placing a wheelchair in a small ward:
  - a) in parallel
  - b) perpendicular
  - c) sequentially
  - d) up close

## SANITATION OF THE PATIENT

- 1. Sanitary checkpoint of the admission department consists of the following premises:
  - a) lookout
  - b) dressing room
  - c) a bath-shower room and a room where patients get dressed
  - d) all of the above are correct

- d) none of the above
- 2. Sanitary treatment of the patient in the emergency room is carried out by the junior nurse
  - a) by doctor's prescription
  - b) as directed by a nurse
- 3. Sanitary treatment of a seriously ill person in the emergency room
  - a) is carried out
  - b) not carried out
- 4. Sanitary treatment of the patient does not include:
  - a) hygienic bath, shower, rubbing
  - b) cutting the patient's hair and nails
  - c) chamber disinfection of clothes
  - d) dressing the patient in clean underwear
  - e) pest control
- 5. What are the signs of pediculosis:
  - a) the presence of nits and the insects themselves
  - b) itchy skin
  - c) traces of scratching and pustular crusts on the skin
  - d) all of the above are correct
- 6. Pediculosis is not transmitted
  - a) when using linen and clothes of the patient
  - b) with distant contact of patients in the ward
  - c) with direct contact of children in the ward
  - d) when using common hygiene items
- 7. Primary examination of the patient for pediculosis is carried out upon admission
  - a) junior nurse
  - b) older sister
  - c) doctor on duty
  - d) a nurse
- 8. Sanitary and hygienic treatment of the patient in case of detection of pediculosis:
  - a) transportation to the specialized department
  - b) pest control
  - c) hygienic bath
  - d) cutting hair and nails
  - e) dressing the patient in clean linen
  - e) all of the above are correct
- 9. Disinsection is a system of measures for the destruction
  - a) lice
  - b) ticks
  - c) fleas
  - d) all of the above are correct
- 10. Sanitary and hygienic treatment of the patient in the emergency department includes
  - a) pest control
  - b) a hygienic bath, shower or wiping the patient

- c) dressing the patient in clean hospital linen and clothes
- d) all of the above are correct
- d) none of the above
- 11. For the treatment of the scalp with pediculosis, everything is used, except
  - a) 2094 water-soap suspension of benzyl benzoate
  - b) 10% aqueous soap-kerosene emulsion
  - c) 1594 aqueous solution of kerosene
  - d) lotion "Nittifor
- 12. Exposure time when treating the scalp with Nittifor lotion is
  - a) 20 minutes
  - b) 30 minutes
  - c) 40 minutes
  - d) 50 minutes
  - e) 60 minutes

13. Disinsecticidal solutions include everything except:

- a) 2094 benzyl benzoate emulsion solution
- b) elco-insect
- c) nitgifor
- d) shampoo "Nizoral"

14. After treating the scalp with an insecticidal solution, the head should be washed with hot water with:

- a) laundry soap
- b) vinegar solution
- c) shampoo
- d) pure water

15. After the first treatment of the scalp with an insecticidal solution for pediculosis, the procedure is repeated after

a) 3 days
b) 7-10 days
c) 10-15 days
d) 30 days

16. To remove nits, the hair is treated with cotton wool soaked

- a) laundry soap solution
- b) 8% solution of table vinegar
- c) 0.5% chloramine solution
- d) a solution of tar soap
- 17. The register of infectious patients indicates
  - a) last name, age
  - b) date of detection of an infectious disease, diagnosis
  - c) measures taken
  - d) all of the above are correct

18. The temperature of the water for a hygienic bath should be:

a) 27-29°C 6) 30-33°C c) Approach body temperature (34-36°C) or be higher (37-

39°C) b) 40-43 o s c) 44-46 °C

#### **TRANSPORTATION OF PATIENTS**

1. The type of transportation of the patient chooses

- a) junior nurse
- b) a nurse
- c) emergency room doctor
- 2. Risk factor for falling patients in the hospital:
  - a) overheating
  - b) visual impairment
  - c) hypothermia
  - d) mature age
- 3. When transporting a patient on a stretcher up the stairs, the patient is carried:
  - a) feet first
  - b) at an angle of 45 0
  - c) head first
  - d) lifting the foot end of the stretcher
- 4. When installing the stretcher parallel to the bed, the orderlies lay the patient, turning to:
  - a) 600
  - 6) 900
  - c) 1800
  - d) 2400
- 5. Methods of transportation include all of the following except one:
  - a) on a stretcher
  - b) in an elevator
  - c) on a wheelchair
  - d) in a wheelchair
- 6. In a standing position, turn is performed:
  - a) head
  - b) shoulders
  - c) lower back
  - d) feet
- 7. When transporting a patient on a stretcher down the stairs, the patient is carried: a) feet first
  - b) at an angle of 45 0
  - c) head first
  - d) lifting the foot end of the stretcher
- 8. The correct biomechanics of the sister's body during the transportation of patients will ensure:

a) moving the patient

b) leisure for the patient

c) sister's balance

d) nursing interventions

9. The science of the laws of mechanical motion in living systems:

- a) ergonomics
- b) biomechanics
- c) kinetics
- d) bioenergy

10. Biomechanics of the sister's body when lifting weights:

- a) press the load to yourself
- b) tilt the body slightly forward
- c) the back is straight, bend only the knees
- d) legs wider than shoulders, one pushed forward

11. Features of transportation in case of fracture of the skull bones include the following activities:

a) the head is fixed with a special splint

b) transported lying on a stretcher

c) put a roller from a blanket around the head

- d) lower the head restraint
- d) all of the above are correct

12. During the transportation of a patient with cerebral hemorrhage, the following measures are taken:

a) the patient's head is turned to one side

b) make sure that the vomit does not enter the respiratory tract

c) transported on a stretcher lying down

d) all of the above are correct

13. A patient with cardiovascular insufficiency is transported:

a) a heating pad is placed at the feet

b) well covered

- c) in a semi-sitting position
- d) all of the above are correct

# PERSONAL HYGIENE OF THE PATIENT AND MEDICAL STAFF. NUTRITION OF THE SICK

1. The main measures for the personal hygiene of the patient include:

a) change of bed linen

b) change of underwear

- c) washing away the sick
- d) delivery of the vessel
- d) all of the above are correct

#### 2. What is the most effective way to prevent bedsores in a seriously ill patient? a) massage

b) oil-balsamic dressingc) elimination of contact with the contact surfaced) UHF - therapye) quartzing

3. Measures necessary for the prevention of bedsores include:

- a) ventilation of the room
- b) measurement of blood pressure
- c) body temperature measurement
- d) frequent change of bed linen
- 4. The forced position of the patient takes for:
  - a) ease your condition
  - b) facilitate the conversation with the doctor
  - c) facilitate conversation with relatives
- 5. Change of underwear in patients is carried out as it gets dirty, but not less often
  - a) every 3 days
  - b) 1 time in 7 days
  - c) every 10 days
  - G)once every 14 days
- 6. Change of bed linen for patients is carried out:
  - a) by the patient
  - b) junior nurse
  - c) a nurse
  - d) a doctor
- 7. The bed of the patient is remade as needed, but no less
  - a) times a day
    - b) 2 times a day
    - c) 3 times a day

8. Removal of crusts from the nasal cavity is carried out with a cotton flagellum moistened with sterile

- a) salineb) vaseline oilc) half-alcohol solution
- 9. Swabs from the pharynx and nose for bacteriological examination are taken sterile
  - a) spatula
  - b) swab on a metal rod
  - c) glass rod
- 10. Cotton turundas are introduced into the nasal passages
  - a) clamp
  - b) bellied probe
  - c) tweezers
  - d) hand
- 11. Taking a swab from the pharynx for bacteriological examination is carried out a) after breakfast

- b) on an empty stomach
- c) after taking medication
- 12. Eyes are washed:
  - a) from the outer corner of the eye to the inner
  - b) from the inner corner to the outer
  - c) one swab

#### 13. Rinsing the mouth in seriously ill patients is carried out

- a) lying down with head turned to one side
- b) in a sitting position
- c) from a rubber balloon
- d) with a change in the position of the head on one and the other side
- d) all of the above are correct
- 14. Ear toilet does not include the following treatments
  - a) daily washing of the ears with water when washing
  - b) periodic cleaning of the external auditory canal with a sterile cotton turunda
  - c) periodic cleaning of the external auditory canal with a cotton turunda moistened with

saline

- 15. It is not allowed to store in the bedside table
  - a) personal hygiene items
  - b) change of clothes
  - c) food
  - d) books, toys
- 16. Functional bed is different from the usual
  - a) lack of moving sections
  - b) the presence of movable sections
  - c) lack of a bedside table
  - d) the absence of a basket for a pot or a vessel
- 17.3 a the hygienic condition of the bedside table meets
  - a) the attending physician
  - b) a nurse
  - c) housewife
- 18. Control over the daily toilet (care of the skin, hair, etc.) and care for the sick is carried out
  - a) the attending physician
  - b) a nurse
  - c) junior nurse
  - d) housewife
- 19. How to remove wax plugs from the ear?
  - a) with a finger after washing hands with soap
  - b) the introduction of a sharp object into the external auditory canal
  - c) a jet of water from a cylinder or a special syringe
  - d) instillation into the ear canal of 3% hydrogen peroxide solution
  - e) introducing camphor oil into the external auditory canal using a pipette
- 20. To soften and remove the sulfur plug, instill in the ear

- a) sterile saline solution
- b) sterile water
- c) sterile vaseline oil
- 21. Where should the patient's vessel be located?
  - a) on the floor under the patient's bed
  - b) in the lower part of the bedside table
  - c) near the nurse at the post
  - d) in the bathroom
  - e) on a bench under the patient's bed
- 22. How often are bedridden patients washed away?
  - a) at least 2 times a day
    - b) once a day
    - c) in a day
    - d) once a week
- 23. What are the forms of nutrition of patients depending on the method of eating:
  - a) active, passive
  - b) passive, artificial
  - c) enteral, parenteral
  - d) active, passive, artificial
  - e) parenteral, active, passive

24. Who takes the sample before the distribution of food:

- a) a nurse
- b) barmaid
- c) doctor on duty
- d) nurse and/or barmaid
- d) chief physician
- 25. Who distributes food:
  - a) a nurse
  - b) barmaid
  - c) nurse and/or barmaid
  - d) doctor on duty
  - d) chief physician
- 26. Artificial nutrition is:
  - a) the introduction of food into the patient's body enterally and parenterally

b) the type of nutritional therapy used when it is impossible to adequately meet the energy and plastic needs of the body in a natural way

- c) the use of nutrient mixtures in the form of drinks through a tube in small sips
- 27. The diet is:
  - a) the distribution of the diet by composition and weight throughout the day
  - b) the distribution of the diet by caloric content throughout the day
  - c) the distribution of the diet by calorie content, composition and weight throughout the day
- 28. What is meant by a catering unit?
  - a) rooms where food is prepared
  - b) food outlets

c) warehouses (refrigerated and non-refrigerated) for food storage, pantry for a daily supply of food

d) a complex of premises where food products go from their delivery from food bases to the preparation of dishes and the distribution of prepared food

29. Types of parenteral nutrition

- a) full, partial
- b) complete, auxiliary
- c) partial, auxiliary
- d) full, partial, auxiliary
- 30. Parenteral nutrition is:
  - a) nutrition, which is carried out by intravenous drip of drugs

b) nutrition, which is used when it is impossible to adequately meet the energy and plastic needs of the body in a natural way

- c) feeding the patient with special nutrient mixtures through the mouth or probe
- d) nutrition, in which the patient takes food with the help of a nurse
- 31. Enteral nutrition is:
  - a) nutrition, which is carried out by intravenous drip of drugs

b) nutrition, which is used when it is impossible to adequately meet the energy and plastic needs of the body in a natural way

- c) feeding the patient with special nutrient mixtures through the mouth or probe
- d) nutrition, in which the patient takes food with the help of a nurse
- 32. Passive power is:
  - a) nutrition, which is carried out by intravenous drip of drugs

b) nutrition, which is used when it is impossible to adequately meet the energy and plastic needs of the body in a natural way

c) feeding the patient with special nutrient mixtures through the mouth or probe

- d) nutrition, in which the patient takes food with the help of a nurse
- 33. Ways of introducing nutrient mixtures:
  - a) the use of nutrient mixtures in the form of drinks through a tube in small sips.
  - b) probe feeding with various probes
  - c) by imposing a stoma (gastrostomy, duodenostoma, jejunostomy)
  - d) all of the above are correct
  - e) nutrition, which is carried out by intravenous drip of drugs

#### 34. The portioner must indicate

a) last name, first name, patronymic of the patient.

b) room number

- c) the number of the dietary table (or unloading diet).
- d) date of compilation of the portion chart
- d) all of the above are correct

#### 35. Who daily controls the finished product:

- a) head physician
- b) doctor on duty
- c) dietitian
- d) medical diet. sister
- e) head. production or chef

36. How often does the head physician control finished products:

- a) daily
- b) never
- in)once a week
- d) once a month
- 37. In case of duodenal ulcer with increased secretory function of the stomach, a diet is prescribed:
  - a) №1
  - б) №2
  - в) №8
  - г) №6
  - д) №10

38. Diet No. 15 is prescribed to patients:

- a) diabetes
- b) acute nephritis
- c) chronic hepatitis
- d) without violations of the functions of the gastrointestinal tract
- e) gout

39. For gout and urolithiasis and from salts of uric and oxalic acids, a diet is prescribed:

- a) №1
- б) №2
- в) №8
- г) №6
- д) №10

40. Diet No. 9 is prescribed to patients:

- a) peptic ulcer
- b) with chronic nephritis without exacerbation and without kidney failure
- in) diabetes
  - d) with obesity
  - e) chronic hepatitis and cirrhosis of the liver
- 41. In case of obesity, a diet is prescribed:
  - a) №1
  - б) №2
  - в) №8
  - г) №6
  - e) No. 9

42. In diabetes mellitus with obesity, a diet is prescribed:

- a) reduced calorie diet option (low calorie diet)
- b) low protein diet option (low protein diet)
- c) a variant of the diet with an increased amount of protein (high-protein diet)
- d) a variant of the diet with mechanical and chemical sparing (sparing diet)
- d) a variant of the standard diet
- 43. A variant of a diet with mechanical and chemical sparing (sparing diet) is prescribed for:a) peptic ulcer of the stomach and duodenum in the acute stage

- b) diabetes
- c) gout
- d) obesity
- e) after resection of the stomach
- 44. A variant of a diet with an increased amount of protein (high-protein diet) is prescribed for:
  - a) peptic ulcer of the stomach and duodenum in the acute stage
  - b) diabetes
  - c) gout
  - d) obesity
  - e) after resection of the stomach
- 45. A variant of a diet with a reduced amount of protein (low protein diet) is prescribed for:
  - a) peptic ulcer of the stomach and duodenum in the acute stage
  - b) diabetes
  - c) gout
  - d) chronic glomerulonephritis
  - e) obesity

46. What should be the ratio of proteins, fats and carbohydrates in the diet of patients?

- a) this ratio is determined by the proportion: 4
- b) it is necessary to increase the content of proteins in the diet

c) the ratio of proteins, fats and carbohydrates should be determined by the nature of the disease

- 47. Prescribes the necessary diet to the patient
  - a) the attending physician
  - b) hospital dietitian
  - c) dietitian nurse
  - d) head nurse
- 48. Food is prepared in hospitals
  - a) centrally in the catering department
  - b) by department
- 49. The distribution of food must be completed after its preparation no later than in
  - a) 30 minutes
  - b) 60 minutes
  - c) 2 hours
  - d) 3 hours
- 50. Seriously ill patients are fed
  - a) in the cafeteria
  - b) in a nursing position
  - c) in the room
- 51. Washing baths for dirty and clean dishes should be
  - a) one piece
    - b) two-section
    - c) three-section
- 52. Cleaning of the buffet and dining room is carried out

- a) once a day
- b) 2 times a day
- c) after each distribution of food
- 53. What is the importance of including dietary fiber in the diet for the body?
  - a) the calorie content of the diet is reduced;
  - b) the function of the digestive organs is normalized;
  - c) the activity of the intestinal microflora is normalized;
  - d) all of the above are correct
- 54. List the functions of a dietitian in catering for patients:
  - a) layout menu control
  - b) advisory assistance to doctors of departments in matters of clinical nutrition
  - c) control of the correctness of the preparation and application of therapeutic diets
  - d) all of the above are correct
- 55. What are the functions of a dietitian in catering for patients?
  - a) compiling a portion
  - b) sampling
  - c) control over the quality of products and their laying
- 56. In what cases is artificial feeding of patients through a nasogastric tube used?
  - a) in violation of swallowing
  - b) with fractures of the jaws
  - c) unconscious
  - d) all of the above are correct
- 57. Diet is a diet that includes
  - a) quantitative ratios of nutrients
  - b) qualitative ratios of nutrients
  - c) cooking methods
  - d) all of the above are correct
- 58. Diets are divided into
  - a) individual
  - b) group
  - c) general
  - d) all of the above are correct
  - Handing out food

59.

- a) barmaids
- b) doctors
- c) junior nurses
- 60. You can't store in the buffet
  - a) dairy products
  - b) bread (no more than a day)
  - c) sugar
  - d) tea
- 61. Rinsing of tableware after washing is carried out
  - a) cold water

b) warm water (30 0C)c) hot water (60-65 o C)d) disinfectant solution

62. In a dry oven, the dishes are dried and disinfected for

- a) 15 minutes
- b) 30 minutes
- c) 45 minutes

63. For washing tableware use

- a) sponges
- b) washcloths
- c) a rag
- 64. After serving, store leftover food
  - a) allowed
  - b) not allowed
  - c) you can store individual dishes

65.After use, dishwashing rags

- a) boil for 5 minutes
- b) boil for 10 minutes
- c) boil for 15 minutes

#### SIMPLE PHYSIOTHERAPEUTIC PROCEDURES. PREPARATION OF PATIENTS FOR LABORATORY AND INSTRUMENTAL RESEARCH METHODS

- 1. How many layers should a warming wet compress have?
  - a) layer
  - b) 4 layers
  - c) 3 layers
  - d) the more the better
  - e) 5 layers
- 2. Frequency of 10 minute breaks when applying an ice pack:
  - a) every 30 minutes
  - b) at each visit of the patient
  - c) every 5 minutes
  - d) every hour
  - d) every minute
- 3. The temperature of the water in the hot tub is (in oC)
  - a) 50-60
    b) 40-42
    c) 38-39
    d) 34-36

- 4. The temperature of the water in a warm bath is (in C)
  - a) 50-60
    b) 40-42
    c) 37-39
    d) 34-36
- 5. The local bath is called immersion
  - a) whole body
  - b) body parts
  - c) lower body to the waist
  - d) slow
- 6. Duration of hot baths (in minutes)
  - a) 30-40 6) 20-30
- 7. Duration of warm baths (in minutes)
  - a) 30-40
  - 6) 20-30
  - c) 10-15
  - d) 3-5
- 8. At a water temperature of 34-36 0C, a common bath should be called
  - a) cool
  - b) indifferent
  - c) warm
  - d) hot

9. One of the indications for the use of a warm compress is

- a) acute appendicitis
- b) bleeding
- c) bruises in the first hours
- d) infiltration at the injection site
- 10. One of the contraindications for the use of a heating pad is
  - a) acute appendicitis
  - b) uncomplicated gastric ulcer
  - c) dry pleurisy
  - d) bronchitis
- 11. An ice pack should be applied topically when
  - a) an attack of renal colic
  - b) arthritis
  - c) pneumonia
  - d) bleeding

12. Water temperature for warming compress is (in sec)

- a) 50-60
- 6) 37-38
- c) 20-22
- d) 2-15

13.Cold water for hydrotherapy:

- a) lowers blood pressure
- b) has a general strengthening effect
- c) has a sedative and relaxing effect
- d) causes vasodilation of the skin
- 14. What research method belongs to X-ray:
  - a) bronchoscopy
  - b) bronchography
- 15. What research method belongs to endoscopic:
  - a) radiography
  - b) fluoroscopy
  - c) bronchoscopy

16. Is it necessary to test the individual tolerance of iodine-containing drugs (iodine test) during excretory urography?

- a) yes
- b) no
- 17. Irrigoscopy is:
  - a) X-ray examination of the colon
  - b) endoscopic examination of the colon
- 18. Cystoscopy is:
  - a) endoscopic examination of the bladder
    - b) X-ray examination of the bladder
- 19. Features of preparing a patient for an X-ray examination of the stomach:
  - a) necessarily on the day of the study on an empty stomach
  - b) be sure to cleansing enema the day before
  - c) be sure to have a slag-free diet
- 20. Features of preparing a patient for irrigoscopy:
  - a) on the day of the study on an empty stomach
  - b) obligatory cleansing enemas the night before, as well as in the morning on the day of the

study

- c) conducting a preliminary test for the tolerability of a radiopaque preparation
- d) introduction of atropine 30 minutes before the study
- 21. Features of preparing a patient for ultrasound examination (sonography) of the abdominal organs:a) adherence to a slag-free diet for several days
  - b) taking adsorbents (activated carbon, carbolene) for several days before the study
  - c) on the day of the study on an empty stomach
  - d) all of the above are correct
- 22. The distance to which the gastric tube must be inserted is determined "according to the formula":
  - a) patient height x 0.5
  - b) the patient's height is 100 cm
  - c) patient weight 50 kg

- d) patient's weight x 0.5
- 23. Contraindications to gastric lavage:
  - a) food poisoning
  - b) drug poisoning
  - c) bleeding from the gastrointestinal tract, burns of the esophagus and stomach
- 24. When conducting a fractional study of gastric contents in case of admixture of blood, one should:
  - a) continue the process
  - b) perform gastric lavage
  - c) immediately stop the procedure
- 25. To conduct a cleansing enema, apply:
  - a) 10 12 liters of water
  - b) 100/0 sodium chloride solution
  - c) 100-200 ml of oil
  - G)1.5 liters of water

26. Before setting up a drug enema 30 minutes before the procedure, the patient is given:

- a) cleansing enema
- b) oil enema
- c) siphon enema
- 27. Indications for nutrient enema:
  - a) gastrointestinal bleeding
  - b) peritonitis
  - c) rectal prolapse
  - d) bleeding from hemorrhoids
  - e) violation of the act of swallowing
- 28. Bladder catheterization in men with a soft rubber catheter is performed by:
  - a) only a urologist
  - b) a nurse
  - c) nurse
- 29. Indications for bladder catheterization:
  - a) acute urinary retention
  - b) acute urethritis
  - c) damage to the urethra
  - d) bleeding with a fresh injury to the urethra
- 30. The vent tube is left in the intestine for no more than 1 hour, because
  - a) bedsores may form in the intestinal wall
  - b) it will tire the patient
  - c) it will no longer have a healing effect
  - d) its sterility ends
- 31. Depth of insertion of the gas outlet tube for flatulence (in cm)
  - a) 20-30
  - 6) 10-12

- c) 2-4
- d) 50

32. The amount of vegetable oil for setting an oil enema (in ml)

- a) 1000
- 6) 500
- c) 100
- d) 10

33. When a patient is given a cleansing enema, the tip is inserted to a depth(in cm)

- a) 40
- 6) 20
- c) 10-12
- d) 2-4

34. A patient with spastic constipation needs an enema

a) oily

- b) regular cleaning
- c) siphon
- d) hypertensive

35. Glucose solution administered when setting a nutrient drip enema

- a) 40%
- 6) 20%
  - at 5 %
  - d) 0.9%

36. To set up a siphon enema, you need to prepare

- a) 10 liters of pure water
- b) 1-1.5 liters of pure water
- c) 100 ml of 25% magnesium sulfate solution
- d) 100 ml of 10% sodium chloride solution
- 37. The solution used for setting a laxative enema must be heated to a temperature (in °C) a) 60-70
  - b) 40-42
    - c) 37-38
    - d) 30-32

38. Scheduled types of laboratory tests are prescribed:

a) all patients without exception

b) strictly according to indications depending on the specific case

c) a certain number of days after the previous study in order to evaluate the results in dynamics

d) in an emergency situation, when the treatment tactics may depend on the results obtained

39. When conducting intravenous blood sampling, venipuncture is performed while holding the needle:

a) cut up at an angle of 45  $^\circ$ 

- b) cut down at an angle of 45  $^\circ$
- c) cut up at an angle of  $60^{\circ}$
- d) cut down at an angle of  $60^{\circ}$
- 40. The tourniquet when performing blood sampling from a vein should be untied immediately after:
  - a) after vein puncture
  - b) after collecting the required amount of blood in a syringe / test tube
  - c) after removing the needle and pressing a cotton ball to the injection site
- 41. Urinalysis according to Nechiporenko determines:
  - a) color, transparency, smell, reaction, relative density
  - b) counts the number of formed elements in 1 ml of urine
  - c) chemical analysis for the detection of protein, glucose, ketone bodies, bilirubin and
- urobilin bodies, minerals
  - d) daily diuresis
- 42. Urine collection according to Zimnitsky is carried out:
  - a) in a container during the day
  - b) collect the average portion of urine (150-200 ml)
  - c) in numbered containers, changing them every 3 hours
- 43. Scatological examination of feces determines:
  - a) the presence of protozoa and helminth eggs
  - b) the causative agent of infectious diseases of the intestine
  - c) color, density, reaction, presence of visible impurities, appearance

#### METHODS OF USE OF MEDICINES

- 1. Medicines are arranged in the cabinet in the following groups
  - a) sterile
  - b) internal
  - c) outdoor
  - d) all of the above are correct
- 2. The distribution of medicines to the patient is carried out
  - a) doctor
  - b) post nurse
  - c) head nurse
  - d) junior nurse
  - 3. Control over the storage of medicines at the nursing post is carried out by
    - a) doctor
    - b) post nurse
    - c) head nurse
    - d) junior nurse
- 4. Aqueous solution in a tablespoon
  - a) 5 ml
  - b) 10 ml

c) 15 ml

- 5. Infusions and decoctions prepared in a pharmacy, some antibiotics are stored
  - a) in the closet
  - b) in the refrigerator
  - c) in a safe
- 6. In the safe labeled "B" are
  - a) poisonous and narcotic drugs
  - b) potent drugs
- 7. Aqueous solution in a teaspoon
  - a) 5 ml
  - b) 10 ml
- c) 15 ml
- 8. Water solution in a dessert spoon
  - a) 5 ml
  - b) 10 ml
    - c) 15 ml
- 9. A log for accounting for poisonous and potent agents is kept
  - a) year
  - b) 3 years
- c) 5 years

10. To account for the arrival and consumption of poisonous and potent agents, a special journal is kept

- a) yes b) no
- 11. In the safe labeled "A" are
  - a) poisonous and narcotic drugs
  - b) potent drugs
- 12. Indicate the mistakes made when storing medicines
  - a) storage of medicines together with disinfectants
  - b) pouring drugs from one container to another
  - c) regluing labels on medicines
  - d) all of the above are correct
- 13. Distribution of medicines provides for:
  - a) reconciliation of the entry in the list of medical prescriptions with the pharmacy label
  - b) observance of hygiene rules when distributing medicines
  - c) drug control
  - d) alcohol tinctures, liquid extracts are measured using clean pipettes
  - d) all of the above are correct
- 14. What method of drug administration is called parenteral:
  - a) the use of drugs by injection
  - b) any method of drug administration, bypassing the gastrointestinal tract

c) the introduction of drugs into the subarachnoid space

- d) external use of drugs
- 15. Enteral routes of drug administration include:
  - a) subcutaneous administration of drugs
  - b) skin application of drugs
  - c) intra-articular injections of drugs
  - d) sublingual drug intake
  - e) intranasal route
- 16. In what cases do not use the rectal route of drug administration:
  - a) when the drug has a local irritant effect
  - b) if it is necessary to provide a local therapeutic effect
  - c) if oral administration is not possible
- 17. In what cases are drugs prescribed orally after a meal:
  - a) when the drug irritates the gastric mucosa
  - b) if the medicinal product is involved in the process of digestion
  - c) if the drug is destroyed by hydrochloric acid of gastric juice and digestive enzymes
  - d) children who refuse to take medication
- 18. Indications for the use of injection methods of drug administration:
  - a) if you need to get a quick therapeutic effect
  - b) to ensure the exact concentration of the drug in the blood plasma
  - c) if there are no other ways of administering the drug
  - d) all of the above are correct
- 19. What areas of the body are most convenient for subcutaneous injections:
  - a) outer surface of the shoulder
  - b) outer thigh
  - c) subscapular region
  - d) lateral surface of the abdominal wall
  - d) all of the above are correct
- 20. What areas of the body are most convenient for intramuscular injections:
  - a) inner thigh
  - b) lateral surface of the abdominal wall
  - c) upper outer quadrant of the buttocks
  - d) subscapular region
- 21. Indications for the use of intravenous infusions:

a) decreased blood volume

- b) intoxication of the body in infectious diseases and poisonings
- c) violations of water-electrolyte balance and acid-base state
- d) all of the above are correct
- 22. The role of the air tube in the system for intravenous drip infusions:

a) displaces liquid from a vial with a solution

- b) prevents the penetration of air into the tubes of the system
- c) promotes the droplet movement of fluid in the system
- 23. Complications associated with violation of the rules of asepsis and antisepsis during injections:

- a) air and fat embolism
- b) allergic reactions
- c) development of post-injection infiltrates and abscesses
- 24. Which method of drug administration is called external:
  - a) the use of drugs by injection
  - b) any method of drug administration, bypassing the gastrointestinal tract
  - c) the introduction of drugs into the subarachnoid space
  - d) external use of drugs

# SUPERVISION AND CARE OF PATIENTS WITH DISEASES OF VARIOUS SYSTEMS OF THE BODY, INCLUDING NUMBER AND FOR THE DYING PATIENTS

- 1. The main anthropometric indicators include:
  - a) growth
  - b) body weight
  - c) chest circumference
  - d) all of the above are correct
- 2. The weight of the patient should be measured
  - a) every 3-5 days
  - b) every 7 10 days
  - c) every 12-14 days
- 3. Weighing the patient must be done under the condition:

a) in the morning, on an empty stomach, after emptying the intestines and bladder, in one underwear.

- b) in the morning, on an empty stomach, with a full bladder
- c) in the evening, after eating, with a full bladder
- d) under any conditions
- d) there is no correct answer
- 4. The general condition can be determined by the following gradations:
  - a) satisfactory
  - b) moderate
  - c) heavy
  - d) extremely severe (pre-agonal)
  - d) all of the above are correct
- 5. Position of the patient in bed
  - a) active
  - b) passive
  - c) forced
  - d) all of the above are correct
- 6. State of consciousness:
  - a) clear
  - b) stupor

- c) sopor
- d) coma
- d) all of the above are correct
- 7. Device for changing body temperature:
  - a) thermometer
  - b) tonometer
  - c) peak meter
  - d) tachometer

8. Body temperature is normal in the range (values in degrees Celsius):

- a) 34-35
- b) 35-37
- c) 36-37
- d) 37-38
- 9. Body temperature is lethal when exceeded (values in degrees Celsius):
  - a) 39
  - b) 35
  - c) 43
  - d) 41

10. Body temperature should be measured daily (with the construction of a temperature curve):

- a) once a day
- b) 2 times a day
- c) 3 times a day
- d) 4 times a day

11. What symptom is characteristic of an increase in body temperature:

- a) sweating
- b) chills
- c) swollen lymph nodes
- d) no characteristic symptom
- 12. What symptom is characteristic of a drop in body temperature:
  - a) sweating
  - b) chills
  - c) swollen lymph nodes
  - d) no characteristic symptom
- 13. The patient at the time of the rise in body temperature should be helped:
  - a) covering the patient with a blanket and applying a heating pad to his feet
  - b) applying ice to the patient's head
  - c) conduct a course of physical therapy
  - d) any intervention at this time is contraindicated
- 14. When stabilizing body temperature, it is necessary to help the patient:
  - a) covering the patient with a blanket and applying a heating pad to his feet
  - b) applying ice to the patient's head
  - c) after a course of therapeutic massage
  - d) the patient does not need help
- 15. Daily body temperature of patients is measured in

- a) 6-8 o'clock and 16-18 o'clock
- b) 8-10 o'clock and 18-20 o'clock
- c) 3-4 hours and 16-18 hours
- 16. The body temperature of patients in the hospital is measured
  - a) daily
  - b) in 1 day
  - c) once a week
  - d) 2 times a day
- 17. Body temperature with a mercury thermometer is most often measured in
  - a) inguinal fold
  - b) armpit
  - c) rectum
  - d) on the skin in the forehead

#### 18. Body temperature is measured after waking up

- a) immediately
- b) after 15 minutes
- c) in 30-40 minutes
- d) after 1 hour
- 19. Measurement of body temperature with a mercury thermometer is carried out at least
  - a) 5 minutes
  - b) 10 minutes
  - c) 15 minutes
  - d) 20 minutes
- 20. Subfebrile is called body temperature
  - a) 37- 38 °C
  - b) 38-38.9 °C
  - c) 39 40.5 °C
- 21.Immediately after using the thermometer
  - a) Wipe with a damp cloth
  - b) disinfected in a disinfectant solution
  - c) put in a dry, clean jar
- 22. Body temperature is considered normal
  - a) from 35.5  $^{\rm o}$  to 36.5 C  $^{\rm o}$
  - 6) 36° to 37° C
  - c) from 36.5 ° to 37.5 ° C
- 23.Thermometers store
  - a) in a dry, clean jar or tray
  - b) in a jar with a disinfectant solution
- 24. In a febrile patient, it is necessary to measure body temperature
  - a) 2 times a day
  - b) every 6 hours
  - c) every 2 3 hours
  - d) as often as prescribed by the doctor

25. Temperature in the rectum compared to the temperature in the armpit

- a) higher by 0.5 1 °C
- b) lower by  $0.5 1 \, ^{\circ}C$
- c) higher by 1 1.5 °C
- d) lower by 1 1.5 °C
- 26. Body temperature is called febrile
  - a) 37-38°C
  - b) 38-38.9°C
  - c) 39-40.5°C
- 27. Body temperature is called pyretic
  - a) 37-38°C
  - b) 38-38.9°C
  - c) 39-40.5°C

28. In the initial period of an increase in body temperature, one should

- a) cover the patient with a blanket
- b) drink tea
- c) apply a warm heating pad to the feet
- d) all of the above are correct

29. Symptoms characteristic of the initial period of fever include

- a) chills
- b) weakness
- c) headache
- d) vomiting
- d) all of the above are correct

30. In a febrile patient, the following physical methods of cooling are used to reduce body temperature

- a) an ice pack on the area of the liver, head
- b) cold water enemas
- c) wiping the skin with an alcohol solution
- d) all of the above are correct
- 31. Symptoms characteristic of the period of maximum increase in body temperature include
  - a) feeling hot
  - b) severe weakness
  - c) pale skin
  - d) excitement
  - d) all of the above are correct
- 32. In a febrile patient, to reduce body temperature, apply
  - a) air baths
  - b) fan blowing
  - c) cold on the head and femoral vessels
  - d) all of the above are correct
- 33. Prescribes drugs to reduce body temperature with hyperthermia
  - a) attending physician or doctor on duty

- b) post nurse
- c) head nurse
- 34. A critical decrease in body temperature is characterized by
  - a) a rapid drop in body temperature
  - b) the development of severe weakness, profuse sweating
  - c) drop in blood pressure
  - d) all of the above are correct
- 35. Lytic decrease in body temperature is characterized by
  - a) a rapid drop in body temperature
  - b) a gradual decrease in body temperature
  - c) the development of severe weakness, profuse sweating
- 36. In a febrile patient, a nurse must control
  - a) body temperature
  - b) general condition
  - c) pulse and blood pressure
  - d) the amount of liquid drunk and urine excreted
  - d) all of the above are correct
- 37. Temperature in patients is not measured in:
  - a) oral cavity
  - b) armpit
  - c) inguinal fold
  - d) rectum
  - e) elbow bend
- 38. Name the main causes of night sleep disorders in elderly and senile patients:
  - a) dysuric disorders due to age
  - b) daytime sleep
  - c) violations of the medical and protective regime in hospitals
  - d) addiction to sedatives and sleeping pills
  - d) all of the above are correct
- 39. What activities do you consider the most important in caring for elderly and senile patients?
  - a) skin care
  - b) prevention of constipation
  - c) urinary control
  - d) all of the above are correct

40. What are the main causes of accidents with elderly and senile patients:

- a) taking a bath in the absence of medical staff
- b) decreased vision and hearing in elderly patients
- c) impaired coordination and balance
- d) poor lighting of wards and corridors
- e) lack of devices for support in common areas
- e) all of the above are correct

41. With what measures is it inappropriate to start the fight against constipation in elderly and senile people?

a) taking herbal laxatives

- b) taking saline laxatives and castor oil
- c) administering cleansing enemas
- d) the introduction of vegetables and fruits into the diet
- 42. What dietary recommendations can be given to elderly and senile patients?
  - a) limiting the content of easily digestible carbohydrates
  - b) limiting the content of animal fats
  - c) decrease in protein content
  - d) limiting fluid intake

#### 43.3 diseases of the elderly and senile are studying

- a) gerontology
- b) geriatrics
- c) gerohygiene
- d) geropathology
- 44. The purpose of the nursing process in the implementation of geriatric care
  - a) increased life expectancy
  - b) maintaining health
  - c) providing social support
  - d) ensuring the quality of life
- 45. Typical psychosocial problem of elderly and senile people
  - a) alcohol abuse
  - b) suicidal tendencies
  - c) loneliness
  - d) refusal to participate in public life
- 46. When caring for a geriatric patient, the nurse must first of all ensure
  - a) patient safety
  - b) rational nutrition of the patient
  - c) carrying out personal hygiene measures
  - d) maintaining social contacts
- 47. Mandatory equipment of the department of gerontological profile
  - a) heart monitors
  - b) air conditioners
  - c) blinds
  - d) means of signal communication with the sister

48. The ratio of proteins, fats and carbohydrates recommended in the elderly and senile age in the diet should be

- a) 1:1:4
- b) 2:3:4
- c) 1: 2: 4.5
- d) 1:0.8:3.5
- 49. Nursing intervention for urinary incontinence in the elderly and senile age
  - a) bladder catheterization
  - b) severe fluid restriction
  - c) severe salt restriction

d) providing a urinal

- 50. The rubber vessel is applied:
  - a) for debilitated patients
  - b) in the presence of bedsores
  - c) with incontinence of feces and urine
  - d) in all of the above cases
  - d) none of the above
- 51. Pressure sores develop due to:
  - a) constant pressure on the skin
  - b) incorrect injection
  - c) malnutrition
  - d) all of the above are correct
  - d) there is no correct answer
- 52. When reddening of the skin in the area of the sacrum appears, it is necessary:
  - a) wipe the skin with 10% camphor alcohol
  - b) wipe the skin with a damp towel
  - c) irradiate with a quartz lamp
  - d) use all of the above
  - d) none of the above
- 53. In a healthy person, the number of respiratory movements varies within:
  - a) 10-15 per minute
  - b) 16-20 per minute
  - c) 18-22 per minute
  - d) 20-30 per minute
  - e) 30-35 per minute
- 54. Thoracic type of breathing is most typical for:
  - a) men
  - b) women
  - c) children
  - d) older people
  - e) asthenics

55. What signs are typical for expiratory dyspnea?

- a) difficulty breathing
- b) difficulty breathing
- c) difficulty in inhaling and exhaling
- 56. In case of pulmonary bleeding, all measures are indicated, except:
  - a) providing complete rest to the patient
  - b) giving a semi-sitting position with an inclination to the affected side
  - c) applying a heating pad to the affected side of the chest
  - d) applying an ice pack to the affected side of the chest
  - e) the introduction of hemostatic drugs

57. At what depth should nasal catheters be inserted during oxygen therapy?

- a) to a depth of 20-25 cm
- b) to a depth equal to the distance from the inner corner of the eye to the patient's chin

- c) to a depth equal to the distance from the tip of the nose to the earlobe of the patient
- d) to a depth of 10-15 cm
- e) to a depth of 5-10 cm
- 58. What is the most optimal concentration of oxygen in the inhaled mixture?
  - a) 15 -20%
  - b) 40 -60%
  - c) 75 -80%
  - d) 95%
- 59. What is the purpose of oxygen humidification during oxygen therapy?
  - a) prevent its unnecessary loss
  - b) compliance with safety regulations
  - c) prevention of the toxic effect of oxygen on the body
- 60. The purpose of a pleural puncture is everything except:
  - a) removal of accumulated fluid in the pleural cavity
  - b) determining the nature of the pleural fluid to clarify the diagnosis
  - c) the introduction of antibiotics into the pleural cavity
  - d) localization of the pathological process in the lung
  - e) microbiological examination of pleural fluid
- 61. During oxygen therapy, oxygen is moistened in order to
  - a) prevent dryness of the mucous membranes of the respiratory tract
  - b) defoaming of mucous sputum
  - c) prevent waterlogging of the mucous membranes of the respiratory tract
  - d) pressure drop
- 62. Oxygen supply is not carried out through
  - a) nasal catheter
  - b) oxygen cushion funnel
  - c) nasal cannula
  - d) duodenal probe
- 63. Which of the following methods of examination of the respiratory system are X-ray?
  - a) bronchography
  - b) fluorography
  - c) tomography
  - d) all of the above
- 64. What signs of bleeding indicate its pulmonary origin?
  - a) scarlet blood, frothy
  - b) the released blood has an alkaline reaction
  - c) coughing up blood
  - d) all of the above are correct
- 65. What measures should not be taken if a patient has pulmonary bleeding
  - a) appoint complete rest
  - b) put an ice pack on the chest area
  - c) introduce vikasol and calcium chloride
  - d) put cans or mustard plasters

66. What diseases are not characterized by acute respiratory failure?

- a) acute bronchitis
- b) blockage of the trachea and large bronchi by a foreign body
- c) pulmonary embolism
- d) drug poisoning
- 67. What is the purpose of pleural puncture?
  - a) removal of fluid from the pleural cavity for diagnostic purposes
  - b) removal of fluid from the pleural cavity for therapeutic purposes
  - c) introduction of drugs into the pleural cavity
  - d) all of the above are correct
- 68. Which of these characteristics relate to the pulse
  - a) rhythm
  - b) frequency
  - c) filling
  - d) all of the above are correct
- 69. Device for changing blood pressure:
  - a) thermometer
  - b) tonometer
  - c) peak meter
  - d) tachometer

70.Blood pressure is normal within the range (values in mmHg):

- a) 80/40-110/70
- b) 110/70-140/90
- c) 140/90-160/100
- d) 160/100-180/100

#### 71. Indicate the correct definition of ischemia:

- a) chest pain
- b) a consequence of an injury
- c) a synonym for angina pectoris
- d) discrepancy between the tissue's need for oxygen and the supply of the latter to it

#### 72. Ischemia can develop in:

- a) heart
- b) stomach
- c) spleen
- d) all of the above are correct
- 73. Select the characteristic signs of chest pain in angina pectoris:
  - a) irradiation to the left upwards (arm, shoulder blade, back, neck)
  - b) pulling-aching character
  - c) is stopped by taking Maalox
  - d) all answers are wrong
- 74. In case of myocardial infarction, in contrast to angina pectoris, chest pain:
  - a) weaker and shorter
  - b) stronger and longer

- c) is stopped by taking Maalox
- d) not characteristic
- 75. List the symptoms characteristic of chronic heart failure:
  - a) diarrhea, stools like "rice water"
  - b) dizziness, tachycardia, fever
  - c) shortness of breath, cyanosis, tachycardia, edema
  - d) all answers are wrong
- 76. Indicate the measures common in helping patients with syncope and collapse
  - a) drainage massage
  - b) a session of physiotherapy exercises

c) bleeding

d) giving the patient a horizontal position with raised legs, freeing from tight clothing, access to fresh air

- 77. At what speed should the cuff be deflated for correct blood pressure measurement?
  - a) at a speed of 1 mm Hg. in 1 second
  - b) at a speed of 2 mm Hg. in 1 second
  - c) at a speed of 3 mm Hg. in 1 second
  - d) at a speed of 4 mm Hg. in 1 second
  - e) at a speed of 5 mm Hg. in 1 second
- 78. Pulse deficiency is observed:
  - a) low blood pressure
  - b) when the pulse rate is less than the heart rate
  - c) rare heartbeats
- 79. Pulse pressure reflects:
  - a) difference between systolic and diastolic blood pressure
  - b) simultaneous registration of blood pressure and pulse rate
  - c) the level of pressure in the cuff at which pulse waves begin to appear on the radial artery
- 80. What kind of help should be given to a patient with fainting?
  - a) give a position with a low headboard
  - b) free from restrictive clothing
  - c) get fresh air
  - d) give a sniff of cotton wool with ammonia
  - d) all of the above are correct
- 81. In the event of an attack of angina pectoris, the patient is recommended:
  - a) taking nitroglycerin
  - b) the introduction of adrenaline, cordiamine
  - c) inhalation of oxygen
- 82. A transient increase in blood pressure can be observed:
  - a) under emotional stress
  - b) during sleep
  - c) when quickly moving from a horizontal to a vertical position
- 83. When caring for a patient with chronic heart failure, it is especially important: a) bed rest

- b) control over the dynamics of edema
- c) creating an elevated headboard
- d) oxygen therapy
- e) limiting fluid and salt intake
- e) all of the above are correct

84. What kind of assistance should be provided to a patient with pulmonary edema?

- a) in a semi-sitting position
- b) apply tourniquets to the lower limbs
- c) give inhalation of a mixture of oxygen and ethyl alcohol vapors
- d) administer diuretics and cardiac glycosides
- d) all of the above are correct

85. What are the distinguishing features of pain in the region of the heart characteristic of an attack of angina pectoris?

- a) compressive nature
- b) retrosternal localization
- c) connection with physical stress
- d) duration for several minutes
- e) the spread of pain in the left shoulder, shoulder blade
- f) disappearance after taking nitroglycerin
- g) all of the above are correct

86. For chronic heart failure are not typical:

- a) shortness of breath
- b) swelling
- c) tachycardia
- d) collapse
- e) cyanosis

87. In what areas is the monitoring and care of patients with diseases of the digestive system:

- a) general and special events
- b) general activities
- c) provision of specialized assistance in a specialized department
- d) special events
- e) provision of medical care by a general practitioner in a polyclinic

### 88. Functions of the digestive system:

- a) motor, secretory, excretory
- b) secretory, excretory, absorption function
- c) motor, secretory, absorptive, excretory
- d) motor, secretory, absorptive
- e) motor, excretory

89. What is the motor function of the digestive organs?

- a) in the production of digestive juices by glandular cells
- b) in moving food and removing undigested food residues from the body
- c) in the excretion of metabolic products from the body
- d) in the movement of food and the absorption of water and trace elements
- e) in the production of digestive juices and the removal of undigested food residues
- 90. What is the excretory function of the digestive organs?

a) in the production of digestive juices by glandular cells

b) in moving food and removing undigested food residues from the body

c) in the excretion of metabolic products from the body

d) in the movement of food and the absorption of water and trace elements

e) in the production of digestive juices and the removal of undigested food residues

91. What is heartburn?

a) a burning sensation behind the sternum or in the epigastric region, due to the reflux of acidic gastric contents into the esophagus

b) involuntary release through the mouth of air accumulated in the stomach or esophagus

c) bloating as a result of excessive accumulation of gases in the digestive tract and a violation of their excretion

d) involuntary eruption of stomach contents

e) a painful sensation in the epigastric region, chest, pharynx and oral cavity, often preceding vomiting

92. What is flatulence?

a) a burning sensation behind the sternum or in the epigastric region, due to the reflux of acidic gastric contents into the esophagus

- b) involuntary release through the mouth of air accumulated in the stomach or esophagus
- c) bloating as a result of excessive accumulation of gases in the digestive tract and a violation of their excretion
- d) involuntary eruption of stomach contents
- e) a painful sensation in the epigastric region, chest, pharynx and oral cavity, often preceding vomiting

93. List the categories of conditions accompanied by pain in the abdomen

- a) life-threatening diseases
- b) non-life-threatening diseases
- c) life-threatening and non-life-threatening diseases
- d) pain that is felt in various parts of the intestine
- e) peritoneal abdominal pain

94. Under what conditions should a patient be weighed daily?

- a) peptic ulcer
- b) with obesity
- c) constipation
- d) with heartburn
- e) with prolonged diarrhea
- 95. For disinfection of vomit, use:
  - a) potassium permanganate solution
  - b) soda solution
  - c) dry bleach
  - d) alcohol solution
- 96. Why is persistent, indomitable vomiting dangerous?
  - a) electrolyte imbalance in the body
  - b) dehydration
  - c) tears of the mucous membrane of the esophagus and stomach, followed by bleeding
  - d) all of the above are correct

- 97. What measures should not be taken in case of flatulence?
  - a) the introduction of a gas outlet tube;
  - b) limiting foods rich in fiber and starch in the diet
  - c) the use of activated carbon, carminative herbs
  - d) gastric lavage
  - e) the use of enzyme preparations
- 98. What are the symptoms of gastrointestinal bleeding?
  - a) vomiting with blood clots (hematemesis)
  - b) black tarry stools (melena)
  - c) lowering blood pressure
  - d) tachycardia
  - e) pale skin
  - e) all of the above are correct
- 99. How to check the correct position of the duodenal probe?
  - a) introducing air through a probe
  - b) the introduction through the probe of the stimulator of contractions of the gallbladder
- 100. Do not use as a stimulator of the motor activity of the gallbladder during duodenal sounding:
  - a) magnesium sulfate solution
  - b) magnesium sulfate solution
  - c) 40% glucose solution
  - d) warm vegetable oil
  - d) meat broth
- 101. Indications for cleansing enemas:
  - a) stool retention
  - b) poisoning
  - c) prenatal period
  - d) preparation for X-ray and endoscopic examinations of the colon
  - d) all of the above are correct
- 102. What is the purpose of hypertonic enemas?
  - a) to introduce liquid into the body
  - b) for emptying the intestines with atonic constipation
  - c) for emptying the intestines with spastic constipation
- 103. When are siphon enemas used?
  - a) for the diagnosis of intestinal obstruction
  - b) for the treatment of intestinal obstruction
  - c) in case of poisoning
  - d) all of the above are correct
- 104. What tip is inserted into the rectum when setting siphon enemas?
  - a) plastic or glass, 10-12 cm long
  - b) rubber, 10-12 cm long
  - c) rubber, 20-30 cm long

105. Why is it inappropriate to use cabbage decoction as a secretion stimulator during fractional gastric sounding?

- a) decoction is contraindicated in certain diseases
- b) the decoction is too weak a stimulant of gastric secretion
- c) the decoction is too strong a stimulant of gastric secretion

106. What is the purpose of chromatic duodenal sounding?

- a) for more accurate differentiation of duodenal contents from gastric
- b) for more accurate differentiation of portion A from portion B
- c) in order to have a normalizing effect on bile secretion
- 107. Can esophagogastroscopy be performed not on an empty stomach, but some time after a meal?
  - a) no, the patient must be on an empty stomach
  - b) yes, but in this case it is necessary to do a gastric lavage first

c) yes, in emergency situations, esophagogastroduodenoscopy is performed regardless of the time that has passed since the moment of eating (for example, with gastrointestinal bleeding)

108. For gastric lavage, an adult should prepare clean water in the amount (in liters)

- a) 10
- b) 3
- in 1
- d) 0.5

109. Element of nursing care for vomiting

- a) gastric lavage
- b) plentiful alkaline drink
- c) application of an ice pack to the epigastric region
- d) treatment of the oral cavity

110. The distance at which it is necessary to insert the probe into the patient for gastric lavage is determined by the formula (in cm)

- a) growth 100
- b) height 80
- c) growth 50
- d) growth 1/2 growth

111. What amount of washing liquid should be prepared for setting a siphon enema?

- a) 1-1.5
- b) 50-100 ml
- c) 5-61
- d) 10-121
- 112. Medicinal enemas:
  - a) are most often microclysters
  - b) are used to administer drugs that are well absorbed in the colon
  - c) are used for local effects on the mucous membrane of the rectum and sigmoid colon
  - d) all of the above are correct
- 113. Symptoms characteristic of diseases of the excretory organs:
  - a) change in color of urine
  - b) change in diuresis
  - c) swelling
  - d) back pain

e) arterial hypertension

e) all of the above are correct

114. Polyuria is:

a) a decrease in the amount of urine excreted per day to 500 ml or less

b) an increase in the daily amount of urine more than 2000 ml

c) failure of urine to enter the bladder

- d) the impossibility of emptying the bladder, despite the overflow of urine
- e) the predominance of nighttime diuresis over daytime
- e) frequent urination

115. Oliguria is:

- a) a decrease in the amount of urine excreted per day to 500 ml or less
- b) an increase in the daily amount of urine more than 2000 ml
- c) failure of urine to enter the bladder
- d) the impossibility of emptying the bladder, despite the overflow of urine
- e) the predominance of nighttime diuresis over daytime
- e) frequent urination

### 116. Anuria is:

- a) a decrease in the amount of urine excreted per day to 500 ml or less
- b) an increase in the daily amount of urine more than 2000 ml
- c) failure of urine to enter the bladder
- d) the impossibility of emptying the bladder, despite the overflow of urine
- e) the predominance of nighttime diuresis over daytime
- e) frequent urination

# 117. Nocturia is:

- a) a decrease in the amount of urine excreted per day to 500 ml or less
- b) an increase in the daily amount of urine more than 2000 ml

c) failure of urine to enter the bladder

- d) the impossibility of emptying the bladder, despite the overflow of urine
- e) the predominance of nighttime diuresis over daytime
- e) frequent urination

118. Ishuria is:

- a) a decrease in the amount of urine excreted per day to 500 ml or less
- b) an increase in the daily amount of urine more than 2000 ml
- c) failure of urine to enter the bladder
- d) the impossibility of emptying the bladder, despite the overflow of urine
- e) the predominance of nighttime diuresis over daytime
- e) frequent urination

119. Pollakiuria is:

- a) a decrease in the amount of urine excreted per day to 500 ml or less
- b) an increase in the daily amount of urine more than 2000 ml
- c) failure of urine to enter the bladder
- d) the impossibility of emptying the bladder, despite the overflow of urine
- e) the predominance of nighttime diuresis over daytime
- e) frequent urination

120. What diuresis disorder is called nocturia?

- a) decrease in the amount of daily urine less than 500 ml
- b) an increase in the amount of daily urine more than 2 liters
- c) the predominance of nighttime diuresis over daytime
- d) increased urination
- 121. In case of urinary incontinence in women at night, it is advisable to use
  - a) diapers
  - b) rubber boat
  - c) a metal vessel
  - d) removable urinal

#### 122. In case of urinary incontinence, it is recommended:

- a) using a urinal
- b) careful toilet of the skin
- c) control over the cleanliness of underwear and bed linen
- d) all of the above are correct

#### 123. What symptoms are most typical for chronic kidney disease?

- a) arterial hypertension
- b) pain in the lumbar region
- c) swelling
- d) all of the above are correct
- 124. What is emergency care for renal colic?
  - a) ice pack on the lumbar region
  - b) a heating pad on the lumbar region and the use of antispasmodics
  - c) the use of diuretics
- 125. When treating patients with chronic renal failure, do not recommend:
  - a) limiting salt intake
  - b) a decrease in the content of proteins in the diet
  - c) restriction of fluid intake
  - d) control of blood pressure and edema
- 126. To eliminate acute urinary retention, apply:
  - a) bladder catheterization
  - b) cystostomy
  - c) irrigation of the external genital organs with warm water
  - d) all of the above are correct

127. When a seriously ill patient is admitted to the emergency department of a hospital, the paramedic must first of all

- a) urgently call the doctor on duty
- b) transport the patient to the intensive care unit
- c) complete the necessary medical documentation
- d) start providing emergency first aid
- 128. Solution for daily wiping the skin of a seriously ill patient
  - a) 10% ammonia
  - b) 10% camphor alcohol
  - c) 10% potassium permanganate
  - d) 0.05% potassium permanganate

129. Bed linen is changed for a seriously ill patient

- a) once every 3 days
- b) once every 2 weeks
- c) once a week
- d) as it gets dirty

130. To prevent bedsores, it is necessary to change the position of the patient every

- (in hours)
- a) 24
- b) 12
- at 6
- d) 2

131. Bed linen is changed for a patient once a day.

- a) 14 days
- b) 7 days
- in a day
- d) month

132. Which of the following is not a sign of clinical death?

- a) decrease in body temperature
- b) decrease in heart rate
- c) lack of pupillary response to light
- d) confusion
- e) rigor mortis

133. What conditions for the work of intensive care units do you consider the most important?

- a) round-the-clock communication with the laboratory
- b) the allocation of "shock" chambers and "resuscitation rooms" for resuscitation
- c) equipping with monitoring equipment, artificial lung ventilation devices, defibrillators, pacemakers
- d) all of the above are correct
- 134. What symptoms are reliable signs of biological death?
  - a) the appearance of cadaveric spots
  - b) decrease in skin temperature below 2() os
  - c) the appearance of rigor mortis
  - d) all of the above are correct
- 135. A contraindication for resuscitation is not:
  - a) late terms (over 8 minutes) after the onset of clinical death
  - b) the presence of damage to organs incompatible with life
  - c) cerebrovascular accident with loss of consciousness
  - d) the last stage of cancer
- 136. How to check the correctness of artificial respiration?
  - a) during artificial inhalation, the patient's chest should expand
  - b) during passive expiration of the patient, the chest should collapse
  - c) all of the above are correct
- 137. What are the reasons for the insufficient effectiveness of artificial respiration?

a) lack of airway patency

b) poor sealing between the resuscitator's mouth and the patient's nose

c) insufficient volume of air entering the respiratory tract of the patient

d) all of the above are correct

138. What testifies to the effectiveness of indirect heart massage?

a) a pulse appears on the carotid arteries

b) constricted pupils

c) blood pressure rises

d) spontaneous breathing is restored

d) all of the above are correct

139. During external heart massage, palms should be placed on:

a) upper third of the chest

b) the border of the upper and middle thirds of the sternum

c) the border of the middle and lower third of the sternum

d) the level of the xiphoid process

e) the level of the middle of the midclavicular line on the right

140. What lesions of the cardiovascular system can be observed in case of poisoning?

a) acute cardiovascular failure associated with inhibition of the excitability of the vasomotor center and hypovolemia

b) acute cardiovascular failure associated with weakening of the left ventricular myocardium

c) cardiac arrhythmias

d) all of the above are correct

141. Why is it necessary to throw back the patient's head during artificial respiration?

a) to make it more convenient to attach the mouth of the resuscitator to the nose or mouth of the patient

b) to ensure airway patency

c) to create a good seal between the mouth of the resuscitator and the nose (or mouth) of the victim during artificial inspiration

142. When is direct heart massage used?

a) with the ineffectiveness of indirect heart massage

b) if there are tools that allow opening the chest cavity of the patient

c) if cardiac arrest or fibrillation occurred during surgery on the chest organs

143. In what position should the resuscitator's hands be during an indirect heart massage?

a) maximally extended in the wrist and elbow joints

b) slightly bent at the elbow joints and maximally extended at the wrist

c) slightly bent at the elbows and slightly extended at the wrist

144. What is meant by a terminal state?

a) state of clinical death

b) agonal period

c) dying period

d) borderline between life and death

145. The body of the deceased is transferred to the pathoanatomical department after ascertaining biological death in (in hours)

b) 2in 1d) immediately after the declaration of death

#### Chapter Test Answer Test Answer Test Answer Test Answer Test Answer No. No. No. No. No. Acquaintance AT fifteen В 22 29 with the one G eight G AT organization of BUT BUT 23 2 D 9 16 В thirty G 3 work of the D 17 24 G ten G В 31 Е reception and four AT eleven G eighteen D 25 G 32 В therapeutic 5 BUT 12 BUT 19 G 26 В 33 E departments 27 34 6 В 13 AT AT BUT G twenty 35 7 G fourteen G 21 D 28 AT G 36 G 43 В fifty G 57 G 64 G

### STANDARDS OF ANSWERS TO TESTS

	37	D	44	В	51	BUT	58	D		
	38	G	44	D	52	<u></u> D	59	AT		
	30 39	G			53		60			
	<u> </u>	G	46	D		G		BUT		
	-		47	G	54	BUT	61	G		
	41	G	48	G	55	G	62	E		
	42	В	49	D	56	BUT	63	AT		
Maintananaa af	ono	G	eight	AT	fifteen	D	22	AT	29	В
Maintenance of sanitary-	one 2	G	9	G	16	B	22	B	thirty	B
hygienic and	3	 D	ten	B	10	BUT	23	G	31	BUT
medical-	four	G	eleven	G	eighteen	B	24	AT	32	A, B
protective	5	AT	12	D	19	AT	26	B	33	G A, D
regimes of the	6	AT	12	B	twenty	AT	20	AT	34	G
department	7	BUT	fourteen	D	21	B	28	BUT	54	0
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Sanitary	one	G	eight	Е	fifteen	В				
treatment of the	2	BUT	9	G	16	B				
patient	3	B	ten	G	10	G				
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Personal	one	D	eight	В	fifteen	AT	22	BUT	29	BUT
hygiene of the	2	AT	9	BUT	16	B	23	AT	thirty	BUT
patient and	3	G	ten	B	17	B	24	AT	31	AT
medical staff.	four	BUT	eleven	BUT	eighteen	AT	25	AT	32	B
Nutrition of the	5	B	12	BUT	19	G	26	AT	33	G
sick	6	B	13	BUT	twenty	AT	27	AT	34	D
	7	В	fourteen	AT	21	D	28	G	35	AT
	36	BUT	43	HELL	fifty	AT	57	G	64	В
	30	BUT	43	D	51	B	58	G	65	ь AT
	38	G	44	C, D	52	AT	59	BUT	05	AI
	39	G	43	AT	53	G	60	BUT		
	40	AT	40	BUT	54	G	61	B		
	40	AT	47	BUT	55	B,G	62	AT		
	41 42	BUT	48	BUT	56	G B,U	63	BUT		
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The simplest	one	В	eight	AT	fifteen	AT	22	В	29	BUT
physiotherapy	2	BUT	9	G	16	BUT	23	AT	thirty	BUT
procedures.	3	B	ten	BUT	10	B	24	AT	31	B
Preparation of	four	G	eleven	G	eighteen	BUT	25	G	32	AT
patients for	5	B	12	B	19	A, B	26	BUT	33	AT
laboratory and	6	B	12	B	twenty	A, B	27	D	34	B
instrumental	7	BUT	fourteen	B	21	G	28	B	35	AT
research	· · ·			l	I	-	-	1		
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methods	36	BUT	43	AT						
includus	37	AT	15							
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	41	B								
	42	AT								
	72	711								
Methods of	one	G	eight	В	fifteen	G	22	BUT		
using medicines	2	B	9	AT	16	BUT	23	AT		
using medicines	3	B	ten	BUT	17	A, B	24	G		
	four	AT	eleven	B	eighteen	G		•		
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Observation	one	G	eight	AT	fifteen	BUT	22	В	29	D
and care of	2	BUT	9	AT	16	G	23	B	thirty	G
patients with	3	BUT	ten	B	10	B	23	G	31	D
diseases of	four	D	eleven	B	eighteen	BUT	25	BUT	32	G
various body	5	G	12	BUT	19	BUT	26	B	33	BUT
systems,	6	D	12	BUT	twenty	BUT	20	AT	34	G
including dying	7	BUT	fourteen	B	21	B	28	G	35	B
patients	,	DUI	Tourteen	D	21	D	20	0	55	D
	36	D	43	В	fifty	G	57	D	64	G
	37	D	44	G	51	G	58	B	65	G
	38	D	45	AT	52	G	59	В	66	BUT
	39	G	46	G	53	B	60	G	67	G
	40	E	47	G	54	В	61	BUT	68	G
	41	G	48	G	55	BUT	62	G	69	В
	42	BUT	49	G	56	AT	63	G	70	В
	71	G	78	В	85	AND	92	AT	99	В
	72	G	79	BUT	86	G	93	B, D	100	D
	73	BUT	80	D	87	AT	94	B,D	101	D
	74	В	81	BUT	88	AT	95	AT	102	В
	75	AT	82	A, B	89	В	96	G	103	G
	76	G	83	E	90	D	97	G	104	AT
	77	В	84	D	91	BUT	98	Е	105	В
					1				1	
	106	BUT	113	Е	120	AT	127	A, G	134	G
	107	AT	114	В	121	BUT	128	В	135	G
	108	В	115	BUT	122	G	129	G	136	AT
	109	A, G	116	AT	123	G	130	G	137	G
	110	BUT	117	D	124	В	131	В	138	D
	111	G	118	G	125	A, B, D	132	D	139	AT
	112	G	119	Е	126	G	133	G	140	G
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	141	В								
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# Examination ticket No. 1

1. Responsibilities of junior medical personnel. Fundamentals of medical ethics and deontology.

2. Compresses, heating pads, ice pack. Setting technique. Indications. Contraindications.

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# **Examination ticket number 2**

- 1. Methods of transporting patients from the emergency department.
- 2. Body temperature and its measurement, types of temperature curves.

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# **Examination ticket No. 3**

- 1. Personal hygiene of the patient: care of the oral cavity, nose, eyes, ears.
- 2. Disinfection of medical instruments and patient care products

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# **Examination ticket number 4**

- 1. Bladder catheterization in women and men. Execution technique. Indications, contraindications.
- 2. Rules and technique of artificial respiration. Indications for resuscitation.

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# **Examination ticket number 5**

- 1. Rules for preparing patients for instrumental methods of studying the digestive organs.
- 2. First aid for vomiting

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# **Examination ticket number 6**

- 1. Sputum. Types of laboratory research. Collection of material for laboratory research.
- 2. Diet therapy in the surgical department. Optimal ratio of fats, proteins and carbohydrates in surgical patients.

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# Exam ticket number 7

- 1. Anthropometry. Clinical significance of the study. Interpretation of the received data.
- 2. Rules and technique of venipuncture, blood sampling.

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# **Examination ticket number 8**

- 1. Arterial pressure. Measurement rules. clinical significance.
- 2. Rules and methods for applying a colostomy bag.

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# **Examination ticket number 9**

- 1. Pain in the region of the heart, the mechanism of occurrence. Clinical diagnostics. First aid.
- 2. Rules and technique for performing nutritional and medicinal enemas. Indications, contraindications.

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# **Examination ticket number 10**

- 1. Care and first aid for bleeding (nasal, pulmonary, gastrointestinal).
- 2. Functional bed. Purpose. Rules for using a functional bed.

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# Examination ticket number 11

- 1. Principles of organization of work and arrangement of the reception and therapeutic departments.
- 2. Rules and technique of indirect heart massage. Indications for resuscitation.

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# **Examination ticket number 12**

- 1. Basic principles of rational therapeutic nutrition. Dietary (therapeutic) tables. Ways of feeding patients in hospital departments.
- 2. Deontology of care for oncological patients.

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# **Examination ticket number 13**

- 1. The use of heat and cold in medical practice. Indications, contraindications.
- 2. Rules and technique of gastric lavage. Indications, contraindications.

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Head Department of Surgical Diseases No. 1 Ph.D. U.S. Beslekoev

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# **Examination ticket number 14**

- 1. Gastric lavage. Execution technique. Indications, contraindications.
- 2. Rules and methods for introducing an air duct. Possible complications.

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# Examination ticket No. 15

- 1. Rules for the preparation of patients for instrumental methods of examination of the organs of the urinary system.
- 2. Skin care. Prevention of bedsores

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# **Examination ticket No. 16**

- 1. The order of storage and accounting of medicines.
- 2. Rules and technique of gastric lavage. Indications, contraindications.

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# **Examination ticket number 17**

- 1. Methods for measuring body temperature. Registration of the received data. Care and first aid for febrile patients in various stages of fever.
- 2. Oxygen therapy. Security measures. Methodology and technique of carrying out.

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# **Examination ticket number 18**

- 1. Oxygen therapy. Indications for carrying out. Security measures. Methodology and technique of carrying out. Possible complications.
- 2. Rules and techniques for sanitizing a patient upon admission to a hospital.

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# **Examination ticket No. 19**

- 1. Acute vascular insufficiency (fainting, collapse). Clinical manifestations. First aid.
- 2. Rules and techniques for changing underwear and bed linen.

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# Examination ticket No. 20

- 1. Anaphylactic shock. Clinical manifestations. First aid.
- 2. Rules and techniques for moving the patient from the gurney to the operating table and back.

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# **Examination ticket No. 21**

- 1. Working hours of a nurse's office. Types of documentation, post equipment.
- 2. Technique and rules for bladder catheterization. Indications. Contraindications.

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# Examination ticket No. 22

- 1. Rules for changing underwear and bed linen. Significance for the patient.
- 2. Diet therapy in the surgical department. Optimal ratio of fats, proteins and carbohydrates in surgical patients.

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# **Examination ticket No. 23**

- 1. Urine, material sampling for laboratory research. Types of laboratory tests of urine. Features of care for patients with urinary incontinence.
- 2. Ways and methods for assessing the sterility of the material in the bix

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# **Examination ticket number 24**

- 1. Ways of using medicines. Technique of intradermal, subcutaneous and intramuscular injections. Prevention of possible complications.
- 2. Rules and techniques for moving a patient from bed to wheelchair and vice versa.

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# **Examination ticket number 25**

- 1. Characteristics of breathing. Counting the frequency of respiratory movements. clinical significance. Pathological forms of breathing.
- 2. Rules for the technique of conducting cleansing and siphon enemas. Indications. Contraindications.

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## **Examination ticket No. 26**

- 1. Care and first aid for shortness of breath, suffocation.
- 2. Rules and technique for performing pararenal blockade.

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## **Examination ticket No. 27**

- 1. Features of care of patients with heart failure. An attack of cardiac asthma. Clinical manifestations. First aid.
- 2. Subcutaneous and intradermal injections. Execution technique. Possible complications.

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# Examination ticket No. 28

- 1. terminal states. Statement of death and rules for handling the corpse.
- 2. Rules and technique of feeding patients in bed.

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## Examination ticket No. 29

- 1. Enemas. Types, rules of setting. Indications, contraindications
- 2. Fundamentals of the activities of medical staff at all stages of the treatment of surgical patients.

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## **Examination ticket number 30**

- 1. Fractional study of gastric contents. Execution technique. Indications, contraindications.
- 2. Indications and rules for conducting tube enteral nutrition.

Head Department of Internal Diseases No. 1 d.m.s. I.N. Totrov

Head Department of Surgical Diseases No. 1 Ph.D. U.S. Beslekoev

#### FEDERAL STATE BUDGET EDUCATIONAL INSTITUTION OF HIGHER EDUCATION "NORTH - OSSETIAN STATE MEDICAL ACADEMY" MINISTRIES OF HEALTH OF THE RUSSIAN FEDERATION

Department of Internal Diseases №1 Department of Surgical Diseases №1 FacultyTherapeuticWell2

**Practice**Practice for obtaining professional skills and professional experience in the positions of nursing staff (assistant to the ward nurse)

# Examination ticket No. 31

- 1. Sanitary-hygienic and medical-protective regime of the reception and therapeutic departments.
- 2. Rules and techniques for monitoring drainage in operated patients.

Head Department of Internal Diseases No. 1 d.m.s. I.N. Totrov

Head Department of Surgical Diseases No. 1 Ph.D. U.S. Beslekoev

### FEDERAL STATE BUDGET EDUCATIONAL INSTITUTION OF HIGHER EDUCATION "NORTH - OSSETIAN STATE MEDICAL ACADEMY" MINISTRIES OF HEALTH OF THE RUSSIAN FEDERATION

## **Examination ticket No. 32**

- 1. Skin care. Prevention of bedsores.
- 2. Intramuscular injections. Execution technique. Possible complications.

Head Department of Internal Diseases No. 1 d.m.s. I.N. Totrov

Head Department of Surgical Diseases No. 1 Ph.D. U.S. Beslekoev

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## **Examination ticket No. 33**

- 1. Gas tube. Setting rules. Indications, contraindications.
- 2. Rules and technique of dialysis of the wound through the flow-washing system.

Head Department of Internal Diseases No. 1 d.m.s. I.N. Totrov

Head Department of Surgical Diseases No. 1 Ph.D. U.S. Beslekoev

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## **Examination ticket No. 34**

- 1. duodenal sounding. Execution technique. Indications, contraindications.
- 2. Rules and technique of pulmonary resuscitation.

Head Department of Internal Diseases No. 1 d.m.s. I.N. Totrov

Head Department of Surgical Diseases No. 1 Ph.D. U.S. Beslekoev

### FEDERAL STATE BUDGET EDUCATIONAL INSTITUTION OF HIGHER EDUCATION "NORTH - OSSETIAN STATE MEDICAL ACADEMY" MINISTRIES OF HEALTH OF THE RUSSIAN FEDERATION

## Examination ticket No. 35

- 1. Feces, material sampling for laboratory research. Types of laboratory studies of feces. Features of care for patients with fecal incontinence.
- 2. Transportation of the surgical patient up the stairs and to the operating room.

Head Department of Internal Diseases No. 1 d.m.s. I.N. Totrov

# Department of Internal Diseases №1

Department of Surgical Diseases №1

FacultyTherapeuticWell2

**Practice**Practice for obtaining professional skills and professional experience in the positions of nursing staff (assistant to the ward nurse)

# **Examination ticket No. 36**

- 1. Assessment of the general condition of the patient. clinical significance.
- 2. Rules and technique of indirect heart massage. Indications for resuscitation.

Head Department of Internal Diseases No. 1 d.m.s. I.N. Totrov

Department of Internal Diseases №1 Department of Surgical Diseases №1 FacultyTherapeuticWell2

**Practice**Practice for obtaining professional skills and professional experience in the positions of nursing staff (assistant to the ward nurse)

### Examination ticket No. 37

- 1. Properties of the arterial pulse. Counting rules. clinical significance.
- 2. Rules and techniques for conducting nutritional and medicinal enemas. Indications. Contraindications.

Head Department of Internal Diseases No. 1 d.m.s. I.N. Totrov

Department of Internal Diseases №1 Department of Surgical Diseases №1 FacultyTherapeuticWell2

**Practice**Practice for obtaining professional skills and professional experience in the positions of nursing staff (assistant to the ward nurse)

### Examination ticket No. 38

- 1. Care and first aid for vomiting. Collection of vomit.
- 2. Subcutaneous and intradermal injections. Execution technique. Possible complications.

Head Department of Internal Diseases No. 1 d.m.s. I.N. Totrov

Department of Internal Diseases №1 Department of Surgical Diseases №1 FacultyTherapeuticWell2 PracticePractice for obtaining professional skills and professional experience in the positions of nursing staff (assistant to the ward nurse)

### **Examination ticket No. 39**

- 1. Hypertensive crisis. Clinical manifestations. First aid.
- 2. Body temperature and its measurement, types of temperature curves.

Head Department of Internal Diseases No. 1 d.m.s. I.N. Totrov

Department of Internal Diseases №1 Department of Surgical Diseases №1

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**Practice**Practice for obtaining professional skills and professional experience in the positions of nursing staff (assistant to the ward nurse)

# Examination ticket No. 40

- 1. Indications for cardiopulmonary resuscitation (artificial respiration, chest compressions). Technique. Conditions for termination of resuscitation.
- 2. The volume of sanitization of the patient in the emergency department.

Head Department of Internal Diseases No. 1 d.m.s. I.N. Totrov