

No. LD-16 IN

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

Department of Internal Medicine No. 1

APPROVED

Minutes of the meeting of the Central Coordinating Educational and Methodological Council  
of March 30.03, 2022, Pr. no. 4

#### EVALUATION FUND

Clinical practice " Assistant Ward Nurse» the main professional educational program of higher education – the specialty program in the specialty 31.05.01 "Medical care", approved on 30.03.2022.

for 2nd year students

specialty 31.05.01 " Medical care»

Reviewed and approved at the meeting of the Department  
dated 21, March, 2022 (Protocol No. 8)

Head of the Department

\_\_\_\_\_d. m. n. I. N. Totrov

Vladikavkaz 2022

## THE STRUCTURE OF THE FOS

1. Title page
2. The structure of the FOS
3. Review of the FOS
4. Passport of evaluation tools
5. SET OF EVALUATION TOOLS :
  - \* Test tasks with answer standards
  - \* Situational tasks
  - \* Exam tickets

Passport of the fund of evaluation funds for industrial practice Clinical practice " Assistant Ward Nurse»

<b>№п/п</b>	<b>Name of the supervised section (topic)of the discipline / module</b>	<b>Code of the formed competence (stage)</b>	<b>Name of the evaluation tool</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Type of control</b>	<b>Intermediate</b>		
1	Introduction to the organization of the work of the reception and therapeutic departments and the functional features of the junior medical staff.	ОПК-10	- exam tickets; - situational tasks; - test control
2	Maintenance of the sanitary-hygienic and medical - protective regime of the department .	ОПК-10	
3	Sanitary treatment of the patient	ОПК-10	
4	Transportation of patients.	ОПК-10	
5	Personal hygiene of the patient and medical staff. Nutrition of patients.	ОПК-10	
6	The simplest physical therapy procedures. Preparation of patients for laboratory and instrumental methods of research.	ОПК-10	
7	Methods of using medicines	ОПК-10	
8	Observation and care of patients with diseases of various body systems, including dying patients	ОПК-10	

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

HEALTH OF THE RUSSIAN FEDERATION

REVIEW

to the assessment fund on industrial practice Clinical practice "Assistant ward nurse" for 2nd year students in the specialty 31.05.01 Medical care

The fund of evaluation funds was compiled at the Department of Internal Diseases No. 1 on the basis of the working program of practice and meet the requirements of the Federal State Educational Standard for the specialty of Medical Care.

The fund of evaluation funds was approved at the meeting of the Central Coordinating Educational and Methodological Council and sealed with the seal of the Educational and Methodological Department.

The assessment fund includes a bank of test tasks, situational tasks, and exam tickets.

The bank of test tasks includes the following elements: test tasks, response templates. All tasks correspond to the work program of the production practice and cover all its sections. The difficulty of the tasks varies. The number of tasks for each section of the practice is sufficient for conducting a knowledge control and eliminates the repeated repetition of the same question in different versions. The bank contains the answers to all test tasks.

The number of exam tickets is 40, which is enough for the exam and eliminates the repeated use of the same ticket during the exam in one academic group on the same day. The exam ticket includes a question. The wording of the questions coincides with the wording of the list of questions submitted for the exam.

In addition to the theoretical questions, 20 situational problems are offered. Situational tasks. included in the exam ticket, provide an opportunity to objectively assess the level of assimilation of the student's theoretical material.

The complexity of the questions in the exam tickets is distributed evenly. There are no comments on the reviewed fund of evaluation funds. In general, the fund of evaluation funds for industrial practice "Assistant Ward Nurse" contributes to the qualitative assessment of the level of proficiency of students in professional competencies.

The peer-reviewed fund of evaluation tools for industrial practice "Assistant Ward Nurse" can be recommended for use for intermediate certification at the Faculty of Medicine for 2nd-year students.

Reviewer, Chairman of the sub-commission on expertise Nino Iosifovna of evaluation tools of the TSUMK of Natural Science and Botsieva of mathematical disciplines, Associate Professor, Ph. D.

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Reviewer, Head of the Department of General Medical Practice, Gerontology, Public Health  
and Health of the Kabardino-Balkar State University Inarokov A. M.

Federal State Budgetary Educational Institution of Higher Education "North Ossetian State Medical Academy" of the

Ministry of Health of the Russian Federation

DEPARTMENT OF INTERNAL MEDICINE No. 1

I APPROVE IT

Head of the Department

I. N. Totrov \_\_\_\_\_

U. S. Beslekoev \_\_\_\_\_

"27" August 2020

EXAMINATION QUESTIONS ON INDUSTRIAL PRACTICE " ASSISTANT WARD NURSE»

4TH SEMESTER

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

List of examination questions on clinical practice "ASSISTANT WARD NURSE" for 2nd year  
students of the Faculty of Medicine

DEPARTMENT OF INTERNAL MEDICINE No. 1

1. Duties of junior medical personnel. Fundamentals of medical ethics and Deontology.
2. The principles of the organization of work and the device of the reception and therapeutic departments.
3. The operating mode of the nurse's post. Types of documentation, equipment of the post.
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. Methods of feeding patients in hospital departments.
7. Rules for changing underwear and bed linen. Meaning for the patient.
8. Skin care.
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 staging. Indications, contraindications.
12. Exhaust pipe. Setting rules. Indications, contraindications.
13. Catheterization of the bladder in women and men. Execution technique. Indications, contraindications.
14. Gastric lavage. Execution technique. Indications, contraindications.
15. Fractional examination of gastric contents. Execution technique. Indications, contraindications.
16. Duodenal probing. Execution technique. Indications, contraindications.
17. Rules for preparing patients for instrumental methods of examination of the digestive organs.



18. Rules for preparing patients for instrumental methods of examination of the urinary system organs.
19. Urine, collection of material for laboratory testing. Types of laboratory tests of urine. Features of care for patients with urinary incontinence.
20. Feces, collection of material for laboratory testing. Types of laboratory tests of feces. Features of care for patients with fecal incontinence.
21. Sputum. Types of laboratory tests. Collection of material for laboratory testing.
22. The order of storage and accounting of medicines.
23. Methods of using medicines. The 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 of measuring body temperature. Registration of the received data. Care and first aid for feverish patients in various stages of fever.
27. Characteristics of breathing. Counting the frequency of respiratory movements. Clinical significance. Pathological forms of respiration.
28. Properties of the arterial pulse. Counting rules. Clinical significance.
29. Blood pressure. Measurement rules. Clinical significance.
30. Oxygen therapy. Indications for the procedure. Security measures. Methods and techniques of conducting. 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 heart, the mechanism of occurrence. Clinical diagnosis. First aid before medical treatment.
34. Acute vascular insufficiency (fainting, collapse). Clinical manifestations. First aid before medical treatment.
35. Features of care for patients with heart failure. An attack of cardiac asthma. Clinical manifestations. First aid in the first place.
36. Hypertensive crisis. Clinical manifestations. First aid before medical treatment.
37. Care and first aid for bleeding (nasal, pulmonary, gastrointestinal).
38. Anaphylactic shock. Clinical manifestations. First aid before medical treatment.
39. Terminal states. The statement of death and the rules for handling the corpse.

40. Indications for cardiopulmonary resuscitation (artificial respiration, indirect heart massage).  
Technique of carrying out. Conditions for the termination of resuscitation measures.

Head of the Department, Doctor of Medical Sciences I. N. Totrov

## DEPARTMENT OF SURGICAL DISEASES No. 1

1. Compresses, hot water bottles, an ice pack. Production 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 techniques of artificial respiration. Indications for resuscitation measures.
5. First aid for vomiting
6. Rules and methods of applying a colostomy bag.
7. Rules and techniques of indirect heart massage. Indications for resuscitation measures.
8. Rules and techniques for performing nutritional and medicinal enemas. Indications, contraindications.
9. Functional bed. Purpose. Rules for using a functional bed.
10. Rules and techniques of gastric lavage. Indications, contraindications.
11. Deontology of care for cancer patients.
12. Rules and methods of air duct introduction. Possible complications.
13. Skin care. Prevention of bedsores
14. Oxygen therapy. Security measures. Methods and techniques of conducting.
15. Rules and techniques of sanitary treatment of the patient upon admission to the 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 of urinary bladder catheterization. Indications. Contraindications.
19. Diet therapy in the surgical department. Optimal ratio of fat, protein and carbohydrates in surgical patients.
20. Methods and methods for assessing the sterility of the material in bix
21. Rules of the technique of cleaning and siphon enemas. Indications. Contraindications.
22. Rules and techniques for feeding patients in bed.
23. Fundamentals of the medical staff at all stages of treatment of surgical patients.
24. Indications and rules for conducting probe enteral nutrition.

25. Rules and techniques for monitoring drains in operated patients.
26. Methods of preparing patients for X-ray examination of the gastrointestinal tract.
27. The volume of sanitary treatment of the patient in the emergency department.
28. Rules and techniques of venipuncture, blood sampling.
29. Rules and techniques for moving the patient from the bed to the gurney and back.
30. Rules and techniques for performing paranephral blockade.
31. Subcutaneous and intradermal injections. Execution technique. Possible complications.
32. Intramuscular injections. Execution technique. Possible complications.
33. Rules and techniques of wound dialysis through a flow-washing system.
34. Rules and techniques of pulmonary-cardiac resuscitation.
35. Transportation of a surgical patient up the stairs and into the operating room

Head of the Department 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

APPROVED  
Minutes of the meeting of the Cyclical  
Educational and Methodological Commission  
from" 28 " August 2020g. Pr. No. 1

Department of Internal Medicine No. 1

Department of Surgical Diseases No. 1

Standards of test tasks of industrial practice Clinical practice "Assistant to a ward nurse" of the main professional educational program of higher education – the specialty program in the specialty 31.05.01 "Medical care", approved on 28.08.2020.

for 2nd year students

specialty 31.05.01 " Medical care»

Reviewed and approved at the meeting of the

Department

dated August 27, 2020 (Protocol No. 1)

Head of the Department

\_\_\_\_\_d. m. n. I. N. Totrov

Head of the Department

\_\_\_\_\_k. m. n. U. S. Beslekoev

Vladikavkaz city 2020

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<b>№</b>	<b>Name of the supervised section (topic)of the discipline / module</b>	<b>Number of tests (total)</b>	<b>The code of the generated competencies</b>	<b>page c_po –</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Type of control</b>	<b>Intermediate</b>			
1	Introduction to the organization of the work of the reception and therapeutic departments and the functional features of the junior medical staff	83	ОПК-10	13-26
2	Maintenance of the sanitary-hygienic and medical - protective regime of the department	25	ОПК-10	27-31
3	Sanitary treatment of the patient	18	ОПК-10	32-34
4	Transportation of patients.	13	ОПК-10	35-36
5	Personal hygiene of the patient and medical staff. Nutrition of patients	69	ОПК-10	37-45
6	The simplest physical therapy procedures. Preparation of patients for laboratory and instrumental methods of research	45	ОПК-10	46-51
7	Methods of using medicines	23	ОПК-10	52-54
8	Observation and care of patients with diseases of various body systems, including dying patients	154	ОПК-10	55-76
	<b>TOTAL</b>	<b>430</b>		

## SECTION 1. INTRODUCTION TO THE ORGANIZATION OF THE RECEPTION AND THERAPEUTIC DEPARTMENTS AND THE FUNCTIONAL RESPONSIBILITIES OF JUNIOR MEDICAL STAFF

1. What are the main tasks of the student in the study of general patient care?

- a) mastering the technique of operations
- b) mastering the methods of examination of the patient c
- ) providing first aid
- d) practical mastery of the skills of patient care
- e) diagnosis

2. Who should take care of the patients?

- a) relatives of the patient
- b) all medical professionals c
- ) the doctor
- d) patients in the ward
- e) nurse

Z. What does medical deontology study?

- a) the relationship between the doctor and the patient
- b) issues of duty, morality and professional ethics c
- ) iatrogenic diseases
- d) the relationship between medical staff and relatives of the patient
- e) all of the above is true

4. Who was the first organizer of the nursing service in Russia?

- a) Zakharyin GL.
- b) Nightingale F.
- c) Pirogov NM.
- d) Kurashov St.
- e) Mudrov ML.

5. What is iatrogenic disease?

- a) a disease that has developed as a result of careless statements of a medical 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
- ) a complication of the underlying disease

d) a disease transmitted from patient to patient

e) a hereditary disease

6. What medical and preventive institutions provide outpatient care?

a) hospitals

b) polyclinics, outpatient clinics, health centers

c) hospitals

d) clinics

e) all of the above is true

7. What medical institutions provide inpatient care?

a) polyclinics

b) outpatient clinics c

) health centers

d) hospitals, hospitals, clinics

8. Name a specialized institution that operates on a dispensary basis:

a) hospital

b) medical and sanitary unit c

) dispensary

d) outpatient clinic

e) health center

9. What kind of medical facility is organized in large industrial enterprises?

a) medical and sanitary part

b) dispensary

c) hospital

d) outpatient clinic

e) all of the above is true

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

a) outpatient clinic

b) sanatorium c

) health center

d) hospital

e) ambulance station



11. Name a medical institution that is specifically designed to provide medical care in case of acute need:

- a) hospital
- b) clinic
- c) women's consultation
- d) ambulance station.
- e) sanatorium

12. Name the medical institution where the patients are treated:

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

13. The system of patient care in a hospital can be

- a) one-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, and nursing staff are trained:

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

15. Types of outpatient medical institutions:

- a) hospital
- b) hospital
- c) polyclinic

16. The group of inpatient medical institutions includes all but:

- a) polyclinic

- b) multi-specialty hospital
- c) hospital
- d) medical unit
- e) private hospitals

17. The structural division of the hospital is not:

- a) the emergency department
- b) registry
- c) therapeutic department
- d) surgical department
- e) pharmacy

18. The development of polyclinic care for adults in modern socio-economic conditions does not provide for:

- a) strengthening and developing 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) establishment of consultation and rehabilitation centers on the basis of polyclinics
- e) reduction of the number of district doctors, enlargement of the sites

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

- a) sanatoriums-dispensaries
- b) mud baths c
- ) psychoneurological dispensaries
- d) women's clinics
- e) outpatient clinics

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

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

21. Types of inpatient medical institutions:

- a) outpatient clinics
- b) hospital

- c) polyclinic
- d) dispensary
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- e) outpatient clinics

31. 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
- e) health center

32. What types of institutions belong to the therapeutic and preventive direction of medicine:

- a) emergency medical care institutions
- b) forensic medical examination bureaus
- c) pharmacy institutions
- d) medical equipment institutions
- e) health education centers

Duties of a nurse and a junior nurse for the care of patients

33. What type of activity is the performance of a nurse's doctor's appointments?

- a) operation
- b) prevention
- c) deontology
- d) patient care

34. What manipulations can be performed by a junior nurse:

- a) makes injections
- b) puts cleansing enemas
- c) washes the bladder
- d) makes intravenous infusions

35. Which of the following can be performed by a nurse:

- a) distribute food to patients
- b) conduct respiratory exercises
- c) independently transport the patient from the operating room to the ward
- d) wash the patient

36. The procedure for passing the duties of junior and secondary medical personnel includes:

- a) transfer of medical equipment
- b) a summary of the movement of patients c
- ) the transfer of the keys to the safe with medicines from list A

d) all of the above is true

37. Medical documentation transmitted on duty:

a) journal of accounting and expenditure of narcotic drugs

b) the log of toxic and potent drugs c

) the log of reception and transfer of duties

d) all of the above is true

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

a) the list of febrile patients

b) list of urgent appointments c

) procedure and temperature sheets

d) availability of medical equipment according to the list

39. The duties of a post nurse include:

a) performing medical appointments

b) collection of material for tests

c) distribution of medicines

d) provision of patient care

e) all of the above is true

40. The duties of a post nurse include:

a) monitoring of compliance with the medical and protective regime in the department

b) monitoring of medical nutrition

c) monitoring of the exemplary content of the nursing post

d) control over the sanitary condition of patients

e) all of the above is true

41. The senior nurse is obliged to:

a) control the label design when receiving medicines

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

the pharmacy c) instruct nurses about the methods of storing medicines and solutions

d) all of the above is correct

42. A nursing post is organized for every:

a) 15-20 beds

b) 20-25 beds

- c) 25-30 beds
- d) 30-35 beds
- e) 35-40 beds

43. A nurse in the therapeutic department should

- a) put enemas of all types
- b) perform subcutaneous and intramuscular injections
- c) feed seriously ill patients
- d) all of the above is true

44. The duties of a nurse do not include

- a) admission of new patients to the department
- b) familiarization of patients with the daily routine
- c) familiarization of patients with prescribed medications
- d) collection of materials for tests

45. The duties of a junior nurse do not include

- a) daily hygienic care of patients
- b) feeding of the vessel, urinals, and their disinfection
- c) control over the sanitary condition of the wards and their cleaning

46. The duties of a nurse include

- a) measuring the patient's body temperature
- b) maintaining medical records
- c) performing doctor's appointments
- d) patient care
- e) all of the above is true

47. The duties of the nurse include

- a) collecting material for tests
- b) accompanying patients to research
- c) drawing up portion requirements for patient nutrition
- d) all of the above is true

48. The patient is admitted to the medical department by

- a) a doctor

- b) post nurse
- c) junior nurse
- d) senior nurse

49. When taking the patient in a medical office nurse should not

- a) to note the time of admission to medical history
- b) to transfer a telephone call to the clinic
- C) to inspect the scalp and skin
- g) to acquaint the patient with the rules of stay in the Department

50. Taking up the duty nurse required

- a) to carry out bypass patients, together with the dealer nurse
- b) take thermometers, syringes, medicines, care items
- c) check for clean underwear
- d)

51. In the log of the delivery of duty, the nurse does not note

- a) information about the movement of patients (how many were discharged and accepted)
- b) the amount of used underwear per shift
- c) data on the preparation of patients for laboratory and instrumental studies
- d) the volume of unfulfilled appointments in patients

52. The medical documents that the ward nurse works with include:

- a) the medical history
- b) the request to the pharmacy
- c) the log of duty delivery
- d) sister list
- e) all of the above is true

53. At the post of a nurse, there should be

- a) test forms
- b) boxes for storing medical records
- c) a cabinet for storing medicines
- d) a safe for storing strong drugs
- e) all of the above is true

54. The ward nurse on the title page of the medical history notes



- a) the time of admission of the patient to the hospital department
- b) the result of the examination of the patient for pediculosis c
- ) the type of transportation of the patient
- d) all of the above is true

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

- a) the time of admission of the patient to the department
- b) the result of the patient's examination for pediculosis
- c) weight and height
- d) performing the assigned tests

56. In the temperature sheet, the nurse notes

- a) weight and height
- b) the patient's temperature in the morning and in the evening
- c) the days of taking baths and changing clothes
- d) daily patient's stool
- d) all of the above is true

## Reception Department

57. What is the purpose of the emergency department of the hospital?

- a) for the registration and reception of patients
- b) for the examination and sanitary treatment of patients
- c) for the provision of qualified medical care to patients
- d) all of the above is true
- e) there is no correct answer.

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

- a) intensive care unit

- b) lobby-waiting room
- c) reception and inspection boxes

59. The tasks of the reception 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) sanitary treatment of patients
- e) all of the above is true

60. The duties of the emergency room nurse include

- a) filling out the passport part of the medical history
- b) examination for pediculosis
- c) measuring body temperature
- d) all of the above is true

61. Patients in the emergency room should not stay more than

- a) 15 minutes
- b) 30 minutes
- c) 45 minutes
- d) hours
- e) 2 hours

62. The duties of the junior nurse of the emergency department include:

- a) monitoring of the sanitary regime
- b) accompanying the patient to the doctor's office and carrying out sanitation of the patient
- c) transporting and accompanying the patient to the specialized department
- d) all of the above is true
- e) none of the above

63. The nurse of the emergency department is not obliged to:

- a) register the incoming patient
- b) issue a temperature sheet
- c) issue the required documentation
- d) measure  $t_0$ , weigh
- e) examine the skin, scalp

f) if necessary, provide pre-hospital medical care

64. The nurse of the reception department is obliged to do everything except:

a) make an initial inspection

b) carried out sanitary treatment of hospitalized patients

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

65. The responsibilities of the associate nurse admissions INCLUDED:

a) monitoring of the sanitary regime

b) accompany the patient to the doctor's office and carrying out sanitation of the patient transportation, and support the patient to the relevant Department

in)

66. The responsibilities of nurses does not include:

a) documentation of incoming patient

b) prescription drugs

c) a superficial examination of the patient for pediculosis and possible infectious diseases

d) accompanying the patient to the doctor's office

e) transporting and accompanying the patient to the department

67. The work of the reception 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

68. Ways of hospitalization of patients in the hospital:

a) by ambulance

b) independently

c) in the direction of the clinic

d) transfer from other hospitals

e) all of the above is true

69. What is not included in the device of the emergency department?

a) waiting room

- b) specialist offices
- c) canteen
- d) insulator
- e) bathroom

70. What form of medical documentation is the medical history:

- a) 086 / Y 6) 001/Y c) 004/Y
- d) 00Z/Y
- e) 058/Y

#### Therapeutic Department

71. List the departments of the hospital that are not related to therapeutic:

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

72. Which departments are not considered therapeutic:

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

73. What is included in the device of the therapeutic department:

- a) the office of the head of the department
- b) the resident's office (doctors ' office) c
- ) the office of the senior nurse
- d) wards for patients
- e) treatment rooms
- f) all of the above is true

74. What is included in the device of the therapeutic department:

- a) manipulation rooms (enema)
- b) bathroom c

) toilet rooms

d) the pantry for the distribution of food and the dining room for the sick

e) the office of the nurse-hostess

f) all of the above is true

75. What is not included in the device of the therapeutic department:

a) sanpropuschnik

b) laboratory c

) registry

d) room for washing and sterilizing ships

76. What is not included in the device of wards in the medical department:

a) functional beds

b) bedside tables

c) x-ray machine

d) common table and chairs for patients

e) refrigerator for storing food

77. What is included in the device of the therapeutic department:

a) the office of the head of the department

b) the resident's office (doctors ' office)

c) the office of the senior nurse

d) wards for patients

e) treatment rooms

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81. What is not included in the device of the therapeutic department:

- a) sanpropusknik
- b) laboratory
- c) registry
- d) room for washing and sterilizing ships

82. What is not included in the device of wards in the medical department:

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

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

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

## SECTION 2. MAINTENANCE OF THE SANITARY-HYGIENIC AND MEDICAL-PROTECTIVE REGIME OF THE DEPARTMENT

84. The medical-protective regime includes:

- a) ensuring the regime of mental health of the patient
- b) strict compliance with the rules of the internal daily routine c
- ) ensuring the regime of rational physical (motor) activity
- d) all of the above is true
- e) none of the above

85. The sanitary and epidemiological regime in the medical department includes:

- a) wet cleaning of all rooms
- b) maintaining proper cleanliness and order in the hospital premises
- c) sanitary and hygienic treatment of patients
- d) all of the above is true
- e) none of the above

86. Elements of the medical and protective regime of the hospital department:

- a) performance of medical appointments
- b) psychological comfort of the patient c
- ) daily routine of the medical department
- d) appropriate
- e) physical activity

87. Number of the order regulating the medical and protective regime:

- a) 408 6) 320 c) 288
- d)

88. The regime that excludes the patient's motor activity in bed:

- a) general
- b) bed rest
- c) strict bed rest
- d) tent rest

89. The person who prescribes the regime of individual motor activity of the patient prescribes:

- a) head of the department
- b) nurse c

) doctor

d) the sister-hostess

90. The method of transportation determines:

a) doctor

b) post nurse c

) emergency department nurse

d) senior nurse

91. In order to prevent the introduction of infectious diseases in the hospital in the receiving mowing, it is necessary to provide all, except:

a) information about the patient's contact with infectious patients

b) the presence of reception and examination boxes c

) information about vaccinations

d) a thorough examination of the patient's skin and throat

e) compliance with the sanitary and hygienic regime

e) exclusion of oncoming flows of patients

92. List all types of disinfection:

a) preventive

b) focal current c

) focal final

d) all of the above is true

93. Focal final disinfection is carried out:

a) after the transfer of the patient to the infectious diseases department

b) after the recovery of the infectious patient c

) after the admission of a new patient to the ward

d) after the isolation of the patient

e) all of the above is true

94. Mechanical methods of disinfection do not include:

a) wet cleaning of premises and furnishings

b) clearing the premises of dust with a vacuum cleaner

c) whitewashing, painting the premises

d) washing hands



e) using a broom, broom

95. Chemical disinfection agents include:

a) hydrogen peroxide

b) potassium permanganate

c) deoxone-I

d) chlorine-containing agents

e) all of the above is true

96. Chemical methods of disinfection do not include:

a) wiping with a solution

b) calcination

c) full immersion in the solution

d) spraying the solution

e) heating to boiling

97. For carrying out disinfection measures it is necessary to have:

a) containers for disinfectants

b) clean decontaminating rags

c) special clothing

d) oilcloth bags for used kits and rags

e) all of the above is true

98. The rules of labor protection when working with disinfectants provide:

a) the presence of a passport indicating the name and purpose of the means

b) indication of the date of preparation of the solution

c) indication of the expiration date

d) the presence of personal hygiene attributes

e) all of the above is true

99. How often is cleaning done in the wards?

a) 1 time per day

b) 2 times a day

c) 3 times a day

d) 4 times a day

e) more than 1 times if necessary

100. The current daily cleaning in medical departments does not include

- a) washing of window and door frames, glass
- b) cleaning the floors, furniture
- c) restoring order in the bedside tables, in the cabinets at the post
- d) washing of walls, plafonds
- e) airing, quartz coating of wards, corridors

101. Preventive disinfection and cleaning in the wards, corridors and other rooms of the medical department is carried out by

- a) a nurse
- b) a junior nurse
- c) a nurse-hostess

102. General cleaning in medical departments is carried out

- a) 2 times a week
- b) once every 7-10 days
- c) once every 2 weeks
- d) 1 time per month

103. After use, the cleaning material is subjected to

- a) washing in a solution of household soap
- b) soaking in a disinfectant solution for 30 minutes
- c) soaking in a disinfectant solution for 60 minutes
- d) boiling

104. Items of cleaning equipment (buckets, napkins, brushes, etc.) are used

- a) for cleaning all rooms of the medical department
- b) separately for cleaning the wards, treatment room, buffet, etc. rooms

105. Floors in wards, corridors and other rooms of the medical department

- a) are swept
- b) washed with warm water
- c) wash with water with the addition of a disinfectant solution

100. Floors in wards, corridors and other rooms of the medical department are washed at least

- a) 1 time a day
- b) 2 times a day

c) 3 times a day

101. 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

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

a) with warm water

b) with warm soap solution

c) with a single wipe with a rag moistened with a disinfectant solution

d) with a double wipe with a rag moistened with a disinfectant solution

103.0 horse frames, doors, windows, upper parts of walls in medical departments are washed

a) 1 time a day

b) every 3 days

c) every 7-10 days

d) every 14 days

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

a) 1 time

b) 2 times

c) 3 times

d) 4 times

d) 5 times

105. Wet wiping of radiators and central heating pipes in medical wards is carried out

a) daily

b) I once every 3 days

c) I once a week

106. The change of dressing gowns and caps of medical personnel is carried out at least once a week.

b) 2 times

c) 3 times

107. The distance between the beds in the ward must be at least

108.0 the most effective way to disinfect the hands of medical personnel in the departments is to wash them

- a) with toilet soap
- b) with household soap
- c) with soda solution

109. The mode of treatment of the surface of the gurney with a dezsedstvom

- a) once
- b) twice with an interval of 1 5 minutes.
- c) twice without an interval
- d) twice with an interval of 10 minutes.

110. Type of horizontal position of the patient:

- a) lying on his back
- b) reclining
- c) sitting
- d) standing

111. The position of the Sims:

- a) on the back
- b) on the stomach
- c) on the side
- d) on the side and stomach

112. The option of setting up a wheelchair in a small room:

- a) parallel
- b) perpendicular
- c) sequentially
- d) closely

113. Possible trauma of patients in the hospital:

- a) stroke
- b) frostbite
- c) crisis

d) electrical trauma

## SECTION Z. SANITARY TREATMENT OF THE PATIENT

114. The Sanpropusknik of the reception department consists of the following rooms:

- a) inspection room
- b) a changing room
- c) a bath and shower room and a room where patients dress
- d) all of the above is true
- e) none of the above

115. Sanitary treatment of the patient in the emergency room is carried out by a junior nurse a)  
as prescribed by the doctor

b) as prescribed by a nurse

116. Sanitary treatment of a seriously ill person in the emergency room

- a) is carried out
- b) is not carried out

117. Sanitary treatment of the patient does not include:

- a) hygienic bath, shower, wiping
- b) cutting the patient's hair and nails
- c) chamber disinfection of clothing
- d) changing the patient into clean underwear
- e) disinsection

118. Name the signs of pediculosis:

- a) the presence of nits and insects themselves
- b) itching of the skin
- c) traces of scratching and pustular crusts on the skin
- d) all of the above is true

119. Pediculosis is not transmitted

- a) by using the patient's underwear and clothing
- b) by remote contact of patients in the ward
- c) by direct contact of children in the ward
- d) by using general hygiene items

120. The initial examination of the patient for pediculosis is carried out at his admission

- a) junior nurse
- b) senior nurse
- c) doctor on duty
- d) nurse

121. Sanitary and hygienic treatment of the patient when pediculosis is detected:

- a) transportation to the specialized department
- b) disinsection
- c) hygienic bath
- d) cutting of hair and nails
- e) dressing the patient in clean underwear
- e) all of the above is true

122. Disinsection is a system of measures to destroy

- a) lice
- b) ticks
- c) fleas
- d) all of the above is true

123. Sanitary and hygienic treatment of the patient in the emergency department includes

- a) disinsection
- b) a hygienic bath, shower or wiping the patient
- c) changing the patient into clean hospital linen and clothing
- d) all of the above is true
- e) none of the above

124. For the treatment of the scalp with pediculosis, use all but

- a) 2094 water-soap suspension of benzyl benzoate
- b) 100/0 water soap-kerosene emulsion
- c) 1594 water kerosene solution
- d) Nittifor lotion

125. The 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

126. Disinsecticidal solutions include all but:

- a) 2094 solution of benzyl benzoate emulsion
- b) elko-insect
- c) nitgifor
- d) Nizoral shampoo»

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

- a) household soap
- b) vinegar solution
- c) shampoo
- d) clean water

128. 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

129. To remove nits, the hair is treated with cotton wool moistened with

- a) a solution of household soap
- b) 8 0/0 solution of table vinegar
- c) 0.5 % solution of chloramine
- d) tar soap solution

130. The register of infectious patients indicates

- a) the name, age
- b) the date of detection of the infectious disease, diagnosis

- c) the measures taken
- d) all of the above is true

131. The water temperature for a hygienic bath should be:

- a) 27-29 ° C
- b) 30-33 ° C
- c) close to the body temperature (34-36 ° C) or higher (37-39 ° C)
- d) 40-43 ° C
- e) 44-46 ° C

#### SECTION 4. TRANSPORTATION OF PATIENTS

132. The type of transportation of the patient is chosen by

- a) a junior nurse
- b) nurse
- c) emergency room doctor

133. Risk factor for falling in hospital patients:

- a) overheating
- b) visual impairment



c) hypothermia

d) mature age

134. When transporting a patient on a stretcher up the lespshtse, the patient is carried:

a) feet first

b) at an angle of 45 0

c) head first

d) lifting the leg end of the stretcher

135. When installing a stretcher parallel to the bed, the nurses lay the patient, turning on:

a) 600

6) 900

v) 1800

d) 2400

136. The methods of transportation include all of the above with the exception of one:

a) on a stretcher

b) in an elevator

c) on a gurney

d) on a wheelchair

137. In the standing position, the turn is performed:

a) with the head

b) with the shoulders

c) with the lower back

d) With the feet

138. When transporting the 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 leg end of the stretcher

139. Proper biomechanics of the nurse's body when transporting patients will ensure:

a) patient movement

b) leisure time for the patient

- c) balance for the nurse
- d) nursing interventions

140 The science of the laws of mechanical motion in living systems:

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

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

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

142. Features of transportation in case of a skull fracture include the following measures:

- a) the head is fixed with a special splint
- b) they are transported lying on a stretcher
- c) a blanket roll is placed around the head
- d) the headrest is lowered
- e) all of the above is true

143. During the transportation of a patient with a brain hemorrhage, the following measures are carried out:

- a) the patient's head is turned to one side
- b) make sure that vomit does not enter the respiratory tract
- c) transport on a stretcher lying down
- d) all of the above is true

144. Patients with cardiovascular insufficiency are transported:

- a) a hot water bottle is placed at the feet
- b) well sheltered
- c) in a semi-sitting position
- d) all of the above is true

**SECTION 5. PERSONAL HYGIENE OF THE PATIENT AND MEDICAL STAFF.  
NUTRITION OF PATIENTS**

## Personal hygiene of the patient

145. The main measures of personal hygiene of the patient include:

- a) change of bed linen
- b) change of underwear c
- ) washing of patients
- d) feeding of the vessel
- e) all of the above is true

146. What is the most effective means of preventing bedsores in a seriously ill patient?

- a) massage
- b) oil-balsamic dressing c
- ) elimination of contact with the contact surface
- d) UHF therapy
- e) quartz treatment

147. The measures necessary for the prevention of bedsores include:

- a) ventilation of the chamber
- b) measurement of blood pressure c
- ) measurement of body temperature
- d) frequent change of bed linen

148. The patient takes a forced position to:

- a) relieve his condition
- b) facilitate a conversation with a doctor c
- ) facilitate a conversation with relatives

149. The change of underwear in patients is carried out as soon as it becomes dirty, but not less often

- a) once every 3 days
- b) once every 7 days c
- ) once every 10 days
- d) once every 14 days

150. The patient takes a passive position to:

- a) relieve his condition
- b) facilitate a conversation with a doctor c

) facilitate a conversation with relatives

151. The change of bed linen in patients is carried out as soon as it becomes dirty, but not less often

a) 1 times in 3 days

b) once in 7 days c

) 1 times in 10 days

d) once every 14 days

152. The change of bed linen in patients is carried out:

a) by the patient himself

b) by a junior nurse c

) by a nurse

d) by a doctor

153. The patient's bed is re-made as needed, but no less

a) once a day

b) 2 times a day c

) 3 times a day

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

a) saline solution

b) vaseline oil

c) semi-alcoholic solution

155. Swabs from the pharynx and nose for bacteriological examination are taken with a sterile

a) spatula

b) swab on a metal rod

c) glass stick

156. Cotton turunds are inserted into the nasal passages

a) with a clip

b) with a button probe

c) with tweezers

d) with a hand

157. Taking a smear from the pharynx for bacteriological examination is carried out

- a) after breakfast
- b) on an empty stomach
- c) after taking medication

158. Eyes are washed:

- a) from the outer corner of the eye to the inner corner
- b) from the inner corner to the outer corner
- c) with one swab

159. Rinsing of the oral cavity in seriously ill patients is carried out

- a) in the prone position, with the 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 side and the other
- e) all of the above is true

160. The toilet of the ears does not include the following procedures

- 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 solution

161. It is not allowed to store

- a) personal hygiene items in the bedside table
- b) change of underwear
- c) food
- d) books, toys

162. A functional bed differs from an ordinary one

- a) by the absence of movable sections
- b) by the presence of movable sections c
- ) by the absence of a bedside table
- d) the absence of a basket for a pot or a vessel

163. The bed of a seriously ill patient is re-made by

- a) the nurse-hostess
- b) junior nurse

c) doctor

164.3 a the hygienic condition of the bedside table is responsible for

a) the attending physician

b) nurse

c) nurse-hostess

165. Control over the daily toilet (skin care, hair care, etc.) and patient care is carried out by

a) the attending physician

b) nurse

c) junior nurse

d) the host sister

166. How to remove sulfur plugs from the ear?

a) using a finger after washing your hands with soap

b) inserting a sharp object into the external auditory canal

c) using a jet of water from a balloon or a special syringe

d) instilling a 3 0/0 solution of hydrogen peroxide into the auditory canal

e) injecting camphor oil into the external auditory canal with a pipette

167. To soften and remove the sulfur plug

, a) a sterile saline solution is instilled in the ear

b) sterile water

c) sterile vaseline oil

168. 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 sanitary room

e) on the bench under the bed of the patient

169. How often do patients who are lying down are washed away?

a) at least 2 times a day

b) once a day

- c) every other day
- d) once a week

#### Food

170. What are the different 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

171. Who takes a sample before distributing food:

- a) nurse
- b) barmaid
- c) doctor on duty
- d) nurse and / or barmaid
- e) chief physician

172. Who carries out the distribution of food:

- a) nurse
- b) the barmaid
- c) nurse and / or barmaid
- d) doctor on duty
- e) chief physician

173. What are the types of artificial nutrition

- a) active, passive
- b) passive, artificial
- c) active, passive, artificial
- d) parenteral, active, passive
- e) enteral, parenteral

174. 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 provide the energy and plastic needs of the body naturally

c) the use of nutritional mixtures in the form of drinks through a tube in small sips

175.The PCJM of the power supply is:

a) distribution of the food ration by composition and weight during the day

b) distribution of the food ration by caloric content during the day

c) distribution of the food ration by caloric content, composition and weight during the day

176.What is meant by nutrition?

a) the premises, which serves

b) space for holiday meals

C) warehouses (cooled and uncooled) for food storage, pantry daily stock products

d) a set of rooms where food products are the way of the delivery of food bases to the cooking and distribution of ready meals

177. Types of parenteral nutrition

a) full, partial

b) complete, auxiliary

c) partial, auxiliary

d) full, partial, auxiliary

178. Parenteral nutrition is:

a) nutrition, which is carried out by intravenous drip administration of drugs

b) nutrition, which is used when it is impossible to adequately provide the energy and plastic needs of the body naturally

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

d) nutrition, in which the patient takes food with the help of a nurse

179.Enteral nutrition is:

a) nutrition, which is carried out by intravenous drip administration of drugs

b) nutrition, which is used when it is impossible to adequately provide the energy and plastic needs of the body naturally

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

d) nutrition, in which the patient takes food with the help of a nurse

180.Passive nutrition is a:

a) nutrition, which is carried out by intravenous drip administration of drugs



- b) nutrition, which is used when it is impossible to adequately provide the energy and plastic needs of the body in a natural way
- c) feeding the patient with special nutritional mixtures through the mouth or probe
- d) nutrition, in which the patient takes food with the help of a nurse

181. Ways of introducing nutritional mixtures:

- a) the use of nutritional mixtures in the form of drinks through a tube in small sips.
- b) probe nutrition with the help of various probes c
- ) by applying stomas (gastrostomy, duodenostomy, eyunostomy)
- d) all of the above is true
- e) nutrition, which is carried out by intravenous drip administration of drugs

182.

- A) The patient's last name, first name, and patronymic must be indicated in the portion list.
- b) the number of the chamber.
- c) the number of the diet table (or the unloading diet).
- d) the date of drawing up the portion list
- e) all of the above is true

183. Who controls the finished products on a daily basis:

- a) the chief physician
- b)
- the doctor on duty c) the dietitian
- d) medical diets.sister
- d) head.production or chef

184. How often does the chief physician monitor the finished product:

- a) daily
- b) never c
- ) once a week
- d) I once a month

185. With duodenal ulcer with increased secretory function of the stomach, a diet is prescribed:

186. Diet No. 15 is prescribed for patients with:

- a) diabetes mellitus
- b) acute nephritis
- c) chronic hepatitis
- d) without gastrointestinal disorders
- e) gout

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

188. Diet No. 9 is prescribed to patients:

- a) with peptic ulcer disease
- b) with chronic nephritis without exacerbation and without kidney failure
- c) diabetes mellitus
- d) obesity
- e) chronic hepatitis and cirrhosis of the liver

189. In case of obesity, a diet is prescribed:

- e) N910

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

- a) a variant of a low-calorie diet (a low-calorie diet)
- b) a variant of a diet with a reduced amount of protein (a low-protein diet)
- c) a variant of a diet with an increased amount of protein (high-protein diet)
- d) a variant of a diet with mechanical and chemical sparing (sparing diet)
- e) a variant of a standard diet

191. A variant of the diet with mechanical and chemical sparing (sparing diet) is prescribed for:

- a) gastric ulcer and duodenal ulcer in the acute stage
- b) diabetes
- c) gout
- d) obesity
- e) after gastric resection

192. A variant of the diet with an increased amount of protein (high-protein diet) is prescribed for:

- a) gastric ulcer and duodenal ulcer in the acute stage
- b) diabetes
- c) gout
- d) obesity
- e) after gastric resection

193. A variant of a diet with a reduced amount of protein (low-protein diet) is prescribed for:

- a) gastric ulcer and duodenal ulcer in the acute stage
- b) diabetes
- c) gout
- d) chronic glomerulonephritis
- e) obesity

194. 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 protein content in the diet c
- ) the ratio of proteins, fats and carbohydrates should be determined by the nature of the disease

195. The necessary diet is prescribed to the patient

- a) the attending physician
- b) the dietitian of the hospital
- c) the nurse-dietitian
- d) senior nurse

196. In hospitals, food is prepared

- a) centrally at the food department
- b) by department

197. The distribution of food must be completed after its preparation no later than in

- a) 30 minutes
- b) an hour
- c) 2 hours
- d) 3 hours

198. Feeding of seriously ill patients is carried out

- a) in the dining room
- b) at the nursing station
- c) in the ward

199. Washing baths for dirty and clean dishes should be

- a) single-section
- b) two-section
- c) three-section

200. Cleaning of the buffet and dining room is carried out

- a) 1 time per day
- b) 2 times a day
- c) after each food distribution

201. What is the significance for the body of the inclusion of dietary fiber in the diet?

- a) the caloric content of the food diet decreases;
- b) the function of the digestive organs is normalized;
- c) the activity of the intestinal microflora is normalized;
- d) all of the above is true

202. List the functions of a dietitian in the organization of patient nutrition:

- a) control of the menu layout
- b) advisory assistance to doctors of departments in matters of therapeutic nutrition
- c) control of the correctness of the preparation and application of therapeutic diets
- d) all of the above is true

203. What are the functions of the dietitian in the organization of nutrition of patients?

- a) drawing up a portionbook
- b) sampling
- c) monitoring the quality of products and their placement

204. In what cases are artificial nutrition of patients used through a nasogastric tube?

- a) in case of swallowing disorders
- b) in case of jaw fractures
- c) in case of unconsciousness
- d) all of the above is true

205. A diet is a diet that includes

- a) quantitative ratios of food substances
- b) qualitative ratios of food substances
- c) methods of culinary processing
- d) all of the above is true

206. Diets are divided into

- a) individual
- b) group
- c) general
- d) all of the above is true

207. Distribute food

- a) barmaids
- b) doctors
- c) junior nurses

208. The buffet can not be stored

- a) dairy products
- b) bread (no more than a day)
- c) sugar
- d) tea

209. Rinsing of tableware after washing is carried out

- a) with cold water
- b) with warm water (30-40 °C) with hot WATER (60-65 °C)
- d) with a disinfectant solution

210. In the dry-burning cabinet, the dishes are dried and disinfected at a temperature of

- a) 100 °C
- b) 160 °C

211. In the dry oven, dry and disinfect the dishes for

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

212. a) sponges are used for washing dishes

b) washcloths

c) rags

213. After the distribution of food leftovers

it is allowed to store

a)

b) not allowed

c) you can store individual dishes

214. After using the dish washing rag

a) boil for 5 minutes

b) boil for 10 minutes

c) boil for 15 minutes

#### SECTION 6. THE SIMPLEST PHYSIOTHERAPY PROCEDURES. PREPARATION OF PATIENTS FOR LABORATORY AND INSTRUMENTAL METHODS OF RESEARCH

The simplest physical therapy procedures. The use of cold. Heat application

215. How many layers should be in the warming wet compress?

a) layer

b) 4 layers

c) 3 layers

d) the more, the better

e) 5 layers

216. The frequency of 10-minute breaks when using an ice bubble:

a) every 30 minutes

b) every patient

's treatment c) every 5 minutes

d) every hour

e) every minute

217. The temperature of the water in the hot tub is (in °C)

a) 50-60 °C b) 40-42 °C c) 38-39 °C

d) 34-36 °C

218. The temperature of the water in a warm bath is (in °C)

a) 50-60

b) 40-42

c) 37-39

d) 34-36

219. The local bath is called immersion

a) of the whole body

b) body parts c

) lower body up to the waist

d) slow

220. Duration of use of hot baths (in min.)

a) 30-40 b) 20-30

221. Duration of warm baths (in min.)

a) 30-40

b) 20-30

c) 10-15

d) 3-5

222. At a water temperature of 34-36 °C, the general bath should be called

a) cool

b) indifferent c

) warm

d) hot

223. One of the indications for the use of a warming compress is

a) acute appendicitis

b) bleeding c

) bruising in the first hours

d) infiltration at the injection site

245. One of the contraindications for the use of a hot water bottle is

a) acute appendicitis

b) uncomplicated gastric ulcer

c) dry pleurisy

d) bronchitis

225. The ice pack should be used topically for

a) an attack of renal colic

b) arthritis c

) pneumonia

d) bleeding

226. The water temperature for the warming compress is (in o c)

a) 50-60 b) 37-38 c) 20-22

d) 2-15

227. Cold water for hydrotherapy:

a) reduces blood pressure

b) has a restorative effect c

) has a sedative relaxing effect

d) causes vasodilation of the skin

Medical and diagnostic procedures

228. What is the method of investigation related to radiological:

a) bronchoscopy

b) bronchography

229. Which method of examination is related to endoscopic:

a) radiography

b) x-ray examination c

) bronchoscopy

230. Is it necessary to conduct a test for individual tolerance of iodine-containing drugs (iodine test) during excretory urography?

a) yes

b) no

231. Irrigoscopy is:

a) x-ray examination of the colon

b) endoscopic examination of the colon

232. Cystoscopy is:

a) endoscopic examination of the bladder



b) x-ray examination of the bladder

233. Features of preparing the patient for an X-ray examination of the stomach:

a) be sure to be on the day of the study on an empty stomach

b) be sure to have a cleansing enema the day before

c) be sure to have a shlak-free diet

234. Features of the patient's preparation for irrigoscopy:

a) on the day of the study on an empty stomach

b) mandatory 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 the radiopaque drug

d) administration of atropine 30 minutes before the study

235. Features of preparing the patient for ultrasound examination (echography) of the abdominal organs:

a) following 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 is true

236. The distance to which the gastric tube should be inserted is determined "according to the formula":

a) the patient's height  $\times 0.5$

b) the patient's height-100 cm

c) the patient's weight-50 kg

d) patient's weight  $\times 0.5$

237. Contraindications to gastric lavage:

a) food poisoning

b) drug poisoning

c) bleeding from the gastrointestinal tract, burns of the esophagus and stomach

238. When conducting a fractional study of the gastric contents, in the event of an impurity of blood, it is necessary to:

a) carry out the procedure further

b) perform gastric lavage

c) immediately stop the procedure

239. For conducting a cleansing enema, use:

- a) 10-12 liters of water
- b) 100/0 solution of sodium chloride
- c) 100-200 ml of oil
- d) 1.5 l of water

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

- a) a cleansing enema
- b) oil enema
- c) siphon enema

241. Indications for a nutritional enema:

- a) gastrointestinal bleeding
- b) peritonitis
- c) rectal prolapse
- d) bleeding from hemorrhoids
- e) violation of the act of swallowing

242. Catheterization of the bladder in men with a soft rubber catheter is performed by:

- a) only a urologist
- b) nurse
- c) nurse

243. 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

244. The gas outlet tube is left in the intestine for no more than 1 hour, because

- a) bedsores can form in the intestinal wall
- b) it will tire the patient
- c) it will cease to have a therapeutic effect
- d) its sterility ends

245. The depth of introduction of the gas outlet tube in case of flatulence (in cm)

a) 20-30

b) 10-12

c) 2-4

d) 50

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

a) 1000

b) 500

c) 100

d) 10

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

a) 40

b) 20

c) 10-12

d) 2-4

248. A patient with spastic constipation should be given an enema

a) oil enema

b) regular cleansing enema

c) siphon enema

d) hypertonic enema

249. Glucose solution administered during the formulation of a drip nutritional enema

a) 40 %

b) 20%

c) 5 %

d) 0.9 %

250. For the setting of a siphon enema, it is necessary to prepare

a) 10 liters of clean 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

251. The solution used for setting a laxative enema must be heated to a temperature of (in deg. (C) (

a) 60-70

b) 40-42

c) 37-38

d) 30-32

252. Contraindication to the setting of a cleansing enema

a) intestinal bleeding

b) flatulence

c) preparation for childbirth

d) absence of stool for more than two days (constipation)

253. The time when the gas outlet tube is located in the intestine

a) 8-10 hours

b) 2-3 hours c

) 30-60 minutes

d) 3-5 minutes

254. Planned types of laboratory tests are prescribed:

a) all patients without exception

b) strictly according to the 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

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

a) cut up at an angle of 45

b) cut down at an angle of 45

c) cut up at an angle of 60

d) cut down at an angle of

256. The tourniquet when performing blood collection from a vein should be untied immediately after:

a) after a vein puncture

- b) after entering the required amount of blood into the syringe/test tube
- c) after removing the needle and pressing the cotton ball to the injection site

257. The analysis of urine according to Nechiporenko determines:

- a) color, transparency, smell, reaction, relative density
- b) counts the number of shaped elements in ml of urine
- c) chemical analysis for the detection of protein, glucose, ketone bodies, bilirubin and urobilin bodies, minerals
- d) daily diuresis

258. The collection of urine according to Zimnitsky is carried out:

- a) in the container during the day
- b) collect an average portion of urine (150-200 ml)
- c) in numbered containers, changing them every 3 hours

259. Coprological examination of feces determines:

- a) the presence of protozoa and eggs of helminths
- b) the causative agent of infectious intestinal diseases
- c) color, density, reaction, the presence of visible impurities, design

## SECTION 7. METHODS OF USING MEDICINES

260 .Which method of administration of drugs is called external:

- a) the use of drugs by injection
- b) any method of administration of drugs, bypassing the gastrointestinal tract
- c) the introduction of drugs into the subarachnoid space
- d) external use of drugs

261. In the cabinet, medicines are arranged in the following groups

- a) sterile
- b) internal
- c) external
- d) all of the above is true

262. The distribution of medicines to the patient is carried out by

- a) a doctor
- b) post nurse
- c) senior nurse
- d) junior nurse

263. Control over the storage of medicines at the nursing station is carried out by

- a) a doctor
- b) post nurse
- c) senior nurse
- d) junior nurse

264. Water solution in a tablespoon

- a) 5 ml
- b) 10 ml
- c) 15 ml

265. Infusions and decoctions prepared in the pharmacy, some antibiotics are stored

- a) in the cabinet
- b) in the refrigerator
- c) in the safe

266. In the safe marked " B " are

- a) toxic and narcotic drugs
- b) strong drugs

267. Water solution in a teaspoon

- a) 5 ml

b) 10 ml

c) 15 ml of

268. water solution in a dessert spoon

a) 5 ml

b) ml

c) 15 ml

269. The journal for the accounting of toxic and potent drugs is stored

a) year

b) 3 years

c) years

270. To account for the arrival and consumption of toxic and potent drugs, a special journal is kept

a) yes

b) no

271. The safe marked " A " contains

a) toxic and narcotic drugs

b) strong drugs

272. Specify the mistakes made in the storage of medicines

a) storage of medicines together with disinfectants

b) transfusion of medicines from one container to another

c) re-labeling of medicines

d) all of the above is true

273. Distribution of medicines provides for:

a) reconciliation of the entry in the list of medical prescriptions with the pharmacy label

b) compliance with hygienic rules when distributing medicines

c) control over the intake of medicines

d) alcohol tinctures, liquid extracts are measured using clean pipettes

e) all of the above is true

274. Which method of administration of drugs is called parenteral:

a) the use of drugs by injection

- b) any method of administration of drugs, bypassing the gastrointestinal tract
- c) the introduction of drugs into the subarachnoid space
- d) external use of medicines

275. Enteral routes of drug administration include:

- a) subcutaneous administration of drugs
- b) subcutaneous use of drugs
- c) intra-articular injections of drugs
- d) sublingual administration of drugs
- e) intranasal route

276. In which cases do not use the rectal method of administration of drugs:

- a) when the drug has a locally irritating effect
- b) if it is necessary to provide a local therapeutic effect
- c) if oral administration is impossible

277.13 in what cases are medications prescribed orally after eating:

- a) when the drug irritates the gastric mucosa
- b) if the drug is involved in the digestive process
- c) if the medicine is destroyed by hydrochloric acid of gastric juice and digestive enzymes
- d) children who refuse to take medication

278. Indications for the use of injectable methods of drug administration:

- a) if it is necessary to obtain a rapid therapeutic effect
- b) to ensure the exact concentration of the drug in the blood plasma
- c) if there are no other methods of drug administration
- d) all of the above is true

279. What areas of the body are most convenient for subcutaneous injections:

- a) the outer surface of the shoulder
- b) the outer surface of the thigh
- c) the scapular area
- d) the lateral surface of the abdominal wall
- e) all of the above is true

280. Which areas of the body are most convenient for intramuscular injections:



- a) the inner surface of the thigh
- b) the lateral surface of the abdominal wall
- c) the upper-outer quadrant of the buttock
- d) the scapular region

281. Indications for the use of intravenous infusions:

- a) a decrease in the volume of circulating blood
- b) intoxication of the body in infectious diseases and poisoning
- c) violations of the water-electrolyte balance and acid-base state
- d) all of the above is true

282. The role of the air duct in the system for intravenous drip infusions:

- a) displaces the liquid from the bottle with the solution
- b) prevents the penetration of air into the tubes of the system
- c) promotes the drip movement of the liquid in the system

283. 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

## SECTION 8. OBSERVATION AND CARE OF PATIENTS WITH DISEASES OF VARIOUS BODY SYSTEMS, INCLUDING DYING PATIENTS

284. The main anthropometric indicators include:

- a) height
- b) body weight
- c) chest circumference
- d) all of the above is true

285. The patient's weight should be measured

- a) every 3 to 5 days

b) every 7 to 10 days

c) every 12 to 14 days

286. Weighing of the patient should be carried out 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

e) there is no correct answer

287.0 the current state can be determined by the following gradations:

a) satisfactory

b) moderate

c) severe

d) extremely severe (pre-diagonal)

e) all of the above is true

288. The patient's position in bed

a) active

b) passive

c) forced

d) all of the above is true

289. States of consciousness:

a) clear

b) stupor

c) sopor

d) coma

e) all of the above is true

Body temperature

290. Device for changing body temperature:

a) thermometer

b) blood pressure monitor

c) pickfluomstr

d) tachometer

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

34-35 6) 35-36 c) 36-37

d) 37-38

292. Body temperature is lethal when exceeded (values in degrees Celsius):

a) 39

6) 35 b) 43

d)

41,293. Body temperature should be measured daily (with the construction of a temperature curve):

a) 1 time per day

b) 2 times a day

c) 3 times a day

d) 4 times a day

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

a) sweating

b) chills

c) enlarged lymph nodes

d) no characteristic symptom

295. What is the characteristic symptom of a drop in body temperature:

a) sweating

b) chills

c) enlarged lymph nodes

d) no characteristic symptom

296. The patient at the time of an increase in body temperature should be helped:

a) covering the patient with a blanket and applying a hot water bottle 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

297. The patient should be helped to stabilize the body temperature:

- a) by covering the patient with a blanket and applying a hot water bottle to his feet
- b) applying ice to the patient's head
- c) conducting a course of therapeutic massage
- d) the patient does not need help

298. Daily body temperature in patients is measured in

- a) 6-8 hours and 16-18 hours
- b) 8-10 hours and 18-20 hours
- c) 3-4 hours and 16-18 hours

299. The body temperature of patients in the hospital is measured

- a) daily
- b) every other day
- c) 1 times a week
- d) 2 times a day

300. The body temperature with a mercury thermometer is most often measured in

- a) the inguinal fold
- b) armpit
- c) rectum
- d) on the skin in the forehead area

301. Body temperature is measured after waking up

- a) immediately
- b) after 15 minutes
- c) after 30-40 minutes
- d) after an hour

302. Measurement of body temperature with a mercury thermometer is carried out for at least

- a) 5 minutes
- b) 10 minutes
- c) 15 minutes
- d) 20 minutes

303. Subfebrile is the body temperature

- a) 37-38 °C
- b) 38 - 38.9 °C
- c) 39 -40.5 °C

304. Immediately after use, the thermometer is

- a) wiped with a wet cloth
- b) disinfected in a disinfectant solution
- c) placed in a dry, clean jar

305. Normal body temperature is considered

- a) from 35.5 °C to 36.5 °C
- b) from 36 °C to 37 °C
- c) from 36.5 °C to 37.5 °C

306. Thermometers store

- a) in a dry, clean jar or tray
- b) in a jar with a disinfectant solution

307. In a feverish patient, it is necessary to measure the body temperature

- a) 2 times a day
- b) every 6 hours
- c) every 2-3 hours
- d) as often as prescribed by the doctor

308. The temperature in the rectum compared to the temperature in the armpit

- a) is higher by 0.5 °C
- b) lower by 0.5-1 °C
- c) higher by 1.5 °C
- d) lower by 1-1.5 °C

309. Febrile is called the body temperature

- a) 37-38 °C
- b) 38 °C
- c) 39-40.5 °C

310. Pyretic is called the body temperature

- a) 37-38 °C
- b) 38-38.9 °C
- c) 39-40.5 °C

311. In the initial period of increasing body temperature, you should

- a) cover the patient with a blanket
- b) give him tea
- c) attach a warm hot water bottle to his feet
- d) all of the above is true

312. The symptoms characteristic of the initial period of increased body temperature include

- a) chills
- b) weakness
- c) headache
- d) vomiting
- e) all of the above is true

313. In a feverish patient, the following physical methods of cooling are used to reduce the body temperature:

- a) an ice bubble on the liver, head
- b) enemas with cool water
- c) wiping the skin with an alcohol solution
- d) all of the above is true

314. The symptoms characteristic of the period of maximum increase in body temperature include

- a) a feeling of heat
- b) sharp weakness
- c) pallor of the skin
- d) excitement
- e) all of the above is true

315. In a febrile patient

- a) air baths are used to reduce the body temperature
- b) blowing with a fan
- c) cold on the area of the head and femoral vessels
- d) all of the above is true

316. Lskarstvsnnye means to reduce body temperature with hyperthermia prescribes

- a) the attending or duty doctor

- b) post nurse
- c) senior nurse

317. 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) a drop in blood pressure
- d) all of the above is true

318. 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

319. In a feverish patient, the nurse should monitor

- a) the body temperature
- b) general condition
- c) pulse and blood pressure
- d) the amount of liquid consumed and urine excreted
- e) all of the above is true

320. The temperature in patients is not measured in:

- a) the oral cavity
- b) the armpit
- c) the inguinal fold
- d) rectum
- d) elbow bend

Features of care for elderly and senile patients

321. What psychological features are not typical for elderly and senile patients?

- a) frequent reference to the past in conversations
- b) frequent reference to the present and future in conversations
- c) reduced memory for recent events
- d) increased sociability

322. What are 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
- e) all of the above is true

323. What activities do you consider the most important in the care of elderly and senile patients?

- a) skin care
- b) prevention of constipation c
- ) control of urination
- d) all of the above is true

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

- a) taking a bath in the absence of medical personnel
- b) reduced 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 public areas
- e) all of the above is true

325. With what measures is it impractical to start the fight against constipation in the elderly and senile age?

- a) taking herbal laxatives
- b) taking saline laxatives and castor oil c
- ) setting cleansing enemas
- d) introducing vegetables and fruits into the diet

326. What recommendations on dietary nutrition can be given to elderly and senile patients?

- a) restriction of the content of easily digestible carbohydrates
- b) restriction of the content of animal fats
- c) reduction of the content of proteins
- d) restriction of liquid consumption

327.3 abolevaniya elderly and senile studies



a) gerontology

b) geriatrics

c) gerogigien

d) geopathology

328. The purpose of the nursing process in the implementation of geriatric care

a) to increase life expectancy

b) to preserve health

c) to provide social support

d) ensuring the quality of life

329. Typical psychosocial problem of elderly and senile persons

a) alcohol abuse

b) suicidal tendencies

c) loneliness

d) refusal to participate in public life

330. When caring for a geriatric patient, the nurse must first ensure that

a) patient safety

b) rational nutrition of the patient

c) carrying out personal hygiene measures

d) maintaining social contacts

331.0 binding equipment of the gerontology department

a) heart monitors

b) air conditioners

c) blinds

d) means of signaling communication with the sister

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

333. Nursing intervention for urinary incontinence in elderly and senile persons

a) bladder catheterization

b) drastic restriction of fluid

- c) drastic restriction of salt
- d) provision of a urinal

334. The rubber vessel is used:

- a) for weakened patients
- b) in the presence of bedsores
- c) for fecal and urinary incontinence
- d) in all of the above cases
- e) in none of the above cases

335. Bedsores develop due to:

- a) constant compression of the skin
- b) incorrectly performed injection c
- ) improper nutrition
- d) all of the above is true
- e) there is no correct answer

336. When redness of the skin appears in the sacrum area, it is necessary to:

- a) wipe the skin with 0 0/0 camphor alcohol
- b) wipe the skin with a wet towel
- c) irradiate with a quartz lamp
- d) use all of the above
- e) none of the above

Monitoring and care of patients with respiratory diseases

337. In a healthy person, the number of respiratory movements varies between:

- a) 10-15 per minute
- b) 16-20 per minute
- c) 18-22 per minute
- d) 20-30 per minute
- d) 30-35 per minute

338. The thoracic type of breathing is most typical for:

- a) men
- b) women c
- ) children

d) elderly people

d) asthenics

339. What signs are characteristic of expiratory dyspnea?

a) difficulty exhaling

b) difficulty inhaling

c) difficulty inhaling and exhaling

340. In case of pulmonary bleeding, all measures are indicated, except for:

a) providing complete rest to the patient

b) giving a semi-sitting position with an inclination to the affected side c

) applying a hot water bottle to the affected side of the chest

d) applying an ice bubble to the affected side of the chest

e) administration of hemostatic drugs

341. To 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 chin of the patient 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

342. What is the most optimal concentration of oxygen in the inhaled mixture?

a) 15 - 20 % 6) 40 - 60 % c) 75-80 0/0

d) 95 %

343. For what purpose is oxygen hydration performed during oxygen therapy?

a) preventing its unnecessary loss

b) compliance with safety regulations

c) prevention of toxic effects of oxygen on the body

344. The purpose of a pleural puncture is all but:

a) removal of fluid accumulated in the pleural cavity

b) determination of the nature of the pleural fluid to clarify the diagnosis

c) administration of antibiotics into the pleural cavity

d) localization of the pathological process in the lung

e) microbiological examination of the pleural fluid

345. During oxygen therapy, oxygen is moistened with

- a) to prevent dryness of the mucous membranes of the respiratory tract
- b) to defoam the mucous sputum
- c) to prevent waterlogging of the mucous membranes of the respiratory tract
- d) to reduce pressure

346. The oxygen supply is not carried out through

- a) the nasal catheter
- b) the funnel of the oxygen cushion
- c) the nasal cannula
- d) the duodenal probe

347. 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 is true

348. What signs of bleeding indicate its pulmonary origin?

- a) blood is scarlet, foamy
- b) the released blood has an alkaline reaction
- c) the release of blood with coughing shocks
- d) all of the above is true

349. What measures should not be taken if a patient has a pulmonary hemorrhage?

- a) prescribe complete rest
- b) put an ice pack on the chest area
- c) inject vikasol and calcium chloride
- d) put cans or mustard plasters

350. 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) poisoning with narcotic substances

351. Indication for 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 is true

Monitoring and care of patients with diseases of the circulatory system

352. Which of these characteristics relate to the pulse

a) rhythmicity

b) frequency

c) filling

d) all of the above is true

353. Device for measuring blood pressure:

a) thermometer

b) blood pressure monitor

c) picfluometer

d) tachometer

354. Arterial blood pressure is normal in the range (values in mmHg):

a) 80/40-110/70 mmHg

b) 140/90-160/100

355. Please indicate the correct definition of ischemia:

a) chest pain

b) a consequence of injury

c) a synonym for angina

d) a mismatch of the tissue's oxygen demand and the latter's supply to it

356. Ischemia may develop in:

- a) heart
- b) stomach
- c) the spleen
- d) all of the above is true

357. Please select the characteristic signs of chest pain in angina pectoris:

- a) radiation to the left up (arm, shoulder blade, back, neck)
- b) dragging-aching nature
- c) is stopped by taking maalox
- d) all answers are incorrect

358. In myocardial infarction, in contrast to angina, chest pain:

- a) weaker and shorter
- b) stronger and longer
- c) it is stopped by taking maalox
- d) not typical

359. Please list the symptoms characteristic of chronic heart failure:

- a) diarrhea, stools like "rice broth"
- b) dizziness, tachycardia, fever
- c) shortness of breath, cyanosis, tachycardia, edema
- d) all answers are incorrect

360. Please indicate the activities that are common in helping patients with fainting and collapse

- a) drainage massage
- b) physical therapy session
- c) bloodletting
- d) giving the patient a horizontal position with raised legs, release from restrictive clothing, access to fresh air

361. At what speed should the air be drained out of the cuff so that the blood pressure measurement is correct?

- a) at a speed of 1 mmHg per 1 second

- b) at a speed of 2 mmHg per second c
- ) at a speed of Z mmHg per 1 second
- d) at a speed of 4 mmHg per second
- e) at a speed of 5 mmHg per 1 second

362. Pulse deficit is observed:

- a) at low blood pressure
- b) when the pulse rate is less than the heart rate
- c) with rare heart contractions

363. Pulse pressure reflects:

- a) the difference between systolic and diastolic pressure
- b) the simultaneous recording 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

364. What help should be given to the patient in case of fainting?

- a) give a position with a low headboard
- b) release from restrictive clothing
- c) provide access to fresh air
- d) give a sniff of cotton wool with ammonia
- e) all of the above is true

365. If an attack of angina occurs, the patient is recommended to:

- a) take nitroglycerin
- b) administration of epinephrine, cordiamine
- c) oxygen inhalation

366. A transient increase in blood pressure may be observed:

- a) with emotional stress
- b) during sleep
- c) with a rapid transition from a horizontal position to a vertical one

367. When caring for a patient with chronic heart failure, it is especially important to:

- a) bed rest
- b) control over the dynamics of edema
- c) create an elevated headboard

- d) oxygen therapy
- e) limiting the consumption of liquid and table salt
- f) all of the above is true

368. What help should be given to a patient with pulmonary edema?

- a) give a semi-sitting position
- b) apply tourniquets to the lower extremities
- c) give inhalation of a mixture of oxygen and ethyl alcohol vapors
- d) introduce diuretics and cardiac glycosides
- e) all of the above is true

369. What features of an attack of angina do not give reason to suspect the development of a myocardial infarction?

- a) the occurrence of an attack of angina at rest
- b) the duration of the attack for several hours
- c) the lack of effect after taking nitroglycerin

370. What are the distinctive features of pain in the heart area characteristic of an attack of angina?

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

371. Chronic heart failure is not characterized by:

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

Observation and care of patients with diseases of the digestive system



372. In what areas is the observation and care of patients with diseases of the digestive system of the digestive system carried out :

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

373. Functions of the digestive system :

- a) motor, secretory, excretory
- b) secretory , excretory, and suction functions
- c) motor, secretory, suction, excretory
- d) motor, secretory, suction
- e) motor, excretory

374. What is the motor function of the digestive system?

- a) in the production of glandular cells of digestive juices
- b) in moving food and removing undigested food residues from the body
- c) in the elimination 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 elimination of undigested food residues

375. What is the excretory function of the digestive organs?

- a) in the production of glandular cells of digestive juices
- b) in moving food and removing undigested food residues from the body
- c) in the elimination 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 elimination of undigested food residues

376. What is heartburn ?

- a) a burning sensation behind the sternum or in the epigastric region, caused by the throwing of acidic gastric contents into the esophagus

- b) involuntary discharge 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 violations of their excretion
- d) involuntary eruption of the contents of the stomach
- e) painful sensations in the epigastric region , chest , pharynx and oral cavity, often preceding vomiting

377. What is flatulence ?

- a) a burning sensation behind the sternum or in the epigastric region, caused by the throwing of acidic gastric contents into the esophagus
- b) involuntary discharge 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 violation of their excretion
- d) involuntary eruption of the contents of the stomach
- e) a painful sensation in the epigastric region , chest, pharynx and oral cavity, often preceding vomiting

378. List the categories of conditions that are accompanied by abdominal pain

- 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

379. In what conditions should the patient be weighed daily?

- a ) with peptic ulcer disease
- b) with obesity c
- ) with constipation
- d) with heartburn
- e) with prolonged diarrhea

380. For the disinfection of vomit, use :

- a) a solution of potassium permanganate

- b) soda solution
- c) dry bleach lime
- d) alcohol solution

381. What is the danger of persistent, indomitable vomiting?

- a) violation of the electrolyte balance of the body
- b) dehydration of the body c
- ) tears of the mucous membrane of the esophagus and stomach with subsequent bleeding
- d)all of the above is true

382. What measures should not be taken in case of flatulence ?

- a) introduction of a gas outlet tube
- b) restriction of products rich in fiber in starch in the diet c
- ) use of activated carbon, carminative herbs
- d) gastric lavage
- e) the use of enzyme preparations

383. What are the symptoms of gastrointestinal bleeding ?

- a) vomiting with blood clots (hematemesis )
- b) black tar-like stools ( melena ) c
- ) decreased blood pressure
- d) tachycardia
- e) pallor of the skin
- e) all of the above is true

384. How to check the correct position of the duodenal probe?

- a) introduction of air through the probe
- b) introduction of a stimulator of gallbladder contractions through a probe

385. As a stimulator of the motor activity of the gallbladder during duodenal probing, do not use:

- a) a solution of magnesium sulfate

- b) magnesium sulfate solution
- c) 40% glucose solution
- d) heated vegetable oil
- e) meat broth

386. Indications for cleansing enemas:

- a) stool retention
- b) poisoning c
- ) prenatal period
- d) preparation for x-ray and endoscopic examinations of the colon
- e) all of the above is true

387. For what purpose are hypertonic enemas used?

- a) for the introduction of fluid into the body
- b) for emptying the intestines with atonic constipation c
- ) for emptying the intestines with spastic constipation

388. In what cases are siphon enemas used ?

- a) for the diagnosis of intestinal obstruction
- b) for the treatment of intestinal obstruction
- c) for poisoning
- d) all of the above is true

389. Which tip is inserted into the rectum when stopping siphon enemas? a

- a) plastic or glass, 10-12 cm long
- b) rubber, 10-12 cm long
- c) rubber, 20-30 cm long

390. Why is it impractical to use cabbage broth as a secretion stimulator in fractional gastric probing ?

- a) decoction is contraindicated in certain diseases

- b) decoction is too weak a stimulant of gastric secretion
- c) decoction is too strong a stimulant of gastric secretion

391. For what purpose is chromatic duodenal sensing used ?

- 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 production

392. Can esophagogastroscopy be performed not on an empty stomach, but after some time after eating ?

- a) no, the patient must be on an empty stomach
- b) yes, but in such cases it is necessary to make a preliminary gastric lavage
- c) yes, in emergency situations, esophagogastroduodenoscopy is performed regardless of the time that has elapsed since the meal (for example, with gastrointestinal bleeding )

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

- a) 10
- b) 3
- c) 1
- g) 0.5

394. Element of nursing care for vomiting

- a) gastric lavage
- b) copious alkaline drinking
- c) application of an ice bubble to the epigastric region
- d) oral cavity treatment

395. The distance to which the probe should be inserted to the patient for gastric lavage is determined by the formula (in cm)

- a) height-100
- b) height-80
- c) height-50
- d) height -  $\frac{1}{2}$  height

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

- a) 1-1.5 l
- b) 50-100 ml
- c) 5-6 l
- d) 10-12 l

397. Medicinal enemas :

- A) are most often microclysms
- B) are used for the administration of drugs that are well absorbed in the colon
- C) are used for local exposure to the mucous membrane of the rectum and sigmoid colon
- D) all of the above is true

Observation and care of patients with diseases of the kidneys and urinary tract

398. Symptoms characteristic of diseases of the excretory organs:

- a) changes in the color of urine
- b) changes in diuresis
- c) edema
- d) pain in the lumbar region
- e) arterial hypertension
- e) all of the above is true

399. Polyuria is :

- a) a decrease in the amount of urine released per day to 500 ml or less
- b) increase in the daily amount of urine more than 2000 ml
- c) non-entry of urine into the bladder
- d) the inability to empty the bladder, despite the overflow of its urine

- e) the predominance of night diuresis over daytime diuresis
- f) frequent urination

400. Oliguria is :

- a) a decrease in the amount of urine released per day to 500 ml or less
- b) an increase in the daily amount of urine more than 2000 ml.
- c) non-access of urine to the bladder
- d) the inability to empty the bladder, despite its overflow with urine
- e) the predominance of night diuresis over daytime diuresis
- f) frequent urination

401. Anuria is :

- a) a decrease in the amount of urine released per day to 500 ml or less
- b) an increase in the daily amount of urine more than 2000 ml
- c) non-access of urine to the bladder
- d) the inability to empty the bladder, despite its overflow with urine
- e) the predominance of night diuresis over daytime
- e) frequent urination

402. Nycturia is:

- a) decrease in the amount of urine released per day to 500 ml or less
- b) increase in the daily amount of urine more than 2000 ml
- c) no urine entering the bladder
- d) the inability to empty the bladder, despite its overflow with urine
- e) the predominance of night diuresis over daytime diuresis
- f) frequent urination

403. Ischuria is:

- a) a decrease in the amount of urine released per day to 500 ml or less
- b) an increase in the daily amount of urine more than 2000 ml
- c) no flow of urine into the bladder
- d) the inability to empty the bladder, despite its overflow with urine

- e) the predominance of nocturnal diuresis over daytime
- e) frequent urination

404. Pollakiuria is:

- a) a decrease in the amount of urine released per day to 500 ml or less
- b) an increase in the daily amount of urine more than 2000 ml
- c) no flow of urine into the bladder
- d) the inability to empty the bladder, despite its overflow with urine
- e) the predominance of night diuresis over daytime
- e) frequent urination

405. What violation of diuresis is called nocturia ?

- a) reducing the amount of daily urine less than 500 ml
- b) an increase in the amount of daily urine of more than 2 liters c
- ) the predominance of night diuresis over daytime
- d) frequent urination

406. In case of urinary incontinence in women at night, it is advisable to use

- a) diapers
- b) rubber boat
- c) metal vessel
- d) removable urinal

407. In case of urinary incontinence, it is recommended :

- a) the use of a urinal
- b) a thorough toilet of the skin
- c) control over the cleanliness of underwear and bed linen
- d) all of the above is true

408. What are the most common symptoms of chronic kidney disease ?

- a) arterial hypertension



- b) pain in the lumbar region c
- ) edema
- d) all of the above is true

409. What is the emergency care for renal colic ?

- a) an ice pack on the lower back area
- b) a hot water bottle on the lower back area and the use of antispasmodics
- c) the use of diuretics

410. In the treatment of patients with chronic renal failure, it is not recommended to:

- a) limit the consumption of table salt
- b) reduce the protein content in the diet c
- ) limit the intake of liquid
- d) monitoring of blood pressure and edema

411. To eliminate acute urinary retention, use:

- a) catheterization of the bladder
- b) cystostomy c
- ) irrigation of the external genitals with warm water
- d) all of the above is true

Care for the seriously ill . The concept of resuscitation and the work of the resuscitation department. Fundamentals of resuscitation care. Terminal states . First aid equipment. Statement of death. Rules for handling a corpse

412. Upon admission to the emergency department of a seriously ill hospital, the paramedic must first

- of all a) urgently call the doctor on duty
- b) transport the patient to the intensive care unit c
- ) issue the necessary medical documentation
- d) start providing emergency pre-medical care

413. Solution for daily wiping of the skin of a seriously ill patient

- a) 10% ammonia
- b) 10% camphor alcohol
- c) 10% potassium permanganate
- d) 0.05% potassium permanganate

414. Bed linen for a seriously ill patient is changed

- a) once every 3 days
- b) once every 2 weeks
- c) once a week
- d) as the pollution increases

415. For the prevention of bedsores, it is necessary to change the position of the patient every (in hours)

- a) 24
- b) 12
- c) 6
- d) 2

416. The patient's bed linen is changed 1 time a week

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

417. Which of the following does not apply to signs of clinical death ?

- a) lower body temperature
- b) decreased heart rate
- c) no reaction of the pupils to light
- d) confusion
- e) rigor mortis

418. What are the most important conditions for the work of intensive care units ?

- a) round-the-clock communication with the laboratory
- b) allocation of "shock" wards and "resuscitation rooms" for resuscitation activities
- c) equipment for monitor monitoring, devices for artificial lung ventilation, defibrillators , pacemakers
- d) all of the above is true

419. What symptoms are reliable signs of biological death ?

- a) the appearance of cadaverous spots
- b) a decrease in skin temperature below 20 degrees
- c) the appearance of rigor mortis
- d) all of the above is true

420. Contraindications for resuscitation measures

are not:

- a) late periods (more than 8 minutes) after the onset of clinical death
- b) the presence of damage to organs incompatible with life
- c) violation of cerebral circulation with loss of consciousness
- d) the last stage of cancer

421. How to check the correctness of artificial respiration ?

- a) during the artificial inhalation, the chest of the patient should expand
- b) during the passive exhalation of the patient, the chest should fall
- c) all of the above is true

422. What are the reasons for the lack of effectiveness of artificial respiration?

- a) lack of airway patency
- b) poor sealing between the mouth of the resuscitator and the nose of the patient
- c) insufficient volume of air entering the respiratory tract of the patient
- d) all of the above is true

423. What indicates the effectiveness of indirect heart massage?

- a) there is a pulse on the carotid arteries
- b) pupils constrict
- c) increases blood pressure
- d) independent breathing is restored
- e) all of the above is true

424. When performing an external heart massage, the palms should be placed on :

- a) the upper third of the chest
- b) the border of the upper and middle third of the sternum
- c) the border of the middle and lower third of the sternum
- d) at the level of the xiphoid process
- e) at the level of the middle of the midclavicular line on the right

425. What lesions of the respiratory system do not occur in the first hours of poisoning?

- a) depression of the excitability of the respiratory center
- b) violation of the functions of the respiratory muscles
- c) toxic pulmonary edema
- d) toxic tracheobronchitis
- e) violation of tracheobronchial patency

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

- a) acute cardiovascular insufficiency associated with inhibition of the excitability of the vasomotor center and hypovolemia
- b) acute cardiovascular insufficiency associated with weakening of the left ventricular myocardium
- c) cardiac arrhythmia
- d) all of the above is true

427. Why is it necessary to throw back the patient's head when performing artificial respiration ?

- a) to make it easier to attach the mouth of the resuscitator to the nose or mouth of the patient
- b) to ensure the patency of the respiratory tract
- c) to create a good seal between the mouth of the resuscitator and the nose (or mouth) of the victim during artificial inhalation

428. In what cases is direct heart massage used?

- a) if indirect heart massage is ineffective
- 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

429. In what position should the resuscitator's hands be when performing an indirect heart massage ?

- a) they are maximally bent in the wrist and elbow joints
- b) slightly bent at the elbow joints and maximally unbent at the wrist
- c) slightly bent at the elbow joints and slightly unbent at the wrist

430. What is meant by a terminal state ?

- a) the state of clinical death
- b) the agonal period
- c) the period of dying
- d) the borderline state between life and death