

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 22, 2022, Pr. no. 4

EVALUATION FUND

Clinical practice " Assistant to a procedural 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 March 21, 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 to a procedural nurse»

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

8	Observation and care of patients with diseases of various body systems, including dying patients.	OPK-10
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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 to a procedural nurse" for 3rd 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 tools for industrial practice "Assistant to a procedural 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 to a procedural nurse" can be recommended for use for intermediate certification at the medical faculty of 3rd-year students.

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

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

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Reviewer, Head of the Department of General Medical

Practice, Gerontology, Public Health and Inarokov Health of the Kabardino-

Balkar State University named after Kh. M. Berbekov, Ministry of Education and Science of the Russian Federation, Doctor of Medical Sciences, Professor

Signature of Professor Inarokova A.M. I assure you

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. Beslekov _____

"21" March 2022

EXAMINATION QUESTIONS ON INDUSTRIAL PRACTICE " ASSISTANT TO A
PROCEDURAL NURSE»

6TH 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 to a PROCEDURAL NURSE"
for 3rd year students of the Faculty of Medicine

DEPARTMENT OF INTERNAL MEDICINE No. 1

1. Duties of junior and secondary medical personnel. Fundamentals of medical ethics and Deontology.
2. Principles of the organization of the work 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 department of the therapeutic department. Rules for working with HIV-infected and AIDS patients. Safe operation techniques.
5. Methods of transporting patients.
6. Basic principles of rational therapeutic nutrition. Dietary (therapeutic) tables. Methods of feeding patients in hospital departments.
7. Personal hygiene of the patient. Rules for changing underwear and bed linen. Skin care. Prevention of bedsores.
8. The use of heat and cold in medical practice. Indications, contraindications.
9. Enemas. Types, rules of staging. Indications, contraindications.
10. Catheterization of the bladder in women and men. Execution technique. Indications, contraindications.
11. Gastric lavage. Execution technique. Indications, contraindications.
12. Fractional examination of gastric contents. Execution technique. Indications, contraindications.
13. Duodenal probing. Execution technique. Indications, contraindications.
14. Pleural puncture. Execution technique. Indications, contraindications.
15. Paracentesis. Execution technique. Indications, contraindications.
16. Rules for preparing patients for instrumental methods of examination of the digestive organs.
17. Rules for preparing patients for instrumental methods of examination of the urinary system organs.
18. Blood, collection of material for laboratory testing. Types of laboratory blood tests.

19. The order of storage and accounting of medicines.
20. Methods of using medicines. The technique of intradermal, subcutaneous and intramuscular injections. Prevention of possible complications.
21. Methods of using medicines. Technique of intravenous injections and infusions. Prevention of possible complications.
22. Assessment of the general condition of the patient. Clinical significance.
23. Methods of measuring body temperature. Care and first aid for feverish patients in various stages of fever.
24. Characteristics of breathing. Counting the frequency of respiratory movements. Clinical significance. Pathological forms of respiration.
25. Properties of the arterial pulse. Counting rules. Clinical significance.
26. Acute respiratory failure. Clinical symptomatology. Emergency care. Oxygen therapy. Indications for the procedure. Security measures.
27. Angina pectoris. Clinical symptomatology. ECG diagnostics. Emergency care.
28. Myocardial infarction. Clinical symptomatology. ECG diagnostics. Emergency care.
29. Acute coronary syndrome. Clinical symptomatology. ECG diagnostics. Emergency care.
30. Acute vascular insufficiency (fainting, collapse). Clinical symptomatology. Emergency care.
31. Renal colic. Clinical symptomatology of the attack. Emergency care.
32. Hepatic colic. Clinical symptomatology of the attack. Emergency care. Possible complications.
33. Abdominal pain, the mechanism of occurrence. Clinical diagnosis. Emergency care.
34. An attack of cardiac asthma. Clinical symptomatology. Emergency care.
35. Hypertensive crisis. Clinical symptomatology. Emergency care. Rules for measuring blood pressure.
36. Clinical symptomatology of nasal, pulmonary, and gastrointestinal bleeding. Differential diagnostic criteria. Emergency care.
37. Anaphylactic shock and Quincke's edema. Clinical symptomatology. Emergency care.
38. Hypoglycemic and hyperglycemic coma. Clinical symptomatology. Emergency care.
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.

DEPARTMENT OF SURGICAL DISEASES No. 1

1. Finger examination of the rectum. Execution technique. Indications. Contraindications.
2. Performing puncture of the pleural and abdominal cavities.
3. Methods and techniques for temporarily stopping external bleeding.
4. Rules and techniques of artificial respiration. Indications for resuscitation measures.
5. Methods of treatment of the surgeon's hands and the operating field.
6. Make a plan for the examination of patients with traumatic injuries of the abdomen. Perform a palpation of the abdomen to determine the symptoms of peritoneal irritation.
7. Determination of dislocation and fracture on the radiograph. Rules for applying transport tires.
8. Evaluate the condition of the wound and choose a treatment method. Instrumental dressing of wounds.
9. Filling out the blood transfusion protocol. Monitoring the condition of patients during blood transfusions.
10. Make a plan for the examination of patients with traumatic chest injuries. Determination of hydro-and pneumothorax on the radiograph.
11. Determination of the blood group according to the ABO system and Rh-affiliation by the express method. Conducting a test for individual compatibility of the blood of the donor and the recipient.
12. Rules for placing bandages, surgical clothing, masks, and gloves in bixes. Evaluation of the sterility of the material in bixes.
13. Make a plan for the examination of patients with bleeding. Determine the type of bleeding.
14. Make a plan for the examination of patients with bleeding. Assess the severity of blood loss.
15. Make a plan for the examination of patients with traumatic injuries of the abdomen. Perform percussion of the abdomen with the determination of free gas in the abdominal cavity during perforation of hollow organs.
16. Duodenal probing. The method of conducting. Indications, contraindications.
17. Describe the wound. Perform the removal of stitches from the wound.
18. Temporary stop of external bleeding. Anterior nasal tamponade for nosebleeds.
19. Restoration of patency of the upper respiratory tract. Performing artificial respiration.
20. Performing local infiltration anesthesia of superficial soft tissues. Performing conductor anesthesia according to Lukashovich-Oberst.
21. Paraneural block. Technique of carrying out. Indications, contraindications.

22. Catheterization of the bladder. Technique of conducting in men and women. Indications, contraindications.
23. Performing auscultation of the abdominal cavity in case of aneurysms, stenosis of the arteries, in case of suspected peritonitis and intestinal obstruction.
24. Performing percussion of the chest with the determination of fluid in the pleural cavity. The technique of pleural puncture.
25. Cleansing enema and performing gas removal from the colon. Method of performing the procedure. Indications, contraindications.
26. Check the suitability of blood and its preparations for transfusion. Fill out the blood transfusion protocol.
27. Determination of vascular pulsation at various points. Quantitative and qualitative characteristics of the pulse.
28. Dialysis of the wound through the flow-washing system. Removal of drains and tampons.
29. General signs of blood loss. Characteristics of external bleeding.
30. Rules and techniques for the administration of medicines through drains and micro-irrigators.
31. Duodenal probing. Execution technique. Indications, contraindications.
32. Intravenous injections and intravenous drip infusions. Execution technique. Possible complications.
33. Rules and techniques for applying bandages and kerchiefs. Use of surgical masks and an individual dressing package.
34. Feces, collection of material for laboratory testing. Types of laboratory tests of feces. Features of care for patients with fecal incontinence.
35. Sputum. Types of laboratory tests. Collection of material for laboratory testing.
36. Urine, collection of material for laboratory testing. Types of laboratory tests of urine. Features of care for patients with urinary incontinence.
37. Performing local infiltration anesthesia of superficial soft tissues. Rules and techniques for conducting superficially located hematomas and soft tissue abscesses.
38. Probing and gastric lavage. Technique of carrying out. Indications, contraindications.
39. Rules and techniques of active-passive tetanus prevention.
40. Determination of the presence of free gas in the abdominal cavity on the X-ray. Performing abdominal percussion to determine the presence of free gas in the abdominal cavity during perforation of hollow organs.

Head of the Department Ph. D. U. S. Beslekov

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

Department of Surgical Diseases No. 1

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

Standards of test tasks of industrial practice Clinical practice "Assistant to a procedural 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 3rd year students

specialty 31.05.01 " Medical care»

Reviewed and approved at the meeting of the Department

dated March 21, 2022 (Protocol No. 8)

Head of the Department

_____ d. m. n. I. N. Totrov

Head of the Department

_____ k. m. n. U. S. Beslekov

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

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 a careless statement 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) 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 the dispensary principle:
- 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 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 unit
- c) hospital
- d) clinic
- e) hospital

Types of outpatient medical institutions:

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

d) dispensary

e) sanatorium

15. Types of inpatient medical institutions:

a) outpatient clinics

b) hospital

c) polyclinic

d) dispensary

e) health center

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) developing 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) research medical institutes

21. Types of inpatient medical institutions:

a) outpatient clinics

b) hospital

c) polyclinic

d) dispensary

e) health center

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

a) polyclinic

b) multi-specialty hospital

c) hospital

d) medical

unit e) private hospitals

23. The structural division of the hospital is not:

a) the emergency department

b) registration office

c) therapeutic department

d) surgical department

e) pharmacy

24. 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) developing 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

25. Types of inpatient medical institutions:

- a) outpatient clinics
- b) hospital
- c) polyclinic
- d) dispensary
- e) health center

26. Types of inpatient medical institutions:

- a) outpatient clinics
- b) hospital
- c) polyclinic
- d) dispensary
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- b) multi-specialty hospital
- c) hospital
- d) medical unit
- e) private hospitals

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

29. 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
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- c) developing 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

30. 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

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

- a) medical and physical culture 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) surgery
- 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. What is the duty of a procedural nurse:

- a) taking gastric juice for analysis
- b) washing of patients
- c) setting of mustard plasters
- d) dressing of the operated patient

37. Which of the following functions applies to the senior nurse:

- a) to organize the work of doctors in the department
- b) to organize the work of nurses
- c) to organize the work of auxiliary personnel to monitor the work of plumbing equipment
- d) to organize the work of the department staff

38. Who belongs to the junior medical staff:

- a) the host sister
- b) dietitian
- c) district nurse
- d) ward nurse
- e) procedure nurse

39. Who belongs to the secondary medical staff:

- a) nurse

- b) the host sister
- c) junior nurse
- d) senior nurse
- d) doctor

40. Sources of iatrogeny can be anything but:

- a) communication of the doctor with the patient
- b) communication of the nursing staff with the patient
- c) communication with the relatives of the patient
- d) inaction of the medical worker
- e) medical literature

41. The workplace of the department's nurse is:

- a) resident's office
- b) the nurse's office
- c) the hall
- d) the nurses' station
- e) the buffet

42. The equipment of the nursing station includes:

- a) table, table lamp, telephone
- b) facilities that provide communication with seriously ill patients (light display, bell, local telephone service, list of service phones)
- c) cabinets (including refrigerator) for storing medicines
- d) a cabinet for storing medical records
- e) a mobile table for distributing medicines
- e) all of the above is true

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

- a) maintaining medical records, sending patients to clinical and diagnostic studies as prescribed by a doctor
- b) prescribing medicines

c) the overall assessment of the patient (General condition of the patient in bed, the state of consciousness of the patient, anthropometry) and monitoring the condition of patients (thermometry, adherence rate and the NPV calculation, the measurement of daily diuresis, with binding data obtained in the appropriate medical documentation)

g) monitor the General hygienic condition of the patient, including inspection for lice monitoring personal hygiene patient and cleanliness in the wards, kvartsevanie chambers

34. The duties of a junior nurse include:

- a) toilet, washing the patients
- b) feeding the patients
- c) ventilation, cleaning of wards
- d) care of seriously ill patients
- e) monitoring of compliance with the medical and protective regime

. Principal nursing medical records:

- a) log on the screen: check the admission and discharge of patients
- b) procedural list: list of prescriptions

C) temperature sheet: it celebrates the basic data describing the condition of the patient, body temperature, pulse, BP, respiratory rate, urine output, body weight (as necessary), physiological departure

- d) the demand for food of patients (PORZIONI)
- d) log ingestion and delivery of watches
- f) all of the above is true

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

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 premises
- b) maintenance of proper cleanliness and order in 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 b) 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 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) hand washing
- e) the use of a broom, broom

95. Chemical means of disinfection 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. To carry 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) washing floors, furniture items
- 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) once a 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) washed 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 dezinfektsionnoye sredstvo

a) once

b) twice with an interval of 15 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) in series

d) close up

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

- 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) hygienic bath, shower or wiping of the patient
- c) dressing the patient in clean hospital linen and clothing
- d) all of the above is true
- e) none of the above

124. For the treatment

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

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) blood pressure measurement
- 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 a sterile

- a) saline solution
- b) vaseline oil
- c) a semi-alcoholic solution

155. Smears 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 a lying position, turning the head to one side

b) in a sitting position

c) from a rubber cylinder

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. The functional bed differs from the usual

one (a) by the absence of movable sections

b) the presence of movable sections

c) 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 section of the bedside

table c) near the nurse on duty

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 the food department?

- a) rooms where dishes are prepared
- b) rooms for the release of food
- c) warehouses (refrigerated and uncooled) for storing food, a storeroom for a daily supply of food
- d) a complex of premises where food products go from their delivery from food bases to cooking and distribution of ready-made food

177. Types of parenteral nutrition

- a) full, partial
- b) full, 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 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

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 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

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 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

181. Ways of introducing nutrient 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 (gastrostomas, duodenostomas, eyunostomas)
- 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 medical officer
- b) doctor on duty
- c) 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. For gout and urolithiasis, and from the 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 (a high-protein diet)
- d) a variant of a diet with mechanical and chemical sparing (a sparing diet)
- e) a variant of the 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

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

196. Food is prepared in hospitals

- a) centrally located in 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) 150 °C

c) 160 °C

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

a) 15 minutes

b) 30 minutes

c) 45 minutes

212.212.

- 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

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. Frequency of 10-minute breaks when using an ice bubble:

- a) every 30 minutes
- b) at each patient's request
- 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
- b) 40-42
- c) 38-39
- d) 34-36

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. 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) bruises 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. An 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 °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

2332. 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 a cleansing enema, use:

- a) 10-12 liters of water
- b) 100/0 sodium chloride solution
- 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 (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 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 sampling 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 hygiene 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. What is the method of administration of drugs called parenteral:

- a) the use of drugs by injection
- b) any method of administration of drugs, bypassing the gastrointestinal tract
- c) administration of drugs in 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 what 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 not possible

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 the medicine

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

- a) inner 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 tube 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 liquid in the system

283. Complications associated with violation of the rules of asepsis and antiseptics 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. The 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)

d) 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 1-1.50:

309. Febrile is called the body temperature

a) 37-38 °C

b) 38 -

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 feverish 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, excessive 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) introduction of vegetables and fruits to the diet

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

a) restriction of easily digestible carbohydrates

b) restriction of animal fat

c) reduction of protein

d) restriction of liquid intake

327.3 the abolevaniya of elderly and senile people studies

a) gerontology

b) geriatrics

c) gerogigien

d) geopathology

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

a) increase in life expectancy

b) maintain health

c) 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 the elderly and senile age

- 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 are the signs 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. How deep should enter nasal catheters when carrying oxygen therapy?

- a) to a depth of 20-25 cm
- b) at a depth equal to the distance from the inner corner of the eyes to the chin of the patient
- C) to a depth equal to distance from tip of nose to earlobe of the patient
- g) at a depth of 10-15 cm
- d) at a depth of 5-10 cm

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

- a) 15 - 20 %
- b) 40 - 60 %
- c) 75-80 %
- 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. When conducting oxygen therapy, oxygen is moistened with the

- aim of a) preventing dryness of the mucous membranes of the respiratory tract
- b) defoaming of mucosal sputum
- c) prevention of waterlogging of the mucous membranes of the respiratory tract
- d) lowering the 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 of pleural puncture?

- a) removal of fluid from the pleural cavity for diagnostic purposes
- b) removal of fluid from the pleural cavity for therapeutic purposes
- c) introduction of drugs into the pleural cavity
- d) all of the above 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 changing blood pressure:

- a) thermometer
- b) blood pressure monitor
- c) sphygmomanometer
- d) tachometer

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

- a) 80/40-110/70
- b) 100/60-120/80
- c) 140/90-160/100
- d) 180/120-200/140

355. Please indicate the correct definition of ischemia:

- a) chest pain
- b) a consequence of injury
- c) a consequence of infection
- d) a consequence of hypoxia

c) a synonym for angina

d) a mismatch of the tissue's oxygen demand and the supply of the latter 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) the pulling-aching character

c) is stopped by the reception of 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) with 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
- e) 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) the connection with physical stress
- d) the duration for a few minutes
- e) the spread of pain in the left shoulder, shoulder blade
- e) the 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, suction function
- 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 excretion of undigested food residues

375. What is the excretory 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

376. What is heartburn ?

- 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 stomach contents
- 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, inimitable 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 some diseases
- b) the decoction is too weak a stimulant of gastric secretion
- c) the decoction is too strong a stimulant of gastric secretion

391. For what purpose is chromatic duodenal sensing used ?

- a) for a more accurate differentiation of the duodenal contents from the gastric
- b) for a more accurate differentiation of portion A from portion B
- c) in order to have a normalizing effect on bile excretion

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) an 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-entry 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

402. Nicturia 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 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 diuresis
- f) frequent urination

403. Ischuria 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) 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 nocturnal 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 vessel
- 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. A statement of death. Rules for handling a corpse

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

- 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 first aid

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

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

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, 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 patient's respiratory tract
- 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) 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 available to open 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

EMERGENCY CARE IN CARDIOLOGY

431. Angina is a manifestation

- a) transient myocardial ischemia
- b) necrotic changes in the myocardium
- c) myocardial dystrophy
- d) inflammation of the myocardium

432. Which angina is based on spasm of the coronary arteries

- a) stable angina of tension
- b) early post-infarction angina pectoris
- c) Prinzmetal angina pectoris
- d) progressive tension angina pectoris

433. Which angina is characterized by a long pain syndrome and low effectiveness of nitroglycerin

- a) progressive angina of tension
- b) Prinzmetal angina
- c) first-time angina pectoris
- d) stable angina pectoris

434. In the asthmatic variant of myocardial infarction, the equivalent of pain is

- a) a violation of the heart rhythm
- b) a violation of consciousness
- c) a choking attack
- d) nausea, vomiting

435. Pain syndrome in angina and myocardial infarction differs

- a) in duration
- b) in localization
- c) in nature
- d) in irradiation

436. The leading syndrome of cardiogenic shock is

- a) deafness of heart tones
- b) shortness

- of breath c) chest pain
- d) decreased blood pressure

437. Select a combination of medications for the treatment of a patient with cardiogenic shock:

- a) dopamine, morphine
- b) epinephrine, morphine
- c) hemodesis, fentanyl
- d) heparin, epinephrine

438. Nitroglycerin intravenously can not be administered to patients with

- a) high blood pressure
- b) shortness
- of breath c) low blood pressure
- d) atrial fibrillation

439. A hypertensive crisis may develop in a patient with

- a) myocarditis
- b) renal artery stenosis
- c) cardiomyopathy
- d) angina pectoris

440. An attack of suffocation with the release of foamy pink sputum is a sign

- of a) cardiogenic shock
- b) acute pneumonia
- c) bronchial asthma
- d) pulmonary edema

441. The basis of cardiac (hemodynamic) pulmonary edema is

- a) low oncotic blood plasma pressure
- b) obstruction of blood outflow from the small circle due to weakness of the left ventricle
- c) toxic damage to the pulmonary diffuse membrane
- d) dysregulation of the higher vegetative centers

442. As a defoamer for pulmonary edema

- , a) ethyl alcohol is used

- b) lasix
- c) moistened oxygen
- d) nitrous oxide

443. Syncopalnos state is

- a) fainting
- b) coma
- c) shock
- d) collapse

444. Somatogenic syncopal state can develop due

- to a) sudden bradycardia
- b) hyperventilation
- c) a prolonged cough attack
- d) all of these reasons

445. Neurognos syncopal state may develop due

- to a) hypersensitivity of the sinocarotid zone
- b) emotional stress
- c) angiospasm of the cerebral vessels
- d) all of the above factors

EMERGENCY CARE IN PULMONOLOGY

446. The earliest sign of acute respiratory failure

- a) diffuse cyanosis
- b) shortness
of breath
- c) swelling of the cervical veins
- d) tachycardia
- e) suffocation

447. For the clinic of bronchial asthma is characterized

- by a) cough with rusty sputum
- b) small-bubble wet wheezing in the lungs
- c) wheezing in the lungs
- d) inspiratory shortness of breath

e) percutaneous bluntness in the lower parts of the lungs

448. What groups of drugs have a bronchodilating effect

- a) β_2 -adrenomimetics
- b) M-cholinomimetics
- c) respiratory analeptics
- d) β_2 -adrenoblockers
- e) nitrates

449. Choose the correct order of emergency care for patients with a moderate attack of bronchial asthma

- a) salbutamol, eufillin, prednisolone
- b) intal, eufillin, prednisolone
- c) pulmicort, oxygen, eufillin
- d) prednisolone, eufillin, oxygen
- e) eufillin, prednisolone, zaditen

450. Indications for hospitalization of patients with asthma attacks

- a) moderate attack of bronchial asthma
- b) no effect of bronchodilator therapy during 1-2 LI
- c) mild asthma attack
- d) all patients with a hormone-dependent form of bronchial asthma
- e) the presence of concomitant diseases

451. In the emergency treatment of a bronchial asthma attack, the drugs of choice are

- a) long - acting beta-agonists
- b) short - acting β -agonists
- c) β_1 - and β_2 -agonists
- d) anticholinergic drugs
- e) IGCS

452. What is the suspicious sign of bleeding from lsh

- ? a) the presence of blood in the vomit
- b) the presence of blood in the urine
- c) the presence of blood in the sputum

d) the presence of blood in the stool

453. Which of the following signs is most characteristic of pulmonary hemorrhage

a) dark red blood discharge

b) blood of scarlet color, foamy

c) the release of "rusty" sputum

d) in the anamnesis there is an indication of malicious smoking

e) blood is released when the position of the body changes

454. Emergency care for acute pulmonary hemorrhage

a) avoid sudden movements, forbid him to speak, dicynon

b) respiratory analeptics, tracheal intubation and ventilator

c) cold on the chest, cardiac glycosides

d) emergency hospitalization in the intensive care unit

e) administration of hormonal drugs, antioxidants

455. The most important sign of the asthmatic status of stage II is

a) the severity of cyanosis

b) pulsation of the cervical veins

c) tachycardia

d) respiratory stiffness

e) the absence of respiratory noises over the lungs

456. The drug of choice for asthmatic status is

a) atropine

b) B-blockers

c) Corticosteroids

d) B-stimulants

d) diphenhydramine

457. Emergency care for a patient in a state of asthmatic status

a) soda inhalations, hormones

b) intravenous infusion of solutions, sympathomimetics

c) oxygen inhalation, intravenous infusion of solutions, sympathomimetics

d) oxygen inhalation, intravenous infusion of solutions, hormones

e) soda inhalation, intravenous infusion of solutions

458. For the relief of bronchoastatic status, all of the following drugs are used, except

a) eufillin intravenously

b) prednisone intravenously

c) oxygen therapy

d) glucose solution

e) morphine intravenously

459. The most important distinguishing feature of asthmatic status from a severe attack of bronchial asthma is

a) tachypnea

b) tachycardia

c) the appearance of cyanosis

d) absence of respiratory noises during auscultation

e) dull heart tones

460. Reliable symptoms of gastric bleeding are

a) tachycardia

b) pain in the epigastric region, vomiting

c) melena, vomiting of "coffee grounds"

d) tension of the abdominal back muscles

461. Tar-like stools are characteristic of

a) gastrointestinal bleeding

b) rectal cancer

c) bleeding into the abdominal cavity

d) peritonitis

462. The patient after drinking alcohol had repeated vomiting, severe shingles, cold sweat, pallor of the skin, which is characteristic of acute:

a) cholecystitis

b) appendicitis

c) pancreatitis

463. Intestinal colic is characterized

by a) aching pain in the right iliac region with a generally satisfactory condition

b) pain in the lumbar region and the lateral parts of the abdomen with radiation to the inguinal regions, genitals

c) constant sharp pain in the epigastric region, in the hypochondria with radiation to the back, right and left shoulder blades

d) pain without clear localization and without irradiation, increased intestinal peristalsis

e) pain in the right hypochondrium with radiation to the right shoulder blade and shoulder, behind the sternum

464. Bile colic is characterized by

a) aching pain in the right iliac region with a generally satisfactory condition

b) pain in the lumbar region and the lateral parts of the abdomen with radiation to the inguinal regions, genitals

c) constant sharp pain in the epigastric region, in the hypochondria with radiation to the back, right and left shoulder blades

d) pain without clear localization and without irradiation, increased intestinal peristalsis

e) pain in the right hypochondrium with radiation to the right shoulder blade and shoulder, behind the sternum

465. Pancreatic colic is characterized by

a) aching pain in the right iliac region with a generally satisfactory condition

b) pain in the lumbar region and the lateral parts of the abdomen with radiation to the inguinal regions, genitals

c) constant sharp pain in the epigastric region, in the hypochondria with radiation to the back, right and left shoulder blades

d) pain without clear localization and without irradiation, increased intestinal peristalsis

e) pain in the right hypochondrium with radiation to the right shoulder blade and shoulder, behind the sternum

466. Acute cholecystitis is characterized by the syndrome

of a) Mayo-Robson

b) Obukhov Hospital

c) Rovsing

d) Ortner

467. Acute pancreatitis is characterized by the syndrome

- of a) Mayo-Robson
- b) Obukhov Hospital
- c) Rovsing
- d) Ortner

468. Acute intestinal obstruction is characterized by the syndrome

- of a) Mayo-Robson
- b) Obukhov hospital
- c) Rovsing
- d) Ortner

469. Melena is a sign

- of a) gastrointestinal bleeding
- b) bleeding from the rectum
- c) acute dysentery
- d) pulmonary bleeding

470. Bright blood in the feces is a sign

- of a) gastrointestinal bleeding
- b) bleeding from the rectum
- c) acute dysentery
- d) pulmonary bleeding

471. Streaks of blood in the mucous feces are a sign of

- a) gastrointestinal bleeding
- b) rectal bleeding
- c) acute dysentery
- d) pulmonary bleeding

472. For a rupture of the spleen in an injury, the position of the patient

- a) on the left side with straight legs is characteristic
- b) on the back with the legs tucked
- in c) knee-elbow
- d) type "Roly-poly"
- e) on the stomach

473 Disease not included in the category of "acute abdomen"

- a) acute appendicitis
- b) renal colic
- c) perforated stomach ulcer

474. Pseudoabdominal syndrome is a condition that

- a) occurs with the clinic of "acute abdomen", but ns leads to peritonitis
- b) flows with the clinic of "acute abdomen" and causes inflammation of the peritoneum
- c) manifests diarrhea
- d) manifests flatulence

475.Pseudoabdominal syndrome is caused

- by a) intestinal obstruction
- b) punctured stomach ulcer
- c) acute cholecystitis
- d) posterior diaphragmatic myocardial infarction

EMERGENCY CARE IN UROLOGY

476. Renal colic is characterized

- by a) aching pain in the right iliac region with a generally satisfactory condition
- b) pain in the lumbar region and the lateral parts of the abdomen with radiation to the inguinal regions, genitals
- c) constant sharp pain in the epigastric region, in the hypochondria with radiation to the back, right and left shoulder blades
- d) pain without clear localization and without irradiation, increased intestinal peristalsis
- e) pain in the right hypochondrium with radiation to the right shoulder blade and shoulder, behind the sternum

477. Urinary retention in the elderly and senile is often associated with

- a) acute glomerulonephritis
- b) acute pyelonephritis
- c) acute cystitis
- d) prostate adenoma

478. Acute urinary retention is characteristic of all diseases, except for

- a) prostate cancer

- b) paranephritis
- c) acute prostatitis
- d) prostate adenomas
- e) bladder stone

479. A sign of nephropathy is

- a) systolic murmur in the region of the apex of the heart
- b) hypotension, anemia
- c) edema, hypertension, proteinuria
- d) frequent urination

480. Acute prostatitis is characterized

- by a) burning pain in the urethra at the end of urination, frequent urination
- b) pain in the bladder and perineum, acute urinary retention
- c) pain in the lumbar region, flexor contracture in the hip joint
- d) frequent urination, pain in the lumbar region with radiation to the groin and inner thigh

481. Acute paranephritis is characterized

- by a) burning pain in the urethra at the end of urination, frequent urination
- b) pain in the bladder and perineum, acute urinary retention
- c) pain in the lumbar region, flexor contracture in the hip joint
- d) frequent urination, pain in the lumbar region with radiation
- e) in the groin area and inner thigh

482. Acute cystitis is characterized

- by a) burning pain in the urethra at the end of urination, frequent urination
- b) pain in the bladder and perineum, acute urinary retention
- c) pain in the lumbar region, flexor contracture in the hip joint
- d) frequent urination, pain in the lumbar region with radiation to the groin and inner thigh

483. Uremic coma is characterized

- by a) sudden development, moisture of the skin, vomiting, increased tone of the eyeballs
- b) gradual development, dry skin with traces of scratching, the smell of urea from the mouth
- c) gradual development, decrease in the tone of the eyeballs, the smell of acetone from the mouth

484. Renal colic is caused

- by a) ureteral stone
- b) chronic pyelonephritis
- c) pelvic kidney dystopia
- d) rupture of the bladder

485. The causes of acute urinary retention are

- a) urethral stone
- b) kidney cyst
- c) hydronephrosis
- d) chronic pyelonephritis
- e) benign prostatic hyperplasia

486. Bladder catheterization is used for the purpose

- of (a) assisting with renal colic
- b) help with anuria
- c) help with acute urinary retention
- d) diagnosis of urethral rupture
- e) clarification of the source of macrohematurgy

487. Symptoms of closed traumatic kidney injury are

- a) hyperthermia
- b) macrohematuria
- c) dysuric disorders
- d) pain in the lumbar region
- e) nocturia

EMERGENCY CARE IN ENDOCRINOLOGY

488. What are the emergency medications for hypoglycemic coma

- a) insulin
- b) strophanthin
- c) glucose
- d) eufillin

489. Signs of hypoglycemia are

- a) sweating
- b) feeling hungry
- c) trembling in the body
- d) all of the above is true

490. The presence of sugar in the urine, the smell of acetone from the mouth are characteristic of

- a) hypoglycemic coma
- b) hyperglycemic coma
- c) uremic coma
- d) brain coma

491. Diabetic (hyperglycemic ketoacidotic) coma is characterized by all symptoms except

- a) dry skin
- b) noisy deep breathing
- c) smell of acetone
- d) hard eyeballs

492. The hypoglycemic state is characterized

- by a) lethargy, apathy
- b) dry skin
- c) increased muscle tone
- d) decreased muscle tone

493. Kussmaul's breathing is characteristic of

- a) carbon monoxide poisoning
- b) hyperglycemic coma
- c) pulmonary embolism
- d) stem stroke

494. Hyperglycemic ketoacidotic coma is characterized

- by a) sudden development, moisture of the skin, vomiting, increased tone of the eyeballs
- b) gradual development, dry skin with traces of scratching, the smell of urea from the mouth
- c) gradual development, decreased tone of the eyeballs, the smell of acetone from the mouth

495. Hypoglycemic coma is characterized

- by a) sudden development, moisture of the skin, vomiting, increased tone of the eyeballs

b) gradual development, dry skin with traces of scratching, the smell of urea from the mouth

c) gradual development, decrease in the tone of the eyeballs, the smell of acetone from the mouth