

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
Department of Surgical Diseases No. 1**

**APPROVED
Minutes of the meeting of
the Central Coordinating
Educational and
Methodological Council
from " 28 " August 2020g.**

EVALUATION FUND

Clinical practice "Assistant to junior medical personnel" 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 1st year students

specialty 31.05.01 " Medical care»

Reviewed and approved at the meeting of the Department

dated August 27, 2020 (Protocol No. 1)

Head of the Department

_____d. m. n. I. N. Totrov

Head of the Department

_____k. m. n. U. S. Beslekov

Vladikavkaz 2020.

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 Junior Medical staff»

№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.	ОПК-10	exam tickets - situational tasks; - test control
2	Maintenance of the sanitary-hygienic and medical - protective regime of the department .	ОПК-10	
3	Sanitary treatment of the patient	ОПК-10	
4	Transportation of patients.	ОПК-10	
5	Personal hygiene of the patient and medical staff. Nutrition of patients.	ОПК-10	
6	The simplest physical therapy procedures. Preparation of patients for laboratory and instrumental methods of research.	ОПК-10	
7	Methods of using medicines	ОПК-10	
8	Observation and care of patients with diseases of various body systems, including dying patients	ОПК-10	

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

HEALTH OF THE RUSSIAN FEDERATION

REVIEW

to the assessment fund

on industrial practice Clinical practice "Assistant of junior medical personnel" for 1st year
students in the specialty 31.05.01 Medical care

The fund of evaluation funds was compiled at the Department of Internal Diseases N1 on the basis of the working program of practice and meet the requirements of the Federal State Educational Standard for the specialty of Medical Care.

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

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

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

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

submitted for the exam.

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

The complexity of the questions in the exam tickets is distributed evenly. There are no comments on the reviewed fund of evaluation funds. In general, the fund of evaluation funds for industrial practice "Assistant of Junior Medical Personnel" 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 junior medical personnel" can be recommended for use for intermediate certification at the medical faculty of 1st-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, Ph. D.

Nino Iosifovna Botsieva

FEDERAL STATE BUDGETARY EDUCATIONAL INSTITUTION OF HIGHER
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REVIEW

to the assessment fund on industrial practice Clinical practice "Assistant of junior medical personnel" for 1st year students in the specialty 31.05.01 Medical care

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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. Beslekoev _____

"27" August 2020

EXAMINATION QUESTIONS ON INDUSTRIAL PRACTICE "ASSISTANT OF JUNIOR
MEDICAL PERSONNEL"

2 SEMESTER

Vladikavkaz 2020

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 JUNIOR MEDICAL
STAFF" for 1st year students of the Faculty of Medicine

DEPARTMENT OF INTERNAL MEDICINE No. 1

1. Duties of junior medical personnel. Fundamentals of medical ethics and Deontology.
2. Principles of the organization of work and the device of the reception department.
3. Principles of the organization of work and the device of the therapeutic department.
4. Sanitary-hygienic and medical-protective regime of the therapeutic department. Sanitary and hygienic treatment of wards.
5. Sanitary and hygienic treatment of the patient in the emergency department. Stages of treatment of a patient with pediculosis.
6. Preparation of disinfectant solutions. Disinfection of patient care items in the therapeutic department.
7. Methods of transporting patients from the emergency department.
8. Basic principles of rational therapeutic nutrition. Dietary (therapeutic) tables.
9. The order of distribution of food, methods of feeding patients in hospital departments.
10. Rules for changing underwear and bed linen. Meaning for the patient.
11. Skin care. Prevention of bedsores.
12. Oral care: examination, rinsing, rinsing (irrigation) of the oral cavity, wiping the mouth and teeth.
13. Ear care: washing the ear canal, instilling drops.
14. Eye care: morning toilet, washing, instilling drops.
15. Nose care: washing, instilling drops.
16. Hair and nail care.
17. Rules for feeding the lining vessel and the urinal. Washing away the sick.
18. The use of cold in medical practice. Indications, contraindications.

19. The use of heat in medical practice. Warming compresses. Indications, contraindications.
20. Mustard plasters: general information, methods of staging. Indications, contraindications.
21. Enemas. Types, rules of staging. Indications, contraindications.
22. Gas outlet pipe. Setting rules. Indications, contraindications.
23. Urine, collection of material for laboratory testing. Types of laboratory tests of urine.
24. Feces, collection of material for laboratory testing. Types of laboratory tests of feces.
25. Rules of preparation of patients for instrumental methods of research of digestive organs.
26. Rules for preparing patients for instrumental methods of examination of the urinary system organs.
27. Sputum. Types of laboratory tests. Collection of material for laboratory testing.
28. Assessment of the general condition of the patient. Clinical significance.
29. Anthropometry. Clinical significance of the study. Interpretation of the received data.
30. Methods of measuring body temperature. Registration of the received data. Clinical significance.
31. Characteristics of breathing. Counting the frequency of respiratory movements. Clinical significance. Pathological forms of respiration.
32. Properties of the arterial pulse. Counting rules. Clinical significance.
33. Blood pressure. Measurement rules. Clinical significance.
34. Features of care for patients with respiratory diseases.
35. Features of care for patients with diseases of the cardiovascular system.
36. Features of care for patients with diseases of the digestive system.
37. Features of care for patients with diseases of the kidneys and urinary tract.
38. Features of care for agonizing patients.
39. Statement of death. Rules for handling a corpse.
40. Terminal states. First aid equipment.

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

DEPARTMENT OF SURGICAL DISEASES No. 1

1. Compresses, hot water bottles, an ice pack. Production technique. Indications. Contraindications.
2. Body temperature and its measurement types of temperature curves.
3. Disinfection of medical instruments and patient care products
4. Rules and techniques of artificial respiration. Indications for resuscitation measures.
5. First aid for vomiting
6. Performing pre-sterilization preparation of surgical instruments
7. Rules and methods of applying a colostomy bag.
8. Rules and techniques of indirect heart massage. Indications for resuscitation measures.
9. Rules and techniques for performing nutritional and medicinal enemas. Indications, contraindications.
10. Functional bed. Purpose. Rules for using a functional bed.
11. Rules and techniques of gastric lavage. Indications, contraindications.
12. Daily routine of a surgical patient in a hospital.
13. Rules and methods of air duct introduction. Possible complications.
14. Skin care. Prevention of bedsores
15. Rules, techniques and methods of pre-sterilization preparation of surgical instruments.
16. Oxygen therapy. Security measures. Methods and techniques of conducting.
17. Rules and techniques of sanitary treatment of the patient upon admission to the hospital.
18. Rules and techniques for changing underwear and bed linen.
19. Rules and techniques for moving the patient from the gurney to the operating table and back.
20. Technique and rules of urinary bladder catheterization. Indications. Contraindications.
21. Diet therapy in the surgical department. Optimal ratio of fat, protein and carbohydrates in surgical patients.
22. The concept of the therapeutic and protective regime of the surgical department.
23. The rules of the technique of cleaning and siphon enemas. Indications. Contraindications.

24. General structure of the surgical hospital.
25. Personal safety measures in the care of surgical patients.
26. The mode of visiting surgical patients.
27. Rules and techniques for feeding patients in bed.
28. Fundamentals of the medical staff at all stages of treatment of surgical patients.
29. Indications and rules for conducting probe enteral nutrition.
30. Rules and techniques for monitoring drains in operated patients.
31. Rules and techniques for disinfection of medical instruments and patient care products.
32. Methods of preparing patients for X-ray examination of the gastrointestinal tract.
33. The volume of sanitary treatment of the patient in the emergency department.

Head of the Department Ph. D.

U. S. Beslekoev

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

Department of Internal Medicine No. 1

Department of Surgical Diseases No. 1

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**Minutes of the meeting of the Cyclical
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Standards of test tasks of industrial practice Clinical practice "Assistant to junior medical personnel" of

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for 1st year students

specialty 31.05.01 " Medical care»

Vladikavkaz city 2020

Table of contents

№	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	93	OPIK-10	13-26
2	Maintenance of the sanitary-hygienic and medical - protective regime of the department	25	OPIK-10	27-31
3	Sanitary treatment of the patient	18	OPIK-10	32-34
4	Transportation of patients	13	OPIK-10	35-36
5	Personal hygiene of the patient and medical staff. Nutrition of patients	69	OPIK-10	37-45
6	The simplest physical therapy procedures. Preparation of patients for laboratory and instrumental methods of research	45	OPIK-10	46-51
7	Methods of using medicines	23	OPIK-10	52-54
8	Observation and care of patients with diseases of various body systems, including dying patients	148	OPIK-10	55-74

	TOTAL	408		
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SECTION 1. INTRODUCTION TO THE ORGANIZATION OF THE RECEPTION AND THERAPEUTIC DEPARTMENTS AND THE FUNCTIONAL RESPONSIBILITIES OF JUNIOR MEDICAL STAFF

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

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

2. Who should take care of the patients?

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

Z. What does medical deontology study?

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

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

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

e) Mudrov ML.

5. What is iatrogenic disease?

a) a disease that has developed as a result of careless statements of a medical worker about a patient or his illness or as a result of improper treatment

b) a disease that has developed as a result of improper treatment c

) a complication of the underlying disease

d) a disease transmitted from patient to patient

e) a hereditary disease

6. What medical and preventive institutions provide outpatient care?

a) hospitals

b) polyclinics, outpatient clinics, health centers

c) hospitals

d) clinics

e) all of the above is true

7. What medical institutions provide inpatient care?

a) polyclinics

b) outpatient clinics

c) health centers

d) hospitals, hospitals, clinics

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

a) hospital

b) medical and sanitary unit

c) dispensary

d) outpatient clinic

e) health center

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

a) medical and sanitary part

b) dispensary

c) hospital

- d) outpatient clinic
- e) all of the above is true

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

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

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

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

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

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

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

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

14. Name a medical institution where, in addition to inpatient treatment, students, doctors, and nursing staff are trained:

- a) polyclinic
- b) medical and sanitary part

- c) hospital
- d) clinic
- e) hospital

15. Types of 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) creation 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) registry c
-) therapeutic department
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- 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
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-) developing general medical practices
- d) creation 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. The group of inpatient medical institutions includes all but:

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

27. The structural division of the hospital is not:

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

28. 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

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

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

- a) sanatoriums-dispensaries
- b) mud baths
- c) neuropsychiatric 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

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 nurse-hostess

- b) dietitian
- c) district nurse
- d) ward nurse
- e) procedure nurse

39. Who belongs to the secondary medical staff:

- a) nurse
- b) nurse-hostess
- 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 office of the sister-hostess c
-) the hall
- d) nursing post
- e) buffet

42. The equipment of the nursing station includes:

- a) table, table lamp, telephone
- b) means of communication with the seriously ill (light board, bell, local telephone service, list of office 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 medications c

) general assessment of the patient's condition (general condition, position of the patient in bed, state of consciousness of the patient, anthropometry) and monitoring of the patient's condition (thermometry, pulse tracking and BPD calculation, measurement of daily diuresis with mandatory recording of the data obtained in the relevant medical documentation)

d) monitoring of the general hygienic condition of the patient, including examination for the presence of pediculosis, monitoring of the patient's personal hygiene and cleanliness in the wards, quartz treatment of the wards

44. The duties of a junior nurse include:

a) toilet, washing of patients

b) feeding of patients c

) ventilation, cleaning of wards

d) care of seriously ill patients

e) monitoring of compliance with the medical and protective regime

45. The main types of nursing medical documentation:

a) the journal of the movement of patients: registration of admission and discharge of patients

b) the procedure sheet: the list of medical appointments

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

d) the requirement for patient nutrition (PORTIONNIK)

e) the log of reception and delivery of duty

f) all of the above is true

46. The procedure for putting junior and secondary medical personnel on duty includes:

a) transfer of medical equipment

- b) a summary of the movement of patients
- c) the transfer of the keys to the safe with medicines from list A
- d) all of the above is true

47. Medical documentation transmitted on duty:

- a) journal of accounting and expenditure of narcotic drugs
- b) the log of toxic and potent drugs c
-) the log of reception and transfer of duties
- d) all of the above is true

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

- a) a list of feverish patients
- b) a list of urgent appointments
- c) procedural and temperature lists
- d) availability of medical equipment according to the list

49. The duties of a post nurse include:

- a) performing medical appointments
- b) collection of material for analysis
- c) distribution of medicines
- d) provision of patient care
- e) all of the above is true

50. The duties of a post nurse include:

- a) monitoring of compliance with the medical and protective regime in the department
- b) monitoring of medical nutrition
- c) monitoring of the exemplary content of the nursing post
- d) control over the sanitary condition of patients
- e) all of the above is true

51. The senior nurse is obliged to:

- a) when receiving medicines, control the design of the label
- b) instruct nurses about the shelf life of each drug received from

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

d) all of the above is true

52. A nursing post is organized for every:

a) 15-20 beds

b) 20-25 beds

c) 25-30 beds

d) 30-35 beds

e) 35-40 beds

53. A nurse in the therapeutic department should

a) put enemas of all types

b) perform subcutaneous and intramuscular injections

c) feed seriously ill patients

d) all of the above is true

54. The duties of a nurse do not include

a) admission of new patients to the department

b) familiarization of patients with the daily routine

c) familiarization of patients with prescribed medications

d) collection of materials for tests

55. The duties of a junior nurse do not include

a) daily hygienic care of patients

b) feeding of the vessel, urinals, their disinfection c

) monitoring of the sanitary condition of the wards and their cleaning

56. The duties of a nurse include

a) measuring the patient's body temperature

b) maintain

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

a) test forms

b) boxes for storing medical records c

-) a cabinet for storing medicines
- d) a safe for storing strong drugs
- e) all of the above is true

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

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

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

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

66. In the temperature sheet, the nurse notes

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

Reception Department

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

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

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

- a) intensive care unit

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

69. The tasks of the reception department are

- a) reception and registration of the patient
- b) prevention of the introduction of infectious diseases c)
- referral of patients to the medical departments of the hospital
- d) sanitary treatment of patients
- e) all of the above is true

70. The duties of the emergency room nurse include

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

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

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

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

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

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

- a) register the incoming patient

- b) issue a temperature sheet
- c) draw up the required documentation
- d) measure t0, weigh
- e) examine the skin, scalp
- f) if necessary, provide pre-hospital medical care

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

- a) make an initial examination
- b) carried out sanitary treatment of hospitalized patients
- c) in the medical history on the title page, make a note about sanitary treatment, examination for pediculosis, about the transferred viral hepatitis

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

- a) monitoring of the sanitary regime
- b) accompanying the patient to the doctor's office and carrying out sanitation of the patient transportation and accompanying the patient to the specialized department

76. The duties of a nurse do not include:

- a) registration of documentation for the incoming patient
- b) prescription of medicines
- c) a superficial examination of the patient for pediculosis and possible infectious diseases
- d) accompanying the patient to the doctor's office
- e) transporting and accompanying the patient to the department

77. The work of the reception department should take place in the following order:

- a) registration of patients, sanitary and hygienic treatment, medical examination
- b) registration of patients, medical examination, sanitary and hygienic treatment
- c) sanitary and hygienic treatment, medical examination, registration of patients
- d) depending on the specific situation
- e) arbitrarily

78. Ways of hospitalization of patients in the hospital:

- a) by ambulance

- b) independently
- c) in the direction of the clinic
- d) transfer from other hospitals
- e) all of the above is true

79. What is not included in the reception unit?

- a) waiting room
- b) specialist offices c
-) canteen
- d) insulator
- d) bathroom

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

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

Therapeutic Department

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

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

82. Which departments are not considered therapeutic:

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

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

- a) the office of the head of the department

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

) the office of the senior nurse

d) wards for patients

e) treatment rooms

e) all of the above is true

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

a) manipulation rooms (enema)

b) bathroom c

) toilet rooms

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

e) the office of the nurse-hostess

e) all of the above is true

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

a) sanpropusknik

b) laboratory

c) registry

d) room for washing and sterilizing vessels

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

a) functional beds

b) bedside tables

c) x-ray machine

d) common table and chairs for patients

e) refrigerator for storing food

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

a) the office of the head of the department

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

c) the office of the senior nurse

- d) wards for patients
- e) treatment rooms
- f) all of the above is true

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

- a) manipulation rooms (enema)
- b) bathroom
- c) toilet rooms
- d) the pantry for the distribution of food and the dining room for the sick
- e) the office of the nurse-hostess
- e) all of the above is true

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

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

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

- a) manipulation rooms (enema)
- b) bathroom
- c) toilet rooms
- d) a buffet for the distribution of food and a canteen for the sick
- e) the office of the nurse-hostess
- e) all of the above is true

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

- a) sanpropuschnik
- b) laboratory

- c) registry
- d) room for washing and sterilizing ships

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

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

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

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

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

94. 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

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

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

96. 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

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

- a) 408 b) 320
- c) 288
- g)

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

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

99. 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 host sister

100. The method of transportation determines:

- a) doctor
- b) post nurse
- c) emergency department nurse
- d) senior nurse

101. 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

102. List all types of disinfection:

- a) preventive
- b) focal current
- c) focal final
- d) all of the above is true

103. 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

104. 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

105. 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

106. 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

107. 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

108. 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

109. 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

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

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

e) airing, quartz coating of wards, corridors

111. 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

112. General cleaning in medical departments is carried out

a) 2 times a week

b) once every 7-10 days c

) once every 2 weeks

d) 1 time per month

113. 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

114. 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

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

a) swept

b) washed with warm water

c) wash with water with the addition of a disinfectant solution

106. 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

107. 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

108. Window 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

109. 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

110. 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

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

- b) 2 times
- c) 3 times

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

113. The main method of decontamination of the hands of the medical staff of the departments is to wash them

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

114. The mode of treatment of the surface of the gurney with a disinfectant

- a) once
- b) twice with an interval of 15 minutes.
- c) twice without an interval
- d) twice with an interval of 10 min.

115. Type of horizontal position of the patient:

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

116. Sims' position:

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

117. The option of setting the gurney in a small room:

- a) parallel
- b) perpendicular
- c) in series
- d) close

118. Possible trauma of patients in the hospital:

- a) stroke
- b) frostbite

- c) crisis
- d) electrical trauma

SECTION Z. SANITARY TREATMENT OF THE PATIENT

119. 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

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

- b) as prescribed by a nurse

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

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

122. 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

123. 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

124. 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

125. 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

126. 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

127. Disinsection is a system of measures to destroy

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

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

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

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

- a) 2094 water-soap suspension of benzyl benzoate

- b) 10 % water soap-kerosene emulsion
- c) 1594 water solution of kerosene
- d) Nittifor lotion

130. The exposure time when treating the scalp with Nittifor lotion is

- a) 20 minutes
- b) 30 minutes
- c) 40 minutes
- d) 50 minutes
- e) 60 minutes

131. Disinsecticidal solutions include all but:

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

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

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

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

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

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

- a) a solution of household soap
- b) 8 % solution of table vinegar

- c) 0.5 % solution of chloramine
- d) tar soap solution

135. The register of infectious patients indicates

- a) the name, age
- b) the date of detection of the infectious disease, diagnosis
- c) the measures taken
- d) all of the above is true

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

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

SECTION 4. TRANSPORTATION OF PATIENTS

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

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

138. Risk factor for falling in hospital patients:

- a) overheating
- b) visual impairment
- c) hypothermia
- d) mature age

139. When transporting a patient on a stretcher up the stairs, the patient is carried:

- a) feet first
- b) at an angle of 45 °
- c) head first
- d) lifting the leg end of the stretcher

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

- a) 600
- b) 900
- c) 1800
- d) 2400

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

- a) on a stretcher
- b) in an elevator c
- c) on a gurney
- d) on a wheelchair

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

- a) with the head
- b) with the shoulders c
- c) with the lower back
- d) with the feet

143. When transporting a patient on a stretcher down the stairs, the patient is carried:

- a) feet first
- b) at an angle of 45° c
- c) head first
- d) lifting the leg end of the stretcher

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

- a) moving the patient
- b) leisure time for the patient
- c) balance for the nurse
- d) nursing interventions

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

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

146. Biomechanics of the sister's body when lifting weight:

- 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

147. 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

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

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

149 .A patient with cardiovascular insufficiency is transported:

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

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

150. 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

152. 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

153. 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

154. The patient takes a forced position to:

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

155. 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

156. 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

157. 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

158. 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

159. 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

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

- a) spatula
- b) swab on a metal rod c
-) glass stick

161. Cotton turunds are inserted into the nasal passages

- a) with a clip
- b) with a button probe c
-) with tweezers
- d) with a hand

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

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

) after taking medication

163. 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

164. 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 balloon

d) with a change in the position of the head on one side and the other

e) all of the above is true

165. 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

166. It is not allowed to store

a) personal hygiene items in the bedside table

b) change of underwear c

) food

d) books, toys

167. A functional bed differs from a normal one

a) by the absence of movable sections

b) by the presence of movable sections c

) by the absence of a bedside table

d) the absence of a basket for a pot or a vessel

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

a) the nurse-hostess

b) junior nurse c

) doctor

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

a) the attending physician

b) nurse c

) nurse-hostess

170. Control of 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

171. How to remove sulfur plugs from the ear?

a) using your finger after washing your hands with soap and water

b) the introduction of a sharp object into the external auditory canal

c) 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

172. To soften and remove the sulfur plug

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

b) sterile water c

) sterile vaseline oil

173. 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 a bench under the patient's bed

174. How often are the lying patients washed away?

a) at least 2 times a day

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

175.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

176. Who takes a sample before distributing food:

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

177.Who carries out the distribution of food:

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

178.What are the types of artificial nutrition

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

179. 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

180.The power mode 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

181.What is meant by nutrition?

- a) the premises, which serves
- b) space for holiday meals
- C) warehouses (cooled and uncooled) for food storage, pantry daily stock products
- d) a set of rooms where food products are the way of the delivery of food bases to the cooking and distribution of ready meals

182.Types of parenteral nutrition

- a) full, partial
- b) full, auxiliary c
-) partial, auxiliary
- d) full, partial, auxiliary

183.Parenteral nutrition is:

- a) nutrition, which is carried out by intravenous drip administration of drugs
- b) nutrition, which is used when it is impossible to adequately provide the energy and plastic needs of the body naturally c
-) feeding the patient with special nutritional mixtures through the mouth or probe
- d) nutrition, in which the patient takes food with the help of a nurse

184. 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

185. Passive nutrition is a:

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

186. Ways of introducing nutritional mixtures:

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

187.

- 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

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

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

d) head. production or chef

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

a) daily

b) never c

) once a week

d) I once a month

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

191. Diet No. 15 is prescribed to patients with:

a) diabetes mellitus

b) acute nephritis c

) chronic hepatitis

d) without gastrointestinal disorders

e) gout

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

193. 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

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

e) No. 9

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

a) a variant of a diet with a reduced calorie content (a low-calorie diet)

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

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

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

197. 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

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

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

199. 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

200. 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

201. In hospitals, food is prepared

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

202. 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

203. Feeding of seriously ill patients is carried out

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

204. Washing baths for dirty and clean dishes should be

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

205. 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

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

- a) the caloric content of the 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

207. 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

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

- a) preparation of a portion list
- b) sampling c
-) monitoring the quality of products and their placement

209. 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

210. 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

211. Diets are divided into

- a) individual
- b) group c
-) general

d) all of the above is true

212. Distribute food

a) barmaids

b) doctors c

) junior nurses

213. The buffet can not be stored

a) dairy products

b) bread (no more than a day) c

) sugar

d) tea

214. Rinsing of tableware after washing is carried out

a) with cold water

b) with warm water (30 0C) c

) with hot water (60-65 o C)

d) with a disinfectant solution

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

a) 15 minutes

b) 30 minutes c

) 45 minutes

216. For washing dishes, use

a) sponges

b) washcloths

c) rags

217. After the distribution of food leftovers it is allowed to store

a) not allowed

b) c you can store individual dishes

218. After using the dish washing rag

a) boil for 5 minutes

b) boil for 10 minutes

c) boil for 15 minutes

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

219. How many layers should there be in a warming wet compress?

a) layer

b) 4 layers c

) 3 layers

d) the more, the better

e) 5 layers

220. The frequency of 10-minute breaks when using an ice pack:

a) every 30 minutes

b) every patient

's treatment c) every 5 minutes

d) every hour

e) every minute

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

a) 50-60

b) 40-42

c) 38-39

d) 34-36

222. The temperature of the water in a warm bath is (in the case of)

a) 50-60

b) 40-42

c) 37-39

d) 34-36

223. Local bath is called immersion

a) of the whole body

b) body parts c

) lower body up to the waist

d) slow

224. The duration of the use of hot baths (in min.)

a) 30-40

6) 20-30

225. Duration of warm baths (in min.)

a) 30-40

6) 20-30

c) 10-15

d) 3-5

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

a) cool

b) indifferent c

) warm

d) hot

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

a) acute appendicitis

b) bleeding c

) bruising in the first hours

d) infiltration at the injection site

228. 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

229. An ice pack should be used topically for

a) an attack of renal colic

b) arthritis c

) pneumonia

d) bleeding

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

a) 50-60

6) 37-38

c) 20-22

d) 2-15

231. 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

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

a) bronchoscopy

b) bronchography

233. What is the method of endoscopic examination?:

a) radiography

b) x-ray examination c

) bronchoscopy

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

a) yes

b) no

235. Irrigoscopy is:

a) x-ray examination of the colon

b) endoscopic examination of the colon

236. Cystoscopy is:

a) endoscopic examination of the bladder

b) x-ray examination of the bladder

273. Special features of preparing the patient for an X-ray examination of the stomach:

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

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

) be sure to have a shlak-free diet

238. 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

239. 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

240. 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 weight $\times 0.5$

241. Contraindications to gastric lavage:

a) food poisoning

b) drug poisoning c

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

242. 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

243. 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

244. 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

245. Indications for a nutritional enema:

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

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

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

247. 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

248. 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

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

- a) 20-30
- 6) 10-12
- c) 2-4
- d) 50

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

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

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

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

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

- a) oil enema
- b) regular cleansing enema
- c) siphon enema
- d) hypertonic enema

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

- a) 40 %
- 6) 20%

- c) 5 %
- d) 0.9 %

254. 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

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

- a) 60-70
- b) 40-42
- c) 37-38
- d) 30-32

256. 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)

257. Vrsma of finding the gas outlet tube in the intestine

- a) 8-10 hours
- b) 2-3 hours
- c) 30-60 minutes
- d) 3-5 minutes

258. 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

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

- a) with a cut up at an angle of 45
- b) with a cut down at an angle of 45 c
-) with a cut up at an angle of 60
- d) with a cut down at an angle of

260. When taking blood from a vein, the tourniquet 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

261. 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

262. 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

263. 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

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

- a) sterile
- b) internal c

) external

d) all of the above is true

265. Distribution of medicines to the patient is carried out by

a) a doctor

b) post nurse c

) senior nurse

d) junior nurse

266. 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

267. Water solution in a tablespoon

a) 5 ml

b) 10 ml

c) 15 ml

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

a) in the cabinet

b) in the refrigerator

c) in the safe

269. In the safe marked " B " are

a) toxic and narcotic drugs

b) strong drugs

270. Water solution in a teaspoon

a) 5 ml

b) 10 ml

c) 15 ml of

271. Water solution in a dessert spoon

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

272. The journal for the accounting of toxic and potent drugs is kept

- a) year
- b) 3 years
- c) 5 years

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

- a) yes
- b) no

274. The safe marked " A " contains

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

275. Specify the mistakes made when storing medicines

- a) storing medicines together with disinfectants
- b) transfusing medicines from one container to another c
-) gluing labels on medicines
- d) all of the above is correct

276. The distribution of medicines provides for:

- a) reconciliation of the entry in the list of medical appointments 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

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

- a) the use of drugs by injection
- b) any method of administration of drugs, bypassing the gastrointestinal tract c

-) the introduction of drugs into the subarachnoid space
- d) external use of medicines

278. 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

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

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

280. 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

281. 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

282. Which 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

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

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

284. Indications for the use of intravenous infusions:

- 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

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

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

286. Complications associated with violation of the rules of asepsis and antisepsis during injections:

- a) air and fat embolism
- b) allergic reactions
- c) development of post-injection infiltrates and abscesses

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

287. The main anthropometric indicators include:

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

288. The patient's weight should be measured

- a) every 3 to 5 days
- b) every 7-10 days c
-) every 12-14 days

289. The patient should be weighed under the following conditions::

- 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

290. The general condition can be determined by the following gradations:

- a) satisfactory
- b) moderate severity c
-) severe
- d) extremely severe (pre-diagonal)
- e) all of the above is true

291. The patient's position in bed

- a) active
- b) passive c
-) forced
- d) all of the above is true

292. State of consciousness:

- a) clear

- b) stupor
- c) sopor
- d) coma
- e) all of the above is true

293. Device for changing body temperature:

- a) thermometer
- b) tonometer c
-) picfluometer
- d) tachometer

294. The body temperature is normal in the range (values in degrees Celsius):

- a) 34-35
- b) 35-37 c
-) 36-37
- d) 37-38

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

- a) 39
- b) 35 c
-) 43
- d) 41

296. 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

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

- a) sweating
- b) chills c
-) enlarged lymph nodes
- d) no characteristic symptom

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

- a) sweating
- b) chills c
-) enlarged lymph nodes
- d) no characteristic symptom

299. 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

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

- 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) after a course of therapeutic massage
- d) the patient does not need help

301. 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

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

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

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

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

304. Body temperature is measured after waking up

- a) immediately
- b) after 15 minutes
- c) after 30-40 minutes
- d) after 1 hour

305. 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

306. Subfebrile is called the body temperature

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

307. 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

308. The body temperature is considered normal

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

309. Thermometers store

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

310. In a febrile patient, it is necessary to measure the body temperature

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

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

- a) is higher by 0.5-1 °C

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

312. Febrile is called the body temperature

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

313. Pyretic is called the body temperature

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

314. In the initial period of an increase in body temperature, it is necessary to

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

315. 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

316. 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

317. 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

318. 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

319. Medicines for reducing body temperature with hyperthermia are prescribed by

- a) the attending or duty doctor
- b) post nurse
- c) senior nurse

320. A critical decrease in body temperature is characterized by

- a) a rapid drop in body temperature
- b) the development of severe weakness, profuse sweating c
-) a drop in blood pressure
- d) all of the above is true

321. 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

322. In a feverish patient, a 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

323. The temperature in patients is not measured in:

- a) the oral cavity
- b) the armpit c
-) the inguinal fold
- d) the rectum
- e) the ulnar fold

324. What psychological characteristics are not characteristic of 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

325. 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 hypnotics
- e) all of the above is true

326. What activities do you consider 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

327. 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

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

- a) taking vegetable laxatives
- b) taking saline laxatives and castor oil
- c) setting of cleansing enemas
- d) introduction to the diet of vegetables and fruits

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

- a) limiting the content of easily digestible carbohydrates
- b) restriction of animal fat content c
-) reduction of protein content
- d) restriction of liquid consumption

330.3 abolevaniya elderly and senile studies

- a) gerontology

- b) geriatrics c
-) gerogygiena
- d) geopathology

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

- a) to increase life expectancy
- b) preservation of health
- c) providing social support
- d) ensuring the quality of life

332. A typical psychosocial problem of the elderly and senile

- a) alcohol abuse
- b) suicidal tendencies c
-) loneliness
- d) refusal to participate in public life

333. When caring for a geriatric patient, the nurse must first ensure (

- a) the safety of the patient
- b) rational nutrition of the patient c
-) carrying out personal hygiene measures
- d) maintaining social contacts

334. Mandatory equipment of the gerontology department

- a) heart monitors
- b) air conditioners c
-) blinds
- d) means of signaling communication with the sister

335. Recommended in the elderly and senile age, the ratio of proteins, fats and carbohydrates in the diet should be

- a) 1: 1: 4
- b) 2: 3: 4
- c) 1: 2: 4.5
- g) 1: 0.8: 3.5

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

- a) catheterization of the bladder
- b) sharp restriction of fluid c
-) sharp restriction of salt
- d) provision of a urinal

337. The rubber vessel is used:

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

338. Bedsores develop as a result of:

- 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

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

- a) wipe the skin with 10% 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

347. 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

348. During oxygen therapy, oxygen is moistened in order to

- a) prevention of dryness of the mucous membranes of the respiratory tract
- b) defoaming of the mucous sputum c
-) prevention of waterlogging of the mucous membranes of the respiratory tract
- d) lowering the pressure

349. 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

350. 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

351. 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

352. What measures should not be taken when a patient has a pulmonary

- 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

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

- a) acute bronchitis
- b) blockage of the trachea and large bronchi by a foreign body c
-) pulmonary embolism
- d) drug poisoning

354. What is the purpose of a 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

355. Which of these characteristics relate to the pulse

- a) rhythmicity
- b) frequency c
-) filling
- d) all of the above is true

356. Device for changing blood pressure:

- a) thermometer
- b) tonometer c
-) picfluometer
- d) tachometer

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

- a) 80/40-110/70
- 6) 110/70-140/90
- c) 140/90-160/100
- d) 160/100-180/100

358. Please indicate the correct definition of ischemia:

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

359. Ischemia may develop in:

- a) heart

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

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

- a) radiation from 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

361. In case of myocardial infarction, in contrast to angina, chest pain:

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

362. 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

363. Please indicate the measures 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

364. At what speed should the air be drained from the cuff so that the blood pressure measurement is correct?

- a) at a speed of 1 mmHg in 1 second
- b) at a speed of 2 mmHg in 1 second c
-) at a speed of 3 mmHg in 1 second
- d) at a speed of 4 mmHg in 1 second
- e) at a speed of 5 mmHg in 1 second

365. 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

366. Pulse pressure reflects:

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

367. What help should be given to a patient with 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

368. In the event of an attack of angina, the patient is recommended to:

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

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

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

370. When caring for a patient with chronic heart failure, the following are particularly important:

- 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

371. 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

372. What features of an angina attack 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) no effect after taking nitroglycerin

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

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

374. 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

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

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

376. Functions of the digestive system:

- a) motor, secretory, excretory
- b) secretory, excretory, suction function c
-) motor, secretory, suction, excretory function

- d) motor, secretory, suction
- e) motor, excretory

377. 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 removing metabolic products from the body
- d) in the movement of food and the absorption of water and trace elements
- e) in the production of digestive juices and the removal of undigested food residues

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

- a) in the production of glandular cells of digestive juices
- b) in moving food and removing undigested food residues from the body
- c) in removing metabolic products from the body
- d) in the movement of food and the absorption of water and trace elements
- e) in the production of digestive juices and the removal of undigested food residues

379. What is heartburn?

- a) a burning sensation behind the sternum or in the epigastric region, caused by the throwing of acidic gastric contents into the esophagus
- b) involuntary discharge of air accumulated in the stomach or esophagus through the mouth
- 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 sensation in the epigastric region, chest, pharynx and oral cavity, often preceding vomiting

380. 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 of air accumulated in the stomach or esophagus through the mouth

- 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 sensation in the epigastric region, chest, pharynx and oral cavity, often preceding vomiting

381. 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

382. 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

383. For the disinfection of vomit, use:

- a) a solution of potassium permanganate
- b) a solution of soda
- c) dry bleach lime
- d) alcohol solution

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

- a) violation of the electrolyte balance of the body
- b) dehydration of the body c

-) tears of the mucous membrane of the esophagus and stomach with subsequent bleeding
- d) all of the above is true

385. What measures should not be taken for flatulence?

- a) introduction of the exhaust pipe;
- b) restriction of foods rich in fiber and starch in the diet c
-) the use of activated carbon, carminative herbs
- d) gastric lavage
- e) the use of enzyme preparations

386. 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

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

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

388. 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

389. 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

390. For what purpose are hypertonic enemas used?

- a) for the introduction of liquid into the body
- b) for emptying the intestine in atonic constipation c
-) for emptying the intestine in spastic constipation

391. 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

392. Which tip is inserted into the rectum when setting siphon enemas?

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

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

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

394. 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

395. Can esophagogastrosocopy 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 this case, you must first do a 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)

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

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

397. 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

398. 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-1/2 height

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

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

400. 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 effects on the mucous membrane of the rectum and sigmoid colon
- d) all of the above is true

Monitoring and care of patients with kidney and urinary tract diseases

401. Symptoms characteristic of diseases of the excretory organs:

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

402. Polyuria is:

- a) reducing the amount of urine released per day to 500 ml or less

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

403. The oliguria is:

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

404. Anuria is:

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

405. Nycturia is:

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

e) frequent urination

406. Ishuria is:

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

407. Pollakiuria is:

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

408. 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 diuresis
- d) increased urination

409. 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

410. In case of urinary incontinence, it is recommended to:

a) use of the urinal

b) thorough toilet of the skin c

) control over the cleanliness of underwear and bed linen

d) all of the above is true

411. 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

412. B what is the emergency care for renal colic?

a) an ice bubble on the lower back area

b) a hot water bottle on the lower back and the use of antispasmodics c

) the use of diuretics

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

a) limiting the consumption of table salt

b) reducing the protein content in the diet

c) limiting the intake of liquid

d) monitoring of blood pressure and edema

414. To eliminate acute urinary retention, use:

a) catheterization of the bladder

b) cystostomy

- c) irrigation of the external genitals with warm water
- d) all of the above is true

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

415. When entering the emergency department of a seriously ill hospital, the paramedic must first of all

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

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

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

417. 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 it becomes dirty

418. 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

419. The patient's bed linen is changed 1 time in

a) 14 days

b) 7 days c

) day

d) month

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

a) lower body temperature

b) heart rate reduction

c) lack of reaction of the pupils to light

d) confusion

e) rigor mortis

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

a) round-the-clock communication with the laboratory

b) allocation of "shock" wards and "resuscitation rooms" for resuscitation activities c

) equipment for monitor monitoring, devices for artificial lung ventilation, defibrillators, pacemakers

d) all of the above is true

422. What symptoms are reliable signs of biological death?

a) the appearance of cadaverous spots

b) a decrease in skin temperature below 2 () °C c

) the appearance of rigor mortis

d) all of the above is true

423. The contraindication for resuscitation measures is not:

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

424. 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 down c
-) all of the above is true

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

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

426. What indicates the effectiveness of indirect heart massage?

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

427. 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

428. What respiratory diseases do not occur in the first hours of poisoning?

- a) inhibition 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

429. 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) heart rhythm disorders
- d) all of the above is true

430. 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

431. 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

432. 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

433. 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

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

- a) 6
- b) 2
- c) 1
- d) immediately after the statement of death