

Tanta University
Faculty of Nursing

Department of Psychiatric and Mental Health Nursing

Final exam
4th year students
2014/2015

Course title:- Psychiatric and Mental Health Nursing

Date; 5-1-2015

Time: 3 hours

Number of exam pages: - 10 page

(Including coversheet)

Parts	Questions	Marks	
-Part I	-Multiple choice questions	30	
-Part II	-True and false	10	
-Part III	-List	30	
-Part IV	-Matching	10	
-Part V	-Situation	20	
	Total	100	

Please answer all of the following questions;

Part I:- Multiple choice questions;-

30 Marks

Read the following statements and encircle the correct answer. There is only one best answer;

1- As defined by Freud, the ego is that part of the mind that contain;

- a- The basic instincts and urges
- b- The conscience
- c- The ability to respond to the realities of every day life.
- d- All elements of the holistic person

2-When assessing a client with anxiety, the nurse's questions should be:

- a- Avoided until the anxiety is gone
- b- Open-ended
- c- Postponed until the client volunteers information
- d- Specific and direct

3-Once the mother know her son die , by car accident , she suddenly and unexpected leaves the usual home , travels a distance , and assume anew identity. , this disorder considered:

- a- Dissociate amnesia
- b- Dissocialize fugue
- c- Dissociate identity disorder
- d- depersonalization.

4-A man who is late for work states, "my wife forgot to set the alarm last night so I over slept. This example of:

- a- Introjections
- b- Projection
- c- Regression
- d- Rationalization.

5- Initiation phase of relation is characterized by all of the following except:

- a- High level of anxiety
- b- Patient dependent on himself
- c- Patient feel trust & confidence
- d- Lack of knowledge.

6- The main defense mechanism used by the alcoholic (addict) is:-

- a- Denial
- b-Compensation
- b- Sublimation
- d-Reaction Formation

7-During the assessment, the client tells the nurse that she cannot stop worrying about her appearance and that she often removes "old" make-up and applies fresh make-up every hour or two throughout the day. The nurse identifies this behavior as indicative of:

- a- Acute stress disorder
- b- Generalized anxiety disorder
- c- Panic disorder
- d- Obsessive-compulsive disorder

8-Etiology of schizophrenia is best described by;

- a. Structural and biological factors
- b. Environmental factors and poor parenting
- c. Genetic due to faulty dopamine receptors
- d. Combinations of biological psychological and environmental factors

9- A man who dislikes his mother in law may act very politely and courteously toward her. In this situation, the person use defense mechanism called:-

- a- Reaction formation.
- b- Compensation
- c- Regression.
- d- Identification

10 -Therapeutic relationship is characterized by all the following except;

- a- Time limited.
- b-There is an intention of dealing with patient' s problem.
- c- It is always goal directed and purposeful.
- d- The relationship should entail the nurse's personal matters

11-On arrival for admission to a voluntary unit, a female client loudly announces: “Everyone kneel, you are in the presence of the Queen of England.”

This is:

- a. A delusion of self-belief
- b. A delusion of self-appreciation
- c. A nihilistic delusion
- d. A delusion of grandeur

12- According to psychoanalytical theory, problems with excessive orderliness and neatness arise in one of the following development stages:

- a- Oral
- b- Anal
- c- Phallic
- d- Genital

13- All of the following are features of obsessive compulsive disorders, except?

- a- Anxiety relieved by doing the act
- b- Sense of guilt
- c- Magical thought
- d-Patient is aware of helplessness

14- An appropriate nursing diagnosis of a client with a major depression is:

- a. Alteration in activity
- b. Alteration in perceptions
- c. Alteration in affect
- d. Alteration in social activity

15-To establish open and trusting relationship with client who has been hospitalized with severe anxiety, the nurse in charge should;

- a- Encourage the staff to have frequent interaction with the client
- b- Share an activity with the client
- c- Give client feedback about behavior
- d- Respect client’s need for personal space

16-The nurse assessing a patient with a somatoform disorder will probably note that the patient.

- a-Verbalizes emotional needs easily.
- b-Denies the need for anxiolytic drugs.
- c-Assumes increasing responsibilities within the family
- d-Misinterprets physical symptoms

17-All these drugs are hallucinogenic except:

- a-Marijuana
- b-Hashish
- c-Heroine
- d-Mushroom

18- When talking with a client who is in the acute manic phase with flight of ideas, the nurse primarily needs to:

- a. Speak loudly and rapidly to keep the client's attention, as the client is distracted.
- b. Focus on the feeling conveyed rather than the thoughts expressed.
- c. Encourage the client to complete one thought at a time.
- d. Allow the client to talk freely.

19 -A client is experiencing anxiety attack. The most appropriate nursing intervention should include?

- a- Turning on the television
- b- Leaving the client alone
- c- Staying with the client and speaking in short sentences
- d- Ask the client to play with other clients

20- Common nursing diagnosis of dissociative disorder:

- a- Altered perception process
- b- Ineffective individual coping
- c- Self care deficit
- d- Lack of knowledge.

21-Patients who abuse alcohol may become tremulous and have hallucination when they stop drinking. This is called:

- a-Tolerance
- b- Abstinence.
- c- Withdrawal symptom.
- d- Dementia

22- The main nursing diagnosis of substance abuse patient is:

- a- Altered thought process
- b- Ineffective Individual Coping
- c- Altered sensory perception
- d- Social isolation

23-Repeating the person said in nearly the same words he has used. This named communication skill of:

- a- Active listening.
- b- Validating.
- c- Interpretation.
- d- Restatement.

24- For the clients with delusional disorders, which would be an entail goal:-

- a- the clients will diminish suspicious behaviors.
- b-the client will express thought and feeling verbally.
- c- The client will develop a sense of trust of reality that is validating by others.
- d- The client will engage with group activity.

25- Milieu therapy means:

- a-Treatment of patient's family
- b-Put patient in carefully designed environment
- c-Drug administration
- d-Put patient in fresh air

26-Suicide is most likely to occur:

- a-On admission
- b-On discharge.
- c-As the depression deepens.
- d- As the antidepressant work.

27-Which are the following activities would be most appropriate for a client with mania on an inpatient unit?

- a-Arts and crafts
- b-Playing a game of cards
- c-Walking with a staff member
- d-A cooking group

28-Which of the following are considered the positive signs of schizophrenia?

- a.Delusions anhedonia, ambivalence.
- b-Hallucinations, illusions, ambivalence.
- c-Delusions, hallucinations , disorganized thought
- d-Disordered thinking, anhedonia, illusions

29- The manifestation problems that arising from oral stage are :

- a- Smoking , and drug dependence
- b- Deviant behaviors
- c- Stubbornness
- d- Perfectionism

30- The client unable to remember some event during stressful situation but not all , this considers :

- a- Localized amnesia
- b- Selective amnesia
- c- Generalize amnesia
- d-Continuous amnesia

Part II; True and False questions; 10 marks

-Read each statement carefully and encircle "T" if the statement is true, encircle "F" if the statement is false.

Statements	True	False
1-Patient who takes anti- depressant drugs (MOIs) must be taken restricted tyramine diet.		
2-Experiences provoking anxiety begins in infancy and continue throughout life		
3-An important distinction between anxiety and fear is that anxiety attacks at deeper level than fear		
4- Usual events in the psychiatric hospital are Opportunities for observation		
5-What is accepted as normal behavior differs with social class, level of education and with nationality?		
6- Delirium is a syndrome associated with destruction of brain cell.		
7- People may rely on excessive alcohol to deal with personal tension and discomfort		
8- Anhedonia is reduction in energy		
9- Plans for termination phase of nurse patient relationship should begin at the end phase of relationship		
10- Lack of agreement and consistency between the staff gives rise to more aggressive behavior between the patients		

Part III; -List the followings; (30 marks)

1-Etiology of anxiety;

- a-----
- b-----
- c-----
- d-----
- e-----

2- List basic principles of observation;

- a-----
- b-----
- c-----
- d-----
- e-----

3-Cause of lithium toxicity

- a-----
- b-----
- c-----
- d-----

4- Purpose of limit setting

- a-----
- b-----
- c-----

5- General characteristics of milieu therapy

- a-----
- b-----
- c-----

6- Indication of ECT:

- a-----
- b-----
- c-----
- d-----

7- Early extra-premedial side effects:

a-----

b-----

c-----

8- Common characteristics of somatoform disorders

a-----

b-----

c-----

Part I V; Matching; (10 marks)

Match the following numbered items on the left side with lettered items in the right side. Put the letter of your choice in the area between brackets.

	A		B
1()	Is the need for increasingly larger or more frequent doses of a substance in order to obtain the desired effects originally produced by a lower dose.	A	Repression
2()	“ I wouldn't talk about it right now ” . “Let's talk about my accident later	B	Elation
3()	Unpleasant, unacceptable ideas or impulses are involuntary stored in the unconscious mind	C	Tolerance
4()	It describes a more broadly conceived, less severe pattern of drug use that is defined in terms of interference with the person's ability to fulfill major role obligations at work or at home	D	Suppression
5()	The unconscious refusal to face thoughts, feelings, wishes, needs, or reality factors that are intolerable.	E	Nonverbal communication
6()	One's perception of personal characteristics and abilities and interaction with the other people and environment	F	Denial
7()	Is physiological, behavioral, cognitive, and affective symptom that occurs after reduction or discontinuance of a drug that has been used heavily over a long period of time.	G	Substance abuse
8()	It is to unconsciously justify ideas, action, or feeling with good, acceptable reasons or explanation	H	Substance withdrawal:
9()	It is the exchange of message without using words	I	Rationalization
10()	Feeling of joy, triumph and intense self – satisfaction or optimisms associated with motor activity	J	Self-awareness

Part V: -Situation; (20 marks)

Aly 33 years, has been admitted to the hospital for third time with a diagnosis of paranoid schizophrenia, Aly live alone. He had been taking haloperidol (Haldol) but stopped taking it 2weeks ago, telling nurse it was " the prison that is making me sick " . Yesterday, Aly was brought to the hospital after neighbors called the police because he had been up all night yelling loudly in his apartment. Neighbors reported him saying, " can't do it, they don't deserve to die " and similar statements.

Aly appears guarded, his hair is matted, he has a strong bad odor, and he is dressed in several layers clothing even though the temperature is warm. So far, Ail has been refusing any offers of food or fluid, when the nurse approached Ail with a does of haloperidol, he said, "Do you want me to die?"

1-What assessment data does the nurse need to plan for Aly? (4 marks)

2-Write two nursing diagnosis and expected outcome? (8 marks)

3-Write two nursing intervention to Ali? (8 marks)

Good luck.