

**Tanat University**

**Faculty of Nursing**

**Department of Psychiatric and Mental Health Nursing**

**Final exam of  
Psychiatric and Mental Health Nursing  
4<sup>th</sup> year students  
2014/2015**

Course title:- Psychiatric and Mental Health Nursing

Date: 6-9-1015

Time: 3 hours

Number of exam pages: - 12 page

(Including coversheet)

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

**Part I:- Multiple choice questions: ( 30Marks )**

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

1-Which of the following are considered to be negative signs of schizophrenia?

- a- Delusion
- b- Anhedonia
- b- Disorganized behaviors
- c- Hallucination

2-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

3-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

4- Building trust is important in:-

- a- The orientation phase of the nurse patient relationship
- b- The working phase of nurse patient relationship
- c- All phase of nurse patient relationship
- d- The termination phase of nurse patient relationship

5- A client with delirium is attempting to remove the intravenous tubing from his arm, saying to the nurse " Get off me , Go away !" The client is experiencing which of the following "?

- a- Delusion
- b- Hallucination
- c- Illusion
- d- Distention



12- The client, although oriented to person, place , and time he can 't remember automobile accident the day before , the nurse describe this condition as ...

- a- Suppression
- b- Localized amnesia
- c- Confabulation
- d- Selective amnesia

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

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

14-A man who is late for work states, “my wife was forgot to set the alarm last night so I overslept. This an example of:

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

15-Initiation phase of relation is characterized by one of the following:

- a- High level of anxiety
- b- Patient feel trust
- c- Patient feel comfortable
- d- Nurse have knowledge about patient

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

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

17 -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.

18- When the client describes fear of leaving his apartment as well as the desire to get out and meet others, it is called ....

- a- Ambivalence
- b- Anhedonia
- c- Alogia
- d- Avoidance

19. On arrival for admission to a voluntary unit, a female client loudly announces: "Everyone kneel, you are the presence of the Queen of England." This is:

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

20- 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

21. 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

22- The client has been on haldol since admission four days earlier. Which assessment by the nurse would be best determining the effectiveness of a client's antipsychotic medication?

- a- The client no longer has hallucination
- b- The client is no longer depressed
- c- The client has made a friend on the unite
- d- The client requests discharge

23- Once, the mother know her son die by car accident , she suddenly and unexpectedly leave the usual home , and travels a distance , she assume anew identity , This disorder is :

- a- Dissociative amnesia
- b- Dissociative fugue
- c- dissociative identity disorder
- d- depersonalization .

24- The main function of milieu therapy is :

- a- Provide safe environment
- b- crisis intervention
- c- decrease patient anxiety
- d- Learning social skills and dealing with daily living activities .

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

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

26- 23- Which of the following typifies the speech of a person in the acute phase of manic?

- a- Flight of ideas
- b- Psychomotor retardation
- c- Hesitant
- d- mutism.

27- during final examination, the student is facing with unexpected and difficult questions, the student cry and say " I can't see any thing ".This example of .....

- a- Conversion disorder
- b- Summarization
- c- pain disorder
- d- hypochondriasis

28 - A client diagnosed with schizophrenia tells the nurse that another client is "creating negative thought in me against my will " . The nurse documents that the client is exhibiting which of the following feature of schizophrenia

- a- Thought broadcasting
- b- thought blocking
- c- Thought insertion
- b- Thought of control

29- Common nursing diagnosis of dissociative disorder :

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

30- A client taking anti-psychotic medication report feeling nervous. The nurse notices that the client is pacing the long hall way, and unable to remain still, even when in conversation with other client. what term should the nurse use to document that occurrence ?

- a-Akathisia
- b-Akinesia
- C- Dystonia
- d-Tradive dyskinesia

**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.

<i>Statements</i>	<i>True</i>	<i>False</i>
1-Pateint should be punished for his undesired behavior.		
2- Non- verbal communication is considered a more accurate description of true feeling.		
3- Sitting limit can be done verbally .		
4- Mental health is absence of mental illness		
5-Grief is normal response to a significant loss		
6-Anergia is inability to find meaning or pleasure in existence.		
7- The nurse instruct the patient who take MAOIs avoid eat eggs		
8- Paraphrasing is communication technique which repeating the idea that the client expressed in different words.		
9- Termination phase of nurse patient relationship may create feeling of rejection , depression , and anxiety in patient		
10- ECT is appropriate treatment in somatoform disorder.		

### III-Matching (10marks) :

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

( ) a- projection	1- Retreating to level of behavior that reduce anxiety, allow ne to feel more comfortable.
( ) b- superego	2-This is voluntary conscious forcing of unpleasant anxiety producing experiences into the preconscious mind.
( ) c- suppression	3- False fixed belief not accepted by the person in the same social stander, and not corrected by logic , and person flight for it.
( ) d- illusion	4- Loss of language ability, the person has difficulty finding the correct word or naming the object .
( ) e- repression	5- It is a rational part of personality, and developed through interaction with environment, and realty testing.
( ) f- Aphasia	6- The unpleasant, unacceptable ideas, or impulses are involuntary stored in the unconscious mind.
( ) g- Regression	7- A loss of purposeful in the absent of motor or sensory impairment
( ) h- Apraxia	8- It is value system, represent moral , attitude , conscience.
( ) i- Delusion	9- False perception with external stimuli.
( ) j- Ego	10- The person reject unwanted characteristics of self and assign them to others.

**IV-List the followings;( 30 marks ):**

1- The relation between verbal and non-verbal communication:

a-

b-

c-

d-

2- List basic principles of observation;

a-

b-

c-

d-

3- Indication of ECT:

a-

b-

c-

d-

4- Early extra-permedial side effects :

a-

b-

c-

5 - Ideal community mental health services:

a-

b-

c-

d-

6- Advantage of milieu therapy:

a-

b-

c-

d-

7- Common characteristics of somatoform disorders

a-

b-

c-

8- causes of lithium toxicity :

a-

b-

d-

**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 2 weeks 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, Aly has been refusing any offers of food or fluid, when the nurse approached Aly with a dose 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 Aly? (8 marks)