

NORCET 11

Mains Paper

127/140

were asked in
NORCET 11

**NPrep GOLD me jo,
NORCET me wo.**

SUBJECT-WISE BREAKDOWN

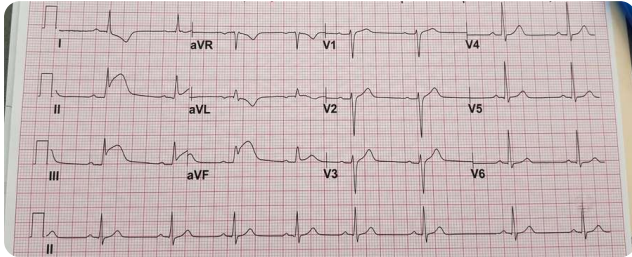
What was already covered?

Subject	Asked in NORCET 11	Covered in NPrep GOLD	Match %
Medical-Surgical Nursing	49	47	96%
Obstetrics & Gynaecology	21	20	95%
Child Health Nursing	21	20	95%
Mental Health Nursing	19	16	84%
Community Health Nursing	12	9	75%
Pharmacology	8	7	88%
Fundamentals of Nursing	5	5	100%
Anatomy & Physiology	2	2	100%
Genetics	2	1	50%
Microbiology	1	0	0%
Total	140	127	91%

NORCET 11 MEMORY BASED QUESTION

Q1 Medical-Surgical Nursing

A client of 42 years old presents with acute chest pain.. Which type of myocardial infarction is this?



A Anterior wall MI

B Lateral wall MI

C Inferior wall MI

✓ ANSWER

D Posterior wall MI

Similar question in NPrep GOLD QBank

A 60-year-old male presents with chest pain. Which ECG leads changes indicate the presence of an inferior wall myocardial infarction (MI)?

A V1, V2, V3, V4

B II, III, aVF

✓ ANSWER

C I, aVL, V5, V6

D V7-V9

Open this question in QBank

Similar question in NPrep GOLD Video

Coronary Artery Disease

Medical-Surgical Nursing

Timestamp: 01:18:42

Watch this video

Q1 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

6:08 92%
 X E6
 1 2 3 4 5 6 7
 A 60-year-old male presents with chest pain. Which ECG leads changes indicate the presence of an inferior wall myocardial infarction (MI)?
 A V1, V2, V3, V4 17%
 B II, III, aVF 47%
 C I, aVL, V5, V6 14%
 D V7-V9 22%
 ✓ **Correct!** Wonderful, you got this one right.
 Having trouble? Report
 Next

6:09 92%
 X E6
 1 2 3 4 5 6 7
Explanation
 • Leads II, III, and aVF directly monitor the electrical activity of the inferior surface of the heart.
 • ST-segment elevation or other ischemic changes in this specific lead group are diagnostic for an inferior wall myocardial infarction.
 • This location of infarction is most commonly caused by an occlusion of the Right Coronary Artery (RCA).
Why Other Options Were Wrong
 • **Option A:** Leads V1, V2, V3, and V4 view the anterior and septal walls of the heart.
 • **Option C:** Leads I, aVL, V5, and V6 view the lateral wall of the left ventricle.
 • **Option D:** Leads V7-V9 are posterior leads used to view the posterior wall
 Having trouble? Report
 Next

100%
 12-Lead ECG Groupings

 Illustrating the 12-lead ECG and the specific walls of the heart each lead group (Inferior, Lateral, Septal, Anterior) monitors.
 Pinch to zoom

NORCET 11 MEMORY BASED QUESTION

Q2 Medical-Surgical Nursing

A postoperative client who underwent CABG on postoperative day 1 there is sudden decrease in drain amount from 50ml to 0ml , hypotension and distended neck veins. Which complication should the nurse suspect?

- ☒ A Cardiac tamponade ✓ ANSWER
- ☐ B Tension pneumothorax
- ☐ C Left ventricular failure
- ☐ D Post-pericardiotomy (Dressler's) syndrome

Similar question in NPrep GOLD QBank

A 68-year-old male is in the ICU 12 hours after coronary artery bypass grafting. The nurse observes that the patient is increasingly anxious and restless. Upon assessment, the nurse suspects cardiac tamponade. Which cluster of findings corresponds to Beck's triad, confirming this suspicion?

- ☒ A Hypotension, muffled heart sounds, and distended neck veins ✓ ANSWER
- ☐ B Hypertension, bradycardia, and flat neck veins
- ☐ C Hypotension, a loud S3 heart sound, and peripheral edema
- ☐ D Tachycardia, pulsus paradoxus, and a pericardial friction rub

Open this question in QBank

Similar question in NPrep GOLD Video

Pericardial Effusion & Cardiac Tamponade

Medical-Surgical Nursing

Timestamp: 34:55

Watch this video

Q2 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question



A 68-year-old male is in the ICU 12 hours after coronary artery bypass grafting. The nurse observes that the patient is increasingly anxious and restless. Upon assessment, the nurse suspects cardiac tamponade. Which cluster of findings corresponds to Beck's triad, confirming this suspicion?

A

Hypotension, muffled heart sounds, and distended neck veins

45% students marked it



B

Hypertension, bradycardia, and flat neck veins

19% students marked it

C

Hypotension, a loud S3 heart sound, and peripheral edema

18% students marked it

D

Tachycardia, pulsus paradoxus, and a pericardial friction rub

18% students marked it



Correct! Wonderful, you got this one

← Question

Explanation



- Beck's triad is a collection of three cardinal signs associated with acute cardiac tamponade, a life-threatening condition where fluid accumulates in the pericardial sac and compresses the heart.
- The three signs are:
 - Hypotension: Caused by decreased cardiac output as the heart cannot fill or pump effectively.
 - **Muffled or Distant Heart Sounds**: The fluid in the pericardial sac dampens the sound of the heart valves closing.
 - **Distended Neck Veins (Jugular Venous Distention - JVD)**: Results from increased pressure in the right atrium, which backs up into the venous system.

Why Other Options Were Wrong

- **Hypertension, bradycardia, and flat neck veins**: This is incorrect. Hypertension and bradycardia are components of Cushing's triad (related to increased intracranial pressure), not Beck's triad. Flat neck veins indicate low central venous pressure, the opposite of what is seen in tamponade.
- **Tachycardia, pulsus paradoxus, and a pericardial friction rub**: While these signs can be associated with pericardial disease,

NORCET 11 MEMORY BASED QUESTION

Q3 Medical-Surgical Nursing

A client with atrial fibrillation & heart rate suddenly becomes 175 to 195 & becomes hypotensive (BP 80/50 mmHg), with chest pain and dizziness & SPO2 becomes 88%. What should be administered immediately?

- ☐ A Increase Oxygen flow
- ☐ B IV beta-blocker
- ☒ C Synchronised cardioversion ✓ ANSWER
- ☐ D Unsynchronised defibrillation

Similar question in NPrep GOLD QBank

A 68-year-old male with a history of atrial fibrillation is brought to the emergency department. He is hypotensive with a blood pressure of 88/50 mmHg, complains of severe shortness of breath, and has a heart rate of 180 bpm on the monitor. What is the PRIORITY intervention the nurse should anticipate and prepare for?

- ☐ A Initiation of cardiopulmonary resuscitation (CPR)
- ☒ B Synchronized cardioversion ✓ ANSWER
- ☐ C Immediate defibrillation
- ☐ D Administration of intravenous amiodarone

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Advanced Cardiac Life Support (ACLS)

Medical-Surgical Nursing

Timestamp: 52:59

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Q3 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A 68-year-old male with a history of atrial fibrillation is brought to the emergency department. He is hypotensive with a blood pressure of 88/50 mmHg, complains of severe shortness of breath, and has a heart rate of 180 bpm on the monitor. What is the PRIORITY intervention the nurse should anticipate and prepare for?

A Initiation of cardiopulmonary resuscitation (CPR)
10% students marked it

B Synchronized cardioversion
54% students marked it

C Immediate defibrillation
12% students marked it

D Administration of intravenous amiodarone
24% students marked it

Correct! Wonderful, you got this one right

← Question

- The patient is presenting with a tachydysrhythmia (atrial fibrillation with a heart rate of 180 bpm) and is hemodynamically unstable, as evidenced by **hypotension** (BP 88/50 mmHg) and severe shortness of breath.
- The priority treatment for a patient with unstable **tachycardia** who has a pulse is synchronized cardioversion. This procedure delivers a controlled electrical **shock** synchronized with the R wave of the **ECG** to convert the heart back to a normal sinus rhythm.

Why Other Options Were Wrong

- Immediate defibrillation:** This is incorrect. Defibrillation delivers an unsynchronized **shock** and is the treatment for pulseless ventricular **tachycardia** or ventricular fibrillation. This patient has a pulse and a measurable **blood pressure**.
- Administration of intravenous amiodarone:** While amiodarone is an antiarrhythmic drug used for atrial fibrillation, it is not the priority for a hemodynamically unstable patient. Electrical cardioversion is required for rapid stabilization. Pharmacological therapy is more appropriate for stable patients.
- Initiation of cardiopulmonary resuscitation (CPR):** This is incorrect. **CPR** is

NORCET 11 MEMORY BASED QUESTION

Q4 Medical-Surgical Nursing

A patient underwent femoral artery catheterisation. After the procedure the affected leg becomes numb and pale, with decreased circulation and a weak distal pulse. Which of the following option is concerning & need to take action

- ☐ A Elevate the leg and apply a warm compress
- ☐ B Compress at prick site & reassess after sometime
- ☒ C Assess distal pulse & as per decreased circulation notify the physician immediately ✓ ANSWER
- ☐ D Recheck the pulse after one hour

Similar question in NPrep GOLD QBank

A 68-year-old male is 4 hours post-percutaneous coronary intervention (PCI) via the right femoral artery. He suddenly complains of severe, escalating pain in his right foot. The nurse assesses the extremity and finds it is cool to the touch with an absent dorsalis pedis pulse. What is the nurse's PRIORITY action?

- ☐ A Document the findings and reassess in 30 minutes.
- ☐ B Elevate the affected leg on two pillows.
- ☒ C Notify the primary healthcare provider immediately. ✓ ANSWER
- ☐ D Administer the prescribed PRN analgesic for pain.

Open this question in QBank

Similar question in NPrep GOLD Video

Peripheral Arterial Disorders

Medical-Surgical Nursing

Timestamp: 35:13

Watch this video

Q4 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A 68-year-old male is 4 hours post-percutaneous coronary intervention (PCI) via the right femoral artery. He suddenly complains of severe, escalating pain in his right foot. The nurse assesses the extremity and finds it is cool to the touch with an absent dorsalis pedis pulse. What is the nurse's PRIORITY action?

- A** Document the findings and reassess in 30 minutes.
3% students marked it
- B** Elevate the affected leg on two pillows.
9% students marked it
- C** Notify the primary healthcare provider immediately. ☒
87% students marked it
- D** Administer the prescribed PRN analgesic for pain.
1% students marked it

☒ **Correct!** Wonderful, you got this one right.

← Question

- The combination of severe pain, coolness, and an absent pulse in the extremity distal to the PCI access site are classic signs of **acute arterial occlusion**. This is a medical emergency that can lead to limb loss if not treated promptly.
- The nurse's absolute priority is to notify the primary healthcare provider immediately to facilitate urgent diagnosis and intervention, such as an **embolectomy** or thrombolytic therapy.

Why Other Options Were Wrong

- **Administering an analgesic:** While the patient is in pain, this action only masks the symptoms of a serious underlying problem (**ischemia**) and delays critical, limb-saving treatment.
- **Documenting and reassessing:** Documentation is essential, but in an emergency situation, initiating the chain of command to get the patient treated is the priority. Delaying notification for 30 minutes could result in irreversible tissue damage.
- **Elevating the leg:** Elevating an ischemic limb is contraindicated as it will further impede **arterial blood flow** by working against gravity, worsening the **ischemia**.

Related Visual

NORCET 11 MEMORY BASED QUESTION

Q5 Medical-Surgical Nursing

A client is on post-operative day 5 after coronary artery bypass grafting (CABG). Vital signs: temperature 39 °C, heart rate 130/min in sinus rhythm, BP 110/60 mmHg, SpO₂ 96% on room air. What should the nurse do first?

- ☐ A Start IV fluids to correct dehydration
- ☒ B Give the prescribed antipyretic and reassess after 30 minutes ✓ ANSWER
- ☐ C Give the prescribed beta blocker to control the heart rate
- ☐ D Apply cooling measures and reassure the clientm

Similar question in NPrep GOLD QBank

A 68-year-old male is in the ICU 4 hours after CABG surgery. His blood pressure is 120/70 mmHg, heart rate is 88 beats/minute, and urine output is 40 mL/hour. He reports mild pain at the surgical site and has a slightly elevated temperature. Which nursing action is the priority?

- ☐ A Encourage the patient to ambulate independently
- ☒ B Administer the prescribed analgesic medication ✓ ANSWER
- ☐ C Restrict oral fluid intake
- ☐ D Place the patient in a prone position

Open this question in QBank

Similar question in NPrep GOLD Video

Perioperative Care

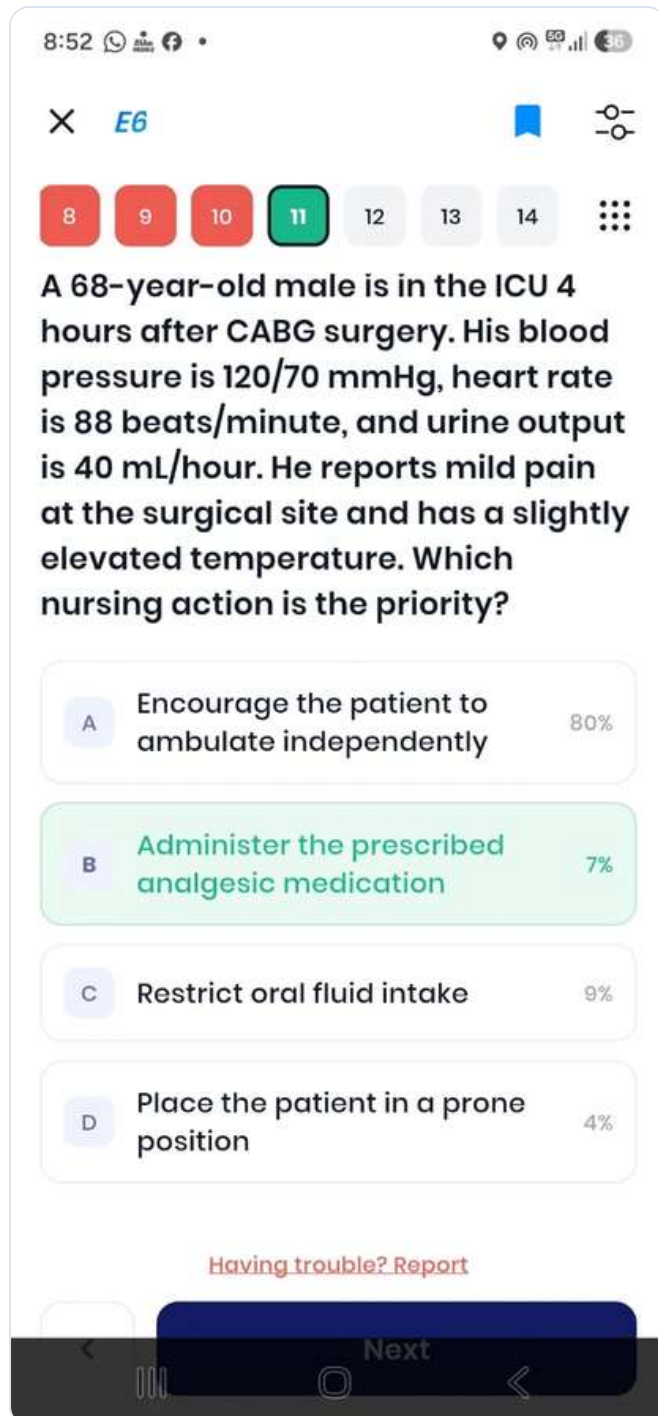
Medical-Surgical Nursing

Timestamp: 01:19:50

Watch this video

Q5 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.



8:52 36

× E6

8 9 10 11 12 13 14

A 68-year-old male is in the ICU 4 hours after CABG surgery. His blood pressure is 120/70 mmHg, heart rate is 88 beats/minute, and urine output is 40 mL/hour. He reports mild pain at the surgical site and has a slightly elevated temperature. Which nursing action is the priority?

A Encourage the patient to ambulate independently 80%

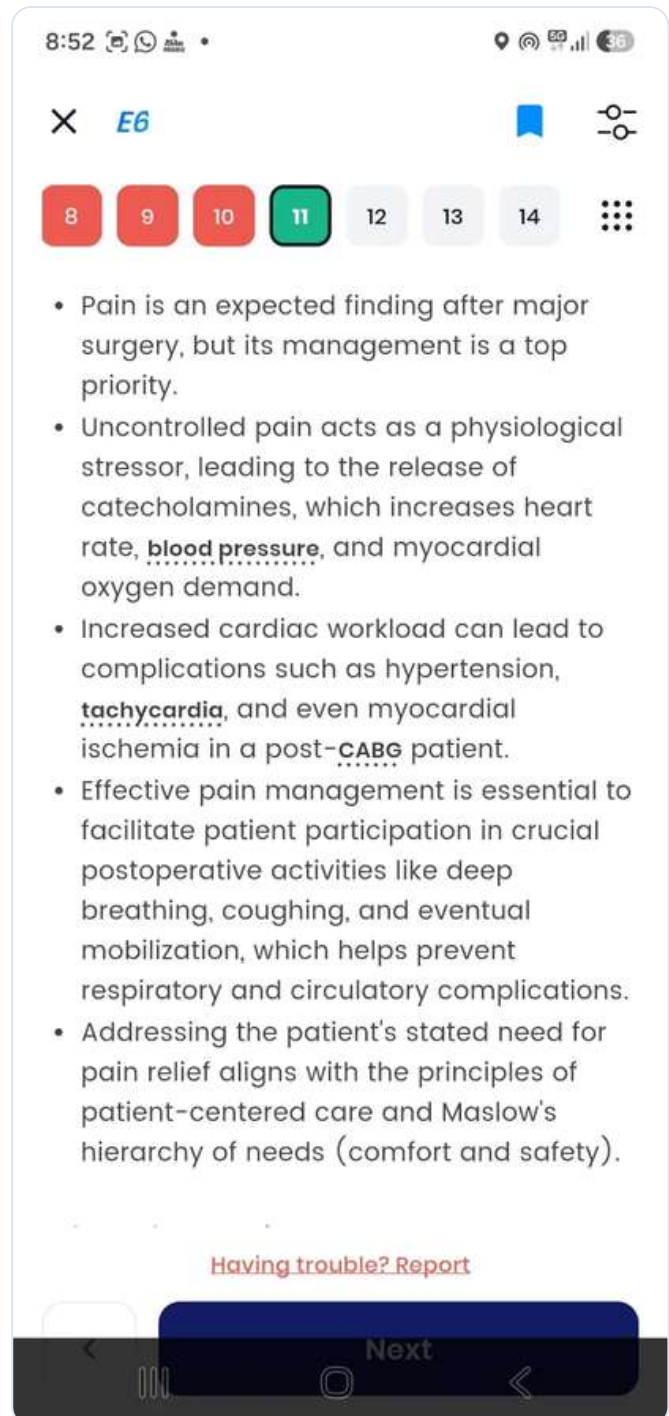
B Administer the prescribed analgesic medication 7%

C Restrict oral fluid intake 9%

D Place the patient in a prone position 4%

Having trouble? Report

Next



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- Pain is an expected finding after major surgery, but its management is a top priority.
- Uncontrolled pain acts as a physiological stressor, leading to the release of catecholamines, which increases heart rate, blood pressure, and myocardial oxygen demand.
- Increased cardiac workload can lead to complications such as hypertension, tachycardia, and even myocardial ischemia in a post-CABG patient.
- Effective pain management is essential to facilitate patient participation in crucial postoperative activities like deep breathing, coughing, and eventual mobilization, which helps prevent respiratory and circulatory complications.
- Addressing the patient's stated need for pain relief aligns with the principles of patient-centered care and Maslow's hierarchy of needs (comfort and safety).

Having trouble? Report

Next

NORCET 11 MEMORY BASED QUESTION

Q6 Medical-Surgical Nursing

A patient on a mechanical ventilator has a low-pressure alarm sounding. His oxygen saturation is falling, Respiratory rate is increasing and is not being maintained. Initial assessment was done , there is no blockage & tubing kinking, and all connections are proper. What should the nurse do first?

- ☒ A Disconnect the patient from the ventilator and ventilate with a bag-mask device ✓ ANSWER
- ☐ B Increase the tidal volume & FiO2
- ☐ C ET Suctioning
- ☐ D Continue ventilation and observe

Similar question in NPrep GOLD QBank

The low-pressure alarm sounds on the ventilator. The nurse checks the client and then attempts to determine the cause of the alarm but is unsuccessful. Which initial action should the nurse take?

- ☐ A Administer oxygen
- ☒ B Ventilate the client manually ✓ ANSWER
- ☐ C Check the client's vital signs
- ☐ D Start cardiopulmonary resuscitation (CPR)

Open this question in QBank

Similar question in NPrep GOLD Video

Mechanical Ventilation

Medical-Surgical Nursing

Timestamp: 25:08

Watch this video

Q6 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

6:11
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Question 2/12

The low-pressure alarm sounds on the ventilator. The nurse checks the client and then attempts to determine the cause of the alarm but is unsuccessful. Which initial action should the nurse take?

A Administer oxygen 9%

B **Ventilate the client manually** 56%

C Check the client's vital signs 12%

D Start cardiopulmonary resuscitation (CPR) 23%


Correct! Wonderful, you got it right.

Having trouble? Report

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Explanation

- When a ventilator alarm's cause is not immediately apparent, the highest priority is patient safety and ensuring continued ventilation.
- A low-pressure alarm signifies a leak or disconnection, meaning air is not reaching the patient. Manually ventilating with an Ambu bag bypasses the faulty machine and directly addresses this life-threatening issue.
- This action follows the critical care principle of 'patient first, ventilator second.' The patient's physiological needs (breathing) take precedence over troubleshooting equipment.
- Manually ventilating provides immediate support, giving the nurse time to call for help (e.g., a respiratory therapist) to diagnose and fix the ventilator problem without compromising the patient's oxygenation.

Why Other Options Were Wrong

Having trouble? Report

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Next

NORCET 11 MEMORY BASED QUESTION

Q7 Medical-Surgical Nursing

A client with polytrauma from a road traffic accident has been intubated and moved to the ICU on mechanical ventilation. The ventilator's high-pressure alarm sounds, secretions in air ways and Spo2 has fallen to 82% priority nursing intervention.

☐ A Disconnection of the ventilator circuit and start manual

☒ B Suction airways ✓ ANSWER

☐ C increase FiO2

☐ D Assess after 30 minutes

Similar question in NPrep GOLD QBank

A ventilated patient suddenly becomes agitated, tachycardic, and the high-pressure alarm sounds. What is the most likely cause?

☐ A Circuit disconnection

☒ B Airway obstruction from secretions ✓ ANSWER

☐ C Low respiratory drive

☐ D Cuff leak

Open this question in QBank

Similar question in NPrep GOLD Video

Mechanical Ventilation

Medical-Surgical Nursing

Timestamp: 22:45

Watch this video

Q7 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

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Question 3/12

A ventilated patient suddenly becomes agitated, tachycardic, and the high-pressure alarm sounds. What is the most likely cause?

A
Circuit disconnection
7%

B
Airway obstruction from secretions
61%

C
Low respiratory drive
9%

D
Cuff leak
23%

✔
Correct! Wonderful, you got this one right.

Having trouble? Report

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Next

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Explanation

- High-pressure alarms indicate increased resistance in the airway or circuit.
- Airway obstruction from secretions is a common cause in ventilated patients.
- Sudden agitation and tachycardia are signs of hypoxia due to airway blockage.
- Suctioning is the immediate nursing intervention to relieve obstruction.

Why Other Options Were Wrong

- **Option A:** Circuit disconnection causes a low-pressure alarm, not a high-pressure alarm. It leads to loss of ventilation, not increased resistance.
- **Option C:** Low respiratory drive results in hypoventilation and possibly apnea, but does not cause high-pressure alarms or sudden agitation and tachycardia.

Having trouble? Report

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Next

NORCET 11 MEMORY BASED QUESTION

Q8 Medical-Surgical Nursing

A client is brought unconscious with pinpoint pupils and a respiratory rate of 8/min. What is the first priority?

- ☒ A Administer IV naloxone ✓ ANSWER
- ☐ B Start IV fluids
- ☐ C Perform gastric lavage
- ☐ D Administer activated charcoal

Similar question in NPrep GOLD QBank

A patient is brought to the emergency department with a respiratory rate of 6 breaths/minute, pinpoint pupils, and unresponsiveness. What is the nurse's priority action?

- ☐ A Prepare for immediate mechanical ventilation.
- ☒ B Administer intravenous naloxone. ✓ ANSWER
- ☐ C Administer activated charcoal via a nasogastric tube.
- ☐ D Administer intravenous flumazenil.

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Emergency & critical care nursing

Medical-Surgical Nursing

Timestamp: 06:16

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Q8 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question



A patient is brought to the emergency department with a respiratory rate of 6 breaths/minute, pinpoint pupils, and unresponsiveness. What is the nurse's priority action?

A

Prepare for immediate mechanical ventilation.

42% students marked it

B

Administer intravenous naloxone.

47% students marked it



C

Administer activated charcoal via a nasogastric tube.

10% students marked it

D

Administer intravenous flumazenil.

0% students marked it



Correct! Wonderful, you got this one right.

Explanation



← Question

Explanation



- The patient's clinical presentation—respiratory depression (**bradypnea**), pinpoint pupils (**miosis**), and unresponsiveness (**CNS** depression)—is the classic triad of acute opioid toxicity.
- The priority intervention is to rapidly reverse the life-threatening respiratory depression by administering an opioid antagonist.
- Naloxone is a pure, competitive opioid antagonist that quickly displaces opioids from their receptors, reversing their effects within minutes.

Why Other Options Were Wrong

- **Prepare for immediate mechanical ventilation:** While ventilatory support might become necessary if the patient does not respond to naloxone or if naloxone is unavailable, administering the specific antidote is the immediate first-line priority.
- **Administer activated charcoal via a nasogastric tube:** Activated charcoal is used to decontaminate the **GI** tract after ingestion of certain toxins. It is not the priority for reversing established systemic effects like respiratory depression and would be ineffective for overdoses from non-oral routes.

NORCET 11 MEMORY BASED QUESTION

Q9 Medical-Surgical Nursing

A Nursing officer is about to administer hepB vaccine to child which injection nurse should to prepare if any hypersensitivity reaction occurred.

- ☒ A Epinephrine ✓ ANSWER
- ☐ B IV hydrocortisone
- ☐ C Phylaramine
- ☐ D Salbutamol

Similar question in NPrep GOLD QBank

A patient in the emergency department develops acute anaphylaxis with severe hypotension and audible wheezing. What is the nurse's priority pharmacological intervention?

- ☐ A Administer nebulized salbutamol
- ☐ B Administer intravenous diphenhydramine
- ☐ C Administer intravenous hydrocortisone
- ☒ D Administer intramuscular adrenaline (epinephrine) ✓ ANSWER

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Management of common signs & symptoms

Medical-Surgical Nursing

Timestamp: 01:31:02

[Watch this video](#)

Q9 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A patient in the emergency department develops acute anaphylaxis with severe hypotension and audible wheezing. What is the nurse's priority pharmacological intervention?

- A** Administer nebulized salbutamol
7% students marked it
- B** Administer intravenous diphenhydramine
10% students marked it
- C** Administer intravenous hydrocortisone
3% students marked it
- D** Administer intramuscular adrenaline (epinephrine) ☒
80% students marked it

☒ **Correct!** Wonderful, you got this one right.

Explanation

Listen in Hindi 

- Adrenaline (epinephrine) is the life-saving, first-line drug for anaphylaxis. It is a potent vasopressor and bronchodilator.

← Question

Explanation

- Adrenaline (epinephrine) is the life-saving, first-line drug for anaphylaxis. It is a potent vasopressor and bronchodilator.
- Its alpha-1 agonist action reverses peripheral vasodilation, correcting hypotension and reducing edema.
- Its beta-2 agonist action causes bronchodilation, relieving wheezing and respiratory distress.
- The standard dose is 0.3–0.5 mg administered intramuscularly into the anterolateral thigh.

Why Other Options Were Wrong

- **Hydrocortisone:** This is a corticosteroid and acts as a second-line agent. Its onset of action is slow (hours). It is used to prevent biphasic or protracted anaphylactic reactions, not for immediate life-saving intervention.
- **Salbutamol:** This is a selective beta-2 agonist. While it helps with bronchospasm (wheezing), it does not address the life-threatening cardiovascular collapse (hypotension) and upper airway angioedema seen in anaphylaxis. It is an adjunctive therapy.
- **Diphenhydramine:** This is an H1

NORCET 11 MEMORY BASED QUESTION

Q10 Medical-Surgical Nursing

A known diabetic client comes to the emergency department with a random blood sugar of 400 mg/dL, Kussmaul respirations and a serum potassium of 5.8 mEq/L. Which intervention should the nurse carry out first?

- ☒ **A** Start an IV infusion of 0.9% sodium chloride ✓ ANSWER
- ☐ **B** Add potassium chloride to the IV fluids
- ☐ **C** Start an IV infusion of regular insulin
- ☐ **D** Give IV sodium bicarbonate

Similar question in NPrep GOLD QBank

A 22-year-old male with a history of type 1 diabetes is brought to the emergency department with nausea, vomiting, and abdominal pain. His blood glucose is 450 mg/dL, and urine ketones are strongly positive. He exhibits Kussmaul respirations. After establishing an IV line, what is the nurse's immediate priority action?

- ☐ **A** Obtain a blood sample for an arterial blood gas (ABG) analysis.
- ☐ **B** Insert an indwelling urinary catheter to monitor output.
- ☐ **C** Administer a bolus of regular insulin intravenously.
- ☒ **D** Start an infusion of 0.9% normal saline. ✓ ANSWER

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Acute complication of diabetes

Medical-Surgical Nursing

Timestamp: 23:17

[Watch this video](#)

Q10 Straight from the NPrep **GOLD** app

The answer, highlighted in our explanation.

← Question

A 22-year-old male with a history of type 1 diabetes is brought to the emergency department with nausea, vomiting, and abdominal pain. His blood glucose is 450 mg/dL, and urine ketones are strongly positive. He exhibits Kussmaul respirations. After establishing an IV line, what is the nurse's immediate priority action?

A Obtain a blood sample for an arterial blood gas (ABG) analysis.
5% students marked it

B Insert an indwelling urinary catheter to monitor output.
3% students marked it

C Administer a bolus of regular insulin intravenously.
24% students marked it

D Start an infusion of 0.9% normal saline.
68% students marked it

Correct! Wonderful, you got this one right.

← Question

Explanation

- The initial and most critical step in managing **DKA** is to correct the severe dehydration, **hypovolemia**, and electrolyte imbalances caused by osmotic diuresis.
- Starting an **infusion** of isotonic saline (0.9% NaCl) is the first priority. This action restores intravascular volume, improves **tissue perfusion**, and helps lower **blood glucose** levels through dilution and increased renal excretion.

Why Other Options Were Wrong

- Administering insulin:** While **insulin** is essential for treating **DKA**, it is not the first priority. Administering **insulin** before starting fluid replacement can cause a rapid shift of water into cells as glucose moves in, worsening the dehydration and potentially leading to circulatory collapse. It can also exacerbate **hypokalemia**.
- Obtaining an ABG:** Assessing the degree of **acidosis** with an **ABG** is an important diagnostic and monitoring step, but it is not the primary therapeutic intervention. Life-saving fluid resuscitation should begin immediately and not be delayed for this test.
- Inserting a urinary catheter:** Monitoring urine output is vital for tracking fluid balance and

← Question

Related Visual

Clinical Relevance

How to Approach the Question

Concept Tested & Keywords

Question ID

QunwUihHE0gvDQRsaUO0g Copy ID

← Question

Clinical Relevance

- In **DKA**, the body is in a state of profound fluid deficit, which can be as much as 6-10 liters. Correcting this is paramount to prevent circulatory collapse and ensure adequate **perfusion** to vital organs like the **kidneys and brain**.
- What if?** What if the patient's initial potassium level was critically low, at 2.8 mEq/L? In this scenario, **insulin** administration would be **held**, and potassium replacement would be initiated along with fluid resuscitation **before** starting **insulin**. **Insulin** drives potassium into the cells, and starting it with pre-existing **hypokalemia** could trigger a fatal cardiac arrhythmia.

How to Approach the Question

nprep.in/norcet-11

NPrep **GOLD** me jo,
NORCET me wo.

NORCET 11 MEMORY BASED QUESTION

Q11 Medical-Surgical Nursing

A client with diabetes mellitus has diabetic ketoacidosis (DKA) and Serum potassium is 3.0 mEq/L. The physician has prescribed an insulin infusion and IV potassium. What should the nurse do?

- ☐ A Start the insulin infusion first, then give potassium
- ☒ B Give IV potassium first, then start the insulin infusion
- ☐ C Start the insulin and potassium infusions together
- ☐ D Start the insulin infusion and recheck potassium after 1 hour

✓ ANSWER

Similar question in NPrep GOLD QBank

A patient with diabetic ketoacidosis (DKA) is started on an intravenous insulin infusion. According to the standard DKA management protocol, which concurrent intervention is crucial for the nurse to implement to prevent a common, life-threatening complication of this therapy?

- ☐ A Initiating a rapid bolus of 0.9% Normal Saline.
- ☐ B Preparing a bolus of 50% dextrose for immediate administration.
- ☐ C Administering a sodium bicarbonate infusion to correct the pH.
- ☒ D Administering intravenous potassium in maintenance fluids, as prescribed.

✓ ANSWER

Open this question in QBank

Similar question in NPrep GOLD Video

Acute Complication of Diabetes

Medical-Surgical Nursing

Timestamp: 25.06

Watch this video

Q11 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

X E6



1 2 3 4 5 6 7 8

A patient with diabetic ketoacidosis (DKA) is started on an intravenous insulin infusion. According to the standard DKA management protocol, which concurrent intervention is crucial for the nurse to implement to prevent a common, life-threatening complication of this therapy?

A Initiating a rapid bolus of 0.9% Normal Saline. 33%

B Preparing a bolus of 50% dextrose for immediate administration. 22%

C Administering a sodium bicarbonate infusion to correct the pH. 12%

D Administering intravenous potassium in maintenance fluids, 33% as prescribed.

Having trouble? Report



Next

X E6



1 2 3 4 5 6 7 8

Explanation

Listen in Hindi

- Insulin therapy is a cornerstone of DKA treatment, but it does more than just lower blood glucose. It also promotes the movement of potassium from the extracellular fluid (bloodstream) into the body's cells.
- This intracellular shift causes the serum potassium level to drop, often leading to hypokalemia. Pre-existing potassium depletion from osmotic diuresis further increases this risk.
- To prevent severe, life-threatening hypokalemia (which can cause fatal cardiac arrhythmias), standard DKA protocols require the administration of intravenous potassium as soon as the serum potassium level is within a safe range (e.g., not hyperkalemic) and urine output is established.

Why Other Options Were Wrong

- **Initiating a rapid bolus of 0.9% Normal Saline:** While fluid resuscitation with normal saline is a critical *initial* step in

Having trouble? Report



Next

NORCET 11 MEMORY BASED QUESTION

Q12 Medical-Surgical Nursing

client passes 3.5 L of urine a day. Plasma osmolality is 305 mOsm/kg,, urine osmolality is 150 mOsm/kg, urine specific gravity is 1.00 and plasma ADH is raised. What is the priority intervention?

- ☐ A Give desmopressin (DDAVP)
- ☒ B Start fluid replacement ✓ ANSWER
- ☐ C Restrict fluids and monitor serum sodium closely
- ☐ D Give 3% hypertonic saline

Similar question in NPrep GOLD Video

SIADH & Diabetes Insipidus

Medical-Surgical Nursing

Timestamp: 32.33

Watch this video

NORCET 11 MEMORY BASED QUESTION

Q13 Medical-Surgical Nursing

A client in a ward suddenly develops epistaxis & client feels the blood moving towards throat. To prevent aspiration, which position should a client be placed?

- ☐ A Supine with the head tilted backward
- ☒ B Sitting upright, leaning forward ✓ ANSWER
- ☐ C Sitting upright with Head tilted backward
- ☐ D Left lateral position

Similar question in NPrep GOLD QBank

Which one of the following nursing measures would be most appropriate in the care of the patient who has acute epistaxis?

- ☐ A Tilt the patient's head back
- ☐ B Place the patient's head between his legs
- ☒ C Pinch the nose and have the patient lean forward ✓ ANSWER
- ☐ D Place warm compresses on the patient's nasal bridge

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Nursing Management of Respiratory Disorder

Medical-Surgical Nursing

Timestamp: 01:08:45

[Watch this video](#)

Q13 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

6:16
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Question 5/12

Which one of the following nursing measures would be most appropriate in the care of the patient who has acute epistaxis?

A Tilt the patient's head back 17%

B Place the patient's head between his legs 12%

C Pinch the nose and have the patient lean forward 52%

D Place warm compresses on the patient's nasal bridge 19%


Correct! Wonderful, you got this one right.

Having trouble? Report

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Explanation

- The standard and safest first-aid for a nosebleed is to have the patient sit upright and lean forward.
- Leaning forward prevents blood from draining down the pharynx, which avoids the risk of aspiration into the lungs or swallowing blood, which can cause nausea and vomiting.
- Pinching the soft, lower part of the nose applies direct pressure to Kiesselbach's plexus, the most common site for anterior nosebleeds, promoting hemostasis (stopping the bleed).
- This combination of positioning and direct pressure is the most effective and immediate non-invasive intervention.

Why Other Options Were Wrong

- **Option A:** Tilting the head back is contraindicated. It allows blood to

Having trouble? Report

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NORCET 11 MEMORY BASED QUESTION

Q14 Medical-Surgical Nursing

A client has a serum potassium of 7.0 mEq/L. The physician prescribes IV 10% calcium gluconate. What is the reason for giving it?

- ☐ A It moves potassium from the blood into the cells
- ☒ B It stabilises the heart muscle cell membrane and protects against arrhythmias ✓ ANSWER
- ☐ C It increases potassium excretion by the kidneys
- ☐ D It binds potassium in the intestine

Similar question in NPrep GOLD QBank

A nurse administers intravenous calcium gluconate to a child with severe hyperkalemia and associated ECG changes. What is the primary therapeutic purpose of this medication in this specific situation?

- ☐ A To facilitate the shift of potassium from the extracellular to the intracellular space
- ☐ B To bind with potassium in the gastrointestinal tract and promote its elimination
- ☐ C To increase the renal excretion of potassium
- ☒ D To stabilize the myocardial cell membrane and counteract cardiotoxic effects ✓ ANSWER

Open this question in QBank

Q14 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A nurse administers intravenous calcium gluconate to a child with severe hyperkalemia and associated ECG changes. What is the primary therapeutic purpose of this medication in this specific situation?

A

To facilitate the shift of potassium from the extracellular to the intracellular space
15% students marked it

B

To bind with potassium in the gastrointestinal tract and promote its elimination
33% students marked it

C

To increase the renal excretion of potassium
3% students marked it

D

To stabilize the myocardial cell membrane and counteract cardiotoxic effects
49% students marked it



Correct! Wonderful, you got this one right.

← Question

- Intravenous calcium gluconate is administered as a first-line agent in severe, symptomatic hyperkalemia to protect the heart. It directly antagonizes the toxic effects of high potassium levels on the heart muscle by stabilizing the myocardial cell membrane. This action helps prevent life-threatening arrhythmias, such as ventricular fibrillation or asystole, but it does not lower the serum potassium level.

Why Other Options Were Wrong

- To increase the renal excretion of potassium:** This is the mechanism of action for diuretics like furosemide or thiazides, which are used to eliminate potassium from the body, but only if renal function is adequate. It is not the primary action of calcium gluconate.
- To facilitate the shift of potassium from the extracellular to the intracellular space:** This therapeutic effect is achieved by administering agents like intravenous insulin with glucose or nebulized beta-2 agonists (e.g., salbutamol). These treatments temporarily lower serum potassium but do not have the immediate membrane-stabilizing effect of calcium.
- To bind with potassium in the gastrointestinal tract and promote its**

NORCET 11 MEMORY BASED QUESTION

Q15 Medical-Surgical Nursing

A patient with haemorrhoids has painless bright-red bleeding with prolapse during defecation, and the prolapse reduces spontaneously afterwards. What is the grade of the haemorrhoids?

☐ A Grade I

☒ B Grade II

✓ ANSWER

☐ C Grade III

☐ D Grade IV

Similar question in NPrep GOLD QBank

A 48-year-old male patient reports painless, bright red bleeding on the toilet paper after defecation. He also mentions a feeling of tissue protruding from his anus that he has to manually push back in. Based on these symptoms, which stage of internal hemorrhoids is most likely, and what is a primary recommended treatment?

☐ A Stage I; treated with fiber supplementation and sclerotherapy.

☐ B Stage II; treated with infrared coagulation and a short course of cortisone suppositories.

☒ C Stage III; treated with rubber band ligation or operative hemorrhoidectomy.

✓ ANSWER

☐ D Stage IV; requires immediate operative hemorrhoidectomy as it is irreducible.

[Open this question in QBank](#)
Similar question in NPrep GOLD Video
Anorectal Disorder

Medical-Surgical Nursing

Timestamp: 15:38

[Watch this video](#)

Q15 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

6:18

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E6

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Question 6/12

A 48-year-old male patient reports painless, bright red bleeding on the toilet paper after defecation. He also mentions a feeling of tissue protruding from his anus that he has to manually push back in. Based on these symptoms, which stage of internal hemorrhoids is most likely, and what is a primary recommended treatment?

A

Stage I; treated with fiber supplementation and sclerotherapy.

23%

B

Stage II; treated with infrared coagulation and a short course of cortisone suppositories.

10%

C

Stage III; treated with rubber band ligation or operative hemorrhoidectomy.

61%

D

Stage IV; requires immediate operative hemorrhoidectomy as it is irreducible.

6%

6:18

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Explanation

- The patient's key symptom is a prolapsed hemorrhoid that requires manual reduction (pushing it back in), which is the defining characteristic of Stage III internal hemorrhoids.
- Painless, bright red bleeding on toilet paper is a classic sign of internal hemorrhoids, caused by the passage of hard stool over the delicate tissue.
- Treatment for symptomatic Stage III hemorrhoids often involves office-based procedures like rubber band ligation or, for more severe or persistent cases, surgical hemorrhoidectomy, as stated in the option.

Why Other Options Were Wrong

- Option A:** Stage I hemorrhoids are characterized by bleeding without any protrusion or prolapse from the

Having trouble? Report

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Next

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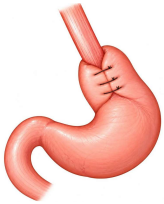
An illustration showing the four stages of internal hemorrhoids. The diagram should clearly depict the degree of prolapse for each stage: Stage I (no prolapse), Stage II (prolap...

Pinch to zoom

NORCET 11 MEMORY BASED QUESTION

Q16 Medical-Surgical Nursing

Name the procedure and its indication.



A Nissen fundoplication, for GERD or hiatal hernia

✓ ANSWER

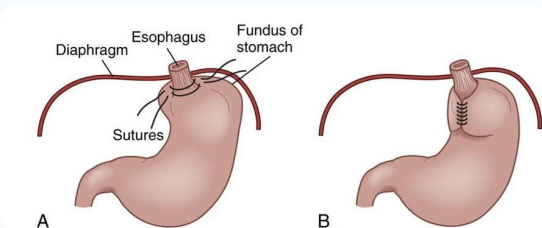
B Heller's myotomy, for achalasia

C Esophagotomy

D Pyloromyotomy, for pyloric stenosis

Similar question in NPrep GOLD QBank

Identify the surgical procedure shown in the given image-



A Nissen fundoplication

✓ ANSWER

B Heller myotomy

C Esophagectomy

D Gastric bypass

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Gastroesophageal Reflux Disease

Medical-Surgical Nursing

Timestamp: 25:14

[Watch this video](#)

Q16 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

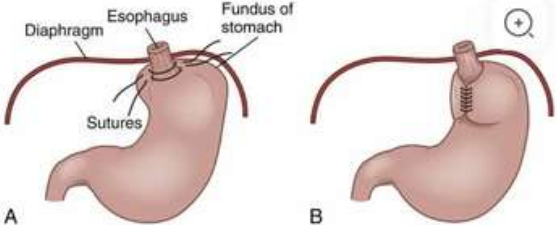
6:21
90%

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Question 7/12

Identify the surgical procedure shown in the given image-



The diagram shows two views of the stomach and esophagus. View A shows the fundus of the stomach wrapped around the lower part of the esophagus, secured with sutures. View B shows the stomach after the procedure. Labels include: Diaphragm, Esophagus, Fundus of stomach, and Sutures.

A Nissen fundoplication 58%

B Heller myotomy 18%

C Esophagectomy 11%

D Gastric bypass 13%

Having trouble? Report

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6:22
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Guess Change

Explanation

- The image clearly shows the fundus of the stomach being wrapped around the lower part of the esophagus and secured with sutures.
- This procedure is the definition of a Nissen fundoplication, which is the standard surgical treatment for severe Gastroesophageal Reflux Disease (GERD).
- The goal is to create a new valve to reinforce the lower esophageal sphincter (LES), preventing the backflow of gastric contents.

Why Other Options Were Wrong

- Option B:** Heller myotomy involves cutting the muscles of the lower esophageal sphincter (a myotomy), not wrapping the stomach around it.

Having trouble? Report

Next

NORCET 11 MEMORY BASED QUESTION

Q17 Medical-Surgical Nursing

A client comes in with suspected acute cholecystitis. Which finding on abdominal examination most strongly supports the diagnosis?

- ☐ A Pain when the examiner suddenly releases pressure on the abdomen
- ☐ B Pain in the right lower quadrant when the left lower quadrant is pressed
- ☒ C The client stops breathing in mid-inspiration when the examiner presses below the right costal margin ✓ ANSWER
- ☐ D Bluish discolouration around the umbilicus

Similar question in NPrep GOLD QBank

Murphy's sign is seen in which of the following disease condition?

- ☐ A Liver abscess
- ☐ B Splenomegaly
- ☐ C Peritonitis
- ☒ D Acute cholecystitis ✓ ANSWER

Open this question in QBank

Similar question in NPrep GOLD Video

Gallbladder Disorders

Medical-Surgical Nursing

Timestamp: 21:11

Watch this video

Q17 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

6:24
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Question 9/12

Murphy's sign is seen in which of the following disease condition?

A
Liver abscess
15%

B
Splenomegaly
16%

C
Peritonitis
10%

D
Acute cholecystitis
59%

❌
Not Quite! You picked A, Correct is D

Added to Revision List
Remove

Having trouble? Report

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Explanation

- Acute cholecystitis, as Murphy's sign is a pathognomonic finding for this condition.
- Murphy's sign is elicited by palpating the right subcostal area while the patient inspires. A positive test is characterized by a sudden, sharp pain that causes the patient to abruptly stop inspiration.
- This response occurs because the inflamed gallbladder descends with the diaphragm during inspiration and comes into contact with the examiner's hand, triggering pain.
- The triad of sudden onset right upper quadrant (RUQ) tenderness, fever, and leukocytosis, along with a positive Murphy's sign, is highly suggestive of acute cholecystitis.

Why Other Options Were Wrong

- Option A:** A liver abscess can cause

Having trouble? Report

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Next

NORCET 11 MEMORY BASED QUESTION

Q18 Medical-Surgical Nursing

Which test is performed for a suspected meniscal tear by flexing the knee and rotating the tibia while extending the knee (image-based)?


☐ A Lachman test

☒ B McMurray test

✓ ANSWER

☐ C Anterior drawer test

☐ D Thomas test

Similar question in NPrep GOLD QBank

Identify the clinical test shown in the photograph


☐ A Lachmann test

☐ B Apley's test

☒ C Anterior drawer test

✓ ANSWER

☐ D McMurray's test

[Open this question in QBank](#)

Q18 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

6:25
89%

X E6

6 7 8 9 10 11 12

Identify the clinical test shown in the photograph



A Lachmann test 19%

B Apley's test 15%

C Anterior drawer test 53%

D McMurray's test 13%

Having trouble? Report

Next

6:25
89%

X E6

6 7 8 9 10 11 12

Why Other Options Were Wrong

- Close distractor alert - **Option A:** The Lachmann test is performed with the knee in only 20-30 degrees of flexion, not 90 degrees as shown in the image.
- **Option B:** Apley's test is performed with the patient lying face down (prone), not on their back (supine) as shown.
- **Option D:** McMurray's test involves a complex movement of flexing, rotating, and then extending the knee to check for a meniscal tear. The image shows a static pull, not this dynamic movement.

Related Visual

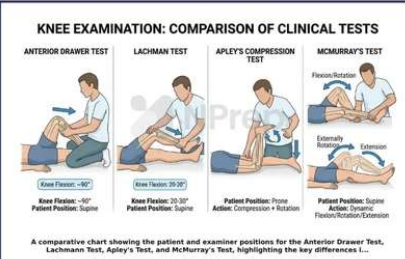
KNEE EXAMINATION: COMPARISON OF CLINICAL TESTS

Having trouble? Report

Next

6:25
89%

100%



A comparative chart showing the patient and examiner positions for the Anterior Drawer Test, Lachmann Test, Apley's Test, and McMurray's Test, highlighting the key differences L...

Pinch to zoom

NORCET 11 MEMORY BASED QUESTION

Q19 Medical-Surgical Nursing

Identify the traction shown, used for a femur fracture in a child under 2 years.


☐ A Hamilton-Russell traction

☐ B Russell's extension traction

☒ C Gallows (Bryant's) traction

✓ ANSWER

☐ D Buck's traction

Similar question in NPrep GOLD QBank

Which of the following types of skin traction is usually used in the treatment of femoral shaft fracture in children up to the age of two years?

☐ A Tulloch Brown Traction

☐ B Dunlop Traction

☐ C Hamilton Russel Traction

☒ D Bryant's Traction

✓ ANSWER

[Open this question in QBank](#)
Similar question in NPrep GOLD Video
Cast, Splints, Traction & Crutches

Medical-Surgical Nursing

Timestamp: 10:58

[Watch this video](#)

Q19 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

6:28
89%

X E6

6 7 8 9 10 11 12

Question 11/12

Which of the following types of skin traction is usually used in the treatment of femoral shaft fracture in children up to the age of two years?

A Tulloch Brown Traction 10%

B Dunlop Traction 17%

C Hamilton Russel Traction 17%

D **Bryant's Traction** 56%

Oops you ran out of time.

Having trouble? Report

Next

6:28
89%

X E6

6 7 8 9 10 11 12

Time ran out
Remove
Saving this for revision
Ran out of time Change

Explanation

- Bryant's traction is a specific type of skin traction designed for infants and young children, typically under the age of two or weighing less than 15 kg.
- It is primarily indicated for the treatment of femoral shaft fractures and for developmental dysplasia of the hip.
- The mechanism involves suspending both of the child's legs in a vertical position at a 90-degree angle to the torso.
- The child's body weight provides counter-traction, which is achieved by ensuring the buttocks are lifted just slightly off the surface of the bed.

Having trouble? Report

Next

6:28
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Pinch to zoom

NORCET 11 MEMORY BASED QUESTION

Q20 Medical-Surgical Nursing

After a plaster cast is applied for a forearm fracture, the client complains of severe pain in the distal limb. What should the nurse suspect?

- ☒ A Compartment syndrome ✓ ANSWER
- ☐ B Carpal tunnel syndrome
- ☐ C Acute limb ischaemia
- ☐ D Fat embolism syndrome

Similar question in NPrep GOLD QBank

Persistent, severe pain in a limb after orthopedic surgery, unrelieved by standard analgesics, most strongly suggests which developing complication?

- ☐ A Fat embolism syndrome
- ☐ B Surgical site infection
- ☐ C Deep vein thrombosis
- ☒ D Compartment syndrome ✓ ANSWER

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Care of Patient with Cast and Splint

Medical-Surgical Nursing

Timestamp: 43:38

[Watch this video](#)

Similar question in NPrep GOLD Video

Musculoskeletal Assessment & Diagnostics

Medical-Surgical Nursing

Timestamp: 10:55

[Watch this video](#)

Q20 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

Persistent, severe pain in a limb after orthopedic surgery, unrelieved by standard analgesics, most strongly suggests which developing complication?

A Fat embolism syndrome
5% students marked it

B Surgical site infection
7% students marked it

C Deep vein thrombosis
7% students marked it

D Compartment syndrome
81% students marked it



✓ **Correct!** Wonderful, you got this one right.

Explanation

Listen in Hindi 

- Compartment syndrome is a surgical emergency where swelling and bleeding occur within a confined space (a muscle compartment), leading to increased pressure that obstructs blood flow and nerve function.

← Question

Explanation

- Compartment syndrome is a surgical emergency where swelling and bleeding occur within a confined space (a muscle compartment), leading to increased pressure that obstructs blood flow and nerve function.
- The cardinal symptom is severe pain that is out of proportion to the injury and is not relieved by opioid analgesics. This is because the pain is ischemic in nature, caused by a lack of oxygen to the tissues.

Why Other Options Were Wrong

- **Option A:** This is a systemic complication, not a localized limb issue. Its classic triad of symptoms includes respiratory distress, neurological changes (like confusion), and a petechial rash. Limb pain is not its primary feature.
- **Option B:** Pain from an infection typically develops more gradually (over days) and is associated with other signs like fever, localized warmth, redness, and purulent drainage. It usually responds to analgesics to some degree.
- **Option C:** Deep vein thrombosis — does not meet the specific criterion satisfied by the correct answer, so it is incorrect here.

NORCET 11 MEMORY BASED QUESTION

Q21 Medical-Surgical Nursing

Calculate the cerebral perfusion pressure (CPP) of a client whose MAP is 72 mmHg and ICP is 24 mmHg.

☐ A 100 mmHg

☒ B 48 mmHg

✓ ANSWER

☐ C 96 mmHg

☐ D 36 mmHg

Similar question in NPrep GOLD QBank

A 52-year-old patient admitted to the intensive care unit after a severe head injury has an intracranial pressure (ICP) monitoring device in place. The monitor shows an ICP of 18 mm Hg. The patient's mean arterial pressure (MAP) is documented as 90 mm Hg. As the nurse, you calculate the cerebral perfusion pressure (CPP) to determine brain tissue perfusion. What is the correct CPP in mm Hg?

☐ A 90 mm Hg

☐ B 60 mm Hg

☐ C 108 mm Hg

☒ D 72 mm Hg

✓ ANSWER

Open this question in QBank

Similar question in NPrep GOLD Video

Headache & Increased Intracranial Pressure

Medical-Surgical Nursing

Timestamp: 06:44

Watch this video

Q21 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A 52-year-old patient admitted to the intensive care unit after a severe head injury has an intracranial pressure (ICP) monitoring device in place. The monitor shows an ICP of 18 mm Hg. The patient's mean arterial pressure (MAP) is documented as 90 mm Hg. As the nurse, you calculate the cerebral perfusion pressure (CPP) to determine brain tissue perfusion. What is the correct CPP in mm Hg?

A 90 mm Hg
2% students marked it

B 60 mm Hg
3% students marked it

C 108 mm Hg
5% students marked it

D 72 mm Hg
90% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation



← Question

Explanation

Listen in Hindi 

- **Cerebral Perfusion Pressure (CPP)** is calculated by subtracting the **Intracranial Pressure (ICP)** from the **Mean Arterial Pressure (MAP)**.
- The formula is: $CPP = MAP - ICP$.
- Given the patient's data: $MAP = 90$ mm Hg and $ICP = 18$ mm Hg.
- Calculation: $CPP = 90 \text{ mm Hg} - 18 \text{ mm Hg} = 72$ mm Hg.
- The normal range for **CPP** is 60-100 mm Hg. A **CPP** of 72 mm Hg is within the normal range, indicating adequate **cerebral blood flow** at this time.

Why Other Options Were Wrong

- **Option A:** This is the patient's **Mean Arterial Pressure (MAP)**, not the **Cerebral Perfusion Pressure (CPP)**. **CPP** is a derived value calculated from **MAP** and **ICP**.
- **Option B:** This value represents the lower limit of the normal **CPP** range. While it is a critical value to know for assessing **perfusion** adequacy, it is not the result of the calculation based on the patient's current data.
- **Option C:** This value is the result of incorrectly adding the **MAP** and **ICP** ($90 + 18$). The correct formula requires subtracting the **ICP** from the **MAP** to

NORCET 11 MEMORY BASED QUESTION

Q22 Medical-Surgical Nursing

A client after a stroke understands speech but cannot express himself in fluent speech, & weakness in Left arm & left side of face Damage to which area is most likely?

- ☒ **A** Left frontal lobe ✓ ANSWER
- ☐ **B** Left temporal lobe
- ☐ **C** Left occipital lobe
- ☐ **D** Right parietal lobe

Similar question in NPrep GOLD QBank

A patient suddenly develops difficulty speaking after a stroke. The patient understands what others are saying but can produce only short, effortful words. Which area of the brain is most likely affected?

- ☒ **A** Left frontal lobe ✓ ANSWER
- ☐ **B** Left temporal lobe
- ☐ **C** Right occipital lobe
- ☐ **D** Right parietal lobe

[Open this question in QBank](#)
Similar question in NPrep GOLD Video
Biological Basis of Human Behavior

Medical-Surgical Nursing

Timestamp: 54:11

[Watch this video](#)
Similar question in NPrep GOLD Video
Nervous System

Medical-Surgical Nursing

Timestamp: 42:31

[Watch this video](#)

NORCET 11 MEMORY BASED QUESTION

Q23 Medical-Surgical Nursing

A client with carcinoma of the lung develops facial and neck oedema, distended neck and chest-wall veins and dyspnoea. Which oncological emergency the nurse suspects?

- ☒ **A** Superior vena cava syndrome ✓ **ANSWER**
- ☐ **B** Spinal cord compression
- ☐ **C** Tumor lysis syndrome
- ☐ **D** SIADH

Similar question in NPrep GOLD QBank

A 58-year-old male with a known history of small-cell lung cancer presents to the emergency department with progressive facial swelling, shortness of breath, and distended neck veins. The nurse recognizes that these signs are most likely due to the tumor's local invasion and compression of a major blood vessel. From a pathophysiological perspective, which oncologic emergency should the nurse suspect?

- ☐ **A** Spinal Cord Compression
- ☐ **B** Disseminated Intravascular Coagulation (DIC)
- ☐ **C** Tumor Lysis Syndrome (TLS)
- ☒ **D** Superior Vena Cava Syndrome (SVCS) ✓ **ANSWER**

[Open this question in QBank](#)
Similar question in NPrep GOLD Video
Oncological Emergencies & End-of-Life Care

Medical-Surgical Nursing

Timestamp: 17:03

[Watch this video](#)

Q23 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A 58-year-old male with a known history of small-cell lung cancer presents to the emergency department with progressive facial swelling, shortness of breath, and distended neck veins. The nurse recognizes that these signs are most likely due to the tumor's local invasion and compression of a major blood vessel. From a pathophysiological perspective, which oncologic emergency should the nurse suspect?

A Spinal Cord Compression
3% students marked it

B Disseminated Intravascular Coagulation (DIC)
10% students marked it

C Tumor Lysis Syndrome (TLS)
17% students marked it

D Superior Vena Cava Syndrome (SVCS)
70% students marked it

✓ **Correct!** Wonderful, you got this one right.

← Question

Explanation

- The patient's presentation of facial swelling (edema), shortness of breath (dyspnea), and distended neck veins are classic signs of Superior Vena Cava Syndrome (SVCS). This condition arises when the superior vena cava is compressed externally or invaded by a tumor, most commonly lung cancer. The compression obstructs venous return from the head, neck, and upper extremities to the heart, leading to the characteristic signs. This directly links the nursing assessment of symptoms to the pathological process of tumor invasion. [ID: Pathology & Genetics]

Why Other Options Were Wrong

- Spinal Cord Compression:** This is an oncologic emergency caused by a tumor pressing on the spinal cord. It presents with neurological symptoms such as back pain, motor weakness, sensory loss, and bowel/bladder dysfunction, not the venous congestion signs seen in the patient.
- Tumor Lysis Syndrome (TLS):** This is a metabolic emergency caused by the rapid breakdown of malignant cells, typically after chemotherapy. It leads to hyperkalemia, hyperphosphatemia, hypocalcemia, and hyperuricemia, causing symptoms like

NORCET 11 MEMORY BASED QUESTION

Q24 Medical-Surgical Nursing

A client with advanced malignancy has had repeated vomiting and diarrhoea after chemotherapy. The client reports muscle weakness, leg cramps, constipation and passing large amounts of urine. Which electrolyte imbalance should the nurse suspect?

- ☒ **A** Hypokalaemia ✓ ANSWER
- ☐ **B** Hypercalcaemia
- ☐ **C** Hypernatraemia
- ☐ **D** Hypomagnesaemia

Similar question in NPrep GOLD QBank

A patient receiving chemotherapy develops repeated vomiting and diarrhoea. The patient has muscle weakness, leg cramps, constipation, and increased urine output. Which electrolyte imbalance is most likely?

- ☒ **A** Hypokalaemia ✓ ANSWER
- ☐ **B** Hyponatremia
- ☐ **C** Hypophosphataemia
- ☐ **D** Hypocalcaemia

[Open this question in QBank](#)
Similar question in NPrep GOLD Video
Oncological Emergencies & End-of-Life Care

Medical-Surgical Nursing

Timestamp: 04:07

[Watch this video](#)

Q24 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

Question

A patient receiving chemotherapy develops repeated vomiting and diarrhoea. The patient has muscle weakness, leg cramps, constipation, and increased urine output. Which electrolyte imbalance is most likely?

A
Hypokalaemia
56% students marked it

B
Hyponatremia
21% students marked it

C
Hypophosphataemia
9% students marked it

D
Hypocalcaemia
14% students marked it

Correct! Wonderful, you got this one right.

Explanation

Listen in Hindi

- The patient is experiencing vomiting and diarrhea, which are major causes of potassium loss from the body.

Question

Explanation

- The patient is experiencing vomiting and diarrhea, which are major causes of potassium loss from the body.
- Hypokalemia (low potassium) directly affects muscle function, leading to the hallmark signs of muscle weakness and leg cramps.
- Low potassium decreases the motility of the smooth muscle in the intestines, resulting in constipation and abdominal distention.
- A less common but significant sign of hypokalemia is polyuria (increased urine output), as it impairs the kidney's ability to concentrate urine.
- This complete cluster of symptoms—GI losses followed by muscle weakness, constipation, and polyuria—points directly to hypokalemia.

Why Other Options Were Wrong

- Option B:** Hyponatremia (low sodium) primarily causes neurological symptoms like confusion, headache, and seizures due to brain cell swelling. While muscle cramps can occur, the combination of constipation and polyuria is not characteristic.
- Option C:** Hypophosphataemia (low phosphate) can cause muscle weakness and fatigue, but it does not typically cause

8:43

X E6

7 8 9 10 11 12 13 14

Question 14/14

A patient receiving chemotherapy develops repeated vomiting and diarrhoea. The patient has muscle weakness, leg cramps, constipation, and increased urine output. Which electrolyte imbalance is most likely?

A
Hypokalaemia
61%

B
Hyponatremia
6%

C
Hypophosphataemia
14%

D
Hypocalcaemia
19%

Not Quite! You picked C, Correct is A

Too fast, is this Guess?
Remove

You answered this one really quickly. A lucky guess won't save you in NORCET.

Having trouble? Report

Finish

nprep.in/norcet-11

NPrep GOLD me jo,
NORCET me wo.

NORCET 11 MEMORY BASED QUESTION

Q25 Medical-Surgical Nursing

A woman receiving radiotherapy develops erythema and dryness over the irradiated area of her anterior chest (image-based). What is the most appropriate nursing management?



- ☐ A Scrub the area daily with soap and hot water
- ☐ B Apply a lotion to the area just before each radiation session
- ☒ C protect the area from friction ✓ ANSWER
- ☐ D Sterile Dressing

Similar question in NPrep GOLD QBank

A patient receiving radiotherapy develops redness and dryness over the treated area of the chest. Which nursing intervention is most appropriate?

- ☐ A Clean the area vigorously with soap and hot water
- ☐ B Apply powder immediately before each radiation session
- ☒ C Protect the treated area from friction and irritation ✓ ANSWER
- ☐ D Cover the area routinely with a sterile dressing

Open this question in QBank

Similar question in NPrep GOLD Video

Cancer Management & Advanced Therapies

Medical-Surgical Nursing

Timestamp: 26:32

Watch this video

Q25 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A patient receiving radiotherapy develops redness and dryness over the treated area of the chest. Which nursing intervention is most appropriate?

- A** Clean the area vigorously with soap and hot water
14% students marked it
- B** Apply powder immediately before each radiation session
18% students marked it
- C** Protect the treated area from friction and irritation
57% students marked it ☒
- D** Cover the area routinely with a sterile dressing
11% students marked it

☒ **Correct!** Wonderful, you got this one right.

Explanation

- The primary goal for managing early-stage

← Question

Explanation

- The primary goal for managing early-stage radiation **dermatitis** (redness and dryness) is to prevent further skin irritation and damage.
- Irradiated skin has compromised integrity and is highly susceptible to mechanical trauma from friction.
- Wearing loose, soft clothing and avoiding any rubbing or pressure on the area directly addresses this vulnerability.
- This intervention helps maintain the remaining skin barrier, reduces discomfort, and prevents the progression to more severe skin reactions like moist desquamation (skin breakdown and weeping).

Why Other Options Were Wrong

- **Option A:** Vigorous cleaning with soap and hot water is traumatic to the fragile, irradiated skin. It will strip natural oils, increase irritation, and can lead to skin breakdown.
- **Option B:** Applying powders, lotions, creams, or perfumes to the treatment area before a radiation session is contraindicated. These substances can create a bolus effect, increasing the radiation dose to the skin surface and worsening the reaction.

NORCET 11 MEMORY BASED QUESTION

Q26 Medical-Surgical Nursing

A skull X-ray shows multiple punched-out lytic lesions. What is the diagnosis?



- ☐ A Ewing sarcoma
- ☐ B Osteosarcoma
- ☐ C Chondrosarcoma
- ☒ D Multiple myeloma

✓ ANSWER

Similar question in NPrep GOLD QBank

A 70-year-old male presents with persistent back pain, fatigue, and recurrent infections over the past few months. Laboratory results show normocytic normochromic anemia, serum creatinine of 2.5 mg/dL, and a serum calcium level of 11.8 mg/dL. A skeletal survey reveals multiple 'punched-out' lytic lesions in the vertebrae and skull. Which diagnosis do these findings most strongly suggest?

- ☐ A Osteoporosis
- ☐ B Metastatic prostate cancer
- ☒ C Multiple Myeloma
- ☐ D Waldenström's macroglobulinemia

✓ ANSWER

[Open this question in QBank](#)
Similar question in NPrep GOLD Video
Immunoglobulins: Structures, Functions & ELISA

Medical-Surgical Nursing

Timestamp: 45:54

[Watch this video](#)

Q26 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A 70-year-old male presents with persistent back pain, fatigue, and recurrent infections over the past few months. Laboratory results show normocytic normochromic anemia, serum creatinine of 2.5 mg/dL, and a serum calcium level of 11.8 mg/dL. A skeletal survey reveals multiple 'punched-out' lytic lesions in the vertebrae and skull. Which diagnosis do these findings most strongly suggest?

- A** Osteoporosis
4% students marked it
- B** Metastatic prostate cancer
30% students marked it
- C** Multiple Myeloma
54% students marked it
- D** Waldenström's macroglobulinemia
12% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

- The patient's constellation of symptoms and lab

← Question

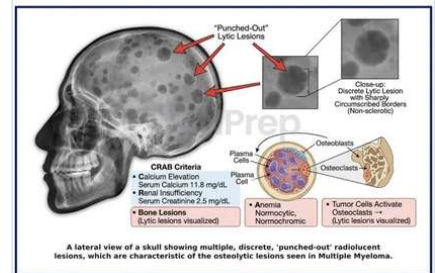
Explanation

- The patient's constellation of symptoms and lab findings—hypercalcemia (11.8 mg/dL), renal insufficiency (creatinine 2.5 mg/dL), normocytic normochromic anemia, and lytic bone lesions—are the hallmark features of Multiple Myeloma.
- This diagnosis is often confirmed using the 'CRAB' mnemonic, which represents the major criteria for end-organ damage, all of which this patient meets.
- Multiple Myeloma is a malignancy of plasma cells that proliferate in the bone marrow, leading to bone destruction and the overproduction of monoclonal immunoglobulins.
- The 'punched-out' lytic lesions seen on the skeletal survey are a pathognomonic radiological finding caused by tumor cells activating osteoclasts, which break down bone tissue.

Why Other Options Were Wrong

- **Option A:** Osteoporosis causes generalized bone demineralization and fragility fractures, but it does not cause focal 'punched-out' lytic lesions, hypercalcemia, or the degree of renal failure seen in this patient.
- **Option B:** Metastatic prostate cancer typically causes osteoblastic (bone-

100%



Pinch to zoom

NORCET 11 MEMORY BASED QUESTION

Q27 Medical-Surgical Nursing

(Image-based) A client on chemotherapy has redness, swelling, peeling and pain on the palms and soles. Identify the condition.



- ☒ **A** Hand-foot syndrome ✓ ANSWER
- ☐ **B** Stevens-Johnson syndrome
- ☐ **C** Contact dermatitis
- ☐ **D** Raynaud's phenomenon

Similar question in NPrep GOLD QBank

Which of the following anticancer drug causes "Hand and foot syndrome" as a given below image?



- ☐ **A** Vincristine
- ☐ **B** Vinblastine
- ☒ **C** Capecitabine ✓ ANSWER
- ☐ **D** Methotrexate

[Open this question in QBank](#)
Similar question in NPrep GOLD Video
Anticancer drugs

Medical-Surgical Nursing

Timestamp: 49:03

[Watch this video](#)

Q27 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

8:34
60%

X E6

6 7 8 9 10 11 12 13

Question 13/13

Which of the following anticancer drug causes "Hand and foot syndrome" as a given below image?



A Vincristine 11%

B Vinblastine 12%

C Capecitabine 58%

D Methotrexate 19%

Having trouble? Report

< Finish

8:34
60%

X E6

6 7 8 9 10 11 12 13

C Capecitabine 58%

D Methotrexate 19%

X Not Quite! You picked A, Correct is C

Too fast, is this Guess? Remove

You answered this one really quickly. A lucky guess won't save you in NORCET.

Guess Change

Explanation

- Capecitabine is an oral prodrug of 5-Fluorouracil, and this class of drugs (fluoropyrimidines) is classically associated with Hand-and-Foot Syndrome (HFS).
- HFS, also known as palmar-plantar erythrodysesthesia, is a common and often dose-limiting dermatological toxicity of Capecitabine.
- The syndrome is characterized by redness,

Having trouble? Report

< Finish

NORCET 11 MEMORY BASED QUESTION

Q28 Medical-Surgical Nursing

A client with a previous history of malignant hyperthermia is to receive general anaesthesia. Which prescribed drug should the nurse question?

- ☒ **A** Succinylcholine ✓ **ANSWER**
- ☐ **B** Midazolam
- ☐ **C** Propofol
- ☐ **D** Fentanyl

Similar question in NPrep GOLD QBank

A nurse in the preoperative holding area is reviewing the chart of a patient scheduled for surgery. The patient's history notes a previous severe reaction to general anesthesia in a family member, diagnosed as malignant hyperthermia. Which medication, if noted in the anesthesia plan, would require the nurse's PRIORITY action to immediately notify the anesthesiologist?

- ☐ **A** Propofol
- ☒ **B** Succinylcholine ✓ **ANSWER**
- ☐ **C** Fentanyl
- ☐ **D** Midazolam

[Open this question in QBank](#)
Similar question in NPrep GOLD Video
Anesthesia: Types, Methods & Clinical Care

Medical-Surgical Nursing

Timestamp: 1:27:31

[Watch this video](#)

Q28 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A nurse in the preoperative holding area is reviewing the chart of a patient scheduled for surgery. The patient's history notes a previous severe reaction to general anesthesia in a family member, diagnosed as malignant hyperthermia. Which medication, if noted in the anesthesia plan, would require the nurse's PRIORITY action to immediately notify the anesthesiologist?

A Propofol
26% students marked it

B Succinylcholine
52% students marked it

C Fentanyl
11% students marked it

D Midazolam
11% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation



← Question

Explanation

Listen in Hindi 

- Malignant hyperthermia is a life-threatening inherited muscle disorder triggered by specific anesthetic agents.
- Succinylcholine, a depolarizing muscle relaxant, is a well-known and potent trigger for MH.
- In a patient with a known personal or family history of MH, the use of succinylcholine is contraindicated. The nurse's priority is to prevent its administration by questioning the order.

Why Other Options Were Wrong

- **Fentanyl:** This is an opioid analgesic. Opioids are not known to trigger malignant hyperthermia and are considered safe for use in susceptible patients.
- **Midazolam:** This is a benzodiazepine used for sedation. Benzodiazepines are not triggers for MH and are commonly used in anesthesia for MH-susceptible individuals.
- **Propofol:** This is an intravenous hypnotic agent. It is a key component of a "trigger-free" anesthetic technique known as Total Intravenous Anesthesia (TIVA), which is the preferred method for patients susceptible to MH.

Related Visual

NORCET 11 MEMORY BASED QUESTION

Q29 Medical-Surgical Nursing

Identify the self-retaining retractor used in thyroid surgery.



- ☒ **A** Joll's thyroid retractor ✓ ANSWER
- ☐ **B** Deaver's retractor
- ☐ **C** Doyen's retractor
- ☐ **D** Czerny's retractor

Similar question in NPrep GOLD QBank

Identify the below image which is used for thyroidotomy surgery?



- ☐ **A** Doyen Retractor
- ☒ **B** Joll's Retractor ✓ ANSWER
- ☐ **C** Hand Retractor
- ☐ **D** Hook Retractor

[Open this question in QBank](#)
Similar question in NPrep GOLD Video
Equipment and Preparation

Medical-Surgical Nursing

Timestamp: 51:51 – 54:00

[Watch this video](#)

Q29 Straight from the NPrep **GOLD** app

The answer, highlighted in our explanation.

← Question

Identify the below image which is used for thyroidotomy surgery?



A Doyen Retractor
17% students marked it

B Joll's Retractor
69% students marked it

C Hand Retractor
4% students marked it

← Question

Explanation

- The instrument in the image is a Joll's Thyroid Retractor, specifically designed for neck surgeries.
- Its key identifying features are the self-retaining frame with a central screw mechanism and the double-pronged, curved blades.
- This design is optimal for retracting the strap muscles in the neck to provide clear exposure of the thyroid gland during a thyroidectomy.

Why Other Options Were Wrong

- **Option A:** A Doyen retractor is a large, handheld instrument with a single broad blade used for retracting large organs in abdominal surgery, not for neck surgery.
- **Option C:** 'Hand Retractor' is a general term for any retractor held by hand (like an Army-Navy or Deaver retractor). The instrument shown is a specific type of *self-retaining* retractor.
- **Option D:** Hook retractors (like Senn or Rake retractors) are small instruments with sharp or blunt hooks used to retract skin and superficial tissues. They are not designed for the deep muscle retraction required in thyroid surgery.

Related Visual

NORCET 11 MEMORY BASED QUESTION

Q30 Medical-Surgical Nursing

During haemodialysis, a patient develops pallor, coldness and numbness of the hand distal to the AV fistula, with a diminished radial pulse. What should the nurse do first?

- ☒ **A** Notify the physician immediately ✓ **ANSWER**
- ☐ **B** Increase the blood flow rate
- ☐ **C** Give a ball to squeeze in the hand
- ☐ **D** Encourage hand exercises

Similar question in NPrep GOLD QBank

A patient on hemodialysis has an AV fistula in the left arm. During dialysis, the patient develops a pale, cold, and numb left hand. What is the priority nursing action?

- ☒ **A** Inform the doctor immediately ✓ **ANSWER**
- ☐ **B** Apply a warm compress
- ☐ **C** Encourage hand exercises
- ☐ **D** Increase the dialysis blood-flow rate

[Open this question in QBank](#)

Q30 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A patient on hemodialysis has an AV fistula in the left arm. During dialysis, the patient develops a pale, cold, and numb left hand. What is the priority nursing action?

A

Inform the doctor immediately

48% students marked it



B

Apply a warm compress

12% students marked it

C

Encourage hand exercises

8% students marked it

D

Increase the dialysis blood-flow rate

32% students marked it



Correct! Wonderful, you got this one right.

Explanation

Listen in Hindi 

- The patient's symptoms—a pale, cold, and numb hand—are classic signs of **Dialysis-Associated Steal Syndrome (DASS)**.
- DASS is a serious complication where the AV

← Question

Explanation



- The patient's symptoms—a pale, cold, and numb hand—are classic signs of **Dialysis-Associated Steal Syndrome (DASS)**.
- DASS is a serious complication where the AV fistula diverts too much blood away from the distal extremity, causing ischemia (inadequate blood supply).
- High-flow AV fistulas are a known risk factor for developing steal syndrome.
- This condition is a vascular emergency that can lead to permanent tissue damage, neurological injury, or limb loss if not addressed promptly.
- The priority nursing action is to recognize these critical signs and immediately notify the physician for urgent assessment and **intervention.**

Why Other Options Were Wrong

- **Option B:** Applying a warm compress is a minor comfort measure that does not resolve the underlying cause, which is a significant reduction in arterial blood flow. It can provide a false sense of security and delay the urgent medical intervention that is required.
- **Option C:** Encouraging hand exercises is contraindicated and harmful in this

NORCET 11 MEMORY BASED QUESTION

Q31 Medical-Surgical Nursing

A client on peritoneal dialysis receives 1000 mL of dialysate. At the end of the exchange, the nurse records a negative fluid balance of 100 mL. How much fluid drained out?

☐ **A** 900 mL

☐ **B** 1000 mL

☒ **C** 1100 mL

✓ ANSWER

☐ **D** 1200 mL

This is a very rarely asked Question.

NORCET 11 MEMORY BASED QUESTION

Q32 Medical-Surgical Nursing

During haemodialysis, a client develops headache, nausea, restlessness and confusion. What is the most likely cause?

- ☒ A Dialysis disequilibrium syndrome ✓ ANSWER
- ☐ B Fluid overload
- ☐ C Shock
- ☐ D Hypermagnesemia

Similar question in NPrep GOLD QBank

A patient undergoing hemodialysis develops a headache, nausea, and restlessness, followed by a decreased level of consciousness. The nurse recognizes these symptoms as indicative of which complication?

- ☐ A Air embolism
- ☒ B Dialysis disequilibrium syndrome ✓ ANSWER
- ☐ C Hypotension
- ☐ D Exsanguination

Open this question in QBank

Q32 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A patient undergoing hemodialysis develops a headache, nausea, and restlessness, followed by a decreased level of consciousness. The nurse recognizes these symptoms as indicative of which complication?

A Air embolism
9% students marked it

B Dialysis disequilibrium syndrome ☒
75% students marked it

C Hypotension
15% students marked it

D Exsanguination
1% students marked it

☒ **Correct!** Wonderful, you got this one right.

Explanation

Listen in Hindi 

- Dialysis Disequilibrium Syndrome (DDS).
- This condition is characterized by a cluster of neurological symptoms including headache,

← Question

Explanation

- Dialysis Disequilibrium Syndrome (DDS).
- This condition is characterized by a cluster of neurological symptoms including headache, nausea, restlessness, and a declining level of consciousness.
- It is caused by rapid removal of urea from the blood during hemodialysis, which creates an osmotic gradient that pulls water into the brain, causing cerebral edema and increased intracranial pressure.
- The patient's presentation is a classic textbook example of DDS, especially the progression from early signs (headache, restlessness) to more severe signs (decreased LOC).

Why Other Options Were Wrong

- **Option A:** Air embolism presents primarily with acute respiratory and cardiovascular symptoms like sudden chest pain, dyspnea, and hypotension, not the progressive neurological decline described.
- **Option C:** Hypotension is the most common complication but typically causes dizziness, nausea, and sweating. While severe hypotension can lead to decreased LOC, it doesn't usually start with headache and restlessness as the primary symptoms.
- **Option D:** Exsanguination is massive blood

NORCET 11 MEMORY BASED QUESTION

Q33

Medical-Surgical Nursing

A client is diagnosed with acute glomerulonephritis. Which finding would the nurse NOT expect?

☐ A Smoky or cola-coloured urine

☐ B Proteinuria

☒ C Hypotension

✓ ANSWER

☐ D Periorbital oedema

Similar question in NPrep GOLD QBank

A nurse is assessing a child with suspected acute glomerulonephritis. Which clinical finding is considered a primary feature of this condition?

☐ A High-grade fever

☐ B Severe abdominal pain

☒ C Cola-colored urine

✓ ANSWER

☐ D Polyuria

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Glomerulonephritis

Medical-Surgical Nursing

Timestamp: 15:54– 15:59

[Watch this video](#)

Q33 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

10:37
📶
📶
📶
49

X
E6
🔖
⚙️

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⋮

Question 1/7

A nurse is assessing a child with suspected acute glomerulonephritis. Which clinical finding is considered a primary feature of this condition?

A High-grade fever 8%

B Severe abdominal pain 9%

C Cola-colored urine 78%

D Polyuria 6%

✔️ **Correct!** Wonderful, you got this one right.

Having trouble? Report

Next

10:37
📶
📶
📶
49

X
E6
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Explanation

- Cola-colored urine is a hallmark sign of acute glomerulonephritis (AGN), as stated in pediatric textbooks.
- This dark, smoky, or cola color is caused by the presence of a significant amount of red blood cells in the urine (gross hematuria).
- The inflammation of the glomeruli damages the capillary walls, allowing red blood cells and protein casts to leak into the renal tubules and discolor the urine.
- This finding is a key component of the classic nephritic syndrome presentation, which also includes edema, hypertension, and oliguria.

Why Other Options Were Wrong

- **Option A:** High-grade fever is not a primary feature of AGN. While AGN often follows a streptococcal

Having trouble? Report

Next

NORCET 11 MEMORY BASED QUESTION

Q34 Medical-Surgical Nursing

An inherited disease causes damage to the glomerular basement membrane along with sensorineural hearing loss. What is it?

- ☐ A Goodpasture syndrome
- ☒ B Alport syndrome ✓ ANSWER
- ☐ C Polycystic kidney disease
- ☐ D IgA nephropathy

Similar question in NPrep GOLD QBank

A 10-year-old child with a known diagnosis of nephronophthisis presents to the pediatric clinic. The parents report that the child has been having increasing difficulty seeing in dim light and at night. The nurse recognizes that these findings are strongly associated with which syndrome?

- ☐ A Bardet-Biedl syndrome
- ☒ B Senior-Løken syndrome ✓ ANSWER
- ☐ C Zellweger syndrome
- ☐ D Alport syndrome

[Open this question in QBank](#)

Q34 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A 10-year-old child with a known diagnosis of nephronophthisis presents to the pediatric clinic. The parents report that the child has been having increasing difficulty seeing in dim light and at night. The nurse recognizes that these findings are strongly associated with which syndrome?

A Bardet-Biedl syndrome
27% students marked it

B Senior-Løken syndrome
36% students marked it

C Zellweger syndrome
18% students marked it

D Alport syndrome
18% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

Listen in Hindi 

- Senior-Løken syndrome is a specific genetic disorder characterized by the

← Question

Why Other Options Were Wrong

- **Alport syndrome:** This is a genetic disorder affecting type IV collagen, leading to kidney disease, hearing loss, and specific eye problems like anterior lenticonus. It does not typically involve the combination of nephronophthisis and retinitis pigmentosa.
- **Bardet-Biedl syndrome:** This is another ciliopathy that does feature both renal disease and retinitis pigmentosa. However, it is also characterized by other key features not mentioned in the stem, such as polydactyly (extra fingers or toes), truncal obesity, and intellectual disability.
- **Zellweger syndrome:** This is a severe peroxisomal disorder affecting multiple organ systems from birth, including the brain, liver, and kidneys. Its clinical picture is far more severe and complex than the one described, which is focused on a specific kidney-eye association.

Related Visual



NORCET 11 MEMORY BASED QUESTION

Q35

Medical-Surgical Nursing

A client underwent transplant surgery. Which finding indicates rejection of a transplanted kidney?

☐ A Decreased blood pressure

☐ B Decreased body temperature

☒ C Reduced creatinine clearance

✓ ANSWER

☐ D Increased urine output

Similar question in NPrep GOLD QBank

A patient with a kidney transplant develops which finding that may indicate graft rejection?

☐ A Increased urine output

☒ B Increased serum creatinine

✓ ANSWER

☐ C Decreased blood pressure

☐ D Decreased body temperature

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Chronic Kidney Disease & Transplantation

Medical-Surgical Nursing

Timestamp: 18:22

[Watch this video](#)

Q35 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A patient with a kidney transplant develops which finding that may indicate graft rejection?

- A** Increased urine output
18% students marked it
- B** Increased serum creatinine
33% students marked it ☒
- C** Decreased blood pressure
36% students marked it
- D** Decreased body temperature
14% students marked it

☒ **Correct!** Wonderful, you got this one right.

Explanation

- A rise in serum creatinine is a key biochemical marker for acute kidney transplant rejection.
- When the transplanted kidney is rejected, its glomerular filtration rate (GFR) decreases.
- A lower GFR means the kidney is less effective at

← Question

- A rise in serum creatinine is a key biochemical marker for acute kidney transplant rejection.
- When the transplanted kidney is rejected, its glomerular filtration rate (GFR) decreases.
- A lower GFR means the kidney is less effective at filtering waste products like creatinine from the blood, causing its concentration in the serum to rise.
- This is often one of the earliest and most reliable signs of **graft** dysfunction, even before clinical symptoms like pain or fever appear.

Why Other Options Were Wrong

- **Option A:** **Graft** rejection impairs the kidney's ability to produce urine, leading to a decrease (oliguria), not an increase, in urine output.
- **Option C:** Kidney rejection leads to fluid and sodium retention, which typically causes an increase in blood pressure (hypertension), not a decrease.
- **Option D:** The inflammatory process associated with the immune system attacking the **graft** can cause a low-grade fever (increased body temperature). A decrease in body temperature is not a sign of rejection.

NORCET 11 MEMORY BASED QUESTION

Q36 Medical-Surgical Nursing

After transurethral resection of the prostate (TURP), a three-way catheter is inserted. What is the correct function of its three ports?

- ☒ **A** Balloon inflation, urine drainage and continuous bladder irrigation inflow ✓ ANSWER
- ☐ **B** Two urine-drainage ports and one balloon port
- ☐ **C** Urine drainage, medication instillation and irrigation outflow
- ☐ **D** Balloon inflation, suction and urine drainage

Similar question in NPrep GOLD QBank

A 68-year-old male patient returns to the post-anesthesia care unit (PACU) after a transurethral resection of the prostate (TURP). The surgeon's orders include continuous bladder irrigation (CBI) to prevent clot formation. Based on this order, which type of urinary catheter should the nurse expect to find in place?

- ☐ **A** Single-lumen catheter
- ☐ **B** Coudé tip catheter
- ☐ **C** Double-lumen catheter
- ☒ **D** Triple-lumen catheter ✓ ANSWER

[Open this question in QBank](#)
Similar question in NPrep GOLD Video
Urinary Catheterization and Elimination

Medical-Surgical Nursing

Timestamp: 15:10

[Watch this video](#)

Q36 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A 68-year-old male patient returns to the post-anesthesia care unit (PACU) after a transurethral resection of the prostate (TURP). The surgeon's orders include continuous bladder irrigation (CBI) to prevent clot formation. Based on this order, which type of urinary catheter should the nurse expect to find in place?

A Single-lumen catheter
2% students marked it

B Coudé tip catheter
8% students marked it

C Double-lumen catheter
14% students marked it

D Triple-lumen catheter
76% students marked it



✓ **Correct!** Wonderful, you got this one right.

Explanation

Listen in Hindi 

← Question

Explanation



- A triple-lumen catheter is required for continuous bladder irrigation (CBI). This type of catheter has three separate channels:
- Lumen 1: For inflating the retention balloon.
- Lumen 2: For outflow of urine and irrigation fluid.
- Lumen 3: For inflow of the irrigation solution.
- This design allows for simultaneous irrigation and drainage, which is essential to prevent blood clots from obstructing the urethra after procedures like TURP.

Why Other Options Were Wrong

- **Option A:** This type is used for intermittent catheterization (straight cath) to drain the bladder once and is then removed. It is not suitable for continuous drainage or irrigation.
- **Option B:** This describes the shape of the catheter's tip, which is curved to help navigate past an enlarged prostate or urethral stricture. While a patient post-TURP might need a Coudé tip, this term refers to the tip style, not the number of lumens. A Coudé catheter can be double or triple-lumen, but the essential feature for CBI is having three lumens.
- **Option C:** This is the standard indwelling (Foley) catheter. It has one lumen for urine drainage and a second for inflating the

NORCET 11 MEMORY BASED QUESTION

Q37 Medical-Surgical Nursing

A client who has been receiving IV NSAIDs for post-operative pain develops acute kidney injury (AKI). What is the nursing priority?

- ☒ **A** Stop the NSAIDs and monitor urine output and electrolytes ✓ **ANSWER**
- ☐ **B** Give the prescribed oral potassium supplement
- ☐ **C** Give IV furosemide to increase urine output
- ☐ **D** Slow the diclofenac infusion and continue monitoring

Similar question in NPrep GOLD QBank

A post-operative patient receiving IV NSAIDs develops acute kidney injury (AKI). What should the nurse do first?

- ☒ **A** Stop the NSAID and monitor urine output ✓ **ANSWER**
- ☐ **B** Administer oral potassium
- ☐ **C** Give IV furosemide immediately
- ☐ **D** Continue the NSAID at a slower rate

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Acute Renal Failure

Medical-Surgical Nursing

Timestamp: 25:47

[Watch this video](#)

Q37 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A post-operative patient receiving IV NSAIDs develops acute kidney injury (AKI). What should the nurse do first?

A

Stop the NSAID and monitor urine output

17% students marked it



B

Administer oral potassium

15% students marked it

C

Give IV furosemide immediately

44% students marked it

D

Continue the NSAID at a slower rate

24% students marked it



Correct! Wonderful, you got this one right.

Explanation

Listen in Hindi 

- The immediate priority in drug-induced AKI is to discontinue the nephrotoxic agent, in this case, the **IV** NSAID.

← Question

Explanation



- The immediate priority in drug-induced AKI is to discontinue the nephrotoxic agent, in this case, the **IV** NSAID.
- NSAIDs can cause pre-renal AKI by inhibiting prostaglandin synthesis, which leads to constriction of the afferent arterioles and a reduced glomerular filtration rate (GFR).
- Stopping the drug removes the cause of the injury, preventing further damage and allowing for potential recovery of renal function.
- Monitoring urine output is a critical and concurrent assessment to evaluate the severity of AKI and guide further fluid management.

Why Other Options Were Wrong

- Option B:** This is incorrect and dangerous because AKI impairs the kidney's ability to excrete potassium, leading to **hyperkalemia**. Administering potassium would worsen this potentially fatal electrolyte imbalance.
- Option C:** This is not the correct first action. Furosemide is a diuretic used to manage fluid overload, but it does not treat the underlying cause of the kidney injury. If the patient is volume-depleted (a possible cause of pre-renal AKI), giving a diuretic can worsen the condition.

NORCET 11 MEMORY BASED QUESTION

Q38 Medical-Surgical Nursing

A female client has light pink-tinged urine after a cystoscopy. What is the best explanation the nurse can give?

- ☒ **A** It is normal after the procedure ✓ **ANSWER**
- ☐ **B** It needs assessment and urgent admission
- ☐ **C** The doctor must be informed to check it
- ☐ **D** She should drink 3–4 litres of fluid a day

Similar question in NPrep GOLD QBank

The nurse is caring for a client who had a cystoscopy in the day. Which symptom from the client is of most concern to the nurse?

- ☐ **A** Leg cramps
- ☐ **B** Tea-colored urine
- ☒ **C** Complaint of back pain ✓ **ANSWER**
- ☐ **D** Pink-tinged urine

[Open this question in QBank](#)
Similar question in NPrep GOLD Video
Diagnostic Tests

Medical-Surgical Nursing

Timestamp: 41:18

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Q38 Straight from the NPrep **GOLD** app

The answer, highlighted in our explanation.

← Question

The nurse is caring for a client who had a cystoscopy in the day. Which symptom from the client is of most concern to the nurse?

- A** Leg cramps
6% students marked it
- B** Tea-colored urine
44% students marked it
- C** Complaint of back pain
21% students marked it ☒
- D** Pink-tinged urine
29% students marked it

☒ **Correct!** Wonderful, you got this one right.

Explanation

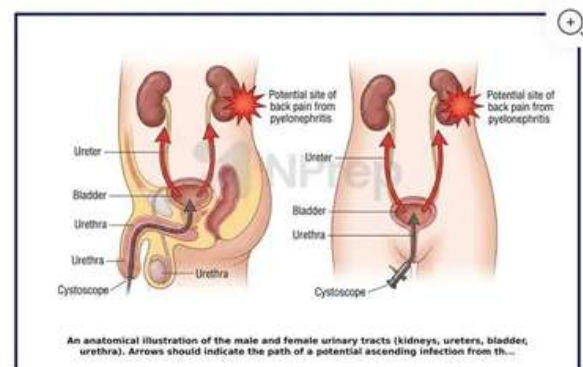
- A complaint of back or flank pain after a cystoscopy is a significant red flag that requires immediate nursing attention.
- This symptom can indicate a severe complication, such as a perforation of the

← Question

Why Other Options Were Wrong

- **Option A:** Leg cramps are generally a benign and temporary side effect related to the lithotomy position used during the cystoscopy procedure, not a complication of the procedure itself.
- **Option B:** Tea-colored urine indicates the presence of old blood. While it requires monitoring, it is less concerning than bright red blood (indicating active bleeding) or symptoms of infection/perforation.
- **Option D:** Pink-tinged urine is an expected and common finding after a cystoscopy. It is caused by minor trauma to the urethral and bladder mucosa from the scope.

Related Visual



NORCET 11 MEMORY BASED QUESTION

Q39 Medical-Surgical Nursing

A 70-year-old man is brought in after a road traffic accident. The nurse notices that a segment of his chest wall moves inward during inspiration and outward during expiration. What is the most likely cause?

A Pneumothorax

B Cardiac tamponade

C Tension pneumothorax

D Flail chest

✓ ANSWER

Similar question in NPrep GOLD QBank

A patient injured in a road traffic accident is shifted to the red triage area. On assessment, the nurse finds a chest segment sinking during inspiration and expanding during expiration, opposite to normal chest wall movement. What abnormality is this and what does it indicate?

A Pectus carinatum; Chest trauma

B Barrel chest; Rib fracture

C Pectus excavatum; Chest trauma

D Flail chest; Rib fracture

✓ ANSWER

Open this question in QBank

Similar question in NPrep GOLD Video

Chest trauma & lung injuries

Medical-Surgical Nursing

Timestamp: 18:25

Watch this video

Q39 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A patient injured in a road traffic accident is shifted to the red triage area. On assessment, the nurse finds a chest segment sinking during inspiration and expanding during expiration, opposite to normal chest wall movement. What abnormality is this and what does it indicate?

A Pectus carinatum; Chest trauma
6% students marked it

B Barrel chest; Rib fracture
18% students marked it

C Pectus excavatum; Chest trauma
20% students marked it

D Flail chest; Rib fracture
56% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

- Paradoxical chest movement is a hallmark of flail chest.

← Question

Explanation

- Paradoxical chest movement is a hallmark of flail chest.
- Flail chest results from multiple adjacent rib fractures at two or more sites.
- The free-floating segment moves inward on inspiration and outward on expiration.
- This condition is most often seen after blunt chest trauma, such as in road traffic accidents.
- Immediate recognition and intervention are critical to prevent respiratory compromise.

Why Other Options Were Wrong

- Option A:** Pectus carinatum is a congenital chest wall deformity, not caused by trauma and does not cause paradoxical movement.
- Option B:** Barrel chest is seen in chronic lung diseases like COPD, not in acute trauma or rib fractures.
- Option C:** Pectus excavatum is a congenital depression of the sternum, not related to trauma or paradoxical movement.

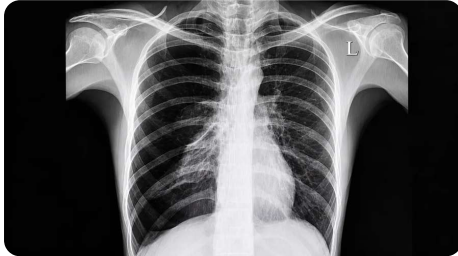
Related Visual

Flail Chest Paradoxical Movement

NORCET 11 MEMORY BASED QUESTION

Q40 Medical-Surgical Nursing

(Chest X-ray image) A road-traffic-accident victim has absent breath sounds and tracheal deviation. The X-ray shows a hyperlucent hemithorax without lung markings and a mediastinal shift to the opposite side. What is the diagnosis?



- ☒ A Tension pneumothorax ✓ ANSWER
- ☐ B Massive haemothorax
- ☐ C Flail chest
- ☐ D Pleural effusion

Similar question in NPrep GOLD QBank

A patient with chest trauma has absent breath sounds on one side and tracheal deviation. The condition is:

- ☐ A Hemothorax
- ☐ B Pneumothorax
- ☒ C Tension pneumothorax ✓ ANSWER
- ☐ D Pulmonary embolism

Open this question in QBank

Similar question in NPrep GOLD Video

Hemothorax & Pneumothorax

Medical-Surgical Nursing

Timestamp: 19:37

Watch this video

Q40 Straight from the NPrep **GOLD** app

The answer, highlighted in our explanation.

← Question

A patient with chest trauma has absent breath sounds on one side and tracheal deviation. The condition is:

- A** Hemothorax
8% students marked it
- B** Pneumothorax
20% students marked it
- C** Tension pneumothorax
64% students marked it
- D** Pulmonary embolism
8% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

- Tension pneumothorax is a medical emergency where air enters the pleural space through a one-way valve mechanism, meaning air can get in but not out.
- This trapped air builds up positive pressure

← Question

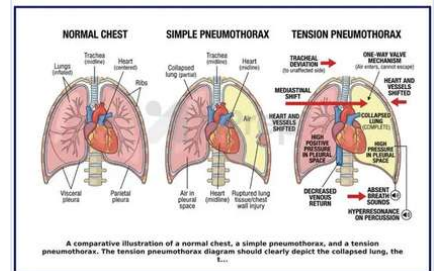
Explanation

- Tension pneumothorax is a medical emergency where air enters the pleural space through a one-way valve mechanism, meaning air can get in but not out.
- This trapped air builds up positive pressure within the chest cavity, causing the lung on the affected side to collapse completely.
- The increasing pressure pushes the entire mediastinum, including the heart and trachea, towards the unaffected side. This is known as a mediastinal shift.
- The collapsed lung leads to absent breath sounds on the affected side, and the mediastinal shift is clinically visible as tracheal deviation away from the side of the injury.

Why Other Options Were Wrong

- Option A:** A hemothorax is a collection of blood, not air, in the pleural space. While it can cause absent breath sounds, the percussion note would be dull due to the fluid, not hyperresonant. Tracheal deviation only occurs in a massive hemothorax.
- Option B:** A simple pneumothorax involves air in the pleural space but without the significant pressure buildup (tension). It causes diminished or absent breath sounds, but the trachea remains midline because

100%



Pinch to zoom

NORCET 11 MEMORY BASED QUESTION

Q41 Fundamentals of Nursing

What filter size should be used when administering a lipid emulsion or lipid-containing TPN?

☐ A 0.22 micron

☒ B 1.2 micron

✓ ANSWER

☐ C 5 micron

☐ D 170 micron

Similar question in NPrep GOLD QBank

A nurse is preparing to administer a Total Nutrient Admixture (TNA), also known as a '3-in-1' solution, which contains lipids, amino acids, and dextrose. Which type of IV filter is required for the administration of this solution?

☐ A A 0.22-micron filter to prevent bacterial contamination.

☐ B A 5-micron filter to remove large particulates.

☒ C A 1.2-micron filter to allow lipid particles to pass through.

✓ ANSWER

☐ D No filter is needed as TNA solutions are pre-filtered.

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Total parenteral nutrition

Fundamentals of Nursing

Timestamp: 33:43

[Watch this video](#)

Q41 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A nurse is preparing to administer a Total Nutrient Admixture (TNA), also known as a '3-in-1' solution, which contains lipids, amino acids, and dextrose. Which type of IV filter is required for the administration of this solution?

- A** A 0.22-micron filter to prevent bacterial contamination.
11% students marked it
- B** A 5-micron filter to remove large particulates.
16% students marked it
- C** A 1.2-micron filter to allow lipid particles to pass through. ☒
63% students marked it
- D** No filter is needed as TNA solutions are pre-filtered.
10% students marked it

Rationale

- **Correct Answer:** TNA or '3-in-1' solutions contain fat emulsions, which have large particles. A 1.2-micron filter is specifically designed to be large

← Question

Rationale

- **Correct Answer:** TNA or '3-in-1' solutions contain fat emulsions, which have large particles. A 1.2-micron filter is specifically designed to be large enough to allow these lipid particles to pass through while still filtering out precipitates and microorganisms like *Candida albicans*.



- **Incorrect Options:**
- A 0.22-micron filter is used for solutions without lipids (2-in-1 TPN). It is too small and would block the fat emulsion.
- A 5-micron filter is too large and would not effectively filter out smaller precipitates or potential contaminants.

NORCET 11 MEMORY BASED QUESTION

Q42 Fundamentals of Nursing

A patient with CVP line having risk of air embolism. All of the following are signs and symptoms of air embolism EXCEPT:

- ☐ A Sudden dyspnoea and chest pain
- ☐ B Tachycardia and hypotension
- ☐ C A "mill-wheel" murmur over the precordium
- ☒ D Bradycardia with hypertension

✓ ANSWER

Similar question in NPrep GOLD QBank

A patient suddenly develops breathing difficulty and chest pain during an IV procedure. Which finding would NOT be expected in an air embolism?

- ☒ A Bradycardia with high blood pressure
- ☐ B Tachypnea with chest discomfort
- ☐ C Tachycardia with hypotension
- ☐ D Tachycardia with respiratory distress

✓ ANSWER

Open this question in QBank

Similar question in NPrep GOLD Video

Total parenteral nutrition
Fundamentals of Nursing

Timestamp: 49:59

Watch this video

Q42 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A patient suddenly develops breathing difficulty and chest pain during an IV procedure. Which finding would NOT be expected in an air embolism?

- A** Bradycardia with high blood pressure
27% students marked it ☒
- B** Tachypnea with chest discomfort
36% students marked it
- C** Tachycardia with hypotension
13% students marked it
- D** Tachycardia with respiratory distress
23% students marked it

☒ **Correct!** Wonderful, you got this one right.

Explanation

Listen in Hindi 

- An air embolism obstructs the pulmonary artery, causing a sudden decrease in cardiac output and blood pressure (hypotension).
- The body's compensatory mechanism for this shock-like state is to increase the heart rate.

← Question

Explanation

- An air embolism obstructs the pulmonary artery, causing a sudden decrease in cardiac output and blood pressure (hypotension).
- The body's compensatory mechanism for this shock-like state is to increase the heart rate (tachycardia), not decrease it.
- Bradycardia (slow heart rate) and hypertension (high blood pressure) are the physiological opposites of the expected response to a significant air embolism.
- Therefore, this combination of findings is not consistent with the pathophysiology of an air embolism.

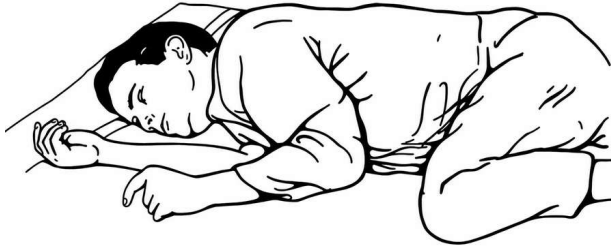
Why Other Options Were Wrong

- Option B:** Tachypnea (rapid breathing) and chest discomfort are hallmark signs of an air embolism.
- Option C:** Tachycardia (rapid heart rate) and hypotension (low blood pressure) are the classic cardiovascular response to an air embolism.
- Option D:** Tachycardia and respiratory distress are both expected and severe signs of an air embolism.

NORCET 11 MEMORY BASED QUESTION

Q43 Fundamentals of Nursing

(Image-based) A client attending OPD for a rectal examination is placed on the left side with the right knee and thigh drawn up and the left arm behind the body. Name this position.



- ☐ A Lithotomy
- ☐ B Knee-chest
- ☒ C Sims' lateral position
- ☐ D Dorsal recumbent

✓ ANSWER

Similar question in NPrep GOLD QBank

A nurse is preparing a 45-year-old patient for a gynaecological examination to assess for a rectocele using a Sims' speculum. From a medical-surgical nursing perspective, which of the following actions correctly places the patient in the Sims' position?

- ☐ A Ask the patient to lie on her abdomen with her head turned to one side.
- ☒ B Assist the patient to lie on her left side, with the right knee and thigh flexed towards the chest, and the left arm placed along her back.
- ☐ C Instruct the patient to lie on her back with her knees bent and feet flat on the examination table.
- ☐ D Help the patient lie supine with her feet placed in stirrups.

✓ ANSWER

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Therapeutic position

Fundamentals of Nursing

Timestamp: 27:42

[Watch this video](#)

Q43 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A nurse is preparing a 45-year-old patient for a gynaecological examination to assess for a rectocele using a Sims' speculum. From a medical-surgical nursing perspective, which of the following actions correctly places the patient in the Sims' position?

A

Ask the patient to lie on her abdomen with her head turned to one side.

3% students marked it

B

Assist the patient to lie on her left side, with the right knee and thigh flexed towards the chest, and the left arm placed along her back.

94% students marked it

C

Instruct the patient to lie on her back with her knees bent and feet flat on the examination table.

3% students marked it

D

Help the patient lie supine with her feet placed in stirrups.

0% students marked it



Correct! Wonderful, you got this one right.

← Question

Explanation

en in Hindi 

- The correct procedure for placing a patient in Sims' position is to have them lie on their left side. The left arm is placed behind the body, and the right leg is sharply flexed at the hip and knee, drawn up towards the chest. This position allows for optimal visualization of the posterior vaginal wall and rectum, which is necessary for assessing a **rectocele** with a Sims' speculum.

Why Other Options Were Wrong

- Lying supine with feet in stirrups** describes the **lithotomy** position. This position is commonly used for pelvic exams, Pap smears, and childbirth, but it is not Sims' position and is less ideal for visualizing the posterior vaginal wall.
- Lying on the back with knees bent and feet flat** describes the dorsal recumbent position. It is used for bimanual pelvic exams and **catheter** insertion but is not the correct position for a Sims' speculum examination.
- Lying on the abdomen** describes the prone position. This position is used for examining the back or spine and is inappropriate for a gynaecological or rectal examination.

NORCET 11 MEMORY BASED QUESTION

Q44 Fundamentals of Nursing

What length of Foley catheter should be inserted into an adult female urethra?

- ☐ A ½ inch
- ☒ B 2 inches (5 cm) ✓ ANSWER
- ☐ C 6 inches
- ☐ D 8 inches (20 cm)

Similar question in NPrep GOLD QBank

A nurse in a rehabilitation unit is teaching a 34-year-old female patient with a T10 spinal cord injury how to perform intermittent self-catheterization. The nurse determines that the teaching has been effective when the patient inserts the catheter to which approximate depth before urine begins to flow?

- ☒ A 7.5 cm (3 inches) ✓ ANSWER
- ☐ B 2.5 cm (1 inch)
- ☐ C 12.5 cm (5 inches)
- ☐ D 20 cm (8 inches)

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Urinary Catheterization and Elimination

Fundamentals of Nursing

Timestamp: 51:57

[Watch this video](#)

Q44 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A nurse in a rehabilitation unit is teaching a 34-year-old female patient with a T10 spinal cord injury how to perform intermittent self-catheterization. The nurse determines that the teaching has been effective when the patient inserts the catheter to which approximate depth before urine begins to flow?

- A

7.5 cm (3 inches)
53% students marked it

✓
- B

2.5 cm (1 inch)
23% students marked it
- C

12.5 cm (5 inches)
17% students marked it
- D

20 cm (8 inches)
7% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

Listen in Hindi 

- The correct insertion depth for a female patient

← Question

Explanation



- The correct insertion depth for a female patient performing intermittent self-catheterization is approximately 7.5 cm (3 inches). The female urethra is relatively short (about 3-4 cm or 1.5 inches). Inserting the catheter to 7.5 cm ensures it passes through the entire urethra and is well-positioned within the bladder to allow for complete drainage.

Why Other Options Were Wrong

- **Option B:** This depth is too shallow. While it might be near the length of the urethra, it does not guarantee the catheter tip is properly inside the bladder to initiate and complete urine flow, leading to incomplete emptying.
- **Option C:** This depth is excessive for a female patient and is closer to the lower end of the range for male catheterization. Inserting the catheter this far is unnecessary and could cause discomfort.
- **Option D:** This is the standard insertion depth for a male patient, whose urethra is much longer (approximately 15-20 cm). Attempting to insert a catheter to this depth in a female is incorrect and could cause trauma to the bladder wall.

NORCET 11 MEMORY BASED QUESTION

Q45 Fundamentals of Nursing

A nursing officer inserts a Foley catheter in a female client and urine returns. How much further should the catheter be advanced before inflating the balloon?

A ½ inch

B 1–2 inches (2.5–5 cm)

✓ ANSWER

C 6 inches

D 8 inches

Similar question in NPrep GOLD QBank

A nurse is inserting an indwelling urinary catheter into a female patient. After inserting the catheter about 5 to 7.5 cm (2 to 3 inches), urine begins to flow into the tubing. What is the nurse's immediate next action?

A Inflate the balloon with the prefilled syringe immediately.

B Remove the catheter and notify the healthcare provider.

C Advance the catheter another 2.5 to 5 cm (1 to 2 inches).

✓ ANSWER

D Secure the catheter to the patient's inner thigh.

Open this question in QBank

Similar question in NPrep GOLD Video

Urinary Catheterization and Elimination

Fundamentals of Nursing

Timestamp: 51:36

Watch this video

Q45 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A nurse is inserting an indwelling urinary catheter into a female patient. After inserting the catheter about 5 to 7.5 cm (2 to 3 inches), urine begins to flow into the tubing. What is the nurse's immediate next action?

A

Inflate the balloon with the prefilled syringe immediately.

14% students marked it

B

Remove the catheter and notify the healthcare provider.

21% students marked it

C

Advance the catheter another 2.5 to 5 cm (1 to 2 inches).

50% students marked it

D

Secure the catheter to the patient's inner thigh.

15% students marked it



Correct! Wonderful, you got this one right.

Explanation



← Question

Explanation

Listen in Hindi 

- After urine return is observed, the catheter should be advanced another 2.5 to 5 cm (1 to 2 inches). This action ensures that the balloon is fully inside the bladder and not in the urethra. Inflating the balloon within the urethra can cause significant pain and trauma.

Why Other Options Were Wrong

- Option A:** This is incorrect and dangerous. If the catheter tip is just inside the bladder neck, the balloon may still be partially or fully in the urethra. Inflating it there can cause injury, pain, and hematuria.
- Option B:** This is incorrect. The presence of urine flow indicates that the catheter has successfully entered the bladder. There is no reason to remove it at this stage unless resistance was met or sterility was broken.
- Option D:** This is a necessary step, but it is performed *after* the balloon has been successfully inflated and the catheter's position is confirmed.

Related Visual



NORCET 11 MEMORY BASED QUESTION

Q46 Pharmacology

A client with an unruptured ectopic pregnancy is treated with single-dose IM methotrexate. Three days later she has painful mouth ulcers, severe nausea, and falling WBC and platelet counts. Which drug should the nurse expect to give as the antidote?

- ☐ A Folic acid
- ☒ B Leucovorin (folinic acid) ✓ ANSWER
- ☐ C Naloxone
- ☐ D Protamine sulphate

Similar question in NPrep GOLD QBank

A patient receiving high-dose methotrexate therapy is scheduled for their next treatment. The nurse should anticipate a physician's order for which medication to prevent systemic toxicity?

- ☐ A Allopurinol
- ☐ B Filgrastim
- ☐ C Mesna
- ☒ D Leucovorin ✓ ANSWER

Open this question in QBank

Q46 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A patient receiving high-dose methotrexate therapy is scheduled for their next treatment. The nurse should anticipate a physician's order for which medication to prevent systemic toxicity?

A Allopurinol
11% students marked it

B Filgrastim
6% students marked it

C Mesna
23% students marked it

D Leucovorin
60% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

Listen in Hindi 

- High-dose methotrexate is associated with severe bone marrow suppression and other toxicities. Leucovorin (folinic acid) is

← Question

Explanation

- High-dose methotrexate is associated with severe bone marrow suppression and other toxicities. Leucovorin (folinic acid) is administered as a 'rescue' drug. It is a reduced form of folic acid that bypasses the metabolic block created by methotrexate in normal cells, thereby protecting them from toxicity without compromising the anticancer effect on tumor cells.

Why Other Options Were Wrong

- Mesna:** This is a uroprotective agent used to prevent hemorrhagic cystitis caused by the chemotherapy drugs ifosfamide and cyclophosphamide, not methotrexate.
- Filgrastim:** This is a granulocyte colony-stimulating factor (G-CSF) used to stimulate the production of neutrophils (a type of white blood cell) to treat neutropenia, often caused by chemotherapy, but it is not a specific rescue agent for methotrexate.
- Allopurinol:** This drug is used to prevent or treat hyperuricemia (high levels of uric acid in the blood) which can occur with tumor lysis syndrome during chemotherapy, but it does not counteract methotrexate toxicity.

NORCET 11 MEMORY BASED QUESTION

Q47

Pharmacology

A client with HIV was on a dolutegravir-based first-line regimen. Their viral load stayed high, so they have been switched to a second-line regimen containing atazanavir boosted with ritonavir. The client asks the nurse how the new drug works. What is the nurse's best explanation?

- ☐ A It stops the viral RNA being copied into DNA
- ☐ B It stops the virus attaching to the CD4 cell
- ☒ C It stops viral proteins being cut, so new virus particles cannot mature ✓ ANSWER
- ☐ D It stops the viral DNA joining the DNA of the host cell

This is a very rarely asked Question.

NORCET 11 MEMORY BASED QUESTION

Q48 Pharmacology

Assertion (A): ACE inhibitors can cause a dry cough. Reason (R): ACE inhibitors prevent the breakdown of bradykinin, which accumulates in the respiratory tract.

- ☒ **A** Both A and R are true, and R is the correct explanation of A ✓ **ANSWER**
- ☐ **B** Both A and R are true, but R is not the correct explanation of A
- ☐ **C** A is true, but R is false
- ☐ **D** A is false, but R is true

Similar question in NPrep GOLD QBank

Angiotensin-Converting Enzyme (ACE) inhibitors are a class of medications used to manage hypertension. A characteristic side effect is a persistent dry cough, which occurs because ACE is also responsible for the degradation of another substance. The accumulation of which substance is responsible for this cough?

- ☐ **A** Aldosterone
- ☐ **B** Renin
- ☐ **C** Angiotensin II
- ☒ **D** Bradykinin ✓ **ANSWER**

[Open this question in QBank](#)
Similar question in NPrep GOLD Video
Hypertension

Pharmacology

Timestamp: 42:15

[Watch this video](#)

Q48 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

Angiotensin-Converting Enzyme (ACE) inhibitors are a class of medications used to manage hypertension. A characteristic side effect is a persistent dry cough, which occurs because ACE is also responsible for the degradation of another substance. The accumulation of which substance is responsible for this cough?

- A** Aldosterone
9% students marked it
- B** Renin
17% students marked it
- C** Angiotensin II
45% students marked it

D Bradykinin
29% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

Listen in Hindi

← Question

Explanation

- Angiotensin-Converting Enzyme (ACE) has a dual role. Its primary role in the RAAS is converting angiotensin I to angiotensin II. However, it is also identical to an enzyme called **kininase II**, which is responsible for breaking down bradykinin.
- When a patient takes an ACE inhibitor, the enzyme is blocked. This not only reduces the production of angiotensin II but also prevents the breakdown of bradykinin.
- The resulting accumulation of bradykinin in the lungs can cause **bronchial** irritation and inflammation, leading to the characteristic persistent, non-productive (dry) cough.

Why Other Options Were Wrong

- **Angiotensin II:** ACE inhibitors are designed to *decrease* the levels of angiotensin II, not cause its accumulation. Reduced angiotensin II is the therapeutic effect that lowers **blood pressure**.
- **Renin:** Renin is an enzyme released by the kidneys that initiates the RAAS cascade by converting angiotensinogen to angiotensin I. ACE inhibition can lead to a reflex increase in renin secretion due to loss of negative feedback, but renin itself does not cause the cough.

NORCET 11 MEMORY BASED QUESTION

Q49 Pharmacology

Assertion (A): Beta-blockers should not be given routinely to every patient with myocardial infarction. Reason (R): Beta-blockers decrease heart rate and cardiac workload.

- ☐ A Both A and R are true, and R is the correct explanation of A
- ☒ B Both A and R are true, but R is not the correct explanation of A
- ☐ C A is true, but R is false
- ☐ D A is false, but R is true

✓ ANSWER

Similar question in NPrep GOLD QBank

A nurse is educating a patient with stable angina about the therapeutic effects of their newly prescribed beta-blocker. The nurse explains that the medication helps manage angina by producing several effects. All of the following are therapeutic effects of beta-blockers in managing angina EXCEPT:

- ☐ A Reducing the force of myocardial contraction
- ☐ B Lowering myocardial oxygen consumption
- ☒ C Causing potent vasodilation of coronary arteries
- ☐ D Decreasing the heart rate

✓ ANSWER

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Coronary Artery Disease

Pharmacology

Timestamp: 08:20

[Watch this video](#)

Q49 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A nurse is educating a patient with stable angina about the therapeutic effects of their newly prescribed beta-blocker. The nurse explains that the medication helps manage angina by producing several effects. All of the following are therapeutic effects of beta-blockers in managing angina **EXCEPT**:

A Reducing the force of myocardial contraction
16% students marked it

B Lowering myocardial oxygen consumption
29% students marked it

C Causing potent vasodilation of coronary arteries
36% students marked it

D Decreasing the heart rate
20% students marked it

✓ **Correct!** Wonderful, you got this one right.

← Question

Explanation

Listen in Hindi 

- Beta-blockers do not cause potent vasodilation of coronary arteries. This action is characteristic of nitrates, another class of anti-anginal drugs. The primary effect of beta-blockers is to reduce the heart's workload, not to widen the blood vessels directly.

Why Other Options Were Wrong

- **Decreasing the heart rate (negative chronotropy):** This is a primary effect of beta-blockers. A slower heart rate reduces the oxygen demand of the myocardium and increases the duration of diastole, allowing more time for coronary artery filling.
- **Reducing the force of myocardial contraction (negative inotropy):** This is another key effect. By decreasing the contractility of the heart muscle, beta-blockers reduce the workload and subsequent oxygen requirements of the heart.
- **Lowering myocardial oxygen consumption:** This is the overall therapeutic goal and a direct consequence of decreasing the heart rate and contractility. By reducing the heart's workload, beta-blockers effectively decrease its need for oxygen, which helps

NORCET 11 MEMORY BASED QUESTION

Q50 Pharmacology

Which foods should the nurse advise for a client on furosemide?

- ☒ **A** Bananas and oranges ✓ **ANSWER**
- ☐ **B** Creamed corn
- ☐ **C** Fresh green vegetables
- ☐ **D** White rice

Similar question in NPrep **GOLD** QBank

A patient is taking furosemide as a diuretic. Which of the following is to be included in the diet of the patient?

- ☐ **A** Nuts
- ☐ **B** Vegetable soups
- ☐ **C** Raw vegetables
- ☒ **D** Banana ✓ **ANSWER**

[Open this question in QBank](#)

Similar question in NPrep **GOLD** Video

Electrolytes- Na, K

Pharmacology

Timestamp: 1:40:26 OR 1:52:30

[Watch this video](#)

Q50 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A patient is taking furosemide as a diuretic. Which of the following is to be included in the diet of the patient?

A Nuts
3% students marked it

B Vegetable soups
10% students marked it

C Raw vegetables
6% students marked it

D Banana
81% students marked it



✓ **Correct!** Wonderful, you got this one right.

Explanation

- Furosemide is a loop diuretic that causes significant potassium loss through urine, a condition known as hypokalemia.
- To prevent the adverse effects of low potassium (like muscle weakness and cardiac

← Question

Explanation

- Furosemide is a loop diuretic that causes significant potassium loss through urine, a condition known as hypokalemia.
- To prevent the adverse effects of low potassium (like muscle weakness and cardiac arrhythmias), patients are advised to increase their dietary potassium intake.
- Bananas are a well-known, accessible, and excellent source of potassium, making them an ideal dietary addition for patients on furosemide.
- The normal serum potassium level is 3.5 to 5.0 mEq/L, and dietary management is a key strategy to keep levels within this range.

Why Other Options Were Wrong

- **Option A:** While some nuts contain potassium, they are generally higher in calories and fat, and their potassium content can be variable. They are not typically the primary recommendation for potassium replacement in this context.
- **Option B:** This option is too general. The potassium content of vegetable soup depends entirely on the vegetables used and the preparation method. It is not a guaranteed high-potassium choice.

NORCET 11 MEMORY BASED QUESTION

Q51 Pharmacology

A 70 kg client is prescribed dopamine at 5 mcg/kg/min. Dopamine is available as 160 mg/5 ml. How many ml of dopamine will the client receive in 8 hours?

A 5.25 ml

✓ ANSWER

B 4.2 ml

C 0.66 ml

D 21 ml

Similar question in NPrep GOLD QBank

A patient weighing 80 kg has to be administered dopamine as an intravenous infusion through a Micro-drip set at the rate of 10 micrograms/kg/minute. 400 milligrams of dopamine is mixed in 500 ml of Normal saline. If 60 Microdrops = 1 millilitre, the calculated drop rate will be

A 30 Microdrops/minute

B 60 Microdrops/minute

✓ ANSWER

C 90 Microdrops/minute

D 120 Microdrops/minute

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Drug Calculation

Pharmacology

Timestamp: 45:17

[Watch this video](#)

Q51 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A patient weighing 80 kg has to be administered dopamine as an intravenous infusion through a Micro-drip set at the rate of 10 micrograms/kg/minute. 400 milligrams of dopamine is mixed in 500 ml of Normal saline. If 60 Microdrops = 1 millilitre, the calculated drop rate will be

A 30 Microdrops/minute
16% students marked it

B 60 Microdrops/minute
59% students marked it

C 90 Microdrops/minute
17% students marked it

D 120 Microdrops/minute
8% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

- The calculation correctly determines the required infusion rate based on the patient's

← Question

Explanation

- The calculation correctly determines the required infusion rate based on the patient's weight and the prescribed dose.
- First, the total required dose is calculated as 800 mcg/minute ($80 \text{ kg} \times 10 \text{ mcg/kg/min}$).
- Next, the concentration of the solution is found to be 800 mcg/mL ($400,000 \text{ mcg in } 500 \text{ mL}$).
- Dividing the required dose by the concentration gives a flow rate of 1 mL/minute ($800 \text{ mcg/min} \div 800 \text{ mcg/mL}$).
- Finally, multiplying the flow rate by the microdrip factor (60 gtt/mL) results in a drip rate of 60 microdrops/minute.

Why Other Options Were Wrong

- Option A:** This rate is half of the correct rate. It would be correct if the prescribed dose was 5 mcg/kg/min, not 10 mcg/kg/min.
- Option C:** This rate is 1.5 times the correct rate. It would be correct if the prescribed dose was 15 mcg/kg/min.
- Option D:** This rate is double the correct rate. It would be correct if the prescribed dose was 20 mcg/kg/min.

Related Visual

NORCET 11 MEMORY BASED QUESTION

Q52 **Pharmacology**

A nurse is about to administer hepatitis B vaccine. Which drug must be kept at the bedside for immediate management of an allergic reaction?

- ☒ **A** Epinephrine (adrenaline) ✓ ANSWER
- ☐ **B** Atropine
- ☐ **C** Naloxone
- ☐ **D** Diphenhydramine

Similar question in NPrep GOLD QBank

A community health nurse is setting up an immunization session at a primary health sub-centre. To be prepared for potential adverse events following immunization (AEFI), which medication is considered the most critical and essential to have immediately available for managing anaphylaxis?

- ☒ **A** Adrenaline (epinephrine) injection ✓ ANSWER
- ☐ **B** Paracetamol syrup
- ☐ **C** Hydrocortisone injection
- ☐ **D** Salbutamol inhaler

[Open this question in QBank](#)

Q52 Straight from the NPrep **GOLD** app

The answer, highlighted in our explanation.

← Question

A community health nurse is setting up an immunization session at a primary health sub-centre. To be prepared for potential adverse events following immunization (AEFI), which medication is considered the most critical and essential to have immediately available for managing anaphylaxis?

- A
Adrenaline (epinephrine) injection
✓
97% students marked it
- B
Paracetamol syrup
0% students marked it
- C
Hydrocortisone injection
3% students marked it
- D
Salbutamol inhaler
0% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

Listen in Hindi 

- Adrenaline (epinephrine) is the first-line, life-

NORCET 11 MEMORY BASED QUESTION

Q53 **Anatomy & Physiology**

In hypovolaemic shock, the release of antidiuretic hormone (ADH) results in:

- ☒ **A** Increased water reabsorption in the renal collecting ducts, decreasing urine output ✓ **ANSWER**
- ☐ **B** Peripheral vasodilation
- ☐ **C** Increased urine output
- ☐ **D** Decreased heart rate

Similar question in NPrep GOLD QBank

Select the correctly matched hormone with its primary function related to water balance.

- ☐ **A** Aldosterone – Promotes excretion of sodium and water.
- ☐ **B** Atrial Natriuretic Peptide (ANP) – Increases reabsorption of sodium.
- ☐ **C** Renin – Directly increases water permeability in collecting ducts.
- ☒ **D** Antidiuretic Hormone (ADH) – Increases water reabsorption from renal collecting ducts. ✓ **ANSWER**

[Open this question in QBank](#)

Q53 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

Select the correctly matched hormone with its primary function related to water balance.

A Aldosterone – Promotes excretion of sodium and water.
13% students marked it

B Atrial Natriuretic Peptide (ANP) – Increases reabsorption of sodium.
12% students marked it

C Renin – Directly increases water permeability in collecting ducts.
24% students marked it

D Antidiuretic Hormone (ADH) – Increases water reabsorption from renal collecting ducts. ☒
51% students marked it

☒ **Correct!** Wonderful, you got this one right.

Explanation

- Antidiuretic Hormone (ADH), also known as vasopressin, is released from the posterior

← Question

Explanation

- Antidiuretic Hormone (ADH), also known as vasopressin, is released from the posterior pituitary gland in response to increased plasma osmolality or decreased blood volume.
- Its primary function is to act on the principal cells of the renal collecting ducts and late distal tubules, increasing their permeability to water by promoting the insertion of aquaporin-2 water channels into the apical membrane.
- This action enhances the reabsorption of water from the filtrate back into the circulation, resulting in the excretion of a smaller volume of more concentrated urine, thereby conserving body water.

Why Other Options Were Wrong

- Aldosterone:** This hormone, part of the Renin-Angiotensin-Aldosterone System (RAAS), primarily promotes the *reabsorption* of sodium (and water follows osmotically) and the excretion of potassium in the distal convoluted tubules and collecting ducts. The option incorrectly states it promotes excretion of sodium.
- Atrial Natriuretic Peptide (ANP):** Released by cardiac atrial cells in response to stretching (high blood volume), ANP

NORCET 11 MEMORY BASED QUESTION

Q54 **Anatomy & Physiology**

How does the renin-angiotensin-aldosterone system raise blood pressure?

- A** Angiotensin II causes vasoconstriction, and aldosterone causes sodium and water retention ✓ **ANSWER**
- B** Atrial natriuretic peptide causes vasodilation
- C** ADH secretion is inhibited
- D** Bradykinin levels increase

Similar question in NPrep GOLD QBank

In the context of the Renin-Angiotensin-Aldosterone System (RAAS), which statement best describes the relationship between the actions of Angiotensin II and Aldosterone in regulating blood pressure?

- A** Angiotensin II primarily causes sodium and water retention, while aldosterone is the main vasoconstrictor in the RAAS pathway.
- B** Angiotensin II and aldosterone both cause a rapid increase in blood pressure through vasoconstriction and sodium retention, respectively.
- C** Angiotensin II provides a rapid increase in blood pressure via vasoconstriction, while aldosterone contributes to a slower increase by promoting sodium and water retention. ✓ **ANSWER**
- D** Aldosterone provides a rapid increase in blood pressure via vasoconstriction, while Angiotensin II contributes to a slower increase by promoting sodium and water retention.

[Open this question in QBank](#)

Q54 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

In the context of the Renin-Angiotensin-Aldosterone System (RAAS), which statement best describes the relationship between the actions of Angiotensin II and Aldosterone in regulating blood pressure?

A

Angiotensin II primarily causes sodium and water retention, while aldosterone is the main vasoconstrictor in the RAAS pathway.

5% students marked it

B

Angiotensin II and aldosterone both cause a rapid increase in blood pressure through vasoconstriction and sodium retention, respectively.

32% students marked it

C

Angiotensin II provides a rapid increase in blood pressure via vasoconstriction, while aldosterone contributes to a slower increase by promoting sodium and water retention. ☒

47% students marked it

D

Aldosterone provides a rapid increase in blood pressure via vasoconstriction, while Angiotensin II contributes to a slower increase by promoting sodium and water

← Question

Explanation

Listen in Hindi 

- Angiotensin II is a powerful vasoconstrictor, meaning it narrows blood vessels. This action is almost immediate and causes a rapid increase in peripheral resistance and, consequently, blood pressure.
- Aldosterone's primary role is to act on the kidneys, specifically the distal tubules and collecting ducts, to increase the reabsorption of sodium (and water follows). This process involves changes in protein synthesis and is therefore slower, contributing to a more gradual and sustained increase in blood volume and pressure.

Why Other Options Were Wrong

- The option stating that aldosterone causes rapid vasoconstriction and Angiotensin II causes slow sodium retention reverses the primary roles and timelines of these two hormones.
- The option suggesting both actions are rapid is incorrect. While Angiotensin II's effect is rapid, aldosterone's effect on sodium and water retention is a slower, more prolonged process.
- The option that swaps the primary mechanisms (attributing sodium retention to Angiotensin II and vasoconstriction to

NORCET 11 MEMORY BASED QUESTION

Q55

Microbiology

Which sexually transmitted infection is known as the "great imitator"?

A Syphilis

✓ ANSWER

B Trichomoniasis**C** Gonorrhoea**D** Chlamydia

This is a very rarely asked Question.

NORCET 11 MEMORY BASED QUESTION

Q56

Genetics

Both parents are healthy carriers of cystic fibrosis and are planning their second baby. What is the chance that the child will have cystic fibrosis?

☐ A 5%

☒ B 25%

✓ ANSWER

☐ C 50%

☐ D 75%

Similar question in NPrep GOLD QBank

A couple, both identified as carriers for cystic fibrosis (an autosomal recessive disorder), are seeking genetic counseling. The nurse explains the inheritance pattern. Which of the following statements regarding the risk for their offspring is true?

☐ A If the first child is affected, the second child has a 0% chance of being affected.

☒ B Each child has a 25% chance of being affected by the disorder.

✓ ANSWER

☐ C Each child has a 75% chance of being a carrier of the gene.

☐ D Each child has a 50% chance of being affected by the disorder.

[Open this question in QBank](#)

Q56 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A couple, both identified as carriers for cystic fibrosis (an autosomal recessive disorder), are seeking genetic counseling. The nurse explains the inheritance pattern. Which of the following statements regarding the risk for their offspring is true?

A If the first child is affected, the second child has a 0% chance of being affected.
10% students marked it

B Each child has a 25% chance of being affected by the disorder. ✓
64% students marked it

C Each child has a 75% chance of being a carrier of the gene.
16% students marked it

D Each child has a 50% chance of being affected by the disorder.
10% students marked it

✓ **Correct!** Wonderful, you got this one right.

← Question

Explanation

- In autosomal recessive inheritance, an individual must inherit two copies of the mutated gene (one from each parent) to be affected by the disorder. Parents who are carriers have one normal allele (A) and one mutated allele (a), making their genotype Aa.
- A Punnett square for a cross between two carrier parents (Aa x Aa) shows the following possible outcomes for their offspring with each pregnancy:
 - **AA (25%):** Unaffected, not a carrier.
 - **Aa (50%):** Unaffected, but a carrier.
 - **aa (25%):** Affected with the disorder.
- Therefore, there is a 1 in 4, or 25%, chance that a child will inherit two 'a' alleles and be affected by cystic fibrosis.

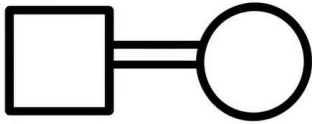
Why Other Options Were Wrong

- **50% chance of being affected:** This is incorrect. There is a 50% chance that a child will be a carrier (Aa), like the parents, but they will be phenotypically unaffected.
- **0% chance for the second child if the first is affected:** This is incorrect and reflects a common misunderstanding known as the gambler's fallacy. The probability of 25%

NORCET 11 MEMORY BASED QUESTION

Q57 **Genetics**

(Image-based) In a pedigree chart, what does a double horizontal line connecting a male (square) and a female (circle) represent?


☐ **A** Divorce

☒ **B** Consanguineous marriage

✓ **ANSWER**
☐ **C** Twins

☐ **D** Adoption

This is a very rarely asked Question.

NORCET 11 MEMORY BASED QUESTION

Q58 **Obstetrics & Gynaecology**

Which type of pelvis has a rounded inlet, straight side walls and a subpubic angle of about 90°?

- ☐ A Android
- ☐ B Anthropoid
- ☒ C Gynaecoid
- ☐ D Platypelloid

✓ ANSWER

Similar question in NPrep GOLD QBank

When assessing a pelvis for its suitability for vaginal delivery, which feature is characteristic of a female (gynecoid) pelvis?

- ☒ A A wide subpubic angle of approximately 90 degrees
- ☐ B Prominent ischial spines that project inwards
- ☐ C A heart-shaped pelvic inlet
- ☐ D A narrow, acute subpubic angle

✓ ANSWER

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Fetal Skull, Maternal Pelvis & Relations

Obstetrics & Gynaecology

Timestamp: 58:37

[Watch this video](#)

Q58 Straight from the NPrep **GOLD** app

The answer, highlighted in our explanation.

← Question

When assessing a pelvis for its suitability for vaginal delivery, which feature is characteristic of a female (gynecoid) pelvis?

- A** A wide subpubic angle of approximately 90 degrees
86% students marked it
- B** Prominent ischial spines that project inwards
14% students marked it
- C** A heart-shaped pelvic inlet
0% students marked it
- D** A narrow, acute subpubic angle
0% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

Listen in Hindi

- A key characteristic of the gynecoid pelvis, which is the typical female pelvic shape, is a wide subpubic angle, measuring approximately

← Question

- A key characteristic of the gynecoid pelvis, which is the typical female pelvic shape, is a wide subpubic angle, measuring approximately 80–90 degrees. This creates a broad pubic arch, which is essential to allow the passage of the fetal head during vaginal delivery.

Why Other Options Were Wrong

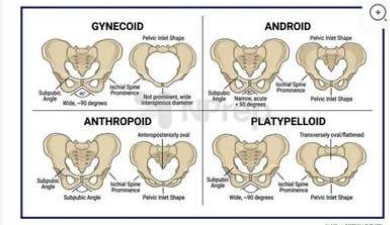
- **Option B:** This feature narrows the mid-pelvis and is typical of the android or anthropoid pelvic types. In a gynecoid pelvis, the ischial spines are less prominent and the side walls are straight, providing more room.
- **Option C:** This is also characteristic of an android pelvis. The gynecoid pelvis has a round or slightly oval inlet, which is more accommodating for the fetal head.
- **Option D:** This is a feature of the male (android) pelvis. A narrow angle would constrict the pelvic outlet, making vaginal delivery difficult.

Related Visual



← Question

Related Visual



Clinical Relevance

How to Approach the Question

Concept Tested & Keywords

Question ID

QlhphDKc5nLIZvA57REpl Copy ID

Reference Book

NORCET 11 MEMORY BASED QUESTION

Q59 Obstetrics & Gynaecology

A woman with abruptio placentae has excessive bleeding, and the blood does not clot. What is the most likely complication?

- ☐ A Atonic postpartum haemorrhage
- ☒ B Disseminated intravascular coagulation
- ☐ C Gestational thrombocytopenia
- ☐ D Couvelaire uterus

✓ ANSWER

Similar question in NPrep GOLD QBank

A 32-year-old woman at 35 weeks gestation is admitted with sudden, severe abdominal pain and a tense, 'woody hard' uterus. There is minimal vaginal bleeding, but she is hypotensive and tachycardic. Laboratory results are pending. Based on the suspected diagnosis of severe abruptio placentae, which of the following is the most immediate and life-threatening maternal complication to anticipate?

- ☐ A Preeclampsia
- ☒ B Disseminated Intravascular Coagulation (DIC)
- ☐ C Sheehan's syndrome
- ☐ D Postpartum hemorrhage

✓ ANSWER

Open this question in QBank

Similar question in NPrep GOLD Video

Placental disorders

Obstetrics & Gynaecology

Timestamp: 44:11

Watch this video

Q59 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A 32-year-old woman at 35 weeks gestation is admitted with sudden, severe abdominal pain and a tense, 'woody hard' uterus. There is minimal vaginal bleeding, but she is hypotensive and tachycardic. Laboratory results are pending. Based on the suspected diagnosis of severe abruptio placentae, which of the following is the most immediate and life-threatening maternal complication to anticipate?

- A** Preeclampsia
5% students marked it
- B** Disseminated Intravascular Coagulation (DIC) ☒
64% students marked it
- C** Sheehan's syndrome
13% students marked it
- D** Postpartum hemorrhage
18% students marked it

The patient's presentation suggests a severe, concealed placental abruption, which is a major obstetric emergency.

← Question

The patient's presentation suggests a severe, concealed placental abruption, which is a major obstetric emergency.

- **Correct (Disseminated Intravascular Coagulation - DIC):** In severe abruption, thromboplastin is released from the site of placental separation into the maternal circulation. This triggers widespread intravascular clotting, consuming platelets and clotting factors, leading to DIC and subsequent uncontrollable bleeding.
- **Incorrect (Preeclampsia):** Preeclampsia is a significant risk factor for developing abruptio placentae, not a direct complication of the acute event.
- **Incorrect (Sheehan's syndrome):** This is pituitary necrosis resulting from severe postpartum hemorrhage and hypovolemic shock. It is a later complication, not an immediate one.
- **Incorrect (Postpartum hemorrhage):** While a risk, especially with uterine atony after delivery, DIC is the more immediate and systemic coagulopathy that complicates the active abruption phase.

Key Takeaway

In concealed abruptio placentae, the shock is often out of proportion to the visible blood loss. The release of thromboplastin is a key pathophysiological event leading to DIC.

NORCET 11 MEMORY BASED QUESTION

Q60 **Obstetrics & Gynaecology**

In a woman with antepartum haemorrhage with active bleeding, which procedure is contraindicated?

- ☒ **A** Per-vaginal (digital) examination ✓ ANSWER
- ☐ **B** Ultrasonography
- ☐ **C** Monitoring of maternal vital signs
- ☐ **D** Positioning in the left lateral position

Similar question in NPrep GOLD QBank

A 32-year-old woman, G2P1, at 34 weeks of gestation is admitted to the labor and delivery unit with a report of sudden, painless, bright red vaginal bleeding. The nurse suspects placenta previa. Which of the following actions by the nurse is CONTRAINDICATED?

- ☐ **A** Initiating an 18-gauge intravenous line for fluid administration
- ☐ **B** Placing the patient on strict bed rest
- ☐ **C** Assessing the fetal heart rate using a Doppler
- ☒ **D** Performing a digital vaginal examination to assess cervical dilation ✓ ANSWER

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Placental disorders

Obstetrics & Gynaecology

Timestamp: 25:06

[Watch this video](#)

Q60 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A 32-year-old woman, G2P1, at 34 weeks of gestation is admitted to the labor and delivery unit with a report of sudden, painless, bright red vaginal bleeding. The nurse suspects placenta previa. Which of the following actions by the nurse is **CONTRAINDICATED**?

- A** Initiating an 18-gauge intravenous line for fluid administration
0% students marked it
- B** Placing the patient on strict bed rest
0% students marked it
- C** Assessing the fetal heart rate using a Doppler
3% students marked it
- D** Performing a digital vaginal examination to assess cervical dilation
97% students marked it

✓ **Correct!** Wonderful, you got this one right.

← Question

Explanation

Listen in Hindi 

- Performing a digital vaginal examination is absolutely contraindicated in a patient with suspected or confirmed **placenta previa**.
- The placenta is located over or near the cervical os. A digital examination can puncture the placenta, leading to massive, life-threatening **hemorrhage** for both the mother and the fetus.
- Such an examination should only be performed in an operating theater with a "double set-up" arrangement, where an immediate cesarean section can be performed if bleeding is initiated.

Why Other Options Were Wrong

- **Assessing the fetal heart rate:** This is a priority nursing action to evaluate fetal well-being, as placental bleeding can lead to **fetal hypoxia**.
- **Initiating an 18-gauge intravenous line:** This is a crucial intervention to prepare for potential fluid resuscitation or blood transfusion in case of significant **hemorrhage**.
- **Placing the patient on strict bed rest:** This is a standard measure to reduce the risk of further bleeding by minimizing activity and pressure on the cervix and placenta.

NORCET 11 MEMORY BASED QUESTION

Q61 **Obstetrics & Gynaecology**

A pregnant woman with PV bleeding, HCG is raised. HCG increased beyond limit, What is the diagnosis?



- ☐ A Missed abortion
- ☒ B Complete hydatidiform mole ✓ ANSWER
- ☐ C Ectopic pregnancy
- ☐ D Placenta praevia

Similar question in NPrep GOLD QBank

A nurse is reviewing the ultrasound report for a client at 12 weeks gestation who presented with vaginal bleeding and a uterus larger than the gestational age. The report describes the finding shown in the image. Based on this characteristic appearance, what is the most likely diagnosis the nurse should anticipate?



- ☒ A Complete hydatidiform mole ✓ ANSWER
- ☐ B Incomplete abortion
- ☐ C Partial hydatidiform mole
- ☐ D Ectopic pregnancy

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Gestational Trophoblastic Disease

Obstetrics & Gynaecology

[Watch this video](#)

Q61 Straight from the NPrep **GOLD** app

The answer, highlighted in our explanation.

← **Question**

A nurse is reviewing the ultrasound report for a client at 12 weeks gestation who presented with vaginal bleeding and a uterus larger than the gestational age. The report describes the finding shown in the image. Based on this characteristic appearance, what is the most likely diagnosis the nurse should anticipate?



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A Complete hydatidiform mole

89% students marked it



B Incomplete abortion

1% students marked it

C Partial hydatidiform mole

10% students marked it

D Ectopic pregnancy

← **Question**

Explanation

- The image description of a diffuse, echogenic intrauterine mass with numerous small cystic spaces, often called a "snowstorm" or "cluster of grapes" appearance, without any fetal parts or amniotic sac, is the hallmark diagnostic feature of a complete hydatidiform mole on ultrasound.

Why Other Options Were Wrong

- **Option B:** On ultrasound, this typically appears as a heterogeneous mass of retained products of conception within the uterus, but it lacks the distinct, organized vesicular pattern of a molar pregnancy.
- **Option C:** While it also involves hydropic villi, a partial mole is characterized by the presence of fetal tissue (often nonviable) and an amniotic sac, along with a thickened, hydropic placenta. The absence of a fetus in the described image rules this out.
- **Option D:** This would be diagnosed by finding a gestational sac or adnexal mass outside of an empty uterus. The image described shows a mass filling the uterine cavity.

Related Visual

NORCET 11 MEMORY BASED QUESTION

Q62 **Obstetrics & Gynaecology**

A woman with an ectopic pregnancy is being considered for methotrexate. Which of the following is a relative contraindication?

- ☐ **A** β -hCG 2,500 mIU/ml
- ☐ **B** Tubal mass of 3 cm
- ☐ **C** Haemodynamically stable client
- ☒ **D** Embryonic or fetal cardiac activity on USG ✓ ANSWER

Similar question in NPrep GOLD QBank

All of the following are criteria for the medical management of an unruptured tubal pregnancy with methotrexate EXCEPT:

- ☐ **A** Ectopic mass size less than 4 cm
- ☐ **B** Hemodynamically stable condition
- ☒ **C** Presence of fetal cardiac activity ✓ ANSWER
- ☐ **D** Serum hCG level less than 3,000 IU/L

[Open this question in QBank](#)
Similar question in NPrep GOLD Video
Ectopic pregnancy

Obstetrics & Gynaecology

Timestamp: 31:53

[Watch this video](#)

Q62 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

All of the following are criteria for the medical management of an unruptured tubal pregnancy with methotrexate **EXCEPT**:

- A** Ectopic mass size less than 4 cm
9% students marked it
- B** Hemodynamically stable condition
8% students marked it
- C** Presence of fetal cardiac activity
61% students marked it ☒
- D** Serum hCG level less than 3,000 IU/L
22% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

Listen in Hindi 

- The presence of fetal cardiac activity on an ultrasound is a significant contraindication for medical management with methotrexate. It indicates a more advanced and viable ectopic pregnancy, which has a lower chance of

← Question

Explanation

- The presence of fetal cardiac activity on an ultrasound is a significant contraindication for medical management with methotrexate. It indicates a more advanced and viable ectopic pregnancy, which has a lower chance of responding to methotrexate and a higher risk of tubal rupture. In such cases, surgical management is typically the preferred treatment.

Why Other Options Were Wrong

- Hemodynamically stable condition:** This is a crucial prerequisite for medical management. A patient who is hemodynamically unstable (e.g., showing signs of shock from rupture) requires immediate surgical intervention, not medical therapy.
- Ectopic mass size less than 4 cm:** This is a standard criterion. Larger masses are associated with a higher failure rate of methotrexate and an increased risk of rupture during treatment.
- Serum hCG level less than 3,000 IU/L:** This is a relative criterion (some protocols use up to 5,000 IU/L), but lower hCG levels are associated with a higher success rate for methotrexate therapy. It is a valid inclusion.

NORCET 11 MEMORY BASED QUESTION

Q63 **Obstetrics & Gynaecology**

As per ACOG recommendations, how often may a clinical breast examination be offered to an average-risk woman aged 40 years or older?

- ☒ **A** Once every year ✓ ANSWER
- ☐ **B** Once every 2 years
- ☐ **C** Once every 3 years
- ☐ **D** Once every 6 months

Similar question in NPrep GOLD QBank

A 45-year-old woman with no family history of breast cancer asks the community health nurse about the recommended frequency for screening BSE . What is the most appropriate advice for a woman of her age and average-risk profile?

- ☐ **A** Every three years
- ☐ **B** Only if a lump is detected
- ☒ **C** Annually ✓ ANSWER
- ☐ **D** Every two years

[Open this question in QBank](#)

Q63 Straight from the NPrep **GOLD** app

The answer, highlighted in our explanation.

← Question

A 45-year-old woman with no family history of breast cancer asks the community health nurse about the recommended frequency for screening BSE. What is the most appropriate advice for a woman of her age and average-risk profile?

A Every three years
38% students marked it

B Only if a lump is detected
15% students marked it

C Annually
36% students marked it

D Every two years
11% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

- The question asks for the frequency of Breast Self-Examination (BSE), but the provided options do not reflect current guidelines for BSE.

← Question

Explanation

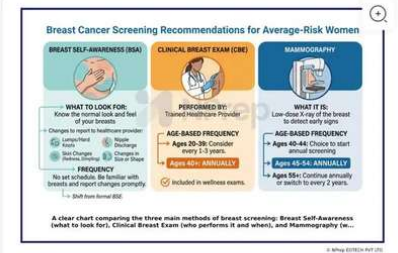
- The question asks for the frequency of Breast Self-Examination (BSE), but the provided options do not reflect current guidelines for BSE.
- Current guidelines from organizations like the American Cancer Society have moved from recommending scheduled BSE to promoting 'Breast Self-Awareness' (BSA), which involves being familiar with one's breasts and reporting any changes without a fixed schedule.
- The option 'Annually' is the recommended frequency for a Clinical Breast Exam (CBE) performed by a healthcare provider for women aged 40 and over.
- It is highly probable that the question incorrectly uses the term 'BSE' when the intended concept was the annual frequency of a 'CBE'.
- Therefore, advising an annual clinical exam is the most appropriate scheduled screening for a 45-year-old woman.

Why Other Options Were Wrong

- Option A:** A frequency of 'Every three years' is not the standard recommendation for any breast screening method for a 45-year-old woman. This interval is sometimes associated with CBEs for women in their 20s and 30s.
- Option B:** This statement is illogical. A

← Question

Related Visual



Clinical Relevance

How to Approach the Question

Concept Tested & Keywords

Question ID

QJ_dfsOckrXzztBEFuOx22 Copy ID

NORCET 11 MEMORY BASED QUESTION

Q64 **Obstetrics & Gynaecology**

A patient with postpartum haemorrhage is given carboprost. After administration the uterus becomes well contracted, but vaginal bleeding continues. What should the nurse do next?

- ☐ A Perform ultrasonography of the abdomen
- ☐ B Perform manual examination for any hidden clots in uterus
- ☒ C Perform a physical examination of the vagina, cervix and perineum
- ☐ D Administer another dose of carboprost

✓ ANSWER

Similar question in NPrep GOLD QBank

A woman who has just delivered her baby is experiencing significant vaginal bleeding. The attending nurse assesses the patient and finds that her uterus is firm and well-contracted at the level of the umbilicus. Despite the firm uterus, bleeding persists. What should the nurse suspect as the most likely cause of the hemorrhage?

- ☐ A Uterine atony
- ☐ B Retained placental fragments
- ☒ C Genital tract trauma
- ☐ D Coagulation disorder

✓ ANSWER

[Open this question in QBank](#)

Q64 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A woman who has just delivered her baby is experiencing significant vaginal bleeding. The attending nurse assesses the patient and finds that her uterus is firm and well-contracted at the level of the umbilicus. Despite the firm uterus, bleeding persists. What should the nurse suspect as the most likely cause of the hemorrhage?

- A** Uterine atony
21% students marked it
- B** Retained placental fragments
46% students marked it
- C** Genital tract trauma
31% students marked it ☒
- D** Coagulation disorder
3% students marked it

☒ **Correct!** Wonderful, you got this one right.

Explanation

- Genital tract trauma.

← Question

Explanation

- Genital tract trauma.
- The defining clinical feature is persistent vaginal bleeding despite a firm, well-contracted uterus.
- A firm uterus indicates that uterine atony is not the cause of the bleeding.
- Therefore, the bleeding must originate from another source, most commonly lacerations or tears in the cervix, vagina, or perineum sustained during childbirth.
- This requires a careful physical examination to identify and repair the source of bleeding.

Why Other Options Were Wrong

- **Option A:** Uterine atony is the most common cause of PPH, but it is characterized by a soft, boggy, and poorly contracted uterus. The patient's uterus is described as firm and well-contracted, which contradicts this diagnosis.
- **Option B:** Retained placental fragments typically prevent the uterus from contracting effectively, leading to a soft, boggy uterus and subinvolution, similar to uterine atony. A firm uterus makes this diagnosis less likely.
- **Option D:** While a coagulation disorder can

NORCET 11 MEMORY BASED QUESTION

Q65 Obstetrics & Gynaecology

After a vaginal delivery, a woman's estimated blood loss is 320 ml, her BP is 98/60 mmHg and her pulse is 112/min. According to the 2025 WHO/FIGO/ICM guideline, what is the nurse's interpretation?

- ☐ A Normal blood loss; continue routine monitoring/
- ☒ B Postpartum haemorrhage; start the PPH treatment bundle immediately ✓ ANSWER
- ☐ C Wait until blood loss reaches 500 ml
- ☐ D Wait until blood loss reaches 1000 ml

Similar question in NPrep GOLD QBank

What is the minimum amount of blood loss that defines postpartum hemorrhage (PPH) in vaginal delivery with vital sign abnormal ?

- ☐ A 200 ml
- ☒ B 300 ml ✓ ANSWER
- ☐ C 400 ml
- ☐ D 500 ml

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Complications of the Third Stage of Labor

Obstetrics & Gynaecology

Timestamp: 33:37

[Watch this video](#)

Q65 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

What is the minimum amount of blood loss that defines postpartum hemorrhage (PPH) in vaginal delivery with vital sign abnormal ?

- A** 200 ml
3% students marked it
- B** 300 ml
38% students marked it
- C** 400 ml
3% students marked it
- D** 500 ml
56% students marked it

Correct! Wonderful, you got this one right.

Explanation

- The World Health Organization (WHO), alongside FIGO and ICM, has updated the diagnostic criteria for Postpartum Haemorrhage (PPH), lowering the action threshold to 300 mL of blood loss when accompanied by abnormal vital signs, while maintaining 500 mL or more on its own.

← Question

Explanation

- The World Health Organization (WHO), alongside FIGO and ICM, has updated the diagnostic criteria for Postpartum Haemorrhage (PPH), lowering the action threshold to 300 mL of blood loss when accompanied by abnormal vital signs, while maintaining 500 mL or more on its own regardless of delivery method. This unified threshold replaces the traditional distinction between vaginal and caesarean delivery criteria to ensure significantly faster medical intervention.

Criterion	New Blood Volume Threshold	Accompanying Clinical Signs
PPH with Shock	≥ 300 mL	Any one sign of shock: Pulse > 100 bpm, Systolic BP ≤ 100 mmHg, Diastolic BP < 60 mmHg, or Shock Index > 1
Standalone PPH	≥ 500 mL	None required (applies to both vaginal and caesarean sections)

← Question

Criterion	New Blood Volume Threshold	Accompanying Clinical Signs
PPH with Shock	≥ 300 mL	Any one sign of shock: Pulse > 100 bpm, Systolic BP ≤ 100 mmHg, Diastolic BP < 60 mmHg, or Shock Index > 1
Standalone PPH	≥ 500 mL	None required (applies to both vaginal and caesarean sections)

Why Other Options Were Wrong

- Option A:** 200 mL is below the normal expected blood loss for vaginal delivery and does not meet the clinical definition of PPH.
- Option C:** 400 mL is still below the accepted minimum for defining PPH and is considered within normal postpartum blood loss.
- Option D:** 500 mL is close to the threshold.

NORCET 11 MEMORY BASED QUESTION

Q66 Obstetrics & Gynaecology

A 34-year-old woman with hypertension, asks for combined oral contraceptive pills (COCs). What is the nurse's best response?

- ☐ A Start COCs today and recheck her BP in 3 months
- ☒ B Advise against COCs and offer a copper IUCD or a progestin-only pill
- ☐ C Prescribe a low-dose (20 µg ethinyl estradiol) COC instead
- ☐ D Start COCs once antihypertensive treatment brings her BP under control

✓ ANSWER

Similar question in NPrep GOLD QBank

A woman visits the family planning clinic to choose a contraceptive method. She has a history of uncontrolled hypertension. Which contraceptive method should the nurse advise her to avoid?

- ☒ A Combined oral contraceptive pills
- ☐ B Copper intrauterine device
- ☐ C Male condoms
- ☐ D Progestin-only pill

✓ ANSWER

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Hormonal Contraception

Obstetrics & Gynaecology

Timestamp: 20:46

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Q66 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

21:45

X E6

1 2 3 4 5 6 7 8

Question 1/30

A woman visits the family planning clinic to choose a contraceptive method. She has a history of uncontrolled hypertension. Which contraceptive method should the nurse advise her to avoid?

A Combined oral contraceptive pills 66%

B Copper intrauterine device 4%

C Male condoms 26%

D Progestin-only pill 3%

✓ **Correct!** Wonderful, you got this one right.

Too fast, is this Guess? Remove

Having trouble? Report

Next

21:45

X E6

1 2 3 4 5 6 7 8

- Combined oral contraceptive pills (COCs) contain both estrogen and a progestin.
- The estrogen component can increase blood pressure and significantly elevates the risk of thromboembolic events, such as stroke and heart attack.
- For women with uncontrolled hypertension (systolic ≥ 160 mmHg or diastolic ≥ 100 mmHg), the use of COCs is considered an unacceptable health risk (USMEC Category 4).
- Therefore, this method must be avoided in patients with this condition to prevent serious cardiovascular complications.

Why Other Options Were Wrong

- **Option B:** The Copper IUD is a non-hormonal contraceptive that works locally within the uterus. It has no systemic effects and does not influence blood pressure.
- **Option C:** Male condoms are a barrier method of contraception. They prevent pregnancy by physically blocking sperm and have no systemic effects on the user's body.
- **Option D:** The progestin-only pill (POP) does not contain estrogen, which is the component primarily responsible for the

Having trouble? Report

Next

21:45

X E6

1 2 3 4 5 6 7 8

- **Option D:** The progestin-only pill (POP) does not contain estrogen, which is the component primarily responsible for the increased cardiovascular risk associated with combined pills.

Related Visual

Contraceptive Method	Components / Type	Hypertension-Related Risk Level	Mechanism / Rationale
Combined Oral Contraceptive Pill (COC)	Estrogen + Progestin	HIGH RISK (AVOID)	Estrogen increases blood pressure and significantly elevates risk for stroke, heart attack, and thromboembolism in hypertensive patients.
Progestin-Only Pill (POP)	Progestin Only	LOW RISK / CAUTION	Does not contain estrogen; safer alternative but requires careful monitoring and patient education on timing and consistency.
Copper Intrauterine Device (IUD)	Non-Hormonal	NONE / NEGATIBLE	Works locally in the uterus with no systemic hormonal effects; no influence on blood pressure or cardiovascular risk.
Male Condom	Barrier Method	NONE	Physically blocks sperm; no systemic effects on the body, blood pressure, or cardiovascular health.

A comparative chart showing different contraceptive methods (Combined Pill, POP, IUD, Condom) and their risk level (High, Low, None) for a patient with uncontrolled hypertension.

Clinical Relevance

How to Approach the Question

Having trouble? Report

Next

NORCET 11 MEMORY BASED QUESTION

Q67 Obstetrics & Gynaecology

What does this pattern indicate?



☐ A Variable Deceleration

☐ B Early Deceleration

☐ C Sinusoidal wave pattern

☒ D Late deceleration

✓ ANSWER

Similar question in NPrep GOLD QBank

A labor and delivery nurse is reviewing a cardiotocograph (CTG) strip for a patient in active labor. The nurse notes recurrent decelerations where the nadir of the deceleration occurs after the peak of the uterine contraction and the FHR returns to baseline after the contraction has ended. According to standard intrapartum monitoring procedures, what is the primary pathophysiological cause of this specific Fetal Heart Rate (FHR) pattern?

☐ A Benign fetal vagal stimulation

☒ B Uteroplacental insufficiency

✓ ANSWER

☐ C Umbilical cord compression

☐ D Fetal head compression

Open this question in QBank

Similar question in NPrep GOLD Video

Antenatal assessment of Fetal well being

Obstetrics & Gynaecology

Timestamp: 01:00:12

Watch this video

Q67 Straight from the NPrep **GOLD** app

The answer, highlighted in our explanation.

← Question

A labor and delivery nurse is reviewing a cardiotocograph (CTG) strip for a patient in active labor. The nurse notes recurrent decelerations where the nadir of the deceleration occurs after the peak of the uterine contraction and the FHR returns to baseline after the contraction has ended. According to standard intrapartum monitoring procedures, what is the primary pathophysiological cause of this specific Fetal Heart Rate (FHR) pattern?

A Benign fetal vagal stimulation
7% students marked it

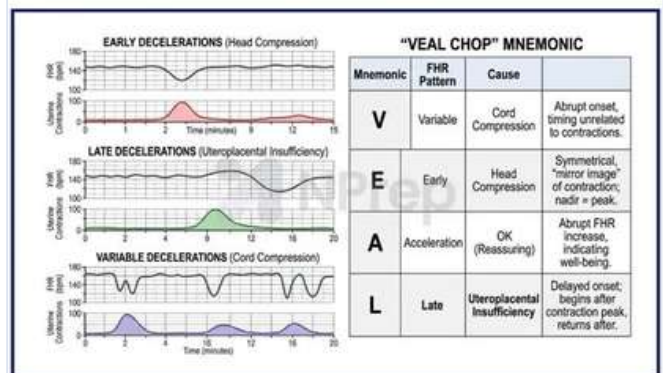
B Uteroplacental insufficiency
66% students marked it

C Umbilical cord compression
7% students marked it

D Fetal head compression
20% students marked it

✓ **Correct!** Wonderful, you got this one right.

− 100% + ✕



🔍 Pinch to zoom

NORCET 11 MEMORY BASED QUESTION

Q68

Obstetrics & Gynaecology

Where should the tocodynamometer (toco transducer) be placed on the mother's abdomen?

- ☒ **A** Over the uterine fundus ✓ ANSWER
- ☐ **B** Over the fetal back
- ☐ **C** Over the lower uterine segment
- ☐ **D** Over the membranes

Similar question in NPrep GOLD QBank

During a non-stress test (NST), where should the ultrasound transducer (for fetal heart rate monitoring) be placed?

- ☐ **A** On the maternal fundus
- ☒ **B** Over the fetal back ✓ ANSWER
- ☐ **C** Over the maternal symphysis pubis
- ☐ **D** At the site of maximum uterine contraction

[Open this question in QBank](#)

Q68 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

During a non-stress test (NST), where should the ultrasound transducer (for fetal heart rate monitoring) be placed?

A On the maternal fundus
22% students marked it

B Over the fetal back
57% students marked it

C Over the maternal symphysis pubis
9% students marked it

D At the site of maximum uterine contraction
12% students marked it

1. NST principle:

NST monitors fetal heart rate (FHR) in relation to fetal movements.

Two transducers are used:

Ultrasound transducer (Doppler): detects fetal heart rate → placed over fetal back, where FHR is heard most clearly.

Tocodynamometer (Toco): detects uterine contractions → placed on maternal fundus.

2. Why over fetal back?

← Question

9% students marked it

D At the site of maximum uterine contraction
12% students marked it

1. NST principle:

NST monitors fetal heart rate (FHR) in relation to fetal movements.

Two transducers are used:

Ultrasound transducer (Doppler): detects fetal heart rate → placed over fetal back, where FHR is heard most clearly.

Tocodynamometer (Toco): detects uterine contractions → placed on maternal fundus.

2. Why over fetal back?

FHR is best transmitted and least affected by fetal movements.

Ensures clear, consistent tracing.

3. Incorrect options explained:

A. Fundus: site for contraction transducer, not FHR.

C. Symphysis pubis: not an anatomical site for FHR detection.

D. Maximum uterine contraction site: contraction is not the target for Doppler probe.

 Have a Query?

NORCET 11 MEMORY BASED QUESTION

Q69 **Obstetrics & Gynaecology**

During hysteroscopic polypectomy using monopolar cautery, which distension fluid should be used to fill the uterine cavity?

- ☒ **A** Glycine 1.5% ✓ ANSWER
- ☐ **B** Normal saline 0.9%
- ☐ **C** Ringer's lactate
- ☐ **D** 5% dextrose saline

Similar question in NPrep GOLD QBank

A nurse is preparing the equipment for a hysteroscopy procedure. Which of the following substances is most appropriately associated with this procedure as a uterine distension medium?

- ☐ **A** Povidone-iodine
- ☐ **B** Methylene blue dye
- ☒ **C** Glycine ✓ ANSWER
- ☐ **D** Carbon dioxide

[Open this question in QBank](#)
Similar question in NPrep GOLD Video
Monopolar

Obstetrics & Gynaecology

Timestamp: 10:25

[Watch this video](#)

Q69 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A nurse is preparing the equipment for a hysteroscopy procedure. Which of the following substances is most appropriately associated with this procedure as a uterine distension medium?

- A** Povidone-iodine
4% students marked it
- B** Methylene blue dye
43% students marked it
- C** Glycine
43% students marked it ☒
- D** Carbon dioxide
9% students marked it

☒ **Correct!** Wonderful, you got this one right.

Explanation

[Listen in Hindi](#) 

- Glycine 1.5% is a non-conductive, electrolyte-poor fluid, making it ideal for use with monopolar electrosurgical instruments during

← Question

Explanation

- Glycine 1.5% is a non-conductive, electrolyte-poor fluid, making it ideal for use with monopolar electrosurgical instruments during operative **hysteroscopy**.
- Its non-conductive nature prevents the dissipation of electrical energy, allowing for precise cutting and coagulation of intrauterine tissues like polyps or fibroids.
- While other media exist, glycine is specifically required for procedures involving monopolar energy to ensure patient safety and procedural effectiveness.
- The use of glycine helps to avoid complications such as electrical burns that could occur if an electrolyte-containing solution like normal saline were used with a monopolar device.

Why Other Options Were Wrong

- Option A:** Povidone-iodine is an antiseptic solution used for surgical site preparation to prevent infection.
- Option B:** Methylene blue is a dye, not a distension medium. Its purpose is to check for tubal patency.
- Close distractor alert – **Option D:** Carbon dioxide is primarily used for diagnostic **hysteroscopy** and is not suitable for

NORCET 11 MEMORY BASED QUESTION

Q70 Obstetrics & Gynaecology

A 30-year-old pregnant woman has elevated liver enzymes and thrombocytopenia. What is the hallmark haematological finding that completes the diagnosis of HELLP syndrome?

- ☐ A Disseminated intravascular coagulation
- ☐ B Elevated liver enzymes
- ☐ C Thrombocytopenia
- ☒ D Microangiopathic haemolytic anaemia

✓ ANSWER

Similar question in NPrep GOLD QBank

Match the set of clinical and laboratory findings in Column A with the corresponding liver disorder in pregnancy from Column B.

- ☐ A 1-a, 2-b, 3-c, 4-d
- ☐ B 1-c, 2-d, 3-a, 4-b
- ☒ C 1-d, 2-a, 3-b, 4-c
- ☐ D 1-b, 2-c, 3-d, 4-a

✓ ANSWER

Open this question in QBank

Similar question in NPrep GOLD Video

Hypertensive disorders of pregnancy

Obstetrics & Gynaecology

Watch this video

Q70 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

Match the set of clinical and laboratory findings in Column A with the corresponding liver disorder in pregnancy from Column B.

Column A (Findings)	Column B (Disorders)
1. Late-trimester pruritus, AST 150 U/L, Bilirubin 3 mg/dL, Normal creatinine, Normal platelets	a. Acute Fatty Liver of Pregnancy (AFLP)
2. Late-trimester nausea, AST 600 U/L, Bilirubin 8 mg/dL, High creatinine, Low platelets, Low fibrinogen	b. HELLP Syndrome
3. Hypertension, AST 250 U/L, Bilirubin 2 mg/dL, Low platelets, Evidence of hemolysis	c. Acute Viral Hepatitis
4. Jaundice, Malaise, AST >2000 U/L, Bilirubin 15 mg/dL, Normal platelets initially	d. Intrahepatic Cholestasis of Pregnancy (ICP)

← Question

✗ **Not Quite!** You picked A, Correct is C

Explanation

- The correct matching is based on the typical presentation of each disorder:
- 1 → d (ICP):** Characterized by pruritus with mild elevations in aminotransferases (AST usually < 250 U/L) and bilirubin, without significant impact on renal function or coagulation.
- 2 → a (AFLP):** A severe condition presenting with moderate to high aminotransferase levels, significant hyperbilirubinemia, and signs of liver failure, including renal impairment (high creatinine) and coagulopathy (low platelets, low fibrinogen).
- 3 → b (HELLP Syndrome):** Defined by a triad of Hemolysis, Elevated Liver enzymes, and Low Platelets, and is associated with preeclampsia (hypertension).
- 4 → c (Acute Viral Hepatitis):** Typically causes a dramatic rise in aminotransferases (often >1000–2000 U/L) and significant jaundice, which are disproportionately high compared to other findings initially.

Why Other Options Were Wrong

- 1-a, 2-b, 3-c, 4-d:** This option incorrectly matches the mild findings of ICP with the

← Question

extremely high transaminases.

Related Visual

Disorder	Key Clinical Feature	AST (U/L)	Bilirubin (mg/dL)	Renal / Coagulation	Other Features
ICP (Intrahepatic Cholestasis of Pregnancy)	Intense Pruritus	Mild Elevation (< 250)	Mildly Elevated (< 3)	Normal	Bile Acids Elevated
AFLP (Acute Fatty Liver of Pregnancy)	Nausea, Liver Failure	Moderate Elevation (200-800)	Significantly Elevated (> 3)	Impaired (↑ Cr, ↓ Fibrinogen)	Hypoglycemia
HELLP Syndrome	Hypertension	Mild/Moderate Elevation (< 500)	Mildly Elevated (< 5)	Low Platelets	Hemolysis
Acute Viral Hepatitis	Jaundice, Malaise	Marked Elevation (> 1000)	Highly Elevated (> 10)	Initially Normal Platelets	Viral Serology Positive

Clinical Relevance

How to Approach the Question

Concept Tested & Keywords

Question ID

Q2sgUj0NQVSBhATu14DUjw Copy ID

NORCET 11 MEMORY BASED QUESTION

Q71 **Obstetrics & Gynaecology**

What is the antidote for magnesium sulphate toxicity?

- A** 10% calcium gluconate ✓ **ANSWER**
- B** Naloxone
- C** Protamine sulphate
- D** Vitamin K

Similar question in NPrep GOLD QBank

An antidote for the toxicity of magnesium sulphate is

- A** Acetylcysteine
- B** Protamine sulphate
- C** Naloxone
- D** Calcium gluconate ✓ **ANSWER**

[Open this question in QBank](#)
Similar question in NPrep GOLD Video
Hypertensive disorders of pregnancy

Obstetrics & Gynaecology

[Watch this video](#)

Q71 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

An antidote for the toxicity of magnesium sulphate is

- A** Acetylcysteine
2% students marked it
- B** Protamine sulphate
12% students marked it
- C** Naloxone
6% students marked it
- D** Calcium gluconate
80% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

- Calcium gluconate is the specific antidote for magnesium sulfate toxicity.
- It acts as a direct physiological antagonist, competing with magnesium ions at the neuromuscular junction and on cardiac muscle.
- This action rapidly reverses the most dangerous

← Question

✓ **Correct!** Wonderful, you got this one right.

Explanation

- Calcium gluconate is the specific antidote for magnesium sulfate toxicity.
- It acts as a direct physiological antagonist, competing with magnesium ions at the neuromuscular junction and on cardiac muscle.
- This action rapidly reverses the most dangerous effects of hypermagnesemia, which include respiratory depression, loss of deep tendon reflexes, and cardiac arrest.
- Administering intravenous calcium directly counteracts the neuromuscular and cardiac effects of excess extracellular magnesium.

Why Other Options Were Wrong

- Option A:** Acetylcysteine is not used for magnesium toxicity. Its mechanism is specific to replenishing glutathione for paracetamol (acetaminophen) detoxification.
- Option B:** Protamine sulphate has no effect on magnesium levels or toxicity. It is a basic protein that binds specifically to heparin.
- Option C:** Naloxone is an opioid receptor antagonist and does not affect the

NORCET 11 MEMORY BASED QUESTION

Q72 **Obstetrics & Gynaecology**

A woman has a footling breech presentation, with the fetal back felt on her right side of umbilicus and the head at the fundus. What are the lie, presentation and presenting part?

- ☒ **A** Longitudinal lie, breech presentation, Right Anterior Sacral Position ✓ **ANSWER**
- ☐ **B** Transverse lie, shoulder presentation, acromion presenting
- ☐ **C** Longitudinal lie, cephalic presentation, vertex presenting
- ☐ **D** Oblique lie, breech presentation, buttocks presenting

Similar question in NPrep GOLD QBank

During a third-trimester ultrasound, a fetus is observed in a longitudinal lie with the podalic pole presenting. The fetal attitude is described as having both hips and knees flexed, with the feet positioned next to the buttocks. Which variety of breech presentation does this description correspond to?

- ☐ **A** Footling presentation
- ☐ **B** Knee presentation
- ☐ **C** Frank breech
- ☒ **D** Complete breech ✓ **ANSWER**

[Open this question in QBank](#)

Q72 Straight from the NPrep **GOLD** app

The answer, highlighted in our explanation.

← Question

During a third-trimester ultrasound, a fetus is observed in a longitudinal lie with the podalic pole presenting. The fetal attitude is described as having both hips and knees flexed, with the feet positioned next to the buttocks. Which variety of breech presentation does this description correspond to?

A Footling presentation
10% students marked it

B Knee presentation
8% students marked it

C Frank breech
7% students marked it

D Complete breech
75% students marked it ☒

☒ **Correct!** Wonderful, you got this one right.

Explanation

- The description of the fetus having both hips

NORCET 11 MEMORY BASED QUESTION

Q73 **Obstetrics & Gynaecology**

A woman in labour at 6 cm dilatation shows no progress after two vaginal examinations. Which method assesses the uterine contractions most accurately?

- ☐ A Fetal scalp electrode
- ☒ B Intrauterine pressure catheter ✓ ANSWER
- ☐ C Abdominal ultrasound
- ☐ D Examination in the lithotomy position

Similar question in NPrep GOLD QBank

A nurse is evaluating the uterine contraction pattern of a client in active labor using an intrauterine pressure catheter (IUPC). Match the uterine activity parameter in Column A with its corresponding normal value or definition in Column B.

- ☐ A 1-a, 2-b, 3-c, 4-d
- ☒ B 1-c, 2-d, 3-a, 4-b ✓ ANSWER
- ☐ C 1-b, 2-a, 3-d, 4-c
- ☐ D 1-d, 2-c, 3-b, 4-a

[Open this question in QBank](#)

Q73 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A nurse is evaluating the uterine contraction pattern of a client in active labor using an intrauterine pressure catheter (IUPC). Match the uterine activity parameter in Column A with its corresponding normal value or definition in Column B.

Column A (Parameter)	Column B (Value/ Definition)
1. Resting Tone	a. > 200 Montevideo Units
2. Contraction Intensity	b. > 5 contractions in 10 minutes
3. Adequate Labor Progression	c. 8-10 mmHg
4. Tachysystole	d. 50-60 mmHg

A 1-a, 2-b, 3-c, 4-d
15% students marked it

B 1-c, 2-d, 3-a, 4-b
61% students marked it

C 1-b, 2-a, 3-d, 4-c

← Question

Clinical Relevance

- Accurate interpretation of uterine activity is crucial for safe intrapartum care. It helps the nurse assess labor progress, evaluate the effectiveness of interventions like oxytocin, and identify potential complications.
- **What if?** If the resting tone was consistently above 20 mmHg, this would be considered uterine hypertonus. This condition is dangerous as it reduces uteroplacental blood flow, potentially leading to fetal hypoxia. The nurse's priority would be to notify the healthcare provider immediately, stop any oxytocin infusion, and potentially administer a tocolytic agent.

 How to Approach the Question

 Concept Tested & Keywords

Question ID

NORCET 11 MEMORY BASED QUESTION

Q74 **Obstetrics & Gynaecology**

A woman in active labour has a Non reactive CTG is being prepared for an emergency caesarean section. Which position should the nurse use to reduce aortocaval compression?

- ☒ **A** Supine with a wedge under the right hip ✓ **ANSWER**
- ☐ **B** Supine with a wedge under the left hip
- ☐ **C** Trendelenburg position
- ☐ **D** Lithotomy position

Similar question in NPrep GOLD QBank

A nurse in the operating theatre is preparing a 34-year-old woman at 39 weeks gestation for an elective Cesarean section. To prevent the common complication of supine hypotensive syndrome, what is the most appropriate positioning for the patient on the operating table until the baby is delivered?

- ☐ **A** Utilize the Trendelenburg position with a 10-degree head-down tilt.
- ☐ **B** Position the patient with a 15-degree right lateral tilt.
- ☐ **C** Place the patient in a flat supine position.
- ☒ **D** Position the patient with a 15-degree left lateral tilt. ✓ **ANSWER**

[Open this question in QBank](#)
Similar question in NPrep GOLD Video
Caesarean section

Obstetrics & Gynaecology

Timestamp: 17:01

[Watch this video](#)

Q74 Straight from the NPrep **GOLD** app

The answer, highlighted in our explanation.

← Question

A nurse in the operating theatre is preparing a 34-year-old woman at 39 weeks gestation for an elective Cesarean section. To prevent the common complication of supine hypotensive syndrome, what is the most appropriate positioning for the patient on the operating table until the baby is delivered?

- A** Utilize the Trendelenburg position with a 10-degree head-down tilt.
6% students marked it
- B** Position the patient with a 15-degree right lateral tilt.
35% students marked it
- C** Place the patient in a flat supine position.
6% students marked it
- D** Position the patient with a 15-degree left lateral tilt.
53% students marked it

✓ **Correct!** Wonderful, you got this one right.

← Question

- Positioning the patient with a 15-degree left lateral tilt is the correct intervention. In late pregnancy, the gravid uterus can compress the inferior vena cava and aorta when the patient lies flat on her back (supine). This compression, known as aortocaval compression, reduces venous return to the heart, leading to a drop in **cardiac output**, maternal **hypotension**, and decreased placental **perfusion** (supine hypotensive syndrome). Tilting the patient to the left shifts the uterus off these major blood vessels, maintaining hemodynamic stability.

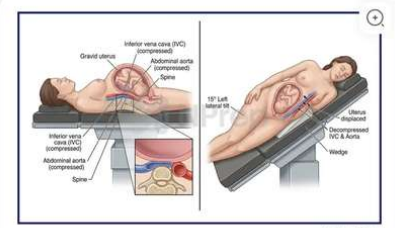
Why Other Options Were Wrong

- **Option A:** While Trendelenburg is used to treat some forms of **hypotension** by promoting venous return from the lower body, it is not the primary preventative measure for aortocaval compression and can increase respiratory compromise in a pregnant patient.
- **Option B:** This is incorrect and potentially dangerous. The inferior vena cava is located on the right side of the vertebral column, so a right lateral tilt would worsen, not alleviate, the compression.
- **Option C:** This is incorrect as it directly causes aortocaval compression and can induce supine hypotensive syndrome.

← Question

- column, so a right lateral tilt would worsen, not alleviate, the compression.
- **Option C:** This is incorrect as it directly causes aortocaval compression and can induce supine hypotensive syndrome.

Related Visual



- Clinical Relevance
- How to Approach the Question
- Concept Tested & Keywords

NORCET 11 MEMORY BASED QUESTION

Q75 **Obstetrics & Gynaecology**

During an LSCS, excessive bleeding occurs from the uterine incision. Which instrument should the nurse hand the surgeon to clamp the bleeding edges?

☐ **A** Sponge-holding forceps

☒ **B** Green-Armytage forceps

✓ ANSWER

☐ **C** Allis tissue forceps

☐ **D** Babcock forceps

Similar question in NPrep GOLD QBank

Identify the obstetric instrument shown in the image, which is essential for managing bleeding during a Cesarean section.


© NPrep EDTECH PVT LTD
☐ **A** Babcock's forceps

☐ **B** Allis forceps

☐ **C** Wrigley's forceps

☒ **D** Green-Armytage forceps

✓ ANSWER

[Open this question in QBank](#)

Q75 Straight from the NPrep **GOLD** app

The answer, highlighted in our explanation.

← **Question**

Identify the obstetric instrument shown in the image, which is essential for managing bleeding during a Cesarean section.



A Babcock's forceps
6% students marked it

B Allis forceps
26% students marked it

C Wrigley's forceps
15% students marked it

D Green-Armytage forceps
53% students marked it

← **Question**

Explanation

- The instrument shown is the Green-Armytage hemostatic forceps. Its key features are the broad, fenestrated (windowed) blades and a ratchet lock.
- It is specifically designed to be applied to the thick, vascular angles of the uterine incision during a Cesarean section to compress the blood vessels and achieve **hemostasis** (control bleeding).

Why Other Options Were Wrong

- **Option A:** This is an atraumatic forceps with rounded, fenestrated tips used to gently grasp delicate, tubular structures like the fallopian tubes or appendix without crushing them.
- **Option B:** This instrument has sharp, interlocking teeth and is used to grasp tough tissues like fascia or **aponeurosis**. Using it on the uterus would cause significant **trauma**.
- **Option C:** This is a type of obstetric delivery forceps, used for low or outlet forceps delivery to assist in extracting the fetal head. It is not a hemostatic clamp.

Related Visual

NORCET 11 MEMORY BASED QUESTION

Q76

Obstetrics & Gynaecology

A pregnant woman complains of a waddling gait. Which physiological change of pregnancy is responsible?

- ☒ **A** Relaxin and progesterone-induced relaxation of pelvic joints and ligaments ✓ **ANSWER**
- ☐ **B** Due to excessive weight gain during pregnancy
- ☐ **C** Oedema of the lower limbs
- ☐ **D** Increased muscle tone of the thighs

This is a very rarely asked Question.

NORCET 11 MEMORY BASED QUESTION

Q77 **Obstetrics & Gynaecology**

Identify it.



- ☐ **A** Succenturiate placenta
- ☒ **B** Circumvallate placenta ✓ ANSWER
- ☐ **C** Battledore placenta
- ☐ **D** Velamentous insertion

Similar question in NPrep GOLD QBank

A placenta is described as having a raised, white, circular ridge on the fetal surface, which is composed of a double fold of amnion and chorion. This finding is characteristic of which type of placenta?

- ☒ **A** Circumvallate placenta ✓ ANSWER
- ☐ **B** Succenturiate placenta
- ☐ **C** Placenta membranacea
- ☐ **D** Battledore placenta

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Placenta, Fetal Membranes & Abnormalities

Obstetrics & Gynaecology

Timestamp: 01:01:58

[Watch this video](#)

Q77 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A placenta is described as having a raised, white, circular ridge on the fetal surface, which is composed of a double fold of amnion and chorion. This finding is characteristic of which type of placenta?

- A** Circumvallate placenta
76% students marked it ☒
- B** Succenturiate placenta
5% students marked it
- C** Placenta membranacea
18% students marked it
- D** Battledore placenta
1% students marked it

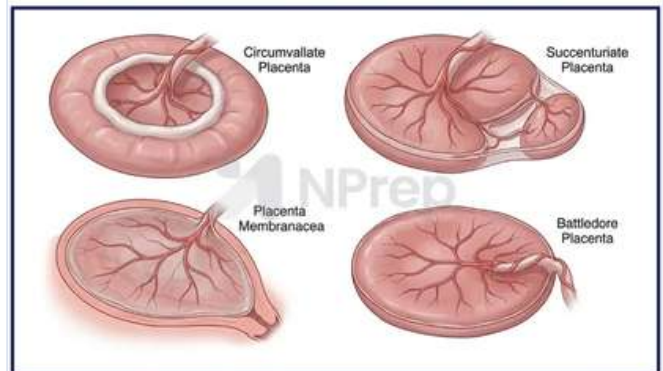
✓ **Correct!** Wonderful, you got this one right.

Explanation

Listen in Hindi

- A circumvallate placenta is characterized by a thick, opaque, grayish-white circular ridge on the fetal surface. This ridge is a double fold of

– 100% +



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Pinch to zoom

NORCET 11 MEMORY BASED QUESTION

Q78

Obstetrics & Gynaecology

What is the correct sequence of pubertal changes in girls?

- ☒ A Thelarche → pubarche → growth spurt → menarche ✓ ANSWER
- ☐ B Menarche → thelarche → pubarche → growth spurt
- ☐ C Pubarche → menarche → thelarche → growth spurt
- ☐ D Growth spurt → menarche → pubarche → thelarche

Similar question in NPrep GOLD QBank

A school nurse is conducting a health education session for a group of adolescent girls. When explaining the normal progression of puberty, which sequence of developmental events should the nurse describe as the most common?

- ☒ A Thelarche → Pubarche → Peak Height Velocity → Menarche ✓ ANSWER
- ☐ B Peak Height Velocity → Thelarche → Pubarche → Menarche
- ☐ C Pubarche → Thelarche → Menarche → Peak Height Velocity
- ☐ D Menarche → Thelarche → Pubarche → Peak Height Velocity

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Neonatal Basics, Classification & IUGR

Obstetrics & Gynaecology

Timestamp: 12:32

[Watch this video](#)

Q78 Straight from the NPrep **GOLD** app

The answer, highlighted in our explanation.

9:36

 4G
 

← Question




A school nurse is conducting a health education session for a group of adolescent girls. When explaining the normal progression of puberty, which sequence of developmental events should the nurse describe as the most common?

A

Thelarche → Pubarche → Peak Height Velocity → Menarche

50% students marked it



B

Peak Height Velocity → Thelarche → Pubarche → Menarche

16% students marked it



C

Pubarche → Thelarche → Menarche → Peak Height Velocity

19% students marked it

D

Menarche → Thelarche → Pubarche → Peak Height Velocity

15% students marked it

 **Not Quite!** You picked B, Correct is A

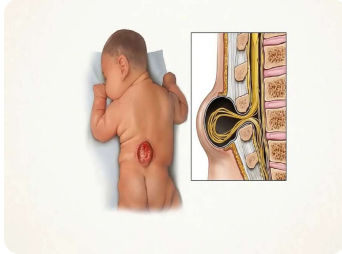
Explanation



NORCET 11 MEMORY BASED QUESTION

Q79 Child Health Nursing

(Image-based) The image shows a sac protruding over the lumbosacral spine of a newborn that contains meninges, CSF and spinal cord with its nerve branches. Identify the condition.


☐ A Meningocele

☒ B Myelomeningocele

✓ ANSWER

☐ C Spina bifida occulta

☐ D Encephalocele

Similar question in NPrep GOLD QBank

A newborn presents with a midline lumbosacral defect and a protruding sac containing meninges and nerve tissue through a vertebral defect. What is the most likely diagnosis?

☐ A Meningocele

☒ B Meningomyelocele

✓ ANSWER

☐ C Spina bifida occulta

☐ D Encephalocele

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Neural Tube Defects & Spina Bifida

Child Health Nursing

Timestamp: 19:10

[Watch this video](#)

Q79 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

9:41

4G

← Question

A newborn presents with a midline lumbosacral defect and a protruding sac containing meninges and nerve tissue through a vertebral defect. What is the most likely diagnosis?

A Meningocele
12% students marked it

B Meningomyelocele
77% students marked it

C Spina bifida occulta
10% students marked it

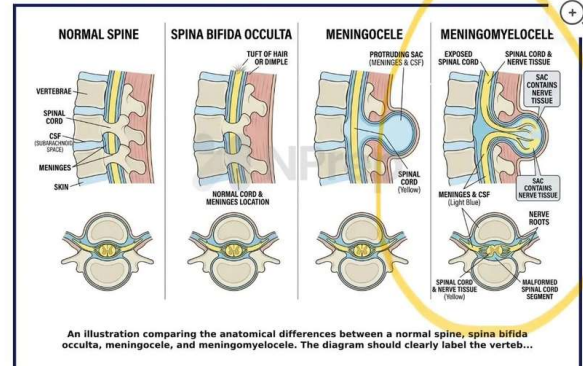
D Encephalocele
1% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

Listen in Hindi

- Meningomyelocele is a type of spina bifida where a sac containing meninges, cerebrospinal fluid (CSF), and portions of the spinal cord or nerve roots protrudes through a vertebral defect.



NORCET 11 MEMORY BASED QUESTION

Q80

Child Health Nursing

Why is sham feeding given to an infant with tracheo-oesophageal fistula who is fed by gastrostomy?

- ☐ A To keep the ostomy patent
- ☐ B To prevent infection
- ☒ C To maintain the normal skills breast feeding
- ☐ D To provide the main source of nutrition

✓ ANSWER

This is a very rarely asked Question.

NORCET 11 MEMORY BASED QUESTION

Q81 Child Health Nursing

A 5-week-old boy has had projectile, non-bilious vomiting after every feed for a week. An olive-shaped mass can be felt in the upper abdomen. Which ABG result should the nurse expect?

- ☒ A pH 7.52, PaO₂ 92 mmHg, PaCO₂ 48 mmHg, Cl⁻ 88 mEq/L ✓ ANSWER
- ☐ B pH 7.28, PaO₂ 90 mmHg, PaCO₂ 30 mmHg, Cl⁻ 112 mEq/L
- ☐ C pH 7.30, PaO₂ 60 mmHg, PaCO₂ 58 mmHg, Cl⁻ 100 mEq/L
- ☐ D pH 7.50, PaO₂ 95 mmHg, PaCO₂ 30 mmHg, Cl⁻ 102 mEq/L

Similar question in NPrep GOLD QBank

A nurse is reviewing the laboratory results of an infant with persistent vomiting due to pyloric stenosis. Which acid-base and electrolyte imbalance is most expected?

- ☐ A Hyperchloremic, hyperkalemic metabolic acidosis
- ☐ B Hyponatremic, hyperkalemic respiratory acidosis
- ☒ C Hypochloremic, hypokalemic metabolic alkalosis ✓ ANSWER
- ☐ D Hypochloremic, hypokalemic respiratory alkalosis

Open this question in QBank

Q81 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

9:48

4G

← Question

A nurse is reviewing the laboratory results of an infant with persistent vomiting due to pyloric stenosis. Which acid-base and electrolyte imbalance is most expected?

A

Hyperchloremic, hyperkalemic metabolic acidosis

3% students marked it

B

Hyponatremic, hyperkalemic respiratory acidosis

9% students marked it

C

Hypochloremic, hypokalemic metabolic alkalosis

86% students marked it

D

Hypochloremic, hypokalemic respiratory alkalosis

2% students marked it

In an infant with pyloric stenosis, persistent vomiting leads to specific electrolyte and acid-base imbalances. The classic laboratory finding is **hypochloremic, hypokalemic metabolic alkalosis**.

Pathophysiology

9:48

4G

← Question

The kidneys retain hydrogen ions (to lower pH) and sodium (to maintain volume) but excrete potassium (K^+) in exchange. This renal loss of potassium, combined with the loss in vomitus, results in hypokalemia.

Summary of Imbalances

Electrolyte/Parameter	Change	Reason
pH	Increased (Alkalosis)	Loss of gastric acid (H^+)
Chloride	Decreased (Hypochloremia)	Loss of gastric acid (HCl)
Potassium	Decreased (Hypokalemia)	Renal excretion to conserve H^+ and Na^+
Bicarbonate	Increased	Metabolic compensation

Nursing Interventions

- Monitor Electrolytes:** Closely monitor serum electrolytes (Na^+ , K^+ , Cl^- , HCO_3^-) and blood gas values.
- Fluid Resuscitation:** Administer IV fluids (typically normal saline initially) to correct dehydration and

NORCET 11 MEMORY BASED QUESTION

Q82 **Child Health Nursing**

After surgical repair of a cleft lip, all of the following are contraindicated EXCEPT:

- ☐ A Placing the infant prone to prevent aspiration
- ☐ B Bottle feeding with a long-tipped nipple
- ☒ C Applying elbow restraints to the arms
- ☐ D Giving a soft pacifier to soothe the infant

✓ ANSWER

Similar question in NPrep GOLD QBank

The position contraindicated for a child after cleft lip surgery is?

- ☐ A Supine position
- ☒ B Prone position
- ☐ C Right lateral position
- ☐ D Left lateral position

✓ ANSWER

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Care of Low Birth Weight Babies

Child Health Nursing

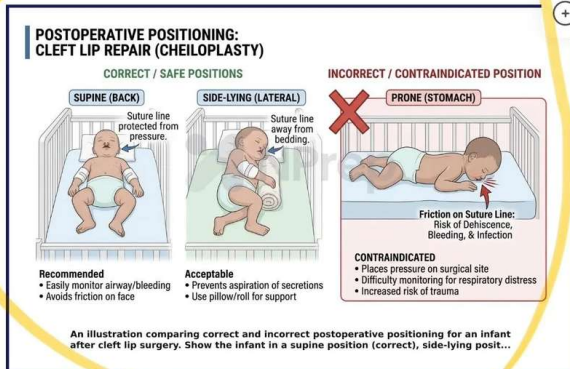
Timestamp: 18:30

[Watch this video](#)

Q82 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

Related Visual



← Question

The position contraindicated for a child after cleft lip surgery is?

A Supine position
24% students marked it

B Prone position
68% students marked it

C Right lateral position
5% students marked it

D Left lateral position
3% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

- The primary goal after cleft lip surgery is to protect the suture line from pressure and trauma.
- The prone (on the stomach) position causes the infant's repaired lip to rub against the bedding.

NORCET 11 MEMORY BASED QUESTION

Q83 Child Health Nursing

For which condition is the Kasai procedure (hepatopartoenterostomy) performed?

- ☒ **A** Biliary atresia ✓ **ANSWER**
- ☐ **B** Hirschsprung's disease
- ☐ **C** Intussusception
- ☐ **D** Choledochal cyst

Similar question in NPrep GOLD QBank

A 45-day-old infant is diagnosed with biliary atresia after presenting with persistent jaundice, acholic stools, and dark urine. The parents are anxious and asking about the next steps. What is the nurse's **PRIORITY** action when counseling the parents?

- ☐ **A** Administer a dose of Vitamin K and other fat-soluble vitamins.
- ☐ **B** Arrange for a high-calorie, low-fat feeding plan with a dietitian.
- ☐ **C** Prepare the family for the high probability of a future liver transplant.
- ☒ **D** Explain the critical importance of scheduling a Kasai portoenterostomy as soon as possible. ✓ **ANSWER**

[Open this question in QBank](#)

Q83 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

22:05

← Question

- The most critical intervention for biliary atresia is the Kasai portoenterostomy, a surgical procedure to re-establish bile flow. The success of this procedure is highly time-dependent. It is most effective when performed before 60 days of age to prevent irreversible liver damage (**cirrhosis**). Since the infant is already 45 days old, scheduling this surgery is the absolute priority to improve the prognosis.

Why Other Options Were Wrong

- Administering Vitamin K and fat-soluble vitamins:** This is a necessary supportive measure to correct **coagulopathy** and nutritional deficiencies caused by **cholestasis**, but it does not address the underlying obstruction. It is a secondary priority to the definitive surgical correction.
- Arranging for a high-calorie feeding plan:** Nutritional support is crucial for infants with biliary atresia to manage malnutrition and promote growth. However, it is not the most urgent priority compared to the time-sensitive surgical intervention needed to save the liver.
- Preparing for a future liver transplant:** While many children who undergo a Kasai procedure eventually require a liver transplant, the immediate goal is to perform the portoenterostomy to delay or even prevent the need for transplantation. Focusing on this long-term outcome first is not the priority and can be unnecessarily distressing for the family.

22:04

← Question

A 45-day-old infant is diagnosed with biliary atresia after presenting with persistent jaundice, acholic stools, and dark urine. The parents are anxious and asking about the next steps. What is the nurse's PRIORITY action when counseling the parents?

A Administer a dose of Vitamin K and other fat-soluble vitamins.
3% students marked it

B Arrange for a high-calorie, low-fat feeding plan with a dietitian.
10% students marked it

C Prepare the family for the high probability of a future liver transplant.
5% students marked it

D Explain the critical importance of scheduling a Kasai portoenterostomy as soon as possible.
82% students marked it

✓ **Correct!** Wonderful, you got this one right.

22:05

← Question

Related Visual

Clinical Relevance

- Nurse's Role:** The nurse plays a vital role in identifying signs of biliary atresia (jaundice, pale stools, dark urine), educating the family about the urgency of the situation, and coordinating care to ensure timely surgical intervention.
- Prognosis:** Early diagnosis and prompt surgical intervention significantly improve the outcome for infants with biliary atresia, potentially adding years of life with their native liver.
- What if?** What if the infant was 100 days old at diagnosis? At this age, the Kasai procedure has a very low success rate. The priority would shift from surgical correction to managing the complications of **end-stage liver disease** (e.g.,

NORCET 11 MEMORY BASED QUESTION

Q84 Child Health Nursing

A patient is suspected of having coarctation of the aorta. Which finding would the nurse expect when comparing the upper and lower extremities?

- ☐ A Higher blood pressure in the lower extremities with stronger femoral pulses
- ☒ B Higher blood pressure in the upper extremities with weak or delayed femoral pulses ✓ ANSWER
- ☐ C Equal blood pressure in upper and lower extremities
- ☐ D Lower blood pressure in the upper extremities with bounding femoral pulses

Similar question in NPrep GOLD QBank

Which of the following is a characteristic clinical finding in a patient's lower limb with coarctation of the aorta?

- ☐ A Bounding femoral pulse
- ☒ B Weak or delayed femoral pulse ✓ ANSWER
- ☐ C Increased blood pressure in upper limbs
- ☐ D Equal blood pressure in all limbs

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Cynotic CHD & Coarctation of Aorta

Child Health Nursing

Timestamp: 29:10

[Watch this video](#)

Q84 Straight from the NPrep **GOLD** app

The answer, highlighted in our explanation.

← Question



Which of the following is a characteristic clinical finding in a patient's lower limb with coarctation of the aorta?

- A** Bounding femoral pulse
10% students marked it
- B** Weak or delayed femoral pulse
62% students marked it ☒
- C** Increased blood pressure in upper limbs
25% students marked it ☐
- D** Equal blood pressure in all limbs
3% students marked it

Not Quite! You picked **C**, Correct is **B**

Explanation

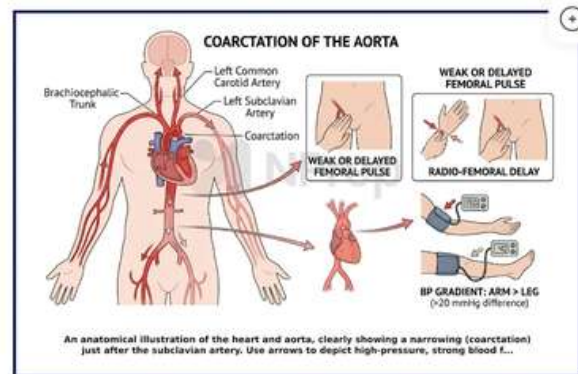
Listen in Hindi

- Coarctation of the aorta is a narrowing of the aorta, which obstructs blood flow to the lower body.

← Question

finding. The defining characteristic of coarctation is the inequality of blood pressure between the upper and lower limbs.

Related Visual



Clinical Relevance

How to Approach the Question

Concept Tested & Keywords

Question ID

NORCET 11 MEMORY BASED QUESTION

Q85 Child Health Nursing

A 9-month-old infant is on digoxin. At which apical heart rate should the nurse withhold the dose?

- ☒ **A** 88 beats/min ✓ ANSWER
- ☐ **B** 106 beats/min
- ☐ **C** 130 beats/min
- ☐ **D** 140 beats/min

Similar question in NPrep GOLD QBank

Digoxin should be stopped in a child if the heart rate goes below?

- ☐ **A** 60
- ☐ **B** 70
- ☒ **C** 90 ✓ ANSWER
- ☐ **D** 110

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Vital Signs

Child Health Nursing

Timestamp: 01:07:46

[Watch this video](#)

Q85 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

Digoxin should be stopped in a child if the heart rate goes below?

A 60
51% students marked it

B 70
24% students marked it

C 90
17% students marked it

D 110
8% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

- The safe lower limit for heart rate before administering digoxin varies significantly with a child's age.
- For infants and very young children, the standard cutoff to withhold digoxin is a heart rate below 90-110 beats per minute (bpm).

← Question

Explanation

- The safe lower limit for heart rate before administering digoxin varies significantly with a child's age.
- For infants and very young children, the standard cutoff to withhold digoxin is a heart rate below 90-110 beats per minute (bpm).
- Since the question uses the general term 'child' without specifying an age, the safest and most correct choice is the one that protects the youngest and most vulnerable patients.
- A cutoff of 90 bpm is the most appropriate and safest threshold among the given options to prevent severe bradycardia in an infant or young child.
- Bradycardia is a primary sign of digoxin toxicity in the pediatric population.

Why Other Options Were Wrong

- **Option A:** A heart rate cutoff of 60 bpm is the standard guideline for withholding digoxin in adult patients, not children.
- **Option B:** A heart rate cutoff of 70 bpm is used for older, school-aged children. It is not a safe threshold for infants or toddlers, whose normal heart rates are much higher.
- **Option D:** While 110 bpm is a safe cutoff, 90 bpm is the more commonly accepted lower limit for infants. Withholding at 110 bpm

NORCET 11 MEMORY BASED QUESTION

Q86 **Child Health Nursing**

Calculate the 24-hour maintenance fluid requirement for an 11 kg child and the flow rate using a standard paediatric (microdrip, 60 drops/ml) set.

- ☒ **A** 1050 ml/day at about 44 drops/min ✓ ANSWER
- ☐ **B** 1100 ml/day at about 46 drops/min
- ☐ **C** 1000 ml/day at about 42 drops/min
- ☐ **D** 1150 ml/day at about 48 drops/min

Similar question in NPrep GOLD QBank

Using the standard pediatric maintenance fluid formula (Holliday-Segar method), calculate the 24-hour maintenance fluid requirement for an 8-year-old child weighing 23 kg.

- ☐ **A** 1500 ml
- ☒ **B** 1560 ml ✓ ANSWER
- ☐ **C** . 1600 ml
- ☐ **D** 1650 ml

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Gastrointestinal Disorders

Child Health Nursing

Timestamp: 30:36

[Watch this video](#)

Q86 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

Using the standard pediatric maintenance fluid formula (Holliday-Segar method), calculate the 24-hour maintenance fluid requirement for an 8-year-old child weighing 23 kg.

A 1500 ml
15% students marked it

B 1560 ml
67% students marked it

C 1600 ml
11% students marked it

D 1650 ml
7% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

Listen in Hindi

- The Holliday-Segar method is a standard weight-based formula used to calculate daily maintenance fluid requirements in children.

← Question

Explanation



- The Holliday-Segar method is a standard weight-based formula used to calculate daily maintenance fluid requirements in children.
- The formula divides the child's weight into three tiers, applying a different fluid rate to each part.
- For a 23 kg child, the first 10 kg requires 1000 mL ($10 \text{ kg} \times 100 \text{ mL/kg}$).
- The next 10 kg (from 11 to 20 kg) requires 500 mL ($10 \text{ kg} \times 50 \text{ mL/kg}$).
- The remaining 3 kg (from 21 to 23 kg) requires 60 mL ($3 \text{ kg} \times 20 \text{ mL/kg}$).
- Summing these amounts ($1000 + 500 + 60$) gives a total 24-hour fluid requirement of 1560 mL.

Why Other Options Were Wrong

- Option A:** This value represents the maintenance fluid requirement for a 20 kg child (1000 mL for the first 10 kg + 500 mL for the next 10 kg). It fails to account for the additional 3 kg of the child's weight.
- Option C:** This result is a calculation error. It might occur if the fluid for the final weight segment was miscalculated, for instance, by incorrectly rounding up the weight or using an incorrect rate.
- Option D:** This is an incorrect calculation. It

NORCET 11 MEMORY BASED QUESTION

Q87 Child Health Nursing

What is the Denver II Developmental Screening Test primarily used to assess?

- ☐ A IQ and cognitive superiority in school-going children
- ☒ B Developmental milestones and potential delays in children from birth to 6 years ✓ ANSWER
- ☐ C Diagnostic confirmation of autism spectrum disorder
- ☐ D Physical growth abnormalities and anthropometric deficiencies

Similar question in NPrep GOLD QBank

According to Denver Development Screening Test (DDST) an infant normally starts standing with support in:

- ☐ A 6 months
- ☒ B 9 months ✓ ANSWER
- ☐ C 12 months
- ☐ D 15 months

[Open this question in QBank](#)

Q87 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

×

E6

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⋮

Question 1/9

According to Denver Development Screening Test (DDST) an infant normally starts standing with support in:

A 6 months 13%

B 9 months 61%

C 12 months 24%

D 15 months 1%

✓

Correct! Wonderful, you got this one right.

Too fast, is this Guess?

You answered this one really quickly. A faster guess would have been 9 months.

Remove

Having trouble? Report

Next

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12 months.

Why Other Options Were Wrong

- **Option A:** At 6 months, an infant is typically learning to sit without support and can bear weight on their legs when held, but they have not yet developed the strength or coordination to pull to a stand.
- **Option C:** By 12 months, many infants are progressing beyond standing with support and are beginning to stand alone for short periods or even take their first independent steps.
- **Option D:** At 15 months, the expected milestone is walking well independently. Standing with support is a skill they would have mastered several months prior.

Related Visual

GROSS MOTOR DEVELOPMENT: FIRST 18 MONTHS (DDST Reference)

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have mastered several months prior.

Related Visual

GROSS MOTOR DEVELOPMENT: FIRST 18 MONTHS (DDST Reference)

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How to Approach the Question

- First, identify the core of the question: it asks for the specific age for a gross motor milestone ('standing with support').
- Recognize that the DDST is a tool to assess these standard milestones.
- **Recall the typical sequence** of gross motor development: sitting -> crawling -> pulling to stand -> cruising -> walking.
- Place 'standing with support' within this sequence. It comes after sitting (around 6 months) and before standing/walking alone (around 12 months).
- Evaluate the options: 9 months fits logically between these two points. 6 months is too early, and 12-15 months is too late, as more advanced skills are expected then.

Concept Tested & Keywords

Having trouble? Report

Next

NORCET 11 MEMORY BASED QUESTION

Q88 Child Health Nursing

Which is the most stable parameter for growth monitoring in children?

- ☒ **A** Height ✓ ANSWER
- ☐ **B** Weight
- ☐ **C** Head circumference
- ☐ **D** Mid-upper arm circumference

Similar question in NPrep GOLD QBank

Which is one the stable parameter for growth monitoring in child?

- ☐ **A** Weight
- ☒ **B** Height ✓ ANSWER
- ☐ **C** Abdomen circumference
- ☐ **D** Head circumference

[Open this question in QBank](#)

Q88 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

Which is one the stable parameter for growth monitoring in child?

- A** Weight
9% students marked it
- B** Height
74% students marked it ☒
- C** Abdomen circumference
10% students marked it
- D** Head circumference
7% students marked it

☒ **Correct!** Wonderful, you got this one right.

Explanation

[Listen in Hindi](#) 

- Height (or length in infants) is the most stable measurement for assessing a child's growth over time.
- It reflects skeletal growth and is an indicator of long-term or chronic nutritional status.

← Question

Explanation

- Height (or length in infants) is the most stable measurement for assessing a child's growth over time.
- It reflects skeletal growth and is an indicator of long-term or chronic nutritional status.
- Unlike weight, height is not affected by short-term factors such as recent illness, dehydration, or food intake.
- A slowing in height gain (stunting) is a sign of chronic malnutrition, whereas weight is a better indicator of acute malnutrition (wasting).

Why Other Options Were Wrong

- **Option A:** Weight is a very sensitive indicator of a child's health but is not stable. It can fluctuate significantly in a short period due to illness, fluid loss, or changes in diet.
- **Option C:** Abdominal circumference is not a standard or routine parameter for monitoring the overall growth of a child.
- **Option D:** While head circumference is a stable measurement, its primary purpose is to monitor brain growth, especially during the critical first 2-3 years of life. It is less representative of overall body (somatic)

NORCET 11 MEMORY BASED QUESTION

Q89 **Child Health Nursing**

A baby is born to a mother who doesn't know the date of her last menstrual period. The nurse uses the New Ballard Score, checking the baby's posture, square window, scarf sign, lanugo, plantar creases and breast bud. What is the nurse assessing?

- A** Gestational age of the newborn ✓ ANSWER
- B** Severity of brain injury after birth asphyxia
- C** Severity of neonatal jaundice
- D** Severity of respiratory distress

Similar question in NPrep GOLD QBank

Assessment of gestational age at birth is done using?

- A** New Ballard score ✓ ANSWER
- B** APGAR score
- C** Bhakoo score
- D** Downer score

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Care of Low Birth Weight Babies

Child Health Nursing

Timestamp: 17:40

[Watch this video](#)

Q89 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

Assessment of gestational age at birth is done using?

- A** New Ballard score
67% students marked it ☒
- B** APGAR score
22% students marked it
- C** Bhakoo score
7% students marked it
- D** Downer score
4% students marked it

☒ **Correct!** Wonderful, you got this one right.

Explanation

- The New Ballard Score is a standardized clinical tool specifically designed to estimate postnatal gestational age in newborns.
- It works by assessing 12 criteria of maturity, which are divided into six neuromuscular signs and six physical signs.

← Question

Explanation

- The New Ballard Score is a standardized clinical tool specifically designed to estimate postnatal gestational age in newborns.
- It works by assessing 12 criteria of maturity, which are divided into six neuromuscular signs and six physical signs.
- The total score obtained from the assessment corresponds to a specific gestational age, ranging from 20 weeks (for extremely premature infants) to 44 weeks.
- This assessment is most accurate when performed within the first 48 hours of life.

Why Other Options Were Wrong

- Option B:** The APGAR score assesses a newborn's immediate physiological condition and adaptation to life outside the womb, not their gestational maturity or age.
- Option C:** The Bhakoo score is a screening tool for neonatal sepsis, not for determining gestational age.
- Option D:** The Downer score (also known as Downes score) is used to quantify the severity of respiratory distress in a neonate, not to assess gestational age.

NORCET 11 MEMORY BASED QUESTION

Q90 **Child Health Nursing**

(Image-based) Identify the condition.



A Kwashiorkor

B Marasmus

✓ ANSWER

C Marasmic kwashiorkor

D Rickets

Similar question in NPrep GOLD QBank

A nurse assessing a malnourished infant notes prominent ribs, loose skin on the buttocks, and an emaciated, 'old man' face. These findings are characteristic of which condition?

A Beriberi

B Pellagra

C Marasmus

✓ ANSWER

D Kwashiorkor

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Protein Energy Malnutrition (PEM)

Child Health Nursing

Timestamp: 23:30

[Watch this video](#)

Q90 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A nurse assessing a malnourished infant notes prominent ribs, loose skin on the buttocks, and an emaciated, 'old man' face. These findings are characteristic of which condition?

A Beriberi
7% students marked it

B Pellagra
19% students marked it

C Marasmus
61% students marked it

D Kwashiorkor
13% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

Listen in Hindi 

- The clinical picture described—severe wasting of muscles, loss of subcutaneous fat leading to prominent ribs, loose skin, and an 'old man' or 'monkey's face' appearance—are the classic signs of Marasmus.

← Question

- The clinical picture described—severe wasting of muscles, loss of subcutaneous fat leading to prominent ribs, loose skin, and an 'old man' or 'monkey's face' appearance—are the classic signs of Marasmus.
- Marasmus results from a severe deficiency of both calories and protein in the diet.

Why Other Options Were Wrong

- Option A: Beriberi:** This is caused by a deficiency of thiamine (vitamin B1). It primarily affects the cardiovascular system (wet beriberi) or the nervous system (dry beriberi) and does not match the signs of severe wasting.
- Option B: Pellagra:** This is a vitamin deficiency disease caused by a lack of niacin (vitamin B3). It is characterized by the '3 Ds': dermatitis, diarrhea, and dementia. It does not present with the severe wasting seen in Marasmus.
- Option D: Kwashiorkor:** This condition is primarily due to protein deficiency with adequate or near-adequate calorie intake. Its hallmark sign is bilateral pitting edema, often accompanied by a distended abdomen ('pot belly'), skin lesions, and changes in hair texture and color. Muscle wasting is present but often masked by the edema.

NORCET 11 MEMORY BASED QUESTION

Q91 **Child Health Nursing**

A 20-year-old woman with no previous cardiac history has fever, monoarthralgia and an ESR of 33 mm/hr, and her throat culture grows group A β -haemolytic streptococcus. Applying the revised Jones criteria, what can be concluded?

- ☐ **A** Acute rheumatic fever is confirmed (2 major criteria)
- ☐ **B** Acute rheumatic fever is confirmed (1 major + 2 minor criteria)
- ☒ **C** Initial acute rheumatic fever cannot be diagnosed; only minor criteria are met ✓ ANSWER
- ☐ **D** Rheumatic heart disease is confirmed

Similar question in NPrep GOLD QBank

All of the following statements are consistent with the diagnostic principles of acute rheumatic fever (ARF) according to the revised Jones criteria, EXCEPT:

- ☐ **A** In high-risk populations, monoarthritis can be considered a major diagnostic criterion.
- ☐ **B** Echocardiography is essential for detecting subclinical carditis when auscultation is normal.
- ☐ **C** Evidence of a preceding Group A streptococcal infection is required for diagnosis, except in cases like chorea.
- ☒ **D** A diagnosis of a first episode of ARF requires the presence of at least two major and two minor criteria. ✓ ANSWER

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Rheumatic Heart Disease

Child Health Nursing

Timestamp: 17:40

[Watch this video](#)

Q91 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

All of the following statements are consistent with the diagnostic principles of acute rheumatic fever (ARF) according to the revised Jones criteria, **EXCEPT**:

A In high-risk populations, monoarthritis can be considered a major diagnostic criterion.
46% students marked it

B Echocardiography is essential for detecting subclinical carditis when auscultation is normal.
11% students marked it

C Evidence of a preceding Group A streptococcal infection is required for diagnosis, except in cases like chorea.
24% students marked it

D A diagnosis of a first episode of ARF requires the presence of at least two major and two minor criteria. ☒
19% students marked it

☒ **Correct!** Wonderful, you got this one right.

← Question

Explanation

- The diagnosis of a first episode of ARF requires evidence of a preceding Group A streptococcal infection PLUS either two major criteria OR one major and two minor criteria. The statement that it requires *at least two major and two minor criteria* is incorrect as it overstates the requirement.

Why Other Options Were Wrong

- Option A: In high-risk populations, monoarthritis can be considered a major diagnostic criterion:** This is a true statement. The 2015 revision of the Jones criteria specifically includes monoarthritis as a major criterion for populations with a high incidence of ARF to increase diagnostic sensitivity.
- Option B: Echocardiography is essential for detecting subclinical carditis when auscultation is normal:** This is a true statement. Subclinical carditis, where there are no audible murmurs, can only be diagnosed via echocardiography, which is now a standard part of the workup.
- Option C: Evidence of a preceding Group A streptococcal infection is required for diagnosis, except in cases like chorea:** This is a true statement. Due to their long

NORCET 11 MEMORY BASED QUESTION

Q92 Child Health Nursing

A 4-month-old infant has supraventricular tachycardia (SVT) with a heart rate of 260/min. IV adenosine is prescribed. Which nursing action is specific to giving this drug?

- ☐ A Check the drug three times before giving it
- ☐ B Give it as a slow IV push over 1–2 minutes
- ☐ C Dilute it in 30 mL of 0.9% NaCl and run it in rapidly
- ☒ D Give it through a proximal vein in the upper limb

✓ ANSWER

Similar question in NPrep GOLD QBank

A patient in the emergency department develops supraventricular tachycardia (SVT) with a heart rate of 180 bpm and is ordered to receive intravenous adenosine. What is the correct procedure for administering this medication?

- ☐ A Push the medication slowly over 1 minute through a peripheral line and then elevate the arm.
- ☒ B Administer as a rapid IV push over 1–2 seconds, followed immediately by a 20 mL saline flush.
- ☐ C Dilute the dose in a 50 mL bag of normal saline and infuse over 30 minutes.
- ☐ D Administer as a slow IV infusion over 10 minutes to prevent adverse effects.

✓ ANSWER

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Antiarrhythmics

Child Health Nursing

Timestamp: 31:53

[Watch this video](#)

Q92 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A patient in the emergency department develops supraventricular tachycardia (SVT) with a heart rate of 180 bpm and is ordered to receive intravenous adenosine. What is the correct procedure for administering this medication?

A Push the medication slowly over 1 minute through a peripheral line and then elevate the arm.
8% students marked it

B Administer as a rapid IV push over 1–2 seconds, followed immediately by a 20 mL saline flush. ☒
76% students marked it

C Dilute the dose in a 50 mL bag of normal saline and infuse over 30 minutes.
7% students marked it

D Administer as a slow IV infusion over 10 minutes to prevent adverse effects.
9% students marked it

☒ **Correct!** Wonderful, you got this one right.

← Question

Clinical Relevance

- **Why it's critical:** Incorrect administration of adenosine is a common cause of treatment failure for SVT. The rapid push and flush are not just best practice; they are essential for the drug to work.
- **Patient Education:** Before administration, the nurse must inform the patient they will feel a brief, strange sensation, flushing, chest pressure, or a feeling of impending doom, and that their heart may feel like it has stopped for a moment. This is a normal and expected effect of the drug.
- **What if? Scenario:** What if the patient only has a small-gauge IV in their hand? The nurse should attempt to start a new, larger-gauge IV (e.g., 18–20 gauge) in a more proximal location like the antecubital fossa to ensure the drug can be delivered rapidly and effectively.

How to Approach the Question

Concept Tested & Keywords

NORCET 11 MEMORY BASED QUESTION

Q93 Child Health Nursing

What is the main advantage of the push-pull method for fluid resuscitation in infants and children?

- ☐ A It allows continuous flow of fluids
- ☐ B It prevents all fluid overload
- ☒ C It allows rapid flow of fluids ✓ **ANSWER**
- ☐ D It allows unlimited fluid administration

Similar question in NPrep GOLD QBank

During fluid resuscitation of an infant, the nurse uses a syringe to draw fluid from the IV bag and then push it into the child. What is the main benefit of this method?

- ☒ A It allows rapid and controlled fluid administration ✓ **ANSWER**
- ☐ B It prevents the need for monitoring fluid intake
- ☐ C It eliminates the need for IV access
- ☐ D It allows unlimited fluid administration

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Rheumatic Heart Disease

Child Health Nursing

Timestamp: 17:49

[Watch this video](#)

Q93 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

9:12 9:12 9:12

X E6

1 2 3 4 5 6 7

Question 4/12

During fluid resuscitation of an infant, the nurse uses a syringe to draw fluid from the IV bag and then push it into the child. What is the main benefit of this method?

A It allows rapid and controlled fluid administration 7%

B It prevents the need for monitoring fluid intake 27%

C It eliminates the need for IV access 27%

D It allows unlimited fluid administration 39%

Having trouble? Report

Next

9:12 9:12 9:12

X E6

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- In pediatric resuscitation, correcting hypovolemia quickly is a priority. The manual push-pull method with a syringe allows for the rapid delivery of a fluid bolus.
- Infants are at a very high risk for fluid overload due to their small body size and immature kidney function. Using a syringe allows the nurse to administer a precise, pre-calculated volume of fluid.
- This technique combines the need for speed in an emergency with the critical requirement for safety and control in a vulnerable patient population.
- Volume-controlled infusion methods, including syringe pumps or manual syringe boluses, are standard practice to reduce the risk of rapid, uncontrolled dosing and to manage fluid intake precisely.

Why Other Options Were Wrong

Having trouble? Report

Next

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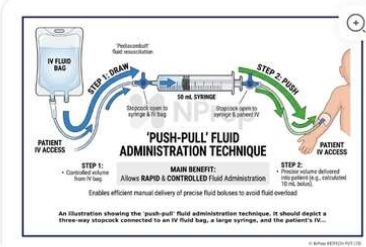
X E6

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involves pulling fluid into the child's intravenous (IV) line. Therefore, IV access is a prerequisite for this method.

- **Option D:** Fluid administration in infants is never unlimited. It is strictly calculated based on weight (e.g., 10-20 mL/kg per bolus) to prevent life-threatening fluid overload. The syringe method helps enforce these strict limits.

Related Visual



Having trouble? Report

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NORCET 11 MEMORY BASED QUESTION

Q94 Child Health Nursing

A school child with type 1 diabetes becomes sweaty and shaky; the random blood glucose is 56 mg/dl. What is the school health nurse's priority?

- ☒ **A** Give 15 g of simple (fast-acting) carbohydrate ✓ **ANSWER**
- ☐ **B** Give complex carbohydrate with protein
- ☐ **C** Administer insulin
- ☐ **D** Call the parents and wait

Similar question in NPrep **GOLD** QBank

A conscious patient with type 1 diabetes on insulin therapy reports feeling shaky, sweaty, and anxious. A fingerstick blood glucose test reveals a level of 55 mg/dL. Which dietary intervention is the most appropriate immediate action for the nurse to take?

- ☐ **A** Recheck the blood glucose level in 30 minutes before taking any action.
- ☐ **B** Administer the patient's scheduled dose of long-acting insulin.
- ☐ **C** Provide a snack of whole-wheat crackers and cheese.
- ☒ **D** Administer 15 grams of a fast-acting carbohydrate, such as 4 ounces of fruit juice. ✓ **ANSWER**

[Open this question in QBank](#)

Similar question in NPrep **GOLD** Video

Adrenergic Drugs & Sympathomimetics

Child Health Nursing

Timestamp: 17:29

[Watch this video](#)

Q94 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A conscious patient with type 1 diabetes on insulin therapy reports feeling shaky, sweaty, and anxious. A fingerstick blood glucose test reveals a level of 55 mg/dL. Which dietary intervention is the most appropriate immediate action for the nurse to take?

- A** Recheck the blood glucose level in 30 minutes before taking any action.
13% students marked it
- B** Administer the patient's scheduled dose of long-acting insulin.
16% students marked it
- C** Provide a snack of whole-wheat crackers and cheese.
7% students marked it
- D** Administer 15 grams of a fast-acting carbohydrate, such as 4 ounces of fruit juice. ☒
64% students marked it

☒ **Correct!** Wonderful, you got this one right.

← Question

Explanation

Listen in Hindi 

- The patient's symptoms (shaky, sweaty) and blood glucose level (55 mg/dL) indicate hypoglycemia. For a conscious patient, the priority is to rapidly increase blood sugar.
- Administering 15 grams of a fast-acting carbohydrate (like fruit juice, glucose tablets, or regular soda) is the standard and most effective immediate intervention. This simple sugar is quickly absorbed into the bloodstream to correct the low glucose level.

Why Other Options Were Wrong

- Option A:** This is incorrect because it delays necessary treatment. Hypoglycemia is a medical emergency that requires immediate intervention to prevent worsening of symptoms and potential neurological damage.
- Option B:** This is extremely dangerous. Insulin lowers blood glucose, and administering it during a hypoglycemic episode would cause the patient's blood sugar to drop even further, potentially leading to severe complications like seizures, coma, or death.
- Option C:** This is incorrect as a first-line treatment. Complex carbohydrates and fats (like in crackers and cheese) slow down

NORCET 11 MEMORY BASED QUESTION

Q95 Child Health Nursing

A nurse shows a 4-year-old child a model scene with a doll sitting on the opposite side. The child describes everything in the scene as he sees it. When asked what the doll can see from where it sits, he again describes his own view. Which feature of Piaget's preoperational stage does this show?

- ☒ **A** Egocentrism ✓ ANSWER
- ☐ **B** Animism
- ☐ **C** Conservation
- ☐ **D** Object permanence

Similar question in NPrep GOLD QBank

A 4-year-old child covers his own eyes and exclaims, "You can't see me!" This behavior is a classic illustration of which cognitive limitation in Piaget's preoperational stage?

- ☒ **A** Egocentrism ✓ ANSWER
- ☐ **B** Object permanence
- ☐ **C** Conservation
- ☐ **D** Animism

[Open this question in QBank](#)

Q95 Straight from the NPrep **GOLD** app

The answer, highlighted in our explanation.

← Question

A 4-year-old child covers his own eyes and exclaims, "You can't see me!" This behavior is a classic illustration of which cognitive limitation in Piaget's preoperational stage?

- A Egocentrism**
43% students marked it ☒
- B Object permanence**
19% students marked it
- C Conservation**
18% students marked it
- D Animism**
20% students marked it

Correct! Wonderful, you got this one right.

Explanation

Listen in Hindi

- The correct answer is Egocentrism. This term, as defined by Piaget, refers to a child's inability to see a situation from another person's

← Question

Explanation

- The correct answer is Egocentrism. This term, as defined by Piaget, refers to a child's inability to see a situation from another person's perspective.
- The child in the scenario assumes that because he cannot see others, others cannot see him. This demonstrates a lack of differentiation between his own viewpoint and the viewpoints of others, which is the core of egocentrism.

Why Other Options Were Wrong

- Option B: Object permanence** is the understanding that objects continue to exist even when they cannot be seen. This ability develops during the earlier sensorimotor stage (birth to 2 years), not the preoperational stage.
- Option C: Conservation** is the understanding that the quantity of something remains the same despite changes in its appearance (e.g., pouring water into a differently shaped glass). Children in the preoperational stage typically lack this ability, but it doesn't describe the specific scenario of hiding.
- Option D: Animism** is the belief that inanimate objects have human feelings and intentions. While also a feature of the

100%



Egocentrism (Three-Mountain Task)

Stage	Age Range (Approx.)	Key Characteristics
Sensorimotor	0-2 years	Coordination of senses with motor responses; sensory curiosity about the world; Object permanence develops.
Preoperational	2-7 years	Symbolic thinking; use of proper names and grammar to represent concepts; Thinking is still egocentric; focused on own perspective. Animism often present. Concepts of conservation not yet developed.
Concrete Operational	7-11 years	Logic applied to concrete problems. Development of conservation, classification, and seriation concepts. Less egocentric.
Formal Operational	11+ years	Abstract, hypothetical, and deductive reasoning. Can reason about future possibilities and ideal situations.

Pinch to zoom

NORCET 11 MEMORY BASED QUESTION

Q96 **Child Health Nursing**

According to Piaget, what is the process of modifying an existing schema to fit a new, challenging situation called?

A Adaptation

B Assimilation

C Accommodation

✓ **ANSWER**

D Equilibration

Similar question in NPrep **GOLD** QBank

A toddler who has a schema for "horse" (a large, four-legged animal with a tail) sees a zebra for the first time and exclaims, "Look, a stripy horse!" According to Piaget's theory of cognitive development, what relationship does this exclamation demonstrate between the new information and the child's existing cognitive schema?

A The child is using assimilation to fit the new animal into an existing schema.

✓ **ANSWER**

B The child is using accommodation to create a new schema.

C The child is in a state of equilibration, having balanced both processes.

D The child is demonstrating object permanence.

[Open this question in QBank](#)

Similar question in NPrep **GOLD** Video

Piaget – Accommodation vs Assimilation

Child Health Nursing

Timestamp: **06:27**

[Watch this video](#)

Q96 Straight from the NPrep **GOLD** app

The answer, highlighted in our explanation.

← Question

A toddler who has a schema for "horse" (a large, four-legged animal with a tail) sees a zebra for the first time and exclaims, "Look, a stripy horse!" According to Piaget's theory of cognitive development, what relationship does this exclamation demonstrate between the new information and the child's existing cognitive schema?

A

The child is using assimilation to fit the new animal into an existing schema.



80% students marked it

B

The child is using accommodation to create a new schema.

20% students marked it

C

The child is in a state of equilibration, having balanced both processes.

0% students marked it

D

The child is demonstrating object permanence.

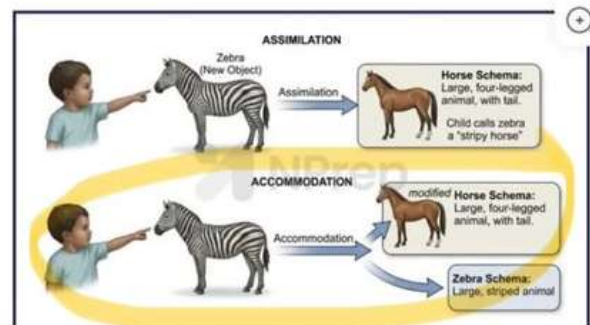
0% students marked it



Correct! Wonderful, you got this one

- **Option B: Accommodation** involves altering one's existing schemas, or ideas, as a result of new information or new experiences. If the child had created a new category for "zebra" distinct from "horse," that would be accommodation.
- **Option C: Equilibration** is the force that drives the learning process by moving development along. It is the balance between assimilation and accommodation. The child's initial exclamation is an act of assimilation, not the state of balance itself.
- **Option D: Object permanence**, typically developed in the sensorimotor stage, is the understanding that objects continue to exist even when they cannot be seen. This concept is not relevant to the child's classification of the zebra.

Related Visual



NORCET 11 MEMORY BASED QUESTION

Q97 **Mental Health Nursing**

A person has an IQ of 48. Which activity can this person be expected to manage?

- ☐ **A** An intellectually demanding job
- ☐ **B** Living fully independently
- ☐ **C** Budgeting and handling money
- ☒ **D** perform daily self care activities

✓ **ANSWER**

Similar question in NPrep **GOLD** QBank

A person with an IQ of 50 is being assessed for functional abilities. Which activity is the person most likely able to perform?

- ☐ **A** Handle complex financial transactions
- ☒ **B** Perform basic personal hygiene independently
- ☐ **C** Manage a demanding professional job
- ☐ **D** Live completely independently without support

✓ **ANSWER**

[Open this question in QBank](#)

Similar question in NPrep **GOLD** Video

Intelligence

Mental Health Nursing

Timestamp: 27:48

[Watch this video](#)

Q97 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

2:37 66%

X E6

1 2 3 4 5 6 7

Question 3/9

A person with an IQ of 50 is being assessed for functional abilities. Which activity is the person most likely able to perform?

A Handle complex financial transactions 39%

B Perform basic personal hygiene independently 13%

C Manage a demanding professional job 9%

D Live completely independently without support 39%

Having trouble? Report

Next

2:37 66%

X E6

1 2 3 4 5 6 7

- An IQ score of 50 falls into the category of 'Moderate Intellectual Disability,' which typically covers an IQ range of 35-55.
- Individuals at this level can benefit from training in self-help skills and can achieve a degree of independence in personal care.
- While they require supervision for complex tasks, performing basic personal hygiene (like washing, brushing teeth, and dressing) is an achievable skill with proper teaching and support.
- Their academic and vocational skills are limited, but personal care is a key area where independence is fostered.

Why Other Options Were Wrong

- Option A:** Handling complex financial transactions requires abstract thinking, planning, and high-level arithmetic skills, which are significantly impaired in individuals

Having trouble? Report

Next

2:37 66%

X E6

1 2 3 4 5 6 7

iving tasks like money management, transportation, and healthcare decisions.

Related Visual

Classification	IQ Range	Functional Skills (Conceptual, Social, Practical)
MILD Intellectual Disability	50-55 to approx. 70	Conceptual: Can learn concrete skills to approximate the skills of normal individuals with complex planning. Social: Interaction with others is limited; requires significant support. Practical: Can manage personal care, but requires significant support.
MODERATE Intellectual Disability	35-40 to 50-55	Conceptual: Can learn simple skills, but has limitations in understanding and planning. Social: Can interact with others but has limitations in communication and social skills. Practical: Can perform basic personal hygiene independently, but requires support for complex tasks.
SEVERE Intellectual Disability	20-25 to 35-40	Conceptual: Limited to non-symbolic learning; requires significant support. Social: Single word or non-verbal communication; requires support for basic needs. Practical: Needs significant supervision and support for all activities of daily living.
PROFOUND Intellectual Disability	Below 20-25	Conceptual: Very limited understanding; requires significant support. Social: Very limited social interaction; requires significant support. Practical: Needs constant supervision for all activities of daily living.

A chart that outlines the different levels of intellectual disability (Mild, Moderate, Severe, Profound), their corresponding IQ ranges, and a summary of the conceptual, social, and practical skills.

Clinical Relevance

- Nursing practice connection: This is primarily an exam-oriented knowledge point with limited direct

Having trouble? Report

Next

NORCET 11 MEMORY BASED QUESTION

Q98 Mental Health Nursing

A client admitted with severe depression started an SSRI two weeks ago. He has been withdrawn and tearful. Today he is suddenly calm and cheerful, and talks with other patients happily What is the nurse's priority?

- ☐ A Encourage him to join group activities
- ☒ B Assess him for suicidal thoughts and a plan
- ☐ C Record the improvement and discuss early discharge with the team
- ☐ D Arrange a family visit to support his better mood

✓ ANSWER

Similar question in NPrep GOLD QBank

A client with major depression has been taking an antidepressant for 2 weeks and reports a sudden return of energy. Which nursing intervention is the highest priority at this time?

- ☒ A Monitor the client closely for suicidal ideation and behavior
- ☐ B Encourage the client to participate in vigorous physical activity
- ☐ C Decrease the medication dosage to prevent mania
- ☐ D Allow the client to go home on a weekend pass

✓ ANSWER

[Open this question in QBank](#)

Q98 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A client with major depression has been taking an antidepressant for 2 weeks and reports a sudden return of energy. Which nursing intervention is the highest priority at this time?

A

Monitor the client closely for suicidal ideation and behavior

77% students marked it



B

Encourage the client to participate in vigorous physical activity

16% students marked it

C

Decrease the medication dosage to prevent mania

7% students marked it

D

Allow the client to go home on a weekend pass

0% students marked it

The highest priority is **monitoring for suicide**. As antidepressants begin to take effect (usually around 2-3 weeks), patients may regain the physical energy to carry out a suicide plan before their mood significantly improves. This period is known as the "paradoxical effect" or window of

← Question

7% students marked it

D

Allow the client to go home on a weekend pass

0% students marked it

The highest priority is **monitoring for suicide**. As antidepressants begin to take effect (usually around 2-3 weeks), patients may regain the physical energy to carry out a suicide plan before their mood significantly improves. This period is known as the "paradoxical effect" or window of increased risk.

- **Observation:** 24-hour observation or 1:1 nursing care may be required.
- **Assessment:** Directly ask about suicidal intent and plans.
- **Safety:** Remove dangerous objects and ensure the patient swallows medications (to prevent hoarding for overdose).

Key Consideration: A sudden lift in mood or energy in a depressed patient can be a warning sign of a decided suicide plan.

🔔 Have a Query?

NORCET 11 MEMORY BASED QUESTION

Q99

Mental Health Nursing

Which psychiatric client should the nurse assess first?

- ☐ A A depressed client who have not eat anything from morning
- ☒ B A client with schizophrenia hearing command hallucinations to harm others ✓ ANSWER
- ☐ C A client with OCD performing repeated hand-washing
- ☐ D A client with generalised anxiety who is pacing

Similar question in NPrep GOLD QBank

A nurse is caring for four psychiatric clients. Which client should the nurse assess first?

- ☐ A A client with depression who has a poor appetite
- ☒ B A client with schizophrenia who reports voices commanding them to harm another person ✓ ANSWER
- ☐ C A client with OCD who repeatedly washes their hands
- ☐ D A client with anxiety who is pacing in the hallway

[Open this question in QBank](#)

Q99 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

2:58 64%

X E6

1 2 3 4 5 6 7

Question 2/8

A nurse is caring for four psychiatric clients. Which client should the nurse assess first?

A A client with depression who has a poor appetite 1%

B A client with schizophrenia who reports voices commanding them to harm another person 4%

C A client with OCD who repeatedly washes their hands 86%

D A client with anxiety who is pacing in the hallway 9%

Having trouble? Report

Next

2:58 64%

X E6

1 2 3 4 5 6 7

Explanation

- The core principle in prioritizing nursing care is safety. The nurse must first address the situation that poses the greatest and most imminent risk of harm.
- A client with schizophrenia experiencing command hallucinations to harm another person is considered a psychiatric emergency.
- These hallucinations create a significant and immediate risk of violence towards others, making this client the highest priority for assessment and intervention.
- Early intervention is crucial to prevent an aggressive or violent response and ensure the safety of everyone in the unit.

Why Other Options Were Wrong

- Option A:** A client with depression and a poor appetite requires

Having trouble? Report

Next

2:59 64%

X E6

1 2 3 4 5 6 7

intervention to help manage their anxiety, it is a lower priority than a client who is actively being commanded to harm someone.

Related Visual

Clinical Relevance

- Nursing practice connection: Use the

Having trouble? Report

Next

NORCET 11 MEMORY BASED QUESTION

Q100

Mental Health Nursing

A family brings a girl who has missed her clozapine for the past 3 days. She has fever, muscle rigidity and intermittent confusion or agitation. What is the priority nursing action?

- ☐ A Give the missed clozapine dose immediately
- ☒ B Assess vital signs and suspect neuroleptic malignant syndrome ✓ ANSWER
- ☐ C Reassure the family that these are expected side effects
- ☐ D Administer lithium to improve her mood and observe

Similar question in NPrep GOLD QBank

A patient taking an antipsychotic medication develops fever, severe muscle rigidity, altered consciousness, and autonomic instability. Which condition should the Nursing Officer suspect?

- ☐ A Serotonin syndrome
- ☒ B Neuroleptic malignant syndrome ✓ ANSWER
- ☐ C Malignant hyperthermia
- ☐ D Cholinergic crisis

[Open this question in QBank](#)

Q100 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A patient taking an antipsychotic medication develops fever, severe muscle rigidity, altered consciousness, and autonomic instability. Which condition should the Nursing Officer suspect?

- A** Serotonin syndrome
4% students marked it
- B** Neuroleptic malignant syndrome
90% students marked it ☒

C Malignant hyperthermia
4% students marked it

D Cholinergic crisis
2% students marked it

☒ **Correct!** Wonderful, you got this one right.

Explanation

- Neuroleptic malignant syndrome is a life-threatening reaction to antipsychotic drugs.
- Key features: severe muscle rigidity, hyperthermia, altered consciousness, and autonomic instability.

← Question

Explanation

- Neuroleptic malignant syndrome is a life-threatening reaction to antipsychotic drugs.
- Key features: severe muscle rigidity, hyperthermia, altered consciousness, and autonomic instability.
- Develops over hours to days after neuroleptic exposure.
- Distinguished from similar syndromes by drug history and clinical presentation.

Why Other Options Were Wrong

- Option A:** Serotonin syndrome is caused by serotonergic drugs, not antipsychotics, and features clonus and hyperreflexia rather than severe rigidity.
- Option C:** Malignant hyperthermia is triggered by anesthetic agents, not antipsychotics, and occurs in perioperative settings.
- Option D:** Cholinergic crisis results from acetylcholine excess, presenting with muscle weakness, salivation, and miosis, not severe rigidity and fever.

Related Visual

NORCET 11 MEMORY BASED QUESTION

Q101

Mental Health Nursing

A client on an antipsychotic develops restlessness and an inability to sit still (akathisia). Blockade of which dopamine pathway is primarily responsible?

☐ A Mesolimbic

☐ B Mesocortical

☐ C Tuberoinfundibular

☒ D Nigrostriatal

✓ ANSWER

Similar question in NPrep GOLD QBank

A patient receiving haloperidol for schizophrenia develops parkinsonian-like tremors, muscle rigidity, and a shuffling gait. These extrapyramidal symptoms are primarily caused by the blockade of dopamine D₂ receptors in which of the following neural pathways?

☐ A Mesocortical pathway

☐ B Mesolimbic pathway

☐ C Tuberoinfundibular pathway

☒ D Nigrostriatal pathway

✓ ANSWER

[Open this question in QBank](#)

Q101 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A patient receiving haloperidol for schizophrenia develops parkinsonian-like tremors, muscle rigidity, and a shuffling gait. These extrapyramidal symptoms are primarily caused by the blockade of dopamine D_2 receptors in which of the following neural pathways?

- A** Mesocortical pathway
23% students marked it
- B** Mesolimbic pathway
38% students marked it
- C** Tuberoinfundibular pathway
0% students marked it
- D** Nigrostriatal pathway
38% students marked it ☒

☒ **Correct!** Wonderful, you got this one right.

Explanation

Listen in Hindi 

- The nigrostriatal pathway is a critical part of the extrapyramidal system, which regulates motor

← Question

Explanation

- The nigrostriatal pathway is a critical part of the extrapyramidal system, which regulates motor control and movement.
- Typical antipsychotics like haloperidol block D_2 receptors in this pathway, disrupting the normal balance between dopamine and acetylcholine.
- This blockade leads to a state similar to Parkinson's disease, manifesting as tremors, rigidity, bradykinesia (slowness of movement), and postural instability.

Why Other Options Were Wrong

- **Mesolimbic pathway:** Blockade of D_2 receptors in this pathway is responsible for the *therapeutic* antipsychotic effect, reducing positive symptoms like hallucinations and delusions. It is not the primary cause of motor side effects.
- **Mesocortical pathway:** Dopamine dysfunction in this pathway is associated with the *negative* and cognitive symptoms of schizophrenia (e.g., apathy, flat affect). Antipsychotic effects here are complex and not the primary cause of **EPS**.
- **Tuberoinfundibular pathway:** Dopamine in this pathway inhibits prolactin secretion. Blockade by antipsychotics leads to

NORCET 11 MEMORY BASED QUESTION

Q102

Mental Health Nursing

A client with bipolar disorder is started on lithium. The nurse teaches his family about his diet. Which instruction is correct?

- ☐ A Carbohydrate-rich foods lower his lithium level
- ☐ B increase calories intake will decrease lithium
- ☐ C increase calories will increase lithium
- ☒ D increase intake of sodium will decrease lithium levels

✓ ANSWER

Similar question in NPrep GOLD QBank

A client with bipolar disorder, who is stabilized on lithium therapy, informs the nurse about starting a new low-sodium diet as advised by a cardiologist. The nurse recognizes that this dietary change establishes a direct association with an increased risk for which condition?

- ☒ A Lithium toxicity
- ☐ B Serotonin syndrome
- ☐ C Decreased therapeutic efficacy of lithium
- ☐ D Hypertensive crisis

✓ ANSWER

[Open this question in QBank](#)

Q102 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

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E6

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Question 16/41

A client with bipolar disorder, who is stabilized on lithium therapy, informs the nurse about starting a new low-sodium diet as advised by a cardiologist. The nurse recognizes that this dietary change establishes a direct association with an increased risk for which condition?

A

Lithium toxicity

73%

B

Serotonin syndrome

3%

C

Decreased therapeutic efficacy of lithium

21%

D

Hypertensive crisis

3%

🚫

Not Quite!

You picked B. Correct is

📝

Having trouble? Report

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Explanation

- Lithium and sodium are both ions that are handled by the kidneys in a similar way. When the body is depleted of sodium (as in a low-sodium diet), the kidneys try to conserve sodium by increasing its reabsorption in the proximal tubules.
- Because lithium is reabsorbed alongside sodium, a low-sodium state causes the kidneys to reabsorb more lithium, leading to elevated serum lithium levels.
- This increased retention of lithium can push the serum concentration above the narrow therapeutic range, resulting in lithium toxicity.

Why Other Options Were Wrong

- Decreased therapeutic efficacy of lithium:** This is incorrect. A low-sodium diet increases lithium levels, it does not decrease them. A high-sodium diet would lead to increased lithium excretion and potentially decreased efficacy.
- Hypertensive crisis:** This is a severe

📝

Having trouble? Report

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Next

NORCET 11 MEMORY BASED QUESTION

Q103

Mental Health Nursing

At which developmental age is a person most susceptible to the onset of schizophrenia?

☐ A Preschool age

☐ B School-age childhood

☒ C Late adolescence

✓ ANSWER

☐ D Old age

Similar question in NPrep GOLD QBank

A 20-year-old college student develops social withdrawal, unusual behavior, and difficulty concentrating. The nurse recognizes that schizophrenia commonly begins during which developmental period?

☐ A Preschool age

☐ B School-age childhood

☒ C Late adolescence

✓ ANSWER

☐ D Old age

[Open this question in QBank](#)

Q103 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

3:24

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- Schizophrenia most commonly manifests between the late teens and early 30s, a period that encompasses late adolescence and early adulthood.
- This developmental stage is a critical time for brain maturation and is often when the first psychotic episode occurs.
- Stressors common to this age, such as starting college, leaving home, or significant relationship changes, can act as triggers for the onset of the illness in predisposed individuals.

Why Other Options Were Wrong

- **Option A:** Schizophrenia is exceptionally rare in preschool-aged children. Symptoms observed in this age group are more commonly associated with developmental disorders like Autism Spectrum Disorder or severe anxiety.

Having trouble? Report

Next

3:24

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Question 3/6

A 20-year-old college student develops social withdrawal, unusual behavior, and difficulty concentrating. The nurse recognizes that schizophrenia commonly begins during which developmental period?

A Preschool age 3%

B School-age childhood 11%

C Late adolescence 5%

D Old age 80%

Having trouble? Report

Next

3:24

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might be retrospectively identified during school-age years, the full clinical onset of schizophrenia is rare before adolescence.

- **Option D:** The onset of schizophrenia in old age (after age 45) is known as late-onset schizophrenia. This is a distinct and much less common presentation compared to the typical onset in young adulthood.

Related Visual

COMMON AGE OF ONSET FOR SCHIZOPHRENIA

Most common period for onset: Late adolescence/early adulthood (18-25 years)

Legend: Male (Blue), Female (Pink)

Age Groups: Preschool (0-5 years), School age (6-12 years), Late adolescence/early adulthood (13-19 years), Middle adulthood (20-40 years), Late adulthood (41-60 years), Old age (61+ years)

Percentage of new cases: 0%, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%

A bar chart showing the age distribution for the onset of schizophrenia, with a prominent peak in the 18-25 age range for males and a slightly later peak for females.

Having trouble? Report

Next

NORCET 11 MEMORY BASED QUESTION

Q104
Mental Health Nursing

A few days after alcohol detoxification begins, a client develops tremors, irritability, fever and muscle rigidity. The client is at risk of developing

☐ **A** Korsakoff syndrome

☐ **B** Wernicke's encephalopathy

☒ **C** Delirium tremens

✓ ANSWER

☐ **D** Alcoholic hallucinosis

Similar question in NPrep GOLD QBank

A nurse is monitoring a patient with alcohol dependence who stopped drinking 72 hours ago. For which potentially life-threatening withdrawal complication fever, tachycardia, hypertension should the nurse be most vigilant at this time?

☐ **A** Wernicke's encephalopathy

☒ **B** Delirium tremens

✓ ANSWER

☐ **C** Alcoholic hallucinosis

☐ **D** Korsakoff's psychosis

[Open this question in QBank](#)

Q104 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A nurse is monitoring a patient with alcohol dependence who stopped drinking 72 hours ago. For which potentially life-threatening withdrawal complication fever, tachycardia, hypertension should the nurse be most vigilant at this time?

A Wernicke's encephalopathy
9% students marked it

B Delirium tremens
85% students marked it

C Alcoholic hallucinosis
5% students marked it

D Korsakoff's psychosis
1% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

Listen in Hindi 

- Delirium tremens (DTs) is the most severe form of alcohol withdrawal. It is a medical emergency characterized by confusion, disorientation,

← Question

Explanation

- Delirium tremens (DTs) is the most severe form of alcohol withdrawal. It is a medical emergency characterized by confusion, disorientation, hallucinations, severe agitation, and autonomic hyperactivity (e.g., fever, tachycardia, hypertension).
- The onset of DTs typically occurs 2 to 4 days (48-96 hours) after the last drink, with the peak intensity around the 72-hour mark, which aligns with the patient's current status.

Why Other Options Were Wrong

- **Alcoholic hallucinosis:** This condition usually develops within 12 to 24 hours of abstinence. While it involves hallucinations, the patient's sensorium remains clear, unlike the confusion seen in delirium tremens.
- **Wernicke's encephalopathy:** This is an acute neurological condition caused by thiamine (Vitamin B1) deficiency, not directly by withdrawal itself. It is characterized by a triad of confusion, ataxia, and ophthalmoplegia. While it can co-occur, it is not a withdrawal complication in the same way as DTs.
- **Korsakoff's psychosis:** This is a chronic neurological condition that is often a consequence of untreated Wernicke's

NORCET 11 MEMORY BASED QUESTION

Q105

Mental Health Nursing

In the CAGE questionnaire for alcohol use, what does "E" stand for?

☐ A Excessive drinking

☒ B Eye-opener

✓ ANSWER

☐ C Emotional dependence

☐ D Early withdrawal

Similar question in NPrep GOLD QBank

A nurse is using the CAGE questionnaire to screen a patient for potential alcohol use disorder. All of the following questions are components of the CAGE screening tool EXCEPT:

☐ A Have you ever had a drink first thing in the morning to steady your nerves (eye-opener)?

☐ B Have people annoyed you by criticizing your drinking?

☐ C Have you ever felt you should cut down on your drinking?

☒ D Have you ever experienced strong cravings for alcohol?

✓ ANSWER

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Other Substance Use Disorder

Mental Health Nursing

Timestamp: 26:06

[Watch this video](#)

Q105 Straight from the NPrep **GOLD** app

The answer, highlighted in our explanation.

← Question

A nurse is using the CAGE questionnaire to screen a patient for potential alcohol use disorder. All of the following questions are components of the CAGE screening tool **EXCEPT**:

- A** Have you ever had a drink first thing in the morning to steady your nerves (eye-opener)?
9% students marked it
- B** Have people annoyed you by criticizing your drinking?
9% students marked it
- C** Have you ever felt you should cut down on your drinking?
0% students marked it
- D** Have you ever experienced strong cravings for alcohol?
82% students marked it

✓ **Correct!** Wonderful, you got this one right.

← Question

Explanation

- The **CAGE** questionnaire is an acronym for four specific questions. It does not include a question about cravings. While craving is a significant symptom of substance use disorder, it is not part of this particular screening tool.

Why Other Options Were Wrong

- 'Have you ever felt you should cut down on your drinking?' is a correct component, representing the 'C' in **CAGE**.
- 'Have people annoyed you by criticizing your drinking?' is a correct component, representing the 'A' in **CAGE**.
- 'Have you ever had a drink first thing in the morning to steady your nerves (eye-opener)?' is a correct component, representing the 'E' in **CAGE**. The 'G' stands for 'Guilty' (Have you ever felt bad or guilty about your drinking?).

Related Visual



← Question

morning to steady your nerves (eye-opener)? is a correct component, representing the 'E' in **CAGE**. The 'G' stands for 'Guilty' (Have you ever felt bad or guilty about your drinking?).

Related Visual



Clinical Relevance

How to Approach the Question

Concept Tested & Keywords

NORCET 11 MEMORY BASED QUESTION

Q106

Mental Health Nursing

A client presents with yawning, lacrimation, diarrhoea, vomiting and excessive sweating. Which condition is suspected?

☐ A Sedative (hypoactive substance) withdrawal

☒ B Opioid withdrawal

✓ ANSWER

☐ C Alcohol withdrawal

☐ D Stimulant (hyperactive substance) withdrawal

Similar question in NPrep GOLD QBank

A 34-year-old male is admitted to a deaddiction unit for management of opioid withdrawal. He is experiencing severe diaphoresis, lacrimation, diarrhea, and a heart rate of 115 bpm. The physician initiates treatment with clonidine. The nurse administering this medication should anticipate an improvement in which specific set of symptoms?

☐ A Respiratory depression and miosis

☐ B Hypotension and sedation

☒ C Diaphoresis, diarrhea, and tachycardia

✓ ANSWER

☐ D Intense drug craving and dysphoria

[Open this question in QBank](#)

Q106 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A 34-year-old male is admitted to a deaddiction unit for management of opioid withdrawal. He is experiencing severe diaphoresis, lacrimation, diarrhea, and a heart rate of 115 bpm. The physician initiates treatment with clonidine. The nurse administering this medication should anticipate an improvement in which specific set of symptoms?

- A** Respiratory depression and miosis
18% students marked it
- B** Hypotension and sedation
10% students marked it
- C** Diaphoresis, diarrhea, and tachycardia
64% students marked it ☒
- D** Intense drug craving and dysphoria
8% students marked it

☒ **Correct!** Wonderful, you got this one right.

Explanation

Listen in Hindi 

← Question

Explanation

- Clonidine is a centrally acting alpha-2 **adrenergic agonist**. In opioid withdrawal, the **central nervous system** becomes hyperactive, leading to a surge in sympathetic activity. Clonidine works by stimulating alpha-2 receptors in the brain, which reduces sympathetic outflow. This action effectively alleviates the autonomic symptoms of withdrawal, such as sweating (diaphoresis), gastrointestinal upset (**diarrhea**), and increased heart rate (**tachycardia**).

Why Other Options Were Wrong

- **Intense drug craving and dysphoria:** These are primarily psychological symptoms of withdrawal. While clonidine may offer some mild relief, it does not directly target the reward pathways associated with craving. Medications like methadone, buprenorphine, or naltrexone are more effective for managing cravings.
- **Respiratory depression and miosis:** These are classic signs of an opioid *overdose* or intoxication, not withdrawal. The withdrawal state is characterized by the opposite effects (e.g., **tachypnea**, mydriasis).
- **Hypotension and sedation:** These are common *adverse effects* of clonidine itself.

NORCET 11 MEMORY BASED QUESTION

Q107

Mental Health Nursing

A client with schizophrenia has developed paranoid delusion. Which psychosocial intervention nurse should include

- ☐ A provide a structured environment to client
- ☐ B Encourage him to join group activities
- ☐ C Agree with his belief to keep him calm
- ☒ D Encourage him to describe his delusions in detail

✓ ANSWER

This is a very rarely asked Question.

NORCET 11 MEMORY BASED QUESTION

Q108

Mental Health Nursing

For which condition is EMDR therapy primarily used?

☐ A Obsessive-compulsive disorder

☒ B Post-traumatic stress disorder

✓ ANSWER

☐ C Schizophrenia

☐ D Bipolar disorder

Similar question in NPrep GOLD QBank

A patient develops distressing memories and nightmares after experiencing a traumatic event. The nurse explains that a therapy involves recalling the traumatic experience while following the therapist's finger movements with the eyes. Which therapy is being described?

☐ A Exposure therapy

☒ B EMDR therapy

✓ ANSWER

☐ C Cognitive therapy

☐ D Behavioural activation

[Open this question in QBank](#)

Q108 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A patient develops distressing memories and nightmares after experiencing a traumatic event. The nurse explains that a therapy involves recalling the traumatic experience while following the therapist's finger movements with the eyes. Which therapy is being described?

A Exposure therapy
2% students marked it

B EMDR therapy
14% students marked it

C Cognitive therapy
81% students marked it

D Behavioural activation
3% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

Listen in Hindi 

- The therapy described is Eye Movement Desensitization and Reprocessing (EMDR).

← Question

Explanation

- The therapy described is Eye Movement Desensitization and Reprocessing (EMDR).
- EMDR is a structured therapy that encourages the patient to briefly focus on the trauma memory while simultaneously experiencing bilateral stimulation (typically eye movements).
- This combination is believed to reduce the vividness and emotion of the trauma memories, which aligns perfectly with the scenario of recalling an experience while following a therapist's finger movements.
- It is a recognized treatment for Post-Traumatic Stress Disorder (PTSD).

Why Other Options Were Wrong

- Option A:** Exposure therapy involves confronting traumatic memories or situations, but it does not typically include the specific component of guided eye movements.
- Option C:** Cognitive therapy focuses on identifying, challenging, and changing distorted or unhelpful thought patterns and beliefs related to the trauma. It does not involve physical components like eye movements.
- Option D:** Behavioural activation is a treatment primarily for depression. It

NORCET 11 MEMORY BASED QUESTION

Q109

Mental Health Nursing

A girl with a phobia of flying is treated with systematic desensitisation. Which finding indicates that the therapy has been successful?

A She completes a short journey by flight

✓ ANSWER

B She says her phobia is irrational

C She plans a tour that includes a flight

D She says her fear has lessened

This is a very rarely asked Question.

NORCET 11 MEMORY BASED QUESTION

Q110

Community Health Nursing

Which type is the chikungunya vaccine that was released recently?

☐ A Live vaccine

☒ B Killed (non-live) vaccine

✓ ANSWER

☐ C Toxoid vaccine

☐ D Attenuated vaccine

Similar question in NPrep GOLD QBank

Regarding the development of vaccines for Chikungunya, the Zydus vaccine candidate is classified as which type of vaccine?

☐ A Toxoid vaccine

☐ B mRNA vaccine

☐ C Live-attenuated vaccine

☒ D Inactivated vaccine

✓ ANSWER

[Open this question in QBank](#)

Q110 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

Regarding the development of vaccines for Chikungunya, the Zydus vaccine candidate is classified as which type of vaccine?

A Toxoid vaccine
7% students marked it

B mRNA vaccine
16% students marked it

C Live-attenuated vaccine
43% students marked it

D Inactivated vaccine
34% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

- The Zydus Chikungunya vaccine candidate is an inactivated vaccine. This means it uses a killed version of the virus, grown in Vero cells, to stimulate an immune response without causing the disease.

← Question

Explanation

- The Zydus Chikungunya vaccine candidate is an inactivated vaccine. This means it uses a killed version of the virus, grown in Vero cells, to stimulate an immune response without causing the disease.

Why Other Options Were Wrong

- **Option A:** This is incorrect. Toxoid vaccines (e.g., tetanus) use a toxin made by the germ that has been made harmless. Chikungunya is a virus and does not produce a toxin in the same way, making this an inappropriate vaccine type.
- **Option B:** This is incorrect. While mRNA technology is used for some modern vaccines (like some for COVID-19), the Zydus Chikungunya vaccine does not use this platform.
- **Option C:** This is incorrect for the Zydus vaccine. The IXCHIQ vaccine, another Chikungunya vaccine, is a live-attenuated type, which uses a weakened form of the live virus. This is a common point of confusion.

Related Visual

NORCET 11 MEMORY BASED QUESTION

Q111

Community Health Nursing

A 30-year-old man comes to a PHC with a single pale, numb patch on his forearm. No nerves are thickened, and the slit-skin smear is negative. How is his leprosy classified for treatment?

☐ A Multibacillary leprosy

☒ B Paucibacillary leprosy

✓ ANSWER

☐ C Borderline lepromatous leprosy

☐ D Lepromatous leprosy

Similar question in NPrep GOLD QBank

A person with paucibacillary leprosy has?

☐ A 1 to 5 skin lesions with no nerve involvement

☐ B More than 5 lesions with multiple nerve involvement

☒ C 1 to 5 skin lesions with single nerve involvement

✓ ANSWER

☐ D More than 5 lesions with single nerve involvement

[Open this question in QBank](#)

Q111 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A person with paucibacillary leprosy has?

A

1 to 5 skin lesions with no nerve involvement

27% students marked it

B

More than 5 lesions with multiple nerve involvement

31% students marked it

C

1 to 5 skin lesions with single nerve involvement

39% students marked it



D

More than 5 lesions with single nerve involvement

4% students marked it



Correct! Wonderful, you got this one right.

Explanation

- Paucibacillary (PB) leprosy is a form of leprosy characterized by a low bacterial load.
- The World Health Organization (WHO) clinically defines PB leprosy as presenting with one to five

← Question

Explanation

- Paucibacillary (PB) leprosy is a form of leprosy characterized by a low bacterial load.
- The World Health Organization (WHO) clinically defines PB leprosy as presenting with one to five skin lesions.
- In addition to the skin lesion count, PB leprosy involves either no peripheral nerves or the involvement of only a single nerve trunk.
- This option accurately combines the criteria for both skin lesions and nerve involvement for PB leprosy.

Why Other Options Were Wrong

- **Option A:** This option is too restrictive. While some paucibacillary patients have no nerve involvement, the official definition allows for the involvement of one nerve trunk.
- **Option B:** This is the definition of Multibacillary (MB) leprosy, which is characterized by a higher bacterial load, more extensive skin lesions, and wider nerve involvement.
- **Option D:** According to WHO classification, the presence of more than 5 skin lesions automatically categorizes the disease as Multibacillary (MB), regardless of the number of nerves involved.

NORCET 11 MEMORY BASED QUESTION

Q112 Community Health Nursing

A 35-year-old factory worker loses his right leg in a machine accident at work. He now can't walk without crutches and has lost his job. In the WHO classification, what is the loss of his leg?

- ☒ A Impairment ✓ ANSWER
- ☐ B Disability
- ☐ C Disease
- ☐ D Handicap

Similar question in NPrep GOLD QBank

Match List - I with List - II and select the correct answer using the code given below the lists: List - I A. Disease B. Impairment C. Disability D. Handicap List - II 1. Unemployment 2. Accident 3. Loss of foot 4. Can not walk

- ☐ A A-1, B-2, C-3, D-4
- ☒ B A-2, B-3, C-4, D-1 ✓ ANSWER
- ☐ C A-3, B-4, C-1, D-2
- ☐ D A-4, B-1, C-2, D-3

Open this question in QBank

NORCET 11 MEMORY BASED QUESTION

Q113 Community Health Nursing

An area has 20,000 women aged 15–49 years, who had 600 live births in a year. In the same year, 5,000 married women aged 15–49 had 500 live births. Calculate the general fertility rate (GFR) and the general marital fertility rate (GMFR).

- A** GFR 30; GMFR 100 per 1000 ✓ **ANSWER**
- B** GFR 3; GMFR 10 per 1000
- C** GFR 30; GMFR 10 per 1000
- D** GFR 100; GMFR 30 per 1000

Similar question in NPrep GOLD QBank

When calculating fertility statistics, what is the primary distinction between the denominator used for the General Marital Fertility Rate (GMFR) and the denominator used for the General Fertility Rate (GFR)?

- A** The GMFR denominator includes only married women, while the GFR denominator includes all women in the reproductive age group. ✓ **ANSWER**
- B** The GMFR denominator is based on the total mid-year population, while the GFR denominator is based on the female population.
- C** The GMFR denominator accounts for both live births and stillbirths, unlike the GFR.
- D** The GMFR denominator uses a narrower age range than the GFR denominator.

[Open this question in QBank](#)

Q113 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

When calculating fertility statistics, what is the primary distinction between the denominator used for the General Marital Fertility Rate (GMFR) and the denominator used for the General Fertility Rate (GFR)?

A

The GMFR denominator includes only married women, while the GFR denominator includes all women in the reproductive age group.



69% students marked it

B

The GMFR denominator is based on the total mid-year population, while the GFR denominator is based on the female population.

24% students marked it

C

The GMFR denominator accounts for both live births and stillbirths, unlike the GFR.

6% students marked it

D

The GMFR denominator uses a narrower age range than the GFR denominator.

1% students marked it



Correct! Wonderful, you got this one right.

← Question



Correct! Wonderful, you got this one right.

Explanation

- The key difference between **GMFR** and GFR lies in the population considered 'at risk' of childbirth, which forms the denominator of the rate.
- **GMFR** specifically uses the number of *married women* in the reproductive age group (e.g., 15-49 years) as its denominator. This provides a more refined measure of fertility within marital unions.
- **GFR** uses *all women* in the reproductive age group as its denominator, regardless of their marital status.

Why Other Options Were Wrong

- **Option B: The GMFR denominator is based on the total mid-year population, while the GFR denominator is based on the female population:** This is incorrect. The Crude Birth Rate uses the total mid-year population. Both GFR and **GMFR** use specific female populations in their denominators, not the total population.
- **Option C: The GMFR denominator accounts for both live births and stillbirths, unlike**

NORCET 11 MEMORY BASED QUESTION

Q114

Community Health Nursing

What are the names of the official mascots of Census 2027 of India?

☐ A Gyan and Vigyan

☒ B Pragati and Vikas

✓ ANSWER

☐ C Shakti and Samarthya

☐ D Jan and Gan

This is a very rarely asked Question.

NORCET 11 MEMORY BASED QUESTION

Q115 Community Health Nursing

A disease has been present in a particular geographical area for a long time, with cases occurring continuously. What is this called?

☐ A Epidemic

☒ B Endemic

✓ ANSWER

☐ C Sporadic

☐ D Pandemic

Similar question in NPrep GOLD QBank

Constant presence of a disease within a geographical area is :

☒ A Endemic

✓ ANSWER

☐ B Epidemic

☐ C Pandemic

☐ D Sporadic

[Open this question in QBank](#)

Q115 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

Constant presence of a disease within a geographical area is :

- A** Endemic
56% students marked it ☒
- B** Epidemic
34% students marked it
- C** Pandemic
7% students marked it
- D** Sporadic
3% students marked it

☒ **Correct!** Wonderful, you got this one right.

Explanation

- Endemic refers to the constant, habitual presence of a disease or infectious agent within a specific geographic area or population.
- It represents the baseline or expected level of the disease, which is relatively stable over time without needing to be imported from elsewhere.

← Question

Explanation

- Endemic refers to the constant, habitual presence of a disease or infectious agent within a specific geographic area or population.
- It represents the baseline or expected level of the disease, which is relatively stable over time without needing to be imported from elsewhere.
- An example is malaria, which is endemic to certain tropical and subtropical regions, meaning it is consistently found there.

Why Other Options Were Wrong

- Option B:** An epidemic is a sudden increase in the number of cases of a disease, far exceeding what is normally expected in that population in that area. It is an outbreak, not a constant presence.
- Option C:** A pandemic is an epidemic that has spread over a very wide area, such as multiple countries or continents, affecting a large number of people. It describes geographic spread, not constant presence in one area.
- Option D:** Sporadic describes a disease that occurs infrequently and irregularly. The cases are scattered and show little connection in time or place, which is the opposite of a constant presence.

NORCET 11 MEMORY BASED QUESTION

Q116

Community Health Nursing

The ratio of the incidence of a disease among exposed people to its incidence among non-exposed people is called:

☒ A Relative risk

✓ ANSWER

☐ B Odds ratio

☐ C Attributable risk

☐ D Prevalence rate

Similar question in NPrep GOLD QBank

A public health nurse is analyzing a prospective cohort study that followed a group of individuals exposed to an industrial chemical and a non-exposed group over 10 years to assess the development of a specific respiratory disease. The study's primary goal is to determine the strength of the association between the chemical exposure and the disease. Which measure of association is most appropriate to calculate from this study's data?

☐ A Odds Ratio (OR)

☒ B Relative Risk (RR)

✓ ANSWER

☐ C Attributable Risk (AR)

☐ D Prevalence Rate

[Open this question in QBank](#)

Q116 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A public health nurse is analyzing a prospective cohort study that followed a group of individuals exposed to an industrial chemical and a non-exposed group over 10 years to assess the development of a specific respiratory disease. The study's primary goal is to determine the strength of the association between the chemical exposure and the disease. Which measure of association is most appropriate to calculate from this study's data?

A Odds Ratio (OR)
20% students marked it

B Relative Risk (RR)
60% students marked it

C Attributable Risk (AR)
6% students marked it

D Prevalence Rate
14% students marked it

✓ **Correct!** Wonderful, you got this one right.

← Question

Explanation

Listen in Hindi 

- A cohort study is a type of analytical study that follows a group of people (a cohort) over time to see who develops a particular disease or outcome.
- It starts with identifying individuals based on their exposure status (exposed vs. unexposed) and then follows them forward to record the incidence of the disease.
- Relative Risk (RR) is the ratio of the incidence of the disease in the exposed group to the incidence in the unexposed group.
- Because cohort studies directly measure incidence, Relative Risk is the most appropriate and primary measure to quantify the strength of the association between an exposure and a disease.

Why Other Options Were Wrong

- **Option A:** This is the primary measure of association used in case-control studies. It compares the odds of exposure in the group with the disease (cases) to the odds of exposure in the group without the disease (controls). It is used when direct calculation of incidence is not possible.
- **Option C:** Also known as Risk Difference, this measure calculates the absolute difference

NORCET 11 MEMORY BASED QUESTION

Q117 Community Health Nursing

Which index measures life expectancy free of disability?

- ☒ **A** Sullivan's index ✓ **ANSWER**
- ☐ **B** Physical Quality of Life Index
- ☐ **C** Human Development Index
- ☐ **D** Disability-adjusted life years

Similar question in NPrep **GOLD** QBank

Sullivan Index is:

- ☐ **A** Life expectancy free of disease
- ☐ **B** Disability adjusted life years
- ☒ **C** Life expectancy free of disability ✓ **ANSWER**
- ☐ **D** Number of years lost due to disability

[Open this question in QBank](#)

Q117 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

Sullivan Index is:

- A** Life expectancy free of disease
25% students marked it
- B** Disability adjusted life years
22% students marked it
- C** Life expectancy free of disability
48% students marked it ☒
- D** Number of years lost due to disability
6% students marked it

☒ **Correct!** Wonderful, you got this one right.

Explanation

- The Sullivan Index is specifically defined as 'Life expectancy free of disability'.
- It is also known by other names, including Disability-Free Life Expectancy (DFLE) and Active Life Expectancy.
- This index measures the average number of years an individual is expected to live without any significant disability, focusing on functional

← Question

Explanation

- The Sullivan Index is specifically defined as 'Life expectancy free of disability'.
- It is also known by other names, including Disability-Free Life Expectancy (DFLE) and Active Life Expectancy.
- This index measures the average number of years an individual is expected to live without any significant disability, focusing on functional health and quality of life.
- It is calculated by taking the total life expectancy and subtracting the average number of years a person is expected to live with a disability.

Why Other Options Were Wrong

- Option A:** This is incorrect because the Sullivan Index focuses on functional ability (disability) rather than the mere absence of a diagnosed disease. A person can have a chronic disease but not be disabled in their daily activities.
- Option B:** This is the definition of Disability-Adjusted Life Years (DALY). DALYs measure the burden of disease by quantifying the number of healthy years lost, which is conceptually opposite to the Sullivan Index that measures years lived without disability.
- Option D:** This describes 'Years Lived with

NORCET 11 MEMORY BASED QUESTION

Q118

Community Health Nursing

What is the target of SDG 3.4, under which cervical cancer control falls, to be achieved by 2030?

- ☐ A Reduce maternal mortality by 30%
- ☐ B Reduce all-cause mortality by 50%
- ☒ C Reduce premature mortality from non-communicable diseases by one-third ✓ ANSWER
- ☐ D Eliminate cervical cancer completely

This is a very rarely asked Question.

NORCET 11 MEMORY BASED QUESTION

Q119

Community Health Nursing

Under NACO's district categorisation, a district that achieves two of the three 95-95-95 HIV targets is classified as:

☐ A Surakshit Plus☐ B Surakshit☒ C Saksham

✓ ANSWER

☐ D Sangharsheel

This is a very rarely asked Question.

NORCET 11 MEMORY BASED QUESTION

Q120

Community Health Nursing

Under Mission Saksham Anganwadi and Poshan 2.0, the Scheme for Adolescent Girls covers girls of which age group?

☐ A 10–14 years

☒ B 14–18 years

✓ ANSWER

☐ C 10–19 years

☐ D 15–19 years

Similar question in NPrep GOLD QBank

A 16-year-old girl visits an Anganwadi Centre to receive services under the Scheme for Adolescent Girls (SAG) of Mission Saksham Anganwadi and Poshan 2.0. Which age group does this scheme cover?

☐ A 10–14 years

☐ B 10–19 years

☒ C 14–18 years

✓ ANSWER

☐ D 15–19 years

[Open this question in QBank](#)

Q120 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A 16-year-old girl visits an Anganwadi Centre to receive services under the Scheme for Adolescent Girls (SAG) of Mission Saksham Anganwadi and Poshan 2.0. Which age group does this scheme cover?

A 10–14 years
10% students marked it

B 10–19 years
11% students marked it

C 14–18 years
61% students marked it

D 15–19 years
18% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

- The Scheme for Adolescent Girls (SAG) is a key component of Mission Saksham Anganwadi and Poshan 2.0.

← Question

Explanation

- The Scheme for Adolescent Girls (SAG) is a key component of Mission Saksham Anganwadi and Poshan 2.0.
- Under the revised guidelines of Poshan 2.0, the scheme specifically targets out-of-school adolescent girls in the age group of 14 to 18 years.
- The primary goal is to empower this group through improved nutrition, health education, and life skills training.
- This targeted approach aims to break the intergenerational cycle of malnutrition and empower girls to become self-reliant.

Why Other Options Were Wrong

- Option A:** This option represents the early adolescent period. The SAG scheme under Poshan 2.0 specifically focuses on the older adolescent group of 14–18 years.
- Close distractor alert – **Option B:** This is the general definition of 'adolescence' by the World Health Organization (WHO). While some adolescent health programs, like the Menstrual Hygiene Scheme, cover this entire range, the SAG scheme has a more specific target group.
- Option D:** This age range is often used in demographic surveys and for tracking

NORCET 11 MEMORY BASED QUESTION

Q121 Medical-Surgical Nursing

A client with a T4 spinal cord injury suddenly develops a pounding headache, BP 210/110 mmHg, HR 48/min, and flushing, nasal congestion and sweating above the level of injury. What is the most likely condition?

- ☒ **A** Autonomic dysreflexia ✓ **ANSWER**
- ☐ **B** Spinal shock
- ☐ **C** Neurogenic shock
- ☐ **D** Neurogenic shock

Similar question in NPrep **GOLD** QBank

A patient with spinal cord injury above T6 suddenly develops severe hypertension, headache, sweating, and bradycardia. This condition is:

- ☐ **A** Neurogenic shock
- ☒ **B** Autonomic dysreflexia ✓ **ANSWER**
- ☐ **C** Spinal shock
- ☐ **D** Hypovolemic shock

[Open this question in QBank](#)

Similar question in NPrep **GOLD** Video

Spinal Cord Injuries & Disc Herniation

Medical-Surgical Nursing

Timestamp: **54:43**

[Watch this video](#)

Q121 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A patient with spinal cord injury above T6 suddenly develops severe hypertension, headache, sweating, and bradycardia. This condition is:

- A** Neurogenic shock
27% students marked it
- B** Autonomic dysreflexia
44% students marked it ☒
- C** Spinal shock
17% students marked it
- D** Hypovolemic shock
13% students marked it

☒ **Correct!** Wonderful, you got this one right.

Explanation

- Autonomic dysreflexia is a medical emergency characterized by an exaggerated sympathetic response to a stimulus below the level of a spinal cord injury (SCI).
- It typically occurs in patients with injuries at or

← Question

Explanation

- Autonomic dysreflexia is a medical emergency characterized by an exaggerated sympathetic response to a stimulus below the level of a spinal cord injury (SCI).
- It typically occurs in patients with injuries at or above the T6 level.
- The classic signs include a sudden onset of severe hypertension, a pounding headache, profuse sweating above the level of the lesion, and a compensatory bradycardia (slow heart rate).
- This unique combination of severe hypertension and bradycardia is the hallmark of the condition, differentiating it from other forms of shock.

Why Other Options Were Wrong

- Option A:** Neurogenic shock is incorrect because it is characterized by hypotension (low blood pressure) and bradycardia due to a loss of sympathetic tone, which causes vasodilation. The patient in the scenario has severe hypertension.
- Option C:** Spinal shock is a temporary condition that occurs immediately after an SCI, involving a total loss of all reflex activity, sensation, and muscle tone (flaccid paralysis) below the level of the injury. It is a state of areflexia, not a hypertensive crisis.

NORCET 11 MEMORY BASED QUESTION

Q122

Medical-Surgical Nursing

A client receiving chemotherapy has an absolute neutrophil count (ANC) of $300/\text{mm}^3$. Which statement by the client shows a need for further teaching?

- ☐ A "I will wash my hands often."
- ☐ B "I will stay away from people who are sick."
- ☐ C "I will report a temperature of 38°C immediately."
- ☒ D "I will eat raw sprouts because they are healthy."

✓ ANSWER

Similar question in NPrep GOLD QBank

A patient with aplastic anemia has an absolute neutrophil count (ANC) of 300 cells/ μL . Which nursing intervention is most important to prevent infection?

- ☐ A Encourage frequent ambulation in the hospital hallway.
- ☒ B Implement strict protective (neutropenic) precautions.
- ☐ C Avoid fresh fruits and vegetables in the patient's diet.
- ☐ D Administer all prescribed medications through the intravenous route.

✓ ANSWER

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Cancer Management & Advanced Therapies

Medical-Surgical Nursing

Timestamp: 29:36

[Watch this video](#)

Q122 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A patient with aplastic anemia has an absolute neutrophil count (ANC) of 300 cells/ μ L. Which nursing intervention is most important to prevent infection?

A Encourage frequent ambulation in the hospital hallway.
2% students marked it

B Implement strict protective (neutropenic) precautions. ☒
80% students marked it

C Avoid fresh fruits and vegetables in the patient's diet.
17% students marked it

D Administer all prescribed medications through the intravenous route.
1% students marked it

☒ **Correct!** Wonderful, you got this one right.

Explanation

← Question

Explanation

- The patient's Absolute Neutrophil Count (ANC) is 300 cells/ μ L, which is classified as severe neutropenia (less than 500 cells/ μ L).
- This condition severely compromises the body's ability to fight off pathogens, making infection prevention the highest priority.
- Implementing strict protective (neutropenic) precautions is a comprehensive, multi-faceted strategy that provides the broadest protection by minimizing the patient's exposure to microorganisms from all sources.
- This approach is considered the standard of care for managing patients with severe neutropenia.

Why Other Options Were Wrong

- **Option A:** Encouraging ambulation in a public hospital hallway exposes the severely immunocompromised patient to a high concentration of airborne and contact pathogens from other patients, visitors, and staff, directly increasing the risk of infection.
- Close distractor alert – **Option C:** Avoiding fresh fruits and vegetables (a neutropenic diet) is only one single component of protective precautions. While it helps reduce exposure to microbes on produce, it is not the most important or comprehensive

NORCET 11 MEMORY BASED QUESTION

Q123

Medical-Surgical Nursing

Thirty minutes into a blood transfusion, an elderly client with heart failure develops dyspnoea, BP 150/90 mmHg, HR 130/min and distended neck veins. Which transfusion reaction is this?

- ☒ **A** Transfusion-associated circulatory overload (TACO) ✓ ANSWER
- ☐ **B** Transfusion-related acute lung injury (TRALI)
- ☐ **C** Febrile non-haemolytic transfusion reaction
- ☐ **D** Anaphylactic reaction

Similar question in NPrep GOLD QBank

A 68-year-old patient with a history of chronic anemia and heart failure is receiving a unit of packed red blood cells. One hour into the transfusion, the patient develops dyspnea, a cough with pink frothy sputum, and bilateral crackles on lung auscultation. Which transfusion complication should the nurse suspect?

- ☐ **A** Febrile nonhemolytic reaction
- ☒ **B** Transfusion-associated circulatory overload (TACO) ✓ ANSWER
- ☐ **C** Delayed hemolytic transfusion reaction
- ☐ **D** Transfusion-related acute lung injury (TRALI)

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Blood Transfusion

Medical-Surgical Nursing

Timestamp: 59:39

[Watch this video](#)

Q123 Straight from the NPrep **GOLD** app

The answer, highlighted in our explanation.

← Question

A 68-year-old patient with a history of chronic anemia and heart failure is receiving a unit of packed red blood cells. One hour into the transfusion, the patient develops dyspnea, a cough with pink frothy sputum, and bilateral crackles on lung auscultation. Which transfusion complication should the nurse suspect?

- A** Febrile nonhemolytic reaction
4% students marked it
- B** Transfusion-associated circulatory overload (TACO) ☒
62% students marked it
- C** Delayed hemolytic transfusion reaction
7% students marked it
- D** Transfusion-related acute lung injury (TRALI)
27% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

← Question

Explanation

- The patient has a significant history of heart failure, which impairs the heart's ability to manage fluid volume, making them highly susceptible to circulatory overload.
- A blood transfusion introduces additional volume into the vascular system. In a patient with heart failure, this can overwhelm the heart's pumping capacity, causing fluid to back up into the lungs.
- The patient's symptoms—dyspnea (shortness of breath), a cough with pink frothy sputum, and bilateral crackles—are the classic clinical manifestations of acute pulmonary edema, the hallmark of TACO.
- The onset of symptoms one hour into the transfusion is consistent with an acute reaction like TACO.

Why Other Options Were Wrong

- **Option A:** A febrile nonhemolytic reaction is primarily characterized by fever and chills due to an antibody reaction to donor leukocytes. It does not typically present with signs of severe pulmonary edema like pink frothy sputum and crackles.
- **Option C:** A delayed hemolytic reaction occurs days to weeks (typically within 14 days) after a transfusion. The patient's symptoms are acute, occurring within one hour.

← Question

the TACO.

Why Other Options Were Wrong

- **Option A:** A febrile nonhemolytic reaction is primarily characterized by fever and chills due to an antibody reaction to donor leukocytes. It does not typically present with signs of severe pulmonary edema like pink frothy sputum and crackles.
- **Option C:** A delayed hemolytic reaction occurs days to weeks (typically within 14 days) after a transfusion. The patient's symptoms are acute, occurring within one hour.
- Close distractor alert – **Option D:** While TRALI also presents with acute pulmonary edema, it is an inflammatory lung injury caused by antibodies in the donor plasma, leading to increased capillary permeability. TACO is a hydrostatic (pressure-related) problem due to volume overload. Given the patient's pre-existing heart failure, TACO is the more direct and likely complication.

Related Visual



NORCET 11 MEMORY BASED QUESTION

Q124

Medical-Surgical Nursing

A 60 kg client has burns over 60% of the total body surface area (TBSA). Which is the correct Parkland formula for fluid resuscitation in the first 24 hours?

☐ A 5% dextrose/kg × TBSA

☐ B 0.9% NS

☒ C RL/kg × TBSA

✓ ANSWER

☐ D 10% Dextrose

Similar question in NPrep GOLD QBank

A 70 kg patient sustains a 40% TBSA burn. Using the Parkland formula, calculate the total fluid requirement for the first 24 hours, and identify how this volume should be administered.

☐ A 5600 mL total, given as a single rapid bolus over 1 hour

☒ B 11200 mL total, half given in the first 8 hours

✓ ANSWER

☐ C 11200 mL total, given evenly over 24 hours at a constant rate

☐ D 2800 mL total, given in the first 8 hours

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Burns & scalds

Medical-Surgical Nursing

Timestamp: 55:43

[Watch this video](#)

Q124 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A 70 kg patient sustains a 40% TBSA burn. Using the Parkland formula, calculate the total fluid requirement for the first 24 hours, and identify how this volume should be administered.

A 5600 mL total, given as a single rapid bolus over 1 hour
5% students marked it

B 11200 mL total, half given in the first 8 hours
61% students marked it ☒

C 11200 mL total, given evenly over 24 hours at a constant rate
30% students marked it

D 2800 mL total, given in the first 8 hours
4% students marked it

☒ **Correct!** Wonderful, you got this one right.

Explanation

- Parkland formula: $4 \text{ mL} \times \text{weight (kg)} \times \text{percent TBSA burned} = \text{total fluid for 24 hours}$.

← Question

Explanation

- Parkland formula: $4 \text{ mL} \times \text{weight (kg)} \times \text{percent TBSA burned} = \text{total fluid for 24 hours}$.
- For 70 kg and 40 percent TBSA: $4 \times 70 \times 40 = 11200 \text{ mL}$.
- Half (5600 mL) is given in the first 8 hours from time of injury.
- Remaining half (5600 mL) is given over the next 16 hours.
- Correct administration prevents complications from under- or over-resuscitation.

Why Other Options Were Wrong

- Option A:** 5600 mL is only half the required volume for a 70 kg, 40 percent TBSA burn. Giving it as a rapid bolus over 1 hour is unsafe and not recommended.
- Option C:** Although the total volume is correct, giving it evenly over 24 hours does not match the Parkland protocol. The first half must be given in the first 8 hours.
- Option D:** 2800 mL is far less than the required amount for this patient and would result in under-resuscitation.

Related Visual



NORCET 11 MEMORY BASED QUESTION

Q125

Medical-Surgical Nursing

Where should the nurse place the stethoscope to hear the mitral valve best?

- ☐ A 2nd intercostal space, right sternal border
- ☐ B 2nd intercostal space, left sternal border
- ☐ C 4th intercostal space, left lower sternal border
- ☒ D 5th intercostal space, left midclavicular line

✓ ANSWER

Similar question in NPrep GOLD QBank

A nurse is assessing a patient's heart sounds. To best hear the mitral valve, where should the nurse place the stethoscope?

- ☐ A 2nd intercostal space, right sternal border
- ☐ B 2nd intercostal space, left sternal border
- ☐ C 4th intercostal space, left lower sternal border
- ☒ D 5th intercostal space, left midclavicular line

✓ ANSWER

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Medical & Surgical Nursing

Medical-Surgical Nursing

Timestamp: 12:22

[Watch this video](#)

Q125 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A nurse is assessing a patient's heart sounds. To best hear the mitral valve, where should the nurse place the stethoscope?

- A** 2nd intercostal space, right sternal border
69% students marked it
- B** 2nd intercostal space, left sternal border
11% students marked it
- C** 4th intercostal space, left lower sternal border
14% students marked it
- D** 5th intercostal space, left midclavicular line
6% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

Listen in Hindi 

- The mitral valve sound (S1 or 'lub') is best heard at the apex of the heart.
- This anatomical landmark is located in the 5th

← Question

Explanation



- The mitral valve sound (S1 or 'lub') is best heard at the apex of the heart.
- This anatomical landmark is located in the 5th intercostal space at the left midclavicular line.
- This location is also known as the point of maximal impulse (PMI), where the contraction of the left ventricle is most prominent.
- Listening at this site allows for the clearest assessment of mitral valve function and detection of abnormalities like mitral regurgitation or stenosis.

Why Other Options Were Wrong

- Option A:** This location, the 2nd intercostal space at the right sternal border, is the primary auscultation site for the aortic valve, not the mitral valve.
- Option B:** This location, the 2nd intercostal space at the left sternal border, is the auscultation site for the pulmonic valve.
- Option C:** This location, the 4th intercostal space at the left lower sternal border, is the auscultation site for the tricuspid valve.

Related Visual



NORCET 11 MEMORY BASED QUESTION

Q126

Medical-Surgical Nursing

A client in septic shock has received 30 mL/kg of crystalloid and is on noradrenaline 0.3 mcg/kg/min, & develops crackles due to repeated fluid bolus but his MAP is still 58 mmHg. What should the nurse anticipate next?

- ☒ A Add vasopressin to the noradrenaline ✓ ANSWER
- ☐ B Keep increasing the noradrenaline dose
- ☐ C administer fluid rapid bolus
- ☐ D Stop the vasopressor and give 2 L more fluid

Similar question in NPrep GOLD QBank

A patient with septic shock is receiving norepinephrine infusion. Despite adequate fluid resuscitation, the mean arterial pressure (MAP) remains below 65 mmHg. What is the NEXT best step in management?

- ☒ A Add vasopressin infusion as prescribed ✓ ANSWER
- ☐ B Increase fluid bolus aggressively as prescribed
- ☐ C Start dopamine infusion instead
- ☐ D Discontinue norepinephrine and switch to epinephrine as prescribed

Open this question in QBank

Similar question in NPrep GOLD Video

Medical & Surgical Nursing

Medical-Surgical Nursing

Timestamp: 2:46:00

Watch this video

Q126 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A patient with septic shock is receiving norepinephrine infusion. Despite adequate fluid resuscitation, the mean arterial pressure (MAP) remains below 65 mmHg. What is the NEXT best step in management?

- A** Add vasopressin infusion as prescribed
40% students marked it ☒
- B** Increase fluid bolus aggressively as prescribed
19% students marked it
- C** Start dopamine infusion instead
14% students marked it
- D** Discontinue norepinephrine and switch to epinephrine as prescribed
27% students marked it

☒ **Correct!** Wonderful, you got this one right.

Explanation

← Question

Explanation

- The patient is in refractory septic shock, as the MAP is below 65 mmHg despite adequate fluids and first-line vasopressor (norepinephrine) therapy.
- According to the Surviving Sepsis Campaign guidelines, the next step is to add a second vasopressor to achieve the target MAP.
- Vasopressin is a recommended second-line agent. It is a non-catecholamine that acts on V1 receptors, causing vasoconstriction through a different mechanism than norepinephrine.
- This dual-receptor approach can be more effective in raising blood pressure and may allow for a reduction in the norepinephrine dose (a catecholamine-sparing effect).

Why Other Options Were Wrong

- **Option B:** The patient has already undergone 'adequate fluid resuscitation'. Administering more fluids aggressively would likely lead to fluid overload, causing complications like pulmonary edema and acute respiratory distress syndrome (ARDS) without significantly improving the MAP in this state of vasoplegia.
- **Option C:** Dopamine is not a preferred vasopressor in septic shock due to its higher incidence of tachyarrhythmias

NORCET 11 MEMORY BASED QUESTION

Q127

Medical-Surgical Nursing

During an eye examination, the nurse notes a dull red reflex with an opacity in the scala media .Which examination should be done next to confirm and localise the opacity?

☒ A Slit-lamp examination

✓ ANSWER

☐ B Tonometry

☐ C Perimetry

☐ D Snellen chart

Similar question in NPrep GOLD QBank

A patient with suspected uveitis is scheduled for a slit-lamp examination. The nurse explains that this test is particularly useful for which purpose?

☐ A Measuring the curvature of the cornea

☒ B Examining the anterior chamber for signs of inflammation

✓ ANSWER

☐ C Assessing the electrical activity of the retina

☐ D Visualizing the entire retina in an unmagnified state

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Cataract & Retinal Detachment

Medical-Surgical Nursing

Timestamp: 13:23

[Watch this video](#)

Q127 Straight from the NPrep **GOLD** app

The answer, highlighted in our explanation.

← Question

A patient with suspected uveitis is scheduled for a slit-lamp examination. The nurse explains that this test is particularly useful for which purpose?

A Measuring the curvature of the cornea
6% students marked it

B Examining the anterior chamber for signs of inflammation ☒
71% students marked it

C Assessing the electrical activity of the retina
12% students marked it

D Visualizing the entire retina in an unmagnified state
11% students marked it

☒ **Correct!** Wonderful, you got this one right.

Explanation

- A slit-lamp is a high-magnification binocular microscope used for detailed examination of the

← Question

Explanation

- A slit-lamp is a high-magnification binocular microscope used for detailed examination of the eye's anterior structures.
- In uveitis, inflammation causes white blood cells (cells) and protein (flare) to leak into the anterior chamber.
- The slit-lamp's focused beam of light and high magnification make these microscopic signs of inflammation visible.
- This makes it the primary diagnostic tool for confirming and grading anterior uveitis.

Why Other Options Were Wrong

- **Option A:** Measuring corneal curvature is not the primary purpose of a slit-lamp examination.
- **Option C:** A slit-lamp examines the physical structures of the eye; it cannot measure electrical activity.
- **Option D:** The slit-lamp provides a highly magnified, narrow view, not a wide, unmagnified view of the entire retina.

Related Visual

Slit-Lamp Examination in Patient with Suspected Uveitis
Examining Anterior chamber for inflammation

NORCET 11 MEMORY BASED QUESTION

Q128

Medical-Surgical Nursing

A client lies supine with the knee flexed 20–30°. The examiner holds the thigh steady and pushes the lower leg outward (valgus force). Which test is this?


☒ A Valgus stress test

✓ ANSWER

☐ B Lachman test

☐ C Anterior drawer test

☐ D McMurray test

Similar question in NPrep GOLD QBank

A patient is being assessed for a knee ligament injury. The examiner flexes the knee slightly, stabilizes the thigh, and applies an outward force to the lower leg. Which test is being performed?

☒ A Valgus stress test

✓ ANSWER

☐ B Varus stress test

☐ C Anterior drawer test

☐ D Posterior drawer test

[Open this question in QBank](#)

Q128 Straight from the NPrep **GOLD** app

The answer, highlighted in our explanation.

← Question

A patient is being assessed for a knee ligament injury. The examiner flexes the knee slightly, stabilizes the thigh, and applies an outward force to the lower leg. Which test is being performed?

- A** Valgus stress test
11% students marked it
- B** Varus stress test
73% students marked it
- C** Anterior drawer test
13% students marked it
- D** Posterior drawer test
3% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

- The Valgus stress test is specifically designed to assess the Medial Collateral Ligament (MCL).
- The procedure involves applying an outward-directed force (a valgus stress) to the lower leg

← Question

Explanation

- The Valgus stress test is specifically designed to assess the Medial Collateral Ligament (MCL).
- The procedure involves applying an outward-directed force (a valgus stress) to the lower leg while the knee is slightly flexed.
- This action puts tension on the MCL, and any resulting pain or excessive joint space opening (laxity) on the medial side indicates an injury.
- The question's description of stabilizing the thigh and applying an 'outward force to the lower leg' perfectly matches the procedure for the Valgus stress test.

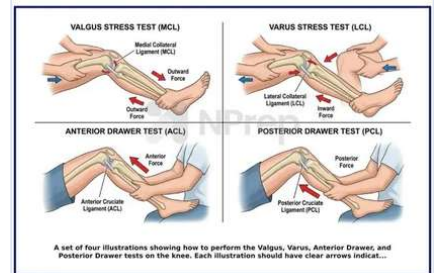
Why Other Options Were Wrong

- Option B:** The Varus stress test involves applying an inward (adduction) force to the lower leg, not an outward force.
- Option C:** The Anterior drawer test involves pulling the tibia forward relative to the femur, not applying a sideways force.
- Option D:** The Posterior drawer test involves pushing the tibia backward relative to the femur, not applying a sideways force.

Related Visual



100%



Pinch to zoom

NORCET 11 MEMORY BASED QUESTION

Q129

Mental Health Nursing

A nurse is working in a deaddiction centre, which nursing action has the highest priority?

☐ A Develop a long-term de-addiction plan

☒ B Assess for signs and symptoms of withdrawal

✓ ANSWER

☐ C Teach the client about substance abuse

☐ D Discuss relapse-prevention strategies

Similar question in NPrep GOLD QBank

What is the primary goal of the detoxification phase for a client with a substance use disorder?

☐ A To provide long-term group therapy and relapse prevention skills.

☐ B To explore the underlying psychological reasons for the substance use.

☒ C To safely manage withdrawal symptoms and stabilize the client's physiological state.

✓ ANSWER

☐ D To administer antagonist medications like naltrexone immediately.

[Open this question in QBank](#)

Similar question in NPrep GOLD Video

Substance Use: Etiology and Management

Mental Health Nursing

Timestamp: 50:44

[Watch this video](#)

Q129 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

What is the primary goal of the detoxification phase for a client with a substance use disorder?

A To provide long-term group therapy and relapse prevention skills.
4% students marked it

B To explore the underlying psychological reasons for the substance use.
2% students marked it

C To safely manage withdrawal symptoms and stabilize the client's physiological state. ☒
92% students marked it

D To administer antagonist medications like naltrexone immediately.
2% students marked it

☒ **Correct!** Wonderful, you got this one right.

Explanation

Listen in Hindi 

- The primary and most immediate goal of

← Question

Explanation

- The primary and most immediate goal of detoxification is to manage the physical aspects of stopping substance use. This involves ensuring the patient's safety as their body goes through withdrawal, which can be medically dangerous. The focus is on stabilizing vital signs and managing symptoms like seizures, tremors, and cardiovascular instability before any other form of therapy can begin.

Why Other Options Were Wrong

- Exploring psychological reasons for substance use is a crucial part of long-term recovery, but it is addressed in the rehabilitation phase, after the patient is medically stable.
- Providing long-term group therapy and relapse prevention skills are also essential components of the rehabilitation and maintenance phases of treatment, not the initial detoxification phase.
- Administering antagonist medications like naltrexone is part of the treatment plan, but it is typically initiated after the acute withdrawal phase is managed. The immediate priority is stabilization, not necessarily the administration of a specific long-term medication.

NORCET 11 MEMORY BASED QUESTION

Q130

Mental Health Nursing

The main purpose to involve family in group therapy is to educate them about substance abuse and to?

- ☐ A to prevent relapse
- ☒ B To provide assistance to those client who is on abstinence ✓ **ANSWER**
- ☐ C To change the client's problem behaviour
- ☐ D To teach them healthy effects of substances

This is a very rarely asked Question.

NORCET 11 MEMORY BASED QUESTION

Q131 Mental Health Nursing

A 16-year-old girl suddenly cannot move either leg after her parents' divorce. No physical cause is found, and she seems unconcerned about it. Which understanding should guide the nurse's care?

- ☐ A She is producing the paralysis deliberately to gain attention
- ☒ B The confessional approach is beneficial for her ✓ ANSWER
- ☐ C The paralysis itself is causing her severe anxiety
- ☐ D paralysis has symbolic meaning for her

Similar question in NPrep GOLD QBank

A client is diagnosed with conversion disorder. The nurse understands that the primary etiological factor is the manifestation of physical symptoms as a way to:

- ☐ A Gain tangible benefits, such as avoiding work or responsibilities.
- ☒ B Resolve an unconscious psychological conflict and reduce anxiety. ✓ ANSWER
- ☐ C Consciously fake a neurological condition for attention.
- ☐ D Respond to a confirmed underlying neurological disease.

[Open this question in QBank](#)

Q131 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A client is diagnosed with conversion disorder. The nurse understands that the primary etiological factor is the manifestation of physical symptoms as a way to:

A Gain tangible benefits, such as avoiding work or responsibilities.
10% students marked it

B Resolve an unconscious psychological conflict and reduce anxiety. ☒
71% students marked it

C Consciously fake a neurological condition for attention.
14% students marked it

D Respond to a confirmed underlying neurological disease.
5% students marked it

The core reason for conversion disorder is an unconscious psychological process.

- **Primary Gain:** The main benefit. Physical symptoms keep a stressful internal conflict out of the person's awareness. This reduces their anxiety.

← Question

71% students marked it

C Consciously fake a neurological condition for attention.
14% students marked it

D Respond to a confirmed underlying neurological disease.
5% students marked it

The core reason for conversion disorder is an unconscious psychological process.

- **Primary Gain:** The main benefit. Physical symptoms keep a stressful internal conflict out of the person's awareness. This reduces their anxiety.
- **Secondary Gain:** An extra benefit. The symptoms might help the person avoid duties or get support from others. This is a consequence, not the primary cause.
- **Unconscious Process:** The person is not faking it. They truly believe they have a physical problem and cannot control the symptoms.

 Have a Query?

NORCET 11 MEMORY BASED QUESTION

Q132

Mental Health Nursing

An 80-year-old client becomes confused overnight and says he can see insects crawling on the wall. His symptoms develop suddenly within 24 hours. What is the most likely condition?

☒ A Delirium

✓ ANSWER

☐ B Dementia

☐ C Schizophrenia

☐ D Depression

Similar question in NPrep GOLD QBank

An 80-year-old male is brought to the emergency department by his family due to a sudden onset of confusion over the past 24 hours. The family reports that he is disoriented, has difficulty paying attention, and his symptoms seem to improve for a few hours and then worsen again. Which of the following conditions most accurately describes this clinical presentation?

☐ A Dementia

☒ B Delirium

✓ ANSWER

☐ C Depression

☐ D Schizophrenia

[Open this question in QBank](#)

Q132 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

An 80-year-old male is brought to the emergency department by his family due to a sudden onset of confusion over the past 24 hours. The family reports that he is disoriented, has difficulty paying attention, and his symptoms seem to improve for a few hours and then worsen again. Which of the following conditions most accurately describes this clinical presentation?

A Dementia
9% students marked it

B Delirium
91% students marked it

C Depression
0% students marked it

D Schizophrenia
0% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

Listen in Hindi 

← Question

Explanation



- The correct diagnosis is delirium. The patient's presentation includes the hallmark features of delirium: an acute (sudden) onset of symptoms, a fluctuating course where symptoms wax and wane, and core disturbances in attention and awareness (confusion, disorientation).

Why Other Options Were Wrong

- **Dementia:** This is incorrect because dementia is a chronic condition with a gradual, insidious onset and a progressive decline in cognitive function, not a sudden change over 24 hours.
- **Schizophrenia:** This is incorrect as it is a chronic psychiatric disorder characterized primarily by psychosis (hallucinations, delusions) and thought disorders, with an onset typically in early adulthood, not an acute confusional state in an older adult.
- **Depression:** While severe depression in the elderly can present with cognitive symptoms (pseudodementia), it is primarily a mood disorder. The acute onset and fluctuating level of consciousness are not typical features of depression.

Related Visual

NORCET 11 MEMORY BASED QUESTION

Q133

Mental Health Nursing

A depressed client says, "My family would be better off without me." What is the nurse's best response?

- ☐ A "Don't say that; your family loves you."
- ☒ B "Are you thinking of killing yourself?"
- ☐ C "Everyone feels that way sometimes."
- ☐ D "Let's talk about something more cheerful."

✓ ANSWER

Similar question in NPrep GOLD QBank

A nurse is caring for a patient with major depression who states, "I feel like a burden to everyone, and it would be better if I weren't here." Which nursing action best demonstrates the therapeutic relationship between recognizing this cue and performing an effective suicide risk assessment?

- ☒ A Directly asking the patient, "Are you thinking about harming yourself? Do you have a plan?"
- ☐ B Increasing observation of the patient's behavior for non-verbal signs of suicide.
- ☐ C Reassuring the patient that these feelings of worthlessness will pass with time and treatment.
- ☐ D Changing the subject to a more positive topic to improve the patient's immediate mood.

✓ ANSWER

[Open this question in QBank](#)

Q133 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A nurse is caring for a patient with major depression who states, "I feel like a burden to everyone, and it would be better if I weren't here." Which nursing action best demonstrates the therapeutic relationship between recognizing this cue and performing an effective suicide risk assessment?

A Directly asking the patient, "Are you thinking about harming yourself? Do you have a plan?" ☒
 62% students marked it

B Increasing observation of the patient's behavior for non-verbal signs of suicide.
 26% students marked it

C Reassuring the patient that these feelings of worthlessness will pass with time and treatment.
 10% students marked it

D Changing the subject to a more positive topic to improve the patient's immediate mood.
 2% students marked it

☒ **Correct!** Wonderful, you got this one

← Question

Explanation

Listen in Hindi 

- The most crucial and therapeutic action when a patient expresses feelings suggestive of suicidal ideation is to assess the risk directly and non-judgmentally. Asking specifically about thoughts of self-harm and the existence of a plan is the standard of care. This approach validates the patient's distress and provides the necessary information to ensure their safety. It establishes a clear relationship between the patient's verbal cue and the nurse's responsibility to assess for immediate danger.

Why Other Options Were Wrong

- **Increasing observation:** While increased observation is a valid safety intervention, it is a secondary step. The primary action is to assess the level of risk through direct communication. Relying only on non-verbal cues is insufficient as patients can conceal their intentions.
- **Reassuring the patient:** Offering premature reassurance can feel dismissive to the patient and closes down communication. It fails to address the immediate safety risk and misses the opportunity to assess the severity of the suicidal thoughts.
- **Changing the subject:** This is a non-therapeutic and dangerous response. It

NORCET 11 MEMORY BASED QUESTION

Q134 **Mental Health Nursing**

How should the nurse position a client immediately after electroconvulsive therapy (ECT), while the client recovers from anaesthesia?

- ☒ **A** Side-lying (lateral) position ✓ ANSWER
- ☐ **B** Supine and flat
- ☐ **C** Prone
- ☐ **D** High Fowler's position

Similar question in NPrep GOLD QBank

What is the most appropriate initial nursing intervention regarding patient positioning immediately after they receive electroconvulsive therapy (ECT)?

- ☐ **A** Place the patient in a supine position to monitor breathing.
- ☐ **B** Elevate the head of the bed to a high-Fowler's position.
- ☒ **C** Position the patient in a side-lying position. ✓ ANSWER
- ☐ **D** Place the patient in the prone position to facilitate drainage of secretions.

[Open this question in QBank](#)

Q134 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

What is the most appropriate initial nursing intervention regarding patient positioning immediately after they receive electroconvulsive therapy (ECT)?

- A** Place the patient in a supine position to monitor breathing.
8% students marked it
- B** Elevate the head of the bed to a high-Fowler's position.
11% students marked it
- C** Position the patient in a side-lying position. ☒
73% students marked it
- D** Place the patient in the prone position to facilitate drainage of secretions.
8% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

Listen in Hindi 

- Immediately after ECT, the patient is unconscious

← Question

Explanation

- Immediately after ECT, the patient is unconscious and their gag reflex may be impaired due to the anesthetic and muscle relaxant used during the procedure.
- Placing the patient in a side-lying (lateral) position is the priority. This position helps maintain a patent airway, prevents the tongue from falling back and obstructing the airway, and allows oral secretions to drain out, thereby preventing aspiration.

Why Other Options Were Wrong

- Supine position:** This is incorrect and dangerous. In the supine position, the tongue can fall back and obstruct the airway, and there is a high risk of aspirating saliva or any regurgitated stomach contents.
- High-Fowler's position:** While this position is useful for promoting lung expansion in conscious patients, it is not the initial priority after ECT. The primary concern is airway protection while the patient is still recovering from anesthesia.
- Prone position:** This position is not used. It can make monitoring the patient's airway and breathing difficult and is generally uncomfortable and unnecessary.

NORCET 11 MEMORY BASED QUESTION

Q135 Child Health Nursing

A 6-month-old infant is found to have bilateral sensorineural hearing loss. Which condition has been developed immediately after delivery.

- ☐ A Pulmonary hypoplasia
- ☐ B Necrotising enterocolitis
- ☐ C Neonatal hypoglycaemia
- ☒ D Kernicterus

✓ ANSWER

Similar question in NPrep GOLD QBank

Which of the following is a complication of neonatal hyperbilirubinemia?

- ☐ A Hepatitis
- ☐ B Icterus
- ☒ C Kernicterus
- ☐ D Down syndrome

✓ ANSWER

Open this question in QBank

Q135 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

Which of the following is a complication of neonatal hyperbilirubinemia?

A Hepatitis
10% students marked it

B Icterus
14% students marked it

C Kernicterus
73% students marked it

D Down syndrome
3% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

- Kernicterus, also known as bilirubin encephalopathy, is a severe neurological complication of untreated or severe neonatal hyperbilirubinemia.
- It occurs when high levels of unconjugated (indirect) bilirubin cross the blood-brain barrier

← Question

Explanation

- Kernicterus, also known as bilirubin encephalopathy, is a severe neurological complication of untreated or severe neonatal hyperbilirubinemia.
- It occurs when high levels of unconjugated (indirect) bilirubin cross the blood-brain barrier and deposit in the brain tissue, particularly the basal ganglia and brainstem nuclei.
- This deposition is neurotoxic and leads to permanent brain damage, resulting in conditions such as cerebral palsy, hearing loss, and developmental delays.
- The signs of acute bilirubin encephalopathy include poor suck, lethargy, hypotonia, and seizures, which can progress to hypertonia and opisthotonos (arching of the back).

Why Other Options Were Wrong

- **Option A:** Hepatitis is an inflammation of the liver. While it can lead to jaundice (hyperbilirubinemia) because the inflamed liver cannot properly conjugate and excrete bilirubin, it is a potential cause of the condition, not a complication resulting from it.
- **Option B:** Icterus is the medical term for jaundice, which is the yellowing of the skin

NORCET 11 MEMORY BASED QUESTION

Q136 Child Health Nursing

A mother has long-standing type 1 diabetes with retinopathy and neuropathy. Which finding is most likely in her newborn?

- ☒ **A** Hyperbilirubinemia ✓ **ANSWER**
- ☐ **B** Hypercalcaemia
- ☐ **C** polycythemia
- ☐ **D** Hyperglycaemia

Similar question in NPrep GOLD QBank

A newborn is delivered to a mother with type 1 diabetes complicated by retinopathy and neuropathy,nephropathy. During the newborn assessment, which finding is most likely to be observed expcept?

- ☐ **A** Hyperbilirubinemia
- ☒ **B** Hyperglycemia ✓ **ANSWER**
- ☐ **C** Polycythemia
- ☐ **D** Hypocalcemia

[Open this question in QBank](#)

Q136 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A newborn is delivered to a mother with type 1 diabetes complicated by retinopathy and neuropathy, nephropathy. During the newborn assessment, which finding is most likely to be observed except?

A Hyperbilirubinemia
0% students marked it

B Hyperglycemia
11% students marked it

C Polycythemia
22% students marked it

D Hypocalcemia
67% students marked it

✓ **Correct!** Wonderful, you got this one right.

Explanation

Listen in Hindi

- The primary metabolic disturbance in an infant of a diabetic mother (IDM) immediately after birth is hypoglycemia, not hyperglycemia.

← Question

Explanation



- The primary metabolic disturbance in an infant of a diabetic mother (IDM) immediately after birth is hypoglycemia, not hyperglycemia.
- Maternal hyperglycemia causes the fetus to produce high levels of insulin (hyperinsulinism).
- After delivery, the maternal glucose supply is abruptly stopped, but the newborn's pancreas continues to secrete high levels of insulin.
- This persistent hyperinsulinism leads to a rapid drop in the newborn's blood glucose levels.
- Therefore, hyperglycemia (high blood sugar) is the opposite of what is expected and is the correct answer to the 'except' question.

Why Other Options Were Wrong

- Option A:** Hyperbilirubinemia is a common finding in infants of diabetic mothers. It results from the breakdown of an increased number of red blood cells (polycythemia).
- Option C:** Polycythemia (an abnormally high concentration of red blood cells) is a common finding. It is caused by chronic fetal hypoxia, which stimulates erythropoietin production.
- Option D:** Hypocalcemia (low serum calcium levels) is a frequent metabolic problem in infants of diabetic mothers.

NORCET 11 MEMORY BASED QUESTION

Q137 Child Health Nursing

A 10 kg child is prescribed a drug at 16 mg/kg per dose every 8 hours. The drug is available as 160 mg/5 mL. What is the total daily dose, and how much should be given per dose?

- ☒ **A** 480 mg/day; 5 mL per dose ✓ **ANSWER**
- ☐ **B** 160 mg/day; 5 mL per dose
- ☐ **C** 480 mg/day; 15 mL per dose
- ☐ **D** 320 mg/day; 10 mL per dose

Similar question in NPrep GOLD QBank

A child is prescribed ciprofloxacin 40 mg/kg/day in 4 divided doses. If the child weighs 15 kg, what is the dose per administration?

- ☐ **A** 75 mg/dose
- ☒ **B** 150 mg/dose ✓ **ANSWER**
- ☐ **C** 100 mg/dose
- ☐ **D** 200 mg/dose

[Open this question in QBank](#)

Q137 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A child is prescribed ciprofloxacin 40 mg/kg/day in 4 divided doses. If the child weighs 15 kg, what is the dose per administration?

A 75 mg/dose
2% students marked it

B 150 mg/dose
90% students marked it ☒

C 100 mg/dose
5% students marked it

D 200 mg/dose
3% students marked it

☒ **Correct!** Wonderful, you got this one right.

Explanation

- The first step is to calculate the total daily dose by multiplying the prescribed dose per kilogram by the child's weight.
- Total Daily Dose = $40 \text{ mg/kg/day} \times 15 \text{ kg} = 600 \text{ mg/day}$.

← Question

Explanation

- The first step is to calculate the total daily dose by multiplying the prescribed dose per kilogram by the child's weight.
- Total Daily Dose = $40 \text{ mg/kg/day} \times 15 \text{ kg} = 600 \text{ mg/day}$.
- The second step is to divide the total daily dose by the number of administrations per day to find the single dose amount.
- Dose per Administration = $600 \text{ mg/day} \div 4 \text{ doses} = 150 \text{ mg/dose}$.

Why Other Options Were Wrong

- Option A:** This dose (75 mg) would result from an incorrect calculation, either by dividing the total daily dose (600 mg) by 8 instead of 4, or by incorrectly calculating the total daily dose using 20 mg/kg/day instead of 40 mg/kg/day.
- Option C:** This dose (100 mg) would result from incorrectly dividing the total daily dose (600 mg) by 6 instead of 4.
- Option D:** This dose (200 mg) would result from incorrectly dividing the total daily dose (600 mg) by 3 instead of 4.

Related Visual

NORCET 11 MEMORY BASED QUESTION

Q138 Community Health Nursing

Once reconstituted, within how many hours must BCG vaccine be used?

A 1 hour

B 4 hours

✓ ANSWER

C 12 hours

D 24 hours

Similar question in NPrep GOLD QBank

A vial of BCG vaccine was reconstituted at 9:00 AM for an immunization session. According to standard guidelines for reconstituted live vaccines, what is the latest time this vial can be used before it must be discarded?

A 1:00 PM

✓ ANSWER

B At the end of the immunization session, regardless of time

C 12:00 PM

D 3:00 PM

[Open this question in QBank](#)

Similar question in NPrep GOLD QBank

An initiative for zero preventable maternal and neonatal deaths is called.

A Nikshay

B Suman

✓ ANSWER

C Muskan

D RNTVP

[Open this question in QBank](#)

Q138 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A vial of BCG vaccine was reconstituted at 9:00 AM for an immunization session. According to standard guidelines for reconstituted live vaccines, what is the latest time this vial can be used before it must be discarded?

A
1:00 PM
33% students marked it

B
At the end of the immunization session, regardless of time
14% students marked it

C
12:00 PM
24% students marked it

D
3:00 PM
29% students marked it

Correct! Wonderful, you got this one right.

Explanation

- Reconstituted live vaccines, such as BCG and Measles, are highly sensitive and lose their potency rapidly after being mixed with a diluent.

← Question

Explanation

- Reconstituted live vaccines, such as BCG and Measles, are highly sensitive and lose their potency rapidly after being mixed with a diluent.
- The standard guideline is to discard them within 4 hours of reconstitution or at the end of the immunization session, whichever comes first.
- Since the vaccine was reconstituted at 9:00 AM, the 4-hour limit is at 1:00 PM. This is the absolute latest time it can be used.

Why Other Options Were Wrong

- Option B:** This is incorrect because the rule specifies a fixed time limit (4 hours) or the end of the session, *whichever is earlier*. The vaccine cannot be used beyond the 4-hour mark even if the session continues.
- Option C:** This represents a 3-hour window, which is shorter than the standard 4-hour guideline. While erring on the side of caution is good, this is not the correct rule.
- Option D:** This represents a 6-hour window. While some older guidelines or rules for different vaccines might have allowed this, the current standard for BCG and Measles is 4 hours.

← Question

An initiative for zero preventable maternal and neonatal deaths is called.

A
Nikshay
9% students marked it

B
Suman
71% students marked it

C
Mukshan
13% students marked it

D
RNTVP
7% students marked it

Correct! Wonderful, you got this one right.

Explanation

- The Surakshit Matritva Aashwasan (SUMAN) initiative was launched by the Indian government with the specific aim to end all preventable maternal and newborn deaths.
- Its core principle is to provide assured, dignified, respectful, and quality healthcare at no cost to every woman and newborn visiting a public health facility.

← Question

Explanation

- The Surakshit Matritva Aashwasan (SUMAN) initiative was launched by the Indian government with the specific aim to end all preventable maternal and newborn deaths.
- Its core principle is to provide assured, dignified, respectful, and quality healthcare at no cost to every woman and newborn visiting a public health facility.
- A key feature of SUMAN is its 'zero tolerance' policy for the denial of services, ensuring that all entitled care is provided.
- The scheme covers services like at least four antenatal check-ups, iron-folic acid supplementation, Tetanus-Diphtheria injection, and six home-based newborn care visits.

Why Other Options Were Wrong

- Option A:** Nikshay is a health initiative related to Tuberculosis (TB), not maternal and neonatal health.
- Option C:** The Mukshan initiative focuses on improving the quality of care and ensuring child-friendly services in the pediatric departments of public health facilities. While it relates to child health, its primary goal is not the prevention of neonatal deaths at birth.
- Option D:** RNTCP (Revised National Tuberculosis Control Program) is a health initiative related to Tuberculosis (TB), not maternal and neonatal health.

NORCET 11 MEMORY BASED QUESTION

Q139

Pharmacology

When is empirical antibiotic therapy started?

☐ A After starting antibiotic therapy

☐ B After blood culture reports

☒ C Before blood culture reports

✓ ANSWER

☐ D At the time of discharge

Similar question in NPrep GOLD QBank

A patient with signs of severe sepsis is started on a broad-spectrum antibiotic immediately after admission, even before the culture and sensitivity reports are available. What is this type of therapy called?

☐ A Definitive therapy

☐ B Suppressive therapy

☐ C Prophylactic therapy

☒ D Empiric therapy

✓ ANSWER

[Open this question in QBank](#)

Q139 Straight from the NPrep GOLD app

The answer, highlighted in our explanation.

← Question

A patient with signs of severe sepsis is started on a broad-spectrum antibiotic immediately after admission, even before the culture and sensitivity reports are available. What is this type of therapy called?

- A** Definitive therapy
4% students marked it
- B** Suppressive therapy
21% students marked it
- C** Prophylactic therapy
54% students marked it

D Empiric therapy
21% students marked it



✓ **Correct!** Wonderful, you got this one right.

Explanation

Listen in Hindi 

- Empiric therapy is the administration of an **antibiotic** based on a clinical guess of the likely

← Question

Explanation

- Empiric therapy is the administration of an **antibiotic** based on a clinical guess of the likely causative **pathogen** before laboratory results, like **culture** and sensitivity, are available.
- This approach is crucial in severe, life-threatening infections like **sepsis**, where delaying treatment to wait for test results could lead to poor outcomes.

Why Other Options Were Wrong

- **Definitive therapy** is the treatment started after the causative organism and its **antibiotic** susceptibility are identified. It involves using a narrow-spectrum **antibiotic** to target the specific **pathogen**.
- **Prophylactic therapy** refers to the use of **antibiotics** to prevent an infection from occurring, such as before a surgical procedure.
- **Suppressive therapy** is the use of low-dose **antibiotics** over a long period to prevent the recurrence of an infection.

Related Visual



NORCET 11 MEMORY BASED QUESTION

Q140

Medical-Surgical Nursing

A client arrives in the emergency department on oxygen at 2 L/min via nasal cannula. The nurse notes an SpO₂ of 88%, and the client has become confused. What is the priority nursing action?

A Increase the oxygen to 6 L/min immediately

B Assess the client and obtain an ABG as indicated

✓ **ANSWER**

C Encourage the client to take deep breaths

D Reassess the SpO₂ after 30 minutes

This is a very rarely asked Question.