



## 2024–2025 Academic Year Second Semester Final Examination

### "Medical Nursing (II)" Examination Paper (A)

**Applicable Classes:** Nursing Undergraduate Class / Midwifery Class

| Question | Part I | Part II | Part III | Part IV | Total     | Scorer         |
|----------|--------|---------|----------|---------|-----------|----------------|
| Score    | 20     | 38      | 14       | 19      | <b>91</b> | Menghan<br>Xia |

说明：1. 考生须将答案写在答题卡上，在试卷上答题无效。

| 题号 | 一  | 二  | 三  | 四  | 总分 | 核分人   |
|----|----|----|----|----|----|-------|
| 得分 | 20 | 38 | 14 | 19 | 91 | 3月22日 |

注：1. 请考生将试题答案写在答题纸上，在试卷上答题无效。

2. 凡在答题纸密封线以外有姓名、班级学号、记号的，以作弊论。

#### Note:

1. Please write your answers on the answer sheet; answers written on the exam paper will not be accepted.
2. Any name, class, student ID, or mark written outside the sealed line on the answer sheet will be considered cheating.

| Score | Graded          |
|-------|-----------------|
| 20    | Zhongli<br>Wang |

#### I. Terminology Explanation (5 points each, total 20 points)

1. Megaloblastic Anemia
2. Cushing's Syndrome
3. Epilepsy
4. Stroke



| 得分 | 评卷人 |
|----|-----|
| 20 | 王中利 |

## 一、名词解释（每题 5 分，共 20 分）

1. [Megaloblastic anemia] is a type of macrocytic anemia caused by a deficiency of intrinsic factor, Vitamin B12 and folic acid in the body.
2. [Cushing's syndrome] is a clinical syndrome caused by dysregulation of the hypothalamic-pituitary-adrenal axis, leading to excessive secretion of cortisol, characterized by symptoms such as central obesity, moon face, plethora, purple striae, hypertension, and osteoporosis.
3. [Epilepsy] is a clinical syndrome caused by various reasons, characterized by abnormally synchronized electrical discharges in the brain.
4. [Stroke] is the acute onset of various cerebrovascular diseases, including ischemic stroke and hemorrhagic stroke.

1. 巨幼细胞贫血是一类大细胞性贫血，是由于体内缺乏维生素B<sub>12</sub>和叶酸引起的。

2. 是由于下丘脑-垂体-肾上腺轴调控异常，导致分泌过多的糖皮质激素引起，以向心性肥胖、满月脸、多血质外貌、紫纹、高血压及骨质疏松等症候为表现的临床综合征。

3. 是各种原因导致的脑局部神经元高度同步化异常放电的临床综合征。

4. 是各种原因导致脑血管疾病急性发作，包括缺血性脑卒中和出血性脑卒中。

| Score | Graded       |
|-------|--------------|
| 38    | Zhongli Wang |

## II. Multiple Choice Questions (2 points each, total 40 points)



|        |    |    |    |    |    |    |    |    |    |    |
|--------|----|----|----|----|----|----|----|----|----|----|
| No.    | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 |
| Answer | C  | C  | B  | A  | C  | A  | C  | B  | D  | D  |
| No.    | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| Answer | D  | D  | D  | C  | B  | B  | D  | E  | D  | A  |

|    |       |
|----|-------|
| 得分 | 评卷人   |
| 38 | J.P.Z |

二、单项选择题（每题 2 分，共 40 分）

|    |    |    |    |    |    |    |    |    |              |    |
|----|----|----|----|----|----|----|----|----|--------------|----|
| 题号 | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9            | 10 |
| 答案 | A  | C  | B  | A  | C  | A  | C  | B  | D            | D  |
| 题号 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19           | 20 |
| 答案 | D  | D  | D  | C  | B  | B  | D  | E  | <del>A</del> | A  |

1. A 28-year-old female patient presents with fatigue, palpitations, and dizziness for 2 months. The patient has pale complexion and dry skin. A complete blood count is ordered. What is the correct statement for the nurse to explain the purpose of this test? ( )

- A. To check for infection
- B. To check for bleeding or clotting disorders
- C. To check for anemia and its severity
- D. To check for liver function impairment
- E. To check for kidney function impairment

2. The most reliable site to check for pale skin and mucous membranes in an anemic patient is ( )

- A. Abdominal skin and mucous membranes



- B. Extremity skin
- C. Palpebral conjunctiva
- D. Fingernails
- E. Facial skin

**A 25-year-old male patient has severe anemia and a significant bleeding tendency. The nurse finds the patient lying on his side in bed, with a pained expression, vomiting a large amount of gastric contents. The patient complains of severe headache and blurred vision.**

**3. The first consideration is that (    ) has occurred.**

- A. Food poisoning
- B. Intracranial hemorrhage
- C. Massive gastrointestinal bleeding
- D. Acute abdomen
- E. Concurrent brain tumor

**4. Which nursing measure should the nurse take first? (    )**

- A. Maintain a patent airway
- B. Continuous cardiac monitoring
- C. Establish intravenous access
- D. Measure vital signs
- E. Assess the patient's level of consciousness

**5. A 34-year-old female patient is at 33 weeks of gestation. For the past half month, she has felt dizzy, fatigued, palpitations, and shortness of breath. Examination: pale palpebral conjunctiva and lips, heart rate 102 bpm, regular rhythm, fetal position and heart rate normal, hemoglobin 78 g/L, serum ferritin decreased. The most likely diagnosis for this patient is (    )**

- A. Aplastic anemia
- B. Hemolytic anemia
- C. Iron deficiency anemia
- D. Megaloblastic anemia
- E. Physiological anemia of pregnancy



**6. A 32-year-old female patient is admitted with acute aplastic anemia and is treated with testosterone propionate. Which of the following should be checked regularly? ( )**

- A. Liver function
- B. Blood pressure
- C. Urinalysis
- D. Kidney function
- E. X-ray

**7. The main cause of bleeding in patients with acute leukemia is ( )**

- A. Recurrent infection
- B. Disseminated intravascular coagulation (DIC)
- C. Qualitative and quantitative abnormalities of platelets
- D. Leukemic cell infiltration
- E. Damage to blood vessels by infection toxins

**8. A 22-year-old female patient has experienced fear of heat, excessive sweating, irritability, and palpitations for the past 2 months. She has a family history of hyperthyroidism. To confirm the diagnosis of hyperthyroidism, which of the following tests is best? ( )**

- A. Serum total T3, total T4
- B. Serum free T3, free T4, TSH
- C. Thyroid radioactive iodine uptake ( $^{131}\text{I}$ )
- D. Basal metabolic rate (BMR)
- E. TRH stimulation test

**9. A patient presents with an upper respiratory infection, temperature 39.2°C, anorexia, nausea, vomiting, and abdominal pain. Nursing assessment reveals deep, rapid breathing, a fruity breath odor, dry skin, and alternating agitation and lethargy. Blood glucose is 21.5 mmol/L. When assisting the physician with emergency care, which nursing measure should be excluded? ( )**

- A. Quickly establish two intravenous lines
- B. Administer low-flow continuous oxygen



- C. Administer insulin via low-dose continuous infusion
- D. Add insulin to 5% dextrose saline during emergency treatment
- E. Monitor electrolytes, especially changes in serum potassium

**10. The skin striae, muscle atrophy, and osteoporosis seen in Cushing's syndrome are related to which of the following pathological changes? (    )**

- A. Glucose metabolism disorder
- B. Water and sodium retention
- C. Fat deposition on the face and trunk
- D. Increased protein breakdown leading to negative nitrogen balance
- E. Sexual dysfunction

**11. Ms. Zhou, 22 years old, unmarried, has a butterfly rash on her face and is diagnosed with systemic lupus erythematosus (SLE). Which nursing measure is incorrect? (    )**

- A. Avoid activities in direct sunlight
- B. Wear a wide-brimmed hat when going out
- C. Clean the affected area with plain water
- D. Use alkaline soap to clean scaling skin
- E. Do not use irritating cosmetics

**12. The leading cause of death in patients with systemic lupus erythematosus (SLE) is (    )**

- A. Fever
- B. Skin and mucous membrane lesions
- C. Joint pain
- D. Kidney failure
- E. Upper gastrointestinal bleeding

**13. The basic pathological change in rheumatoid arthritis is (    )**

- A. Soft tissue inflammation
- B. Myositis
- C. Periostitis
- D. Synovitis with villous formation (pannus)



E. Tendonitis

**14. Which of the following is inappropriate for the management of rheumatoid arthritis? ( )**

A. Keep warm

B. Early diagnosis and early treatment

C. Glucocorticoids as first-line treatment

D. Use of NSAIDs can relieve joint symptoms

E. Methotrexate may slow disease progression but cannot completely eliminate synovial inflammation.

**15. A 35-year-old female patient has been diagnosed with rheumatoid arthritis for 5 years. She has recurrent symmetrical small joint swelling and pain throughout the body, with morning stiffness that improves after soaking in warm water. The medication of choice for pain relief in rheumatoid arthritis is ( )**

A. Meperidine

B. Aspirin

C. Anisodamine

D. Morphine

E. Acetaminophen

**16. A 3-year-old female child has had a fever (39°C) for one day and a mild cough. She has a past medical history of epilepsy. During an outpatient visit, she suddenly has a seizure. Oxygen and sedation are given immediately. The first-line drug at this time is ( )**

A. Intramuscular chlorpromazine

B. Intravenous diazepam

C. Rectal chloral hydrate

D. Intramuscular phenobarbital

E. Intravenous adrenocorticosteroids

**17. A 36-year-old male patient falls suddenly due to an epileptic seizure. The nurse arrives to find the patient supine, unconscious, with clenched teeth and convulsing upper limbs. The primary first aid measure is ( )**



- A. Oxygen inhalation
- B. Artificial respiration
- C. Chest compressions
- D. Maintain a patent airway
- E. Use a bag-valve mask

**18. A 45-year-old male patient developed sudden severe headache, pain in the occipital region, and vomiting 6 hours ago with no obvious trigger. He has no history of hypertension. Examination: alert, mildly elevated blood pressure, neck stiffness, Kernig's sign (+). Brain CT shows hyperdensity in the interhemispheric fissure, lateral sulci, and basal cisterns. The first diagnostic consideration is ( )**

- A. Meningitis
- B. Intracerebral hemorrhage
- C. Cerebral thrombosis
- D. Transient ischemic attack (TIA)
- E. Subarachnoid hemorrhage

**19. A 72-year-old female patient has Parkinson's disease. During rehabilitation training, the nurse requires the patient to move her joints through their maximum range. The primary purpose of this is ( )**

- A. Prevent joint rigidity/contractures
- B. Prevent muscle atrophy
- C. Promote blood circulation
- D. Improve balance ability
- E. Reduce resting tremor

**20. A 56-year-old female patient is admitted to the hospital with a diagnosis of "cerebral embolism." Upon admission, the nurse assesses that the patient can eat orally but has dysphagia. To prevent aspiration or choking due to eating, which of the following nursing measures is inappropriate? ( )**

- A. Instruct the patient to drink soup using a straw
- B. Create a quiet and comfortable eating environment
- C. Instruct the patient not to talk during meals



D. Rest before eating to avoid fatigue

E. Remain seated for more than half an hour after meals

| Score | Graded     |
|-------|------------|
| 14    | Xiuyan Guo |

### III. Short Answer Questions (total 20 points)

| 得分 | 评卷人  |
|----|------|
| 14 | 2788 |

### 三、简答题（共 3 题，共 20 分）

1. Describe the precautions in treatment cooperation and nursing procedures for patients with a bleeding tendency to reduce skin bleeding or prevent local hematoma formation. (7 points)
2. Describe the emergency management for a patient with brain herniation. (7 points)
3. Describe the clinical characteristics of patients with subarachnoid hemorrhage. (6 points)

#### Student's Answers:

1. ① Keep the skin smooth; wear loose, soft clothing.
- ② When bathing or washing, avoid excessively hot water and vigorous scrubbing.
- ③ Alcohol-based or warm-water sponge baths are contraindicated in patients with high fever.
- ④ Trim fingernails frequently to avoid scratching the skin.
- ⑤ All nursing procedures should be gentle; minimize the number of injections as much as possible.
- ⑥ When performing venipuncture: avoid forceful patting or rubbing of the local skin; do not apply the tourniquet too tightly or for too long.



- ⑦ After venipuncture or injection: extend the compression time appropriately; apply local pressure bandaging if necessary.
  - ⑧ Rotate injection/puncture sites to prevent local hematoma formation.
  - ⑨ Avoid collision or trauma to limbs with casts.
2. ① Immediately place the patient in a supine position with the head turned to one side. [Score: 1]
- ② Keep the mouth and nose clear; promptly remove secretions from the patient's mouth and nose.
  - ③ Administer oxygen immediately.
  - ④ Quickly establish venous access; administer 20% mannitol by rapid IV infusion every 6–8 h as ordered; if renal function is poor, switch to furosemide 20–40 mg IV every 6–8 h.
  - ⑤ Closely monitor the patient's condition; observe vital signs, pupils, and level of consciousness; administer medications accurately; record 24-hour fluid intake and output.
3. ① Rapid onset; often preceded by prodromal symptoms.
- ② Most common in middle-aged and elderly people over 50 years.
  - ③ The most common etiology is an intracranial aneurysm.
  - ④ Positive meningeal irritation signs; limb paralysis is generally absent.
  - ⑤ Cranial CT shows high-density shadowing.
  - ⑥ Severe headache is the typical clinical manifestation.
  - ⑦ Cerebrospinal fluid examination is the most diagnostically specific investigation.
  - ⑧ Re-bleeding is the most serious complication; other complications include cerebral herniation, edema, and cerebral vasospasm.



1. 注意事项:
- ① 保持床单平整,衣着宽松,轻柔
  - ② 沐浴或清洗时,避免水温过高和过用力擦洗
  - ③ 高热病人禁用酒精或温水拭浴降温
  - ④ 勤剪指甲,以免抓伤皮肤
  - ⑤ 各项护理操作应轻柔,尽量减少注射次数
  - ⑥ 青霉素穿刺时,避免用力拍打和揉擦局部皮肤,结扎止血带时宜过紧和时间过长。
  - ⑦ 青霉素穿刺或注射拔针后,应适当延长按压时间,必要时局部加压包扎。
  - ⑧ 注射与穿刺部位交替进行,以防局部血肿形成。
  - ⑨ 避免肢体的碰撞或外伤

① 立即让患者平卧,头偏向一侧

2. ② 保持呼吸道通畅,及时清除患者口鼻分泌物。

③ 吸氧,立即给予氧气吸入

④ 迅速建立青霉素通道,遵医嘱给予20%甘露醇125ml/250ml,每6-8h一次,用于肾功能不全的可改青霉素注射夫塞米20-40mg,每6-8h一次。

⑤ 密切观察病情,注意观察患者生命体征,瞳孔及意识状态变化,准确记录24h出入量。

3. 临床特征:

无

① 起病急,多有前驱症状

② 多见于50岁以上的中老年人

③ 最常见的病因为颅内肿瘤

④ 有脑膜刺激征阳性,一般无肢体瘫痪

⑤ 头颅CT呈高密度影

⑥ 剧烈头痛是它的典型临床表现

⑦ 脑脊液检查是其最具诊断价值和特征性的检查方法。

⑧ 再出血是其最严重的并发症,除再出血,还有脑室积水和脑室管腔狭窄等并发症。

| Score | Graded         |
|-------|----------------|
| 19    | Menghan<br>Xia |

#### IV. Case Analysis Questions (total 20 points)



| 得分 | 评卷人 |
|----|-----|
| 19 | 344 |

#### 四、病例分析题（20分）

A 32-year-old male patient was diagnosed with diabetes at age 18 due to polyphagia, polydipsia, polyuria, and hyperglycemia. He has been on long-term oral metformin (2 tablets three times a day) along with subcutaneous regular insulin (24 U/day). One month ago, because his blood glucose was normal and urine glucose was negative, he stopped the insulin injections on his own. For the past week, he has had significant loss of appetite, extreme thirst, nausea, and vomiting. This morning, he presented with cold extremities, rapid breathing, and was brought to the emergency department. Lab tests: blood glucose 21 mmol/L, urine glucose (++++), urine ketones (++++), CO<sub>2</sub> combining power 10 mmol/L, blood pH 7.29, WBC count  $10 \times 10^9/L$ . Emergency treatment was initiated immediately.

Nursing assessment: T 36.9°C, P 120 bpm, BP 100/70 mmHg, R 30 bpm. Patient is drowsy, thin, with fruity breath odor, dry skin, sunken eyes, pupils equal, round, symmetric, with intact light reflex. No other abnormal findings.

#### Questions:

- (1) What is the current diagnosis for this patient?
- (2) List the nursing diagnoses for this patient at present.
- (3) What emergency nursing care should be given to this patient?
- (4) After the patient is stabilized following emergency treatment and is ready for discharge, what health education should the nurse provide?

#### Student's Answer:

(1) Diabetic Ketoacidosis (DKA)

(2) Nursing Diagnoses:

- ① Fluid volume deficit, related to polyuria caused by DKA.
- ② Nutritional imbalance: less than body requirements, related to insufficient intake, inability to utilize glucose, and decreased appetite.
- ③ Risk for infection, related to metabolic disturbances and elevated blood



glucose.

- ④ Knowledge deficit, related to lack of diabetes-related self-care knowledge.

### (3) Emergency Nursing:

① Rapidly establish two IV lines. Fluid resuscitation is the primary and key measure in DKA rescue. The principle is "large volume first, then slower; saline first, then glucose." If the patient has no heart failure, infuse 1,000–2,000 ml of normal saline within 1–2 h; also encourage the patient to drink water.

- ② Keep the airway clear; administer oxygen.

③ Low-dose insulin therapy: add short-acting insulin at 0.1 U/(kg·h) to normal saline for slow IV infusion; check blood glucose every 1–2 h. When blood glucose drops to 13.9 mmol/L, switch to 5% glucose solution with added short-acting insulin; continue monitoring blood glucose every 4–6 h.

④ Correct fluid, electrolyte, and acid-base imbalances: administer potassium immediately if severe hypokalemia is present before treatment; begin insulin only when serum  $K^+ \geq 3.5$  mmol/L; withhold potassium temporarily if urine output  $> 40$  ml/h and serum  $K^+ > 5.2$  mmol/L; monitor serum potassium throughout and adjust dose and rate according to urine output and ECG.

⑤ For severe acidosis with pH  $< 6.9$ : administer 1.4% sodium bicarbonate isotonic solution, generally 1–2 doses only, at a slow infusion rate.

⑥ Prevent and treat precipitating factors and complications: actively manage infection, heart failure, etc.

⑦ Patient monitoring: closely monitor vital signs, serum potassium levels; accurately record 24-hour fluid intake and output.

### (4) Health Education:

① Educate patient and family about the basic knowledge of diabetes and treatment principles; help them understand that diabetes is a lifelong disease requiring sustained treatment.

② Inform patient and family about the names, doses, administration times, and methods of oral hypoglycemic agents and insulin; encourage self-monitoring of blood glucose when feasible.



- ③ Advise regular blood glucose monitoring and follow-up visits.
- ④ Teach patient and family to recognize early signs of acute diabetic complications and to seek help promptly.
- ⑤ Explain the importance of dietary therapy; advise smoking cessation, alcohol restriction, and total caloric control.
- ⑥ Maintain a positive and cheerful mood, which aids recovery.
- ⑦ Regular follow-up examinations.

## 2. (1) 糖尿病患者酮症酸中毒

(2) 护理评估: ① 体液不足, 与酮症酸中毒所致脱水有关

② 营养失调: 低于机体需要量, 与摄入不足, 机体不能利用葡萄糖

③ 有感染的危险, 与<sup>化</sup>脂代谢紊乱, 血糖升高有关。

④ 知识缺乏, 病人缺乏与糖尿病相关的知识。

补液: 两条

(3) 急救护理: ① 迅速建立静脉通路, 输液是抢救DKA的首要及关键措施。补液的基本原则为“先快后慢, 先盐后糖”, 如病人无心脏, 补液速度应小, 1-2h内输入生理盐水1000-2000ml, 同时鼓励患者多饮水。

② 保持呼吸道通畅, 给予氧气吸入。

③ 小剂量胰岛素治疗: 即按0.1U(kg·h)的剂量将胰岛素加入生理盐水中, 缓慢静脉滴注或泵入, 每1-2h复查血糖一次, 调整胰岛素剂量, 当血糖降至13.9mmol/L时, 改输5%葡萄糖溶液, 并加入长效胰岛素, 此时仍需每4-6h监测血糖一次, 调整胰岛素剂量或胰岛素比例。尿酮体消失后, 根据病人的血糖、尿糖及进食情况调整胰岛素剂量或4-6h皮下注射长效胰岛素, 待病情稳定后再恢复常规治疗。

④ 纠正水电解质紊乱及酸碱平衡紊乱: 在治疗前已有严重低钾血症的患者应立即补钾, 待血钾 $\geq 3.5\text{mmol/L}$ 时再开始胰岛素治疗。病人尿量在40ml以上, 血钾超过 $5.2\text{mmol/L}$ 时可暂停补钾, 整个治疗过程应严密监测血钾水平, 结合尿量和心电图调整补钾量及速度。病情稳定后仍需12h补钾2-3天。

⑤  $\text{pH} \leq 6.9$ 的严重酮症酸中毒病人(患者 $\text{pH} 5.29 \sim 6.9$ ), 可输入1.4%的碳酸氢钠等渗溶液, 但一般仅给1-2次, 且速度不宜过快。

⑥ 防治诱因和处理并发症: 积极预防和处理感染、心衰等并发症。

⑦ 病情观察: 治疗过程中严密监测病人的生命体征, 血钾水平, 准确记录24h出入量。

(4) 健康指导: ① 告知病人和家属糖尿病的基本知识和治疗原则, 使其认识到糖尿病是一种终身性疾病, 需坚持治疗。② 告知病人及家属口服降糖药和胰岛素的名称、剂量、给药时间和给药方法, 并教会病人和家属胰岛素的注射方法。③ 建议病人定期监测血糖, 有条件者还可进行动态血糖监测。④ 指导病人和家属学会对糖尿病急性并发症表现的识别, 一旦出现, 应及时就诊。⑤ 告知病人及家属饮食治疗与运动治疗的原则和方法, 指导病人戒烟限酒, 定期测量体重。⑥ 指导病人定期复诊。