Norcet Previous Year Paper (Held on 2022 September 11)

Q.1 Identify this image?

A. Tracheostomy connector
B. HME filter
C. ET tube connector
D. Hemo filter

Answer: B

Sol:

Tracheostomy connector: A tracheostomy connector is used to connect the tracheostomy tube to ventilation or oxygen equipment. The device shown does not resemble a tracheostomy connector in design or function.
HME filter: Heat and Moisture Exchange (HME) filters are used in respiratory care to warm and humidify inhaled air while filtering out particles and pathogens. The image clearly shows an HME filter with its characteristic design.
ET tube connector: An ET (Endotracheal) tube connector is used to connect an endotracheal tube to a ventilation system. The device shown is not an ET tube connector, as those are simpler in design and lack the filtration component.
Hemo filter: Hemo filters are used in blood filtration processes like dialysis, and their design is vastly different from the device shown in the image.

Q.2 Oxytocin is mainly involved in which of the following functions?

A. Motor skills
B. Childbirth and lactation
C. Growth and mental ability
D. None of the above

Answer: B

Sol:

Motor skills: Oxytocin does not directly influence motor skills, which involve muscle movement and coordination controlled by the nervous system.
Childbirth and lactation: Oxytocin plays a crucial role in childbirth by stimulating uterine contractions and in lactation by triggering the milk ejection reflex. These are its primary physiological functions.
Growth and mental ability: Growth is influenced by growth hormone, and mental ability involves multiple brain functions, but these are not directly controlled by oxytocin.
Regulation of blood pressure: While oxytocin may have minor effects on blood vessels, it is not primarily involved in blood pressure regulation. Hormones like aldosterone and renin play a more significant role in this function.

Q.3 Who is considered as the father of sociology?

A. Auguste Comte
B. MacIver
C. Emile Durkheim
D. Kingsley Davis

Answer: A

Sol:

Auguste Comte: Auguste Comte is widely recognized as the father of sociology. He is credited with founding the discipline of sociology and for establishing the theory of positivism, which emphasizes the use of scientific methods to study social phenomena.
MacIver: Robert MacIver was a sociologist who made significant contributions to the field, particularly in the areas of social structure and social change. However, he is not considered the father of sociology.
Emile Durkheim: Emile Durkheim is a key figure in sociology and is known for his work on social facts and the study of social cohesion. While he is highly influential, he is not the father of sociology. That title is given to Auguste Comte.
Kingsley Davis: Kingsley Davis was an important sociologist known for his contributions to the study of population, social change, and the sociology of development, but he is not considered the father of sociology.

Q.4 The relation between the fetal presenting part and maternal pelvis is known as?

A. Attitude
B. Lie
C. Position
D. Station

Answer: C

Sol: In obstetrics, the position is defined as the relationship of the fetal presenting part (e.g., occiput, sacrum, mentum) to the quadrants of the maternal pelvis. For example, "left occipito-anterior (LOA)" means the occiput of the fetus is pointing toward the left anterior quadrant of the maternal pelvis. According to Williams Obstetrics and Dutta's Obstetrics, this definition clearly distinguishes "position" from other terms like lie, attitude, and station. Thus, the correct answer is position.

Option-wise Explanation:

(a) Attitude

- Attitude is the relation of fetal parts to one another, like flexion or extension of the head, limbs, and trunk.
- Example: complete flexion (fetal position) or extension.
- It does not describe the relation with maternal pelvis.

(b) Lie

- Lie is the relationship between the long axis of the fetus and the long axis of the mother's uterus.
- It can be longitudinal, transverse, or oblique.
- It is not about the presenting part vs pelvis.

(c) Position

- Position = relationship of the presenting part (occiput, sacrum, mentum) to the maternal pelvic quadrants.
- Examples: LOA, ROA, LOP.
- This is the correct term in obstetrics.

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(d) Station

- Station refers to the level of the presenting part in relation to the maternal ischial spines.
- Example: station 0 (at the spines), +1, +2 (below spines, descending), -1, -2 (above spines).
- It is not about relation to the pelvis quadrants.

Q.5 **Which vaccine can be frozen?**

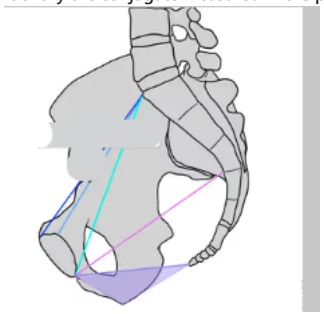
A. BCG
B. Polio
C. MMR
D. DPT/DT

Answer: C

Sol:

BCG: Typically stored in a refrigerator, not frozen.
Polio: Not stored frozen; it requires refrigeration.
MMR: This vaccine can be frozen for storage and is effective even after freezing.
DPT/DT: These vaccines need to be stored in a cool, refrigerated environment, not frozen.

Q.6 **Identify the conjugate measured in the picture?**



A. Obstetrics conjugate
B. Diagonal conjugate
C. True conjugate
D. None of the above

Answer: B

Sol:

 The **diagonal conjugate** is measured from the **lower border of the pubic symphysis** to the **promontory of the sacrum** (as seen in the image).

 It is the only pelvic conjugate that can be measured **clinically by vaginal examination**.

 The **true (obstetric) conjugate** is about **1.5–2 cm shorter** than the diagonal conjugate and cannot be measured directly.

 Obstetric conjugate = True conjugate = Distance from **sacral promontory** to the **midpoint of the posterior surface of the pubic symphysis**.

Q.7 **A post-LSCS woman passes 400 ml of urine in the past 24 hours?**

A. Oliguria
B. Polyuria
C. Anuria
D. Hematuria

Answer: A

Sol:

Oliguria: Refers to a reduced amount of urine output, typically under 500 ml in 24 hours, which is the case here.
Polyuria: Refers to excessive urine output, usually more than 2.5 liters in 24 hours.
Anuria: Refers to a complete absence of urine output.
Hematuria: Refers to the presence of blood in the urine, not related to urine output volume.

Q.8 **Red-colored urine is caused by which anti-tubercular drug?**

A. Isoniazid
B. Rifampicin
C. Streptomycin
D. Etambutol

Answer: B

Sol:

Isoniazid: Does not cause red-colored urine.
Rifampicin: This is a well-known side effect of rifampicin, which causes the urine to turn red or orange.
Streptomycin: Does not cause red-colored urine.
Etambutol: Does not cause red-colored urine.

Q.9 **Visualization of bone occurs in which stage of burn?**

A. 1st stage
B. 2nd stage
C. 3rd stage
D. 4th stage

Answer: D

Sol:

1st stage: Superficial burns affecting only the epidermis.
2nd stage: Partial-thickness burns affecting the epidermis and dermis.
3rd stage: Full-thickness burns, affecting all skin layers, but not reaching the bone.
4th stage: 4th-degree burns extend through all layers, including muscles and bones, leading to visible bone exposure.

Q.10 **Bullet train in India was run with the help of which country?**

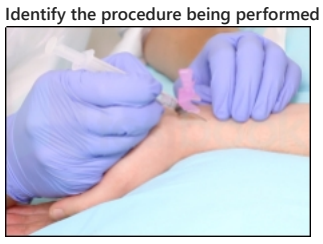
A. Japan
B. China
C. Russia
D. USA

Answer: A

Sol:

Japan: Japan played a crucial role in helping India develop its first bullet train project by providing advanced technology, design expertise, and financial assistance. The Shinkansen high-speed rail system, pioneered by Japan, serves as the model for India's bullet train, with Japan also offering training for Indian engineers and operational support. This partnership includes a loan from Japan's government to fund a significant portion of the project.
China: While China is a global leader in high-speed rail technology and has developed one of the largest networks of bullet trains in the world, it was not involved in the development of India's bullet train project. India chose Japan for its technological collaboration instead of China, likely due to geopolitical reasons and existing diplomatic ties with Japan. China does not have a role in the specific development of India's bullet train system.
Russia: Russia has its own high-speed rail projects, but it has not been involved in the development of India's bullet train network. The Russian rail system is known for its long-distance trains, such as the Sapsan (similar to bullet trains), but the country has not partnered with India for its bullet train project. India chose Japan, primarily due to Japan's expertise in high-speed rail technology, as well as favorable financial terms offered by Japan in the form of loans.
USA: The United States does not have a high-speed rail system comparable to Japan or China. While there are ongoing discussions about introducing high-speed rail in parts of the U.S., it has not been involved in helping India build its bullet train system. The U.S. has rail systems like Amtrak, but they are not high-speed trains like Japan's Shinkansen.

Q.11 **Identify the procedure being performed in the image?**



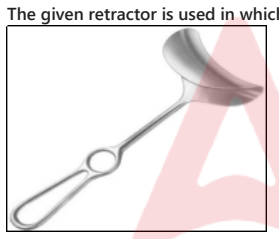
A. Blood sampling for ABG analysis
B. IV Drug Administration
C. Venipuncture
D. All of the above

Answer: A

Sol:

Blood sampling for ABG analysis: The procedure shown is most likely related to the collection of blood for arterial blood gas analysis.
IV Drug Administration: Not applicable in this context.
Venipuncture: Although related, the specific procedure being shown is more focused on ABG analysis.
All of the above: Incorrect, as it specifies a different procedure.

Q.12 **The given retractor is used in which of the following surgeries?**



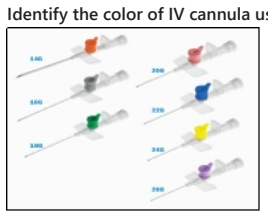
A. Thyroidectomy
B. Ophthalmic surgeries
C. LSCS
D. Orthopedic surgeries

Answer: C

Sol:

Thyroidectomy: A different kind of retractor would be used for thyroid surgery.
Ophthalmic surgeries: Not the right retractor for eye surgeries.
LSCS (Lower Segment Cesarean Section): The retractor shown is typically used in cesarean sections to help visualize the surgical field.
Orthopedic surgeries: Another retractor might be used for orthopedic surgeries.

Q.13 **Identify the color of IV cannula used in the pediatric unit?**



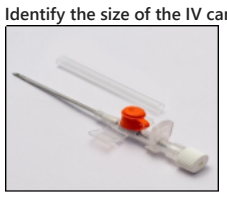
A. Yellow
B. Orange
C. Grey
D. Green

Answer: A

Sol:

Yellow (22 G): The yellow IV cannula is smaller and typically used for pediatric patients or those requiring low-flow infusion, as it is gentle on smaller veins.
Orange (14 G): The orange IV cannula is large and provides a high flow rate, making it ideal for trauma or emergency situations where rapid fluid or blood transfusion is necessary.
Grey (16 G): The grey IV cannula offers a high flow rate, commonly used in adults for surgeries, trauma cases, or when a large volume of fluids needs to be infused quickly.
Green (18 G): The green IV cannula is used for moderate to high flow rates, often used in surgical settings or when administering medications that require faster infusion rates.

Q.14 Identify the size of the IV cannula in the image?



A. 14 G
B. 16 G
C. 18 G
D. 20 G

Answer: A

Sol:

14 G: The 14 G IV cannula is the largest size available and is typically used in emergency or trauma situations where high-flow fluids, blood, or medications need to be infused rapidly. It's suitable for patients with large veins or in need of high volume resuscitation.
16 G: The 16 G IV cannula is slightly smaller than the 14 G but still allows for a high flow rate. It is commonly used in surgical settings, trauma care, or for blood transfusions in adults. It is versatile and can be used for a variety of medical situations requiring moderate to high flow.
18 G: The 18 G IV cannula is commonly used for regular infusions, such as intravenous fluids and medications. It offers a good flow rate without being as large and invasive as the 14 G or 16 G. It is often used for adult patients requiring moderate fluid administration.
20 G: The 20 G IV cannula is smaller and is used for patients who require less fluid flow or for pediatric patients with smaller veins. It is commonly used for routine drug administration, fluid maintenance, and in cases where high flow is not necessary. It is a standard size for general hospital use.

Q.15 What will you do if you have a needle stick injury from an HIV patient?

A. Give an incision to the injury
B. Suck out the blood
C. Squeeze out the blood
D. Wash with soap and water

Answer: D

Sol:

Incision: Incising the wound or trying to cut it open is not recommended for needle stick injuries. It can cause further tissue damage, increase bleeding, and does not effectively reduce the risk of infection or HIV transmission. The focus should be on cleaning the wound properly instead.
Suck out: Attempting to suck out the blood or fluid from the wound is not recommended. It is an ineffective and unsafe method that could cause more harm or potentially introduce more bacteria into the wound. It does not help in reducing the risk of HIV or other infections.
Squeeze out: Squeezing the wound is also not advised. It may cause more bleeding, does not remove contaminants effectively, and may push pathogens deeper into the tissue. Washing the wound thoroughly with soap and water is the best way to reduce the risk of infection after a needle stick injury.
Wash with soap and water: Immediately washing the wound with soap and water is the first and most important step in managing a needle stick injury. This helps to remove any potential pathogens or contaminants from the wound and reduces the risk of infection, including HIV transmission.

Q.16 A 28-year-old primigravida comes to the ANC OPD, how many additional kcal will you recommend?

A. 200 kcal
B. 300 kcal
C. 500 kcal
D. 1000 kcal

Answer: B

Sol:

200 kcal: An additional 200 kcal per day is generally considered too low to meet the nutritional demands during pregnancy. While some women may need slightly fewer calories in the early stages of pregnancy, 200 kcal is insufficient for the increased energy needs as the pregnancy progresses.
300 kcal: During pregnancy, the typical recommendation is to consume an additional 300 kcal per day. This increase in caloric intake supports the growing fetus and helps meet the nutritional demands of the mother. It is generally considered a balanced and safe increase for most women during pregnancy.
500 kcal: A 500 kcal increase might be too high for many pregnant women, especially in the early stages. While some women may need a higher intake depending on factors like twin pregnancies or increased physical activity, 500 kcal could lead to unnecessary weight gain or imbalances in nutrition for most individuals.
1000 kcal: An increase of 1000 kcal per day is typically too high during pregnancy and could lead to excessive weight gain. Most pregnant women only need a modest increase of 300 kcal per day, as consuming 1000 kcal more could lead to an imbalance and increase the risk of complications such as gestational diabetes or excessive weight gain.

Q.17 The pelvis shape with the poorest prognosis for vaginal delivery?

A. Android
B. Gynecoid
C. Platypelloid
D. Anthropoid

Answer: A

Sol: Android: The android pelvis is characterized by a heart-shaped inlet with narrow dimensions, making it the least favorable for vaginal delivery. It often results in a more difficult and slower labor process. This pelvic shape is typically seen in males, and women with this pelvic type may face increased risks of obstructed labor, requiring medical intervention or cesarean section.
Gynecoid: The gynecoid pelvis is the most common and favorable pelvic shape for vaginal delivery. It has a rounded inlet, wide dimensions, and a well-formed pelvic cavity, which provides ample space for the baby to pass through during labor. This pelvic shape allows for smoother, easier labor and is considered ideal for childbirth.
Platypelloid: The platypelloid pelvis has a wide and flattened inlet, but it is shallow. This shape can present challenges during labor as it may impede the descent of the baby, potentially causing a prolonged labor. While not as common, it is still less problematic than the android pelvis, though it may still require careful management during delivery.
Anthropoid: The anthropoid pelvis is oval in shape and is deeper than the gynecoid pelvis. Although it is less common, it typically allows for a relatively easier vaginal delivery compared to the android and platypelloid pelvis. The baby can descend more easily due to the elongated shape of the inlet, although it may require more positioning during labor.

Q.18 This drug is used to?

A. Decrease pain
B. Decrease swelling
C. Decrease secretion
D. Increase secretion

Answer: A

Sol:

Decrease pain: Decrease pain is the primary action of analgesic drugs such as morphine, ibuprofen, and acetaminophen. These drugs are designed to alleviate pain by acting on the nervous system or by reducing inflammation. Morphine is an opioid analgesic that works on the central nervous system to reduce pain perception, while ibuprofen is a non-steroidal anti-inflammatory drug (NSAID) that reduces inflammation and pain.
Decrease swelling: Decrease swelling is typically achieved by anti-inflammatory drugs such as corticosteroids (e.g., prednisone) or NSAIDs (e.g., ibuprofen). These medications reduce inflammation, which in turn reduces swelling. Swelling is often a result of inflammation, so drugs targeting this effect help to control and reduce it.
Decrease secretion: Decrease secretion is related to anticholinergic drugs or certain decongestants. These drugs work by blocking the action of acetylcholine, a neurotransmitter, thereby reducing fluid or mucus secretion. For example, antihistamines can reduce secretion in the respiratory tract, helping to dry up nasal or bronchial secretions during allergies or colds.
Increase secretion: Increase secretion refers to the action of mucolytics or certain expectorants, which help increase mucus production and assist in clearing the airways. Drugs like guaifenesin (an expectorant) help loosen and thin mucus, making it easier to cough up. Mucolytics like acetylcysteine break down the thick mucus, promoting secretion and clearing of the airways.

Q.19 The term 'Gossypiboma' means?

A. Tumor in head
B. Tumor in abdomen
C. During surgery, foreign material left inside the body
D. During surgery, accidentally body organ damage inside the body

Answer: C

Sol:

Tumor in head: A tumor in the head refers to an abnormal growth or mass that occurs in the brain or skull. It can be either benign (non-cancerous) or malignant (cancerous). Common symptoms might include headaches, vision changes, or neurological problems, depending on the tumor's location. However, this option does not relate to gossypiboma, which specifically involves foreign materials left inside the body after surgery.
Tumor in abdomen: A tumor in the abdomen refers to abnormal cell growth that occurs in the abdominal area, such as the stomach, intestines, or ovaries. Tumors can be either benign or malignant, and their symptoms vary depending on the type and location. Again, this is not related to gossypiboma, which involves a foreign object left in the body, not an abnormal growth or tumor.
During surgery, foreign material left inside the body: This describes gossypiboma, which occurs when foreign objects, such as surgical sponges, gauze, or other materials, are unintentionally left inside the body after surgery. This can lead to complications like infection, pain, or swelling. Gossypiboma is a serious surgical error that requires prompt identification and removal of the foreign object. It is the correct option because it directly addresses the definition of gossypiboma.
During surgery, accidentally body organ damage inside the body: Accidental organ damage refers to injuries that happen to internal organs during surgery, such as cuts, tears, or bruising of organs like the liver, intestines, or lungs. This can lead to bleeding or infection and may require immediate surgical correction. While this is a possible complication of surgery, it does not define gossypiboma, which specifically involves foreign materials being left inside the body, not organ damage.

Q.20 Pregnant lady with cord presentation, what is the nursing priority?

A. Give Trendelenburg position
B. Give reverse Trendelenburg position
C. Inform the healthcare provider (HCP)
D. Gently push the cord

Answer: A

Sol:

Give Trendelenburg position: This position (head down, pelvis raised) relieves pressure on the umbilical cord, improving blood flow and oxygen supply to the fetus, which is critical during cord prolapse.
Reverse Trendelenburg: This position, with the head elevated and legs lowered, is not effective for relieving cord pressure and does not improve fetal circulation in the case of cord prolapse.
Inform HCP (Healthcare Provider): While informing the healthcare provider is important, the immediate priority is to manage the cord presentation by positioning the patient appropriately before communication.
Gently push the cord: Pushing the cord back into the uterus can increase the risk of further compression and injury to the cord, worsening fetal distress, and should not be done.

Q.21 What is the cerebral perfusion pressure (CPP) if BP is 90/60 and ICP is 18?

A. 48 mmHg
B. 65 mmHg
C. 52 mmHg
D. 30 mmHg

Answer: C

Sol:

48 mmHg: If the MAP were 66 mmHg (instead of 70), the CPP would be 48 mmHg (66 - 18). However, based on the actual MAP value of 70 mmHg, this calculation is not correct.
65 mmHg: A CPP of 65 mmHg could only occur if the MAP was 83 mmHg (65 + 18). Since we calculated the MAP as 70 mmHg, this option doesn't match the correct value of CPP.
52 mmHg: With a MAP of 70 mmHg and ICP of 18 mmHg, the CPP comes out to be 52 mmHg (70 - 18).
30 mmHg: If the CPP were 30 mmHg, the MAP would need to be 48 mmHg (30 + 18). Since we know the MAP is 70 mmHg, this does not match the correct CPP.

Q.22 Most southern state of India?

A. Karnataka
B. Kerala
C. Tamil Nadu
D. Andhra Pradesh

Answer: C

Sol:

Karnataka: Located in the southwestern part of India, its southernmost point is at 11° 30' N, but not the southernmost state.
Kerala: Located in the southwestern coast, its southernmost point, Kovalam, is close to Kanyakumari, but Tamil Nadu is further south.
Tamil Nadu: The southernmost state of India, with Kanyakumari as the southern tip of the mainland and Indira Point (Nicobar Islands) being the southernmost point.
Andhra Pradesh: Located in the eastern part of India, it is south of many states, but not the southernmost state.

Q.23 3rd planet from the sun?

A. Venus
B. Mars
C. Earth
D. Jupiter

Answer: C

Sol:

Venus: Venus is the 2nd planet from the Sun, not the 3rd.
Mars: Mars is the 4th planet from the Sun, located after Earth.

Earth: Earth is the 3rd planet from the Sun, positioned between Venus and Mars.
Jupiter: Jupiter is the 5th planet from the Sun, much farther than Earth.

Q.24 Rafale jet comes from which country?

A. France
B. Japan
C. China
D. Russia

Answer: A

Sol:

France: Rafale is a French multirole fighter jet developed by Dassault Aviation.
Japan: Japan has its own fighter jets, such as the Mitsubishi F-2, not the Rafale.
China: China produces its own fighter jets, like the Chengdu J-20, not the Rafale.
Russia: Russia has jets like the Sukhoi Su-30, but not the Rafale.

Q.25 After removal of NG (Nasogastric tube) from patient, it is discarded in which color of bag?

A. Yellow
B. Red
C. Black
D. Blue

Answer: B

Sol:

Yellow: Typically used for general waste or infectious waste, not for items like a nasogastric tube.
Red: Used for medical waste such as used bandages, syringes, or other disposable items like the NG tube.
Black: Generally used for non-hazardous waste or general solid waste, not medical items.
Blue: Used for paper and recyclable items, not for medical waste.

Q.26 Electronic City of India?

A. Delhi
B. Chandigarh
C. Bangalore
D. Indore

Answer: C

Sol:

Delhi: The capital city of India, not known as the "Electronic City."
Chandigarh: A well-planned city, but not known as the "Electronic City."
Bangalore: Known as the "Electronic City" of India due to its major IT and tech industries.
Indore: A prominent city in Madhya Pradesh, but not referred to as the "Electronic City."

Q.27 WHO headquarters is situated at?

A. Geneva
B. Rome
C. Washington
D. Paris

Answer: A

Sol:

Geneva: The headquarters of the World Health Organization (WHO) is located in Geneva, Switzerland.
Rome: The Food and Agriculture Organization (FAO) is headquartered in Rome, not the WHO.
Washington: The World Bank and the International Monetary Fund (IMF) are headquartered in Washington, D.C., not the WHO.
Paris: UNESCO is headquartered in Paris, not the WHO.

Q.28 Allergy skin test done with intradermal route only because?

A. Slow absorption of drug
B. Fast absorption of drug
C. ID route less painful
D. ID route less injury to skin

Answer: A

Sol: The intradermal (ID) route is used for allergy skin testing because it allows for slow and localized absorption of the allergen. This enables a controlled exposure to the antigen, so the healthcare provider can accurately observe hypersensitivity reactions, such as wheal and flare responses.
Key reasons why the ID route is preferred:

- The dermis contains a rich supply of immune cells (mast cells, dendritic cells) that quickly react to allergens
- The slow absorption allows sufficient time for a visible allergic response to develop
- It enables precise dosing and observation of even mild hypersensitivity

Hence, the slow and localized absorption is critical for accurate interpretation of type I hypersensitivity (IgE-mediated) reactions.

Explanation of Each Option:

- (a) Slow absorption of drug –
  Correct. Slow absorption allows localized immune cells in the dermis to interact with the allergen, making it ideal for detecting allergic responses.
- (b) Fast absorption of drug –
  Fast absorption (as seen in subcutaneous or intramuscular routes) would disperse the allergen systemically, reducing test accuracy and increasing risk.
- (c) ID route less painful –
  The ID route can actually be more uncomfortable than subcutaneous, due to dermal sensitivity. Pain is not the deciding factor for its use in allergy testing.
- (d) ID route less injury to skin –
  This is not entirely true. The ID route causes a small, raised bleb and local reaction, which is expected and necessary for assessment.

Q.29 **An online seller selling the bag online at ₹2000, with already 20% discount, and after placing the order he gives an additional 10% discount. So, find the actual selling cost of the bag?**

A. ₹1200
B. ₹1440
C. ₹1600
D. ₹1320

Answer: B

Sol:
Original price: ₹2000
After 20% discount: ₹2000 - 20% of ₹2000 = ₹1600
After additional 10% discount on ₹1600: ₹1600 - 10% of ₹1600 = ₹1440
Thus, the final price is ₹1440.

Q.30 **On the evening time in sunlight, face to face, A and D were standing. The A person's shadow is on D's right side. In which direction does D stand?**

A. West side
B. North side
C. South side
D. East side

Answer: B

Sol:
West side: If D were facing west, A's shadow would be on D's left, not on the right side. This is incorrect.
North side: In the evening, the Sun is in the west. If D is facing north, A's shadow will fall on D's right side, which is correct.
South side: If D were facing south, A's shadow would fall on D's left side, not on the right. This is incorrect.
East side: If D were facing east, A's shadow would fall behind D, not on the right.

Q.31 **Who composed the national anthem?**

A. Mahatma Gandhi
B. Rabindranath Tagore
C. Bankim Chandra Chatterjee
D. Madan Mohan Malviya

Answer: B

Sol:
Mahatma Gandhi: Gandhi played a key role in India's independence movement but did not compose the national anthem.
Rabindranath Tagore: He composed the national anthem of India, "Jana Gana Mana," in 1911. It was later adopted as the national anthem in 1950.
Bankim Chandra Chatterjee: He wrote the song "Vande Mataram," which became a patriotic anthem, but not the national anthem.
Madan Mohan Malviya: He was a prominent leader and educationist but did not compose the national anthem.

Q.32 **What is the unit used for measuring camera image resolution?**

A. Megabyte
B. Terabyte
C. Terapixels
D. Megapixels

Answer: D

Sol:
Megabyte: This is a unit for measuring data size, not image resolution.
Terabyte: A large unit of data storage, not used for measuring image resolution.
Terapixels: This is not commonly used. While "terapixels" could theoretically measure very large resolutions, it's not a standard unit in camera specifications.
Megapixels: This is the correct unit for measuring camera image resolution. It refers to the number of pixels in the image, where 1 megapixel = 1 million pixels.

Q.33 **President of India?**

A. Ram Nath Kovind
B. Narendra Modi
C. Rajnath Singh
D. Amit Shah

Answer: A

Sol:
Ram Nath Kovind: He is the current President of India, having taken office on July 25, 2017.
Narendra Modi: He is the Prime Minister of India, not the President.

Rajnath Singh: He is the Home Minister of India, not the President.
Amit Shah: He is the Union Home Minister, not the President.

Q.34 **Oral contraceptive pills (OCP) will be given after how many hours of unprotected sexual intercourse?**

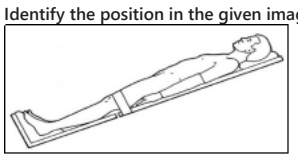
A. Within 72 hours
B. Within 12 hours
C. After 96 hours
D. Within 36 hours

Answer: A

Sol:

Within 72 hours: Oral contraceptive pills (OCP) or emergency contraception are most effective when taken within 72 hours (3 days) of unprotected sexual intercourse. The sooner they are taken, the more effective they are in preventing pregnancy.
Within 12 hours: Although taking OCP within 12 hours is effective, the correct recommended window for emergency contraception is up to 72 hours.
After 96 hours: Emergency contraception is generally not effective after 96 hours (4 days) of unprotected intercourse.
Within 36 hours: Although OCP can still work within 36 hours, the optimal window for use is within 72 hours.

Q.35 **Identify the position in the given image?**



A. Trendelenburg position
B. Lithotomy position
C. Reverse Trendelenburg position
D. Dorsal recumbent position

Answer: C

Sol:

Trendelenburg position: The patient is placed on their back with the head lower than the feet. It is used in certain surgeries and to treat shock.
Lithotomy position: The patient lies on their back with legs raised and spread apart, commonly used during gynecological exams or childbirth.
Reverse Trendelenburg position: The patient is placed on their back with the head higher than the feet, often used for surgeries involving the abdomen or chest.
Dorsal recumbent position: The patient lies on their back with knees bent and feet flat on the bed, used for exams or some surgeries.

Q.36 **Triple test performed at 15-18 weeks of pregnancy. What is the positive test result that indicates Down syndrome?**

A. High and UE3 tend to be high, MSAFP is low
B. MSAFP and UE3 tend to be high, hCG is low
C. MSAFP and UE3 tend to be low, hCG is high
D. High and UE3 tend to be high, MSAFP is high

Answer: C

Sol:

High and UE3 tend to be high, MSAFP is low: This pattern does not match Down syndrome. MSAFP (Maternal Serum Alpha-Fetoprotein) is **low** in Down syndrome, but hCG levels are elevated, not UE3.
MSAFP and UE3 tend to be high, hCG is low: Both MSAFP and UE3 are typically **low** in Down syndrome, not high.
MSAFP and UE3 tend to be low, hCG is high: In Down syndrome, the triple screen results typically show:
MSAFP (Alpha-fetoprotein): Low
UE3 (Unconjugated Estriol): Low
hCG (Human Chorionic Gonadotropin): High This combination is indicative of a positive test for Down syndrome.
High and UE3 tend to be high, MSAFP is high: All three markers being high is not consistent with Down syndrome.

Q.37 **Identify the next number in the sequence: 1, 2, 4, 7, 11, _____**

A. 14
B. 16
C. 12
D. 10

Answer: B

Sol:

The pattern in the given sequence is that the difference between each consecutive number increases by 1:
1. 2 - 1 = 1
1. 4 - 2 = 2
1. 7 - 4 = 3
1. 11 - 7 = 4
So, the next difference should be 5:
1. 11 + 5 = 16
Thus, the next number in the sequence is 16.

Q.38 **Identify the name of the instrument?**

A. Cuscos speculum
B. Sims speculum
C. Doyon retractor
D. Deaver retractor

Answer: B

Sol:

Cuscos speculum: A metal instrument used for vaginal examination. It has a different design compared to the Sims speculum, often used in gynecological exams.
Sims speculum: This is a common instrument used for vaginal and rectal examinations. It is a bivalve speculum designed for gynecological use, which is hinged and has a curved shape to provide better access.
Doyon retractor: A surgical instrument used for retracting tissues during surgery, especially in the abdominal or thoracic regions.
Deaver retractor: A type of retractor, commonly used in abdominal surgeries, to retract large tissues and organs to improve visibility and access.

Q.39 This KUB X-ray is showing?

A. Bladder carcinoma
B. Renal calculi
C. Bladder injury
D. Dilated ureter

Answer: B

Sol:

Bladder carcinoma: A bladder carcinoma may show irregularities or masses in the bladder, but it is not typically visible as a clear structure on a KUB X-ray unless advanced.
Renal calculi: Renal calculi, or kidney stones, typically appear as white, dense spots or areas on an X-ray due to their high calcium content. These stones are commonly visible in the renal region on a KUB X-ray.
Bladder injury: A bladder injury might be seen in contrast studies but is usually not visible in a simple KUB X-ray unless there is associated trauma or air leakage.
Dilated ureter: A dilated ureter may not be very clearly visible on a KUB X-ray unless it's caused by a stone or obstruction, but it's often better detected with imaging techniques like a CT scan or ultrasound.

Q.40 The mesh used in which type of surgery?

A. Cesarean section
B. Cardiac surgery
C. Hernia repair surgery
D. Thoracic surgery

Answer: C

Sol:

Cesarean section: This surgery involves delivering a baby through an incision in the abdomen and uterus. Mesh is not typically used in this procedure.
Cardiac surgery: Mesh is not commonly used in cardiac surgeries, which focus on the heart and blood vessels.
Hernia repair surgery: Mesh is commonly used in hernia repair surgeries to reinforce the abdominal wall or support the tissue around the hernia. This helps to prevent the hernia from recurring.
Thoracic surgery: While mesh may be used in certain thoracic surgeries (like in repairing the chest wall), it is not as routinely used as in hernia repair.

Q.41 Which of the following microorganisms causes gonorrhea?

A. Stylus gonorrhoeae
B. Streptococcus pneumoniae
C. Stereotyoist gonorrhoeae
D. Neisseria gonorrhoeae

Answer: D

Sol:

Stylus gonorrhoeae: This is not a correct name for any known microorganism. It seems to be a misrepresentation of the correct pathogen.
Streptococcus pneumoniae: Streptococcus pneumoniae is a bacterium that causes diseases like pneumonia, meningitis, and otitis media (middle ear infections), but it is not responsible for gonorrhea.
Stereotyoist gonorrhoeae: This is also a misrepresented term and is not a valid microorganism. It is likely a typographical error.
Neisseria gonorrhoeae: Neisseria gonorrhoeae is the bacterium responsible for causing gonorrhea, a sexually transmitted infection. It primarily affects the mucous membranes of the genital tract, but it can also infect the eyes, throat, and rectum.

Q.42 Type I hypersensitivity is mediated by:

A. IgG
B. IgE
C. IgM
D. IgA

Answer: B

Sol:

IgG: IgG is involved in various immune responses, including neutralizing toxins and pathogens, but it is not responsible for Type I hypersensitivity reactions.
IgE: IgE is the immunoglobulin primarily responsible for Type I hypersensitivity reactions, such as allergic reactions (e.g., hay fever, asthma, anaphylaxis). In these reactions, IgE binds to allergens and triggers the release of histamine from mast cells and basophils, leading to the symptoms of an allergic response.
IgM: IgM is the first antibody produced during an immune response but is not involved in Type I hypersensitivity. It mainly helps in the initial stages of the immune response.
IgA: IgA is mainly found in mucosal areas, like the respiratory and gastrointestinal tracts, and plays a role in protecting against infections. It is not involved in Type I hypersensitivity.

Q.43 Which of the following is true about IgM?

A. It is not produced by vertebrates
B. It forms the initial immune response
C. It is not an isotype of antibody
D. It is the smallest antibody

Answer: B

Sol:

It is not produced by vertebrates: IgM is produced by vertebrates and is a critical component of the immune system, particularly in the primary immune response.
It forms the initial immune response: IgM is the first antibody produced during the initial immune response to an infection. It plays a crucial role in early defense mechanisms by neutralizing pathogens and activating the complement system.

It is not an isotype of antibody: IgM is one of the five major isotypes of antibodies (IgG, IgA, IgM, IgE, IgD) and is essential for immune function.
It is the smallest antibody: This is incorrect. IgM is the largest antibody in terms of molecular size. It exists as a pentamer in its secreted form, which makes it significantly larger than other antibody isotypes like IgG.

Q.44 **Surgeon after surgery discard the gloves in red colour bin. Choose the option according to the question?**

A. Surgeon should discard in yellow bin
B. Surgeon discarded in right colour bin
C. Surgeon should discard in blue bin
D. Surgeon should discard in black bin

Answer: B

Sol:

Surgeon should discard in yellow bin: Yellow bins are meant for anatomical waste, soiled dressings, and items contaminated with body fluids. However, gloves are categorized as recyclable waste contaminated with biomedical materials, which is why they should not go in yellow bins.
Surgeon discarded in right color bin: The red bin is used for disposable items like gloves, IV sets, catheters, and other items contaminated with blood or body fluids. The surgeon's action aligns with biomedical waste segregation rules.
Surgeon should discard in blue bin: Blue bins are meant for glassware, metallic items, or sharps like needles and syringes, not gloves. Thus, this option is incorrect.
Surgeon should discard in black bin: Black bins are for general waste, such as paper and plastic that are not contaminated with body fluids or hazardous materials. Disposing of gloves here would violate waste management rules.

Q.45 **Other name of cidex?**

A. Amonium chloride
B. Formaldehyde
C. Isopropyl chloride
D. Glutaraldehyde

Answer: D

Sol:

Ammonium chloride: This is a compound commonly used in fertilizers, dry cell batteries, and as a cleaning agent. It is not related to Cidex.
Formaldehyde: Formaldehyde is a strong-smelling gas used in industrial applications and as a disinfectant. However, it is not the chemical component of Cidex.
Isopropyl chloride: This is an organic compound used in industrial processes, particularly in chemical synthesis, but it is unrelated to Cidex.
Glutaraldehyde (Correct Option): Glutaraldehyde is the active ingredient in Cidex, a high-level disinfectant used to sterilize medical instruments and devices that cannot withstand heat sterilization.

Q.46 **Self-care deficit theory given by?**

A. Hildegard Peplau
B. Virginia Henderson
C. Dorothea Orem
D. Dorothy Johnson

Answer: C

Sol:

Hildegard Peplau: Hildegard Peplau is known for her "Interpersonal Relations Theory," which emphasizes the nurse-patient relationship. It does not address self-care deficits.
Virginia Henderson: Virginia Henderson developed the "Need Theory," which focuses on 14 basic needs of patients and the role of nurses in assisting them, but it is not related to self-care deficit theory.
Dorothea Orem: Dorothea Orem introduced the "Self-Care Deficit Nursing Theory." This theory states that nursing is required when an individual is unable to meet their own self-care needs due to health-related challenges.
Dorothy Johnson: Dorothy Johnson is known for her "Behavioral System Model," which focuses on human behavior as a system, not specifically on self-care.

Q.47 **Nasogastric suction causes which type of acid-base imbalance?**

A. Metabolic acidosis
B. Metabolic alkalosis
C. Respiratory acidosis
D. Respiratory alkalosis

Answer: B

Sol:

Metabolic acidosis: This occurs due to the accumulation of acids or loss of bicarbonates, often seen in conditions like diarrhea or kidney failure. Nasogastric suction removes acidic gastric contents, so it does not lead to acidosis.
Metabolic alkalosis: Nasogastric suction removes gastric acid (hydrochloric acid) from the stomach. This loss of hydrogen ions results in an increase in blood pH, leading to metabolic alkalosis.
Respiratory acidosis: This occurs due to reduced ventilation, which leads to CO_2 retention. Nasogastric suction does not directly affect respiratory function or CO_2 levels.
Respiratory alkalosis: This occurs when there is excessive exhalation of CO_2, often due to hyperventilation. Nasogastric suction does not influence respiration or CO_2 levels, so this is not applicable.

Q.48 **ASHA in "A" stands for?**

A. Accredited
B. Actor
C. Accessory
D. Automized

Answer: A

Sol:

Accredited: ASHA stands for Accredited Social Health Activist. The "A" refers to "Accredited," highlighting the official recognition given to these community health workers in India's healthcare system.
Actor: "Actor" is incorrect as ASHA workers are not performing arts-related roles. They are healthcare activists.
Accessory: "Accessory" is unrelated to the term ASHA and its healthcare responsibilities.
Automized: "Automized" does not fit the context of ASHA, as their roles are human-centered, involving direct community health support and advocacy.

Q.49 **The patient is getting potassium correction in 5% dextrose. What ECG changes will the nurse see to stop the infusion?**

A. Prominent U wave
B. Tall Peaked T wave
C. Depressed ST segments
D. Shallow T wave

Answer: B

Sol:

Prominent U wave: A prominent U wave is associated with hypokalemia (low potassium levels). It is not a sign of hyperkalemia, which can occur due to excessive potassium infusion.
Tall Peaked T wave: Tall, peaked T waves on an ECG are a hallmark sign of hyperkalemia (high potassium levels). If the nurse observes this ECG change, it indicates excessive potassium levels, necessitating immediate cessation of the infusion.
Depressed ST segments: Depressed ST segments are seen in conditions like myocardial ischemia or hypokalemia, not typically in hyperkalemia.
Shallow T wave: A shallow T wave is usually associated with hypokalemia and not relevant in cases of hyperkalemia caused by potassium correction.

Q.50 **If your sister is half your age, in 10 years she will be 3/4th of your age, what is her present age?**

A. 5 years
B. 10 years
C. 15 years
D. 20 years

Answer: A

Sol:

Let x represent your current age. Then, your sister's current age is x/2 because she is half your age.
In 10 years:
1. Your age will be x + 10.
1. Your sister's age will be (x/2) + 10.
According to the question, in 10 years, your sister's age will be 3/4th of your age. Thus, the equation becomes:
(x/2)+10=34·(x+10)(x/2) + 10 = \frac{3}{4} \cdot (x + 10)(x/2)+10=43·(x+10)
Step 1: Eliminate fractions
Multiply through by 4 to eliminate fractions:
4·[(x/2)+10]=3·(x+10)4 \cdot \left[(x/2) + 10\right] = 3 \cdot (x + 10)4·[(x/2)+10]=3·(x+10) 2x+40=3x+302x + 40 = 3x + 302x+40=3x+30
Step 2: Simplify the equation
40−30=3x−2x40 - 30 = 3x - 2x40−30=3x−2x 10=x10 = x10=x
Step 3: Calculate your sister's age
If your age is x = 10, your sister's age is:
x/2=10/2=5 yearsx/2 = 10/2 = 5 \, \text{years}x/2=10/2=5years
Verification:
1. In 10 years, your age = 10+10=2010 + 10 = 2010+10=20.
1. Your sister's age = 5+10=155 + 10 = 155+10=15.
1. Check if your sister's age is 3/4th of your age: 15=34·2015 = \frac{3}{4} \cdot 2015=43·20

Q.51 **The activity not recorded by pulse oximeter?**

A. Pulse
B. Oxygen
C. ECG changes
D. SpO2%

Answer: C

Sol:

Pulse: A pulse oximeter measures the pulse rate by detecting blood volume changes in the small blood vessels. This is a standard feature of pulse oximeters.
Oxygen: The pulse oximeter measures oxygen saturation (SpO_2) in the blood, indicating the percentage of hemoglobin carrying oxygen.
ECG changes: Pulse oximeters cannot record electrical activity of the heart, which is required to detect ECG changes. This requires an electrocardiogram (ECG) machine.
SpO_2%: The pulse oximeter provides a reading of blood oxygen saturation (SpO_2%), making it a key parameter recorded by the device.

Q.52 **Regarding COVID-19 which one is not correct?**

A. COVID-19 severity leads to ARDS
B. Belong to HIV/Hep category
C. Transmitted by aerosol and fomites
D. Sign and symptom of fever, cough

Answer: B

Sol:

COVID-19 severity leads to ARDS: Severe cases of COVID-19 can lead to Acute Respiratory Distress Syndrome (ARDS), a life-threatening condition causing respiratory failure.
Belong to HIV/Hep category: COVID-19 is caused by the SARS-CoV-2 virus, which belongs to the coronavirus family, not the HIV (Human Immunodeficiency Virus) or Hepatitis virus categories.
Transmitted by aerosol and fomites: COVID-19 spreads through respiratory droplets (aerosols) and contact with contaminated surfaces (fomites).
Sign and symptom of fever, cough: Fever and cough are common symptoms of COVID-19, along with other respiratory and systemic symptoms like shortness of breath and fatigue.

Q.53 **Folic acid richest sources?**

A. Milk
B. Meat
C. Green leafy vegetables
D. Banana

Answer: C

Sol:

Milk: Milk contains small amounts of folic acid but is not considered a rich source of this nutrient. It provides other essential nutrients like calcium and vitamin D.
Meat: Meat contains minimal folic acid. It is a good source of protein, iron, and vitamin B12, but not folate.
Green leafy vegetables: Green leafy vegetables, such as spinach, kale, and broccoli, are among the richest natural sources of folic acid. Folic acid is essential for DNA synthesis and cell division, particularly important during pregnancy and for preventing anemia.
Banana: Bananas contain some folic acid but in smaller quantities compared to green leafy vegetables. They are more known for their potassium content.

Q.54 **A patient is very restless while receiving IV fluids to treat dehydration. The IV catheter has slipped out of the vein and fluid is delivered to the surrounding tissues under the skin, causing swelling. Which term best describes this occurrence?**

A. Infection
B. Fluid overload
C. Infiltration
D. Extravasation

Answer: C

Sol:

Infection: Infection refers to the invasion of microorganisms at the IV site, which may result in redness, heat, and pus. This does not describe the condition where IV fluids leak into surrounding tissues.
Fluid overload: Fluid overload occurs when excessive IV fluids are infused into the body, leading to symptoms like shortness of breath, hypertension, or edema, not localized swelling at the IV site.
Infiltration: Infiltration occurs when the IV catheter slips out of the vein and IV fluids leak into the surrounding tissues. This results in swelling, coolness, and discomfort at the site, matching the scenario described.
Extravasation: Extravasation is similar to infiltration but involves the leakage of vesicant or irritating medications into the tissue, which can cause severe damage. The scenario involves fluids, not vesicant medications, so this term is incorrect.

Q.55 **Surgical safety checklist in following action is not included?**

A. Cheque correct patient
B. Correct surgical site
C. Check the blood sugar for all patient
D. Intake output for 24 hour

Answer: C

Sol:

Cheque correct patient: Verifying the correct patient is a critical step in the surgical safety checklist to prevent errors like wrong-patient surgeries.
Correct surgical site: Confirming the surgical site is essential in preventing wrong-site surgeries, a standard part of the surgical safety checklist.
Check the blood sugar for all patient: Monitoring blood sugar levels is not a standard requirement for all patients in the surgical safety checklist unless the patient has diabetes or a related condition.
Intake output for 24 hour: Monitoring intake and output is part of perioperative care and helps assess the patient's fluid balance during and after surgery.

Q.56 **What is the possible complication if the patient complains of pain, redness, tenderness, and warmth on the IV site?**

A. Infiltration
B. Phlebitis
C. Extravasation
D. Hematoma

Answer: B

Sol:

Infiltration: Infiltration occurs when IV fluid or medication leaks into the surrounding tissue due to the catheter being improperly placed or dislodged. It usually presents with swelling, coolness, and pallor, not redness or warmth.
Phlebitis: Phlebitis is the inflammation of a vein caused by irritation from the IV catheter, medication, or fluid. It is characterized by pain, redness, tenderness, and warmth along the vein, making it the correct answer.
Extravasation: Extravasation refers to the leakage of vesicant drugs into surrounding tissue, leading to tissue damage. It may cause swelling and tissue necrosis but not typically redness or warmth.
Hematoma: A hematoma occurs when blood collects outside the blood vessel, often due to trauma or failed IV insertion. It presents as localized swelling and discoloration (bruising) but not warmth or redness.

Q.57 **Lignocaine does not cause the following symptoms?**

A. Hypotension
B. Restlessness
C. Constipation
D. Nausea and vomiting

Answer: B

Sol:

Hypotension: Lignocaine, when administered in high doses or intravenously, can cause hypotension due to its vasodilatory effects.
Restlessness: Lignocaine does not typically cause restlessness. On the contrary, it can have sedative effects on the central nervous system when used as an anesthetic.
Constipation: Constipation is a rare side effect of lignocaine and may occur due to its action on smooth muscles.
Nausea and vomiting: Nausea and vomiting can be side effects of lignocaine, particularly when administered systemically, as it can irritate the gastrointestinal tract or cause CNS effects.

Q.58 **Image to identify which type of amputation?**

A. Transfemoral amputation
B. Transtibial amputation
C. Knee disarticulation
D. Ankle disarticulation

Answer: B

Sol: Transfemoral amputation: Amputation occurs above the knee joint, through the femur, with no knee joint present.
Transtibial amputation: Amputation occurs below the knee joint, preserving the knee and removing part of the tibia and fibula.
Knee disarticulation: Amputation occurs through the knee joint, leaving the femur intact.
Ankle disarticulation: Amputation occurs at the ankle joint, preserving the tibia and fibula but removing the foot.

Q.59 **The purpose of nominal scale?**

A. Ratio
B. Range
C. Mean
D. Median

Answer: D

Sol: The nominal scale is used for categorizing data into distinct, non-overlapping categories without any order or ranking. While the mode (most frequent category) is typically used for nominal data, the median can be applicable in certain situations for analyzing nominal scale data, as it involves central tendency, but it's not commonly used for nominal data.
Explanation of Options:
(a) Ratio: The ratio scale involves numerical values with a true zero point and is used for operations like division, which does not apply to nominal data.
(b) Range: Range measures the spread of continuous data and is not applicable to nominal scales, as nominal data lacks inherent numerical order.

(c) Mean: The mean is used for interval or ratio data with numerical values, not for nominal data, which cannot be averaged.
(d) Median: The median represents the middle value in ordered data, but it's typically used more for ordinal, interval, or ratio scales. However, it's closer to central tendency measures for nominal scale data when required.

Q.60 **Glutaraldehyde is used widely as a cold sterilant to disinfect a variety of heat-sensitive instruments. Give the example?**

A. Forceps
B. Scissors
C. Laparoscopic instruments
D. Patient bed

Answer: C

Sol:

Forceps: Forceps are typically made of metal and can withstand high temperatures, making them suitable for autoclave sterilization. They are not primarily disinfected using glutaraldehyde.
Scissors: Surgical scissors, like forceps, are heat-resistant and are sterilized using autoclaves rather than glutaraldehyde, which is reserved for heat-sensitive items.
Laparoscopic instruments: Laparoscopic instruments are delicate, heat-sensitive tools that can be damaged by autoclaving. Glutaraldehyde is used as a cold sterilant for these instruments to ensure proper disinfection without exposure to high temperatures.
Patient bed: Patient beds are cleaned and disinfected with surface disinfectants, not sterilants like glutaraldehyde. This makes this option irrelevant to the question.

Q.61 **The psychiatric client getting the antipsychotic drugs, and the client getting the symptoms of agitation, feeling of restlessness, dysphoria, and difficulty in sleeping, the group of this adverse effect is called as?**

A. Akathesia
B. Tardive dyskinesia
C. Shakiness
D. Dyskinesia

Answer: A

Sol:

Akathisia: Akathisia is a common side effect of antipsychotic drugs characterized by symptoms of restlessness, agitation, dysphoria (feeling of unease or dissatisfaction), and difficulty sleeping. Patients often feel an uncontrollable urge to move, such as pacing or fidgeting.
Tardive dyskinesia: Tardive dyskinesia is another side effect of long-term antipsychotic use, but it involves involuntary, repetitive movements like lip-smacking, tongue protrusion, or facial grimacing. These symptoms are different from those described in the question.
Shakiness: Shakiness is not a recognized medical term for a specific group of adverse effects. It could refer to tremors, which are not the symptoms described here.
Dyskinesia: Dyskinesia refers to involuntary muscle movements but is a broader term. It does not specifically match the symptoms of restlessness and agitation described in this question.

Q.62 **Function of erythropoietin?**

A. WBC synthesis
B. RBC synthesis
C. Platelet synthesis
D. Plasma synthesis

Answer: B

Sol:

WBC synthesis: White blood cell (WBC) production, or leukopoiesis, occurs in the bone marrow and is regulated by growth factors like granulocyte colony-stimulating factor (G-CSF), not erythropoietin.
RBC synthesis: Erythropoietin is a hormone primarily produced by the kidneys (and in small amounts by the liver). It stimulates the bone marrow to increase the production of red blood cells (RBCs), especially in response to hypoxia (low oxygen levels in tissues).
Platelet synthesis: Platelet production, or thrombopoiesis, is regulated by thrombopoietin, not erythropoietin.
Plasma synthesis: Plasma is the liquid component of blood, consisting mainly of water, proteins, and electrolytes. Its production is not influenced by erythropoietin.

Q.63 **BMI measure by?**

A. Weight in kg/height in meter^2
B. Weight in kg/height in cm
C. Weight in kg/height in meter^3
D. None of the above

Answer: A

Sol:

Weight in kg/height in meter^2: BMI = Weight / Height. This formula accounts for the relationship between a person's weight and the square of their height in meters to provide a normalized measure of body fat.
Weight in kg/height in cm: This formula does not square the height and uses centimeters instead of meters, which is incorrect for calculating BMI.
Weight in kg/height in meter^3: BMI does not involve cubing the height. Using this formula would not produce a meaningful measure of body mass.
None of the above: This option is not correct.

Q.64 **Acute leukemia the blood cells?**

A. Immature leukocytes
B. Immature reticulocyte
C. Immature platelets
D. Mature granulocyte

Answer: A

Sol:

Immature leukocytes: Acute leukemia is characterized by the rapid proliferation of immature white blood cells (leukocytes), also known as blasts, in the bone marrow and blood. These immature cells fail to function normally, leading to compromised immunity.
Immature reticulocyte: Reticulocytes are immature red blood cells (RBCs) that mature into functional RBCs. They are not directly associated with leukemia, which primarily affects white blood cells.
Immature platelets: Platelet precursors are megakaryocytes, and they are not the primary cell type affected in acute leukemia. While platelet production may be indirectly reduced due to bone marrow suppression, it is not the defining feature of leukemia.
Mature granulocyte: Mature granulocytes are fully developed white blood cells. In acute leukemia, the problem lies in the proliferation of immature, non-functional leukocytes rather than mature granulocytes.

Q.65 **A pregnant client asks the nurse in the clinic when she will be able to begin feel the fetus move. The nurse responds by telling the mother that fetal movements will be noted between which weeks of gestation?**

A. 6 & 8

B. 8 & 10
C. 10 & 12
D. 14 & 18

Answer: D

Sol:

6 & 8 weeks: Fetal movements (quickening) are not perceptible to the mother this early. At 6–8 weeks, fetal movements begin, but they are only detectable via ultrasound, not by the mother.
8 & 10 weeks: Similar to the previous option, fetal movements during this period are still too subtle to be felt by the mother. They are visible on an ultrasound.
10 & 12 weeks: While the fetus continues to develop and move actively by this stage, the movements are not strong enough to be felt by the mother.
14 & 18 weeks: Quickening, or the first perception of fetal movements, typically occurs between 14 and 18 weeks of gestation in first-time mothers. For women who have been pregnant before, it may occur slightly earlier due to familiarity with the sensation.

Q.66 **How many students in the class do not have a mobile phone?**
1. 30 students have a mobile phone in the classroom.
1. There are a total of 50 students in the classroom.

A. Data in both the statements I and II is not sufficient to answer the question.
B. Data in statement I alone is sufficient to answer the question.
C. Data in statement II alone is sufficient to answer the question.
D. The data given in both statements I and II together are necessary.

Answer: D

Sol:

Statement I:
0. "30 students have a mobile phone in the classroom."
0. This tells us how many students have a mobile phone but does not provide the total number of students in the classroom. Alone, it is insufficient to determine how many students do not have a mobile phone.
Statement II:
0. "There are a total of 50 students in the classroom."
0. This provides the total number of students but does not tell us how many students have a mobile phone. Alone, it is also insufficient.
Combining Both Statements:
0. From Statement I: 30 students have a mobile phone.
0. From Statement II: Total students = 50.
0. Students without a mobile phone = Total students - Students with a mobile phone. 50−30=20.50 - 30 = 20.50−30=20.
0. By combining both statements, we can conclude that 20 students do not have a mobile phone.

Q.67 **The infant undergone for VP (ventriculo peritoneal) shunt surgical procedure. On the assessment how will you assess the sign of increased ICP?**

A. Respiration
B. Blood pressure
C. Anterior fontanel assessment
D. Your first investigation should be Urine output

Answer: C

Sol:

Respiration:Abnormal respiratory patterns (e.g., Cheyne-Stokes breathing) may indicate increased intracranial pressure (ICP), but they are not the most direct or reliable method to assess increased ICP in infants.
Blood pressure: Elevated blood pressure can occur with increased ICP due to Cushing's triad, but it is not specific to infants and may require additional indicators for accurate diagnosis.
Anterior fontanel assessment: In infants, the anterior fontanel (soft spot on the head) can bulge in response to increased ICP. It is a reliable and easily observable indicator for assessing increased ICP in infants.
Urine output: Urine output is not a direct indicator of increased ICP. It is more relevant for assessing kidney function and fluid balance, not neurological status.

Q.68 **Painful Bleeding at 34 weeks of gestation**

A. Placenta previa
B. Placenta percreta
C. Abruptio placentae
D. Placenta accreta

Answer: C

Sol:

Placenta previa: Placenta previa involves painless vaginal bleeding caused by the placenta covering the cervix. Pain is not a common feature, which differentiates it from abruptio placentae.
Placenta percreta: Placenta percreta is a severe form of placenta accreta where the placenta invades through the uterine wall and may attach to nearby organs. It is associated with complications during delivery rather than painful bleeding during pregnancy.
Abruptio placentae: Abruptio placentae occurs when the placenta prematurely separates from the uterine wall, leading to painful bleeding and uterine tenderness. It is a medical emergency that can compromise both maternal and fetal health.
Placenta accreta: Placenta accreta refers to the abnormal attachment of the placenta to the uterine wall, making it difficult to detach during delivery. It is not typically associated with painful bleeding during pregnancy.

Q.69 **In placenta previa and bleeding of gestation, investigation of choice?**

A. Perform USG
B. CT scan
C. MRI
D. Pelvic X-ray

Answer: A

Sol:

Perform USG: Ultrasound (USG) is the investigation of choice for diagnosing placenta previa. It is non-invasive, safe for both the mother and fetus, and highly accurate in identifying the position of the placenta and its relation to the cervix.
CT scan: A CT scan involves ionizing radiation, which is generally avoided in pregnant women due to potential risks to the fetus. It is not preferred for evaluating placenta previa.
MRI: MRI can provide detailed images and is sometimes used as a second-line investigation for placental abnormalities. However, it is not the primary choice due to cost and limited availability compared to ultrasound.
Pelvic X-ray: Pelvic X-rays are not used to diagnose placenta previa because they provide limited information about soft tissues like the placenta and expose the fetus to radiation.

Q.70 **A 39 years old woman para 6 has presented with complaint of post coital bleeding for the three months. Your first investigation should be?**

A. Dilatation and curettage
B. Pap smear

C. Colposcopy
D. Laparoscopy

Answer: B

Sol:

Dilatation and curettage (D&C): D&C is a diagnostic or therapeutic procedure used to collect endometrial tissue for investigation. It is not the first-line investigation for post-coital bleeding, which is more commonly associated with cervical abnormalities.
Pap smear: A Pap smear is a simple, non-invasive screening test for cervical cancer and precancerous lesions. It is the first investigation of choice for post-coital bleeding, especially in women at risk for cervical abnormalities.
Colposcopy: Colposcopy is a detailed examination of the cervix using a magnifying instrument. It is typically performed after an abnormal Pap smear result, making it a second-line investigation.
Laparoscopy: Laparoscopy is a minimally invasive surgical procedure used to examine abdominal or pelvic organs. It is not indicated for investigating post-coital bleeding.

Q.71 **Not recognize word affect Wernicke's area then damage which lobe of brain?**

A. Parietal lobe
B. Temporal lobe
C. Frontal lobe
D. Occipital lobe

Answer: B

Sol:

Parietal lobe: The parietal lobe is involved in processing sensory information, such as touch and spatial awareness. It is not associated with language comprehension or Wernicke's area.
Temporal lobe: Wernicke's area is located in the temporal lobe of the brain, specifically in the dominant hemisphere (left in most people). Damage to this area results in difficulty recognizing and comprehending words, a condition known as Wernicke's aphasia.
Frontal lobe: The frontal lobe is responsible for higher cognitive functions, motor control, and speech production (Broca's area). It is not involved in word recognition.
Occipital lobe: The occipital lobe primarily handles visual processing and is unrelated to language or word recognition.

Q.72 **You are preparing to give potassium chloride 30 mEq in 1000 ml of normal saline over 10 hours. The medication label reads 40 mEq per 20 ml. How many milliliters of potassium chloride do you need to administer the correct dose?**

A. 10 ml
B. 15 ml
C. 20 ml
D. 50 ml

Answer: B

Sol:

10 ml: 10 ml would only provide 20 mEq (10 × 2 mEq/ml), which is insufficient.
15 ml: 15 ml delivers exactly 30 mEq (15 × 2 mEq/ml).
20 ml: 20 ml delivers 40 mEq (20 × 2 mEq/ml), which exceeds the required dose.
50 ml: 50 ml delivers 100 mEq (50 × 2 mEq/ml), which is far above the required dose.

Q.73 **Early indicator of hypoxia in unconscious client?**

A. Restlessness
B. Cyanosis
C. Tachycardia
D. Hypertension

Answer: A

Sol: Restlessness: Restlessness is an early and subtle sign of hypoxia, even in unconscious clients. It reflects the brain's response to insufficient oxygen supply, causing agitation or unease.
Cyanosis: Cyanosis, or bluish discoloration of the skin and mucous membranes, is a late indicator of hypoxia. It occurs after significant oxygen depletion in the blood.
Tachycardia: Tachycardia (increased heart rate) is a compensatory response to hypoxia, but it may not always be evident in unconscious clients. It is not as early an indicator as restlessness.
Hypertension: Hypertension can occur as a response to hypoxia but is not a primary or early sign. It is less specific compared to restlessness.

Q.74 **In child not autoimmune disorder?**

A. Diabetes mellitus
B. Lupus erythematosus
C. Rheumatic arthritis
D. Diabetic insipidus

Answer: D

Sol:

Diabetes mellitus: Type 1 diabetes mellitus is an autoimmune disorder where the immune system attacks insulin-producing beta cells in the pancreas.
Lupus erythematosus: Lupus is an autoimmune disorder that affects multiple organ systems, including joints, skin, and kidneys.
Rheumatic arthritis: Rheumatic arthritis (juvenile idiopathic arthritis) is an autoimmune condition causing joint inflammation in children.
Diabetic insipidus: Diabetes insipidus is not an autoimmune disorder. It results from issues with antidiuretic hormone (ADH) production or response, affecting water regulation in the body.

Q.75 **Following is Gastric compression tube?**

A. Jejunostomy tube
B. Sengstaken Blakemore tube
C. Levin tube
D. Salem sump tube

Answer: B

Sol:

Jejunostomy tube: This tube is used for feeding directly into the jejunum, not for gastric compression.
Sengstaken Blakemore tube:This tube is designed for gastric compression, typically used to control bleeding from esophageal varices by applying pressure.
Levin tube: This is a single-lumen nasogastric tube used for gastric suctioning or feeding but not for compression.
Salem sump tube: This is a double-lumen nasogastric tube used for suctioning and decompression but not specifically for gastric compression.

Q.76 **After delivery of head of baby next action?**

A. Cut the cord
B. Delivery of anterior shoulder
C. Check FHR
D. Delivery of body

Answer: B

Sol:

Cut the cord: The umbilical cord is not cut immediately after the delivery of the head. It is typically clamped and cut after the full delivery of the baby unless an emergency requires early cord cutting.
Delivery of anterior shoulder: After the head is delivered, the next step is to assist in delivering the anterior shoulder by gently guiding it downward. This is necessary to safely facilitate the delivery of the baby without causing injury.
Check FHR: Checking the fetal heart rate (FHR) is important during labor to monitor the baby's well-being, but it is not the immediate next action following the delivery of the head.
Delivery of body: The delivery of the body follows the delivery of both the anterior and posterior shoulders. It is not the next immediate step after the head.

Q.77 **Pressure ulcer clean with?**

A. H2O2
B. Dettol solution
C. Glutaraldehyde solution
D. Betadine

Answer: A

Sol:

H_2O_2: Hydrogen peroxide (H_2O_2) is commonly used to clean pressure ulcers as it helps in removing debris and necrotic tissue by releasing oxygen bubbles. However, its use should be cautious as it may delay healing if overused due to its potential to damage healthy tissue.
Dettol solution: Dettol is an antiseptic solution but is not typically recommended for pressure ulcers as it may irritate the tissue and slow the healing process.
Glutaraldehyde solution: Glutaraldehyde is a disinfectant used for sterilizing medical equipment, not for cleaning wounds or pressure ulcers. It is too harsh and unsuitable for direct use on tissue.
Betadine: Betadine (povidone-iodine) is an antiseptic often used for wound cleaning, but it is not the first choice for cleaning pressure ulcers as it can also damage healing tissue when used excessively.

Q.78 **Which drug decreases the threshold of seizures?**

A. Lithium
B. Anticonvulsants
C. Benzodiazepine
D. Barbiturate

Answer: B

Sol:

Lithium: Lithium is used to treat bipolar disorder and does not decrease the seizure threshold. In fact, it may actually increase the risk of seizures in some individuals, particularly when levels are not well controlled.
Anticonvulsants: Certain anticonvulsant drugs, such as tricyclic antidepressants or other medications like phenothiazines, can lower the seizure threshold, making it easier for seizures to occur. However, most anticonvulsants are used to prevent seizures.
Benzodiazepine: Benzodiazepines, like diazepam, are used to treat seizures (they are anticonvulsants) and increase the seizure threshold, making seizures less likely, not more.
Barbiturate: Barbiturates are sedative medications that can have anticonvulsant effects, but they typically increase the seizure threshold, not decrease it.

Q.79 **A type of fever in which after every 24 hours the body temperature comes to normal level is known as?**

A. Intermittent fever
B. Continued fever
C. Remittent fever
D. Relapsing fever

Answer: A

Sol:

Intermittent fever: This is a type of fever where the body temperature rises and then returns to normal after a specific period (often every 24 hours). It typically occurs in conditions like malaria and certain bacterial infections.
Continued fever: In continued fever, the body temperature remains elevated for several days without a significant fluctuation. It does not return to normal periodically.
Remittent fever: This type of fever shows significant fluctuation in temperature, but it never returns to normal levels. The temperature stays high, but the daily variations are noticeable.
Relapsing fever: This type of fever involves cycles of high fever followed by periods of normal temperature, but these cycles are usually more prolonged, with relapses occurring after several days.

Q.80 **A 32-week pregnant woman is hospitalized with vaginal discharge, and its fibronectin test is positive. What kind of labor does it indicate?**

A. Post term labor
B. Prolonged labor
C. Preterm labor
D. Precipitated labor

Answer: C

Sol:

Post term labor: Post term labor occurs after 42 weeks of pregnancy. It is not associated with a positive fibronectin test.
Prolonged labor: Prolonged labor refers to a slow progression of labor once it has started. It is not directly related to a positive fibronectin test.
Preterm labor: A positive fibronectin test in a woman at 32 weeks of pregnancy indicates an increased risk of preterm labor. Fetal fibronectin is a protein found in vaginal secretions, and its presence suggests that the body is preparing for early delivery, usually before 37 weeks.
Precipitated labor: Precipitated labor involves a very rapid progression of labor, typically lasting less than 3 hours, which is not indicated by a positive fibronectin test.

Q.81 **The causative agent of Lyme disease is:**

A. Rickettsia prowazekii
B. Alphavirus
C. Borrelia burgdorferi
D. Trypanosoma brucei gambiense

Answer: C

Sol:

Rickettsia prowazekii: Rickettsia prowazekii is the causative agent of epidemic typhus, not Lyme disease. It is transmitted by lice and affects the skin, nervous system, and organs.
Alphavirus: Alphavirus refers to a group of viruses that can cause diseases like chikungunya or Eastern equine encephalitis. These viruses are not responsible for Lyme disease, which is caused by a bacterium.

Borrelia burgdorferi: Borrelia burgdorferi is the bacterium responsible for Lyme disease. Lyme disease is transmitted through the bite of an infected black-legged tick (Ixodes species). The symptoms include fever, fatigue, and a characteristic skin rash known as erythema migrans.
Trypanosoma brucei gambiense: Trypanosoma brucei gambiense is the causative agent of sleeping sickness (African trypanosomiasis), which is transmitted by the tsetse fly, not related to Lyme disease.

Q.82 **Widal, a serological test, is used to detect the presence of which of the following pathogenic microorganisms?**

A. E coli
B. Mycobacterium tuberculosis
C. Haemophilus influenzae
D. Salmonella typhi

Answer: D

Sol:

E. coli: E. coli is a bacterium, but Widal test is not used to detect it. The test is specifically used for diagnosing typhoid fever, which is caused by Salmonella typhi, not E. coli.
Mycobacterium tuberculosis: Mycobacterium tuberculosis is the causative agent of tuberculosis. Widal test does not detect this bacterium; instead, diagnostic tests like the Mantoux test (tuberculin skin test) are used for tuberculosis.
Haemophilus influenzae: Haemophilus influenzae causes respiratory infections and meningitis. The Widal test is not used to detect this microorganism. Other specific tests like blood cultures are used for diagnosing infections caused by Haemophilus influenzae.
Salmonella typhi: The Widal test is a serological test used to detect Salmonella typhi, the bacterium responsible for typhoid fever. It detects the presence of specific antibodies against the bacteria's antigens, such as O and H antigens, in the patient's blood.

Q.83 **Who among the following devised the autoclave used for sterilization?**

A. Charles Chamberland
B. Robert Koch
C. Edward Jenner
D. Anton van Leeuwenhoek

Answer: A

Sol:

Charles Chamberland: Charles Chamberland was a French microbiologist who devised the autoclave used for sterilization. The autoclave uses high-pressure steam to sterilize medical and laboratory equipment by killing bacteria, viruses, and other pathogens. This makes him the correct answer.
Robert Koch: Robert Koch was a German physician and microbiologist known for discovering the causative agents of tuberculosis, cholera, and anthrax, and for Koch's postulates. While important in microbiology, he did not invent the autoclave.
Edward Jenner: Edward Jenner is best known for developing the smallpox vaccine. He was a pioneering figure in immunology but had no contribution to the invention of the autoclave.
Anton van Leeuwenhoek: Anton van Leeuwenhoek was a Dutch scientist credited with the discovery of microorganisms using a microscope, but he did not devise the autoclave.

Q.84 **Which of the following is NOT related to MMR vaccine?**

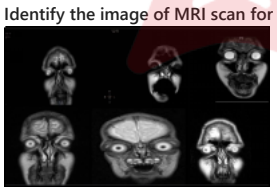
A. Rubella
B. Measles
C. Rickets
D. Mumps

Answer: C

Sol:

Rubella: Rubella is one of the diseases covered by the MMR vaccine. The vaccine provides protection against rubella, which is a viral infection that can cause birth defects if contracted during pregnancy.
Measles: Measles is another disease that the MMR vaccine protects against. It is a highly contagious viral infection characterized by fever, cough, and a characteristic rash.
Rickets: Rickets is NOT related to the MMR vaccine. Rickets is a disease caused by vitamin D deficiency, which leads to weakened bones. It is not prevented by the MMR vaccine, which targets viral infections like measles, mumps, and rubella.
Mumps: Mumps is also covered by the MMR vaccine. Mumps is a viral infection that causes swelling of the salivary glands and can lead to complications such as hearing loss or infertility.

Q.85 **Identify the image of MRI scan for which body organ?**



A. Abdomen
B. Face
C. Head
D. Pelvis

Answer: B

Sol:

Abdomen: An MRI of the abdomen is used to evaluate abdominal organs such as the liver, kidneys, pancreas, intestines, and spleen. This would not focus on the facial structures, making this option incorrect.
Face: An MRI of the face focuses on the facial bones, soft tissues, muscles, sinuses, and nerves. It is used to assess conditions such as tumors, fractures, infections, or nerve damage in the facial region, making this the correct option.
Head: An MRI of the head typically focuses on the brain and surrounding structures like the skull, blood vessels, and nerves. It would not focus on the facial region, so this option is not correct for an image of the face.
Pelvis: An MRI of the pelvis looks at the organs in the pelvic region, such as the bladder, reproductive organs, and pelvic bones. It does not include the face, so this option is also incorrect.

Q.86 **After thoracentesis, patient to give position?**

A. Side lying position with unaffected side down
B. Side lying position with affected side down
C. Prone position
D. Supine position

Answer: A

Sol:

Side lying position with unaffected side down: After thoracentesis, the patient should be placed in a side-lying position with the unaffected side down. This helps prevent any pressure on the recently punctured site and allows the lung to expand properly. It also promotes proper drainage and minimizes the risk of complications.
Side lying position with affected side down: Placing the affected side down is not recommended as it could put pressure on the puncture site and potentially cause complications, such as air or fluid accumulation.

Prone position: The prone position is not generally recommended after thoracentesis as it may not provide optimal drainage or minimize the risk of complications for the punctured lung.
Supine position: The supine position may not be ideal after thoracentesis because it could lead to fluid accumulation in the lungs and may not provide the same benefits for drainage or preventing complications as the side-lying position with the unaffected side down.

Q.87 **Name of the scale for measuring symptom severity of patients with schizophrenia?**

A. NRS
B. PANSS
C. VAS
D. FLACC

Answer: B

Sol:

NRS (Numerical Rating Scale): The NRS is used to assess the intensity of pain, not specifically for schizophrenia. It involves patients rating their pain on a scale from 0 to 10.
PANSS (Correct answer): PANSS stands for the Positive and Negative Syndrome Scale. It is a clinical scale used to measure the severity of symptoms in patients with schizophrenia. The scale evaluates positive symptoms (such as delusions and hallucinations), negative symptoms (such as apathy or lack of emotion), and general psychopathology.
VAS (Visual Analog Scale): The VAS is a tool commonly used to measure the intensity of pain or other subjective experiences. It is not used for schizophrenia symptom severity.
FLACC (Face, Legs, Activity, Cry, Consolability): The FLACC scale is used to assess pain in infants or non-verbal patients based on their facial expressions and other behaviors. It is not used for schizophrenia.

Q.88 **Safest exercise advised to pregnant mother?**

A. Cycling
B. Swimming
C. Football
D. Racing

Answer: B

Sol:

Cycling: While cycling is generally a good form of exercise, it may pose a risk to pregnant women due to the possibility of losing balance and falling, especially as the pregnancy progresses.
Swimming: Swimming is considered one of the safest exercises during pregnancy. It is low-impact, helps reduce swelling, and supports the body weight in water, reducing the risk of falls or injury. It also provides a full-body workout, which is beneficial for the cardiovascular system and overall health.
Football: Football is a high-contact sport that involves the risk of injury, falls, and trauma to the abdomen, which can be harmful during pregnancy. It is not advisable.
Racing: Racing involves high speed and intensity, which increases the risk of injury. It is not safe for pregnant women due to the strain and the potential for accidents or falls.

Q.89 **Which of the following behavioral therapy is effective in treating patients with OCD?**

A. Exposure and response prevention
B. Aversion therapy
C. Psychodynamic therapy
D. Cognitive behavioral therapy

Answer: A

Sol:

Exposure and response prevention: This is a type of Cognitive Behavioral Therapy (CBT) specifically designed for treating Obsessive-Compulsive Disorder (OCD). It involves exposing the patient to the thoughts or situations that trigger their compulsive behaviors and preventing the response (compulsive behavior), which helps them learn that the anxiety will decrease without the ritual. This approach is highly effective in treating OCD.
Aversion therapy: This therapy uses unpleasant stimuli to reduce unwanted behaviors. It is not typically used for OCD, as it focuses on associating negative experiences with certain behaviors, and does not target the obsessions or compulsions effectively.
Psychodynamic therapy: This therapy focuses on exploring unconscious conflicts and past experiences that may influence current behavior. While it can be helpful in some psychological conditions, it is generally not the first-line treatment for OCD compared to Exposure and Response Prevention.
Cognitive Behavioral Therapy (CBT): CBT is indeed effective for OCD, but Exposure and Response Prevention (a subset of CBT) is more specific and targeted in treating OCD by addressing the compulsive behaviors directly.

Q.90 **When is the reason to perform naloxone challenge test on the client with opioid abuse?**

A. To check the reaction of the drug
B. To check patient interest
C. To treat opioid abuse
D. To check the level of physical dependence

Answer: D

Sol:

To check the reaction of the drug: The naloxone challenge test is not used to assess drug reactions but to evaluate withdrawal symptoms caused by opioid dependence.
To check patient interest: This is irrelevant. The test is not designed to assess a client's willingness or interest in treatment.
To treat opioid abuse: Naloxone is used in acute overdose cases to reverse opioid effects, not specifically for treating opioid abuse. The challenge test does not serve a therapeutic purpose.
To check the level of physical dependence: The naloxone challenge test is conducted to assess the level of physical dependence on opioids. Naloxone, an opioid antagonist, induces withdrawal symptoms in physically dependent individuals. This helps determine whether opioids are still present in the system or if the individual is dependent.

Q.91 **Which of the following drug administration during post-operative period will cause nausea and vomiting?**

A. Diclofenac
B. Paracetamol
C. Tramadol
D. Ondansetron

Answer: C

Sol: Diclofenac: Diclofenac is a non-steroidal anti-inflammatory drug (NSAID) used for pain relief. It may cause stomach irritation or ulcers in some individuals, but it is not typically known to directly cause nausea and vomiting post-operatively.
Paracetamol: Paracetamol (acetaminophen) is commonly used for pain relief and is generally well-tolerated. It does not typically cause nausea or vomiting during the post-operative period.
Tramadol: Tramadol is an opioid-like analgesic. While it can cause nausea and vomiting in some patients, it is more commonly associated with dizziness, constipation, or sedation rather than directly causing nausea and vomiting.
Ondansetron: Ondansetron is a antiemetic drug used to prevent nausea and vomiting. While it is generally effective in preventing nausea and vomiting, in some rare cases, it can cause nausea and vomiting as a side effect, especially if administered in high doses or in certain patients.

Q.92 **What is the immediate first aid management of chemical accident foreign body in the cornea area?**

A. Remove foreign body
B. Cover the foreign body
C. Clean the eyes with water/normal saline
D. Give pain management

Answer: C

Sol:

Correct Option: 3. Clean the eyes with water/normal saline
Remove foreign body: Removing a foreign body from the cornea should not be done immediately, especially in the case of a chemical injury. It may cause further damage or worsen the injury.
Cover the foreign body: Covering the foreign body may be useful in some situations, but the first priority in a chemical accident is to flush the eyes with water or saline to remove the chemical and reduce irritation.
Clean the eyes with water/normal saline: The immediate first aid for a chemical foreign body in the eye is to flush the eyes with water or normal saline for at least 15 minutes. This helps to dilute and wash away the chemical, reducing damage to the eye.
Give pain management: Pain management is important, but the first priority is to remove or neutralize the chemical by flushing the eyes before addressing pain.

Q.93 **Your finding emulsification of fat in TPN (Total Parenteral Nutrition) bag. As a nurse, what is your immediate action?**

A. Change the new bag
B. Rub the bag
C. Administer fast
D. Nothing to do

Answer: A

Sol:

Change the new bag: Emulsification of fat in a TPN (Total Parenteral Nutrition) bag indicates that the fat has separated or is not properly mixed, which can affect the efficacy and safety of the TPN. The correct action is to change the bag to ensure the patient receives the proper nutrients.
Rub the bag: Rubbing the bag may not solve the problem of emulsification and could potentially cause further issues. The fat needs to be properly mixed, and rubbing the bag is not an appropriate solution.
Administer fast: Administering the TPN with emulsified fat may be harmful to the patient, so it should not be done. The proper action is to address the issue with the bag before administration.
Nothing to do: Doing nothing could lead to the patient receiving improper nutrition or experiencing complications. The issue should be addressed immediately.

Q.94 **Characteristic of breast cancer?**

A. Non-moveable fixed irregular mass
B. Non-moveable fixed regular mass
C. Moveable fixed irregular mass
D. Moveable fixed regular mass

Answer: A

Sol:

Non-moveable fixed irregular mass: A characteristic feature of breast cancer is the presence of a non-moveable, fixed, irregular mass. The irregular shape indicates abnormal growth, and fixation suggests the tumor may have invaded surrounding tissues, which is common in malignancies.
Non-moveable fixed regular mass: A regular mass is less likely to indicate cancer as malignant tumors are typically irregular. Regular, fixed masses may be benign (like fibroadenomas) but are rare.
Moveable fixed irregular mass: A fixed mass cannot be moveable. The terms are contradictory. Breast cancer masses are generally non-moveable.
Moveable fixed regular mass: This option is also contradictory, as a fixed mass cannot be moveable. Regular, moveable masses are usually benign and not indicative of malignancy.

Q.95 **The umbilical cord contains at term by?**

A. Two arteries two veins
B. Two arteries one vein
C. One artery two veins
D. One artery one vein

Answer: B

Sol:

Two arteries, two veins: The normal umbilical cord at term contains only two arteries and one vein, not two veins.
Two arteries, one vein: The umbilical cord at term typically contains two arteries and one vein. The two arteries carry deoxygenated blood from the fetus to the placenta, and the vein carries oxygenated blood from the placenta to the fetus.
One artery, two veins: The typical umbilical cord structure does not contain one artery and two veins.
One artery, one vein: The normal umbilical cord has two arteries and one vein.

Q.96 **Murphy sign is seen in which disorder?**

A. Appendicitis
B. Cystitis
C. Cholecystitis
D. Renal stone

Answer: C

Sol:

Appendicitis: Murphy's sign is not typically associated with appendicitis. Appendicitis is characterized by right lower quadrant abdominal pain, fever, and nausea, but it doesn't involve the specific palpation test that defines Murphy's sign.
Cystitis: Cystitis refers to inflammation of the bladder, typically causing dysuria (painful urination) and lower abdominal discomfort. Murphy's sign is not related to cystitis.
Cholecystitis: Murphy's sign is a clinical sign observed in cholecystitis, which is the inflammation of the gallbladder. It is tested by palpating the right upper quadrant of the abdomen while the patient inhales deeply. If the patient stops inhaling due to pain, the sign is considered positive, indicating possible cholecystitis.
Renal stone: Renal stones (kidney stones) typically cause pain in the flank area and may present with hematuria or urinary symptoms. Murphy's sign is not associated with renal stones.

Q.97 **A client says that his thought is being telecasted in media without his knowledge?**

A. Circumstantiality
B. Derailment
C. Thought broadcasting
D. Clang association

Answer: C

Sol:

Circumstantiality: This refers to a speech pattern where the person provides excessive detail or unnecessary information before reaching the point. It does not involve thoughts being "telecasted" or shared with others.

Derailment: Derailment (also known as "loose associations") is a disorganized thought process in which the person's speech jumps from one topic to another with no clear connection. It is not related to the belief that thoughts are being broadcast.

Thought broadcasting: Thought broadcasting is a type of delusion where the individual believes that their thoughts are being transmitted or broadcasted to others, often through media or other means, without their consent or knowledge. This is a common symptom of certain psychiatric conditions, such as schizophrenia.

Clang association: Clang associations are a pattern of speech in which words are chosen based on their sound rather than their meaning, often involving rhyming or similar-sounding words. It does not involve the belief that thoughts are being broadcasted.

Q.98 **Vacuum suction pressure in adults is?**

A. 120 mmHg
B. 170 mmHg
C. 80 mmHg
D. 60 mmHg

Answer: A

Sol:

120 mmHg: This is the recommended suction pressure for adults during medical procedures like airway suctioning. It is sufficient to remove secretions effectively while minimizing tissue damage.

170 mmHg: This pressure is higher than the standard recommendation for adults and could cause trauma to delicate tissues in the airway, such as mucosal damage or bleeding.

80 mmHg: This pressure is lower than the optimal range and may not provide effective suctioning, especially for thick secretions or larger volumes.

60 mmHg: AThis is too low for adult suctioning and is insufficient to clear the airway. Such a low pressure might be used for neonates or very delicate procedures.

Q.99 **India is having rupees at the same way United States currency?**

A. Euro
B. Dollar
C. Taka
D. Pound

Answer: B

Sol:

Euro: The Euro is the official currency of the Eurozone, which includes countries like France, Germany, and Spain, not the United States or India. So, it is not the same currency as the Indian Rupee or U.S. Dollar.

Dollar: The U.S. Dollar is the official currency of the United States. While India uses the Indian Rupee (INR), the U.S. Dollar is considered the currency of the United States, much like the Indian Rupee is for India. They are both individual currencies used in their respective countries, but the U.S. Dollar is the closest comparison in terms of being an internationally recognized currency.

Taka: The Taka is the currency of Bangladesh, not the United States. It is unrelated to the Indian Rupee or U.S. Dollar.

Pound: The Pound is the currency of the United Kingdom. It is not the same as the Indian Rupee or U.S. Dollar, which are separate currencies.

Q.100 **Following death, the subjective response surviving experienced by the loved ones is called:**

A. Bereavement
B. Mourning
C. Compliance
D. Grief

Answer: D

Sol: **Correct Answer: (d)**

Grief is the **internal, personal, and emotional response** experienced after the loss of a loved one. It includes feelings such as sadness, anger, guilt, denial, loneliness, or even relief. Grief is subjective, meaning each person experiences and expresses it differently based on personality, relationship with the deceased, culture, and coping mechanisms.

To understand it clearly, it is important to differentiate related terms:

- **Bereavement** refers to the **state of having lost someone** due to death. It describes the condition of the survivor.
- **Mourning** is the **external expression of grief**, influenced by cultural, religious, and social customs (e.g., wearing black clothes, rituals, prayer ceremonies).
- **Grief**, therefore, is the **inner emotional experience**, while mourning is its outward expression.

Hence, the subjective response experienced by loved ones after death is called **grief**.
