



SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY

THIRUVANANTHAPURAM—695 011, INDIA.

(An Institute of National Importance under Govt. of India)

Phone—(91)0471—2443152 Fax—(91)0471—2446433, 2550728

Email-sct@sctimst.ac.in Web site—www.sctimst.ac.in

ROLL NUMBER

WRITTEN TEST FOR THE POST OF NURSING OFFICER – A TO B

DATE: 26.03.2025

TIME: 09.30 to 10.30 AM

DURATION: 60 MINUTES

Total Marks: 50

INSTRUCTIONS TO THE CANDIDATES

1. Write your Roll Number on the top of the Question Booklet and in the answer sheet.
2. Each question carries 1 mark.
3. There will not be any Negative Marking.
4. Write legibly the alphabet of the most appropriate answer (A, B, C or D) in the separate answer sheet provided.
5. Over-writing is not permitted.
6. Candidate should sign in the question paper and answer sheet.
7. No clarifications will be given.
8. Candidate should hand over the answer sheet to the invigilator before leaving the examination hall.

Signature of the Candidate

Handwritten signature
26/3/25
o/c

NURSING OFFICER FCP 2025

1. A nurse is assessing an electrocardiogram rhythm strip. The P waves and QRS complexes are regular. The PR interval is 0.16 second, and QRS complexes measure 0.06 second. The overall heart rate is 64 beats per minute. The nurse assesses the cardiac rhythm as:
 - a. Normal Sinus Rhythm
 - b. Sick Sinus Syndrome
 - c. Sinus Bradycardia
 - d. First Degree Heart Block
2. A nurse notices frequent artefacts on the ECG monitor for a client whose leads are connected by cable to a console at the bedside. The nurse examines the client to determine the cause. Which of the following items is unlikely to be responsible for the artefact?
 - a. Frequent movement of the client
 - b. Tightly secured cable connections
 - c. Leads applied over hairy areas
 - d. Leads applied to the limbs
3. A nurse is watching the cardiac monitor and notices that the rhythm suddenly changes. There are no P waves, the QRS complexes are wide, and the ventricular rate is regular but over 100. The nurse determines that the client is experiencing
 - a. Premature Ventricular Contraction
 - b. Ventricular Tachycardia
 - c. Ventricular fibrillation
 - d. Sinus Tachycardia
4. A client has developed atrial fibrillation, which has a ventricular rate of 150 beats per minute. A nurse assesses the client for:
 - a. Hypotension and Dizziness
 - b. Nausea and Vomiting
 - c. Hypertension and headache
 - d. Flat neck veins
5. A nurse is watching the cardiac monitor, and a client's rhythm suddenly changes. There are no P waves; instead, there are wavy lines. The QRS complexes measure 0.08 second, but they are irregular, with a rate of 120 beats a minute. The nurse interprets this rhythm as:
 - a. Sinus tachycardia
 - b. Atrial fibrillation
 - c. Ventricular tachycardia
 - d. Ventricular fibrillation
6. A neurotransmitter liberated by many peripheral nervous system neurons and some central nervous system neurons. It is excitatory at neuromuscular junctions but inhibitory at some other synapses.
 - a. Neurotransmitter receptors
 - b. Satellite cell
 - c. Muscle action potential
 - d. Acetylcholine (ACh)

7. What is the greatest risk within the first 24 hours of sustaining MI?
 - a. Heart failure
 - b. Pulmonary embolism
 - c. Ventricular fibrillation
 - d. Atrial fibrillation
8. Prolonged occlusion of the right coronary artery produces infarction on which of the following areas of the heart?
 - a. Anterior
 - b. Apical
 - c. Inferior
 - d. Lateral
9. Synthroid 75mcg PO daily. Available Synthroid 0.15 mg tablet (scored). How many tablets will you administer?
 - a. 1 tablet
 - b. 0.5 tablet
 - c. 5 tablets
 - d. 3 tablets
10. Which of the following blood tests is most indicative of cardiac damage?
 - a. Troponin I
 - b. Complete blood count
 - c. Creatinine Kinase
 - d. Lactate dehydrogenase
11. Which of the following term describes the force against which the ventricle must expel blood?
 - a. Afterload
 - b. Preload
 - c. Cardiac output
 - d. Overload
12. A patient with COPD comes to the OPD with increasing shortness of breath, pyrexia, and productive cough. On examination crackles and wheezes heard on the lower lobes, tachycardia and bounding pulse. Measurement of ABG shows pH 7.3, PaCO₂ 68mmHg, HCO₃ 28mmol/L and PaO₂ 60 mmHg. How would you interpret this?
 - a. Respiratory Acidosis, uncompensated
 - b. Respiratory Acidosis, partially compensated
 - c. Metabolic alkalosis, uncompensated
 - d. Metabolic acidosis, partially compensated
13. When a patient is suffering from fluid volume deficit, which of the following symptoms would the nurse expect to assess in the patient?
 - a. Rales
 - b. Bounding pulse
 - c. Tachycardia
 - d. Bulging neck veins
14. Which of the following diagnostic tool is most commonly used to determine the location of the myocardial damage?
 - a. Cardiac catheterization
 - b. Cardiac enzymes
 - c. Echocardiogram
 - d. Electrocardiogram
15. The blood vessels with venous blood proceeding from the right ventricles to the lungs are
 - a. Pulmonary veins
 - b. Pulmonary artery
 - c. Aorta
 - d. Vena cava
16. Using which information can the amount of blood ejected from the left ventricle over a minute can be calculated?
 - a. Stroke volume and circulating blood volume
 - b. Heart rate and volume of fluid intake
 - c. Circulating blood volume and volume of fluid intake
 - d. Stroke volume and heart rate

17. What is the commonest cause of hydrocephalus?
 - a. Overproduction of CSF
 - b. Decreased absorption of CSF
 - c. Obstruction to the flow of CSF
 - d. Meningitis
18. In which of the following disorder have episodes of severe, sudden, shock-like pain in one side of the face that lasts for seconds to minutes?
 - a. Myasthenia gravis
 - b. Multiple sclerosis
 - c. Trigeminal neuralgia
 - d. Alzheimer's diseases
19. What is the complication of high flow of ventilation?
 - a. Aspiration
 - b. Pneumothorax
 - c. COPD
 - d. Pulmonary embolism
20. What should be the first nursing action when a patient complaint of distress during suctioning?
 - a. Suction rapidly in 5 sec and then remove the catheter
 - b. Report to the senior nurse
 - c. Call the doctor immediately
 - d. Immediately remove suction catheter
21. The earliest symptom of Hyponatremia is
 - a. Fatigue
 - b. Ataxia
 - c. Thirst
 - d. Weakness
22. Contraindication of nasopharyngeal airway is
 - a. Sedated patients
 - b. Unconscious patient
 - c. Skull base fracture
 - d. During dental procedures
23. Which of the following is the best method of feeding a child who is on CPAP?
 - a. Nasogastric feeding
 - b. Breast feeding
 - c. IV fluids
 - d. Cup feeding
24. What is the normal interval of the QRS complex?
 - a. 0.08 sec
 - b. 0.12sec
 - c. 0.16sec
 - d. 0.4sec
25. What is the most common congenital heart defect with a left to right shunt causing congestive heart failure in the paediatric age group?
 - a. ASD
 - b. VSD
 - c. Atrioventricular canal defect
 - d. PDA
26. Which of the following are the main signs and symptoms of Alzheimer's dementia?
 - a. Impaired motor skill and lack of coordination
 - b. Delusions and hallucinations
 - c. Weight loss, fatigue and hopelessness
 - d. Poor judgement, memory deficit and irritability
27. A fire develops in the nurses' station. Which action does the nurse take first?
 - a. Ensure that no staff or patients are in, or adjacent, to the room with the fire
 - b. Find the nearest fire extinguisher and attempt to extinguish the fire before it can spread
 - c. Activate the hospital's fire response code as soon as possible
 - d. Prepare to begin evacuating the floor if the fire should spread

28. Which of the following is a first line drug used for pain management?
- Clonidine
 - Morphine
 - Acetaminophen
 - Ketamine
29. Which of the following is considered normal for intracranial pressure?
- 0-15 mmHg
 - 25 mmHg
 - 35-45mmHg
 - 120/80mmHg
30. NIHSS score is used to assess
- Level of consciousness
 - Stroke severity
 - Seizure intensity
 - Bedsore
31. Which condition places a patient at risk for an embolic stroke?
- Atrial Fibrillation
 - Bradycardia
 - Deep Vein Thrombosis
 - History of MI
32. The nurse reviews the arterial blood gas results of a patient and notes that the laboratory reports indicate a PH of 7.30, PCO₂ of 58mmHg, PO₂ of 80 mmHg and HCO₃ of 27mEq/L. The nurse interprets that the client has which acid base imbalance?
- Metabolic acidosis
 - Metabolic alkalosis
 - Respiratory acidosis
 - Respiratory alkalosis
33. When administering low dose potassium chloride (KCL) through a peripheral intravenous line to a patient, the nurse should be aware that the child is at risk for developing which of the following conditions?
- Chemical phlebitis
 - Extravasation
 - Pulmonary edema
 - Thrombophlebitis
34. Disinfection of all article and bodily discharge after the course of illness is called as
- Concurrent disinfection
 - Terminal disinfection
 - Sterilization
 - Bactericidal
35. What is the major goal of Nursing care for a client with heart failure & pulmonary oedema?
- Increase cardiac output
 - Improve respiratory status
 - Decrease peripheral oedema
 - Enhance comfort
36. During the first 24 hours after thrombolytic treatment for an ischemic stroke, the primary goal is to control the patient's
- Pulse
 - Respiration
 - Blood Pressure
 - Temperature
37. Cloudy CSF most likely indicates
- Viral meningitis
 - Bacterial meningitis
 - Sepsis
 - No infection as CSF is usually cloudy

38. . What do you do if a patient on ventilator is agitated or the ventilator alarm sounds?
- Give muscle relaxant while evaluating the problem.
 - Give ambu ventilation while evaluating the problem
 - Give physiotherapy while evaluating the problem
 - Give cardiac massage while evaluating the problem.
39. . Which of the following drug is to be given when warfarin overdose is observed
- Vitamin K
 - Heparin
 - Protamine sulphate
 - Iron dextran
40. An IABP will decrease
- Cardiac output
 - Myocardial oxygen demand
 - Heart rate
 - Coronary perfusion
41. When a patient falls from bed in the absence of nurse in the floor, the type of event is ----
- Battery
 - Assault
 - Tort
 - Negligence
42. A 32 year old female complains of facial numbness. Examination reveals decreased sensation on forehead and cheek. What is the most likely cause of these findings?
- Oculomotor nerve palsy
 - Trochlear nerve palsy
 - Trigeminal nerve palsy
 - Abducence nerve palsy
43. The ability to walk along a straight line is most often impaired with:
- Cerebellar dysfunction
 - Parietal lobe damage
 - Frontal lobe damage
 - Oculomotor dysfunctions
44. How many pairs of cranial nerves are present in the human body?
- 10
 - 12
 - 15
 - 31
45. Subarachnoid haemorrhage is bleeding between
- Skull and duramater
 - Arachnoid and piamater
 - Piamater and duramater
 - Skull and arachnoid mater
46. Which of the following is not a sign of systemic infection?
- Fever
 - Aching and weakness
 - Redness and swelling
 - Nausea and vomiting

47. Kanamycin 7.5mg/kg 1M q 12hr. Available: Kanamycin 0.35 gm/mL. How many mL will you administer for each dose to a 157 lb patient?
- a. 2mL
 - b. 1mL
 - c. 2.5mL
 - d. 1.5 mL
48. Find the flow rate in ml per hour, for infusing 1500ml RL over 12 hour
- a. 83
 - b. 94
 - c. 100
 - d. 125
49. Which of the following are treated with synchronized shock?
- a. Unstable atrial fibrillation
 - b. Sinus tachycardia
 - c. VT without pulse
 - d. VF
50. The therapeutic range of INR value for a cardioembolic stroke patient who is on warfarin is
- a. 1-2
 - b. 2-3
 - c. 3-4
 - d. >5

ANSWER KEY FCP MARCH 2025

Nursing Officer

Q No	Key
1	a
2	b
3	b
4	a
5	b
6	d
7	c
8	c
9	b
10	a
11	a
12	b
13	c
14	d
15	b
16	d
17	c
18	c
19	b
20	d
21	a
22	c
23	a
24	a
25	b

Q No	Key
26	d
27	a
28	c
29	a
30	b
31	a
32	c
33	a
34	b
35	a
36	c
37	b
38	b
39	a
40	b
41	d
42	c
43	a
44	b
45	b
46	c
47	d
48	d
49	a
50	b

Kan
MS. 28/3/25