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ROLL NUMBER | |

WRITTEN TEST FOR THE POST OF NURSING OFFICER - A to B

DATE: 24/09/2026 **TIME: 10:00 AM to 11:00 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

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1st MFCP September 2026एमएफसीपीसितंबर 2026

Duration:60 minutes **अवधि**: 60 **मिनट**

Post: Nursing Officer - A TO B
Department: Nursing Division

Max. Marks: 50 **अधिकतमअंक**: 50

Select the most appropriate answer.**सबसेउपयुक्तउत्तरकाचयनकरें**
(There are **no negative** marks for wrong answers) **गलतउत्तरोंकेलिएकोईनकारात्मकअंकनहीहैं**

1	What is the first line drug for paroxysmal Supra ventricular Tachycardia in a stable patient?	
	a	Adenosine
	b	Digoxin
	c	Dopamine
	d	Atropine
2	Which Cardiac marker is most specific for Myocardial Infarction and remains elevated for 7 – 10 days?	
	a	C.K. – M.B.
	b	Myoglobin
	c	Troponin T.
	d	L.D.H.
3	Crackles in lungs with thick frothy sputum and severe breathlessness indicates:	
	a	Right sided heart failure
	b	Left sided heart failure
	c	Asthma
	d	Pleural effusion
4	When performing an NIH Stroke Scale (NIHSS) assessment, how should the nurse evaluate Level of Consciousness?	
	a	Access the patient's responsiveness and alertness by observing if they are alert, arousable to minor stimulation, or completely unresponsive.
	b	Ask the patient to name the current month and their age to check orientation

	c	Instruct the patient to squeeze the nurse's fingers and release on command.
	d	Observe the patient's horizontal eye movements and visual field confrontation.
5	Which electrolyte imbalance causes tall T waves and cardiac arrest?	
	a	Hyperkalemia
	b	Hypokalemia
	c	Hypercalcemia
	d	Hyponatremia
6	What is the most important nursing action after cardiac catheterization via femoral artery?	
	a	Keep leg straight, check distal pulse and bleeding at puncture site
	b	Ambulate the patient
	c	Elevate the leg
	d	Give food
7	What is the Classic sign of Cardiac Tamponade?	
	a	Beck's Triad
	b	High B P
	c	Loud Heart Sounds
	d	Bradycardia
8	Digoxin Toxicity is increased by	
	a	Hypokalemia
	b	Hyperkalemia
	c	Hypernatremia
	d	High Calcium Intake
9	Which heart sound indicates Heart Failure in an adult?	
	a	S1
	b	S2
	c	S3
	d	S4
10	A 42-year-old patient admitted to the neuro step-down unit with suspected Guillain-Barré Syndrome (GBS) exhibits symmetrical lower extremity weakness and absent deep tendon reflexes. Which underlying Patho- physiological mechanism best explains these clinical	

	findings?	
	a	Central demyelination of the spinal cord white matter tracts by auto reactive T-lymphocytes.
	b	Immune-mediated demyelination and axonal damage of peripheral motor and sensory nerves.
	c	Degeneration of the anterior horn cells in the spinal cord leading to lower motor neuron failure.
	d	Neuromuscular junction blockade caused by circulating antibodies directed against voltage-gated calcium channels.
11	Antidote for Heparin	
	a	Vitamin K
	b	Protamine Sulphate
	c	Naloxone
	d	Atropine
12	Unilateral neglect is most commonly associated with injury to the:	
	a	Non-Dominant parietal lobe
	b	Medulla Oblongata
	c	Spinal Cord
	d	Cerebellum
13	Which neurological finding is most suggestive of a dominant-hemisphere stroke?	
	a	Aphasia
	b	Ataxia
	c	Homonymous Hemianopia alone
	d	Unilateral neglect
14	Nimodipine in aneurismal subarachnoid hemorrhage is primarily used to:	
	a	Dissolve the aneurysm
	b	Reduce the risk of delayed cerebral ischemia
	c	Lower intracranial pressure directly
	d	Prevent seizures in all patients
15	What is the major complication of subarachnoid hemorrhage that causes delayed neurological deterioration?	

	a	Cerebral vasospasm
	b	Hypoglycemia
	c	Pneumothorax
	d	Pulmonary oedema only
16	Which finding requires immediate attention after craniotomy?	
	a	Mild incision pain
	b	New –onset anisocoria
	c	Mild nausea
	d	Sleepiness immediately after analgesia
17	A patient with ascending paralysis from GBS has been bedridden in the neuro ICU for two weeks. Which nursing intervention is a priority to prevent major preventable morbidity during this phase?	
	a	Initiating aggressive passive and active-assisted range of motion exercises to build muscle mass.
	b	Implementing comprehensive deep vein thrombosis (DVT) prophylaxis with sequential compression devices (SCDs) and low-molecular-weight heparin or subcutaneous heparin.
	c	Administering high-dose systemic corticosteroids daily to accelerate peripheral nerve regeneration.
	d	Transitioning the patient immediately to a regular solid diet to improve caloric intake.
18	What is the most common congenital heart defect in children?	
	a	Ventricular septal defect
	b	Atrial Septal Defect
	c	Tetralogy of Fallot
	d	TGA
19	Which Medication is most commonly used in neonates with duct dependent circulation to keep patency of duct?	
	a	Frusemide
	b	calcium
	c	Prostaglandin
	d	Aldactone

20	Boot shaped heart in chest X ray finding indicates which congenital heart defect?	
	a	Epstein's Anomaly
	b	Tetra logy of Fallout
	c	ASD
	d	VSD
21	A modified Blalock Tausig Shunt is used to	
	a	Reduce pulmonary Blood Flow
	b	Increase pulmonary Blood Flow
	c	Relieve mitral Stenosis
	d	Increase systemic Blood flow
22	Signs of upper motor neuron lesion include each of the following except:	
	a	Hypertonia
	b	Muscle Atrophy
	c	Weakness or Paralysis
	d	Loss of abdominal muscle reflexes
23	What is the commonest cause of optic neuritis?	
	a	Multiple Sclerosis
	b	Vitamin Deficiencies
	c	Syphilis
	d	Alcoholism
24	An artificial anastomosis at the base of the brain is the	
	a	Volar arch
	b	Brachio Cephalic Sinus
	c	Circle of Willis
	d	Brachial Plexus
25	The nurse should expect a client with multiple sclerosis to experience	
	a	Mental retardation
	b	Flaccid Paralysis

	c	Double Vision
	d	Resting tremors
26	The nurse is managing a client with an external ventricular drain (EVD) for increased intracranial pressure (ICP). Which nursing intervention is essential to optimize cerebral perfusion pressure (CPP) and minimize ICP elevations?	
	a	Keep the bed flat at 0 degrees to maximize blood flow to the brain
	b	Cluster all nursing care activities closely together every hour to promote uninterrupted rest blocks.
	c	Maintain the client neck in a neutral, midline alignment position
	d	Perform routine prophylactic hyperventilation to maintain paCO2 levels at 20 to 25 mmHg
27	The earliest sign of hyponatremia is	
	a	Fatigue
	b	Thirst
	c	Ataxia
	d	Weakness
28	A 64-year-old patient presents to the emergency department with acute right-sided hemiparesis and aphasia starting 45 minutes ago. Which initial diagnostic imaging is critical to differentiate ischemic from hemorrhagic stroke before initiating acute therapy?	
	a	MRI brain without contrast
	b	Non- Contrast CT head
	c	Carotid duplex ultrasound
	d	CTA head and neck
29	A nurse is reviewing lab results and clinical history for an ischemic stroke patient being evaluated for IV alteplase (tPA). Which finding represents an absolute contraindication to administration?	
	a	Blood glucose 180 mg/dL
	b	History of prior ischemic stroke 2 years ago
	c	Current anticoagulant use with INR of 2.1
	d	Mild and improving stroke symptoms (NIHSS of 2)
30	What is the standard duration of normal QRS in E.C.G?	

	a	More than 0.22 sec
	b	Less than 0 .12 sec
	c	0.20 – 0.40 sec
	d	0.30 – 0.40 sec
31	A patient who received IV alteplase 3 hours ago suddenly complains of a severe acute headache, experiences vomiting, and exhibits a sudden decline in GCS with worsening focal deficits. What complication should the nurse immediately suspect?	
	a	Vasovagal syncope secondary to prolonged bedrest
	b	An early symptom of recurrent ischemic stroke in the contralateral hemisphere
	c	Symptomatic Intracranial hemorrhagic transformation
	d	Accute Hypoglycemia secondary to NPO status
32	What is the recommended dose of alteplase for Intravenous thrombolytic therapy in acute ischemic stroke?	
	a	0.1mg/kg
	b	0.25mg/kg
	c	0.9mg/kg
	d	90mg/kg
33	A patient with chest pain shows ST elevation in lead II, III, and aVF. Which wall MI is this?	
	a	Anterior wall
	b	Lateral wall
	c	Inferior wall
	d	Septal wall
34	A patient with GBS is being monitored closely in the neuro ICU. Which serial bedside assessment is the most critical and sensitive indicator of impending diaphragmatic and respiratory muscle fatigue requiring mechanical ventilation?	
	a	Continuous pulse oximetry monitoring for nocturnal oxygen desaturation.
	b	Monitoring for complaints of severe intercostal muscle pain and coughing efficacy.
	c	Assessing arterial blood gases (ABGs) every 4 hours for rising PaCO2 levels.
	d	Serial measurement of forced vital capacity (FVC) and negative inspiratory force (NIF).

35	What is the earliest sign of hypoxia?	
	a	Restlessness
	b	Bradycardia
	c	Tachycardia
	d	Cyanosis
36	Which of the following is a priority nursing intervention in a 70 years old patient with Blood pressure reading of 188/104, who received IV ALTEPLASE 3 hours ago?	
	a	Blood pressure elevation is protective and need not be intervened within the first 24 hours.
	b	Notify the doctor and anticipate administering IV antihypertensive dug to maintain BP Below 180/105 mm Hg.
	c	Administer sublingual Nifedipine to rapidly bring BP below 140/80mm Hg.
	d	Prepare patient for emergency decompressive craniectomy to reduce cerebral perfusion pressure
37	Which clinical finding is the nurse most likely to observe in a patient with left sided heart failure?	
	a	Hepatomegaly
	b	Jugular vein distension
	c	Pulmonary crackles
	d	Peripheral oedema
38	When reviewing an ECG result, saw- tooth shaped waves between QRS complex is noted. What rhythm is most likely present?	
	a	Sinus bradycardia
	b	Atrial flutter
	c	Atrial fibrillation
	d	Ventricular fibrillation
39	What is PR interval representing in an ECG?	
	a	The time required for the ventricles to depolarize
	b	The time required for the atria to repolarize
	c	The time required an impulse to travel from the SA node to the ventricles
	d	The time required for the ventricles to relax
40	Which vascular disorder is characterized by a tearing or ripping sensation of pain in the chest or back?	
	a	Acute myocardial infarction

	b	Mitral valve Prolapse
	c	Dissecting aortic aneurysm
	d	Pericarditis
41	Which drug is an ACE inhibitor commonly used to treat hypertension and heart failure?	
	a	Metoprolol
	b	Enalapril
	c	Losartan
	d	Frusemide
42	Which laboratory test indicates the intrinsic pathway of blood clotting and is used to monitor heparin therapy?	
	a	PT
	b	INR
	c	PTT
	d	BNP
43	Which drug is a catecholamine used to treat cardiogenic shock by increasing contractility?	
	a	Atenolol
	b	Dopamine
	c	Lisinopril
	d	Prazosin
44	Which intervention in VAP CARE bundle helps significantly reduce aspiration and bacterial colonization?	
	a	Changing the ventilator tubing every 12 hourly
	b	Administer high dose antibiotics orally
	c	Head end elevation by 30- 45 degrees
	d	Perform routine nasal wash with normal saline
45	What is the minimum alcohol concentration recommended for effective hand sanitizer?	
	a	30%
	b	40%
	c	60%
	d	100%
46	Which consideration is most important when administering injection Dilantin?	
	a	Rapid administration can cause cardiac arrythmia
	b	Therapeutic level should be maintained between 20-30 mg/ml
	c	Drug should be diluted in dextrose solution
	d	Must be given through peripheral veins only
47	What is the heart defect in which there is persistent communication between descending aorta and pulmonary artery?	
	a	VSD
	b	Patent Ductus Arteriosus
	c	TGA

	d	Pulmonary atresia
48	Which cardiac valve is most frequently and severely involved, leading over time to commissural fusion and a fish mouth appearance in patients with chronic rheumatic heart disease?	
	a	Tricuspid valve
	b	Aortic valve
	c	Mitral valve
	d	Pulmonic valve
49	What is the most common cause of pulmonary thromboembolism?	
	a	Amniotic fluid embolism
	b	Deep vein thrombosis
	c	Air embolism
	d	Fat embolism
50	Which of the following signs or symptoms is a classic indicator of a deep vein thrombosis in a lower extremity?	
	a	Unilateral calf swelling and warmth
	b	Cool and pale foot
	c	Bilateral swelling of the foot
	d	Pedal pulses absent

MFCP September 2026

ANSWER KEY

Name of Post: Nursing Officer A to B
Department: Nursing Division

Q NO.	CHOICE	Q NO.	CHOICE
1	a	26	c
2	c	27	a
3	b	28	b
4	a	29	c
5	a	30	b
6	a	31	c
7	a	32	c
8	a	33	c
9	c	34	d
10	b	35	a
11	b	36	b
12	a	37	c
13	a	38	b
14	b	39	c
15	a	40	c
16	b	41	b
17	b	42	c
18	a	43	b
19	c	44	c
20	b	45	c
21	b	46	a
22	d	47	b
23	a	48	c
24	c	49	b
25	b	50	a