

Semester II Examinations, 2004/2005

Exam Code(s) 11C1

Exam(s) Higher Diploma in Nursing Studies

Module Code(s) NU141

Module(s) Intensive Care Nursing 2

Paper No. _____

Repeat Paper Special Paper

External Examiner(s) Ms Fiona Cunnane

Internal Examiner(s) Dr Kathy Murphy
Professor Michael Kane / Dr Karen Doyle
Ms Frances Farrelly / Ms Christine Sheehan

Instructions:

Please answer a total of three (3) questions. Use a separate answer book for each question.

Some questions are divided into part (a) and part (b).

Please answer part (a) of each question in one booklet and part (b) in a separate booklet.

All questions carry an equal mark. Support your answers with reference to the literature and your clinical practice as appropriate.

Duration 3hrs

No. of Answer Books _____

Requirements:

Handout _____

MCQ _____

Statistical Tables _____

Graph Paper _____

Log Graph Paper _____

Other Material _____

No. of Pages 3

Department(s) Centre for Nursing Studies

Q1. (a) With regard to skin lacerations; what are the 5 signs of inflammation and what are the 4 phases of wound healing? List 5 factors that could delay wound healing. (30%)

(b) A 35 year old male is being admitted from A&E with 65% burns. He was rescued from a smoke filled house. The patient was sleeping when the fire started and the cause of the fire is unknown. He arrived in the A&E 45 minutes after rescue. He has spent 2 hours in the A&E and is now being admitted to ICU. The patient has extensive burns covering 65% of his body including the face. His Glasgow Coma Scale is 5, Heart Rate of 120 beats per minute and he is tachypneic with a respiratory rate of 30. On arrival he is intubated and placed on PRVC and SIMV.

Discuss your assessment and care priorities for this patient in his first 8 hours of care. (70%)

Q2. (a) Discuss the role of the kidney in salt and water balance. (30%)

(b) A 60-year-old male was admitted to the hospital for a hip replacement for osteoarthritis. His past medical history includes essential hypertension for which he takes Captopril 12.5 mgs daily. Surgery was performed under spinal anaesthetic with IV sedation, with significant intra operative blood loss. Three days postoperatively his Urea and Creatinine are rising and he has developed hyperkalemia, hypotension, acidosis and oliguria. The patient is awake and alert with mild confusion and on O₂ via nasal prongs. He is being admitted to ICU for Renal Replacement Therapy

Describe the admission priorities for this patient and the care of a patient receiving CRRT therapy. (70%)

-Q3. (a) Jenny is a 44-year-old female, who was admitted to the ICU following a road traffic accident. She was the driver of a vehicle, which on a wet morning at 4am hit a stone wall and overturned. She was unrestrained at the time and the airbags were deployed. The windscreen of the car was broken and the steering wheel bent. It took the emergency services 1 hour to remove Jenny from the car and 15 minutes before her arrival in the A& E department. On arrival in the A&E she was fluid resuscitated and electively intubated for an alteration in consciousness level. She was taken for CT scan and then admitted to the ICU.

Discuss the injuries you would expect in this patient and the immediate priorities on admission to ICU. (100%)

P.T.O.

Q4 (a) Briefly outline the main functions of the brainstem and diencephalon brain structures. (30%)

(b) Michael a 36 year old male has been admitted to the unit with a sudden collapse. Friends at the scene stated he had been complaining of a severe headache and photophobia before collapsing. Michael was brought into A&E and intubated. He has had a CT scan which showed a large subarachnoid haemorrhage. He is being transported to a neurosurgery centre.

Discuss your nursing management for this patient while he is in your unit and the issues related to his transport to the neurosurgery centre. (70%)

Q5 Shelia is a 60-year old female who was admitted to the ICU following an emergency exploratory laparotomy for diverticulum and peritonitis. Her past medical history includes hypertension, Non Insulin Dependent Diabetic and morbid obesity. For the first two days post operatively, Shelia appeared to do well and was extubated and transferred to the High Dependency Unit. On day 4 Shelia developed respiratory distress, atelectasis, acidosis, tachycardia and hypotension and was transferred back to ICU with a WCC count of 30.

Discuss the complications that Shelia is developing and the priorities of care for the next 48 hours. (100%)

oOo