New Zealand State Nursing Practice Exam (Sample)

Study Guide

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Questions

1. Which group of individuals is most at risk for developing COPD?

A. Individuals who exercise regularly

B. Non-smokers

C. Long-term smokers

D. Occasional social users of tobacco

2. When can lymphoedema occur following surgery?

A. Immediately after surgery

B. Shortly after surgery or years later

C. Only after several years

D. Only during the recovery period

3. What is a typical duration for the cough associated with whooping cough?

A. 2 weeks

B. 5 weeks

C. 10 weeks

D. 15 weeks

4. Serotonin syndrome is characterized by which group of symptoms?

A. Muscle stiffness and tremors

B. Agitation, increased sweating, and fever

C. Drowsiness, constipation, and memory loss

D. Severe depressive symptoms and suicidal thoughts

5. Which of the following is a complication of airway obstruction?

A. Hypotension

B. Respiratory distress

C. Electrolyte imbalance

D. Skin rash

6. Which of the following medications is classified as a benzodiazepine?

- **A. Olanzapine**
- **B. Temazepam**
- **C. Fluoxetine**
- **D. Risperidone**

7. Who is least likely to be at risk for low vitamin D?

- **A. Someone with significant sun exposure**
- **B. Someone on anticonvulsant medication**
- **C. Someone with dark skin**
- **D. Someone with kidney disease**

8. What does Axis 5 assess in the context of a psychiatric diagnosis?

- **A. Physical health conditions**
- **B. Patient's ability to function in daily life**
- **C. Severity of acute symptoms**
- **D. Family support systems**

9. What is the primary characteristic of tonsillitis?

- **A. Inflammation of the appendix**
- **B. Inflammation of the tonsils and pharynx**
- **C. Infection of the nasal passages**
- **D. Pain in the ear**

10. ADH is produced in which part of the body?

- **A. Liver**
- **B. Kidneys**
- **C. Hypothalamus**
- **D. Pancreas**

Answers

1. C
2. B
3. C
4. B
5. B
6. B
7. A
8. B
9. B
10. C

Explanations

1. Which group of individuals is most at risk for developing COPD?

A. Individuals who exercise regularly

B. Non-smokers

C. Long-term smokers

D. Occasional social users of tobacco

The group most at risk for developing Chronic Obstructive Pulmonary Disease (COPD) consists of long-term smokers. This is primarily due to the harmful effects of tobacco smoke, which is the leading cause of COPD. Prolonged exposure to the toxins found in cigarette smoke damages the lungs and airways, leading to obstructive combinations of chronic bronchitis and emphysema, two conditions that fall under the COPD umbrella. Long-term smokers often accumulate significant lung damage over the years, which can result in respiratory issues that escalate over time. The risk is compounded by the repetitive inflammation and scarring of lung tissue caused by smoking, ultimately resulting in decreased lung function and breathing difficulties characteristic of COPD. Meanwhile, the other groups mentioned, such as individuals who exercise regularly or non-smokers, typically have better lung health and lower risk factors associated with developing COPD. Occasional social users of tobacco still have some risk, but it is significantly lower than that of long-term smokers, given the reduced duration and frequency of exposure to harmful substances found in tobacco.

2. When can lymphoedema occur following surgery?

A. Immediately after surgery

B. Shortly after surgery or years later

C. Only after several years

D. Only during the recovery period

Lymphoedema can occur shortly after surgery or even years later due to various factors related to individual healing and the extent of surgical intervention. Following procedures, particularly those involving lymph node removal or damage to lymphatic vessels, the risk of developing lymphoedema can increase right away. However, it's important to recognize that lymphoedema may not manifest until many years after the initial surgery. This delayed onset can be influenced by several factors, including changes in body weight, additional medical treatments (like radiation), infections, or other stressors on the lymphatic system. The fluctuating nature of lymphoedema makes it essential for patients to be aware that symptoms can develop even long after the surgical site has healed. This comprehensive understanding emphasizes the need for ongoing monitoring and education for patients who have undergone relevant surgeries.

3. What is a typical duration for the cough associated with whooping cough?

A. 2 weeks

B. 5 weeks

C. 10 weeks

D. 15 weeks

The cough associated with whooping cough, also known as pertussis, typically lasts around 10 weeks. This extended duration is a hallmark of the disease. Initially, the cough may start off as mild and resemble that of a common cold, but it worsens over time into severe, spasmodic coughing fits. These fits can lead to difficulty breathing, and the coughing episodes may be followed by a distinctive "whoop" sound as the person tries to inhale after a fit. The 10-week cough duration aligns with clinical observations and epidemiological data surrounding whooping cough, reinforcing the importance of recognizing this condition for timely intervention and management. Understanding the typical duration helps healthcare providers set appropriate expectations for patients and their families, as well as guide treatment options effectively.

4. Serotonin syndrome is characterized by which group of symptoms?

A. Muscle stiffness and tremors

B. Agitation, increased sweating, and fever

C. Drowsiness, constipation, and memory loss

D. Severe depressive symptoms and suicidal thoughts

Serotonin syndrome is a potentially life-threatening condition that occurs when there is an excess of serotonin in the central nervous system. The symptoms typically arise from the overstimulation of serotonin receptors, primarily as a result of certain medications or drug interactions that increase serotonin levels. The group of symptoms most characteristic of serotonin syndrome includes agitation, increased sweating, and fever. Agitation reflects the heightened excitability of the nervous system. Increased sweating is a result of autonomic dysregulation, and fever can occur due to increased metabolic activity and muscle rigidity associated with this syndrome. These symptoms are indicative of an overstimulated serotonergic system and are often accompanied by other signs like tremors, clonus, and altered mental status. Recognizing these symptoms is crucial for timely intervention, as serotonin syndrome requires prompt management to prevent more severe complications. Understanding these specific quintessential symptoms helps healthcare providers quickly identify and address the syndrome effectively.

5. Which of the following is a complication of airway obstruction?

A. Hypotension

B. Respiratory distress

C. Electrolyte imbalance

D. Skin rash

Respiratory distress is a direct consequence of airway obstruction and represents a critical complication that can arise in such situations. When the airway is obstructed, it impairs the ability to move air into and out of the lungs, leading to inadequate oxygenation and carbon dioxide removal. This can result in symptoms such as increased respiratory rate, effort, and potentially a feeling of shortness of breath. If the obstruction is not relieved, respiratory distress can progress to more severe hypoxemia (low oxygen levels) and can ultimately lead to respiratory failure. The other options do not directly relate to the primary physiological impact of airway obstruction. For instance, hypotension may occur in various clinical conditions, but it is not specifically a result of airway obstruction. Electrolyte imbalance typically arises from different systemic issues, such as renal dysfunction or excessive fluid loss. A skin rash may indicate an allergic reaction or other dermatological conditions but is not a direct consequence of airway obstruction. Thus, respiratory distress stands out as the key complication associated with airway obstruction due to its immediate impact on breathing and oxygenation.

6. Which of the following medications is classified as a benzodiazepine?

A. Olanzapine

B. Temazepam

C. Fluoxetine

D. Risperidone

Temazepam is classified as a benzodiazepine because it belongs to a group of psychoactive medications that enhance the effect of the neurotransmitter gamma-aminobutyric acid (GABA) at the GABA-A receptor. This class of drugs is primarily used for their sedative, anxiolytic (anti-anxiety), muscle relaxant, and anticonvulsant properties. Temazepam specifically is commonly prescribed for the short-term management of insomnia due to its ability to promote sleep onset and maintenance. In contrast, the other medications listed serve different purposes and belong to other drug classes. Olanzapine is an atypical antipsychotic used to treat schizophrenia and bipolar disorder. Fluoxetine is a selective serotonin reuptake inhibitor (SSRI) that is primarily used as an antidepressant. Risperidone is another atypical antipsychotic that addresses symptoms associated with schizophrenia, bipolar disorder, and irritability in autism spectrum disorders. Each of these medications operates through different mechanisms and has distinct therapeutic uses, which further differentiates them from benzodiazepines like temazepam.

7. Who is least likely to be at risk for low vitamin D?

A. Someone with significant sun exposure

B. Someone on anticonvulsant medication

C. Someone with dark skin

D. Someone with kidney disease

The individual most likely to be at lower risk for low vitamin D is someone with significant sun exposure. Vitamin D is often referred to as the "sunshine vitamin," produced in the skin in response to ultraviolet B (UVB) radiation from the sun. Therefore, a person who receives ample sunlight will have a higher opportunity to synthesize vitamin D naturally. In contrast, individuals on anticonvulsant medication may have altered vitamin D metabolism, leading to a deficiency risk. Those with dark skin have higher melanin levels, which can inhibit vitamin D synthesis, making them more susceptible to low levels of this vitamin, especially in areas with limited sunlight. Individuals with kidney disease may face challenges in converting vitamin D to its active form, heightening their risk for deficiency. Thus, the presence of significant sun exposure substantially reduces the likelihood of experiencing low vitamin D levels, making this scenario the least at risk. Understanding these relationships can help nursing practitioners assess patients' risks for vitamin D deficiency and develop appropriate interventions.

8. What does Axis 5 assess in the context of a psychiatric diagnosis?

A. Physical health conditions

B. Patient's ability to function in daily life

C. Severity of acute symptoms

D. Family support systems

Axis 5 is specifically designed to assess a patient's ability to function in daily life, which is often referred to as the Global Assessment of Functioning (GAF). This axis evaluates the individual's overall level of functioning, considering various aspects such as social relationships, work performance, and self-care. By focusing on how well a patient manages everyday tasks and activities, it provides valuable insight into the impact of mental health conditions on their daily life. This assessment helps clinicians understand not just the symptoms presented by the patient but also the functional impairments that may affect their overall quality of life. In contrast, other axes, such as those related to physical health or acute symptom severity, focus on different aspects of health and diagnosis, making them less relevant when specifically discussing Axis 5. The role of family support systems also pertains to social dynamics but does not directly address the individual's functional capability as Axis 5 does.

9. What is the primary characteristic of tonsillitis?

A. Inflammation of the appendix

B. Inflammation of the tonsils and pharynx

C. Infection of the nasal passages

D. Pain in the ear

The primary characteristic of tonsillitis is the inflammation of the tonsils and pharynx. Tonsillitis typically occurs as a result of viral or bacterial infections, leading to swelling, redness, and discomfort in the tonsils, which are located at the back of the throat, as well as in the adjacent pharyngeal tissues. This condition often presents with symptoms such as a sore throat, difficulty swallowing, and sometimes fever, all of which stem directly from the inflammation in these areas. The involvement of both the tonsils and the pharynx is a key feature that helps distinguish tonsillitis from other conditions that affect different regions of the throat or other organs in the abdomen or respiratory system.

10. ADH is produced in which part of the body?

A. Liver

B. Kidneys

C. Hypothalamus

D. Pancreas

The antidiuretic hormone (ADH), also known as vasopressin, is produced in the hypothalamus, which is located at the base of the brain. This hormone plays a crucial role in regulating the body's water balance by influencing the reabsorption of water in the kidneys. While the kidneys are responsible for responding to ADH to concentrate urine and retain water, they do not produce the hormone itself. The hypothalamus synthesizes ADH, and it is then transported to the posterior pituitary gland, where it is stored and released into the bloodstream when needed. This process is essential for maintaining homeostasis, especially in regulating blood volume and osmolarity. Other options given do not produce ADH. The liver is involved in various metabolic processes, including the handling of substances like glucose and the production of certain proteins, but it does not produce ADH. The pancreas is primarily responsible for the production of insulin and glucagon, hormones that regulate blood sugar levels. Thus, the hypothalamus is the correct answer as it is the site of ADH production.