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**CARE OF THE PATIENTS
IN SURGERY.
TEST QUESTIONS**

Study guide

Recommended by the Academic Council of Sumy State University



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The study guide was prepared in accordance with the program of the discipline "Patient Care in Surgery". The guide consists of the topics for practical exercises, with test questions on the organization of the surgical department, patient hygiene and medical personnel, preparing patients for operations and principles of care in the postoperative period.

The study guide is intended for students of medical institutions of higher education.

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FOREWORD

Patient care is one of the most important sections of medical activity. Achievements of modern surgery are impossible without qualified patient care. The main role in its implementation in the surgical clinic is assigned to nurses. The main task of care is to prevent complications, create optimal conditions for the treatment and recovery of patients. No matter how well the operation is performed, it is impossible to do without high-quality patient care in the pre- and postoperative periods. There were cases when surgical intervention did not lead to recovery due to incompetent or inadequate care.

Today, patient care in surgery is of particular importance, due to the expansion of indications for surgical methods of treatment, the complication of techniques of surgical interventions, etc. No matter how positive the mental qualities a medical professional possesses, it is impossible to implement a care program at the required level without special knowledge and practical training. The proper care of surgical patients depends on the professional level of training of the medical personnel. High-quality professional patient care requires knowledge of fundamentals of medical ethics and deontology, asepsis and antiseptics, personal hygiene of the patient, sanitary and epidemiological regimen in a medical institution, preparation of the patient for surgery, management of the patient in the pre- and postoperative periods, and many others.

The proposed study guide was prepared in accordance with the program of the discipline "Patient Care in Surgery" and aims to increase the efficiency of the development of theoretical material. The guide consists of the topics for practical exercises, with test questions on the organization of the surgical department, patient hygiene and medical personnel, preparing patients for operations and principles of care in the postoperative period.

Authors

1. WORK AT THE ADMISSION DEPARTMENT

1. The tasks of the admission department:

- a) initial examination, sorting patients to different departments of the hospital;
- b) outpatient assistance;
- c) sanitary processing of patients admitted to the hospital;
- d) registration of documents;
- e) all answers are correct.

2. The part of admission department:

- a) lobby (vestibule);
- b) chamber;
- c) laboratory;
- d) dining room;
- e) purulent dressing.

3. The part of admission department:

- a) wards;
- b) small operating room;
- c) laboratory;
- d) dining room;
- e) purulent dressing room.

4. The part of admission department:

- a) purulent dressing room;
- b) laboratory;
- c) room for examination of patients;
- d) dining room;
- e) wards.

5. The diagnostic and treatment rooms of the admission department do not include:

- a) bath;

- b) laboratory;
- c) X-ray cabinet;
- d) endoscopic cabinet;
- e) ultrasound cabinet.

6. A basic document of the admission department:

- a) temperature sheets;
- b) case report (medical card);
- c) statistical card;
- d) emergency notice.

7. What information is written on the first page of the "case report":

- a) patient's first name, middle name, last name;
- b) age, sex;
- c) time and date of hospitalization;
- d) diagnosis of the referral institution;
- e) all answers are correct?

8. Functions of a nurse in the admission department:

- a) admission of patients;
- b) performing breathing exercises;
- c) elastic bandaging of the lower extremities;
- d) surgical treatment;
- e) discharge of patients.

9. Functions of a nurse in the admission department:

- a) breathing exercises;
- b) registration of patients who applied for help to a medical institution;
- c) elastic bandaging of the lower extremities;
- d) surgical treatment;
- e) discharge of patients.

10. Functions of a nurse in the admission department:

- a) breathing exercises;
- b) elastic bandaging of the lower extremities;

- c) surgical treatment;
- d) sanitary processing of patients;
- e) discharge of patients.

11. Functions of a nurse in the admission department:

- a) measuring the patient's body temperature;
- b) performing anthropometric measurements;
- c) filling in the passport part of the medical history;
- d) all answers are correct.

12. Functions of a nurse in the admission department do not include:

- a) measuring the temperature;
- b) measuring blood pressure;
- c) filling in the passport part of the medical card;
- d) establishing the patient's diagnosis.

13. Functions of a nurse in the admission department do not include:

- a) temperature measurement;
- b) carrying out sanitary processing of patients;
- c) filling in the patient's passport part of the medical card;
- d) establishing of the clinical diagnosis.

14. Events that are carried out by employees of the admission department in relation to patients include everything except:

- a) examination of patients for pediculosis and scabies;
- b) registration of patients;
- c) sanitary processing of patients;
- d) wound secondary treatment;
- e) transportation of patients to the surgical department.

15. Which of the following measures are not carried out in the admission department during hospitalization of the patient:

- a) examination of the patient;
- b) filling out a medical card;
- c) sanitary processing of the patient;
- d) processing of the surgical field;

e) transportation of the patient to the surgical department?

16. Actions taken by the nurses of the admission department during hospitalization of a patient:

- a) measuring a patient's body temperature;
- b) filling out medical documentation;
- c) blood pressure measurement;
- d) escorting a patient to diagnostic rooms;
- e) all answers are correct.

17. When carrying out an examination of the patient in the admission department, it is necessary to follow the rules:

- a) several patients with similar diseases may be examined at once;
- b) medical personnel should wash their hands before and after the examination and perform hand hygiene with antiseptics;
- c) medical personnel should wash their hands after examining patients.

18. In what cases the nurse should work in special uniform:

- a) when examining patients with infectious diseases;
- b) in the warm season;
- c) always?

19. The patient has symptoms of an infectious disease. The nurse must:

- a) work in reusable gloves;
- b) work in disposable gloves;
- c) you can work without gloves, but you must perform hand hygiene with antiseptics.

20. If a patient is suspected of having an infectious disease with an aerogenic route of transfer, the nurse should:

- a) put on a mask;
- b) you can not use the mask with good immunity;
- c) it is allowed to use the mask at the request of the health care provider;

d) turn on the ultraviolet lamp.

21. After examination of the patient, the cover of the couch must be treated by:

- a) a cloth moistened with boiled water;
- b) a cloth moistened with a disinfectant solution;
- c) a cloth moistened with soapy water, and then a dry cloth;
- d) a cloth moistened with a 60% ethyl alcohol.

22. Where does the patient change clothes before hospitalisation to the surgical department:

- a) at home in advance;
- b) in a ward;
- c) in the admission department;
- d) in the sanitary room of the surgical department;
- e) in the treatment room of the surgical department?

23. Where is the patient's outerwear stored:

- a) in a warehouse for clothes of patients;
- b) in a special room of the admission department;
- c) in a special room of the surgical department;
- d) in a ward on a hanger;
- e) in a ward in a special cabine?

24. What shoes should the patient have in the surgical department:

- a) washable slippers;
- b) any material slippers;
- c) fur slippers;
- d) waterproof boots;
- e) street shoes are allowed?

25. Which of the measures does not include the sanitary processing of the patient:

- a) cutting the patient's hair;
- b) washing the patient in the shower;
- c) washing the patient in the bath;

- d) treatment of the skin around the wound with a solution of ethyl alcohol;
- e) treatment of the patient's hair with benzyl benzoate?

26. What should be the sanitary processing in the admission department for seriously ill patients in need of immediate surgery:

- a) washing in the bathroom;
- b) washing in the shower;
- c) rubbing the whole body with a towel dampened in detergent;
- d) rubbing, with a towel dampened in detergent, the axillary, inguinal areas and perineum;
- e) sanitization is not carried out?

27. Types of sanitary processing of patients:

- a) full and partial;
- b) daily and monthly;
- c) selective and compulsory;
- d) current and selective.

28. Contrindications for sanitary processing of a patient:

- a) bleeding of any origin;
- b) patient's serious condition;
- c) severe fever;
- d) trauma with functions disorders of organs;
- e) last weeks of pregnancy;
- f) all answers are correct.

29. At what temperature should water for washing patients be:

- a) 30 °C;
- b) 32 °C;
- c) 40 °C;
- d) 42 °C?

30. What temperature should be in the bath-room:

- a) 20 °C;
- b) 25 °C;

- c) 30 °C;
- d) 35 °C?

31. What is the duration of the patient's washing:

- a) 10-15 min;
- b) 15-20 min;
- c) 20-25 min;
- d) 25-30 min?

32. A patient with complaints of abdominal pain was delivered to the admission department. The general condition of the patient is satisfactory. Can he take a hygiene bath:

- a) he can;
- b) it is impossible;
- c) if acute surgical illness will be exclude?

33. Before hospitalization, it is necessary to examine the patient for the presence of head lice. Who carries out such an inspection:

- a) a nurse of the admission department;
- b) a nurse assistant of the admission department;
- c) a doctor of the admission department;
- d) a doctor of the surgical department;
- e) a head nurse of the admission department?

34. Who examines patients for the identify of lice and scabies:

- a) a nurse of the surgical department;
- b) a nurse of the admission department;
- c) a doctor of the surgical department;
- d) a doctor of the admission department?

35. If pediculosis is detected in a patient delivered to the admission department, everything must be done, except:

- a) treating the patient's head with an anti-pediculant;
- b) combing out the lice from the patient's hair with a fine toothed comb;

- c) in the medical history, putting a mark on the treatment of pediculosis;
- d) sending the patient's clothes for disinfection;
- e) isolating the patient in a separate box.

36. If pediculosis is detected in a patient, the nurse must keep the following rules:

- a) put on an additional set of sanitary clothing (bathrobe, oilcloth apron, cap);
- b) wear only oilcloth apron;
- c) wear only a cap;
- d) put on a cap and a mask.

37. If the patient has pediculosis his clothes:

- a) will be burned;
- b) will be given to the patient's relatives;
- c) will be placed in an oilcloth bag where to keep until the patient is discharged from the hospital;
- d) will be placed in an oilcloth bag, treated with a pediculocidal agent and sent to disinsection chamber.

38. What are nits:

- a) insects;
- b) animals;
- c) pathological microorganisms;
- d) eggs of lice?

39. What are lice:

- a) animals;
- b) pathological microorganisms;
- c) insects;
- d) all answers are correct?

40. What is the exposure time of «Nittifor»:

- a) 10 min;
- b) 20 min;

- c) 30 min;
- d) 40 min?

41. After treating hair with an anti-pediculant:

- a) the hair is covered with a scarf for 45-60 minutes, washed with warm water and combed out thoroughly;
- b) the hair is covered with a scarf for 15-20 minutes, washed with warm water and combed out thoroughly;
- c) the hair is covered with a scarf for 15-20 minutes, washed with a 3% hydrogen peroxide solution and combed out thoroughly;
- d) the hair is covered with a handkerchief for 45-60 minutes, washed with a 3% hydrogen peroxide solution and combed out thoroughly.

42. For head lice eradication do not use:

- a) benzyl benzoate 20% solution;
- b) Steam plus aerosol;
- c) Nitifor lotion;
- d) hydrogen peroxide 3% solution.

43. What do you call the disease caused by lice:

- a) scabies;
- b) pediculosis;
- c) tuberculosis;
- d) actinomycosis?

44. What medications are used for sanitige a patient with pediculosis:

- a) Nittifor;
- b) Nittilon;
- c) soap-kerosene emulsion;
- d) all answers are correct?

45. What medications are used for sanitige a patient with scabies:

- a) emulsion of benzyl-benzoate;
- b) Nittilon;
- c) soap-kerosene emulsion;
- d) all answers are correct?

46. What anthropometric measurements are held in the admission department:

- a) weight;
- b) thorax circumference;
- c) height meter;
- d) all answers are correct?

47. Anthropometric measurements do not include:

- a) measurement of height;
- b) chest circumference measurements;
- c) foot circumference measurement;
- d) estimation of the patient's body weight.

48. What device measures the patient's body weight:

- a) spirometer;
- b) medical scales;
- c) height meter;
- d) tonometer and phonendoscope?

49. What device measures the body height:

- a) spirometer;
- b) medical scales;
- c) height meter;
- d) tonometer and phonendoscope?

50. What is the name of a device for measuring body temperature:

- a) spirometer;
- b) medical thermometer;
- c) tonometer and phonendoscope;
- d) all answers are correct?

51. Where is body temperature measured:

- a) mouth cavity;
- b) axillary area;
- c) rectum;
- d) all answers are correct?

52. Where is the body temperature measured most often:

- a) mouth cavity;
- b) axillary area;
- c) rectum;
- d) all answers are correct?

53. What is a normal body temperature:

- a) 35,5 °C;
- b) 37,2 °C;
- c) 36,6 °C;
- d) 37,6 °C?

54. The duration of body temperature measurement:

- a) 10 min;
- b) 7 min;
- c) 5 min;
- d) 1 min.

55. How to apply correctly a tonometer cuff:

- a) apply a cuff 2-3 cm above elbow crease, 2 fingers to be passed under it, and fix it;
- b) apply a cuff 1 cm above elbow crease, 2 fingers to be passed under it, and fix it;
- c) apply a cuff 4-5 cm above elbow crease, 1 finger to be passed under it, and fix it;
- d) apply a cuff 2-3 cm above elbow crease, 1 fingers to be passed under it, and fix it?

56. The minimum arterial pressure is called:

- a) systolic pressure;
- b) diastolic pressure;
- c) protosystolic pressure;
- d) protodiastolic pressure.

57. Which artery and where are you listening to when measuring blood pressure:

- a) brachial artery in a cubital pit;
- b) radial artery in a cubital pit;
- c) ulna artery in a cubital pit;
- d) brachial artery in an axillary area?

58. What is used to measure blood pressure:

- a) spirometer;
- b) medical scales;
- c) height meter;
- d) tonometer and phonendoscope;
- e) steto phonendoscope?

59. The maximum of arterial pressure is called:

- a) systolic pressure;
- b) diastolic pressure;
- c) protosystolic pressure;
- d) protodiastolic pressure.

60. What is the "pulse pressure":

- a) difference between the pulse and systolic pressure;
- b) difference between the pulse and diastolic pressure;
- c) difference between the maximum and minimum arterial pressure;
- d) all answers are correct?

61. What is the "pulse":

- a) filling of venous walls caused by movement of blood which is pushed out by heart;
- b) fluctuation of vascular walls caused by movement of blood which is pushed out by heart;
- c) temperature of blood in blood vessels;
- d) difference between the systolic and diastolic arterial pressure?

62. A normal pulse rate of an adult:

- a) 50–55 per min;

- b) 55–60 per min;
- c) 60–80 per min;
- d) 80–90 per min.

63. Which artery is used most often to take the pulse:

- a) temporal artery;
- b) carotid artery;
- c) radial artery;
- d) all answers are correct?

64. During what time is the pulse checked:

- a) 10 min;
- b) 7 min;
- c) 5 min;
- d) 1 min?

65. On which arteries can the pulse be taken:

- a) radial artery;
- b) temporal artery;
- c) carotid artery;
- d) all answers are correct?

66. What is bradycardia:

- a) frequency of cardiac beats < 80 per minute;
- b) frequency of cardiac beats < 60 per minute;
- c) frequency of cardiac beats > 90 per minute;
- d) frequency of cardiac beats > 80 per minute?

67. What is tachycardia:

- a) frequency of cardiac beats < 80 per minute;
- b) frequency of cardiac beats < 90 per minute;
- c) frequency of cardiac beats > 90 per minute;
- d) frequency of cardiac beats > 80 per minute?

68. Who determines the method of transporting the patient from the admission department:

- a) a doctor;
- b) a nurse of the surgical department;
- c) a nurse of the admission department;
- d) relatives of the patient;
- e) a method of transportation depends on the desire of the patient?

69. Who determines the type of transportation of the patient:

- a) a nurse of the surgical department;
- b) a nurse of the admission department;
- c) a doctor of the surgical department;
- d) a doctor of the admission department?

70. To transport a patient to the department use:

- a) armchair, wheel stretcher;
- b) armchair, wheelchair;
- c) wheel stretcher, wheelchair;
- d) all answers (a, b, c) are correct.

71. What transporting positions of the patients are possible during transportation:

- a) standing, sitting, and reclining;
- b) sitting, standing and reclining;
- c) reclining, lying, and standing;
- d) sitting, reclining, and lying?

72. What trauma should the patient be in the "frog position":

- a) fracture of femur;
- b) fracture of ribs;
- c) fracture of spine;
- d) fracture of pelvic bones?

73. A patient in serious condition was delivered to the admission department. The patient must be transported to the department:

- a) in a wheel chair;

- b) go on his own;
- c) go on foot, supported by a nurse;
- d) on a wheel stretcher.

74. A patient with gastrointestinal bleeding was delivered to the admission department. The patient feels satisfactory and can move independently. How to transport the patient to the surgical department:

- a) on foot, accompanied by a nurse;
- b) in a wheel chair;
- c) only on a wheel stretcher?

75. When delivering a seriously ill patient to the admission department, a nurse should first do the following:

- a) urgently call the doctor on duty;
- b) transport the patient to the intensive care unit;
- c) draw up medical documentation;
- d) sanitize the patient.

76. A patient was delivered to the admission department. Who decides on the hospitalisation of the patient:

- a) hospital head nurse;
- b) an ambulance doctor;
- c) a doctor of the surgical department;
- d) a doctor of the admission department;
- e) a nurse of the admission department?

77. Cleaning of the rooms of the admission department is carried out:

- a) 1 time per day, using a 0.5% chloramine B;
- b) 1 time per day, using a 1% chloramine B;
- c) 2 times a day, using a 0.5% chloramine B;
- d) 2 times a day, using a 1% chloramine B.

2. SANITARY-HYGIENIC REGIMEN THE SURGICAL DEPARTMENT. DEONTOLOGY

1. The structure of the surgical department consists of:

- 1) laboratory;
- 2) wards for patients;
- 3) dressing rooms;
- 4) manipulation room;
- 5) operating rooms.

Choose the right combination of answers:

a) 1, 2, 3, 4; b) 2, 3, 4; c) 1, 4, 5; d) 2, 3, 4, 5; e) 3, 4, 5.

2. The following premises are part of the surgical department, except for:

- a) operating room;
- b) dressing room;
- c) wards for patients;
- d) laboratory;
- e) manipulation room.

3. The surgical department consists of two parts:

- 1) clean;
- 2) purulent;
- 3) urgent;
- 4) polluted;
- 5) aseptic.

Choose the right combination of answers:

a) 1, 2; b) 2, 3; c) 1, 4; d) 3, 4; e) 4, 5.

4. The number of patients in the modern surgical department:

- a) 20–40;
- b) 40–60;
- c) 60–80;
- d) 80–100;

e) does not matter.

5. Nosocomial infections are:

- a) infections that have been caught at home and are potentially caused by organisms that are resistant to antiseptics;
- b) infections that have been caught in a hospital and are potentially caused by organisms that are resistant to antibiotics;
- c) infections that have been caught in a hospital and are potentially caused by organisms that are resistant to antiseptics.

6. The source of nosocomial infection is:

- a) relatives who visited patients;
- b) patients;
- c) products;
- d) things;
- e) animals;

7. The causes of nosocomial infections are all, except:

- a) smoking;
- b) irrational use of antibiotics;
- c) the use of drugs that suppress immunity;
- d) the lack or misuse of personal protective equipment.

8. The prevention of nosocomial infections includes:

- a) combating smoking;
- b) examination of the medical personnel for a bacterial carrier;
- c) administration of antibiotics to all patients in the hospital.

9. The source of nosocomial infections may be:

- a) patients hospitalized during the incubation period of an infectious disease;
- b) patients with concomitant infectious diseases;
- c) carriers of pathogenic microorganisms among patients;
- d) carriers of pathogenic microorganisms among hospital staff;
- e) all answers are correct.

10. The emergence of nosocomial infection is associated with the following factors, except:

- a) untimely detection of infectious patients;
- b) insufficient sanitary treatment of patients;
- c) untimely detection of carriers of infectious diseases among patients and staff;
- d) unreasonable prescribing to the patient of antibacterial drugs;
- e) reducing the resistance of the patient's body under the influence of the surgery.

11. Sources of nosocomial infection in the surgical department can be all listed below, except:

- a) patients with foci of chronic purulent infection;
- b) carriers of pathogenic microflora among the staff of the department;
- c) patients with trophic ulcers;
- d) patients with aseptic postoperative wounds;
- e) patients who undergo long-term treatment in the surgical department.

12. The routes of transmission of hospital-acquired infection in the surgical department, except:

- a) airborne;
- b) contact;
- c) straight;
- d) implantation.

13. Measures to prevent the transmission of infection by airborne droplets in the surgical department are all listed below, except:

- a) the use of masks by staff;
- b) sterilization of the dressing material;
- c) ultraviolet irradiation of dressing and operating rooms;
- d) air conditioning and bacterial air purification in the operating room.

14. Which of the following measures are used to prevent the transmission of infectious agents in the surgical department by direct contact:

- a) sterilization of dressing material;
- b) sterilization of surgical instruments;
- c) surgical hand washing before surgery;
- d) the use of syringes, needles and disposable infusion systems;
- e) all listed?

15. If inflammatory processes are diagnosed in medical personnel, these workers are immediately:

- a) fired;
- b) hospitalized in the infectious disease department;
- c) prescribed enhanced nutrition;
- d) suspended from work until full recovery;
- e) all answers are correct.

16. The source of the causative agent of infection in the surgical department can be:

- 1) a sick person;
- 2) a bacteria carrier;
- 3) animals;
- 4) dirty water;
- 5) mosquitoes.

Choose the right combination of answers:

- a) 1, 2; b) 2, 3, 4; c) 1, 4, 5; d) 2, 3, 4, 5; e) 3, 4, 5.

17. Patients with nosocomial infection are:

- a) isolated in separate wards;
- b) hospitalized in the infectious disease department;
- c) prescribed enhanced nutrition;
- d) discharged from the hospital;
- e) all answers are correct.

18. Transmission modes of nosocomial infections:

- 1) direct contact;

- 2) fecal-oral;
- 3) penetration;
- 4) airborne;
- 5) transmissible.

Choose the right combination of answers:

- a) 1, 2, 4; b) 2, 3, 4; c) 1, 2, 4, 5; d) 2, 3, 4, 5; e) 3, 4, 5.

19. Prevention of nosocomial infection in the hospital:

- a) sanitary-hygienic measures;
- b) patient placement;
- c) rational therapy;
- d) sanitary-antiepidemic regimen;
- e) all answers are correct.

20. Patients with surgical infection are treated in:

- a) gastroenterology department;
- b) surgery department;
- c) infectious disease department;
- d) admission department;
- e) therapeutic department.

21. Patients with surgical infection are treated in:

- a) gastroenterology department;
- b) admission department;
- c) infectious disease department;
- d) department of "purulent" surgery;
- e) therapeutic department.

22. The maximum number of beds in the ward:

- a) 1;
- b) 1–2;
- c) 3–4;
- d) 5–6;
- e) 7–8.

23. The recommended relative humidity range for wards in hospitals:

- a) 20–25%;
- b) 30–35%;
- c) 40–45%;
- d) 50–55%;
- e) 60–65%.

24. The windows in the wards should face:

- a) south;
- b) east;
- c) west;
- d) north;
- e) all answers are correct.

25. The ratio area of the windows to floor area in wards should be:

- a) 1:2;
- b) 1:4;
- c) 1:6;
- d) 4:6;
- e) 5:6.

26. In accordance with hygienic standards, each patient must have as much air as at least:

- a) 5 m³;
- b) 15 m³;
- c) 25 m³;
- d) 35 m³;
- e) 45 m³.

27. The temperature in the wards must be:

- a) 15–18 °C;
- b) 18–20 °C;
- c) 22–25 °C;
- d) 25–27 °C.

28. The area in the ward per 1 bed must be:

- a) 2 m²;
- b) 5 m²;
- c) 7 m²;
- d) 10 m²;
- e) 12 m².

29. Wards should be ventilated at least:

- a) 1–2 times a day;
- b) 2–3 times a day;
- c) 5–6 times a day;
- d) 10 times a day.

30. Air disinfection in the rooms of the surgical department is carried out with:

- a) bactericidal ultraviolet lamps;
- b) 5% chlorhexidine for 2 hours;
- c) 1% solution of ethanol;
- d) 0.1% desoxon solution for 15 minutes;
- e) all answers are correct.

31. Bed linen is changed once every:

- a) 1–2 days or after pollution;
- b) 3–4 days or after pollution;
- c) 7–10 days or after pollution;
- d) 12–14 days or after pollution.

32. A bactericidal ultraviolet lamp creates a "sterile zone" around, with a diameter of:

- a) 1 m;
- b) 2–3 m;
- c) 3–4 m;
- d) 5 m.

33. Professional duties of a nurse assistant of the surgical department include:

- a) participation in observation of severely ill patients after surgeries;
- b) delivery to the laboratory of biological materials for diagnostic tests;
- c) measurement of the pulse rate, respiration rate and blood pressure;
- d) participation in rounds with a doctor to register his orders and prescription of medicines;
- e) provision of first aid to the patients.

34. The bactericidal ultraviolet lamps in wards are turned on:

- a) for 10 minutes in the morning;
- b) for 20 minutes in the evening;
- c) for 20 minutes in the morning and in the evening;
- d) for 30 minutes in the morning;
- e) for 30 minutes in the morning and in the evening.

35. Sanitary processing of patients before transporting them to the surgical department takes place in:

- a) isolators of the admission department;
- b) doctor's consulting room;
- c) manipulation rooms of the admission department;
- d) sanitary changing room of the admission department;
- e) the surgical department.

36. Thermometers are disinfected with:

- 1) distilled water;
- 2) 5% chlorhexidine for 2 hours;
- 3) 1% solution of ethanol;
- 4) 0.1% desoxon solution for 15 minutes;
- 5) dipped in a 3% solution of hydrogen peroxide for 80 minutes.

Choose the right combination of answers:

- a) 1, 2, 4; b) 2, 3, 4; c) 4, 5; d) 2, 3, 4, 5; e) 3, 4, 5.

37. The rooms of surgical department are cleaned at least:

- a) 1 time a day, with the use of disinfectant solutions;

- b) 2 times a day, with the use of disinfectant solutions;
- c) 3 times a day, with the use of disinfectant solutions;
- d) 4 times a day, with the use of disinfectant solutions.

38. Underwear is changed once every:

- a) 1–2 days or after pollution;
- b) 3–4 days or after pollution;
- c) 7–10 days or after pollution;
- d) 12–14 days or after pollution.

39. General cleaning of wards is carried out:

- a) once a week;
- b) twice a week;
- c) once a month;
- d) once every 3 months;
- e) once every 6 months.

40. During a general cleaning of the wards, treated with disinfectants are:

- a) floors and furniture;
- b) ceilings;
- c) walls, doors, and windows;
- d) beds, and bedside tables;
- e) all of the above are true.

41. Which disinfectant solutions are used to clean surgical department:

- a) 0.5% chloramine solution;
- b) 10% chloramine solution;
- c) hydrogen peroxide 3% solution;
- d) potassium permanganate solution?

42. Nurses should use mask in all cases, except:

- a) at work with patients with infectious diseases with an aerogenic mode of transmission;
- b) at epidemic indications;

- c) at distribution of medicines;
- d) work related to the risk of aerosol contamination by bacteria.

43. Medical personnel should wear safety goggles when:

- a) working with pulmonary patients;
- b) working with biomaterials that risk entering the mucous membrane of the eye;
- c) working with patients with eye diseases;
- d) all answers are correct.

44. Medical personnel should wear protective gloves in all cases, except:

- a) examination of the mucous membranes;
- b) examination of the damaged skin;
- c) examination of intact skin;
- d) performing medical interventions on damaged skin.

45. Medical personnel should wear protective gloves in case of:

- a) examination of the patient with damage to the skin and mucous membranes;
- b) examination of a patient with infectious disease;
- c) work in microbiological and clinical diagnostic laboratories;
- d) all answers are correct.

46. Disinfection is subject to:

- a) medical devices in contact only with mucous membranes;
- b) all medical devices after their use;
- c) medical devices after their use only in patients with especially dangerous infections.

47. If bed linen is contaminated with a biomaterial, the replacement should be carried out:

- a) the next day;
- b) in accordance with the schedule;
- c) immediately;
- d) upon discharge of the patient.

48. Personal hygiene of medical personnel includes:

- a) washing hands;
- b) wearing finger rings;
- c) working with secretions without gloves;
- d) wearing shoes made of cloth;
- e) washing workwear at home.

49. Personal hygiene of medical personnel includes:

- a) wearing rings on the fingers;
- b) working with the patient's secretions in gloves;
- c) working with secretions without gloves;
- d) wearing shoes made of cloth;
- e) washing workwear at home.

50. Personal hygiene of medical personnel includes:

- a) wearing rings on the fingers;
- b) wearing a cap and medical gown;
- c) working with secretions without gloves;
- d) wearing shoes made of cloth;
- e) washing workwear at home.

51. For hygienic handwash use:

- a) washing with running water with soap;
- b) chloramine 1.0% solution;
- c) C4 solution;
- d) 96% alcohol;
- e) chlorhexidine.

52. Medical clothing should be:

- a) cotton;
- b) silk;
- c) synthetic;
- d) any;
- e) woolen.

53. Medical staff shoes should be:

- a) does not matter;
- b) felt;
- c) woolen;
- d) cloth;
- e) faux leather.

54. Medical staff shoes should be:

- a) does not matter;
- b) felt;
- c) leather;
- d) cloth;
- e) woolen.

55. The first person who introduced the term "deontology":

- a) Hippocrates;
- b) Galen;
- c) Avicenna;
- d) Amosov;
- e) Bertrand.

56. Deontology is:

- a) science of treatment rules;
- b) science of nursing;
- c) science of legal aspects of the work of a doctor;
- d) science about professional duties of health workers towards sick people.

57. Medical ethics is:

- a) a set of moral claims of the medical personnel to the patient, his/her relatives and friends, relations and colleagues in the community;
- b) moral requirements of medical personnel;
- c) rules of medical personnel;
- d) norms of legal behavior for health workers;
- e) relationships with doctors.

3. PREOPERATIVE PREPARATION OF PATIENTS FOR SURGERY

1. What is the preoperative period:

- a) the period from the moment of receipt of the patient to the surgical department of the hospital until his recovery;
- b) the period from the moment of receipt of the patient to the surgical department of the hospital until the end of the operation;
- c) the period from the moment of receipt of the patient to the surgical department of the hospital before the beginning of the operation;
- d) the time of operation?

2. The preoperative period begins with:

- a) the moment of illness;
- b) the moment of seeking medical help;
- c) the moment of the patient's appeal to the admission department;
- d) the moment of hospitalization of the patient in the surgical department;
- e) there is no correct answer.

3. Preoperative preparation of the patient includes:

- a) psychological preparation;
- b) preparation of the operating field;
- c) preparation of the cardiovascular system;
- d) preparation of the respiratory system;
- e) preparation of the gastrointestinal tract;
- f) all answers are correct.

4. Before surgery, (for the night) the patient is prescribed:

- a) sleeping pills or sedatives;
- b) psychostimulants;
- c) immunologic agents;
- d) agents that stimulate regeneration;

e) all answers are correct.

5. To prepare the gastrointestinal tract for the elective surgery, it is necessary:

- a) to use a cleansing enema in the evening, before surgery, and in the morning, on the day of surgery;
- b) to use a cleansing enema just before surgery;
- c) to starve for 3 days;
- d) prescribe laxatives.

6. Preparation of the gastrointestinal tract before surgery under general anesthesia:

- a) nutrition of the patient through the gastric tube;
- b) if necessary, the stomach lavage;
- c) starvation of the patient within 3 days before surgery;
- d) putting an ice pack on patient's stomach.

7. The purpose of removing the contents of the stomach before surgery:

- a) for the prevention of aspiration;
- b) to facilitate the technique of operation;
- c) to improve respiratory function;
- d) all of the above are correct;
- e) there is no specific purpose.

8. What are the contraindications to gastric (stomach) lavage:

- a) large esophageal diverticules;
- b) esophageal stenosis;
- c) acute myocardial infarction, acute insult;
- d) epilepsy with frequent convulsive attacks;
- e) all answers are correct?

9. What is used for gastric (stomach) lavage:

- a) a cleansing enema;
- b) an urinary catheter;
- c) a gastric catheter;

- d) a gastric tube;
- e) a bowel tube?

10. What is the position of the patient during gastric (stomach) lavage:

- a) sitting;
- b) reclining;
- c) lying on the back;
- d) lying on the left side;
- e) lying on the right side?

11. How much water is needed for gastric (stomach) lavage:

- a) 1–1.5 liter;
- b) 2–3 liter;
- c) 4–5 liter;
- d) 6–7 liter;
- e) 8–10 liter?

12. What should be temperature of the water for gastric (stomach) lavage:

- a) 16 °C;
- b) 18 °C;
- c) 20 °C;
- d) 25 °C;
- e) 36 °C?

13. The gastric tube for gastric lavage is inserted to the depth of:

- a) 25 cm;
- b) to a depth equal to the distance from the nose bridge to the umbilicus of the patient;
- c) 40 cm;
- d) to the maximum possible depth;
- e) 60 cm.

14. The procedure of gastric lavage is repeated:

- a) 3 times;

- b) until the water runs out;
- c) until gastric discharge is clean;
- d) 10 times;
- e) 5 times.

15. A cough has appeared during insertion of a gastric tube. What should be done:

- a) the tube continues to move deeper;
- b) gastric tube is extracted;
- c) the patient is asked to take a deep breath;
- d) oxygen mixture is fed into the tube;
- e) the patient is asked to hold his breath?

16. The types of enema:

- a) cleansing;
- b) siphon;
- c) oil;
- d) hypertonic;
- e) all answers are correct.

17. The type of enema:

- a) aquatic;
- b) aerial;
- c) easy;
- d) oil;
- e) sparing.

18. The type of enema:

- a) aquatic;
- b) aerial;
- c) siphon;
- d) easy;
- e) sparing.

19. The type of enema?

- a) hypertonic;

- b) aquatic;
- c) aerial;
- d) easy;
- e) sparing.

20. The type of enema:

- a) aquatic;
- b) aerial;
- c) easy;
- d) sparing;
- e) cleansing.

21. Indications for a cleansing enema:

- a) cleansing the lower part of large intestine;
- b) cleansing the terminal part of large intestine;
- c) cleansing the lower part of small intestine;
- d) cleansing the terminal part of small intestine;
- e) cleansing stomach.

22. Indications for a cleansing enema:

- a) 3-days delay of bowel movements;
- b) acute poisoning;
- c) before X-ray and endoscopic colon examination;
- d) all answers are correct.

23. Indications for a cleansing enema:

- a) constipation;
- b) colon ulcers;
- c) intestinal bleeding;
- d) flatulence;
- e) hemorrhoids.

24. Indications for a cleansing enema are everything except:

- a) constipation;
- b) preparation for surgery;
- c) preparation for radiological examination;

d) acute intestinal infection.

25. Contraindications for an enema are everything except:

- a) acute anus diseases;
- b) constipation;
- c) rectal bleeding;
- d) rectal prolapse;
- e) severe general condition of the patient requiring complete rest.

26. For a cleansing enema you need everything except:

- a) rubber pear;
- b) Esmarch's cup;
- c) warm water;
- d) bedpan;
- e) oilcloth.

27. Volume of water for a cleansing enema:

- a) 0.5 liter;
- b) 1.0–1.5 liters;
- c) 2.0–2.5 liters;
- d) 2.0 liters;
- e) 2.5 liters or more.

28. The depth of insertion of the enema tip into the rectum for a cleansing enema:

- a) 15–20 cm;
- b) 10–20 cm;
- c) 5–7 cm;
- d) 3–5 cm;
- e) 10–12 cm.

29. Position of the patient when performing a cleansing enema:

- a) sitting;
- b) reclining;
- c) lying on the back;
- d) lying on the left side;

e) lying on the right side.

30. Water temperature for a cleansing enema:

- a) 12–14 °C;
- b) 15–16 °C;
- c) 19–20 °C;
- d) 22–25 °C;
- e) 34–36 °C.

31. After cleansing enema the act of defecation is delayed by:

- a) 5–10 minutes;
- b) 2 minutes;
- c) 30 minutes;
- d) 15 minutes;
- e) 20 minutes.

32. Indications for a hypertonic enema:

- a) acute enteritis;
- b) ulcerative colitis;
- c) atonic constipation;
- d) gastric ulcer;
- e) hemorrhoids.

33. What solution is used for a hypertonic enema:

- a) NaCl 10% solution, 50–100 ml;
- b) magnesium sulfate 15% solution, 50–100 ml;
- c) NaCl 0,9% solution, 50–100 ml;
- d) magnesium sulfate 25% solution, 10–20 ml?

34. What solution is used for a hypertonic enema:

- a) NaCl 10% solution, 150–200 ml;
- b) magnesium sulfate 15% solution, 50–100 ml;
- c) NaCl 0,9% solution, 50–100 ml;
- d) magnesium sulfate 25% solution, 50–100 ml?

35. For a hypertonic enema use:

- a) novocaine 0.5% solution;
- b) hydrogen peroxide 3% solution;
- c) sodium bicarbonate 2% solution;
- d) sodium chloride 10% solution;
- e) furacillin solution 1: 5000.

36. The depth of insertion of the rectal tube for a hypertonic enema:

- a) 5–7 cm;
- b) 8–10 cm;
- c) 10–12 cm;
- d) 25–30 cm;
- e) more than 50 cm.

37. Indications for a siphon enema:

- a) stopping intestinal bleeding;
- b) removing intestinal contents;
- c) rectal administration of drugs;
- d) stopping gastric bleeding;
- e) inability to feed the patient through the mouth.

38. The depth of insertion of the rectal tube for a siphon enema:

- a) 10–20 cm;
- b) 20–30 cm;
- c) 25–30 cm;
- d) 30–40 cm;
- e) 65–70 cm.

39. Water volume for a siphon enema:

- a) 1–1.5 liters;
- b) 2–3 liters;
- c) 4–5 liters;
- d) 6–8 liters;
- e) 10–12 liters.

40. Water temperature for a siphon enema:

- a) 12–14 °C;
- b) 15–16 °C;
- c) 18–20 °C;
- d) 22–25 °C;
- e) 32–36 °C.

41. Position of the patient when performing a siphon enema:

- a) sitting;
- b) reclining;
- c) lying on the back;
- d) lying on the left side;
- e) lying on right side.

42. Indications for an oil enema:

- a) cleansing the lower part of large intestine;
- b) cleansing the terminal part of large intestine;
- c) cleansing the lower part of small intestine;
- d) cleansing the terminal part of small intestine;
- e) inflammatory and ulcerative processes in the lower part the large intestine, softening hardened feces accumulated in rectum.

43. The temperature for an oil enema:

- a) 24 °C;
- b) 36 °C;
- c) 40 °C;
- d) 45 °C;
- e) 56 °C.

44. How much oil is needed for an oil enema:

- a) 10–15 ml;
- b) 20–30 ml;
- c) 40–50 ml;
- d) 50–100 ml;
- e) 100–150 ml?

45. What should be done before urinary catheterization:

- a) do a cleansing enema;
- b) a careful cleaning of patient's genitals;
- c) preparation of the operating field;
- d) perform a gastric lavage?

46. The position of the patient during urinary catheterization:

- a) sitting;
- b) reclining;
- c) lying on the back;
- d) lying on the left side;
- e) lying on the right side.

47. The depth of insertion of an urinary catheter in a male:

- a) 10–20 cm;
- b) 20–30 cm;
- c) 3–6 cm;
- d) 6–10 cm;
- e) 10–12 cm.

48. The depth of insertion of an urinary catheter in a female:

- a) 10–20 cm;
- b) 3–6 cm;
- c) 6–10 cm;
- d) 10–12 cm.

49. What catheter lubricant is used before urinary catheterization:

- a) pour a little of ethanol on the catheter tip;
- b) pour a little of magnesium sulfate on the catheter tip;
- c) pour a little of iodine spiritus on the catheter tip;
- d) pour a little of sterile vaseline on the catheter tip?

50. What is used for evacuation urine from the urinary bladder:

- a) cleansing enema;
- b) urinary catheter;
- c) gastric catheter;

- d) gastric tube;
- e) bowel tube?

51. Purpose of urinary bladder catheterization:

- a) acute cystitis;
- b) urinary bladder cancer;
- c) urolithiasis;
- d) emptying the urinary bladder.

52. What drugs (means) are used to clean the genitals before the catheterization of the urinary bladder:

- a) furacillin 1:5000;
- b) 10% NaCl solution;
- c) magnesium sulfate 25% solution;
- d) 70% ethanol;
- e) 5% iodine spiritus?

53. Metal urinary catheter is used for:

- a) all patients;
- b) only for women;
- c) nowadays a metal catheter is not used;
- d) it is inserted if it is impossible to remove the urine with a soft catheter.

54. After repeated catheterization, the bladder is washed:

- a) novocaine 0.5% solution;
- b) hydrogen peroxide 3% solution;
- c) sodium bicarbonate 2% solution;
- d) sodium chloride 10% solution;
- e) furacillin solution 1: 5000.

55. Urination is induced in the patient if he is not able to urinate on his own for:

- a) 8 hours;
- b) 12 hours;
- c) 16 hours;

- d) 20 hours;
- e) 24 hours.

56. Which solution is used to prevent a catheter-associated urinary tract infection:

- a) 30% ethyl alcohol;
- b) furacillin solution 1: 5000;
- c) 0.9% sodium chloride solution;
- d) 2% sodium bicarbonate solution;
- e) hydrogen peroxide 3% solution?

57. The rectal tube is inserted into the rectum for no more than:

- a) 2 hours;
- b) 1 hours;
- c) 1.5 hours;
- d) 45 minutes;
- e) 30 minutes.

58. At what depth is the rectal tube inserted into the rectum:

- a) 25 cm;
- b) 40 cm;
- c) 15 cm;
- d) 10 cm;
- e) 7 cm?

59. Preoperative measures that reduce the risk of infection of the postoperative wound are:

- a) hygienic bath;
- b) shaving hair in the area of the surgical field 1 day before surgery;
- c) starvation during the day before surgery;
- d) bed rest.

60. To prepare the operative field before the planned operation it is necessary to:

- a) in the morning, 2 hours before the operation, shave the operating field;

- b) in the evening, before surgery, shave the operating field and treat it with chlorhexidine alcohol solution;
- c) before surgery, treat the operating field with 96% alcohol solution;
- d) take a shower before surgery and treat the operating field with a 1% decamethoxin solution.

61. Preoperative measures that reduce the risk of infection of the postoperative wound are:

- a) bed rest;
- b) shaving hair in the area of the operating field 2 hours before surgery;
- c) applying an alcohol compress to the area of the future operating field;
- d) prescribing sleeping pills on the eve of surgery.

62. Preparing the patient for planned surgery includes:

- a) hygienic shower and replacement of the patient's lingerie before the operation;
- b) bed rest one day before surgery;
- c) conducting a physical therapy session before surgery;
- d) shaving hair in the area of the future operating field 1 day before surgery.

63. Rules for shaving the operating field before elective surgery:

- a) shaving of the operative field just before the operation;
- b) shaving the operating field the day before surgery;
- c) shaving the operating field on the operating table;
- d) hair is not shaved.

4. WORK AT THE OPERATION ROOM

1. Operational unit is divided into zones:

- a) sterile zone, clean zone, technical zone;
- b) limited zone, relative sterility zone, doctors zone;
- c) sterile zone, clean zone, technical zone, dirty zone;
- d) general zone, clean zone, technical zone, dirty zone.

2. What patients are transported to the operating room on a wheel-stretcher:

- a) serious patients;
- b) patients who cannot move independently;
- c) patients with labile mood;
- d) all patients?

3. For disinfection, metal tools are placed in a chloramine 3% solution:

- a) for 15 minutes;
- b) for 30 minutes;
- c) for 60 minutes;
- d) for 45 minutes;
- e) for 100 minutes.

4. Sterilization of surgical instruments in a hospital is most often done with the help of:

- a) gamma radiation;
- b) boiling;
- c) dry heat sterilizer;
- d) paraformalin disinfection chamber;
- e) autoclaving.

5. Steam sterilization mode:

- a) 1.1 atm – 120 °C – 45 minutes;
- b) 160 °C – 2.5 hours;

- c) 180 °C – 1 hour;
- d) 1.8 atm – 100 °C – 45 minutes;
- e) 5 atm – 120 °C – 25 minutes.

6. Air-drying sterilization is carried out in:

- a) autoclave;
- b) dry heat steriliser;
- c) a special room at $t = 100$ °C;
- d) paraformalin disinfection chamber;
- e) gamma-ray cameras.

7. Washing each instrument in the washing solution is carried out during:

- a) 0.5 minutes;
- b) 1 minute;
- c) 1.5 minutes;
- d) 2 minutes;
- e) 3 minutes.

8. The positive reaction to the presence of hidden blood gives:

- a) pink color;
- b) lilac-purple color;
- c) red color;
- d) lilac-black color;
- e) blue color.

9. Specify methods of sterilization of surgical gloves and drainages:

- a) in an autoclave (2 atm, 132.9 °C, 20 minutes);
- b) in an autoclave (1.1 atm, 120 °C, 45 minutes);
- c) in a dry heat steriliser (180 °C, 60 minutes);
- d) in a dry heat steriliser (160 °C, 120 minutes).

10. Specify the sterilisation mode of the instruments in a dry heat sterilizer:

- a) 2 atm., 20 minutes;
- b) 1.2 atm., 60 minutes;

- c) 180 ° C, 60 minutes;
- d) 160 °C, 120 minutes;
- e) 125 °C, 25 minutes.

11. What is sterilization temperature when instruments are sterilized in a dry heat sterilizer:

- a) 120 °C;
- b) 150 °C;
- c) 180 °C;
- d) 200 °C;
- e) 220 °C?

12. How often is bacteriological control carried out during sterilisation of scrubs and linen:

- a) 1 time per 3 days;
- b) 1 time per 7 days;
- c) 2 times per 10 days;
- d) 1 time per 10 days;
- e) 1 time per 14 days?

13. The sterile zone of the operating unit includes:

- a) operating room, scrub-up room, room for sterilization;
- b) rooms for personal hygiene and changing clothes of the staff;
- c) rooms where apparatus for air conditioning or oxygen supplying and vacuum devices are stored;
- d) nousing room, the room of the chief surgeon and the room for dirty clothes, etc.

14. The clean zone of the operating unit includes:

- a) operating room, scrub-up room, room for sterilization;
- b) rooms for personal hygiene and changing clothes of the staff;
- c) rooms where apparatus for air-conditioning or oxygen supplying and vacuum devices are stored;
- d) nousing room, the room of the chief surgeon and the room for dirty clothes, etc.

15. The technical zone of the operating unit includes:

- a) operating room, scrub-up room, room for sterilization;
- b) rooms for personal hygiene and changing clothes of the staff;
- c) rooms where apparatus for air conditioning or oxygen supplying and vacuum devices are stored;
- d) nousing room, the room of the chief surgeon and the room for dirty clothes, etc.

16. The dirty zone of the operating unit includes:

- a) operating room, scrub-up room, room for sterilization;
- b) rooms for personal hygiene and changing clothes of the staff;
- c) rooms where apparatus for air conditioning or oxygen supplying and vacuum devices are stored;
- d) nousing room, the room of the chief surgeon and the room for dirty clothes, etc.

17. Method of processing the operative field, when the operative field is four times treated with iodonate solution:

- a) Pirogov;
- b) Shevchenko;
- c) Grossich-Filonchikov;
- d) Bakkal;
- e) Spasokukotsky-Kochergin.

18. How many times is the surgical field treated with an antiseptic according to the Grossich-Filonchikov method:

- a) 1;
- b) 2;
- c) 3;
- d) 4;
- e) 5?

19. In formalin vapors we sterilize:

- a) laparoscopes;
- b) tampons;
- c) napkins;

- d) gauze balls;
- e) syringes.

20. What solution for scrubbing hands before surgery can achieve their complete sterility:

- a) chlorhexidine;
- b) eurosept;
- c) novosept;
- d) C4;
- e) none of the above mentioned?

21. The duration of processing the surgeon's hands with C4 solution:

- a) 1 minute;
- b) 2 minutes;
- c) 3 minutes;
- d) 5 minutes;
- e) 10 minutes.

22. How long can a closed Schimmelbusch sterilizing box be kept after sterilisation:

- a) 12 hours;
- b) 24 hours;
- c) 48 hours;
- d) 72 hours;
- e) 96 hours?

23. To control the pre-sterilization processing tools from blood residues we use:

- a) benzidine test;
- b) phenolphthalein test;
- c) test for sucrose;
- d) fructose test;
- e) alcohol test.

24. Which method of sterilization of surgical instruments in the hospital is the most reliable and fastest:

- a) in an autoclave with current steam;
- b) in an autoclave at high pressure;
- c) in a dry heat sterilizer;
- d) bactericidal lamps;
- e) radiation sterilization?

25. In order to control the quality of pre-sterilization processing tools from residues detergents, we perform:

- a) phenolphthalein test;
- b) aspyrin test;
- c) test for sulfur;
- d) benzidine test;
- e) test for sucrose.

26. The optimum temperature and humidity in the operating room:

- a) 18–20 °C, 70%;
- b) 20–22 °C, 50%;
- c) 18–22 °C, 70%;
- d) 20–22 °C, 20%;
- e) 18–22 °C, 40%.

27. Sterilization of operating linen and dressing material is carried out:

- a) by UV rays;
- b) by boiling;
- c) by steam under pressure;
- d) by dry heating;
- e) by all the above methods.

28. What is sterilized in a dry heat sterilizer:

- a) dressing material;
- b) operating linen;
- c) syringes unmarked "200";
- d) surgical instruments;

e) devices with optics?

29. The dressing and operating linen are sterilized in an autoclave for:

- a) 20 minutes at 2 atm;
- b) 45 minutes at 1.1 atm;
- c) 1 hour at 1.5 atm;
- d) 1.5 hours at 1,7 atm;
- e) 2 hours at 1.5 atm.

30. After disinfection in solution, the instrument should be:

- a) dried;
- b) rinsed with running water and dried;
- c) wiped with dry cloth;
- d) test from the surface.

31. Medical dressing drums with sterilised instruments and material must be labeled by:

- a) date of sterilisation;
- b) signature of the person who performed the sterilization;
- c) date and signature of the person who performed the sterilization;
- d) a list of contents of the drum.

32. For the steam sterilization method use:

- a) dry heat sterilizer;
- b) autoclaves;
- c) gamma radiation;
- d) boiling in a closed container;
- e) steam-formalin disinfection chamber.

33. Surgical linen and dressing material are sterilized by:

- a) steam;
- b) heat air;
- c) boiling;
- d) gamma radiation;
- e) in a steam-formalin disinfection chamber.

34. Sterilisation is:

- a) making the object free from microorganisms of all kinds by physical or chemical means;
- b) making the object free only from pathogenic microorganisms by chemical means;
- c) making the object free only from pathogenic bacteria by physical means.

35. Antisepsis is:

- a) the destruction of all living organisms;
- b) the destruction of pathogens;
- c) a set of measures aimed at killing germs in the wound;
- d) a set of measures aimed at preventing the entry of germs into the wound.

36. What test is used to check the instruments for the presence of hidden blood:

- a) alcohol;
- b) phenolphthalein;
- c) azopiram;
- d) benzoin;
- e) sucrose test?

37. Sterilization in a heat air sterilizer is carried out at a temperature:

- a) 180 °C;
- b) 160 °C;
- c) 140 °C ;
- d) 120 °C;
- e) 100 °C .

38. The most reliable method for sterilization control:

- a) mechanical;
- b) chemical;
- c) physical;
- d) biological;
- e) mixed.

39. The complete destruction of microorganisms and their spore forms is called:

- a) elimination;
- b) disinfection;
- c) sterilization;
- d) disinsection;
- e) deratization.

40. Pre-cleaning the operating room includes:

- a) cleaning of horizontal surfaces;
- b) collecting all items that fell on the floor;
- c) washing floors, walls, furniture;
- d) processing of everything in the operating room;
- e) there is no right answer.

41. Current operating room cleaning includes:

- a) cleaning of horizontal surfaces;
- b) collecting all objects that have fallen to the floor;
- c) washing floors, walls and furniture;
- d) processing everything in the operating room;
- e) there is no right answer.

42. The final cleaning of the operating room includes:

- a) cleaning horizontal surfaces;
- b) collecting all items that fell on the floor;
- c) washing floors, walls, and furniture;
- d) processing everything in the operating room;
- e) there is no right answer.

43. General operating room cleaning includes:

- a) cleaning horizontal surfaces;
- b) collecting all items that fell on the floor;
- c) washing floors, walls, and furniture;
- d) processing everything in the operating room;
- e) there is no right answer.

44. For air purification in the operating room is used:

- a) ultraviolet lamps;
- b) air freshener;
- c) do not use anything;
- d) washing the floors;
- e) washing the walls.

45. For air purification in the operating room is used:

- a) air freshener;
- b) do not use anything;
- c) aerosol sprays;
- d) washing the floors;
- e) washing the walls.

46. Method of checking sterility in the operating unit:

- a) air sampling;
- b) collecting samples from surgeon's hands;
- c) collecting samples from the surface of the operating table;
- d) collecting samples from the surface of surgical instruments;
- e) collecting samples from the surface of surgical instruments

47. Method of checking sterility in the operating unit:

- a) surface of the walls of operating room;
- b) collecting samples from the surgeon's hands;
- c) collecting samples from the surface of the operating table;
- d) collecting samples from the surface of surgical instruments;
- e) collecting samples from the surface of surgical instruments.

48. A type of the operating room cleaning:

- a) pre-cleaning;
- b) basic;
- c) superficial;
- d) wet;
- e) emergency.

49. A type of the operating room cleaning:

- a) basic;
- b) current;
- c) superficial;
- d) wet;
- e) emergency.

50. A type of the operating room cleaning:

- a) basic;
- b) superficial;
- c) final;
- d) moisture;
- e) emergency.

51. A type of the operating room cleaning:

- a) superficial;
- b) wet;
- c) emergency;
- d) general;
- e) basic.

52. The operating room should be located:

- a) on the ground floor;
- b) not lower than the second floor;
- c) above the third floor;
- d) it doesn't matter;
- e) above the fifth floor.

53. Types of transportation of the patient into the operating room:

- a) on a wheelchair;
- b) on a wheel stretcher;
- c) on a stretcher;
- d) on the hands;
- e) the patient goes on his own.

54. Transportation of the patient from the operating room to the ward should be carried out:

- a) as quickly as possible;
- b) very slowly;
- c) accompanied by a surgeon;
- d) accompanied by anesthesiologist;
- e) it doesn't matter.

55. For processing the surgeon's hands after washing, use:

- a) chlorhexidine 0.5% solution;
- b) 5% iodine solution;
- c) potassium permanganate solution;
- d) 1% salicylic acid;
- e) chloramine 0.5% solution.

56. For the processing of the surgeon's hands after washing is used:

- a) potassium permanganate solution
- b) 0.05% analyte solution;
- c) C4;
- d) iodine;
- e) chloramine 0.5% solution.

57. Modern methods of processing surgeon's hands:

- a) the Fürbringer method;
- b) the Alfeld method;
- c) processing with chlorhexidine;
- d) processing with a 5% carbolic acid;
- e) processing with a 30% hydrogen peroxide.

58. Modern methods of processing surgeon's hands:

- a) Pirogov's method;
- b) processing with carbolic acid;
- c) processing with potassium permanganate;
- d) processing with C4;
- e) traditional method of processing with slaked lime.

59. Modern methods of processing surgeon's hands:

- a) the Fürbringer method;
- b) the method of Spasokukotsky-Kochergin;
- c) the use of potassium permanganate;
- d) AHD, eurocept;
- e) treatment with carbolic acid.

60. By Bruno's methods, the hands are processed with:

- a) 2.4% C4;
- b) salicylic alcohol;
- c) Lugol's solution;
- d) carbolic acid;
- e) 96% alcohol.

61. There are the following types of Schimmelbush sterilising drum packaging:

- a) target;
- b) extra;
- c) programmable;
- d) specialized.

62. Disinfection of used surgical instruments can be performed by the following methods:

- a) soaking in desactin 0.2% solution for 1 hour;
- b) soaking in distilled water at 100 °C for 30 minutes;
- c) soaking in ethyl alcohol for 30 minutes;
- d) soaking in a chloramine 10% solution for 60 minutes.

63. The relative humidity in the operating room must be at least:

- a) 40%;
- b) 50%;
- c) 70%;
- d) 80%.

64. Desinfection of used surgical instruments can be performed by the following methods:

- a) soaking in a chloramine 10% solution for 60 minutes;
- b) soaking in a chlorinated 10% solution of lime for 60 minutes;
- c) soaking in a chloramine 1% solution for 60 minutes;
- d) soaking in distilled water at 100 °C for 30 minutes.

65. Asepsis is:

- a) a set of measures aimed at preventing the entry of microorganisms into the wound or human body;
- b) a set of measures aimed at the destruction of microorganisms in the wound;
- c) prevention of spreading the infection from chronic sources in the human body;
- d) bactericidal action of antibiotics on microorganisms.

66. In the operating room, the temperature should be:

- a) 18–20 °C;
- b) 20–22 °C;
- c) 25–27 °C;
- d) 27–30 °C.

67. For universal packaging of material in the Schimmelbusch sterilising drums, do the following:

- a) placed material for one small typical operation (appendectomy, hernia, phlebectomy, etc.) into the drum;
- b) put the necessary set of dressing materials and operating linen for performing a specific operation (pneumonectomy, resection of the stomach, etc.) into the drum;
- c) put some dressing material or linen into the drum (drum with medical scrubs, drum with napkins, etc.).

68. For specific packaging of material in the Schimmelbusch sterilising drums, do the following:

- a) placed material for one small typical operation (appendectomy, hernia, phlebectomy, etc.) into the drum;

- b) put the necessary set of dressing materials and operating linen for performing a specific operation (pneumonectomy, resection of the stomach, etc.) into the drum;
- c) put some dressing material or linen into the drum (drum with medical scrubs, drum with napkins, etc.).

69. Operating linen does not include:

- a) shoe covers;
- b) gloves;
- c) surgical greens;
- d) hats.

70. For target packaging of material in the Schimmelbusch sterilising drums:

- a) placed material for one small typical operation (appendectomy, hernia, phlebectomy, etc.) into the drum;
- b) put the necessary set of dressing materials and operating linen for performing a specific operation (pneumonectomy, resection of the stomach, etc.) into the drum;
- c) put some dressing material or linen into the drum (drum with medical scrubs, drum with napkins, etc.).

71. Packing of dressing material in the Schimmelbush sterilising drum may be:

- a) layered;
- b) horizontal;
- c) vertical;
- d) stuffed.

72. Before pre-sterilisation cleaning, tools contaminated with biological substances must be disinfected by one of the following methods:

- a) soaking in a 0.1% sulfochlorantin solution for 30 minutes;
- b) soaking in a decactin 0.2% solution for 1 hour;
- c) soaking in a lysol 3% solution for 1 hour;
- d) soaking in a 2.4% C4 solution for 15 minutes;

e) all answers are correct.

73. There are the following types of filling Schimmelbush sterilising drum:

- a) general;
- b) specific;
- c) specialised;
- d) programmable.

74. Disinfection of used surgical instruments can be performed by the following methods:

- a) soaking in a chloramine 10% solution for 60 minutes;
- b) soaking in a chlorated lime 10% solution for 60 minutes;
- c) soaking in a hydrogen peroxide 6% solution for 1 hour;
- d) soaking in distilled water at 100 ° C for 30 minutes.

75. For general cleaning, the most commonly used solutions are:

- a) 13% hydrogen peroxide with a 0.5% detergent;
- b) 40% hydrogen peroxide with a 0.5% detergent;
- c) 60% hydrogen peroxide with a 0.5% detergent;
- d) 10% chloramine;
- e) all answers are correct;
- f) there is no correct answer.

76. Sterilization of dressing material and operating linen in an autoclave can be carried out:

- a) in a cloth bag;
- b) in the Schimmelbush drum;
- c) in a plastic bag;
- d) when the material is put directly into the autoclave.

77. Operating linen does not include:

- a) shoe covers;
- b) an oilcloth that covers the operating table;
- c) surgical greens;
- d) surgical caps.

78. Disinfection of the used surgical instruments is carried out by the following methods:

- a) soaking in a C4 2.4% solution for 15 minutes;
- b) soaking in distilled water at 100 °C for 30 minutes;
- c) soaking in ethyl alcohol for 30 minutes;
- d) soaking in a chloramine 10% solution for 60 minutes.

79. The disinfection of the Schimmelbush's sterilizing drum can be performed using:

- a) 96% ethanol;
- b) chloramine 10% solution;
- c) ammonia 5% solution;
- d) brilliant green 3% alcohol solution.

80. The area of the operating room for 1 operating table should be at least:

- a) 20 m²;
- b) 30 m²;
- c) 36 m²;
- d) 50 m².

81. Sterilization of instruments, dressing and linen includes the following main steps:

- a) pre-sterilization preparation of the material;
- b) equipment and preparation for sterilization;
- c) sterilization;
- d) storage of sterile material;
- e) all answers are correct.

82. Packing dressing material in a Schimmelbush sterilizing drum may be:

- a) sectoral;
- b) horizontal;
- c) vertical;
- d) stuffed.

83. The dressing materials do not include:

- a) gauze balls, napkins;
- b) tampons, turunda;
- c) bandages;
- d) sheets, towels.

84. Operating linen does not include:

- a) surgical greens, sheets;
- b) tampons, turundas;
- c) towels, masks;
- d) caps, shoe covers.

85. The disinfection of the Schimmelbush's sterilizing drum can be performed using:

- a) chloramine 1% solution;
- b) chloramine 10% solution;
- c) ammonia 5% solution;
- d) brilliant green 3% alcohol solution.

86. Blood removal quality is checked by tests:

- a) phenolphthalein test, benzidine test;
- b) benzidine test, amidopyrin test;
- c) ortholidine test, phenolphthalein test, benzidine test;
- d) amidopyrin test, ortholidine test, phenolphthalein test.

87. The following types of cleaning are performed in the premises of the first zone of the operating unit:

- a) current, postoperative, final, general;
- b) preliminary, current, postoperative, final, general;
- c) preliminary, current, final, general;
- d) preliminary, current, postoperative, final.

88. There are the following types of Schimmelbush sterilizing drum packing:

- a) universal;
- b) extra;

- c) programmable;
- d) specialized.

89. What is sterilized in a heat air sterilizer:

- a) dressing material;
- b) operating linen;
- c) syringes unmarked "100";
- d) surgical instruments;
- e) optical devices?

90. The dressing and operating linen are sterilized in an autoclave:

- a) for 20 minutes at 2 atm;
- b) for 45 minutes at 1.1 atm;
- c) for 1 hour at 1.5 atm;
- d) for 1.5 hours at 1.7 atm.

91. Phenolphthalein test is carried out to determine residues:

- a) oil solution;
- b) blood;
- c) detergent;
- d) medicinal product.

92. For disinfection of medical instruments use the concentration of alcohol:

- a) 90% solution;
- b) 100% solution;
- c) 96% solution;
- d) 40% solution;
- e) 70% solution.

93. The area of the operating theatre is:

- a) 26 m² per 1 operation table and 54 m² per 2 operation tables;
- b) 36 m² per 1 operation table and 44 m² per 2 operation tables;
- c) 36 m² per 1 operation table and 44 m² per 2 operation tables;
- d) 36 m² per 1 operation table and 54 m² per 2 operation tables.

94. All methods of sterilization are divided into:

- a) biological and chemical;
- b) physical and biological;
- c) physical and mechanical;
- d) physical and chemical.

95. What is the Schimmelbush's sterilizing drum:

- a) surgical instrument;
- b) dressing material;
- c) steril plastic box;
- d) metal box?

96. Broon's method surgical hand preparation:

- a) 96% spirit during 10 min;
- b) pervomur (C4) during 5 min;
- c) chlorhexidine during 10 min;
- d) iodine tincture during 5 min.

97. The method of asepsis:

- a) mechanical;
- b) physical;
- c) chemical;
- d) biological;
- e) all answers are correct.

98. Contamination of air in operation room:

- a) before the operation – 700-800 microorganisms per m^3 , by the end of operation – not more than 3000-4500 per m^3 ;
- b) before the operation – 700-800 microorganisms per m^3 , by the end of operation – not more than 1500-2000 per m^3 ;
- c) before the operation – 500-600 microorganisms per m^3 , by the end of operation – not more than 7500-8000 per m^3 ;
- d) before the operation – 500-600 microorganisms per m^3 , by the end of operation – not more than 1500-2000 per m^3 .

99. Humidity in the operating room:

- a) 30–45%;
- b) 40–55%;
- c) 50–55%;
- d) 60–65%.

100. Autoclave sterilization mode for surgical instrument:

- a) at 1.0 atm – 40 min (temperature 120 °C);
- b) at 1.0 atm – 60 min (temperature 120 °C);
- c) at 1.1 atm – 60 min (temperature 120 °C);
- d) at 1.1 atm – 45 min (temperature 120 °C).

101. Concentration of the pervomur (C4) solution for hand treatment:

- a) 0.4%;
- b) 1.4%;
- c) 2.4%;
- d) 3.4%.

102. The main ways the infection becomes disseminated are:

- a) endogenous & implantational;
- b) implantational & exogenous;
- c) implantational & injectable;
- d) endogenous & exogenous.

103. Air temperature in the operating room:

- a) 18–20 °C;
- b) 20–22 °C;
- c) 22–24 °C;
- d) 24–26 °C.

104. Protective masks should be changed in:

- a) 1.5–2 hours;
- b) 2.5–3 hours;
- c) 3.5–4 hours;
- d) 4.5–5 hours.

105. The sterilization of surgical instruments takes the following steps:

- a) sterilization, decontamination, washing, drying;
- b) decontamination, sterilization, washing, drying;
- c) decontamination, washing, sterilization, drying;
- d) decontamination, washing, drying, sterilization.

106. Autoclave sterilization mode for surgical instrument:

- a) at 2 atm – 20 min (temperature 132 °C);
- b) at 1.2 atm – 20 min (temperature 132 °C);
- c) at 1.2 atm – 45 min (temperature 132 °C);
- d) at 2 atm – 60 min (temperature 132 °C).

107. What is "autoclaving":

- a) sterilization with steam;
- b) sterilization under pressure;
- c) sterilization with steam under pressure;
- d) sterilization by antiseptic?

108. The quality of pre-sterilization processing is controlled by the following tests:

- a) iodopyrin and phenolphthalein;
- b) amidopyrin and phenolphthalein;
- c) amidopyrin and amlodipin;
- d) amlodipin and phenolphthalein.

109. What is the duration of surgical hand treatment with chlorhexidine:

- a) 1 min;
- b) 2 min;
- c) 3 min;
- d) 5 min?

110. Hospital infection prevention measures:

- a) reduction of preoperative hospital stay;
- b) the patients with the same period of disease should be in the ward;

- c) early discharge from the hospital;
- d) replacement of antibiotics and antiseptics used in the department;
- e) rational administration of antibiotics;
- f) all answers are correct.

5. POSTOPERATIVE NURSING CARE

1. What is the "postoperative period":

- a) the period from the moment of receipt of the patient to the surgical department of the hospital until his recovery;
- b) the period from the moment of receipt of the patient to the surgical department of the hospital until the end of the operation;
- c) the period from the moment of receipt of the patient to the surgical department of the hospital until the beginning of the operation;
- d) the time from the operation to recovery of the patient or transfer to disability?

2. The postoperative period is divided into phases:

- a) early – 1–2 days, late – 1–2 weeks, distant – until recovery;
- b) early – 3–5 days, late – 2–3 weeks, distant – until recovery;
- c) early – 8–9 days, late – 2–3 weeks, distant – until recovery;
- d) early – 3–5 days, late – 4–5 weeks, distant – until recovery;
- e) early – 3–5 days, late – 4–5 weeks, distant – until death.

3. In the postoperative period, the following phases (stages) are distinguished:

- a) pathological;
- b) physiological;
- c) reverse development;
- d) compensation.

4. In the postoperative period, the following phases (stages) are distinguished:

- a) pathological;
- b) physiological;
- c) catabolic;
- d) compensation.

5. In the postoperative period, the following phases (stages) are distinguished:

- a) pathological;
- b) physiological;
- c) anabolic;
- d) compensation.

6. In the postoperative condition of the patient there are three phases (stages):

- a) catabolic, anabolic and reverse development;
- b) dehydration, anabolic and reverse development;
- c) catabolic, dehydration and reverse development;
- d) catabolic, anabolic and dehydration.

7. The position of patients with bed rest, except:

- a) active;
- b) passive;
- c) forced;
- d) lying.

8. Constant fever (or continuous fever) is characterized by:

- a) temperature that remains above normal throughout the day and does not fluctuate more than 1 °C in 24 hours;
- b) temperature elevation that is present only for a certain period, later cycling back to normal;
- c) temperature that remains above normal throughout the day and fluctuates more than 1 °C in 24 hours;
- d) a fever that lasts 10–14 days or longer. These fevers are typically low-grade fevers.

9. Intermittent fever is characterized by:

- a) temperature that remains above normal throughout the day and does not fluctuate more than 1 °C in 24 hours;
- b) temperature elevation that is present only for a certain period, later cycling back to normal;

- c) temperature remains above normal throughout the day and fluctuates more than 1 °C in 24 hours;
- d) a fever that lasts 10–14 days or longer. These fevers are typically low-grade fevers.

10. Remittent fever is characterized by:

- a) temperature that remains above normal throughout the day and does not fluctuate more than 1 °C in 24 hours;
- b) temperature elevation that is present only for a certain period, later cycling back to normal;
- c) temperature that remains above normal throughout the day and fluctuates more than 1 °C in 24 hours;
- d) a fever that lasts 10–14 days or longer. These fevers are typically low-grade fevers.

11. Persistent fever (or prolonged fever) is characterized by:

- a) temperature that remains above normal throughout the day and does not fluctuate more than 1 °C in 24 hours;
- b) temperature elevation that is present only for a certain period, later cycling back to normal;
- c) temperature that remains above normal throughout the day and fluctuates more than 1 °C in 24 hours;
- d) a fever that lasts 10–14 days or longer. These fevers are typically low-grade fevers.

12. Types of body temperature by degree of increase, except:

- a) subfebrile;
- b) febrile;
- c) pyretic;
- d) hyperpyretic;
- e) septic.

13. Subfebrile body temperature ranges:

- a) from 37 °C to 38 °C;
- b) from 38 °C to 39 °C;
- c) from 39 °C to 41 °C;

d) above 41 °C.

14. Febrile body temperature ranges:

- a) from 37 °C to 38 °C;
- b) from 38 °C to 39 °C;
- c) from 39 °C to 41 °C;
- d) above 41 °C.

15. Pyretic body temperature ranges:

- a) from 37 °C to 38 °C;
- b) from 38 °C to 39 °C;
- c) from 39 °C to 41 °C;
- d) above 41 °C.

16. Hyperpyretic body temperature ranges:

- a) from 37 °C to 38 °C;
- b) from 38 °C to 39 °C;
- c) from 39 °C to 41 °C;
- d) above 41°C.

17. What fabric is the patient's underwear made of:

- a) wool;
- b) cotton;
- c) synthetics;
- d) silk;
- e) all of the above is true?

18. What is the main purpose of a functional bed:

- a) allows you to give the patient the most advantageous and comfortable position;
- b) the patient can be easily and quickly moved;
- c) facilitates medical staff from their treatment and care functions;
- d) performs anti-decubitus function?

19. Where should the patient's personal belongings be stored:

- a) on the tables;

- b) under the bed;
- c) in a special room;
- d) in bedside tables;
- e) in the closet?

20. What material is used to make clothes for patients:

- a) cotton;
- b) wool;
- c) fur;
- d) any?

21. Change the patient's underwear every:

- a) 1–2 days;
- b) 4–5 days;
- c) 7–10 days;
- d) 12–14 days.

22. Change the patient's bed linen every:

- a) 1–2 days;
- b) 4–5 days;
- c) 7–10 days;
- d) 12–14 days.

23. Frequency of changing the patient's bed linen and underwear in the surgical department:

- a) at least once every five days;
- b) as it gets dirty;
- c) daily change;
- d) bed linen is changed once a week, underwear – daily;
- e) once every 14 days.

24. It's possible to change linen with the patient in bed by two ways:

- a) cross and longitudinal;
- b) upper and lower;
- c) hard and gentle;
- d) soft and circular.

25. Frequency of hygienic bathing or showering of patients:

- a) once every 2–3 days;
- b) once every 3–4 days;
- c) once every 5–6 days;
- d) once every 7–10 days;
- e) once every 12–15 days.

26. What hygiene measures should be carried out after a bowel movement in a seriously ill patient:

- a) insert a rectal tube;
- b) a cleansing enema;
- c) catheterization of the bladder;
- d) douching;
- e) toilet and flushing of the anus?

27. To process the skin of a seriously ill patient, use:

- a) 96% ethyl alcohol solution;
- b) 10% potassium permanganate solution;
- c) 0.5% chloramine solution;
- d) 10% furacilinum solution;
- e) 10% camphor spirit.

28. What measures ensure the hygiene of the body of a surgical patient:

- a) morning toilet;
- b) hygienic baths;
- c) oral care;
- d) hair care;
- e) all of the above is true?

29. To wash seriously ill patients use:

- a) potassium permanganate solution 1: 10000;
- b) 5% iodine solution;
- c) 0.5% chlorhexidine;
- d) 0.05% dimexide;
- e) 3% hydrogen peroxide.

30. What types of enemas are known:

- a) cleansing;
- b) siphon;
- c) medicinal;
- d) hypertonic;
- e) all of the listed types?

31. Contraindications for enemas is everything, except:

- a) acute diseases of the anus;
- b) gaping anus;
- c) rectal prolapse;
- d) severe general condition of the patient, requiring complete rest;
- e) hemorrhoids.

32. Indications for a cleansing enema are everything, except:

- a) constipation;
- b) preparation for surgery;
- c) preparation for x-ray examination;
- d) acute intestinal infection.

33. Volume of water for a cleansing enema:

- a) 0.5 l;
- b) 1.0–1.5 l;
- c) 2.0–2.5 l;
- d) 2.0 l;
- e) 2.5 l or more.

34. The depth of insertion of cleansing enema tip into the rectum:

- a) 15–20 cm;
- b) 10–20 cm;
- c) 5–7 cm;
- d) 3–5 cm;
- e) 10–12 cm.

35. Volume of water for siphon enema:

- a) 1–1.5 l;

- b) 2–3 l;
- c) 5–6 l;
- d) 10 l.

36. How deep is the tube inserted into the rectum for a siphon enema:

- a) 5–7 cm;
- b) 8–10 cm;
- c) 10–12 cm;
- d) 25–30 cm;
- e) more than 50 cm?

37. Medicinal enemas are used to:

- a) reduce inflammation of the rectal mucosa;
- b) reduce inflammation of the sigmoid colon;
- c) for the general effect of an enema on the body;
- d) all of the above is true.

38. Position of a patient when performing a cleansing enema:

- a) on the back;
- b) on the right side;
- c) on the left side;
- d) on the stomach;
- e) any of the listed provisions is possible.

39. For the perineal hygiene everything should be prepared, except:

- a) bedpan;
- b) 0.01% potassium permanganate solution;
- c) forceps;
- d) tampon;
- e) a hydrogen peroxide solution.

40. To provide perineal care, use:

- a) 5% iodine solution;
- b) 0.5% sulfochlorantin solution;
- c) 15% solution of dimexide;
- d) 3% hydrogen peroxide solution with 0.25% detergent;

e) 0.01% potassium permanganate solution.

41. A woman should perform perineal care:

- a) at least once per day;
- b) at least twice a day;
- c) at least every 10 days;
- d) at least every 7 days;
- e) at least twice in 7 days.

42. For genital toilet care women use:

- a) water (10 °C) or antiseptic solution;
- b) water (20 °C) or antiseptic solution;
- c) water (30 °C) or antiseptic solution;
- d) water (40 °C) or antiseptic solution.

43. What antiseptic solution is used for genital care:

- a) 70% ethanol;
- b) 3% hydrogen peroxide solution;
- c) 0.9% NaCl solution;
- d) 25% magnesium sulfate solution;
- e) potassium permanganate?

44. What antiseptic is used for genital care:

- a) 10% NaCl solution;
- b) 3% hydrogen peroxide solution;
- c) 0.9% NaCl solution;
- d) 25% magnesium sulfate solution;
- e) furacilin?

45. Position of the patient after abdominal surgery:

- a) on the left side;
- b) on the right side;
- c) in the "frog" position;
- d) on the back with a raised head of the bed;
- e) on the back with a flat head of the bed.

46. Position of the patient after abdominal surgery in the early days:

- a) lying on the back;
- b) lying on the left side;
- c) lying on the right side;
- d) lying on the back with the head down;
- e) all answers are correct.

47. The most comfortable position for the patient:

- a) on the right side;
- b) on the left side;
- c) on the back;
- d) reclining.

48. To improve drainage of the abdominal cavity, Douglas space and pelvic organs, it is recommended to take the following position:

- a) on the right side;
- b) on the left side;
- c) on the back;
- d) upright with elevated head of the bed (Fowler's position).

49. To stop flatulence:

- a) insert a rectal tube;
- b) do gastric lavage;
- c) put an ice pack on the lower abdomen;
- d) perform bladder catheterization;
- e) perform cleansing enema.

50. How deep is the rectal tube inserted into the intestines:

- a) 12–15 cm;
- b) 18–20 cm;
- c) 25–30 cm;
- d) 35–40 cm;
- e) 40–50 cm?

51. What is postoperative paralytic ileus:

- a) increased secretion of the digestive glands;

- b) violation of peristalsis of the intestinal tube;
- c) the formation of adhesions in the abdominal cavity;
- d) spasm of the sphincters of the gastrointestinal tract;
- e) there is no correct answer?

52. Symptoms of postoperative paralytic ileus:

- a) abdominal retraction;
- b) hyperperistalsis, gas retention;
- c) gas retention, slow bowel movements, bloating;
- d) diarrhea, bloating.

53. For the treatment of postoperative paralytic ileus, use:

- a) insert a rectal tube;
- b) siphon enema;
- c) gastric emptying with a probe (gastric tube);
- d) parenteral nutrition;
- e) all of the above is true.

54. The doctor prescribes a patient with postoperative paralytic ileus:

- a) protein diet;
- b) hunger;
- c) diet №5;
- d) diet №10;
- e) decrease in daily food intake by 60%.

55. For the treatment of postoperative paralytic ileus, use:

- a) hypertonic enemas;
- b) choleric drugs;
- c) antibiotics;
- d) alcohol blockades;
- e) treatment is not required.

56. For the treatment of postoperative paralytic ileus, use:

- a) choleric drugs;
- b) antibiotics;
- c) rectal tube;

- d) alcohol blockades;
- e) treatment is not required.

57. Postoperative paralytic ileus lasts:

- a) several hours;
- b) the first day;
- c) 2–3 days;
- d) 5–6 days;
- e) weeks.

58. What is a bedsore (pressure ulcers):

- a) injuries to skin and underlying tissue resulting from cold;
- b) injuries to skin and underlying tissue resulting from heat;
- c) injuries to skin and underlying tissue resulting from operating injury;
- d) injuries to skin and underlying tissue resulting from prolonged pressure on the skin;
- e) injuries to skin and underlying tissue resulting from drug intolerance?

59. The appearance of pressure ulcers – evidence:

- a) incorrectly prescribed treatment;
- b) insufficient patient care;
- c) non-compliance with the hospital regimen of the patient;
- d) malnutrition of the patient;
- e) none of the above.

60. The most characteristic place for the development of pressure ulcers:

- a) elbows;
- b) scapula;
- c) the sacral bone;
- d) buttocks;
- e) toes.

61. Bedsores (pressure ulcers) commonly occur:

- a) ears;
- b) chest;
- c) back of the thigh;
- d) popliteal fossa;
- e) nape.

62. Bedsores (pressure ulcers) commonly occur:

- a) ears;
- b) chest;
- c) back of the thigh;
- d) popliteal fossa;
- e) sacrum.

63. Bedsores (pressure ulcers) commonly occur:

- a) ears;
- b) chest;
- c) back of the thigh;
- d) elbow;
- e) popliteal fossa.

64. Bedsores (pressure ulcers) commonly occur:

- a) ears;
- b) scapula;
- c) back of the thigh;
- d) popliteal fossa;
- e) chest.

65. Bedsores (pressure ulcers) commonly occur:

- a) nose;
- b) heel;
- c) back of the spine;
- d) popliteal fossa;
- e) chest.

66. Measures to prevent pressure ulcers are all except:

- a) parenteral nutrition;
- b) regular repositioning and turning for bed-patients;
- c) wiping the skin with disinfectants;
- d) the use of special mattresses.

67. Measures to prevent the formation of pressure sores are everything, except:

- a) changing the position of the patient and toileting the skin;
- b) treat the affected areas with a brilliant green dye 1% solution;
- c) use inflatable rubber ring;
- d) use biologically active ointments.

68. Ways to prevent bedsores:

- a) hand and neck massage;
- b) use of a rubber (gauze-cotton) ring;
- c) before feeding the patient, examine his bed, remove crumbs, straighten folds and change wet and polluted linen immediately;
- d) every 5 hours change patient's position;
- e) bed sore pillow.

69. Ways to prevent bedsores:

- a) hand and neck massage;
- b) use of a wooden ring;
- c) after feeding the patient, examine his bed, remove crumbs, straighten folds and change wet and polluted linen immediately;
- d) every 4 hours change patient's position;
- e) bed sore sheet.

70. Ways to prevent bedsores:

- a) hand and neck massage;
- b) use of a wooden ring;
- c) before feeding the patient, examine his bed, remove crumbs, straighten folds and change wet and polluted linen immediately;
- d) every 2 hours change patient's position;
- e) bed sore sheet.

71. Ways to prevent bedsores:

- a) massage parts of the body, where bedsores most frequently occur;
- b) hand and neck massage;
- c) before feeding the patient, examine his bed, remove crumbs, straighten folds and change wet and polluted linen immediately;
- d) every 5 hours change patient's position;
- e) bedsores pillow.

72. Ways to prevent bedsores:

- a) hand and neck massage;
- b) use of an air ring;
- c) before feeding the patient, examine his bed, remove crumbs, straighten folds and change wet and polluted linen immediately;
- d) every 4–6 hours change patient's position;
- e) bedsores mattress.

73. Mrs. Rise is recovering from surgery. How often will she need assistance with repositioning:

- a) every shift;
- b) every 2 hours;
- c) every 4 hours;
- d) every 15 minutes?

74. What is oral care for critically ill patients:

- a) washing the oral cavity with various solutions;
- b) bookmarks of tampons with antiseptics in the oral cavity;
- c) cleaning teeth with dental instruments;
- d) brushing your teeth?

75. What diseases can develop in a patient who does not care enough for his oral cavity:

- a) mumps;
- b) glossitis;
- c) stomatitis;
- d) gingivitis;
- e) all answers are correct?

76. What solution is used for oral care in seriously ill patients:

- a) tincture of 5% iodine;
- b) 0.5% dimexide;
- c) 70% ethyl alcohol;
- d) soda 0.5% solution;
- e) 10% alcohol solution of camphor?

77. To remove the contents of the nasal cavity, use:

- a) 0.5% potassium permanganate solution;
- b) 2% boric alcohol solution;
- c) 3% hydrogen peroxide solution;
- d) 2% salicylic alcohol solution;
- e) liquid paraffin.

78. What is used for eye care:

- a) gauze napkins (balls) with antiseptic solution;
- b) turundae in 3% hydrogen peroxide;
- c) an eye bandage;
- d) gauze napkins (balls) with hot water?

79. What is used for dripping eye medicines:

- a) spirometer;
- b) medical scales
- c) height meter
- d) tonometer and stetophonendoscope
- e) pipettes?

80. Rules for washing eyes with antiseptic:

- a) from the upper angle of the eye to the lower angle;
- b) from the lower angle of the eye to the upper angle;
- c) from the internal angle of the eye to the outside angle;
- d) from the outside angle of the eye to the internal angle.

81. Cleaning the patient's ears is performed:

- a) once a week;
- b) 2–3 times a week;

- c) once a month;
- d) 2–3 times a month;
- e) every day.

82. What is used for ear care:

- a) turundae in 10% NaCl solution;
- b) turundae in magnesium sulfate 15% solution ;
- c) turundae in 0.9% NaCl solution;
- d) turundae in magnesium sulfate 25% solution;
- e) turundae in hydrogen peroxide 3% solution?

83. To rinse the nasopharyngeal, use:

- a) distilled water;
- b) salicylic acid solution;
- c) 3% hydrogen peroxide;
- d) furatsilina solution 1: 5000;
- e) iodine 5% solution

84. What is ischuria:

- a) violation of the flow of urine into the bladder;
- b) impaired urine formation associated with kidney disease;
- c) urinary retention;
- d) urine output with a low specific gravity;
- e) urinary incontinence?

85. What simple measures can be taken to eliminate urination disorder in the patient after surgery:

- a) apply a warm heating pad to the bladder or perineum;
- b) allow the patient to urinate while sitting in bed;
- c) allow the patient to stand on the bedside to urinate;
- d) all of the above is true?

86. For long-term urine excretion from the bladder, use:

- a) Nelaton catheter;
- b) Foley catheter;
- c) a semi-rigid Pirogov catheter;

d) Esmarch catheter.

87. In case of postoperative bladder paralysis, prescribe:

- a) diuretics;
- b) bladder catheterization;
- c) forced diuresis;
- d) electrical stimulation of the bladder;
- e) all answers are correct.

88. The position of the patient for bladder catheterization:

- a) on the back;
- b) on the side;
- c) on the stomach;
- d) sitting;
- e) standing.

89. Help during vomiting for a patient who cannot sit includes everything except:

- a) laying the patient on his side;
- b) laying the patient on his stomach;
- c) when the patient is on his back turning his head on its side;
- d) bringing a tray to the patient's mouth.

90. Choose a method for stomach emptying after surgery:

- a) inducing artificial vomiting;
- b) inserting a nasogastric tube;
- c) purposeful drinking of large amounts of liquid;
- d) the appointment of special medications;
- e) lowering the head below the bed.

91. The nurse is allowed to perform all of the above manipulations except:

- a) intradermal injections;
- b) bladder catheterization with a rubber catheter;
- c) performing dressings;
- d) setting cleansing enemas;

e) catheterization of the bladder with a metal catheter.

92. How are the nutrition and physiological needs of seriously ill patients provided:

- a) independently;
- b) with the help of a medical nurse;
- c) with the help of relatives;
- d) with the help of visitors;
- e) with the help of other patients?

93. Prevention of pneumonia in the postoperative period:

- a) blood pressure control;
- b) administration of analgesics;
- c) early activity of the patient;
- d) care of the postoperative wound;
- e) prevention of intestinal paresis.

94. Coughing and deep breathing exercises help prevent:

- a) pneumonia;
- b) dizziness;
- c) pain;
- d) anxiety.

95. Cold affects the body by:

- a) reducing pain sensations;
- b) stimulating life processes;
- c) promoting inflammation;
- d) increasing the oxygen supply;
- e) all answers are correct.

96. An example of a moist cold application:

- a) ice bags;
- b) ice caps;
- c) ice collars;
- d) wetting;
- e) all answers are correct.

6. WORK AT THE DRESSING ROOM

1. Dressing rooms may be:

- a) conditionally clean;
- b) outpatient;
- c) purulent;
- d) postoperative.

2. Dressing rooms may be:

- a) conditionally clean;
- b) clean;
- c) outpatient;
- d) postoperative.

3. The dressing room area for 1 table should be:

- a) 12 m²;
- b) 22 m²;
- c) 32 m²;
- d) 42 m².

4. The dressing room area for 2 tables should be:

- a) 12 m²;
- b) 20 m²;
- c) 30 m²;
- d) 40 m².

5. The ratio of window area to floor area in the dressing room should be:

- a) 1:1;
- b) 1:2;
- c) 1:3;
- d) 1:4.

6. The optimum temperature in the dressing room should be:

- a) 16–18 °C;
- b) 18–20 °C;
- c) 24–26 °C;
- d) 25 °C.

7. Duties of a dressing nurse:

- a) to follow strictly the rules of aseptic and antiseptic;
- b) to prepare for sterilization and to sterilize dressing material and instruments;
- c) to provide bacteriological monitoring of dressing material, instruments;
- d) to provide storage and consumption control of medicines, dressing material, instruments and linen;
- e) all answers are correct.

8. Duties of a dressing nurse except:

- a) to follow strictly the rules of aseptic and antiseptic;
- b) to prepare for sterilization and to sterilize dressing material and instruments;
- c) to provide bacteriological monitoring of dressing material and instruments;
- d) to provide storage and consumption control of medicines, dressing material, instruments and linen;
- e) medical drug injections.

9. Who prepares sterile table in a dressing room:

- a) doctor;
- b) nurse;
- c) nurse assistant;
- d) special worker;
- e) all answers are correct?

10. In a clean dressing room can be performed:

- a) bandaging the patient with a clean postoperative wound;

- b) puncture of inflammatory infiltrate;
- c) bandage to the patient with the wound after opening the boil;
- e) all answers are correct.

11. In a clean dressing room can be performed:

- a) bandage to the patient with the wound after opening the boil;
- b) puncture of inflammatory infiltrate;
- c) puncture of the knee joint in serous arthritis;
- e) all answers are correct.

12. In a purulent dressing room can be performed:

- a) removal stitches in the patient after herniotomy;
- b) puncture of the knee joint with hemarthrosis;
- c) novocain blockade of the fracture site;
- d) dressing a patient with bedsores.

13. In a purulent dressing room can be performed:

- a) novocaine blockade in case of rib fracture;
- b) surgical treatment of an infected wound;
- c) primary surgical debridement;
- d) removal of sutures after cholecystectomy.

14. In a clean dressing room can be performed:

- a) the imposition of a secondary surgical suture;
- b) early surgical debridment;
- c) dressing a patient after opening the abscess;
- d) opening phlegmon.

15. In a purulent dressing room can be performed:

- a) cleansing enema;
- b) diagnostic puncture of inflammatory infiltrate;
- c) gastric lavage;
- d) hyperbaric oxygenation.

16. In a purulent dressing room can be performed:

- a) removal of stitches after herniotomy;

- b) puncture of the knee joint with hemarthrosis;
- c) novocain blockade of the fracture site;
- d) puncture of the pleural cavity with purulent pleurisy.

17. In a purulent dressing room can be performed:

- a) dressing the patient after opening phlegmon;
- b) novocaine blockade in case of rib fracture;
- c) early surgical debridement;
- d) removal of stitches after cholecystectomy;
- e) all answers are correct.

18. In a clean dressing room can be performed:

- a) secondary surgical suture;
- b) dressing of the patient after opening the abscess;
- c) removal of stitches in the patient after appendectomy;
- d) opening phlegmon;
- e) all answers are correct.

19. In a clean dressing room can be performed:

- a) dressing of the patient with a postoperative wound after opening an acute paraproctitis;
- b) dressing of the patient with colostomy;
- c) dressing of patient with a postoperative wound, in which an infectious process has developed;
- d) dressing of the patient after an amputation.

20. In a purulent dressing room can be performed:

- a) cleansing enema;
- b) bandage of a postoperative wound after acute mastitis;
- c) gastric lavage;
- d) hyperbaric oxygenation;
- e) all answers are correct.

21. What a nurse should do to ensure table sterility in the dressing room:

- a) put sterile sheet;

- b) put sterile oilcloth;
- c) put sterile diaper;
- e) all answers are correct?

22. Table in a dressing room is sterile only within:

- a) 2 hours;
- b) 4 hours;
- c) 6 hours;
- d) 8 hours;
- e) 12 hours.

23. Who prepares a sterile instrument table in the dressing room:

- a) a dressing nurse;
- b) a young dressing nurse;
- c) a surgeon;
- d) a duty nurse;
- e) all answers are correct?

24. Stages of processing instruments after dressing:

- a) disinfection;
- b) presterilization processing;
- c) packing;
- d) sterilization;
- e) all answers correct.

25. For disinfection of instruments in the dressing room can be used:

- a) 5% alcoholic iodine solution;
- b) sodium bicarbonate 5% solution;
- c) 10% chloramine solution;
- d) 6% hydrogen peroxide solution with 0.5% detergent.

26. Quality of presterilization processing is controlled by:

- a) drip 2–3 drops of amidopyrin solution on the tool;
- b) drip 2–3 drops of NaCl 10% solution on the tool;
- c) drip 2–3 drops of hydrogen peroxide solution on the tool;
- d) drip 2–3 drops of magnesium sulfate solution on the tool.

27. Quality of presterilization processing is controlled by:

- a) 2–3 drops of phenolphthalein solution on the tool;
- b) 2–3 drops of NaCl 10% solution on the tool;
- c) 2–3 drops of hydrogen peroxide solution on the tool;
- d) 2–3 drops of magnesium sulfate solution on the tool.

28. Reagents will be coloured:

- 1) pink with phenolphthalein (in the presence of detergent residues);
- 2) blue-green with amidopyrin (in the presence of blood residues);
- 3) blue-green with phenolphthalein (in presence of the rests of detergent residues);
- 4) pink with amidopyrin (in the presence of blood residues);

Choose the right combination of answers:

- a) 1, 2, 3, 4; b) 2, 3, 4; c) 1, 4, 3; d) 1, 2; e) 3, 4.

29. Desmurgy is:

- a) a science about splints, their correct application and retention on the surface of the patient's body;
- b) a science about working in the dressing room for nurses;
- c) a science about bandages, their correct application and retention on the surface of the patient's body;
- d) a science about working in the dressing room.

30. The rules of applying bandages:

- a) sterile material is applied directly on wounds or affected skin, non-sterile material is used to fix the dressings in the necessary parts of the patient's body;
- b) non-sterile material is applied directly on wounds or affected skin, sterile material is used to fix the dressings in the necessary parts of the patient's body;
- c) non-sterile material is applied directly on wounds or affected skin;
- d) sterile material is used to fix the dressings in the necessary parts of the the patient's body.

31. Stages of dressing patients with clean post-operative wound:

- a) removal of the secondary dressing;

- b) to remove carefully the dressing material from the wound (napkins and tampons);
- c) the skin around the wound is treated before manipulations inside the wound;
- d) after the completing the manipulation, first, sterile bandage and then a secondary bandage are applied;
- e) all answers are correct.

32. Stages of dressing patients with clean post-operative wound except for:

- a) removal of secondary dressing;
- b) careful removal at the dressing from the wound (napkins and tampons);
- c) washing the wound with 90% alcohol, manipulations inside the wound;
- d) after completing the manipulation, first, sterile bandage and then a secondary bandage are applied.

33. Antiseptics for washing the skin around wounds are:

- 1) 3% hydrogen peroxide;
- 2) dioxidine;
- 3) chlorhexidine;
- 4) ethyl alcohol solution;
- 5) iodine.

Choose the right combination of answers:

- a) 2, 3; b) 4, 5; c) 1, 2, 3; d) 1, 2, 5; e) 3, 4.

34. Antiseptics for washing wounds are:

- 1) 3% hydrogen peroxide solution;
- 2) dioxidine;
- 3) chlorhexidine;
- 4) ethyl alcohol solution;
- 5) iodine.

Choose the right combination of answers:

- a) 2, 3; b) 2, 3, 4; c) 1, 2, 3; d) 1, 2, 5; e) 3, 4.

35. What is bandage made of:

- a) gauze;
- b) flannel;
- c) woven cotton;
- d) elastic webbing;
- e) all answers are correct?

36. What is the best way to prevent stagnation of venous blood in a patient:

- a) circular bandage;
- b) handkerchief bandage;
- c) elastic stockings;
- d) triangle bandage;
- e) tailed bandage?

37. What material is most frequently used for bandaging:

- a) gauze;
- b) flannel;
- c) woven cotton;
- d) elastic webbing;
- e) all are equally used?

38. Each subsequent layer of wrapped dressing must overlap the previous one:

- a) $1/2-1/3$ of the dressing width;
- b) $1/4$ of the dressing width;
- c) $1/3-1/5$ of the dressing width;
- d) $2/5$ of the dressing width;
- e) all answers are correct.

39. The following methods of applying bandages are recognized:

- 1) spiral;
- 2) figure-of-nine;
- 3) tubular;
- 4) figure-of-eight;
- 5) circular.

Choose the right combination of answers:

a) 2, 3; b) 1, 4, 5; c) 1, 2, 3; d) 1, 2, 5; e) 3, 4.

40. What dressings are best used for varicose veins:

- a) gauze;
- b) flannel;
- c) woven cotton;
- d) elastic webbing;
- e) all are equally used?

41. The following methods of securing bandages are known:

- a) tying;
- b) pinning;
- c) sewing;
- d) adhesive taping;
- e) all are used.

42. What may bandages be used for:

- 1) to hold dressing in place;
- 2) to reduce edema;
- 3) to stabilize a fracture;
- 4) to control bleeding;
- 5) to control vomiting?

Choose the right combination of answers:

a) 2, 3; b) 1, 4, 5; c) 1, 2, 4; d) 1, 2, 5; e) 3, 4.

43. What may bandages be used for:

- a) protect surgical wounds against infection;
- b) to support a limb or joint;
- c) to correct a deformity;
- d) to hold dressing in place?

44. The purpose of applying bandages:

- a) retention of bandaging material on the surface of the body;
- b) infection wound protection;
- c) bleeding arrest;

d) limb immobilization in fractures.

45. What kind of bandage is easy to apply and stay in a place better:

- a) circle bandage;
- b) handkerchief bandage;
- c) tubular bandage;
- d) triangular bandage;
- e) tailed bandage?

46. The purpose of applying bandages:

- a) retention of bandaging material on the surface of the body;
- b) infection wound protection;
- c) bleeding arrest;
- d) limb immobilization in fractures;
- e) all answers are correct.

47. Classification by type of bandaging material, except for:

- a) gauze bandages;
- b) cloth bandages;
- c) casts;
- d) splinting;
- e) hemostatic.

48. Classification by purpose (depending on the function of the dressing) except for:

- a) protection;
- b) treating;
- c) splinting;
- d) hemostatic;
- e) correcting.

49. What are used to remove stitches:

- 1) forceps;
- 2) scissors;
- 3) scalpel;

- 4) dissector;
- 5) autoclave?

Choose the right combination of answers:

- a) 1, 2, 3; b) 2, 3, 4; c) 1, 4, 3; d) 1, 2, 5; e) 3, 4.

50. Techniques of removing stitches except for:

- a) perform local anesthesia;
- b) remove the old bandage, process the skin around the wound;
- c) grasp one end of the thread with tweezers and pull it by the tip of scissors or scalpel cut of the thread;
- d) a scar is smeared with an iodine solution;
- e) a dry napkin is applied, fixing the gauze bandage or plaster.

51. Techniques of removing stitches except for:

- a) remove the old bandage, process the skin around the wound;
- b) grasp one end of the thread with tweezers and pull it; by the tip of scissors or scalpel cut of the thread;
- c) adequate wound drainage;
- d) a scar is smeared with an iodine solution;
- e) a dry napkin is applied, fixing the gauze bandage or plaster.

52. Dressings that have been in contact with wound contents require disinfection in:

- a) 6% of hydrogen peroxide solution – 1 hour;
- b) 3% chloramine solution – 1 hour;
- c) 0.2% desactin solution – 1 hour;
- d) all answers are correct.

53. For disinfection of the used dressing material can be use:

- a) 6% hydrogen peroxide solution;
- b) brilliant green 1% alcohol solution;
- c) 10% bleach solution;
- d) 1% hydrogen peroxide solution with 0.5% detergent.

54. For disinfection of used dressings can be use:

- a) brilliant green 1% alcohol solution;

- b) 3% chloramine solution;
- c) 10% bleach solution;
- d) 1% hydrogen peroxide solution with 0.5% detergent.

55. For a patient with an anaerobic surgical infection is necessary:

- a) take measures to prevent the spread of anaerobic infection, allocate a separate ward;
- b) to place the patient in the general ward to other patients;
- c) apply general measures for the prevention of hospital infection;
- d) daily apply hypothermia lesions.

56. The types of cleaning in dressings room:

- a) planned;
- b) unscheduled;
- c) final;
- d) complex;
- e) all answers are correct.

57. The types of cleaning in dressings room:

- a) multicomponent;
- b) complex;
- c) general;
- d) final;
- e) all answers are correct.

58. General cleaning is performed in the dressing room:

- a) once a week;
- b) once a month;
- c) twice a week;
- d) every day.

59. For general cleaning in the dressing room may be applied:

- a) 1% chloramine solution;
- b) 10% bleach solution;
- c) brilliant green 1% alcohol solution;
- d) 1% hydrogen peroxide solution;

e) all answers are correct.

60. For general cleaning in the dressing room may be applied:

- a) 6% hydrogen peroxide solution with 0.5% detergent;
- b) 10% bleach solution;
- c) brilliant green 1% alcohol solution;
- d) 1% hydrogen peroxide solution with 0.5% detergent;
- e) all answers are correct.

61. General cleaning is performed in the dressing room:

- a) every day at the end of the working day;
- b) once a week;
- c) twice a week;
- d) once a month.

7. WORK AT THE MANIPULATION ROOM IN SURGICAL DEPARTMENT

1. The manipulation room is:

- a) separate specially equipped room for carrying out various treatment and diagnostic procedures;
- b) separate specially equipped room for surgical operations;
- c) separate specially equipped room for dressings;
- d) separate specially equipped room for sanitary processing of patients;
- e) all answers are correct.

2. Manipulations that are carried out in the manipulation room:

- a) injections, determination of blood groups;
- b) hematoma puncture;
- c) putting medical cups, mustard plasters;
- d) therapeutic baths.

3. The area of the manipulation room should be:

- a) 10–15 m²;
- b) 15–20 m²;
- c) 20–25 m²;
- d) 30–35 m².

4. The air temperature in the manipulation room should be:

- a) 10–15 °C;
- b) 22–25 °C;
- c) 25–35 °C;
- d) 30–35 °C.

5. The manipulation room is designed to perform:

- a) all types of injections;
- b) intravenous drip infusions;
- c) taking blood tests from a vein;

- d) conducting all research and samples related to the transfusion of blood components and preparations;
- e) all answers are correct.

6. The preparation of the manipulation room is carried out by:

- a) ward nurse;
- b) nurse assistant;
- c) head nurse;
- d) manipulation nurse.

7. Sterile table in the manipulation room is covered:

- a) before starting work, on one shift;
- b) the night before;
- c) the table is set every 2 hours.

8. A manipulating nurse must change a medical gown:

- a) daily;
- b) 2 times a week;
- c) once a week;
- d) twice a day.

9. Which of the following manipulations are not carried out in the manipulation room:

- a) blood sampling from a vein;
- b) the introduction of drugs;
- c) puncture of the pleural cavity;
- d) determination of blood type;
- e) filling the systems for transfusion?

10. If the skin of the nurse's hands is damaged during the manipulation of an HIV-infected person, it is necessary to:

- a) squeeze the blood out of the wound, treat the wound with a 5% alcoholic iodine solution;
- b) treat the wound with a 5% alcoholic solution of iodine;
- c) treat the wound with a 0.05% potassium permanganate solution;
- d) all answers are correct.

11. The current cleaning of the manipulation room is performed:

- a) before starting the work;
- b) once a week;
- c) at the end of the working day;
- d) in order to eliminate pollution arising in the work process;
- e) all answers are correct.

12. General cleaning of the manipulation room is performed:

- a) before starting the work;
- b) once a week;
- c) at the end of the working day;
- d) in order to eliminate pollution arising in the work process;
- e) all answers are correct.

13. The current cleaning of the manipulation room is carried out:

- a) weekly;
- b) 2 times a day;
- c) once a day;
- d) after each manipulation;
- e) every 8 hours.

14. During the work with syringes it is necessary to observe the following security measures except:

- a) putting caps on used needles is prohibited;
- b) after medical intervention, syringes with needles must be decontaminated;
- c) after disinfection, syringes with needles are collected in plastic bags;
- d) after disinfection, syringes with needles are collected in waterproof containers.

15. Method of drug administration called parenteral:

- a) the use of drugs by injection;
- b) any method of administering drugs, bypassing the gastrointestinal tract;
- c) external use of drugs.

16. Disinfection of the hands of a nurse before injections is carried out with a solution:

- a) 40° alcohol;
- b) 70° alcohol;
- c) 96° alcohol;
- d) iodine.

17. Alcohol concentration for treating the patient's skin before the injection:

- a) 96°;
- b) 80°;
- c) 70°;
- d) 60°.

18. The site for intracutaneous injections:

- a) a middle third of the anterior surface of the shoulder;
- b) a middle third of the posterior surface of the shoulder;
- c) a middle third of the anterior surface of the forearm;
- d) middle third of the anterior surface of the hip;
- e) all answers are correct.

19. During intracutaneous injection insert a needle from below upward at an angle of:

- a) 15°;
- b) 25°;
- c) 35°;
- d) 45°.

20. For subcutaneous injection of medical drugs, the needle insert at an angle of:

- a) 15° into the base of the skin fold;
- b) 25° into the base of the skin fold;
- c) 30–40° into the base of the skin fold;
- d) 50–55° into the base of the skin fold.

21. For subcutaneous injection, a single dose of medication should be no more than:

- a) 5 ml in solution;
- b) 10 ml in solution;
- c) 15 ml in solution;
- d) 25 ml in solution.

22. Sites for subcutaneous injections:

- a) a middle third of the back surface of the arm;
- b) a middle third of the anterior surface of the thigh;
- c) subscapular area;
- d) anterior abdominal wall;
- e) all answers are correct.

23. What areas of the body are most suitable for subcutaneous injections:

- a) the external surface of the shoulder;
- b) the external surface of the thigh;
- c) subscapularis area;
- d) the gluteal region;
- e) anterior abdominal wall?

24. When performing intramuscular injection, the needle is inserted into the muscle to a depth of:

- a) 2–5 cm;
- b) 5–7 cm;
- c) 7–9 cm;
- d) 10–12 cm.

25. The maximal volume of drugs administered intramuscularly should not exceed:

- a) 5 ml;
- b) 10 ml;
- c) 15 ml;
- d) 20 ml.

26. The volume of solution injected under the skin:

- a) 3–5 ml;
- b) 5–10 ml;
- c) up to 20 ml;
- d) 0,5–1 ml;
- e) 25 ml.

27. In intramuscular injection the needle is inserted at an angle to the skin surface:

- a) almost parallel;
- b) 15°;
- c) 45°;
- d) 90°;
- e) 30°.

28. The most commonly used intramuscular injection site:

- a) the external surface of the shoulder;
- b) the external surface of the thigh;
- c) subscapular region;
- d) gluteal region;
- e) the front surface of the abdomen.

29. Where should an intramuscular injection be given:

- a) upper external quadrant of the buttock;
- b) lower external quadrant of the buttock;
- c) upper interior quadrant of the buttock;
- d) lower interior quadrant of the buttock;
- e) all answers are correct?

30. Before performing an intramuscular injection:

- a) apply a tourniquet on the middle third of the shoulder;
- b) shave hair on the injection site;
- c) process an injection site by a sterile napkin moistened in spirit widely;
- d) press a place of injection by a dry sterile ball.

31. After performing an intramuscular injection:

- a) apply a tourniquet on the middle third of the shoulder;
- b) shave the injection site;
- c) process an injection site by a sterile napkin moistened in spirit widely;
- d) press a place of injection by a dry sterile ball.

32. Intravenous administration of drugs is most often performed in:

- a) elbow fossa;
- b) popliteal fossa;
- c) subclavian vein;
- d) hip area;
- e) all answers are correct.

33. Before intravenous drugs administration:

- a) apply a tourniquet on the middle third of the forearm;
- b) apply a tourniquet on the upper third of the forearm;
- c) apply a tourniquet on the middle third of the shoulder;
- d) apply a tourniquet on the upper third of the shoulder.

34. The drip rate for intravenous medication infusion is:

- a) 20 drops per minute;
- b) 40 drops per minute;
- c) 60 drops per minute;
- d) 80 drops per minute.

35. The drip rate for saline solutions:

- a) 10–20 drops per minute;
- b) 20–30 drops per minute;
- c) 30–40 drops per minute;
- d) 40–60 drops per minute.

36. The infusion rate for protein solutions:

- a) 10–20 drops per minute;
- b) 20–30 drops per minute;
- c) 30–40 drops per minute;

d) 40–60 drops per minute.

37. The role of air-conductor in the system for intravenous drip infusions:

- a) displaces the fluid from solution vial;
- b) prevents air from entering the system tubes;
- c) promotes the drip movement of fluid in the system.

38. Complications of injection:

- a) infiltrate;
- b) abscess;
- c) thrombophlebitis;
- d) hematoma;
- e) all answers are correct.

39. Complications associated with the violation of the rules of asepsis and antiseptics during the injection:

- a) air and fat embolism;
- b) allergic reactions;
- c) development of post-injection infiltrates and abscesses;
- d) all answers are correct.

40. Immediately after use, the disposable syringe:

- a) placed in a garbage bin;
- b) cleaned and rinsed with distilled water;
- c) placed in a special container;
- d) washed in 1% chloramine solution;
- e) washed in 70° alcohol.

41. After use disposable systems for blood transfusion should be:

- a) disinfected and disposed of;
- b) placed in a tightly closed container;
- c) passed to the head nurse;
- d) pass to the CSD.

42. Components for determining individual compatibility according to the ABO blood group system:

- a) donor plasma and blood;
- b) recipient plasma and serum;
- c) recipient serum and donor blood;
- d) recipient plasma and donor serum;
- e) the content of agglutinogens and agglutinins.

43. The rate of blood transfusion during a biological test:

- a) jet;
- b) 40–60 drops per minute;
- c) 20–40 drops per minute;
- d) 10–20 drops per minute.

44. What is a blood type:

- a) a set of leukocyte antigens;
- b) whey proteins;
- c) a set of erythrocyte antigens;
- d) plasma proteins;
- e) transplantation antigens?

45. Agglutinogens are contained in one of the following blood components:

- a) plasma;
- b) serum;
- c) white blood cells;
- d) red blood cells;
- e) platelets.

46. Agglutinins are contained in one of the following blood components:

- a) white blood cells;
- b) red blood cells;
- c) monocites;
- d) platelets;
- e) serum.

47. Agglutinins α and β are contained in:

- a) lymphocytes;
- b) plasma;
- c) platelets;
- d) leukocytes;
- e) erythrocytes.

48. Agglutinogens are contained in:

- a) leukocytes;
- b) erythrocytes;
- c) platelets;
- d) neutrophils;
- e) plasma.

49. The third blood group contains:

- a) agglutinins α and β ;
- b) agglutinogens A and B;
- c) agglutinogen B and agglutinin α ;
- d) agglutinogen A and agglutinin β ;
- e) does not contain agglutinins and agglutinogens.

50. What is the value of antigens and antibodies of the ABO blood group system in blood transfusion practice:

- a) characterizes the state of the body;
- b) determines the compatibility of blood transfused;
- c) does not matter;
- d) allows you to determine the required amount of blood transfusion;
- e) all of the above is true?

51. The fourth blood group contains:

- a) agglutinins α and β ;
- b) agglutinogen A and B;
- c) agglutinogen B and agglutinin α ;
- d) agglutinogen A and agglutinin β ;
- e) does not contain agglutinins and agglutinogens.

52. The fourth blood group contains:

- a) 0 antigen;
- b) A and B antigens;
- c) A antigen;
- d) B antigen.

53. What antigens does the first blood group contain:

- a) 0 antigen;
- b) A antigen;
- c) B antigen;
- d) 0 and A antigens;
- e) A and B antigens?

54. What antigens does the second blood group contain:

- a) 0 antigen;
- b) A antigen;
- c) B antigen;
- d) 0 and A antigens;
- e) A and B antigens?

55. What antigens does the third blood group contain:

- a) 0 antigen;
- b) A antigen;
- c) B antigen;
- d) B and A antigens;
- e) 0 and B antigens?

56. Agglutination reaction is:

- a) decrease in blood clotting;
- b) Rh-izoimmunization;
- c) intravascular coagulation;
- d) sticking of erythrocytes with their subsequent destruction.

57. A correctly written blood group is:

- a) A0 (I);
- b) A (I);

- c) AB (IV);
- d) B (IV);
- e) D (II).

58. The correct spelling of blood group is:

- a) A0 (I);
- b) A (II);
- c) AB (I);
- d) B (IV);
- e) D (II).

59. To take a blood sample from a finger use:

- a) scalpel;
- b) needle-scarificator;
- c) knife;
- d) scissors;
- e) surgeon needle.

60. The temperature to store the standard serum in refrigerator:

- a) 4–8 °C;
- b) 10–12 °C;
- c) 15–25 °C;
- d) - 5 °C;
- e) -10 °C.

61. Methods for determinating blood groups, except for:

- a) with standard serum;
- b) with celiclones;
- c) with 10 % gelatin solution.

62. To determine the blood group, the test blood and serum are taken in the ratio:

- a) 1:1;
- b) 1:2;
- c) 1:3;
- d) 1:10;

e) 1:20.

63. The agglutination reaction is negative with the three sera in both series. The blood under examination is of:

- a) group I (0);
- b) group II (A);
- c) group III (B);
- d) group IV (AB).

64. The agglutination reaction is negative with test serum II (A) and positive with groups I (0) and III (B). The blood group is:

- a) I (0);
- b) II (A);
- c) III (B);
- d) IV (AB).

65. The agglutination reaction is negative with test serum III (B) and positive with I (0) and II (A) groups. The blood group is:

- a) I (0);
- b) II (A);
- c) III (B);
- d) IV (AB).

66. All the serum of I (0), II (A), III (B) groups give positive reactions. The blood group is:

- a) I (0);
- b) II (A);
- c) III (B);
- d) IV (AB).

67. Indicate the required temperature when conducting isoserological studies:

- a) 5–8 °C;
- b) 9–11 °C;
- c) 16–25 °C;
- d) 28–30 °C.

68. Errors in determining blood type depend on:

- a) temperature;
- b) time of day;
- c) diseases.

69. Errors in determining blood type may be related to:

- a) violation of the temperature of the reaction;
- b) the wrong ratio of test reagents and blood;
- c) use of test reagents with expired shelf life;
- d) violation of technology and non-compliance with the reaction time;
- e) all answers are correct.

70. When determining blood type with standard sera, the agglutination reaction is evaluated through:

- a) 1 min;
- b) 2 min;
- c) 5 min;
- d) 15 min;
- e) 20 min.

71. What is the antigen-antibody response when determining the Rh factor of the blood:

- a) pseudoagglutination;
- b) panagglutination;
- c) isoagglutination?

72. Which of the following antigens is crucial in the by Rh blood group system:

- a) Anti-D;
- b) Anti-C;
- c) Anti-E;
- d) Anti-A;
- e) Anti-B.

73. Rhesus factor is:

- a) agglutinogen;
- b) agglutinin;
- c) immunoglobulin;
- d) antibody;
- e) compliment.

74. If agglutination Rh test serum occurs when determining Rh factor, it means that it is:

- a) Rh-negative blood;
- b) Rh-positive blood;
- c) this should not be;
- d) definition error.

75. When determining the Rh factor, using a drop of anti Rh in a water bath, observe the result in:

- a) 30 sec;
- b) 1 min;
- c) 3 min;
- d) 10 min;
- e) 30 min.

76. Name the reaction antigen-antibody when defining of Rh factor:

- a) pseudoagglutination;
- b) panagglutination;
- c) isoagglutination;
- d) heteroagglutination;
- e) homoagglutination;

77. When determining blood group with celiclones, the reaction of agglutination is negative with anti A and anti B celiclones. Therefore, the test blood belongs to the group:

- a) 0 (I);
- b) A (II);
- c) B (III);
- d) AB (IV).

78. When determining the blood group by anti A and anti B celiclones, look at the result in:

- a) 30 sec;
- b) 1 min;
- c) 3 min;
- d) 2,5 min;
- e) 10 min.

79. Agglutination is positive with anti A celiclones and negative with anti B celiclones. The blood group is:

- a) 0 (I);
- b) A (II);
- c) B (III);
- d) AB (IV).

80. Agglutination is observed with anti A and anti B celiclones. The blood group is:

- a) 0 (I);
- b) A (II);
- c) B (III);
- d) AB (IV).

81. Agglutination is observed with anti B celiclones. The blood group is:

- a) 0 (I);
- b) A (II);
- c) B (III);
- d) AB (IV).

82. When determining the blood group, the temperature of air should be:

- a) 5–8 °C;
- b) 12–14 °C;
- c) 15–25 °C;
- d) 26–38 °C;
- e) 42–45 °C.

83. Colouring serum which contains anti-A celiclones:

- a) red;
- b) green;
- c) blue;
- d) white;
- e) yellow.

84. Colouring serum wich contains anti-B celiclones:

- a) red;
- b) green;
- c) blue;
- d) white;
- e) yellow.

85. What is the optimum rate for infusion of detoxifiers:

- a) 20 drops/min;
- b) 30 drops/min;
- c) 40–50 drops/min;
- d) 60 drops/min?

86. Before using, frozen plasma has to be thawed out at:

- a) 17–18 °C;
- b) 22–25°C;
- c) 30–35 °C;
- d) 37–38 °C;
- e) 40–45 °C.

87. What is the optimum rate for infusion of protein blood solutions:

- a) 20 drops/min;
- b) 20–40 drops/min;
- c) 50–60 drops/min;
- d) 70–80 drops/min;
- e) at least 100 drops/min?

88. The main method of blood transfusion is:

- a) intra-arterial transfusion;

- b) intravenous transfusion;
- c) retransfusion;
- d) reinfusion.

89. The signs of transfusion of inappropriate blood are as follows:

- 1) an increase in the packed cell volume or haematocrit;
- 2) rigors;
- 3) fever;
- 4) lumbar pain;
- 5) tachycardia.

Choose the right combination of answers:

- a) 1, 2, 3, 4; b) 2, 3, 4; c) 1, 3, 4, 5; d) 2, 4, 5; e) 2, 3, 4, 5.

90. With the early signs of blood transfusion shock:

- a) blood transfusion must be stopped;
- b) blood transfusion needs to be stopped and intensive therapy begins;
- c) it is necessary to continue blood transfusion and begin intensive therapy;
- d) start intensive therapy.

91. The clinical manifestations of blood transfusion shock are as follows:

- 1) abdominal pain;
- 2) tachycardia;
- 3) bradycardia;
- 4) hypotension;
- 5) lumbar pain.

Choose the right combination of answers:

- a) 1, 2, 3; b) 2, 4; c) 3, 4, 5; d) 2, 4, 5; e) 1, 3, 4, 5.

92. The intensive therapy for blood transfusion shock:

- 1) dimedrol, suprastin, prednisolone, hydrocortisone;
- 2) rheopolyglukin, saline solutions;
- 3) hydrocarbonate and sodium lactate;
- 4) lasix and mannitol;

- 5) penicillin, corglucon;
- 6) heparin, frozen plasma.

Choose the right combination of answers:

- a) 1, 2, 6; b) 1, 2, 5, 6; c) 1, 2, 3, 4, 6; d) 1, 2, 3, 4; e) 2, 3, 4, 6.

93. The optimal temperature for blood storage is one of the following:

- a) 0 +1 °C;
- b) +4 – +6 °C;
- c) +8 – +10 °C;
- d) – 1 °C;
- e) – 2 °C.

94. Frozen plasma should be stored during:

- a) 20 days at –15 °C;
- b) 40 days at –20 °C;
- c) 30 days at –22 °C;
- d) 90 days at –25 °C;
- e) frozen plasma must not be stored.

95. Massive blood transfusion is:

- a) transfusing an amount of donor's blood above 20% of the circulating blood volume within a short period;
- b) transfusing an amount of donor's blood above 30–40% of the circulating blood volume within a short period;
- c) transfusing an amount of donor's blood above 40–50% of the circulating blood volume within a short period;
- d) transfusing an amount of donor's blood above 50–60% of the circulating blood volume within a short period.

96. Infectious complications of blood transfusion:

- 1) hepatitis B, C, HIV;
- 2) cytomegalovirus infection;
- 3) malaria;
- 4) influenza;
- 5) diphtheria, measles.

Choose the right combination of answers:

a) 1, 2, 3, 5; b) 1, 2, 3, 4; c) 1, 2, 3; d) 2, 3, 4; e) 2, 3, 4, 5.

97. The clinical manifestations of blood transfusion shock are as follows:

- 1) abdominal pain;
- 2) tachycardia;
- 3) bradycardia;
- 4) hypotension;
- 5) lumbar pain.

Choose the right combination of answers:

a) 1, 2, 3; b) 2, 4; c) 3, 4, 5; d) 2, 4, 5; e) 1, 3, 4, 5.

98. Testing for individual blood compatibility requires:

- a) the patient's plasma or serum and donor blood;
- b) donor plasma and the patient's blood;
- c) the patient's blood components and donor blood;
- d) donor blood components and the patient's blood;
- e) donor blood and the patient's blood.

8. NUTRITION IN SURGICAL PATIENTS

1. What is parenteral nutrition:

- a) nutrition through a gastric tube;
- b) the introduction of nutrients into the bloodstream;
- c) nutrition through the intestinal fistula bypassing the esophagus and stomach;
- d) nutrition with nutritional enemas;
- e) nutrition with a specially selected diet for maximum gastrointestinal tract sparing?

2. What can be used for parenteral nutrition:

- a) sterile bouillon;
- b) solutions of amino acids;
- c) sterile vegetable oil;
- d) 5% sodium chloride solution?

3. Artificial nutrition of patients through a nasogastric tube is used in all cases, except:

- a) for burns and tumors of the esophagus;
- b) for swallowing disorders;
- c) for jaw fractures;
- d) in an unconscious state.

4. Artificial nutrition of patients through a gastrostomy is used:

- a) for swallowing disorders after disorders of the cerebral circulation;
- b) after esophagus surgery;
- c) for injuries of the jaw;
- d) in cases of refusal of food for mental illness.

5. What is parenteral nutrition:

- a) nutrition by introducing food through a tube into the stomach;
- b) the introduction of feeding mixtures of a certain composition;

- c) the introduction of various substances, bypassing the gastrointestinal tract;
- d) there is no correct answer?

6. Artificial nutrition through a nasogastric tube inserted into the stomach is carried out in:

- a) obesity;
- b) the unconscious state of the patient;
- c) stomach ulcer;
- d) urolithiasis.

7. For patients in an unconscious state, the following method of nutrition is used:

- a) through the mouth;
- b) external;
- c) parenteral;
- d) sublingual.

8. Where is food distributed to patients:

- a) in the buffet;
- b) in the catering unit;
- c) at the table of a duty nurse;
- d) at the doctor's office;
- e) at the office of a senior nurse?

9. Distribution of food in the surgical department performs:

- a) an assistant of a nurse;
- b) a nurse on duty;
- c) a waiter;
- d) a doctor on duty;
- e) a senior nurse.

10. Distribution of food in the surgical department performs:

- a) an assistant of a nurse;
- b) department barmaid;
- c) a waiter;

- d) a doctor on duty;
- e) a head nurse.

11. Enteral nutrition is carried out:

- a) through a gastric tube;
- b) through intestinal intubation;
- c) parenterally, through a catheterized central vein;
- d) when it is impossible to feed through the mouth;
- e) no correct answer.

12. Enteral nutrition is carried out:

- a) when it is impossible to feed through the mouth;
- b) through intestinal intubation;
- c) parenterally, through a catheterized central vein;
- d) with gastrostomy.

13. Enteral nutrition is used for:

- a) impaired consciousness;
- b) heart diseases;
- c) lung diseases;
- d) increased catabolism;
- e) kidney diseases.

14. Enteral nutrition is contraindicated in:

- a) impaired consciousness;
- b) esophageal strictures;
- c) intestinal paresis;
- d) lack of appetite;
- e) tumors of the root of the tongue.

15. Enteral nutrition is contraindicated in:

- a) impaired consciousness;
- b) esophageal strictures;
- c) lack of appetite;
- d) irresistible vomiting and diarrhea;
- e) tumors of the root of the tongue.

16. For enteral nutrition use:

- a) mixtures of liquid products;
- b) sparkling water;
- c) smoked meat products;
- d) pickled products;
- e) spices.

17. For enteral nutrition use:

- a) sparkling water;
- b) chopped meat;
- c) smoked meat products;
- d) pickled products;
- e) spices.

18. For enteral nutrition use:

- a) sparkling water;
- b) smoked products;
- c) pickled products;
- d) homogenized canned mixtures;
- e) spices.

19. For enteral nutrition use:

- a) sparkling water;
- b) mixtures of baby food;
- c) smoked meat products;
- d) pickled products;
- e) spices.

20. You can feed a seriously ill patient with:

- a) saucepan;
- b) forks;
- c) spoons;
- d) bottles.

21. Nutrition of the patient after surgery can be:

- a) interstitial;

- b) enteral;
- c) internal;
- d) parenchymal.

22. A seriously ill patient can be fed with:

- a) circles;
- b) forks;
- c) spoons;
- d) bottles.

23. Nutrition of the patient after surgery can be:

- a) interstitial;
- b) parenteral;
- c) internal;
- d) parenchymal;
- e) no correct answer.

24. How much protein should a patient's diet contain:

- a) 50–70 g;
- b) 80–100 g;
- c) 100–120 g;
- d) 120–140 g;
- e) no correct answer?

25. How much protein should a patient's diet contain:

- a) 50–70 g;
- b) 20–40 g;
- c) 200–220 g;
- d) 300–540 g;
- e) no correct answer?

26. How much lipid should a patient's diet contain:

- a) 70 g;
- b) 100 g;
- c) 120 g;
- d) 140 g;

e) no correct answer?

27. How much lipid should a patient's diet contain:

a) 270 g;

b) 300 g;

c) 320 g;

d) 440 g;

e) no correct answer?

28. How much carbohydrate should a patient's diet contain:

a) 70 g ;

b) 100 g;

c) 120 g;

d) 400 g;

e) no correct answer?

29. Energy value of food should consist of:

a) 870–1000 kcal;

b) 1000–1500 kcal;

c) 1500–2000 kcal;

d) 2900–3000 kcal;

e) no correct answer.

30. Energy value of food should consist of:

a) 870–1000 kcal;

b) 1000–1200 kcal;

c) 1200–1500 kcal;

d) 1500–1700 kcal;

e) no correct answer.

31. The volume of fluid for the body in one day should be:

a) 1.0–1.2 litres;

b) 1.2–1.5 litres;

c) 2.2–2.5 litres;

d) 3.2–5.5 litres;

e) no correct answer.

32. Nutrition during postoperative period should:

- a) provide the partial load regimen on the affected organs, especially after gastrointestinal surgeries;
- b) provide metabolism normalization and rehabilitation of all organism functions;
- c) raise body resistance to all kinds of inflammations and intoxications;
- d) provide wound incisional healing;
- e) all answers correct.

33. To prevent flatulence a patient should exclude such foods as:

- a) smoked meat;
- b) whole milk, sugar solution and cellulose;
- c) cold dishes;
- d) boiled fish;
- e) mashed dishes, cooked in water or steam.

34. The daily fluid requirement in patients with sepsis and fever is:

- a) 1.0–1.2 litres;
- b) 1.2–1.5 litres;
- c) 2.2–2.5 litres;
- d) 4–4.5 liters;
- e) no correct answer.

35. The daily fluid requirement in patients with sepsis and fever is:

- a) 1.0–1.2 litres;
- b) 1.2–1.5 litres;
- c) 2.2–2.5 litres;
- d) 4–4.5 liters;
- e) all answers correct.

36. Nutrition of surgical patients can be except:

- a) natural;
- b) artificial;
- c) enteral;
- d) parenteral;

e) passive.

37. Natural nutrition of the surgical patients can be:

- a) active and passive;
- b) artificial and enteral;
- c) parenteral and passive;
- d) active and artificial;
- e) no correct answer.

38. Before feeding a nurse should help a seriously ill patient to take a position:

- a) sitting or lying;
- b) lying or half-sitting;
- c) lying on the back;
- d) lying on the side;
- e) sitting or half-sitting.

39. Serious and debilitated patients should eat:

- a) small portions of liquid food;
- b) large portions of liquid food;
- c) small portions of crude food;
- d) drink only water;
- e) no correct answer.

40. The best time to feed a febrile patient is:

- a) according to the schedule of the day;
- b) in the morning;
- c) in the evening;
- d) after taking medications;
- e) after amelioration and decrease of temperature.

41. Artificial feeding is used when the patient:

- a) cannot eat by himself;
- b) prepares to get a cleansing enema;
- c) at the request of the patient;
- d) no correct answer;

e) all answers are correct.

42. The way of artificial feeding:

- a) through a gastric tube;
- b) cleansing enema;
- c) urinary catheter;
- d) colonic tube;
- e) all answers are correct.

43. Invariable indications for parenteral nutrition:

- a) preoperative preparation of patients who have the damages of pharynx, esophagus, and stomach, when they have an obstruction for food to get through;
- b) the first few days after the abdominal surgeries;
- c) serious injuries and severe purulent-septic processes;
- d) severe postoperative complications (peritonitis, abscess, etc.);
- e) all answers are correct.

44. Medications for parenteral nutrition:

- a) amino acids;
- b) polyamine;
- c) aminol;
- d) infezol;
- e) all answers are correct.

45. Medications for parenteral nutrition except:

- a) amino acids;
- b) polyamine;
- c) aminol;
- d) sterile bouillon;
- e) infezol.

46. Medications for parenteral nutrition except:

- a) amino acids;
- b) polyamine;
- c) aminol;

- d) infezol;
- e) fresh juice.

47. Medications for parenteral nutrition – fat emulsions:

- a) amino acids;
- b) lipofundin;
- c) aminol;
- d) infezol;
- e) polyamine.

48. Medications for parenteral nutrition – sugars:

- a) glucose;
- b) lipofundin;
- c) aminol;
- d) infezol;
- e) polyamine.

49. Medications for parenteral nutrition – electrolyte solutions:

- a) glucose;
- b) lipofundin;
- c) aminol;
- d) Ringer's solution;
- e) infezol.

50. Medications for parenteral nutrition - the electrolyte solutions:

- a) glucose;
- b) trisol;
- c) lipofundin;
- d) aminol;
- e) infezol.

51. Diets that are prescribed to patients with diseases of the gastrointestinal tract except:

- a) No 1;
- b) No 2;
- c) No 7;

d) No 5.

52. What is diet No 0:

- a) prescribed two-days hunger before stomach surgery;
- b) meals in small portions several times a day;
- c) selection of products with minimal calorie content for patients with obesity;
- d) nutrition with liquid food (water, bouillon, kefir, etc.) in the first days after surgery;
- e) complete parenteral nutrition?

53. Diet No 5 is characterized by:

- a) any food with a restriction of fats and smoked meats;
- b) restriction of proteins and carbohydrates;
- c) restriction of fats and smoked meats, exclusion of fried foods;
- d) the exclusion of proteins, animal fats, salt;
- e) restriction of fats, proteins, fluids.

54. Diet No 1 is prescribed after operations of:

- a) vessels;
- b) heart;
- c) gallbladder;
- d) esophagus;
- e) inguinal hernia.

55. Diet No 1 is characterized by:

- a) food that is sparing mechanically, chemically and thermally for the stomach;
- b) high carbohydrate content;
- c) cold dishes;
- d) butter baking;
- e) smoked meat.

56. Diet No 1 is characterized by:

- a) smoked meat;
- b) high carbohydrate content;

- c) cold dishes;
- d) butter baking;
- e) mashed dishes, cooked in water or steam.

57. Diet No 5 is characterized by:

- a) food that is sparing mechanically, chemically and thermally;
- b) high carbohydrate content;
- c) fresh rye bread;
- d) butter in baking;
- e) smoked meat.

58. Diet No 5 is characterized by:

- a) smoked meat;
- b) mashed dishes, cooked in water or steam;
- c) butter baking;
- d) fresh rye bread;
- e) decoction of viburnum.

59. Diet No 5 is prescribed for:

- a) chronic pyelonephritis;
- b) acute cholecystitis;
- c) acute mediastinitis;
- d) after esophagus and stomach surgeries;
- e) after vascular surgery.

60. Diet No 5 is prescribed for:

- a) chronic pyelonephritis;
- b) acute mediastinitis;
- c) acute pancreatitis;
- d) after esophagus and stomach surgeries;
- e) after vascular surgery.

61. Diet No 5 is prescribed for:

- a) chronic pyelonephritis;
- b) acute mediastinitis;
- c) after operations on the biliary surgery;

- d) after esophagus and stomach surgery;
- e) after vascular surgery.

62. Diet No 15 is prescribed for:

- a) chronic pyelonephritis;
- b) acute mediastinitis;
- c) acute pancreatitis;
- d) after esophagus and stomach surgery;
- e) diseases that do not require a special diet.

63. Diet No 15 is characterized by:

- a) mechanically, chemically and thermally sparing food;
- b) mashed dishes, cooked in water or steam;
- c) high content of vitamins;
- d) cold dishes;
- e) fluid limitation.

64. Diet No 15 is characterized by:

- a) mechanically, chemically and thermally sparing food;
- b) mashed dishes, cooked in water or steam;
- c) cold dishes;
- d) fresh rye bread;
- e) fluid limitation.

65. Diet for patients with suspected acute appendicitis:

- a) hunger;
- b) No 1a;
- c) No 5a;
- d) No 0;
- e) No 15.

66. Patient's diet on the second day after gastrectomy:

- a) parenteral nutrition;
- b) tube feeding;
- c) No 1a;
- d) No 1.

67. Patient's diet on the fourth day after cholecystectomy:

- a) No 0;
- b) No 1a;
- c) No 5a;
- d) No 9;
- e) No 15.

68. What diet is prescribed to the patient on the third day after suturing the perforated duodenal ulcer:

- a) No 1a;
- b) No 3;
- c) No 5;
- d) No 9;
- e) No 15?

69. The patient is 2 days in the surgical department with a diagnosis of destructive pancreatitis. What nutrition should be prescribed?

- a) hunger;
- b) parenteral;
- c) tube;
- d) diet No 1a.

70. Diet No 1 includes everything, except:

- a) low-fat meat;
- b) low-fat fish;
- c) mashed potatoes;
- d) non-acid whipped cottage cheese;
- e) chocolate.

71. Diet No 5 includes everything except:

- a) oily meat or fish;
- b) rice porridge;
- c) low-fat curd;
- d) sour cream and cheese;
- e) fried meat and bacon.

72. Diet No 5 includes everything except:

- a) oily meat or fish;
- b) rice porridge;
- c) low-fat curd;
- d) sour cream and cheese;
- e) black coffee.

73. Diet No 9 is prescribed for patients who have:

- a) chronic pyelonephritis;
- b) acute cholecystitis;
- c) acute mediastinitis;
- d) diabetes mellitus;
- e) after vascular surgery.

74. Patients with diabetes are forbidden to eat:

- a) sugar;
- b) honey;
- c) jam;
- d) candy;
- e) all answers correct.

75. In esophageal surgery oral food intake should be allowed not earlier than:

- a) 1–2 days after surgery;
- b) 3–4 days after surgery;
- c) 5–6 days after surgery;
- d) 7–8 days after surgery.

76. After stomach surgery, the patient is forbidden to eat:

- a) during 1–2 days;
- b) during 2–3 days;
- c) during 3–4 days;
- d) during 6–7 days.

77. In biliary tract surgery (cholecystectomy, etc.) a diet should be:

- a) during 1–2 days – hunger; on the 3–4th day – diet No 10;

- b) during 1–2 days – hunger; on the 3–4th day – diet No 5;
- c) during 2–3 days – hunger; on the 3–4th day – diet No 0;
- d) during 2–3 days – hunger; on the 3–4th day – diet No 15.

78. The temperature of hot dishes is:

- a) 20 °C;
- b) 30 °C;
- c) 40 °C;
- d) 50 °C.

79. A patient is on a clear liquid diet. Which of the following is not allowed on this diet:

- a) orange juice with pulp;
- b) water;
- c) coffee;
- d) tea?

80. Elderly patients are prone to stomach-aches and bloating. Which of the following foods are avoided since they are gas-forming and contribute to the mentioned condition:

- a) prunes;
- b) colas and sodas;
- c) protein-rich foods;
- d) cauliflower?

81. A patient who has not had a bowel movement during four days would receive the most benefit from which of the following procedures:

- a) endoscopy;
- b) colonoscopy;
- c) catheterization;
- d) enema?

82. The nursing assistant is helping patients to eat in the dining-room when, suddenly, a patient stands from his seat and begins clutching his throat while coughing silently. Which of the following actions does the nursing assistant perform first:

- a) begins the Heimlich maneuver;
- b) begins CPR immediately;
- c) asks the patient if they are choking;
- d) calls 911?

83. A patient who has a colostomy is complaining about having excess gas. You ask the patient to tell you what he has eaten in the past 48 hours. Which food would you suspect is causing the patient excessive gas:

- a) squash, spinach, and pickles;
- b) chicken, grapes, and raspberries;
- c) caraway seeds, tomato soup, and eggs;
- d) cherries, radishes, and watermelon?

84. What type of the diet should a patient with gout follow:

- a) potassium-modified diet;
- b) low-purine diet;
- c) high-calcium diet;
- d) renal diet?

85. What diet would a patient with anemia benefit from:

- a) legumes, organ meat, and dark green leafy vegetables;
- b) vegetables, fish, and pasta;
- c) grains, berries, and organic vegetables;
- d) nuts and seeds, fruits, and soy products?

86. Feeding the patient through a nasogastric tube is known as a/an:

- a) intravenous infusion;
- b) gastrostomy;
- c) enteral feeding;
- d) hyperalimentation.

87. A condition that makes swallowing food and fluids difficult is called:

- a) dysphagia;
- b) aphasia;

- c) dysplasia;
- d) aplasia;
- e) all answers are correct.

88. Feeding the patient through an intravenous catheter is known as:

- a) parenteral nutrition;
- b) gastrostomy feeding;
- c) enteral feeding;
- d) hyperalimentation.

89. Water is:

- a) vitamin;
- b) essential nutrient;
- c) mineral;
- d) discretionary calorie;
- e) all answers are correct.

90. One nutrient is called nature's building block because of its importance to body growth and repair. This nutrient is:

- a) protein;
- b) carbohydrate;
- c) vitamin;
- d) vegetable;
- e) all answers correct.

91. Which nutrient accounts for 50% to 60% of our total body weight:

- a) vitamin A;
- b) glucose;
- c) water;
- d) calcium;
- e) all answers are correct?

9. CARDIOPULMONARY RESUSCITATION

1. Stages of dying:

- a) preagony, agony, coma, death;
- b) loss of consciousness, agony, clinical death;
- c) preagony, agony, clinical death;
- d) no right answer.

2. In preagonal condition:

- a) breathing is not disturbed, blood pressure is increased;
- b) shallow breathing, pulse thready, blood pressure is critically reduced;
- c) blood pressure is not determined, arrhythmia, convulsions;
- d) all answers are correct.

3. In the agonal state:

- a) pulse is increased, blood pressure is reduced;
- b) BP increased, arrhythmia;
- c) blood pressure is not determined, arrhythmia;
- d) all answers are correct.

4. Signs of clinical death

- a) loss of consciousness and lack of pulse in the carotid arteries;
- b) confusion and agitation;
- c) threadlike pulse in the carotid arteries;
- d) breathing is not disturbed.

5. Signs of clinical death:

- a) violation of respiratory rhythm, convulsions, cyanosis;
- b) unconsciousness, dilated pupils, arrhythmia;
- c) unconsciousness, breathing arrest, undetectable pulse in the carotid arteries;
- d) all answers are correct.

6. Duration of clinical death:

- a) 1–2 minutes;
- b) 3–5 minutes;
- c) 25–30 minutes;
- d) 8–10 minutes.

7. Duration of clinical death:

- a) 2–4 minutes;
- b) 3–5 minutes;
- c) 5–8 minutes;
- d) 8–10 minutes.

8 After the diagnosis of clinical death, it is necessary:

- a) call the doctor on duty, ambulance;
- b) determine the cause of death;
- c) proceed to cardiopulmonary resuscitation;
- d) all answers are correct.

9. Indications for cardiopulmonary resuscitation:

- a) terminal stage of incurable disease;
- b) biological death;
- c) clinical death;
- d) all answers are correct.

10. Indications for direct heart massage:

- a) lack of pulse in the carotid arteries;
- b) cardiac arrest in the cardiology department;
- c) cardiac arrest during abdominal surgery;
- d) all answers are correct.

11. Indications for closed heart massage:

- a) respiratory arrest;
- b) cardiac arrest;
- c) lack of consciousness;
- d) all answers are correct.

12. What does cardiopulmonary resuscitation stand for:

- a) call, plan, respond;
- b) cardio-pulmonary resuscitation;
- c) coronary pathogen revival;
- d) capillary process review?

13. Principle of ABC resuscitation (today):

- a) heart massage, intubation, mechanical ventilation;
- b) heart massage, ensuring the airway, mechanical ventilation;
- c) mechanical ventilation, defibrillation, heart massage;
- d) all answers are correct.

14. Action algorithm for cardiopulmonary resuscitation:

- a) heart massage, mechanical ventilation, airway;
- b) precordial punch, heart massage, mechanical ventilation, airway;
- c) heart massage ensuring the airway, ventilation;
- d) all answers are correct.

15. Triple airway manoeuvre (Safar's manoeuvre):

- a) turn on its side and jaw thrust;
- b) head tilt, jaw thrust, open mouth;
- c) suck the contents, enter the mouthpiece, hold the nostrils;
- d) a and b answers are correct.

16. Cardiopulmonary resuscitation is not carried out:

- a) in the absence of medicines;
- b) if 3 minutes have passed since the death;
- c) in the terminal stage of an incurable disease;
- d) not correct answer.

17. The rule of laying the patient with cardiopulmonary resuscitation:

- a) put on a solid flat surface and lift the legs;
- b) put on a solid flat surface and lift the head;
- c) put on a solid flat surface;
- d) lower your head.

18. Heimlich Maneuver is:

- a) a sharp blow to the back;
- b) a sharp push into the stomach under the diaphragm;
- c) a sharp push in the chest;
- d) a repeating cycle of 5 back slaps and 5 abdominal thrusts.

19. Selick's manoeuvre:

- a) press on the forehead;
- b) support the lower jaw;
- c) the application of pressure to a patient's cricoid cartilage;
- d) all answers are correct.

20. Indications for the Heimlich Maneuver:

- a) aspiration;
- b) a foreign body in the upper respiratory tract;
- c) a foreign body in the esophagus;
- d) all answers are correct.

21. Indications for Selick's manoeuvre:

- a) foreign body in the respiratory tract;
- b) regurgitation;
- c) foreign body in the esophagus;
- d) all answers are correct.

22. A man who has been eating meat in a restaurant abruptly stands up and grabs his neck. The rescuer determines that the victim is choking. The best response is to:

- a) use back blows;
- b) do nothing; wait until the victim becomes unresponsive, then start cardiopulmonary resuscitation;
- c) use abdominal thrusts;
- d) use upward chest thrusts.

23. To prevent collapse of the tongue root during cardiopulmonary resuscitation, the victim's head should be:

- a) turned to the side;

- b) thrown back;
- c) bent forward;
- d) in the initial position.

24. A victim probably has a neck injury. What is the correct way to open the airway:

- a) head tilt-chin lift;
- b) jaw thrust;
- c) it is forbidden to move the patient?

25. What type of breath should be given when performing rescue breathing:

- a) shallow breath;
- b) normal breath;
- c) deep breath;
- d) onion breath?

26. When you deliver the first rescue breath, what should you do if the victim's chest does not rise?

- a) deliver a sharp blow to the center of the chest;
- b) give another breath;
- c) perform the head tilt-chin lift;
- d) stop performing cardiopulmonary resuscitation.

27. Frequency of breaths with cardiopulmonary resuscitation:

- a) 6–8 per minute;
- b) 8–10 per minute;
- c) 12–18 per minute;
- d) 20–24 per minute.

28. For carrying out ventilation of lungs with Ambu bag or "mouth-to-mouth":

- a) turn your head on its side, enter the air duct;
- b) open the mouth, enter the tongue holder;
- c) throw back the head, push the lower jaw, open the mouth;
- d) all answers are correct.

29. In a precordial thump, a provider strikes at the:

- a) neck;
- b) upper abdomen;
- c) middle third of the sternum;
- d) open heart.

30. Indications for precordial thump:

- a) penetrating wound to the heart;
- b) ventricular fibrillation;
- c) signs of biological death;
- d) no right answer.

31. External massage of the heart creates blood circulation, providing up to:

- a) 80% blood flow;
- b) 50% blood flow;
- c) 30% blood flow;
- d) no right answer.

32. When performing a closed heart massage, the surface on which the patient lies must be:

- a) hard;
- b) soft;
- c) inclined;
- d) uneven.

33. With an indirect heart massage, compression on the sternum is performed:

- a) the whole palm;
- b) the proximal part of the palm;
- c) three fingers;
- d) one finger.

34. Artificial circulation is ensured by constriction of the heart:

- a) between the sternum and ribs;
- b) between the sternum and the spine;

- c) between the diaphragm and sternum;
- d) all answers are correct.

35. When conducting an indirect massage of the heart the palms are placed on:

- a) upper third of the sternum;
- b) border of the middle and lower third of the sternum;
- c) border of the upper and middle third of the sternum;
- d) all answers are correct.

36. Compression frequency for cardiopulmonary resuscitation:

- a) 100–120 per minute;
- b) 90–100 per minute;
- c) 60–80 per minute;
- d) 60 per minute.

37. Displacement of the sternum during heart massage to the depth:

- a) 5–6 cm;
- b) 4–5 cm;
- c) 2–3 cm;
- d) 1–2 cm.

38. The ratio of inhalation and massage during cardiopulmonary resuscitation:

- a) 1:5;
- b) 2:10;
- c) 2:15;
- d) 2:30.

39. How long should a pulse check last:

- a) as long as it takes to find a pulse;
- b) no more than 2 seconds;
- c) no more than 5 seconds;
- d) no more than 10 seconds?

40. Where should you check for a pulse in an adult:

- a) carotid artery;
- b) brachial artery;
- c) femoral artery;
- d) radial artery?

41. When should an unconscious patient be placed in the recovery position:

- a) if the patient has bradycardia and is not breathing;
- b) if the patient has a pulse and is breathing appropriately;
- c) if the patient has no pulse and is not breathing;
- d) if the patient has a bounding pulse and is not breathing?

42. Sign of effectiveness of cardiopulmonary resuscitation:

- a) lack of chest excursions;
- b) wide pupils;
- c) the absence of a pulse wave in the carotid artery;
- d) the appearance of a pulse wave in the carotid artery, constriction of the pupils.

43. Criteria of effectiveness for cardiopulmonary resuscitation:

- a) restoration of consciousness, restoration breathing, restoration blood pressure;
- b) constriction of the pupils, the appearance of a pulse in the carotid arteries, appearance of breathing;
- c) increase blood pressure, motor activity;
- d) no right answer.

44. Drug used in cardiac arrest:

- a) cordiamin;
- b) droperidol;
- c) adrenaline ;
- g) furosemide.

45. Drugs of choice for cardiopulmonary resuscitation:

- a) adrenaline, analgine;

- b) promedol, cordiamine;
- c) caffeine mezaton;
- d) adrenaline, atropine.

46. The main complication that occurs during a closed heart massage:

- a) fracture of the clavicle;
- b) rib fracture;
- c) tracheal damage;
- d) spinal fracture.

47. Indications for termination of cardiopulmonary resuscitation:

- a) no signs of effective blood circulation;
- b) lack of spontaneous breathing;
- c) the appearance of signs of biological death;
- d) wide pupils.

48. Termination of cardiopulmonary resuscitation is possible:

- a) if the resuscitator is tired;
- b) if there is no effect within 30 minutes;
- c) in the absence of medicines
- d) all answers are correct.

49. How long do you perform cardiopulmonary resuscitation after absence of vital signs indicating life:

- a) 15 minutes;
- b) 30 minutes;
- c) 45 minutes;
- d) 90 minutes?

50. Why should you use gloves and a mouth barrier device when delivering cardiopulmonary resuscitation:

- a) to prevent additional injury to the victim;
- b) to minimize fatigue;
- c) to eliminate odors from bad breath, vomit, and blood;
- d) to prevent the rescuer from contracting a disease?

51. Cardiopulmonary resuscitation on a newborn is performed:

- a) by the method of "mouth-to-mouth";
- b) using an anesthetic mask;
- c) from "mouth to nose";
- d) from "mouth to mouth and nose".

52. Complications during cardiopulmonary resuscitation:

- a) ribs fracture;
- b) spinal fracture;
- c) nose fracture;
- d) all answers are correct.

53. A reliable sign of biological death:

- a) cessation of breathing;
- b) cessation of cardiac activity;
- c) pupil dilation;
- d) "cat's-eye" symptom.

54. Signs of biological death:

- a) cadaveric spots, rigor mortis;
- b) fibrillation of the ventricles, pupils dilated;
- c) coma, arrhythmia, blood pressure is not determined;
- d) all answers are correct.

10. CORPSE HANDLING RULES

1. What is the sign of biological death:
 - a) absence of blood circulation in the cranial cavity;
 - b) complete absence of reflexes;
 - c) deep coma;
 - d) absence of spontaneous breathing;
 - e) body cooling?

2. What is the sign of biological death:
 - a) absence of blood circulation in the cranial cavity;
 - b) complete absence of reflexes;
 - c) deep coma;
 - d) absence of spontaneous breathing;
 - e) cadaveric spots?

3. What is the sign of biological death:
 - a) absence of blood circulation in the cranial cavity;
 - b) complete absence of reflexes;
 - c) deep coma;
 - d) absence of spontaneous breathing;
 - e) rigor mortis?

4. What is the sign of biological death:
 - a) absence of blood circulation in the cranial cavity;
 - b) complete absence of reflexes;
 - c) deep coma;
 - d) absence of spontaneous breathing;
 - e) «cat-eye» symptom?

5. When does the «cat-eye» symptom appears:
 - a) terminal pause;
 - b) clinical death;
 - c) preagony;
 - d) agony

e) biological death?

6. How quickly does the deceased's body cool at room temperature:

- a) 0.5 °C / hour;
- b) 1.0 °C / hour;
- c) 1.5 °C / hour;
- d) 2.0 °C / hour;
- e) 2.5 °C / hour?

7. Where do corpse spots initially appear when the corpse lies on its back:

- a) face;
- b) hands;
- c) legs;
- d) abdomen;
- e) the back?

8. What should a doctor do after a patient dies:

- a) record an information to the case story;
- b) inform the administration;
- c) inform relatives;
- d) put a screen to the bed of the deceased;
- e) cover the deceased with a sheet?

9. All valuables of the deceased after death must be kept by:

- a) physician;
- b) senior nurse;
- c) head of a department;
- d) pathologist;
- e) nurse.

10. How long body should be kept at the department:

- a) 30 min;
- b) 1 hour;
- c) 1 hour 30 min;
- d) 2 hours;

e) 3 hours?

11. What should not be specified in the referral to the autopsy:

- a) date and time of death;
- b) number of case story;
- c) full name of the patient;
- d) position and eligibility?

12. What the stuff should not do after the patient's death:

- a) pick up a pillow;
- b) put the screen to the bed of the patient;
- c) remove clothing from the deceased;
- d) cover the deceased with a veil;
- e) raise the legs of the deceased?

13. To prevent deformation of the body of the deceased as a result of rigor mortis, stuff need to:

- a) tie the lower jaw;
- b) put the deceased on his back;
- c) close eyes;
- d) put the deceased on his side;
- e) tie arms and legs together.

14. What body temperature is a reliable sign of biological death:

- a) 18 °C;
- b) 19 °C;
- c) 20 °C;
- d) 21 °C;
- e) 22 °C?

15. The mattress and bedding of the deceased patient should be:

- a) disposed by burning
- b) disinfected and then disposed;
- c) returned to relatives;
- d) disinfected;
- e) sent to a landfill.

16. How long should the room be ventilated after the death of the patient:

- a) 1 hour;
- b) 2 hours;
- c) 6 hours;
- d) 12 hours;
- e) 24 hours?

17. Rigor mortis starts from:

- a) chewing muscles;
- b) cervical muscles;
- c) upper limb muscles;
- d) trunk muscles;
- e) muscles of the lower extremities.

18. After the death, the corpse is sent to the morgue accompanied by:

- a) nurse;
- b) doctor on duty;
- c) senior nurse;
- d) pathologist.

ANSWERS

1. WORK AT ADMISSION DEPARTMENT

1-e, 2-a, 3-b, 4-c, 5-a, 6-b, 7-e, 8-a, 9-b, 10-d, 11-d, 12-d, 13-d, 14-d, 15-d, 16-e, 17-b, 18-c, 19-b, 20-a, 21-b, 22-c, 23-a, 24-a, 25-d, 26-e, 27-a, 28-f, 29-d, 30-b, 31-c, 32-c, 33-a, 34-b, 35-e, 36-a, 37-d, 38-d, 39-c, 40-d, 41-b, 42-d, 43-b, 44-d, 45-a, 46-d, 47-c, 48-b, 49-c, 50-b, 51-d, 52-b, 53-c, 54-a, 55-a, 56-b, 57-a, 58-e, 59-a, 60-c, 61-b, 62-c, 63-c, 64-d, 65-d, 66-b, 67-c, 68-a, 69-d, 70-c, 71-d, 72-d, 73-d, 74-c, 75-a, 76-d, 77-d.

2. SANITARY-HYGIENIC REGIME IN A SURGICAL DEPARTMENT. DEONTOLOGY

1-d, 2-d, 3-a, 4-b, 5-b, 6-b, 7-a, 8-b, 9-e, 10-d, 11-d, 12-c, 13-b, 14-e, 15-d, 16-a, 17-a, 18-c, 19-e, 20-b, 21-d, 22-d, 23-d, 24-a, 25-c, 26-c, 27-b, 28-c, 29-b, 30-a, 31-c, 32-b, 33-b, 34-e, 35-d, 36-c, 37-b, 38-c, 39-a, 40-e, 41-a, 42-c, 43-b, 44-c, 45-d, 46-b, 47-c, 48-a, 49-b, 50-b, 51-a, 52-a, 53-e, 54-c, 55-e, 56-d, 57-a.

3. PREOPERATIVE PREPARATION OF PATIENTS FOR SURGERY

1-c, 2-d, 3-f, 4-a, 5-a, 6-b, 7-a, 8-e, 9-d, 10-a, 11-e, 12-c, 13-b, 14-c, 15-b, 16-e, 17-d, 18-c, 19-a, 20-e, 21-b, 22-d, 23-a, 24-d, 25-b, 26-a, 27-b, 28-e, 29-d, 30-c, 31-a, 32-c, 33-a, 34-d, 35-d, 36-c, 37-b, 38-c, 39-e, 40-e, 41-d, 42-e, 43-c, 44-d, 45-b, 46-c, 47-e, 48-b, 49-d, 50-b, 51-d, 52-a, 53-d, 54-e, 55-b, 56-b, 57-a, 58-a, 59-a, 60-a, 61-b, 62-a, 63-a.

4. WORK AT OPERATION ROOM

1-c, 2-d, 3-c, 4-c, 5-a, 6-b, 7-b, 8-b, 9-b, 10-c, 11-c, 12-d, 13-a, 14-b, 15-c, 16-d, 17-c, 18-d, 19-a, 20-e, 21-a, 22-d, 23-a, 24-c, 25-a, 26-b, 27-c, 28-d, 29-a, 30-b, 31-c, 32-b, 33-a, 34-a, 35-c, 36-c, 37-a, 38-d, 39-c, 40-a, 41-b, 42-c, 43-d, 44-a, 45-c, 46-a, 47-a, 48-a, 49-b, 50-c, 51-d, 52-b, 53-b, 54-d, 55-a, 56-c, 57-c, 58-d, 59-d, 60-e, 61-a, 62-a,

63-b, 64-c, 65-a, 66-b, 67-a, 68-c, 69-b, 70-b, 71-a, 72-e, 73-b, 74-c, 75-f, 76-b, 77-b, 78-a, 79-a, 80-c, 81-e, 82-a, 83-d, 84-b, 85-a, 86-b, 87-b, 88-a, 89-d, 90-a, 91-c, 92-e, 93-d, 94-d, 95-d, 96-d, 97-e, 98-d, 99-c, 100-d, 101-c, 102-d, 103-b, 104-a, 105-a, 106-a, 107-c, 108-b, 109-c, 110-f.

5. POSTOPERATIVE NURSING CARE

1-d, 2-b, 3-c, 4-c, 5-c, 6-a, 7-d, 8-a, 9-b, 10-c, 11-d, 12-e, 13-a, 14-b, 15-c, 16-d, 17-b, 18-a, 19-d, 20-a, 21-c, 22-c, 23-b, 24-a, 25-d, 26-e, 27-e, 28-e, 29-a, 30-e, 31-e, 32-d, 33-b, 34-e, 35-d, 36-d, 37-d, 38-c, 39-e, 40-e, 41-b, 42-d, 43-e, 44-e, 45-d, 46-a, 47-a, 48-d, 49-a, 50-c, 51-b, 52-c, 53-e, 54-b, 55-a, 56-c, 57-c, 58-d, 59-b, 60-c, 61-e, 62-e, 63-d, 64-b, 65-b, 66-a, 67-d, 68-b, 69-c, 70-d, 71-a, 72-e, 73-b, 74-a, 75-c, 76-d, 77-e, 78-a, 79-e, 80-d, 81-b, 82-e, 83-d, 84-c, 85-d, 86-b, 87-b, 88-a, 89-b, 90-b, 91-e, 92-b, 93-c, 94-a, 95-a, 96-a.

6. WORK AT THE DRESSING ROOM

1-c, 2-b, 3-b, 4-c, 5-d, 6-b, 7-e, 8-e, 9-b, 10-a, 11-c, 12-d, 13-b, 14-b, 15-b, 16-d, 17-a, 18-c, 19-d, 20-b, 21-a, 22-c, 23-a, 24-e, 25-d, 26-a, 27-a, 28-d, 29-c, 30-a, 31-e, 32-c, 33-b, 34-c, 35-e, 36-c, 37-a, 38-a, 39-b, 40-d, 41-e, 42-c, 43-d, 44-a, 45-c, 46-a, 47-e, 48-c, 49-a, 50-a, 51-c, 52-d, 53-a, 54-b, 55-a, 56-c, 57-c, 58-a, 59-a, 60-a, 61-b.

7. WORK AT THE MANIPULATION ROOM IN SURGICAL DEPARTMENT

1-a, 2-a, 3-b, 4-b, 5-e, 6-d, 7-a, 8-a, 9-c, 10-a, 11-d, 12-b, 13-b, 14-c, 15-b, 16-b, 17-c, 18-c, 19-a, 20-c, 21-a, 22-e, 23-a, 24-b, 25-b, 26-d, 27-d, 28-d, 29-a, 30-c, 31-d, 32-a, 33-c, 34-c, 35-d, 36-b, 37-a, 38-e, 39-c, 40-c, 41-a, 42-c, 43-a, 44-c, 45-d, 46-e, 47-b, 48-b, 49-c, 50-b, 51-b, 52-b, 53-a, 54-b, 55-c, 56-d, 57-c, 58-b, 59-b, 60-a, 61-c, 62-d, 63-a, 64-b, 65-c, 66-d, 67-c, 68-a, 69-e, 70-b, 71-c, 72-a, 73-a, 74-b, 75-d, 76-c, 77-a, 78-d, 79-b, 80-d, 81-c, 82-c, 83-a, 84-c, 85-c, 86-d, 87-b, 88-b, 89-e, 90-b, 91-d, 92-c, 93-b, 94-c, 95-c, 96-c, 97-d, 98-a.

8. NUTRITION IN SURGICAL PATIENTS

1-b, 2-b, 3-a, 4-b, 5-c, 6-b, 7-c, 8-a, 9-b, 10-b, 11-a, 12-d, 13-a, 14-c, 15-d, 16-a, 17-b, 18-d, 19-b, 20-c, 21-b, 22-c, 23-b, 24-e, 25-e, 26-b, 27-e, 28-d, 29-d, 30-e, 31-c, 32-e, 33-b, 34-d, 35-d, 36-e, 37-a, 38-e, 39-a, 40-e, 41-a, 42-a, 43-e, 44-e, 45-d, 46-e, 47-b, 48-a, 49-d, 50-b, 51-c, 52-d, 53-c, 54-d, 55-a, 56-e, 57-a, 58-b, 59-b, 60-c, 61-c, 62-e, 63-c, 64-d, 65-a, 66-a, 67-c, 68-a, 69-b, 70-e, 71-e, 72-e, 73-d, 74-e, 75-c, 76-c, 77-c, 78-d, 79-c, 80-b, 81-d, 82-a, 83-d, 84-b, 85-a, 86-c, 87-a, 88-a, 89-b, 90-a, 91-c.

9. CARDIOPULMONARY RESUSCITATION

1-c, 2-b, 3-c, 4-a, 5-c, 6-b, 7-b, 8-c, 9-c, 10-c, 11-b, 12-b, 13-b, 14-c, 15-b, 16-c, 17-c, 18-d, 19-c, 20-b, 21-b, 22-c, 23-b, 24-b, 25-b, 26-c, 27-b, 28-c, 29-c, 30-b, 31-c, 32-a, 33-b, 34-b, 35-b, 36-a, 37-a, 38-d, 39-d, 40-a, 41-b, 42-d, 43-b, 44-c, 45-d, 46-b, 47-c, 48-b, 49-b, 50-d, 51-d, 52-a, 53-d, 54-a.

10. CORPSE HANDLING RULES

1-e, 2-e, 3-e, 4-e, 5-e, 6-b, 7-e, 8-a, 9-b, 10-d, 11-d, 12-e, 13-d, 14-c, 15-d, 16-e, 17-a, 18-a.

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