









TARGET NIGH™ 8th Edition Readers

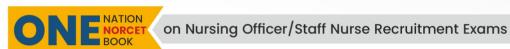
Refer inner page for details

Avoid Piracy

Scan to Verify Genuine Copy

Download the App

ARGETHIGH





10 Strong Reasons to Refer to the 8th Edition

- The only book for NORCET and Other Competitive Exams covering 18,000+ Qs, 1000+ IBQs, 1000+ CBQs, and 150 Previous Year Papers with Strong Digital Support including Read, Practice, Revise and Recall features.
- The First book based on the NORCET New Pattern (Prelims and Mains) covering all National Level Exams Syllabus, Pattern and Approach
- 3000+ New Qs added from all NORCET Recalls (NORCET 8.0 NORCET 1.0) Subject-wise and Topic-wise
- Thoroughly revised and updated edition with all New Updates up to 2025
- Content enriched with additional high-yield topics and learning resources
- The only book trusted by more than 5,00,000+ students and has been a bestseller for the last 10 years
- The only book giving a perfect combination of Theory + MCQs + IBQs + Clinical MCQs + Match the Following Questions + Assertion and Reason Type Questions for effective learning.
- The only book that provides strong query support for any doubt, with answers (In App)
- The only book that includes the list of NORCET Trending Topics from NORCET 8.0 NORCET 1.0 (In App)
- Read from the Book, Practice from the App, offering both ways of learning in ONE. Latest Updates and New Qs & Weekly Test up to NORCET 11.00 will be provided in the App.

PHYGITAL Edition (Book+Digital)

- NORCET (AIIMS)
- PGIMER
- JIPMER
- ESIC
- RRB
- DSSSB
- · CHO/MLHP
- All State PSC
- HAAD
- Prometric

Recommended by

- 500+ Nursing Luminaries/Faculties PAN India
- 250+ Topper Students/Student **Ambassadors**





Muthuvenkatachalam S **Ambili M Venugopal**

Foreword Danasu R Roy K George Sandhya Gupta Reddemma K Indarjit Walia

ARGETIGH



on Nursing Officer/Staff Nurse Recruitment Exams

- NORCET (AIIMS)
- JIPMER
- RRB
- CHO/MLHP
- HAAD

- PGIMER
- ESIC
- DSSSB
- All State PSC
- Prometric



Muthuvenkatachalam Srinivasan

PhD (INC Consortium), MSc Nursing (AllMS Delhi), D Pharm
RN (NMBA Australia)

Associate Professor

College of Nursing

Chief Nursing Officer

All India Institute of Medical Sciences (AllMS)

Mangalagiri, Andhra Pradesh

Ambili M Venugopal

MSc Pediatric Nursing (AIIMS), BSc (Hons) Nursing (AIIMS) *Tutor*

An Initiative by College of Nursing Wision

All India Institute of Medical Sciences

Mangalagiri, Andhra Pradesh

Foreword

Danasu R Roy K George Sandhya Gupta Reddemma K Indarjit Walia





CBS Publishers & Distributors Pvt Ltd

New Delhi
Bengaluru
Chennai
Kochi
Kolkata
Lucknow
Mumbai
Hyderabad
Jharkhand
Nagpur
Patna
Pune
Uttarakhand

Foreword to 8th Edition

It is a privilege to introduce the thoroughly Revised and Updated 8th Edition of Target High. This edition reflects the commitment of the authors to provide an up-to-date, comprehensive, and exam-oriented resource for nursing aspirants across India.

In this latest edition, all recent updates up to 2025 have been carefully included. The content has been aligned with NORCET, state-level examinations, and the revised nursing curriculum. Special focus has been given to competency-based learning, clinical reasoning, and evidence-based questions.



A major highlight is the launch of Target High Digital Pro, a dedicated mobile application that supports blended learning. Through this app, students can access interactive MCQs, rationales, case-based discussions, practice modules, and performance tracking. This integration of print and digital platforms enhances flexibility and ensures a modern learning experience.

Illustrations, tables, and flowcharts have been further enriched to simplify revision and improve retention. With more practice questions, updated rationales, and digital support, this edition serves not only as an exam guide but also as a tool to build professional competence and confidence.

I congratulate the authors Dr Muthuvenkatachalam Srinivasan and Mrs Ambili M Venugopal for this valuable contribution. I strongly recommend Target High as a steadfast companion for every nursing aspirant in their pursuit of success and excellence.

Dr Danasu R

Professor cum Principal College of Nursing All India Institute of Medical Sciences Mangalagiri, Andhra Pradesh

Nursing Knowledge Tree

Foreword to 7th Edition

It gives me immense pleasure to introduce this thoroughly Revised and Updated 7th Edition of "Target High: Nursing Entrance Exam Guide". In this edition, authors have meticulously curated a comprehensive and allencompassing resource to empower aspiring nursing professionals with the knowledge and skills needed to excel in their journey toward success. With a keen focus on latest developments, all the most recent information, current affairs, programs, policies, and the latest exam patterns up to July 2023 have also been incorporated in this edition.

This book continues to be testament to authors' commitment of providing the most relevant and up-to-date content for nursing aspirants. With a keen eye toward enhancing your preparation strategy, a separate section has been dedicated to decoding case-scenario based questions, along with insightful guidance on navigating NORCET 5.0 Stage I-Prelims and NORCET Stage II-Mains.

In alignment with the evolving landscape of nursing education, this edition organizes all subjects according to the New Revised INC Curriculum. Furthermore, the authors have expanded the scope of this book by including two new subjects, *Applied Psychology and Sociology*, along with *Forensic Nursing*, ensuring that students are well-prepared for the diverse challenges of the nursing profession.

To facilitate effective learning, an attractive layout that combines theory with previously-asked questions from important exams, including NORCET 2023, 2022, and the latest state-level exams has been followed. Within these pages, you will find more than 1000 important key points, meticulously crafted synopses for Fundamentals of Nursing, Obstetrics and Gynecology, Pediatric Nursing, and Community Health Nursing, and over 1000 illustrative tables, images, flowcharts, and illustrations which will help you in clarifying the concepts.

The digital age demands a strong digital support system so, Target High has been supported with a digital boost having a variety of features. With over 25,000 MCQs, including 500+ new questions, 5,000 MCQs with rationale, 15,000 practice questions, and an array of integrated clinical-based and case-based questions, this edition is a treasure trove of learning and practice opportunities.

As you embark on this transformative journey, authors have rest assured that you have in your hands a comprehensive and powerful tool that has been honed and perfected over time. The inclusion of 116+ previous year papers, 3000+ golden points for last-minute revisions, and a wide array of appendices further solidify the status of edition as a beacon of knowledge and guidance.

I extend my heartfelt gratitude to the authors of this book who have tirelessly worked to bring this edition to fruition, and I wish all nursing aspirants the very best in their pursuit of excellence. May "Target High: Nursing Entrance Exam Guide" be your steadfast companion, guiding you toward success and accomplishment in the dynamic and rewarding field of nursing.

Nursing Knowledge Tree
An Initiative by CBS Nursing Division

Prof. (Dr) Roy K George
Former National President, TNAI
Director Academics, Baby Memorial Hospital
Kozhikode, Kerala

Foreword to 6th Edition

I know Dr Muthuvenkatachalam when he joined as a student for Postgraduate studies at AIIMS, New Delhi followed by PhD which also he did under my guidance from PhD Consortium of Indian Nursing Council and Rajiv Gandhi University of Health Sciences. And thereafter, we have done some research projects together. I would like to emphasize here that he is highly motivated to improve the standard of nursing education. His dedication is visible from the way he has been putting efforts to update this 6th edition of book *Target High* which is already on runaway success and enjoys greater acceptance and appreciation by all readers.

In my opinion, the book has the original contents, which are well thought out, keeping in mind ever changing health science, treatment protocols and health care delivery system. The work in this book requires praise for the author in doing evidence-based updating of content of *Target High 6th Edition* from each reader who will get oneself ready for all competitive exams in Nursing Science.

The *Target High 6th Edition* is prepared with interactive approach and the content is supported with several examples and illustrations for better understanding of complex content. This book is one single platform for students who are looking forward to crack any of the entrance exams, particularly for the nursing officer's and staff nurse positions in the country.

I congratulate Dr Muthuvenkatachalam Srinivasan for bringing out *Target High 6th Edition at the right time when the competition is all time high.* Dear readers, this book is well referenced from standard books and will work as guide for you in all areas of nursing science and will motivate you to excel in your professional practice in addition to success in entrance exams.

Dr Sandhya Gupta

Formerly-Principal (Actg.) & Associate Professor College of Nursing, AIIMS, New Delhi

Foreword to 4th & 5th Edition

In this fast-paced world, the healthcare industry has become an area of utmost importance. People have become more aware about their bodily needs and they are ready to spare their valuable time for keeping themselves hale and hearty. In such circumstances, the personnel working in the field of nursing have to perform a crucial role. To perform their roles with dexterity and sheer determination, the nursing professionals have to keep themselves updated with the modern techniques of healthcare and for this, they have to explore the nursing examination system.

It is my privilege to write the foreword of a book which is a gem of a book available for the staff nurses and nursing officers' exam. There is no dearth of books for the nursing recruitment examination but it is a fact that the aspirants need something which could prove a panacea for such examinations, and the book,

Target High for Nursing Officer/Staff Nurse Recruitment Exam is one such effort of the authors. Dr Muthuvenkatachalam Srinivasan and Mrs Ambili M Venugopal have produced a wonderful book which will undoubtedly help the aspirants in hitting the bull's eye. The authors are masters of their fields and so they have included everything which is needed by the aspirants of this exam.

In addition to this, renowned reviewers have reviewed the important topics of this book and these topics enhance the accuracy and authenticity of this book. After going through I can say with authority that this book has certainly an edge over the other books available for Nursing Officer/Staff Nurse Recruitment Exam.

I wish the authors all the luck and success, and really appreciate their commendable efforts which is a boon in true sense for the nursing officers'/staff nurses' aspirants.

Reddemma K

Nodal Officer, National Consortium for PhD in Nursing Formerly, Senior Professor and HOD Department of Nursing NIMHANS Bengaluru, India

From Authors' Desk

It gives us immense pleasure to present the Eighth Edition of TARGET HIGH, a book that has consistently strived to be the most trusted and comprehensive guide for nursing competitive examinations in India. Over the years, TARGET HIGH has evolved to reflect the changing trends of examinations, the expectations of recruiters, and, most importantly, the needs of aspirants. Each edition has been enriched with feedback from students and teachers, and with evidence from the most recent exams.

In this Eighth Edition, a major step forward has been taken to make the content more exam-focused and learner-friendly. All questions from the latest previous year examination papers have been carefully incorporated into the respective subjects and topics. This method allows aspirants not only to practice but also to understand the importance of specific topics based on their recurrence and strike rate in examinations. By blending theory, practice, and exam relevance, this edition offers a structured pathway for targeted preparation.

Aspirants of NORCET and other national-level nursing exams will find this edition particularly useful. The inclusion of Clinical Case-Based Questions and Image-Based Questions reflects the current pattern of examinations and provides much-needed practice in application-oriented learning. Additionally, Assertion and Reason type MCQs and Match the Following type MCQs have been introduced, keeping in mind the possibility of such formats being adopted in future exams. This ensures that learners are not only prepared for the present but are also future-ready.

One of the most exciting advancements in this edition is the integration of digital learning support. The TARGET HIGH Digital Pro App has been launched to provide aspirants with extended access to resources. Through this platform, readers can access more than 100 previous year papers, additional explanations, clinical scenarios, and supplementary content that could not be accommodated within the printed text. This blended learning approach, combining book and app, will help students prepare more efficiently, track their progress, and revise at their own pace.

This edition, therefore, represents more than just an update; it is a complete re-envisioning of how nursing competitive exam preparation can be approached. With its enriched content, diverse question formats, and the support of digital tools, the Eighth Edition of TARGET HIGH aims to stand as a one-stop solution for every serious aspirant.

It is our earnest hope that this edition will continue to motivate and guide students in their journey toward success. We remain grateful to the nursing community for the overwhelming support extended to this book through all its earlier editions. The trust of readers has been the driving force behind every improvement and innovation. We are confident that this edition will once again prove to be a reliable companion in your preparation, helping you achieve your dreams with confidence and clarity.

This work is lovingly dedicated to our parents, children, teachers, and students whose constant support, guidance, and inspiration have been the true strength behind this endeavor.



Muthuvenkatachalam Srinivasan Ambili M Venugopal

Acknowledgments

Thanking the Almighty for His Immense Blessings!!!

With humility, we acknowledge our indebtedness to all. The task of writing a book and updating the matter in accordance with the changing scenario is harder than we thought and more rewarding than we could have ever imagined. None of this would have been possible without your incredible support. We are eternally grateful to all of you for playing a vital role during our struggle and success for the Target High Seventh Edition. Now, with the blessing and support from all of you, we are presenting **Target High Eighth Premium Colored Hybrid Edition** with a new look, updated and upgraded content, additional features and digital support as per the need and demand of the time.

From the inception, with profound love, we owe sincere gratitude to our parents, siblings and daughters for their unconditional love, support, understanding and forbearance throughout the ups and downs in the journey of this book.

It is very well said that a teacher is a great source of knowledge, prosperity and enlightenment by which anybody can be benefited. Our teachers deserve the credit for the gift of their guidance, invaluable suggestions, constructive criticism and perpetual inspiration, which inspired us in our difficult time, kept us motivated and enabled us to complete this book.

We sincerely express our profound gratitude to **Dr Sandhya Gupta**, Formerly Principal (Actg.) and Associate Professor, College of Nursing, AIIMS, New Delhi, whose guidance, inspiration, and motivation instilled in us the confidence to undertake and complete this book. We also extend our heartfelt thanks to **Dr Latha Venkatesan**, Professor cum Principal, College of Nursing, AIIMS, New Delhi, for her unwavering mentorship and continuous support. Furthermore, we gratefully acknowledge **Dr Danasu R**, Professor cum Principal, College of Nursing, AIIMS, Mangalagiri, Andhra Pradesh for her encouragement and steadfast support in this pursuit.

Words fail to express our gratitude to Dr Ratna Prakash, Professor and Academic Director (Former Principal), Pal College of Nursing and Medical Sciences, Haldwani, Uttarakhand for her unconditional support and encouragement on initiating this book.

We extend our sincere gratitude to Mrs K Kiruthiga, MSc, DMLT, and Mrs A Gomathi, MSc., MPhil., (Statistical Consultant) for their valuable contributions to the content development and review process. We wish to express our heartfelt thanks and regards to all those, who have contributed appropriate and relevant information to this book. Without their cooperation, this endeavor might not have been possible.

These acknowledgments will be incomplete without mentioning the role of our beloved students, who have always been our well-wishers, constant supporters and source of learning and encouragement.

We appreciate the support of Mr Satish Kumar Jain (Chairman) and Mr Varun Jain (Managing Director), M/s CBS Publishers and Distributors Pvt Ltd for their wholehearted cooperation in publication of this book. We have no words to describe the role, efforts, inputs and initiatives undertaken by Mr Bhupesh Arora (Sr. Vice President – Health Sciences Division, Publishing & Marketing), for his endeavor toward the development of the book.

We sincerely thank the entire CBS team for bringing out the book with utmost care and attractive presentation. We would like to thank Ms Nitasha Arora (Assistant General Manager – Publishing) and Dr Anju Dhir (Sr. Product Manager cum Commissioning Editor) for their publishing support. We would also like to extend our thanks to Ms Surbhi Gupta (Sr. Editor cum Team Lead), Mr Ashutosh Pathak (Assistant Production Manager cum TL) and all the production team members for devoting laborious hours in editing, designing and typesetting the book.

Our special thanks are due to entire Sales, Marketing and Tech team—Mr Chiradeep Bose (General Manager – Central Marketing and Sales Offline Unit), Ms Neetu Jindal (Assistant General Manager – Marketing) and Ms Preeti Arora (Tech and Operation Head) for their special contributions in offline & online marketing and strong tech support.

We owe special thanks to all Branch Heads for their contributions toward making the book available throughout India and turning our idea of "ONE NATION, ONE NORCET, ONE BOOK" into a reality.

We are also thankful to our colleagues who helped us to formulate ideas when they did not even know that they were helping. Their involvement has triggered and nourished our intellectual maturity. Once again, we express our heartfelt gratitude to the unstinting support given by our friends and everyone in our team.

Finally, we would like to thank everybody who is important to the successful realization of this book and express our apology if we missed anyone's name, which we assure is completely inadvertent.

From the Publisher's Desk

Target High no longer needs an introduction. Over the last decade, it has become a trusted name across India, reaching more than 5 lakh readers. Every year, lakhs of nursing aspirants secure government jobs at both central and state levels with the support of Target High.

This journey of excellence has been possible only because of our commitment to high standards, quality, and error-free content, and—above all—the unwavering trust of our readers.

At CBS, we have always been trendsetters, bringing meaningful changes that reflect the evolving needs of students. The same philosophy drives Target High. The updates and transformations we bring in each edition are consistently aligned with the latest exam patterns. This is why Target High continues to stand apart as the most preferred book for nursing competitive examinations.

Quality comes with responsibility, and we are always ready to shoulder it. With this spirit, we are delighted to announce the release of the 8th Hybrid Edition of Target High—now with a powerful feature of integrated learning: Read from the Book and Practice from the TH Digital App.

This book-app synergy offers a unique and engaging learning experience. A few of its standout features include:

TH 8th Edition Book

- Enriched and updated Content covering 18,000+ Qs, 1000+ IBQs, 1000+ CBQs, and 150 Previous Year Papers.
- Strong Digital Support including Read, Practice, Revise and Recall features.
- Sync with recent pattern of NORCET and other Competitive
- NORCET 1.0 to 8.0 Recall added (Subject-wise and Topic-wise)
- New Updates up to 2025 included.
- Bestseller title from decades with trust of 5 lakhs readers.
- Perfect blending of Theory and MCQs, IBQs, Clinical MCQs, Match the following and Assertion and Reasoning for effective
- Integrated with App for engaging learning.
- Includes NORCET Trending topics.
- Two-way learning: Read from the Book and Practice from the App.

TH Digital (Your Success Now Digital)

- Thoroughly revised content with all updates till 2025, enriched with high-yield topics and resources.
- Complete Cycle of Mastering any Nursing Competitive exam: Read • Practice • Revise • Recall • Succeed
 - Read: Study Digitally—Mind Maps, One-Minute Learning, Clinical Corners (Subject-wise and topic-wise).
 - Practice: Test Yourself—18,000+ Qs covered in MCQs, CBQs, IBQs/Mini and Grand Tests/Previous Year Paper Recalls/ Weekly Live Tests and Exam-focused Test Series.
 - Revise: Golden Points, Podcasts, Conceptual Videos and 3D Animations for quick recap.
 - Recall: 150+ Exam Recalls in quick-access PDFs.
 - Succeed: TH Olympiads—Reward Yourself, Compete, Earn scholarships and get ranked Nationally with exciting rewards.
- Personalized Guidance and Extra Edge: Get counseling and customized study plans, along with bonus content, latest updates, GK and Aptitude add-ons for an all-round prep.
- Be in the Spotlight: A special section to recognize Target High Contributors, Reviewers, Rank Holders, and Happy Users.

We remain committed to delivering the best, updated, and reliable content. At the same time, we humbly acknowledge that no work is ever perfect. As the saying goes, 'to err is human'. Therefore, we wholeheartedly welcome constructive feedback from our readers—helping us make every new edition even more refined than the last.

Wishing you success in your journey.

All the best!

Dated: 13-09-2025

Bhupesh Aarora

Sr. Vice President - Health Sciences Division (Publishing & Marketing) **CBS Publishers and Distributors Pvt Ltd**



Dear All,

Target High Staff Nurse Recruitment Examinations have been conceptualized and developed with a sole purpose of benefitting thousands of staff nurse aspirants across the country by providing them a one-stop solution to everything they need to excel. Authors, publisher and everyone associated with this project aimed to channelize your efforts with this book so as to save your time and money you invest in referring various different resources for the same information.

However, it has come to our notice that widespread illegal distribution of photocopies and PDFs is already taking place in the market. We would like to acquaint you with the fact that Indian Reprographic Rights Organization (IRRO), a copyright society registered under the Copyright Act, permits only up to 15% of a copyrighted work to be reproduced. Also, the usage should be non-commercial and non-profitable. Photocopying the whole book/uploading PDFs or images of the book without the due permission of author or publisher is punishable under the Copyright Act as it weighs against the fair use policy because completely copying and distributing the work for free online and physically would hinder the economic viability of creating and maintaining the source.

We are aware of the resources from where these practices are emerging and coming into existence. In case, anyone of you come across such practice going around you, please reach us at **admin@cbspd.com** We would take strict legal actions against the alleged without any prior notice. If your information is found genuine, we will also reward you. Please note that in this whole process, we assure that your identity would be kept confidential.

Piracy and infringement lead to demotivation of the complete author and publishing fraternity. If the same content would be circulated all the time, there would be no new original work and hence, the growth in knowledge propagation would be hampered considerably. Therefore, in interest of everyone, let's stop this illegal practice of piracy and give due respect to the intellectual creation of everyone.

Today it's someone else's work! Tomorrow it could be Yours!

Publisher





Former Principal



Harinder Jeet Goyal PhD, MSc (MSN



Shyamala D Manivannan PhD (N), MSc (N), RM, RN
Former Professor and Director
(Faculty of Nursing)
Dr M G R Educational and Research Institute
(Deemed University)
Chennai, Tamil Nadu, India

Usha Ukande

Indore, Madhya Pradesh

Ratna Prakash PhD, MSc (MSN)



B Valli Govt. CON, Guntur President, TNAI AP State Branch



Sr Rojamma JMJ CON, Hyderabad President, TNAI Telangana State Branch



Deepika C Khakha PhD, MSc (N), MA (Psychology) Ministry of Health & Family Welfare Government of India New Delhi

e overcome with felicity in showcasing our gratitude toward the Luminaries in Nursing for they have recommended Target High Series wholeheartedly. A book becomes great because of two important reasons, firstly, the efforts put in by the authors and secondly, when the book is recommended by the elite faculty members. Here, as far as Target High is concerned, the topnotch Luminaries, by their recommendations, have made its success twofold. We express our heartfelt thanks to the Luminaries who always support quality education in Nursing and they believe that quality education should, in every form, be provided to the Nursing Students and Nursing Fraternity.

> We, the Target High team, have maintained the high standards of quality education. And the outcome is that the splendid luminaries combinedly proclaim that they recommend Target High as "One Nation, One NORCET, One Book" for Nursing competitive exams.



Sandhya Ghai Former Principal NINE, PGIMER Chandigarh, Punjab



Jeyaseelan M Devadason Tamil Nadu, Branch Dean Annai JKK Sampoorani Ammal CON

Jacintha D'Souza MPhil (N) Former Principal and Profess Father Muller CON Mangalore, Karnataka



BV Kathyayni Principal
Nursing, NIMHANS
Bangalore



Prema P PhD (N), MSc (CHN



MSc (CHN)



Rashmi E John



Jvoti Sarin



ector Principa Ambala, Harvana



Sunita Lawrence MSc OBG (N) PhD (Nursing Education) Pragyan Nursing College Bhopal, Madhya Pradesh

CBS Team Extends its Whole-hearted

Sabina Ali

RN, RM, MSc (MSN)

Nursing Next Live

T Samuel Ravi Retired Head Emergency Nursing

havk

Luminaries



L Gopichandran Assistant Profes National Institute of Mental Health and Neuro Sciences (NIMHNAS) Bengaluru, Karnataka





HC Rawat

MSc (Pediatric Nursing)

Radha Saini



Saumya Srivastava MSN (Oncology Nursing), RN, RM Vivekananda College of Nursing Lucknow, Uttar Pradesh





Series comes with Unique Features

#QUALITY EDUCATION

#FUTURISTIC APPROACH

#TARGETING ALL EXAMS

#MOST UPDATED

#NOVEL IDEA

#VISIONARY APPROACH

#NOTHING BEYOND

WONDERFUL COMPENDIUM (BOOK + DIGITAL)

"The more that you read, the more things you will know. The more that you learn, the more places you will go."



Paluable Reviewers & Contributors



Approximately 500+ Reviewers & Contributors from 22 States & 2 Union Territories & 120 Cities from India We, the authors and the publisher, are grateful to all the reviewers who spent some time from their busy schedules and invested it in reviewing the book, making it most authentic and unique quality compendium.

Special Contribution by



A Gomathi Tamil Nadu



Amit Sehrawat AIR 3, NORCET-4 New Delhi



Aarushi Yadav AIR 65, NORCET-6 New Delhi



Chanchal Parashar AIR 31, NORCET-7 New Delhi



Harshita Singh AIR 280, NORCET-8 New Delhi



K Kiruthiga Tamil Nadu



Komakula NKS Santhoshi Mangalagiri, Andhra Pradesh



A Helen Mary Perdita Madurai, Tamil Nadu



A Jayasudha Coimbatore, Tamil Nadu



A Vimala Chennai, Tamil Nadu



Asha Ramesh Shimgekar Nagpur, Maharashtra



Atul Sharma Patna, Bihar



Ambily V Vijayakumar Kottayam, Kerala



Arshid Nazir Shah Baramulla, J&K



Ajitha Paul Sebastian Thiruvananthapuram Kerala



Amandeep Kaur Gurgaon, Haryana



Amita Sareen Puri Shimla, Himachal Pradesh



Athar Javeth Patna, Bihar



Abhishek Sharma Alwar, Rajasthan



Akash Gaur Jaipur, Rajasthan



Albert Blesson V



Anand GH Gokak, Karnataka



Anish Pathan Bikaner, Rajasthan



Ankita Sharma Rishikesh, Uttarakhand



Anu C Vijay Mangalagiri Andhra Pradesh



Asifah Charar-i-Sharief, Srinagar, J&K



Ather U Nisa Srinagar, J&K



Amrita Lenka Bhubaneswar, Odisha



Amar Kumai Rajasthan



Avinash Kaur Rana Chandigarh, Punjab



Anil Sharma Anand, Gujarat



Anjum Khursl



Amudha K Bengaluru, Karnataka



Anita Yuvraj Nawale Pune, Maharashtra



Avani Oke Mumbai, Maharashtra



Ankush Jain New Delhi



Alka Saxena Gwalior, Madhya Pradesh





Anupinder Dhaliwal Patiala, Punjab



Alka Chauhan Lucknow, Uttar Pradesh



Anil Parashar Haldwani, Uttarakhand



Antara Roy Kolkata, West Bengal



Arvind Joshi Mangalagiri, Andhra Pradesh



Be In Spotlight:

B



Bhubaneswar, Odisha



B Menaga Gandhi Thiruvannamalai, Tamil Nadu



Bharati S Mokhasi Vijayapur, Karnataka



Betsy Chakraborty Greater Noida, Uttar Pradesh



Srinagar, J&K



Gujarat



Bandana Bisht Rajpura, Punjab



Bhupinder Kaur Faridkot, Punjab



Bheru Singh Jodha Bikaner, Rajasthan



Bhupendra Jain Jaipur, Rajasthan



Beulah Philips Kothapally Hyderabad, Telangana



Bibinlal O Mangalagiri, Andhra Pradesh





Chandrashekhar H Hassan, Karnataka



Christy Mekala V Dharapuram, Tamil Nadu



Chandan Pradhan Bhubaneswar, Odisha



C Kulanthaiammal Sangrur, Punjab



Chander K Sarin Chandigarh



Christin Anil Kumari D Hoskote, Karnataka



Dr P Shanthi Ida Sophia Greater Noida, Uttar Pradesh



Dr P Prakash Puducherry, Tamil Nadu



Dr Aldrin Vas Moodabidri, Karnataka



Dr J Anitha Chennai, Tamil Nadu



Dr G Dhanalakshmi Chennai, Tamil Nadu



Dr Prof Hema VH Sushresh Chennai, Tamil Nadu



Dr Padmakumar S Thiruvananthapuram, Kerala



Dr Shwetha Rani CM Lakhimpur, Uttar Pradesh



Dr Manju Rajput



Dr Sheela Shenai NA Alappuzha, Kerala



Dr Kirandeep Kaur Dhaliwal



Dr Prachi H Dharap



Dr Sindhu Devi Ambalamugal, Kerala



Dr Theyamma Joseph Kottavam, Kerala



Dr Danasu Mangalagiri, Andhra Pradesh



Dr Selliyamma Kuruvila Kothamangalam, Kerala



Dr Siva Jeya Anand T Pandalam, Kerala



Dr Puja Singh New Delhi



XX

OUR VALUABLE REVIEWERS & CONTRIBUTORS





Dr G Vimala



Maharashtra



Dr Mansi Midha New Delhi



Dr Sandeep Kaur Amritsar, Puniab



Dr Anju Dhir New Delhi

Dr T Sivabalan



Dr Swati Mehra New Delhi



Dr Siraj Ahmad New Delhi



Dr Mrinalini Bakshi New Delhi



Dr A Maria Therese Puducherry, Tamil Nadu



Dr C Susila Chennai, Tamil Nadu



Dr C Kanniammal Kancheepuram, Tamil Nadu



Dr G Muthamilselvi Kirumampakkam, Puducherry Tamil Nadu



Dr K Kamala Karaikal, Tamil Nadu



Dr A Jebarna Kiruba Mary

Kambipura, Karnataka

Dr Mallika Vhora Vadodara, Gujarat



Dr Manikandan T Kirumampakkam Puducherry, Tamil Nadu



Dr Neeraj Kumar Bansal Gwalior, Madhya Pradesh



Dr Renuka K Puducherry, Tamil Nadu



Deepika Bajwan Greater Noida, Uttar Pradesh



Deeksha Patel Bhopal, Madhya Pradesh



Deva Pon Pushpam I Tirunelveli, Tamil Nadu



Ernakulam, Kerala



Deepak Meerut, Uttar Pradesh



Dhanasekar V M Mangalagiri, Andhra Pradesh



Dinesh Sharma Kota, Rajasthan



Dipak Patidar Mehsana, Gujarat



Deepesh Swami Bikaner, Rajasthan



Dayal D Patidar Gujarat



Dakshavini K P Mysore, Karnataka





Darshan Kaur Sohi Amritsar, Punjab



Davinder Kaur Punjab



Deepak Shandilya Mandi Gobindgarh, Punjab



Emin Elsa Thomas New Delhi



Eleena Kumari Amritsar, Punjab



Eenu Haryana



Elsa Sanatombi Karnataka



Elizabeth Chinadore Bengaluru, Karnataka







Frank J C Tirunelveli, Tamil Nadu



Fancy Rasool Srinagar, J&K



Foziya Manzoor Awantipora, J&K



Firdose Fathima Mysore, Karnataka



· GO PREMIUM ·





G Karpagam



G Maheswari Namakkal, Tamil Nadu



Gangadhar S Isarannavar Ankola, Karnataka



Geeta Toravi Vijayapur, Karnataka



Geetha B Bangalore, Karnatak



Geetha Bengaluru, Karnataka



Gitumoni Guwahati, Assam



Ghodasara Jalpaben C Rajkot, Gujarat



Gowri Bengaluru, Karnataka



Gracy V C Mysore, Karnataka



G Srinivasan Lucknow, Uttar Pradesh



Gangolu Harsha Mangalagiri, Andhra Pradesh





Harikrishna Beena Kerala



Hardik Kumar A Sharma Ahmedabad, Gujarat



HN Chandrakala Tumkur, Karnataka



Harish Kumar Nair Abu Road, Rajasthan



Hansmukh Jain Patna, Bihar



Haseeb Ali Srinagar, J&K



Helena D'silva Mysore, Karnataka



Hemavathy S Bengaluru, Karnataka



<mark>Israel Jeba Prabu</mark> Madurai, Tamil Nadu



Indravati Gujarat



Indu Rathor Solan, Himachal Pradesh



Iqbal Majid Dar M A Road, Srinagar, J&K



J Jasmine Puducherry, Tamil Nadu



J Jeayareka Raipur, Chattisgarh



Jaya Shanthi Mani Madurai, Tamil Nadu



JC Helen Shaji Chengalpattu, Tamil Nadu



Jishi S Das Thiruvananthapuram, Kerala



Saket, New Delhi



Joziea Farooq Anantnag, J&K



Julie Jestin AEluru, Andhra Pradesh



Jyoti Nirapure Betul, Madhya Pradesh



Jyoti Ruhil New Delhi



Jakir Husain Mansuri New Delhi



Jagdish Kumar Jodhpur, Rajasthan



OUR VALUABLE REVIEWERS & CONTRIBUTORS



Javaid Ahmad Mir Srinagar, J&K



Jeenath Justin Doss K Rajkot, Gujarat



Jayalakshmi Tumkur, Karnataka

Judith Margret Morris

Ahmedabad, Gujarat



Jincy John Kochi, Kerala



Jodhpur, Rajasthan



Joice Kalavathi Bengaluru, Karnataka



Kishtwar, J&K



Jaideep Herbert



Jeeva Subramaniam



Bengaluru, Karnataka



Pune, Maharashtra



Jitendra Kumar Nagar Rajasthan







K Sesha Kumar Valligatla, Chittoor, Andhra Pradesh



Kanitha D Bangalore, Karnataka



K Geetha Karaikal, Puducherry, Tamil Nadu



K Lakshmipriya Tamil Nadu



K N Jayanthi Bangalore, Karnataka



Tumkur, Karnataka



Khemchand Himachal Pradesh



Krishnaveni Murugesh Patna, Bihar



Nalgonda, Maharashtra

Krishna Das

Guwahati, Assam



K Jayakrishnan

Kalyani, West Bengal

K Lakshmi Prasanna Patna, Bihar



Khumukcham Anupama D

Patna, Bihar

Kaushal Kishore Chandigarh



Kirandeep Kaur Parmar Chandigarh



Kanika Rai Ambala, Haryana



Kamini Chauhan Gurgoan, Haryana



Krishna Dhawan Himachal Pradesh



Kodimalar P Bengaluru, Karnataka



Karthikevan Pethuswamy New Delhi



Kartar Singh Gurdaspur, Punjab



Keerthi Mohannan Patna, Bihar



XXIII





L Lakshmi Chennai, Tamil Nadu



Lizzie Raveendran Coimbatore, Tamil Nadu



Latha Damodaran Kollam, Kerala



Lt Col. Meera K Pillai Thiruvananthapuram, Kerala



Lt Col. Sheela Paul (Retd) Ernakulam, Kerala



Lolita Dsouza Mangalore, Karnataka



Lakshmi A Bengaluru, Karnataka



Lily Podder Pune, Maharashtra



Liza Sharma Punjab



Laxhman Yadav Rajasthan



Lakshman Chaudhary Rajasthan





M Hemamalini Chennai, Tamil Nadu



Madan Mohan Gupta Lucknow, Uttar Pradesh



Madhusmita Nayak Bhubaneswar, Odisha



Maibam Ranita Devi Imphal, Manipur



Manjunatha H Bangalore, Karnataka



Menaga P Bangalore, Karnataka



Mercy A Anjore Nagpur, Maharashtra



Monika Kankarwal New Delhi



Mujasam Rasool Khanabal, Handwara, J&K



Mohd. Atif Muzammil
Mumbai, Maharashtra



Manvirpal Kaur Ludhiana, Punjab



M Jawahar Babu New Delhi



Manjula S Ramanagara, Karnataka



M Angelin Dhanalakshmi Kancheepuram, Tamil Nadu



Manish Kumar Tripathi Bhilwara, Rajasthan



Mohd Suhail Jogi Srinagar, J&K



Mubashir Bashir Awantipora, J&K



Mubina Akhta Srinagar, J&K



Monika Thakur New Delhi



Manashi Sengupta Assam



Manju Dhandapani Chandigarh, Punjab



Mukesh Malav Chandigarh



Monika Sharma Himachal Pradesh



<mark>Mangala V</mark> Bengaluru, Karnataka



Manikuttan N Kerala



Manju Joshi Indore, Madhya Pradesh



Mangalam Sriram Thane, Maharashtra



Mahaveer Singh New Delhi



Molly Babu New Delhi



Madhuri Kashyap Punjab



XXIV





Maninder Kaur Punjab



Manish Saraswat Jodhpur, Rajasthan



M P Saraswathy Chennai, Tamil Nadu





Mamita Dey Kolkata, West Bengal



Naveen Kumar Sharma Patna, Bihar



Nitish Dubey New Delhi





N Kalaikuruselvi



Namratha N



N Gowri Thanjavur, Tamil Nadu



Nanak Chand Sumar Alwar, Rajasthan



N Thanga Durai

Chennai, Tamil Nadu

Gurugram, Haryana



Nazimah Parvaiz Khan Srinagar, J&K



Navneet Mudgal Rajasthan



New Delhi



Srinagar, J&K

Narendra Kumar Sharma



Navin Kumar Rajkot, Gujarat



N T Aruna Devi Mysore, Karnataka



Nisha S Naik Pune, Maharashtra



Niyati Das Bhubaneswar, Odisha



Srinagar, J&K



Praful Damor Vadodara, Gujarat



Pratibha Swami Bangalore, Karnataka



Prema Anbalagan Chennai, Tamil Nadu



Punithamani G Chitradurga, Karnataka



Bhubaneswar, Odisha



P Sathiavathy

Puducherry, Tamil Nadu

Pushpalata G Sandimani Karnataka



Privanka Amritsar, Punjab



Priva M AIIMS, Mangalagiri



Priyanka Elizabeth Thomas



Prakash Mahala



Payal Kahol



P Karthikeyaprasath Bengaluru, Karnataka



Prabhavati Savant Dandeli, Karnataka



Preetha Chikmagalur, Karnataka



Priva Sharma Vishakhapatanam, Andhra Pradesh



Prof Vir Vikram Sahdev Singh Meerut, Uttar Pradesh



Poonam Sharma Una, Himachal Pradesh







Priyanka Malhotra Rishikesh, Uttarakhand



Pratiti Haldar Haldwani, Uttarakhand



Prahlad Devenda Jodhpur, Rajasthan



P Thulasiammal Chandigarh



Parmees Kaur Chandigarh



Pratima Mali Ahmedabad, Gujarat



Prabha Kashyap Shimla, Himachal Pradesh



Pushpa Panwar Shimla, Himachal Pradesh



P Muniyasamy Chitradurga, Karnataka



Prabhjot Kaur Amritsar, Punjab





R Arul Malar Coimbatore, Tamil Nadu



R Revathi Madurai, Tamil Nadu



R Velmurugan Bhopal, Madhya Pradesh



R Vijayalakshmi Chennai, Tamil Nadu



Ramandeep Kaur Chandigarh



Raveesh Kumar Vidyanagar, Hubli, Andhra Pradesh



Rebecca Jadhav Jabalpur, Madhya Pradesh



Renu B Thiruvananthapuram, Kerala



Renuka Malladad Bangalore, Karnataka



Reshma Kharvi Bangalore, Karnataka



Rupa Ashok Verma Nagpur, Maharashtra



Redeppa Sree Raja Kumar Greater Noida, Uttar Pradesh



Rajeshwari G New Delhi



Rebecka Thananki Patna, Bihar



Rachel Dutt New Delhi



Rajesh Joshi Mehsana, Gujarat



Rakhi Nath Bengaluru, Karnataka



<mark>Ranganayaki L</mark> Amritsar, Punjab



Reena Dogra Shimla, Himachal Pradesh



Regina Shoba Dass Bengaluru, Karnataka



Rekha Anil Kumar New Delhi



Revathy Duraiswami Kelambakkam, Tamil Nadu



Rohi Jan Awantipora, J&K



Srinagar, J&K



Roohi Jan Awantipora, J&K



Reena Govindraja Andhra Pradesh



Rohit Yadav Udaipur, Rajasthan



Renu Nagar Navi Mumbai, Maharashtra



Ramya Vasanth Patna, Bihar



Rajbeer Kaur Chandigarh



XXVI





Ravindra JH Gujarat



Rupindra A Bharathi Shimla, Himachal Pradesh



Bengaluru, Karnataka



Rakhi Phandse Indore, Madhya Pradesh



Rachna Sharma New Delhi



Ranjan Patel New Delhi



Jalalabad, Punjab



Rupinder Kaur Amritsar, Punjab



Ram Lakhan Mali Dera Bassi, Punjab

Reshma Tamang

Sikkim



Raghunandan Singh



Ravi Prakash Jangid Deoli (Tonk), Rajasthan



Rajesh K Bhaira Sikar, Rajasthan





S Kamalam Puducherry, Tamil Nadu



S Karthi New Delhi





S Punitha Josephine Tamil Nadu



Rajesh Kumar

Rishikesh, Uttrakhand

S Rajamani Madurai, Tamil Nadu



S S Sharmila Jansi Rani Neyyoor, Tamil Nadu



S Tamilselvi Tiruvannamalai, Tamil Nadu



S Thaiyalnayaki Chennai, Tamil Nadu



Sahil George Varanasi, Uttar Pradesh



Chennai, Tamil Nadu



Sangeetha Freddy Thiruvananthapuram, Kerala



Sangeetha K Bengaluru, Karnataka



Greater Noida, Uttar Pradesh



Santhi Appavu Neyyoor, Tamil Nadu



Santhi N Coimbatore, Tamil Nadu



Santosh Shindhe Bhandara, Maharashtra



Sarbattama Navak



Sarika M L



Seema Singh Nagpur, Maharashtra



Shailaja M J Mathews Pune, Maharashtra



Shankarevva Bengaluru, Karnataka



Shini Raju Gouli Davangere, Karnataka



Shiny Mol K Tamil Nadu



Shobha Dahiya Bengaluru, Karnataka



Shrikant Desai Rishikesh, Uttrakhand





Sonia Singh Greater Noida, Uttar Pradesh



Sony Thomas Kottayam, Kerala



Subhadramma M Rajolli Kalaburgai, Karnataka



Sudha Maheswari R Theni, Tamil Nadu



Sudhakar H H Bangalore, Karnataka



Suja Venisha Tirunelveli, Tamil Nadu



Sathiyakala K Patna, Bihar



Suneeta Davey Akola, Maharashtra



Sunil Singh Ludhiana, Punjab



Suvashri Sasmal Kolkata, West Bengal



Srinivasan P Mangalagiri, Andhra Pradesh

Sameer Ahmad Dar



Saloni Sharma

New Delhi

Sandeep Kumar Rohtak, Haryana



Sandhya C Mangalagiri, Andhra Pradesh



Shravan Kumar Patna, Bihar



Sushma Pandey Mumbai, Maharashtra





Shakil Ahmad Alwar, Rajasthan



Shashi Sharma Shimla, Himachal Pradesh



Shashirekha M Davangere, Karnataka





Lucknow, Uttar Pradesh



Salish Chand Bansal

Shruthi N Shivamogga, Karnataka



Jamia Hamdard, New Delhi



Sumit Kumar Sharma Jaipur, Rajasthan



Sumyra Nazir Gurugram, Haryana



Srinagar, J&K



Sheema Bashir

Srinagar, J&K

Udaipur, Rajasthan



Srinagar, J&K



Charar-i-Sharief, Srinagar, J&K





Pune, Maharashtra



Sunil Kumar Garg

Badal, Punjab

Bhopal, Madhya Pradesh



S Raieswari Goa



Sukhwinder Kaur Patiala, Punjab



Sanjay Mittal Rajasthan



Bhopal, Madhya Pradesh



Suresh Krishniya Sikar, Rajasthan



XXVIII

OUR VALUABLE REVIEWERS & CONTRIBUTORS









Siyad Farook



Kangra, Himachal Pradesh







Shweta Joshi Pune, Maharashtra



Swati Tiwari Bakshi New Delhi



Surender Moond Sikar, Rajasthan



Tejeshwari B V Bangalore, Karnataka



Shelly Dhawan Patna, Bihar











Sneha A Pitre Pune, Maharashtra



Sasmita Das Bhubaneswar, Odisha



Suresh Kumar Jaipur, Rajasthan



Thivakar I Bhubaneswar, Odisha



Sushma Kumari Saini Chandigarh, Punjab



Srinagar, J&K



Shweta Pattnaik Indore, Madhya Pradesh



Suresh Ray Pune, Maharashtra



Bibinagar, Andhra Pradesh.



Samta Soni Jaipur, Rajasthan



Thenaruvi R Vellore, Tamil Nadu



Sukhpal Kaur Chandigarh, Punjab



Devangere, Karnataka



Shreeja Vijayan Indore, Madhya Pradesh



Sarita Nadiya Ahwal New Delhi



Suman Bodh Kangra, Himachal Pradesh



S Oueen Mary Hyderabad, Telangana



T E Setyanarayana Bengaluru, Karnataka



Shweta Patras Raipur, Chhattisgarh



Bengaluru, Karnataka



Sunita Choubey Bhopal, Madhya Pradesh



Sarita Mehta New Delhi



Santosh Kumar Sangrur, Punjab



Sunu Anna Punnoose



Thressiamma PM Bengaluru, Karnataka



Sanjay Dixit Gujarat



Bengaluru, Karnataka



Sadhna U Adhyapak Pune, Maharashtra



Shivraj Singh Meena New Delhi



S K Maheshwari New Delhi



Soumvasree Sarkar Kolkata, West Bengal



Talwinder Kaur Punjab



XXIX





U Jhansi Rani Andhra Pradesh



Usha Behl Hoshiarpur, Punjab



Urvashi Lucknow, Uttar Pradesh









V Selvanayaki Salem, Tamil Nadu



Visala Pandian V Nagapattinam, Tamil Nadu



Vasanthamma A Gulbarga, Karnataka



Veena M Joseph Kanchipuram, Tamil Nadu



Vikrant Nesari Belagavi, Karnataka



Vikram Singh Rank 1, 2015



Vipin Kumar Pillai Udaipur, Rajasthan



Vishal Tak Jaipur, Rajasthan



Varinder Kaur Himachal Pradesh



V Sujatha Tamil Nadu



Virendra Chaudhary Faridkot, Punjab



Vijayasanthi Dehradun, Uttarakhand



Vasantha Chitre New Delhi



Visanth VS Patna, Bihar



Vandna Chansoriya Raipur, Chattisgarh



Vipin Vageriya Anand, Gujarat



Vikas Sood Shimla, Himachal Pradesh



Vidya Raju Saliyan Bengaluru, Karnataka



Vanmathisaravanan Bengaluru, Karnataka



Vinayak I Patil Karnataka



Veerendra Patel Davangere, Karnataka



Vijayreddy Vandali Nashik, Maharashtra



Vishaldeep Singh Batth Gharuan, Punjab



Vandana Faridkot, Punjab



V Hemavathy Chennai, Tamil Nadu



Veena M Joseph Kelambakkam, Tamil Nadu



Vallepu Padma Mangalagiri, Andhra Pradesh



Veena V G Mangalagiri, Andhra Pradesh



Vikas Machhindra Miskin Mangalagiri, Andhra Pradesh



V R Balarama Mangalagiri, Andhra Pradesh



Yugal Swarnkar Udaipur, Rajasthan



Yogesh Gulati Lucknow, Uttar Pradesh



Yogita Kumari Shringi Chandigarh



Yogendra Garg Karnataka



Yogeshwar Puri Udaipur, Rajasthan



Yerama Reddy Vijaya Mariya Nakshatram Mangalagiri, Andhra Pradesh



XXX

Contents

Preliminary Pages

Foreword to 8th Edition IX
Foreword to 7th Edition X
Foreword to 6th Edition XI
Foreword to 4th & 5th Edition XI
From Authors' Desk XIII

Acknowledgments XIV
From the Publisher's Desk XV
Luminaries in Nursing XVIII
Our Valuable Reviewers &
Contributors XIX
How to Prepare for NORCET (Prelims
and Mains): An Overview XXXVIII

Decoding the Case Scenario-Based
Questions XXXIX

Assertion & Reason Type Questions XLIX

Match the Following Type Questions LIII

Video-Based Questions (VBQs) LIX

Instruments and Devices LXI

SECTION A SUBJECT-WISE SYNOPSIS, CBQs, IBQs & MCQs

Fundamentals of Nursing

Eloranca Nightingala's Contribution to

Synopsis

Profesice reignifigates Contribution to	
Nursing 3	
Milestones of Nursing in India 3	
Basic Characteristics of a Profession 4	
Different Roles of Nurses 4	
Trends in Nursing 4	
Nursing Programs in India 4	
Ethics in Nursing 5	
Sources of Law 5	
Legislation and Nursing Practice 5	11
Legislation Issues in Nursing Practice	5
Professional Values 6	
Nursing Process 6	
Documentation and Reporting 9	
Admission and Discharge 10	
Vital Signs 11	
Different Types of Thermometer along v	vith
their Pictures 12	
Techniques of Physical Examination 17	7
Types of Nursing Modalities 19	
Medical and Surgical Asepsis-	
Terminologies 21	
Basic Principles of Surgical Asepsis 21	
Stages of Infection 22	
Methods of Sterilization and	
Disinfection 25	
Biomedical Waste Management 27	
Specimen Collection 27	
Bed Making 30	

Personal Hygiene 31
Back Massage Techniques 32
Pressure Ulcers 32
Medication Administration 35
Nursing Theories 39
Basic and Advanced Life Support 40
Complementary Therapies 41
Loss and Grief 42
Stages of Death and Dying (Kubler-Ros
Stages of Dying) 43 CO Tree Activity and Exercise 43 Oxygenation 44
Incentive Spirometer 47
Suction 48
Oral Airway 49
Chest Tube/Intercostal Drainage 49
Fluids 50
Electrolyte Abnormalities 51
Understanding Acid-Base Imbalance 54
Arterial Blood Gas Analysis 55
Causes of Other Acid-Base Disorders 55
Hot and Cold Applications 56
Sleep 57
Positions 57
Pain and its Management 60
Nutrition 62
Enteral Tube Feeding 62
Parenteral Nutrition 63
Bladder Elimination 64

Colostomy 66
Body Mechanics and Mobility 68
Venous Thromboembolism 69
Wound Drains 69
Key Nursing Roles in Important
Procedures 69
Intravenous Fluid Administration Drop Rate
Calculation 70
Insulin Syringe Preparation (Mixing Regular
with NPH) 70
Hemoglobin 71
Renal Function 72
Liver Function Test (Normal Values) 72
Pulmonary Function Test 72
Endocrine Function 72
Blood Sugar Profile 73
Cardiac Markers 73
Urine Routine and Microscopy 73
Cerebrospinal Fluid (CSF) 73
Neurological Values 74
Arterial Blood Gas (ABG) Values 74
First Aid 74
Color Coding of Medical Gas Cylinder 75
Comfort Devices 76
Clinical Case-Based Questions 81
Image-Based Questions 101
Multiple Choice Questions 110

Bowel Elimination

Synopsis		
Inflammation and Wound Healing 189	Assessment and Diagnostic Tests 308	Disorders of Endocrine System 481
Inflammation 189	Optical Coherence Tomography	Thyroid Gland 482
Wound Healing 189	(OCT) 310	Parathyroid Gland 483
Gangrene 190	Disorders of Eye 310	Endocrine-Pancreas 484
Multiple Choice Questions 192	Multiple Choice Questions 317	Adrenal Cortex 486
Immune System 196	Integumentary System and Burns 324	Adrenal Medulla 487 Gonads 487
Overview of Immune System 196	Integumentary System 324	
Immunoglobulins 197	Burns 329	Multiple Choice Questions 489
Blood Products, Storage Temperature,	Zones of Burn Wound 331	Nervous System 503
Shelf Life and Compatibility 197	Multiple Choice Questions 334	Anatomy and Physiology of Nervous
Types of Transfusion Reactions 198	Respiratory System 345	System 503
Immunological Disorder 198	Anatomy and Physiology 345	Classification of Nervous System 504
Multiple Choice Questions 201	Classification of Respiratory	Assessment and Diagnostic Tests 508
Musculoskeletal System 206	System 346	Seizure Disorders 511 Stroke 512
Anatomy and Physiology of	Assessment and Diagnostic Tests 348	
Musculoskeletal System 206	Disorders of Respiratory System 350	Head Trauma/Head Injury 513 Intracranial/Brain Herniation 514
Classification of Bones 207	Updates on Tuberculosis 355	Spinal Cord Injuries 514
Review Points 208	Multiple Choice Questions 360	Meningitis 515
Anatomy of Bone 209	Cardiovascular System 377	Encephalitis 516
Types of Joints in Human Body 210 Vertebral Column 211	Anatomic and Physiologic Overview of	Brain Abscess 516
Diagnostic Evaluation 211	Heart 377	Multiple Sclerosis 516
Conditions and Disorders of	Diagnostic Tests 382	Myasthenia Gravis 516
Musculoskeletal System 212	Disorders of Cardiovascular	Guillain-Barré Syndrome 517
Orthopedic Surgeries 216	System 385	Trigeminal Neuralgia 517
Crutches 217	Coronary Artery Diseases 389	Bell's Palsy 517
Common Bone and	Other Diseases of Heart 391	Parkinson's Disease 517
Joints Disorders 218	Arterial Diseases 393	Alzheimer's Disease 518
Rhabdomyolysis 220	Multiple Choice Questions 398	Huntington's Disease 518
Avascular Necrosis 220	Hematology 425 Nursing Division	Amyotrophic Lateral Sclerosis
Spinal Column Deformities 220	Anatomy and Physiology of	(ALS) 518
Prolapsed Intervertebral Disk 220	Hematologic System 425	Brain Tumor 518
Amputation of the Lower	Blood Groups and Blood Typing 427	Neurocysticercosis 519
Extremity 221	Blood Coagulation 427	Multiple Choice Questions 520
Pott's Disease 221	Diagnostic Tests 428	Oncology 545
Carpal Tunnel Syndrome 221	Hematological Diseases and	Cancer 545
Disorders of Lower Limb 221	Disorders 429	Few Common Cancers 546
Multiple Choice Questions 223	Blood Transfusion 433	Bone Marrow Transplantation
Gastrointestinal and Hepatobiliary	Multiple Choice Questions 436	(BMT) 552
System 241	Renal System 452	Multiple Choice Questions 555
Gastrointestinal System 241	Anatomy and Physiology of Renal	Male Reproductive System 571
Hepatic Biliary System 256	System 452	Anatomy and Physiology of Male
Multiple Choice Questions 265	Functions of Kidney 455	Reproductive System 571
Ear, Nose and Throat 293	Investigations 456	Accessory Sex Glands 572
Anatomy of Ear 293	Disorders of Renal System 458	Male Sexual Development and
Physiology of Hearing 294	Renal Transplant 462	Function 572
Disorders of Ear 296	Miscellaneous Urinary Diseases 462	Diagnostic Tests 573
Disorders of Nose 297	Multiple Choice Questions 465	Disorders of Male Reproductive
Disorders of Throat 298	Endocrine System 478	System 573
Multiple Choice Questions 300	Anatomy and Physiology of Endocrine	Prostate Cancer 574
Ophthalmology 306	System 478	Multiple Choice Questions 577

Diagnostic Tests in Endocrinology 480

Medical Surgical Nursing/Adult Health Nursing (Including Anatomy & Physiology)



Anatomy and Physiology of Eye 306

Perioperative Nursing Care 582 Introduction 582 Types of Surgeries 582 Surgical Approaches 582 Preoperative Nursing Care 582 Intraoperative Period: Nursing Responsibility 583 Types of Anesthesia 583 Common Positions Used During Surgeries 584 Sutures 585 Surgical Needles 586 Multiple Choice Questions 588	Homeostasis, Emergency and Critical Care Nursing 596 Shock 596 Anaphylaxis 598 Edema 599 Hemorrhage 599 Emergency Nursing—Prioritization of Care 599 Common Equipment in Critical Care Area 600 Defibrillator 601 Multiple Choice Questions 603	Genetics 620 Cellular Division 620 Mutation 620 Common Genetic Disorders 622 Prenatal Diagnostic Genetic Testing 622 Diagnostic Testing 623 Genetic Counseling 623 Multiple Choice Questions 625 Clinical Case-Based Questions 628 Image-Based Questions 660
Pharmacology		
Synopsis		
Key Terminologies 699 Prodrugs 700 Therapeutic Index 700 Different Routes of Administration, their	Anti-Gout Agents 707 Sympathomimetic (Adrenergic) Drugs 707 Cholinergic Drugs 708	Diuretics 711 Antitubercular Drugs 712 Side Effects of Antitubercular Drugs 712 Anticancer Drugs 712

Drugs Affecting the Respiratory

Drugs Acting on Gastrointestinal

Oral Hypoglycemic (Antidiabetic)

Posterior Pituitary Hormones 710

Calcitonin and Calcium Salts 710

Adrenocorticosteroids and Analogues 710

System 708

Tract 708

Insulin 709

Antiulcer Drugs 708

Agents 709

Thyroid Drugs 711

Tetanus 779

Antithyroid Drugs 711

Community Health Nursing

Antipsychotics, Antidepressants, Mood

Stabilizers and Deaddiction Drugs

Advantages and Disadvantages

Special Drug Delivery System 701

Conversion Equivalence of Weight

Conversion Equivalence of Volume

Drugs Acting on Central Nervous

Sedatives and Hypnotics 706

Drug Calculation 702

Cardiac Drugs 704

System 705

Anticonvulsants 706

Synopsis

Analgesics 707

Concepts and Determinants of Health and Well-Being 755 Indicators of Health 756 Levels of Healthcare and Health for Millennium Development Goals and Sustainable Development Goals 757 Levels of Prevention 757 Introduction to Epidemiology 758 Mortality Rate and Ratios 760 Incidence and Prevalence of Disease 761 Epidemiological Method 762 Epidemiological Triad 763 Surveillance and Monitoring for Disease 763 Iceberg Phenomenon 763 Immunity 764

Cold Chain 766 Adverse Events Following Immunization 769 National Immunization Schedule/Universal Immunization Program 770 Communicable Diseases 770 Ebola Virus 772 COVID-19 773 Nipah Virus Infection 773 Gastrointestinal Disorders Food Poisoning 774 Parasitic Infections 775 Arthropod-Borne Infections Mosquito Control Measures Zoonoses 778 Leprosy (Hansen's Disease)

Sexually Transmitted Diseases (STDs) 780 Purification of Water 780 Noncommunicable Diseases 782 Health Programs in India 784 Demographic Trends in India 785 Demography of India 787 Physical Quality of Life Index 788 National Population Policy 2000 788 Contraceptive Methods/Family Planning Methods (Fertility Regulation Method) 788 Prenatal Advice Intranatal Care 797 Mother and Child Health (MCH) 797 Reproductive Child Health Program (RCH) 799

Anticoagulants 713

Drugs 714

Antiplatelet Drugs 713

Thrombolytic Medications 713

Specific Antidotes Against Poisoning
Diseases and Drugs of Choice 713

Adverse Effects of Some Common

Image-Based Questions 719

Multiple Choice Questions 720

Drug Safety During Pregnancy 715

Drug Safety During Breastfeeding 716



Under-Five Clinic 800
School Health Services 800
Nutrition and Health 801
Disaster Management 802
Occupational Hazards 803
Health Policy and Planning 805
Healthcare of the Community 807
Primary Healthcare 808

Healthcare Delivery System 808
Treatment Denvery System 600
National Health Mission (NHM)/Pradhan
Mantri-Samagra Swasthya
Mission 811
Programs Under NRHM 813
Urban Poverty Alleviation 814
National Health Programs 814
International Health Agencies 815

Some Important Social Welfare/Health/
Development Program Launched by
Government of India 816
Recent Updates on Community Health
Nursing 818
Clinical Case-Based Questions 823
Image-Based Questions 826
Multiple Choice Questions 834

Psychiatric Nursing

Synopsis

Introduction 894 Mental Health 894 Mental Illness 894 Mental Healthcare Act 2017 Personality Development 895 Theories of Personality Development Defense Mechanism 897 Therapeutic Communication 898 Johari Window 899 Neurotransmitters 899 Psychosocial Therapies 900 ICD 10 Classification of Psychiatric Disorders 901 General Psychopathology Organic Mental Disorders Substance Use Disorders 905

Schizophrenia 907 Mood Disorders 909 Personality Disorders 911 Somatoform Disorders 912 Stress and Adaptation 912 Phobia 913 895 Obsessive Compulsive Disorder Adjustment Disorder 914 Eating Disorders 914 Sleep Disorders 915 Seasonal Affective Disorder Sexual Disorders 916 Electroconvulsive Therapy (ECT) Childhood Psychiatric Disorders 917 Attention Deficit Hyperactive Disorder (ADHD) 917

Mental Retardation (Intellectual Disability) 917 Management 918 Learning Disabilities and Disorders (Specific Learning Disorder) 918 Psychopharmacology 918 National Mental Health Program 922 Objectives of District Mental Health Program (DMHP) 922 Deaddiction Drugs/Antabuse Drugs Crisis and Crisis Intervention 923 Psychiatric Emergency 924 Glossary of Common Terminologies Clinical Case-Based Questions 931 Image-Based Questions 943 Multiple Choice Questions 947

Pediatric Nursing

Synopsis

Growth and Development 1010 Essential Newborn Care 1016 Thermoregulation in Newborn Kangaroo Mother Care (KMC) 1019 High-Risk Newborn 1019 Newborn Resuscitation 1022 Common Respiratory Conditions in Newborns 1022 Feeding in Children Immunization 1025 Under-Five Clinics Jaundice 1026 Neonatal Care 1028 Birth Injuries 1028 Integrated Management of Neonatal and Childhood Illness (1995) 1030 Baby Friendly Hospital Initiative

Child Welfare Programs 1030 Child Welfare Milestones 1030 Types of Play Among Children 1031 Protein Energy Undernutrition Disorders of Respiratory System Disorders of Gastrointestinal System Cleft Lip and Cleft Palate 1035 Tracheoesophageal Fistula and Esophageal Atresia 1036 Hypertrophic Pyloric Stenosis Congenital Diaphragmatic Hernia (CDH) 1038 Hirschsprung's Disease Meckel's Diverticulum 1039 Umbilical Cord Anomalies Disorders of Hepatic System 1040 Disorders of Cardiovascular System

Disorders of Genitourinary System Disorders of Central Nervous System 1047 Orthopedic Problems in Children 1049 Disorders of Skin 1054 Disorders of ENT Disorders of Eye 1055 Pediatric Emergency 1056 Genetic Disorders 1058 Behavioral Disorders In Children 1060 Challenged Children 1060 Drugs in Pediatrics 1060 Common Pediatric Nursing Procedures 1061 Clinical Case-Based Questions 1068 Image-Based Questions 1084 Multiple Choice Questions 1095



Obstetric and Gynecological Nursing

Synopsis

Anatomy of Female Reproductive System-	Fetus in utero (Lie, Presentation and	Rh Incompatibility 1221
Overview 1163	Position) 1195	Gestational Diabetes Mellitus (GDM) 1222
Menstrual Cycle 1167	Labor and Delivery 1198	Heart Disease in Pregnancy 1222
Fundamentals of Reproduction 1168	WHO Labor Care Guide 1202	Hypertension in Pregnancy 1223
Development of the Inner Mass Cells 1169	Assisted Deliveries/Operative Vaginal	Postpartum Hemorrhage (PPH) 1223
Human Chorionic Gonadotropin 1169	Deliveries 1207	Injuries to Birth Canal 1224
Principal Events of Embryonic and Fetal	Forceps Deliveries 1207	Prolonged Labor and Obstructed
Development 1170	Postpartum Nursing Care 1209	Labor 1225
Placenta and Fetal Membranes 1170	Puerperium 1209	Preterm Labor and Post-Term
Amniotic Fluid 1173	Induction of Labor 1210	Pregnancy 1226
Umbilical Cord 1174	Contraceptive Method (Fertility Regulation	Premature Rupture of Membranes 1226
Umbilical Cord Abnormalities 1175	Method) 1212	Pharmacology in OBG 1227
Fetal Circulation 1177	Abortion 1212	Operative OBG 1228
Physiological and Emotional Changes	Medical Termination of Pregnancy 1213	Obstetrical Triage Acuity Scale
During Prenatal Period 1177	Ectopic Pregnancy 1214	(OTAS) 1228
Diagnosis of Pregnancy 1179	Intrauterine Fetal Death (IUFD) 1214	Common Gynecological Disorders 1228
Screening Tests During Pregnancy 1180	Gestational Trophoblastic Disorders 1214	Infertility 1229
Antenatal Assessment of Fetal Well-	Multiple Pregnancy 1215	Lactation and Feeding 1229
Being 1184	Antepartum Hemorrhage 1215	GTPAL 1230
Teratogenic Infections During	Uterine Prolapse 1218	Clinical Case-Based Questions 1236
Pregnancy 1189	Cystocele and Rectocele 1220	Image-Based Questions 1243
Anatomy and Types of Female Pelvis 1191	Hyperemesis Gravidarum 1220	· ·
Fetal Skull 1193	Anemia in Pregnancy 1220	Multiple Choice Questions 1253
	HIV in Pregnancy 1221	

Applied Microbiology

Synopsis

Historical Perspectives of Microbiology 1327 Normal Bacterial Flora of Human Body 1327 Staining Techniques 1328 Types of Microscope 1328

Culture Media 1328

Biochemical Reactions 1329

General Guidelines for Collecting Culture

Specimen 1329

Classification of Bacteria 1330

Virus 1332
Fungus 1332
Parasites 1332
Image-Based Questions 1335
Multiple Choice Questions 1337

Applied Biochemistry and Nutrition

Synopsis

Applied Biochemistry

Introduction 1351
Cell 1351
Transport Mechanisms 1352
pH, Buffers and Acid-Base
Balance 1352
Enzymes and Coenzymes 1353
Carbohydrates 1354

Lipids 1355
Proteins 1356
Vitamins, Minerals and
Electrolytes 1358

Applied Nutrition

Introduction 1360

Calorie 1360 Metabolism 1361 Classification of Foods 1361
Food Preservation Methods 1362
Common Adulterants Used in Food
Materials 1362
Tests to Detect Common
Adulteration 1362

Multiple Choice Questions 1365



Applied Sociology and Psychology

Synopsis

pplied Sociology		
Introduction 1384		
Socialization 1384		
Family 1385		
Marriage 1386		
Society 1387		
Crowd 1388		
Community 1388		
Culture 1388		
Social Change 1389		
Social Control 1389		

1389

Social Stratification 1390

Social Problems 1390
Applied Psychology
Introduction 1393
Pure Psychology versus Applied
Psychology 1393
Branches of Pure Psychology 1394
Branches of Applied Psychology 139
Importance of Psychology for
Nurses 1394
Behavior 1394
Attention 1394
Perception 1395

Social Mobility 1390

Learning 1395	
Memory 1396	
Forgetting 1397	
Thinking 1397	
Reasoning 1397	
Problem Solving 1397	
Intelligence 1397	
Stress 1398	
Conflict 1398	
Attitude 1399	
Personality 1399	
Multiple Choice Questions	1402

Nursing Research and Statistics

Synopsis

Norms

Introduction 1414
Definition 1414
Steps in the Quantitative Research
Process 1414
Steps in the Qualitative Research
Process 1414
Research Process 1414

```
Research Designs 1416
Mixed Methods Research 1419
Meta-Analysis 1420
Major Types of Data Collection
Methods 1421
Sample and Sampling Technique 1423
Reference and Citations 1424
```

Ethics in Research 1425
Data Analysis and Interpretation 1425
Numerical Data Properties and
Measures 1427
Application of Inferential Statistics 1429
Image-Based Questions 1433
Multiple Choice Questions 1438

Nursing Education/Educational Technology

Synopsis

```
Education 1461
Educational Objectives 1462
Audio-Visual Aid 1464
Maxims of Teaching 1464
Pedagogy versus andragogy 1465
Principles of Teaching 1465
Teaching Methods 1465
Innovative Methods of Teaching 1466
```

```
Evaluation 1466
Curriculum 1467
Continuing Nursing Education
(CNE) 1468
In-Service Education 1468
Accreditation in Higher Education 1468
Educational Learning Theories 1468
Indian Nursing Council 1468
```

Nursing Programs in India 1469
Nursing Education in India 1469
International Council of Nurses
(ICN) 1469
State Nursing Councils in India 1469
Trained Nurses Association of India
(TNAI) 1469
Multiple Choice Questions 1471

Nursing Administration and Management

Synopsis

Organization	1480
Administratio	n 1480
Management	1480
Leadership	1482

Budgeting	1483			
Material Management 1483				
Inventory C	ontrol	148	4	
Staff Develo	pment	148	34	

Quality Management 1484
Nursing Audit 1485
Norms of Staffing 1485

Multiple Choice Questions 1488



Health/Nursing Informatics and Technology

Synopsis

Key Terms 1502 History of Computer 1502 Generations of Computer 1502 Classification of Computer 1503 Hardware and Software 1503 Uses of Computer in Healthcare System 1505 Important Tables 1505 Computer Networking 1506
Artificial Intelligence 1507

Multiple Choice Questions 1509

Forensic Nursing and Indian Laws

Synopsis

Introduction 1519
Importance 1519
Areas of Forensic Nursing Practice 1519
Scope and Practice of Forensic
Nursing 1519
Milestones in Forensic Nursing 1519
Subspecialties in Forensic Nursing 1519
Ethical Issues in Forensic Nursing 1520
Forensic Team 1521
Evidence and Sample Collection in Forensic
Nursing 1521

Comprehensive Forensic Nursing
Care 1521
Violence 1522
Sexual Abuse 1522
POCSO Act 1522
Death 1523
Fundamental Rights 1523
Rights of Victim 1523
Rights of Accused 1523
Human Rights Commission 1523

Indian Nursing Council Act 1524
State Nursing Registration Council 1524
Overview of the Indian Judicial System
and Laws 1525
Civil Case Procedure 1525
Criminal Case Procedure 1525
Indian Penal Code (IPC) 1526
Criminal Procedure Code (CrPC) 1526
Indian Evidence Act 1526

Multiple Choice Questions 1528

SECTION B PREVIOUS YEAR PAPERS



SECTION C GENERAL KNOWLEDGE AND APTITUDE

- 1. General Knowledge 1539
- General English and Comprehension 1572
- 3. General Intelligence and Reasoning Ability 1579
- 4. Arithmetical and Numerical Ability 1585



How to Prepare for NORCET (Prelims and Mains): An Overview

The recent changes in NORCET exam pattern have brought two stages of exams: Stage I – NORCET Preliminary and Stage II- NORCET Mains. NORCET examination will be conducted in two successive stages as described below:

Stage I: NORCET Preliminary

Stage II: NORCET Mains

The overview of NORCET new pattern and how TARGET HIGH can be effectively used for preparation is illustrated below.

	1	, 1 1
	Stage I- NORCET Prelims	Stage II- NORCET Mains
Exam pattern	 100 MCQs – 100 marks 80 Questions from nursing subjects at BSc nursing level 20 Questions from GK & Aptitude. Computer-based test 	 100 MCQs – 100 marks Case scenario-based questions Nursing skill related questions Computer-based test
Time duration	90 minutes	90 minutes
Negative marking	1/3 per wrong answer. (-0.33 per wrong answer)	1/3 per wrong answer. (-0.33 per w <mark>r</mark> ong answer)
Scheme of exam	Qualifying in nature • 50% for UR/EWS • 45% for OBC • 40% for SC & ST • Additional 5% relaxation for PWBD However, NOT all eligible candidates will be called (shortlisted) for Stage-II exam. Only 5 times the total seats in each category (UR, OBC, SC, ST, EWS) will be shortlisted to write Stage-II-Mains exam. For example, if the vacancy position is UR-100, OBC-25, SC-15, ST-7, & EWS-10), then the number of candidates shortlisted will be UR-500, OBC-125, SC-75, ST-35 & EWS-50. The qualified candidates who are in tie with the last shortlisted candidates also will be called for Stage-II exam. All qualified PWBD candidates will be called for Stage-II exam.	Merit rank l <mark>is</mark> t shall be prepared based on performance i
Difficulty level	Easy to moderate	Moderate to difficult
How to prepare using TARGET HIGH	 Theory: Synopses in the 8th edition is thoroughly revised, particularly the FON to enhance knowledge in basic nursing procedures and concepts. All the subjects as per the new INC syllabus have been included. Focus on reading the synopses of all subjects. Give attention to Key points, Practice questions and Questions from recent NORCET exams provided side-byside in the synopsis for better understanding. Read, revise and reinforce the Golden Points given at the end of each synopsis. Those golden points are high yield points which are more likely to be asked in the Stage-I Prelims. GK & Aptitude: Keeping in mind the 20% weightage, the GK & Aptitude content is improved and enriched with all recent updates, verbal and numerical reasonings, quantitative aptitude, etc. Most importantly, the GK & Aptitude section is provided as a separate booklet. 	signs and symptoms, physiological parameters, pharmacology, drug effects, and pathophysiology which are crucial for solving these questions effectively. • Target High 8th Edition contains comprehensive information on these concepts, particularly in the synopsis part. The synopsis part also includes Case scenario-based questions side-by-side.
How to boost preparation using TARGET HIGH Digital Lite	 You can prepare on the go with the Target High Digital Lite App. All the Target High readers are free to use this feature. Subject wise tests and Grand tests as per the recent pattern are provided from time to time. Voice over of Golden points can heard on the move. This will reinforce your memory of important key points. 	 Review and Practice additional Case scenario-base questions provided in the App to boost your preparatior Take Grand tests on the NORCET Mains pattern in the App.

Decoding the Case Scenario-Based Questions

INTRODUCTION

Decoding the scenario-based clinical multiple-choice questions (MCQs) in nursing requires a systematic and strategic approach. Such questions assess a nurse's ability to apply clinical knowledge, critical thinking, and clinical judgment in various patient situations. To navigate these questions effectively, a step-by-step strategy can be employed.

This strategy involves a detailed 5-Points approach which is as follows:

- 1. Analyzing the question stem and options
- 2. Prioritizing nursing actions or interventions
- 3. Categories of case scenario-based questions
- 4. Normal vs abnormal and nursing action vs physician action
- Answering complex case scenario-based questions using clinical judgment

Each of these approaches has been discussed in detail with suitable examples:

ANALYZING THE QUESTION STEM AND OPTIONS

- The scenario-based MCQs will have two parts. The stem and the four options, out of which one option would be correct. The options other than the correct answer are known as distractors.
- The goal of these scenario-based MCQs is to assess the nurse's ability to apply knowledge, clinical reasoning, and critical thinking skills to make the best decision in a given patient situation.
- As a test-taker, it is crucial to carefully read and analyze both the stem and the options before selecting the most appropriate response based on your nursing knowledge and judgment.

The Stem

- Stem provides the context and information about the patient or clinical situation.
- Understanding the stem and identifying the key terms or strategic terms are very important to answer the question.
- **Read the stem carefully:** Start by reading the stem carefully and pay close attention to the patient's condition, symptoms, vital signs, and any other relevant information.
- Stem usually has two parts: 1. Scenario/Event: The case scenario for which a nurse is caring for. 2. Query: What is the nurse expected to do? (nursing action).
- **Identify the main issue:** Determine the main problem or issue that the question is addressing. It could be:
 - a specific symptom
 - a change in vital signs
 - a complication, or
 - a potential risk to the patient.

Note: Considering the time limit (one minute per question), it is very important to read quickly and carefully to understand the key term or strategic term.

- Look for quantitative information: Keep an eye out for specific numerical data, such as vital signs, laboratory values, or medication doses. These values can be essential in identifying abnormal findings or trends.
- Note qualitative descriptions: Look for descriptive terms or adjectives that provide clues about the severity or character of the patient's condition. For example, words like "severe," "acute," "mild," "chronic," "sudden," or "gradual" can impact the urgency of the response.
- Recognize key terms or strategic terms: Recognize key terms or
 phrases which guide you to choose the correct answer. The key
 terms include: first, initial, best, essential, priority, immediately,
 early, late, most appropriate, inappropriate, exclude, include,
 increased, decreased.
- **Positive vs negative stem:** Look for a key word to determine whether the stem is positive or negative.
 - Positive terms: Positive terms in a stem include Appropriate, True, Indicated and Understand. For example, which statement best represents how should a nurse document these findings? In this case, you should look for a positive response (appropriate or right method) from the options.
 - Negative terms: Negative terms in the stem include Not, Never, further (....further education or intervention required),
 Least, Avoid, Contraindicated.

For example, which intervention should be given the **least** priority in this case? In this case, you should look for the least important intervention (or inappropriate or unsuitable intervention) from the options.

Example Question

Positive Stem

During the discharge process of a 12-year-old child with hemophilia, the nurse advises the parents regarding the **most appropriate** sports activity for the child. What sports activity does the nurse recommend?

a. Swimming b. Football c. Field hockey d. Basketball Ans. (a) Swimming

Explanation: Hemophilia is a bleeding disorder characterized by a deficiency or dysfunction of clotting factors in the blood. Therefore, high-impact or contact sports should generally be avoided to minimize the risk of bleeding and injury. With that in mind, the nurse should recommend low-impact and non-contact sports. So, among the given options the most appropriate sports activity for the child is swimming.

STRATEGY: The key word **Most appropriate** leads to a positive or suitable or appropriate sports activity for the child with hemophilia.

Example Question

Negative Stem

Nurse Ramya, a palliative care nurse, is providing nursing care to a terminally ill patient during the dying and grieving process. She is aware that the **least important** goal of nursing intervention for this client is:

- a. Providing comfort measures
- b. Promotion of rest and sleep
- c. Increase self-esteem through cosmetic improvement
- d. Pain management

Ans. (c) Increase self-esteem through cosmetic improvement

Explanation: The nursing intervention should target pain management through pain-reduction techniques and analgesia, providing comfort measures, promotion of sleep and rest, and energy conservation for this patient. Though dying with dignity and self-esteem is important, increase of self-esteem through cosmetic improvement is not important for this client.

STRATEGY: The negative key term "least important" leads to choose the unimportant interventions among the given options.

ALERT

Double negatives in the stem: While using the key word strategy, please be cautious about double negatives in the stem. If the stem has two negative terms, then you should look for positive response. For example, Stem: All of the following interventions are **contraindicated** in a patient with diabetes mellitus, **except.** In this stem, there are two negative key words; 'contraindicated' and 'except' which guide you to choose the positive or suitable intervention.

Example Question

Double Negatives

A 45-year-old patient has recently undergone a colostomy surgery. The nurse is providing dietary education to the patient. The nurse advises the patient **to avoid** the following foods to ensure optimal recovery, **except:**

- a. Consume high-fiber diet
- b. Encourage raw vegetables
- c. Encourage intake of legumes
- d. Encourage cereals made from refined flour

Ans. (d) Encourage cereals made from refined flour

Explanation: The question is asking for the food that the nurse should not advise the patient to avoid. Cereals made from refined flour are low in fiber and easy to digest, so they are not a concern after a colostomy surgery. The other choices are foods that are high in fiber and should be avoided after a colostomy surgery.

STRATEGY: Identify the double negative terms in the stem; **'to avoid'** and **'except'.** This leads you to choose the appropriate or suitable diet for the patient with colostomy.

Pay Attention to time frames: If time-related information is provided in the stem, consider how it might influence your response. For instance, the urgency of the intervention might differ between immediate actions and actions that can be taken later. On the other hand, time frame is important in deciding what is the appropriate action/intervention to be taken.

Example Question

Time Frame

A 2-year-old child weighing about 35 kg was brought to the emergency department **30 minutes** after accidental ingestion of 12 tablets of Paracetamol 650 mg. Which of the following intervention is the priority for this child?

- a. Administer N-Acetylcysteine
- b. Administer activated charcoal
- c. Perform gastric lavage
- d. Administer 5% dextrose in half normal saline

Ans. (b) Administer activated charcoal

Explanation: Treatment guidelines for an oral Paracetamol (acetaminophen) ingestion in children:

- Less than 4 hours after ingestion Consider activated charcoal if dose is >150 mg/kg (activated charcoal is not advised if the ingested dose is unknown)
- 4–24 hours Obtain plasma acetaminophen level as soon as possible. Start with N-Acetylcysteine (NAC) administration.
- Longer than 24 hours NAC administration

STRATEGY: Time-related information is a key to solve this question. Time frame 30 minutes (<4 hours) is the key factor for the treatment option. If time frame exceeded 4 hours, the answer would be a. Administer N-Acetylcysteine.

Options

You have read about the stem carefully and understood the client conditions, and parameters, identified the key terms. Now, read the options carefully and try to match:

- Positive key terms with positive options (appropriate or suitable interventions)
- Negative key terms with negative options (inappropriate or nonsuitable interventions)
- Double negative key terms with a positive option (appropriate or suitable interventions)

Note: The examples for these 3 scenarios were given earlier in this chapter.

Identify words or phrases in the options that have strong connection or similarity to words in the stem. Sometimes, the words in the options may be closely linked but not identical.

Example Question

Connection Words

A patient develops anaphylactic reaction to IV medication, which of the following should be the **immediate** response of a nurse?

- a. Call for emergency help
- b. Stop the medication administration immediately
- c. Administer IM Epinephrine
- d. Start CPR

Ans. (b) Stop the medication administration immediately

Explanation: The immediate response of the nurse should be removing the allergen (stopping IV medication in this case). The next step is to call rapid response and start basic life support (BLS/CPR) until the help arrives.

STRATEGY: Look for connection word 'immediately' in the stem and the option which guides the test-taker to option b.



DECODING THE CASE SCENARIO-BASED QUESTIONS

Consider the following strategies while trying to choose the right option:

1. Use Elimination Process:

- Always apply the process of elimination.
- Carefully read each option, and after eliminating options, reread the question before making your final choice.

2. Compare and Eliminate:

- Identify comparable or similar options and eliminate them from consideration.
- It is one of the key strategies in elimination process. If two options are similar or alike or comparable, then both are not the correct answer, so they can be eliminated.

Example Question

Eliminate Similar or Alike Options

All of the following statements are true about SIADH lab values, EXCEPT (AIIMS Bibinagar, Faculty 2023)

- a. SIADH causes increased urine osmolarity
- b. SIADH causes elevated urine sodium concentration
- c. SIADH causes decreased plasma osmolarity
- d. SIADH causes increased plasma osmolarity

Ans. (d) SIADH causes increased plasma osmolarity

STRATEGY: Eliminate a and b because both are similar statements [elevated urine sodium concentration (b) = increased urine osmolarity (a)].

Explanation: Syndrome of Inappropriate Antidiuretic Hormone (SIADH) results in Increased. Antidiuretic Hormone (ADH) secretion, leading to increased water retention and dilution of the blood's solutes. The excess water retention causes the blood to become more diluted, resulting in a lower concentration of solutes in the blood and decreased plasma osmolarity. The other statements (a, b, and c) are true about SIADH lab values.

If two of the given options appear to be exactly opposite (or almost opposite) to each other, it is predictable that one of these two options is the correct answer.

Example Question

Which type of analgesics are commonly used in ICU?

- a. NSAIDs
- b. Antiepileptic drugs
- c. Non-opioid analgesics
- d. Opioid analgesics

Ans. (d) Opioid analgesics

STRATEGY: In this example, non-opioid analgesics and opioid analgesics are opposite choices. Among them, the correct answer is opioid analgesics, which are most commonly used in ICU settings.

NSAIDs (A) fall under non-opioid analgesics (C); they are similar, so both are unlikely to be correct if only one can be chosen.

Eliminate synonymous distractors (A and C). Focus on opposites: Opioid vs Non-opioid. The context (ICU) favors opioid analgesics.

3. Consider encompassing or umbrella options: Check if any option covers a broader concept or scenario; it might be the correct choice. An example of umbrella options is Administer fluids. This option encompasses all of the different types of fluids that can be administered to patients, such as IV fluids, oral fluids.

- Another example of umbrella options is **Provide emotional support** which encompasses options such as listening to the patient's concerns, offering words of encouragement, and providing touch therapy.
- Watch for close-ended words: If you find close-ended words in options, the option is likely incorrect. Examples of close-ended words include 'Always', 'Never', 'Must'.
 - The words 'Always' and 'Never' imply that there is no exception to the rule. In reality, there is often exception to the rule.

Example Question

Close-Ended words

During the discharge instructions, the nurse explains the concept of feedback in communication to the patient's family. In the context of healthcare communication, which understanding of feedback aligns with the principle that "communication is an interaction perspective"?

- a. Feedback is **never** intentional
- b. Feedback is sometimes unintentional
- c. Feedback is always intentional
- d. Feedback is seldom useful

Ans. (b) Feedback is sometimes unintentional

STRATEGY: Option a, c has close-ended words 'never' and 'always' respectively. Hence, they are unlikely the correct answer. Option (d) feedback is seldom useful is factually incorrect so it is easy to eliminate.

- Utilize therapeutic communication techniques: For communication questions, use therapeutic communication techniques. Focus on the client's emotions, concerns, fears, and thoughts.
- 6. **Delegate with guidelines:** Use delegation and job description of Nursing personnel (Staff Nurse/Incharge-Nurse/Supervisor/Nurse Manager, and others) to align the client's needs with the health care provider's scope of practice.
- 7. **Pharmacology considerations:** If a question involves medication, apply pharmacology guidelines to choose the correct option.
- 8. Whenever the listed options include "notify the physician" or "document the findings," apply the strategy discussed later in this section to select or eliminate them.

Prioritizing Nursing Actions or Interventions

- Prioritization is a crucial skill in nursing, and it involves determining an order of actions when faced with multiple tasks or patient needs.
- Apply ABCs, Maslow's Hierarchy, and Nursing Process: For prioritization questions, apply the ABCs (airway, breathing, circulation), Maslow's Hierarchy of Needs, and the nursing process steps to choose the right answer.

ABCs (Airway-Breathing-Circulation)

Recognize the critical importance of maintaining and prioritizing the client's airway, breathing, and circulation (in its order) in emergency situations.

The order of priority is Airway – Breathing – Circulation. To understand this better, let us expand on each element with reference to a nursing care scenario involving a patient who is brought to the Emergency Department after a Road Accident:



Airway:

■ The first priority for the nurse is to assess the patient's airway to ensure it is clear and unobstructed. It is important to know that the airway is always the priority nursing action.

Note: During Cardiopulmonary Resuscitation (CPR), the order is CAB (Compression/Circulation, airway and breathing)

- The patient is unconscious and may have suffered injuries of the head and neck due to the accident, increasing the risk of airway obstruction.
- The nurse quickly opens the patient's airway using the jawthrust maneuver or head-tilt chin-lift technique, while maintaining spinal precautions if there is suspicion of cervical spine injury.

Breathing:

- After securing the airway, the nurse assesses the patient's breathing to ensure that it is adequate.
- The patient may have compromised breathing due to chest trauma or internal injuries, as respiratory distress is a common concern in trauma cases.
- The nurse assesses the rate, depth, and quality of the patient's breaths and provides supplemental oxygen if needed.

Circulation:

- Once the airway and breathing are stabilized, the nurse assesses the patient's circulation to check for signs of shock or hemorrhage.
- The patient may have sustained internal bleeding or other injuries resulting in hypovolemic shock.
- The nurse checks the patient's pulse, blood pressure, and skin perfusion to evaluate circulation and starts appropriate interventions, such as intravenous (IV) access and fluid resuscitation, if indicated.
- Other interventions: (This step usually follows after ABC is addressed)
- The nurse performs a thorough head-to-toe assessment to identify all injuries and prioritize care accordingly.
- Collaborating with the healthcare team, the nurse may request imaging studies, such as X-rays or CT scans, to further evaluate and diagnose any internal injuries or fractures.
- Pain management is initiated using appropriate medications to alleviate the patient's discomfort and reduce stress response.

Example Question

A-B-C

An unconscious patient is brought to the emergency room after a road accident. Which of the following is the priority intervention for this patient?

- a. Assess for level of consciousness
- b. Assess vital signs
- c. Airway management
- d. Management of bleeding

Ans. (c) Airway management

STRATEGY: Apply A-B-C to prioritize nursing action in the given scenario which leads to airway management option.

Maslow's Hierarchy of Needs

Understand the priority of addressing physiological needs before addressing higher-level needs. The hierarchy of Maslow's theory is as follows:

- Physiological needs: Air (oxygen), water (fluid), food, rest, and hygiene
- Safety and Security needs: Protection from injury or physical harm, safe environment.
- Love and Belonging needs: Social relationship, trusting interpersonal relationship, love and affection, sense of belonging.
- Self-esteem needs: Self-confidence, achievement, status and sense of accomplishment
- Self-Actualization needs: Realizing personal goals, pursuing creative activities, state of fulfilment.

Example Question

Maslow's Hierarchy of Needs

A nurse is assigned to four patients in the surgical ward. Which patient's needs should the nurse address first according to Maslow's hierarchy of needs?

- a. A patient who is requesting assistance to reposition in bed due to discomfort.
- b. A patient who is feeling lonely and asks to talk to a friend on the phone.
- c. A patient who is postoperative and requires pain medication for incisional pain.
- d. A patient who wants to participate in an art therapy session in the recreation room.

Ans. (c) A Patient who is postoperative and requires pain meds.....

STRATEGY: Apply Maslow's hierarchy of needs. Physiological needs, such as pain relief, take precedence over higher-level needs (comfort, need for relationship and recreation) in the hierarchy.

Nursing Process

Utilize the steps of the nursing process (assessment, diagnosis and analysis of the problem, planning, implementation, and evaluation) to prioritize the nursing action.

Each step of the nursing process can guide the test taker in answering Case Scenario-based questions:

Assessment: If the question stem lacks specific details about the client's condition or assessment outcomes, the test taker should prioritize selecting the assessment option that will provide crucial data to guide further action.

For example, if a question involves a client with a suspected infection but lacks specific vital signs or laboratory results, choosing the assessment option related to collecting vital signs or obtaining a culture sample would be the appropriate first step.

The following key words in the 'option' indicate that it is related to assessment:

- Determine
- Ascertain
- Find out
- Collect

Assess

Check



DECODING THE CASE SCENARIO-BASED QUESTIONS

- Identify
- Gather
- Monitor

- Obtain information
- Recognize
- Observe

Example Question

Nursing Process - Assessment

Two days after the coronary angiography, the client reports an increased pain and discomfort at the catheter site, what should the nurse do?

- a. Explain the client that it is normal after coronary angiography
- b. Assess the signs for infection
- c. Elevate the affected extremity
- d. Give massage to the pain site

Ans. (b) Assess the signs for infection

STRATEGY: The client's report of pain and discomfort at catheter site indicates the possibility of infection. So, the nurse should assess for signs of infection to decide further action.

Diagnosis (Analysis of problem): If the question stem provides assessment data or specific client information, the test taker should proceed to analyze the data and identify the most relevant patient problem (nursing diagnosis) which needs to be addressed. For instance, if the question describes a client with shortness of breath, wheezing, and a history of asthma, the test taker would recognize that the nursing diagnosis "Impaired Gas Exchange related to bronchoconstriction" is appropriate based on the presented data.

Planning: If the problem is clearly stated in the question stem, the test taker should focus on selecting appropriate nursing interventions or actions to address the client's needs. For example, if the problem stated is "patient with acute pain related to surgical incision," the test taker would indeed choose interventions such as administering pain medication, using comfort measures, and repositioning the client for pain relief.

However, if any of the options present an assessment action, such as "assess the level of pain," the test taker should prioritize selecting the assessment option. Assessing the level of pain is critical to understanding the intensity and nature of the client's pain, which is essential for choosing the most effective pain management intervention. By assessing the pain level, the nurse can determine the appropriate type and dosage of pain medication or other comfort measures needed to provide optimal pain relief.

Implementation: In this step, the test taker should consider the selected nursing interventions and determine which action to implement first based on the client's immediate needs and safety.

For instance, if the nursing interventions include wound dressing, administration of insulin, and patient education, the test taker would prioritize administration of insulin to address the client's immediate physiological needs.

Apply ABC, Maslow's hierarchy of needs and nursing process steps to prioritize the nursing interventions (as discussed above).

Evaluation: This is the final step of nursing process. In evaluation, the nurse assesses the client's response to the nursing interventions and compares it to the expected outcomes set during the planning phase. If the question stem explicitly asks the test taker to identify the effectiveness of the implemented nursing interventions or determine whether the client's desired outcomes have been achieved, then the appropriate response would be options related to evaluation.

If the question stem states that the client's desired outcomes have been met, the test taker would choose options related to reinforcing the successful interventions or documenting the positive outcomes.

Example Question

Concept: Evaluation (NORCET 2021)

A 17-year-old student has a long history of bronchial asthma and has experienced several severe asthmatic attacks during the school year. The school nurse is required to administer 0.2 mL of 1/1000 solution of epinephrine SC during an asthma attack. How does the school nurse evaluate the effectiveness of this intervention?

- a. Increased pulse rate
- b. Increased expectorate of secretions
- c. Decreased inspiratory difficulty
- d. Increased respiratory rate

Ans. (c) Decreased inspiratory difficulty

STRATEGY: The stem has key word "nurse evaluate". The expected outcome after administration of Epinephrine SC during asthma attack should be evaluated. Think of a positive outcome among given options.

Categories of Case Scenario-based Questions

Case scenario-based questions are designed to assess the nurse's ability to:

- Provide safe and effective care environment
- Provide care to maintain physiological integrity of patients
- Provide care to maintain psychosocial integrity of patients
- Promote health maintenance in patients.

Provide Safe and Effective Care Environment

Questions in this category assess the nurse's ability to:

- Provide safe nursing care to clients.
- Collaborate effectively with other healthcare team members to ensure optimal client care
- Protect clients, their significant others, and healthcare personnel from environmental hazards.

Key Areas for Safety-related Questions:

- **Hand washing:** Give stress on the importance of proper hand hygiene to prevent the transmission of infections.
- Asepsis: Emphasize the importance of maintaining a sterile environment during procedures to minimize the risk of infections.
- Call lights or bells: Address the significance of promptly responding to clients' calls or bells for assistance to ensure their safety and comfort.
- Bed positioning: Explain the appropriate positioning of clients to prevent complications such as pressure ulcers and respiratory issues
- Appropriate use of side rails: Discuss the safe use of side rails to prevent falls while considering individual client needs.
- Use of standard and other precautions: Review the implementation of infection control practices to safeguard against the spread of communicable diseases.
- **Triage:** It describe the process of prioritizing patients based on the severity of their condition in emergency situations.
- Emergency response planning: Highlight the importance of having well-defined protocols to manage emergencies effectively and efficiently.



Physiological Integrity of Patients

These questions in the Physiological Integrity category assess the nurse's ability to:

- Provide care related to comfort and assistance with activities of daily living for clients.
- Administer medications and parenteral therapies safely and accurately.

These Questions also Evaluate the Nurse's Capability to:

- Minimize the client's risk of developing complications or health problems related to treatments, procedures, or existing medical conditions.
- Deliver care to clients with acute, chronic, or life-threatening physical health conditions.

Key Focus Areas for Physiological Integrity Questions:

- Care related to comfort and activities of daily living
- Medication administration
- Parenteral therapy safety
- Minimizing the risk of complications
- Understanding procedures and treatments
- Assessing and monitoring clients
- Client education

Psychosocial Integrity of Patients

These questions focus on providing nursing care that helps clients and family members to cope, adapt, and solve the problems in challenging situations, such as illnesses, disabilities, or stressful events, like abuse, neglect, or violence.

Within this category, test takers may encounter communicationtype questions that assess how the nurse responds to clients, their family members, significant others, or other members of the health care team.

When approaching psychosocial integrity questions, it is essential to use therapeutic communication techniques. These techniques are effective in promoting a supportive and healing communication process between the nurse and the client or significant others. The nurse should choose options that address the thoughts, feelings, concerns, anxieties, or fears of the client, their family members, or significant others.

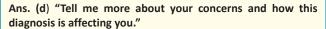
In answering psychosocial integrity questions, the nurse should consider the client's emotional and mental well-being as well as his/her social context. This may involve demonstrating sensitivity to cultural differences, respecting client's autonomy and decision-making, and collaborating with other health care team members to provide comprehensive and patient-centered care.

Example Question

Psychosocial Integrity

A nurse is caring for a client who has recently been diagnosed with a chronic illness. The client appears anxious and expresses concerns about managing the condition and its impact on his daily life. Which therapeutic communication response by the nurse is the most appropriate?

- a. "I understand how difficult this must be for you. You will get through this."
- b. "Do not worry; the treatment for this illness is very effective."
- c. "You should focus on the positive aspects of your life and do not dwell on the illness."
- d. "Tell me more about your concerns and how this diagnosis is affecting you."



Explanation: Option (d) demonstrates therapeutic communication by actively listening to the client's concerns and inviting him/her to share her thoughts and feelings openly. It acknowledges the client's emotional state and allows him to express his/her fears and anxieties related to the chronic illness. This response promotes trust and rapport between the nurse and the client, which is essential in supporting the client's psychosocial well-being.

Options (a) and (b) may be dismissive and closing the conversation. It does not encourage the client to express his feelings. Option (c) may come across as minimizing the client's emotions and may effectively address his concerns.

Example Question

A nurse is caring for a client who has been diagnosed with a terminal illness. The client appears distressed and says, "I am scared of what the future holds." Which response by the nurse is the most appropriate?

- a. "You have nothing to be scared of. Everything will be okay."
- o. "Why are you feeling scared about the future?"
- c. "Do not worry about the future. Focus on the present."
- d. "Can you tell me more about your concerns?"

Ans. (d) Can you tell me more about your concerns?"

Explanation: Option (d) is the most appropriate response as it asks the client to share more about his concerns, the nurse encourages open communication and creates a supportive environment for the client to express his emotions. This therapeutic communication approach allows the nurse to understand the client's fears and provide appropriate emotional support

Options (a) and (c) do not address the client's feelings effectively and may not provide the opportunity to client to express further concern. While Option (b) is attempting to understand the client's feelings, it uses a non-therapeutic communication technique by asking "why."

Promote Health Maintenance in Patients

This category of questions assesses the nurse's ability to provide and direct nursing care to promote and maintain the client's health.

These questions focus on assisting client and significant others during the normal expected stages of growth and development, as well as providing care related to the prevention and early detection of health problems.

While approaching health promotion and maintenance questions, it is essential to keep the following points in mind:

• Focus on client teaching: If the question involves client teaching, use the Teaching and Learning theory to guide your response. Remember that the client's willingness, desire, and readiness to learn should be the first priority.

Consider the client's individual learning needs and preferences when providing education and ensure that the information is delivered in a way that it is easily understandable and applicable to the client's situation.



Example Question

Assess Readiness to learn Before Teaching Client

A nurse is providing education to a client diagnosed with diabetes mellitus. The client seems disinterested and unmotivated to learn about blood glucose monitoring and insulin administration. What is the nurse's best approach?

- a. Continue providing the education despite the client's lack of interest.
- b. Suggest involving the client's family in the teaching session.
- c. Assess the client's readiness to learn and address any barriers to learning.
- d. Offer to reschedule the teaching session later.

Ans. (c) Assess the client's readiness to learn and address any barriers to learning

Explanation: The nurse's first priority should be to assess the client's readiness and willingness to learn. If the client seems disinterested, it is essential to identify any barriers to learning and address them before proceeding with the education. This approach ensures that the information is delivered effectively and is applicable to the client's situation.

Example Question

A nurse is providing education to a client with diabetes about self-monitoring blood glucose. The client states, "I am terrible at remembering things. I do not think I can do this." What is the nurse's best response?

- a. "Diabetes management is crucial. You need to find a way to remember."
- b. "Don't worry; I will remind you every day to check your blood glucose."
- c. "It is normal to feel overwhelmed. Let us discuss the strategies to help you remember."
- d. "If you can't remember, we might need to admit you to the hospital."

Ans. (c) It is normal to feel overwhelmed. Let is discuss strategies to help you remember."

Explanation: The nurse should acknowledge the client's concerns and offer to discuss strategies to help him remember to self-monitor his blood glucose. Option (a) may sound demanding and not empathetic, and Option (b) may foster dependency. Option (d) is an extreme response that is not warranted in this situation. Option (c) shows understanding and promotes problem-solving to address the client's concern effectively.

 Address normal growth and development: For questions related to normal expected stages of growth and development, consider the age and developmental milestones of the client.

Nurses should be familiar with typical growth and developmental patterns to identify any deviations or concerns that may require intervention.

Example Question

A nurse in the well-baby clinic assessing a 12-month-old infant. The infant's parent expresses concern about the child not walking yet. What is the nurse's best response?

- a. "Do not worry; all children develop at their own pace."
- b. "Your child should be walking by now. Let us discuss possible causes for the delay."
- c. "Walking typically starts between 10 and 15 months. Your child is still within the normal range."
- d. "It is concerning that your child is not walking yet. I will refer you to a pediatric specialist."

Ans. (c) "Walking typically starts between 10 and 15 months. Your child is still within the normal range."

Explanation: The nurse should provide reassurance by explaining that walking typically starts between 10 and 15 months, and the child is still within the normal range of development.

Option (a) is supportive, but option (c) provides more specific information about the typical age range for walking and addresses the parent's concern appropriately.

- Focus on preventive care: Health Promotion and Maintenance questions may involve preventive care measures to avoid the development of health problems. Consider, how the nurse can proactively support a client in adopting healthy behaviors, such as promoting regular exercise, healthy eating habits, and adherence to recommended screenings and vaccinations.
- Be mindful of negative event queries: Negative event queries are frequently used in health promotion and maintenance questions related to client education. These queries may present scenarios where a client lacks knowledge or understanding about a specific health-related topic. The nurse's role is to identify gaps in knowledge and provide appropriate education to improve the client's understanding and self-care abilities.

Normal Vs Abnormal & Nursing Action Vs Physician Action

- Often, the scenario-based questions have options such as "notify the physician" or "Document the findings". Understanding this strategy will help you to choose between these options.
- Understanding normal and abnormal physiological parameters and laboratory values will help solve many questions. As a nurse, you are expected to differentiate between normal and abnormal.

The following steps will help you to choose the appropriate options in scenario-based Question.

Step 1: Read the scenario carefully. Take your time to read the scenario thoroughly and understand the patient's condition, symptoms, and any other relevant information provided. Pay attention to vital signs, laboratory values, and the patient's chief complaints.

Step 2: Identify normal vs. abnormal parameters, once you have a clear understanding of the scenario, identify the physiological

parameters or laboratory values mentioned. Determine whether they fall within the normal range or if they are abnormal. You should have a good understanding of the typical reference ranges for various vital signs and lab values. (Refer to the Synopsis for the Normal values)

Step 3: Analyze the Severity of Abnormality, if you come across abnormal parameters. Some abnormal values may be slightly out of range and do not require immediate intervention. Others may indicate a more serious condition that needs prompt attention.

Step 4: Consider the nurse's scope of practice. If the scenario presents abnormal parameters that can be managed within the nurse's scope of practice, you can **consider implementing nursing interventions before notifying the physician**. Nursing interventions may include providing comfort measures, repositioning the patient, administering prescribed medications, or addressing other immediate needs based on your training and facility's policies.

Step 5: Determine if immediate physician notification is required. If the abnormality is severe and beyond the nurse's scope of practice, immediate notification of the physician or other relevant health care provider may be necessary.

Step 6: Consider the overall clinical condition. Assess the patient's overall clinical condition and any other pertinent factors that could influence your decision. These factors might include the patient's medical history, comorbidities, recent interventions, and responses to previous treatments.

Step 7: Choose the appropriate response. Based on your analysis of the scenario, select the most appropriate response from the available options.

If the parameters are within the normal range, you might choose to **Document the findings**. If the abnormality can be managed within the Nurse's scope of practice, you can choose to "Any of the nursing interventions given as options". If immediate physician intervention is necessary, you may choose to "Notify the physician."

Example Question

Normal Findings

Nurse Ramya is assessing a male newborn following circumcision and observes that the circumcised area appears red with a slight amount of bloody drainage. What would be the most appropriate nursing action in this situation?

- a. Apply gentle pressure on the area
- b. Reinforce the dressing
- c. Document the findings $\mbox{\ \ d.}$ Notify the physician

Ans. (c) Document the findings

Explanation: After circumcision, it is normal for the circumcised area to appear red and have a small amount of bloody drainage. This is a common and expected finding in the immediate postcircumcision period. By documenting these findings, the nurse is maintaining an accurate record of the newborn's condition, which is important for an ongoing assessment and communication among healthcare providers.

STRATEGY: Understand the normal Physiological and clinical Parameters. Understanding of the nurse that the redness and small amount of bloody drainage is normal findings after a circumcision procedure. This leads to the option (c) "Document the Findings".

Contd...

When the respiratory rate of a 12-month-old child is 35 breaths/min, the most appropriate nursing action is:

- a. Notify the physician
- b. Administer oxygen
- c. Reassess respiratory rate in 15 minutes
- d. Document the findings

Ans. (c) Document the findings

Explanation: The respiratory rate of a 12-month-old child is typically 30–60 breaths/min. So, a respiratory rate of 35 breaths/min is within the normal range. Therefore, the most appropriate nursing action in this situation is to document the findings.

STRATEGY: Understand the normal physiological and clinical parameters.

Example Question

Abnormal Findings

A client is in active labor with twins and the cervix is 5 cm dilated. The nurse observes that contractions are occurring every 7 to 8 minutes in a 30-min period. The most appropriate action by the nurse would be to:

- a. Administer oxygen at 4 liters by mask
- b. Note the fetal heart rate patterns
- c. Notify the physician immediately
- d. Instruct the client to relax during the contractions

Ans. (c) Notify the physician immediately

Explanation: Given the scenario of a client in active labor with twins, a 5 cm dilated cervix, and contractions occurring every 7 to 8 minutes in a 30-min period, it is important to consider the possibility of hypotonic uterine contractions, which are characterized by weak and infrequent contractions that can slow down labor progress. The most appropriate nursing action would be to "Notify the physician immediately" (option c). Hypotonic uterine contractions can lead to labor complications, and the physician needs to be informed promptly so that appropriate interventions, such as administering oxytocin to augment contractions can be considered.

Example Question

Infective endocarditis client developed sudden left leg pain with pallor, paresthesia, and a loss of peripheral pulses. Priority nursing action is:

- a. Elevate the leg to promote venous return.
- b. Apply constrictive elastic bandage
- c. Notify the physician
- d. Use blood blocks to elevate foot end

Ans. (c) Notify the physician

Explanation: The sudden onset of pain, pallor, paresthesia, and loss of peripheral pulses in a client with infective endocarditis are signs of a possible embolic event, such as a clot or vegetation breaking off from the heart and traveling to the leg. This is a serious medical emergency that requires immediate medical attention.

STRATEGY: Determine that "Immediate Physician Notification" is required if the abnormality is severe and beyond the nurse's scope of practice.



DECODING THE CASE SCENARIO-BASED QUESTIONS

Answering Complex Case Scenario-based Questions Using Clinical Judgment

All the strategies discussed above may help you solve a case scenariobased questions, however, there is no alternative to sound subject knowledge and clinical judgment of the situation.

The following points need to be carefully considered while solving complex case scenario-based questions.

- Read the question stem carefully and identify the key information, the client scenario and vital details.
- Identify the main issue in the question. The question stem may have too many details out of which the main issue needs to be identified. This will direct the test-taker to choose correct answer.
- Consider safety and prioritization: Read the options carefully and assess the urgency and potential risks associated with each option.
- Apply clinical knowledge: Use your knowledge of anatomy, physiology, pathophysiology, and pharmacology to make the best decision.
- Use your clinical judgment to weigh the risks and benefits of each option and make the best decision for the patient.
- Consider the patient's age, gender, and cultural background while making clinical judgment.

- Think about the setting in which the question is taking place (Emergency room, General ward, ICU, OT or Community setting). The response may vary depending on the setting.
- Use the process of elimination (as discussed above).



Negative Marking:

- Mathematically, with 1/4 negative marking, random guessing on a 4-option MCQ offers a small positive expected value of about 0.06 marks (1/16 marks) per question. If you can confidently eliminate two options, then your average expected gain rises significantly to about 0.375 marks per MCQ guessed.
- With 1/3 negative marking, random guessing does not improve your score on average (expected value is zero). However, if you can confidently eliminate two wrong options, your expected gain becomes notably positive, around 0.33 marks (1/3 mark) per MCQ guessed.
- Note: These figures reflect purely mathematical probabilities and are useful guidelines for making educated guesses while attempting MCQs in exams with negative marking. Nevertheless, there is no substitute for knowing the correct answer.





ASSERTION & REASON TYPE QUESTIONS



INTRODUCTION TO ASSERTION AND REASON

In this edition, a new format of multiple-choice questions—Assertion—Reason type MCQs—has been introduced. These questions consist of a statement of assertion followed by a statement of reason. The task of the candidate is to determine whether both statements are individually true and whether the reason correctly explains the assertion.

This type of question assesses not only factual knowledge but also analytical and logical reasoning skills. Considering the possibility that this format may be introduced in future examinations such as NORCET and ESIC, a sample set of Assertion—Reason questions has been included in this book to help aspirants familiarize themselves with the pattern.

For extended practice, a larger collection of Assertion—Reason type MCQs has been made available in the TARGET HIGH Digital Pro App, enabling learners to strengthen their skills and build confidence in handling this emerging question format.

- 1. Assertion (A): Osteoporosis is one of the common reasons for fractures in the elderly.
 - Reason (R): In osteoporosis, bones become brittle and less dense, making them more susceptible to breaking during falls or even with minor injuries.
 - a. Both A and R are true, and R is the correct explanation of A.
 - b. Both A and R are true, but R is not the correct explanation of A.
 - c. A is true, but R is false.
 - d. A is false, but R is true.

Explanation: Osteoporosis is a common cause of fractures in older adults due to decreased bone mass with age, especially in postmenopausal women. It makes bones brittle and less dense, increasing the risk of fractures even with minor trauma.

- 2. Assertion (A): Carpal Tunnel Syndrome (CTS) is caused by compression of the median nerve.
 - Reason (R): The median nerve runs along the spiral groove of the humerus and supplies the extensor compartment of the arm and forearm.
 - a. Both A and R are true, and R is the correct explanation of A.
 - b. Both A and R are true, but R is not the correct explanation of A.
 - c. A is true, but R is false.
 - d. A is false, but R is true.

Explanation: Carpal Tunnel Syndrome occurs when the **median nerve** is compressed, as it passes through the carpal tunnel, a narrow and rigid passageway in the wrist formed by bones and ligaments. This compression leads to symptoms such as pain, numbness, and weakness in the hand. The description provided in the 'Reason' refers to Radial nerve, not median nerve.

- 3. Assertion (A): The terms "Blue bloater" and "Pink puffer" are used to describe different presentations of chronic obstructive pulmonary disease (COPD).
 - Reason (R): "Blue bloater" refers to emphysema patients who hyperventilate and appear flushed, while "Pink puffer" refers to chronic bronchitis patients with low oxygen levels and cyanosis.
 - a. Both A and R are true, and R is the correct explanation of A.
 - b. Both A and R are true, but R is not the correct explanation of A.
 - c. A is true, but R is false.
 - d. A is false, but R is true.

Explanation:

The terms "Blue bloater" and "Pink puffer" were traditionally used for two clinical types of COPD.

- Blue bloater (Chronic bronchitis): Excess mucus, hypoxemia, cyanosis, and fluid retention.
- Pink puffer (Emphysema): Alveolar destruction, dyspnea, hyperventilation, and pink complexion due to near-normal oxygen levels.

So, the Reason is false.

- Assertion (A): Clients with chronic obstructive pulmonary disease (COPD) are typically advised to use pursed-lip breathing.
 - Reason (R): Pursed-lip breathing prolongs exhalation, prevents airway collapse, and reduces air trapping.
 - a. Both A and R are true, and R is the correct explanation of $\mbox{\ \ A}$
 - Both A and R are true, but R is not the correct explanation of A.
 - c. A is true, but R is false.
 - d. A is false, but R is true.



Ans.

MATCH THE FOLLOWING TYPE QUESTIONS



1. Match the following Clinical signs with their Descriptions.

Clinical sign	Description	
1. Rovsing's sign	A. Acute cholecystitis	
2. Murphy's sign	B. Acute appendicitis	
3. Obturator sign	C. Retrocecal appendicitis	
4. Psoas sign	D. Pelvic appendicitis	
a. 1-B, 2-A, 3-D, 4-C b. 1-C, 2-A, 3-D, 4-B c. 1-B, 2-C, 3-D, 4-A d. 1-A, 2-B, 3-C, 4-D		

Explanation:

- Rovsing's sign: Pain is elicited in the right lower quadrant when the left lower quadrant is palpated. It is seen in acute appendicitis.
- Murphy's sign: Inspiration is arrested due to pain when the right upper quadrant is palpated. It is seen in acute cholecystitis.
- Obturator sign: Pain is felt in the right lower quadrant when the flexed right hip is internally rotated. It is seen in pelvic appendicitis.
- Psoas sign: Pain is felt in the right lower quadrant when the right thigh is extended while the patient lies on the left side. It is seen in retrocecal appendicitis.
- 2. Match the following Nursing theorists with the Theories they proposed.

Theorists	Theory
1. Florence Nightingale	A. Self-Care Deficit Theory
2. Virginia Henderson	B. Environmental Theory
3. Dorothea Orem	C. Need Theory
4. Hildegard Peplau	D. Interpersonal Relations Theory
a. 1-D, 2-A, 3-C, 4-B c. 1-B, 2-C, 3-A, 4-D	b. 1-C, 2-A, 3-D, 4-B d. 1-B, 2-A, 3-D, 4-C

3. Match the following Respiratory conditions with the Correct definitions.

Condition	Description	
1. Pneumonia	A. Inflammation of bronchial tubes	
2. Atelectasis	B. Destruction of alveolar walls and air trapping	
3. Bronchitis	C. Infection causing alveolar inflammation and consolidation	
4. Emphysema	D. Collapse of part or all of a lung	
a. 1-B, 2-A, 3-D, c. 1-D, 2-C, 3-B,		

4. Match the following Insulin names with the Type they are.

Insulin name	Type of insulin
1. Lispro	A. Long-acting insulin
2. Regular insulin	B. Rapid-acting insulin
3. Neutral Protamine Hagedorn	C. Intermediate-acting insulin
4. Glargine	D. Short-acting insulin
a. 1-C, 2-D, 3-A, 4-B c. 1-B, 2-D, 3-C, 4-A	b. 1-A, 2-B, 3-C, 4-D d. 1-C, 2-D, 3-A, 4-B

Explanation:

- Lispro: Rapid-acting insulin, starts in 15 minutes, used before
- Regular insulin: Short-acting, starts in 30–60 minutes, used around meals.
- NPH: Intermediate-acting insulin, covers blood sugar between meals and overnight.
- Glargine: Long-acting insulin, provides steady 24-hour blood sugar control.
- 5. Match the following Imbalance with their Deficient electrolytes.

Imbalance	Deficient electrolyte
1. Hypokalemia	A. Sodium
2. Hyponatremia	B. Calcium
3. Hypocalcemia	C. Potassium
4. Hypomagnesemia	D. Magnesium
, , - ,	b. 1-A, 2-C, 3-D, 4-B d. 1-D, 2-C, 3-A, 4-B

Explanation:

- **Hypokalemia:** Low potassium levels in the blood.
- **Hypocalcemia:** Deficiency of calcium in the bloodstream.
- Hypernatremia: Elevated sodium levels, often due to dehydration.
- Hypomagnesemia: Low levels of magnesium, affecting neuromuscular function.
 - 6. Match the following Fractures with their Descriptions.

Fracture type	Description	
1. Green stick fracture	A. Distal radius	
2. Galeazzi fracture	B. Radius fracture with distal radio ulnar joint dislocation	
3. Pott's fracture	C. Ankle fracture	
4. Colles' fracture D. Fracture of long bone in children		
a. 1-D, 2-B, 3-C, 4-A c. 1-B, 2-D, 3-A, 4-C	b. 1-A, 2-C, 3-D, 4-B d. 1-C, 2-A, 3-B, 4-D	



Ans. 1. a 2. c 3. d

4. 5.

🖁 Video-Based Questions (182s) 🌘



1. Which of the following procedure is being performed in the video?



- a. Ortolani and Barlow test
- b. Anterior drawer test
- c. Lachman test
- d. Flexion rotation drawer test

5. The procedure being performed in the video is:



- a. Pulmonary function test
- b. Incentive spirometry
- c. Alcohol breath test
- d. Urea breath test
- 2. Which of the following procedure is being performed in the video?



- a. NG tube insertion
- b. OG tube insertion
- c. Sengstaken-Blakemore tube insertion
- d. Guedel's airway insertion

The nasal clip used during the procedure shown in the



- a. Avoid drainage of nasal secretion during the procedure
- b. Achieve a tight seal of the airway
- c. Improve patient comfort during the procedure
- d. Prevent sneezing during procedure
- 3. All among the following are the advantage of the procedure shown in the video; EXCEPT:



- a. Minimize aerosol generation
- b. Less chance for cross infection
- c. Apply negative pressure throughout the respiratory
- d. Maintain PEEP throughout the respiratory cycle

The device shown in the video is:



- a. Jet nebulizer
- b. Mask nebulizer
- c. Ultrasonic nebulizer
- d. Steam inhalation device
- 4. The specimen collection shown in the videos is for:



- a. RT-PCR
- b. Rapid antigen test for COVID
- c. Sputum culture and sensitivity test
- d. Both a & b

The instrument used for the measurement of Mid-Upper Arm Circumference shown in the video is:



- a. Shakir tape
- c. Edtape
- b. Stadiometer
- d. Gulick tape



2.

3. 4.

5. 6.

7.

8.



INSTRUMENTS AND DEVICES

1. INSTRUMENTS

Name, Description and Image of the Instruments/Devices

Adson thumb forceps

• For holding and manipulating delicate tissues.



Allis tissue forceps

 Allis tissue forceps are used for grasping organs and slippery or dense tissue during electrosurgery.



Babcock forceps

 Used to grasp delicate tissue in laser procedures. They are frequently used with intestinal and laparotomy procedures.



Vulsellum

- Used in gynecological operations to hold the tip of cervix.
- This structure is similar to Allis forceps except they are very long.



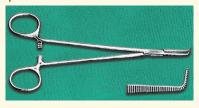
Artery forceps

• Used for grasping, compressing, and holding the end of an artery during ligation.



Right-angled artery forceps

• To isolate, encircle and ligate vessels or ducts, especially those present in depths.



Kocher's Forceps

- To hold securely superior thyroid pedicle vessels.
- Hold retracting cut ends of vessels in tough fibrous tissue.
- Hold ribs during rib resection.
- To cause artificial rupture of gestational membrane.



Cautery or electrocautery

- Removal of unsightly warts.
- To burn or coagulate the specific area of tissue.









Subject-wise Synopsis CBQs, IBQs & MCQs

SUBJECTS COVERED

- Fundamentals of Nursing
- Medical Surgical Nursing/Adult Health Nursing (Including Anatomy & Physiology)
- Pharmacology
- Community Health Nursing
- Psychiatric Nursing
- · Pediatric Nursing
- Obstetric and Gynecological Nursing
- Applied Microbiology Vursing Know

- Applied Biochemistry and Nutrition
- Applied Sociology and Psychology
- Nursing Research and Statistics
- Nursing Education/Educational Technology
- Nursing Administration and Management
- Health/Nursing Informatics and Technology
- Forensic Nursing and Indian Laws

GET ACCESS
TO THE MOST
VALUE ADDED
CONTENT IN
TARGET HIGH

GO PREMIUM

DIGITAL



"YOUR SUCCESS NOW DIGITAL"

YOUR TRUSTED COMPANION FOR EVERY NURSING COMPETITIVE EXAM.

DEAD DRACTICE DEVISE DECALL

SUCCEED



DOWNLOAD THE TH DIGITAL APP



FUNDAMENTALS OF NURSING

SYNOPSIS

- The term 'nursing' has been derived from a Latin word 'nurtix' which means to nourish.
- Definition of nursing by Virginia Henderson—"The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge".
- Definition of nursing by the American Nurses Association (ANA)— "Protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations".

FLORENCE NIGHTINGALE'S CONTRIBUTION TO NURSING

- Florence Nightingale was born in Florence, Italy on May 12, 1820 and died on August 13, 1910.
- Every year, International Nurses Day is celebrated on 12th May.
- She developed first organized nursing program for nurses in the year 1860.
- She started her program in the Nightingale Training School for Nurses at St. Thomas' Hospital in London.
- She volunteered herself during Crimean War in the year 1853.
- She is known as "Lady with the Lamp" for taking care of soldiers with lamp at night.

KEY POINTS

- Florence Nightingale defined nursing as "the art of utilizing the environment of patients to assist them in their recovery".
- Environment is the focus of nursing care in Nightingale's theory.

MILESTONES OF NURSING IN INDIA

- The first school of nursing with 4 students was started in Government General Hospital, Madras (now Chennai) with 6 months Diploma in Midwives' Program.
- 1908 The Trained Nurses' Association of India (TNAI) was formed.
- 1926 Madras state (now Tamil Nadu) formed first registration council to provide basic standards in education and training.
- 1946 The first 4 years' bachelor's degree program was
 established at RAK College of Nursing in New Delhi and
 Christian Medical College, Vellore, Tamil Nadu
- 1947 The Indian Nursing Council Act was passed by ordinance on December 31.
- 1948 Nursing Council Act came into existence in 1948 to constitute a council of nurses.
- 1949 The Indian Nursing Council constituted under the Indian Nursing Council Act, 1947.
- 1959 First master's nursing course of 2 years duration started at RAK College of Nursing, New Delhi.
- 1986 MPhil in Nursing was started by RAK College of Nursing, Delhi.
- 1992 Doctoral program in nursing was started by RAK CON under Department of Nursing, University of Delhi.
- 2017 Indian Nursing Council launched nurse practitioner in critical care nursing program.
- 2023 The National Nursing and Midwifery Commission Bill 2023 (NNMC 2023) was passed in Lok Sabha on July 28. NNMC was passed in Rajya Sabha on August 8, 2023.

A SECTION

BASIC CHARACTERISTICS OF A PROFESSION

- Specialized education
- Body of knowledge
- Continuous research activity
- Service orientation
- Code of professional ethics
- Autonomy
- Professional organization

DIFFERENT ROLES OF NURSES

TABLE 1 RO	LE OF NURSES
Role	Description
Autonomy and accountability	 Nurse should be able to initiate independent nursing action without medical orders within the scope of practice. E.g., initiation of cold sponging to a patient with fever. Nurse is always responsible and answerable for the quality of care provided to the patient.
Caregiver	Caregiver helps the patient achieve maximum level of functioning independently by providing good care.
Advocate	Defends the patient's right to be treated equally without any harm intentionally or unintentionally.
Educator	 Nurse educates the patient about the disease process and its management. Nurse demonstrates and educates patients on health-related activities and promotes healthy lifestyle.
Communicator	Communicator role is an integral part of a good relationship. Nurse communicates to the patient about disease process, its management and progress.
Manager	Nurse managers are responsible for managing nurses within a healthcare environment and are responsible for creating an environment that promotes a culture aimed at enhancing the quality of life for patients.
Researcher	Investigates the role of nurses which further improves on nursing practice.

TRENDS IN NURSING

TABLE 2	TRENDS IN NURSING	
Trends		Descriptions
Evidence-bas	ed practice	To provide high-quality nursing care through evidence-based practice.
Quality and s education for	•	Provide regular education to stay updated with healthcare changes.

Contd...

Trends	Descriptions
New technologies	Emerging technologies that contribute to sophisticated diagnostic and treatment modalities, development of e-health and tele medicine, etc.
Genomics	It is the study of inheritance and nurses should use these study findings ethically and for the betterment of humankind.
Public perception of nursing	Nowadays, public is aware about the consumer rights and rights of a patient. Always provide high-quality competent care to the patient to avoid medical errors.

NURSING PROGRAMS IN INDIA

TABLE 3	IURSING PROGRAMS I	N INDIA
Name of the program	Duration	Basic qualification
Auxiliary Nurse Midwife	6 months and 18 months internship	10+2
GNM	3 years and 6 months	10+2
BSc Nursing	4 years	10+2 Science
Post Basic Nursing	2 years	GNM
MSc Nursing & Nurse Practitioner in Critical Care (NPCC)	2 years	BSc Nursing or Post Basic Nursing with 1 year of experience (INC criteria) Note: AIIMS does not require 1 year experience.
MPhil Nursing	1 year course for regular candidate and 2 years course for part-time candidate	MSc in nursing (Note: MPhil course is abolished as per new NEP)
PhD Nursing	3 years—full time 5 years—part time	 MSc Nursing is essential qualification. 3 years of experience after MSc Nursing for National Consortium for PhD in Nursing. Other Universities have their own criteria but MSc Nursing is essential.



A SECTION

Thermometers

Thermometers are the instruments used to measure the temperature.

DIFFERENT TYPES OF THERMOMETER ALONG WITH THEIR PICTURES

Glass thermometer
Or

Mercuric thermometer



Electronic thermometer



Digital thermometer



Tympanic thermometer

Note: Cerumen (ear wax) impaction can affect tympanic temperature values by as much as 0.3°F lower than the unobstructed ear.

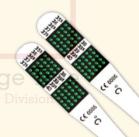


Noncontact digital infrared thermometer (Forehead thermometer)

Note: To use forehead thermometer, the environmental temperature should be between 60.8°F and 104°F (16°C and 40°C) and relative humidity below 85%.



(Disposable thermometer strip)



Nestenno Nestenno

Note:

- Have patient open mouth and place the grid end of the thermometer far back in mouth under tongue.
- After at least 60 seconds has elapsed, remove thermometer from patient's mouth.



Contd...

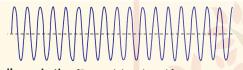


Biot's respiration [Deep breathing with periods of sudden pauses) **Causes**: Meningitis, brainstem damage, head injury

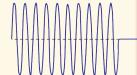


Cheyne-Stokes (cycles of varying depth and rate of breathing). It has a crescendo-decrescendo pattern)

Causes: Stroke, traumatic brain injury, brain tumors, decompensated congestive heart failure



Kussmaul's respiration [Fast and deep breath] **Causes**: Diabetic ketoacidosis (DKA), kidney failure



Central sleep apnea [Apnea during sleep]
Causes: Heart failure, kidney failure

KEY POINTS

- The sequence of vital signs assessment in newborn is respiratory rate, pulse and temperature.
- Always count the pulse for one full minute.
- Paradoxical respiration is seen in flail chest due to Blunt Chest Trauma.

Blood Pressure

- Blood pressure is the force exerted by the blood against the wall of the artery.
- Systolic blood pressure (SBP): Maximum pressure exerted by blood on the blood vessel during left ventricular contraction (ejection).
- Diastolic blood pressure (DBP): Pressure exerted by blood on the wall of the artery during diastole (resting and filling) of the heart.
- **Pulse pressure:** Difference between systolic and diastolic pressure. Normal range is 30-50 mm Hg.
- While measuring BP, the sounds heard are known as Korotkoff sounds.
- Normal blood pressure: 120/80 mm Hg.

Factors Affecting BP

- BP increases
 - As the cardiac output increases
 - As the peripheral vascular resistance increases
 - As the viscosity or hematocrit increases

- As the elasticity of blood vessel decreases
- When smoking
- During stress and anxiety
- During acute pain
- After puberty, males tend to have higher BP than females of similar age.
- After menopause, females tend to have higher BP than males of similar age.

Abnormal BP

TABLE 16	ABNORMAL BP			
Blood pressur	re category	SBP (mm Hg)		DBP (mm Hg)
Normal		<120	and	<80
Elevated BP		120-129	and	<80
Hypertension	Stage-I	130-139	or	80-89
Hypertension	Stage-II	≥140	or	>90
Hypertensive	Crisis	>180	and/or	>120

Ref: American Heart Association

- Orthostatic hypotension:
 - It is also known as postural hypotension.
 - It refers to a sudden drop in blood pressure when a person changes from lying down to sitting or standing up position.
 - It is diagnosed when SBP falls 20 mm Hg or more or DBP falls 10 mm Hg or more within 3 minutes of position change.

Mean Arterial Pressure

- It is the average arterial pressure during the cardiac cycle.
- MAP > 60 mm Hg is enough to maintain organ perfusion.
- MAP = 70-110 mm Hg

Points to remember

Calculation of Mean Arterial Pressure

There are two methods:

Method 1

Mean Arterial Pressure (MAP) = DBP + 1/3 (SBP - DBP)

Where, SBP – Systolic Blood Pressure and DBP – Diastolic Blood Pressure.

For example, if the SBP = 120 mm Hg and DBP = 75 mm Hg, the MAP is:

Method 2

Mean Arterial Pressure (MAP) = $\frac{SBP + (2 \times DBP)}{3}$

For example, if the SBP = 120 mm Hg and DBP = 75 mm Hg, the MAP is

$$MAP = \frac{120 + (2 \times 75)}{3}$$
= (120 + 150)/3
= 270/3
= 90



A SECTION

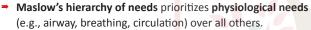
Recent Update

National Nursing and Midwifery Commission (NNMC) Bill:

- The Government of India passed the NNMC Bill, 2023 on July 24, 2023 in the Lok Sabha.
- The NNMC Bill aims to set up National Nursing and Midwifery Commission (NNMC), and will repeal the Indian Nursing Council Act, 1947, to streamline nursing education in India.
- The Central Government shall establish three Autonomous Boards under the overall supervision of the National Commission to carry out specific functions as per this Act. These boards are:
- The Nursing and Midwifery Undergraduate and Postgraduate Education Board
- The Nursing and Midwifery Assessment and Rating Board
- The Nursing and Midwifery Ethics and Registration Board



GOLDEN POINTS to Remember



- Advance directives are legal documents that include living wills and durable power of attorney for healthcare.
- The Nurse Practice Act in each state defines the scope of nursing practice and protects public health.
- Informed consent must be obtained by the provider performing the procedure, not the nurse.
- If a patient refuses treatment, the nurse must document the refusal and notify the provider immediately.
- The "5 Rights" of delegation: Right task, Right circumstance, Right person, Right direction/communication, Right supervision.
- Nonmaleficence is an ethical principle that obliges one to not inflict intentional harm (to do no harm).
- Intentional torts include assault, battery, false imprisonment, intentional infliction of emotional distress, libel, slander and trespassing.
- Beneficence: Doing good for patients and providing benefit balanced against risk.
- Fidelity: Being loyal and faithful to commitments and accountable for responsibilities.
- Veracity: Telling the truth and not intentionally deceiving or misleading patients.
- → **Slander** refers to the crime of making a false spoken statement damaging to a person's reputation.
- → A patient whose life is threatened and who is comatose is presumed to have given **implied consent**.
- Heat loss due to contact with circulating air movement is known as convection.
- Transfer of heat from one object to other without contact is known as radiation (60% heat loss from skin is through radiation).
- Normal oral temperature is 98.6°F (37°C).
- Normal axillary temperature is 97.6°F (36.4°C) [1°F lesser than oral temperature).
- Normal rectal temperature is 99.6°F (37°C) [1°F higher than oral temperature].
- → Hypothermia—Temperature <95°F.</p>
- Hyperthermia—Temperature up to 105°F.



- Hyperpyrexia—Temperature >105°F.
- Rectal temperature is the most reliable method to assess core temperature.
- To assess rectal temperature, the thermometer is inserted 1.5 inches in adults and 1 inch in children. Position Left lateral.
- Wipe the thermometer from bulb to stem with moist swab before taking temperature.
- Wipe the thermometer from stem to bulb with a dry swab after taking temperature.
- Relapsing fever: Fever episodes are separated by intervals of normal temperature for days or weeks.
- Lysis: Temperature falls in a zigzag manner (step-ladder pattern).
- Crisis: Sudden return of temperature to the normal range from a very high temperature.
- Rigor: Sudden rise in body temperature with shivering as seen
- Inverse fever: Temperature rises in the early morning rather than in the evening.
- Increased depth of breathing with normal respiratory rate is called hyperpnea.
- Cheyne-Stokes Respiration is characterized by alternating periods of tachypnea and apnea.
- Kussmaul respiration (air hunger) is associated with severe metabolic acidosis and diabetic ketoacidosis.
- → Always count the pulse for one full minute.
- Pulse pressure refers to the difference between systolic blood pressure and diastolic blood pressure.
- Pulse Pressure = Systolic Blood Pressure Diastolic Blood Pressure
- Width of the cuff should be 40% of the arm circumference and length of the cuff should be 80% of the arm circumference.
- A blood pressure cuff that is too large will give falsely low reading of BP.
- A blood pressure cuff that is too small will give falsely high reading of BP.
- Movement of an extremity away from the body midline is called abduction.
- Adduction: Moving toward midline of the body.
- Extension: Straightening a joint.



Contd..

CLINICAL CASE-BASED QUESTIONS



1

New Question 2025-26

A client, is brought to the emergency department with the complaint of abdominal pain. Nurse Linda recorded vital signs of the client. What phase of nursing process is done by the nurse here?

- a. Assessment
- b. Planning
- c. Implementation
- d. Evaluation

Ans. (a) Assessment

Explanation: Monitoring vital signs help to obtain information related to client. So this is considered an assessment of the client.

2

New Question 2025-26

A nurse has received 34-year-old male patient from the OPD with the chief complaints of allergic rhinitis, including episodic cough, wheeze, itchy red watery eyes and a runny, itchy nose. Patient had a history of Asthma since 2015. After performing the initial assessment, which type of health assessment will the nurse perform?

- a. Comprehensive Health Assessment
- b. Focused Health Assessment
- c. Episodic Health Assessment
- d. Emergency Health Assessment

Ans. (b) Focused Health Assessment An Initiative by CBS

Explanation: A focused health assessment is performed when a patient presents with specific symptoms or health concerns, particularly when the condition is already known, and targeted data is required.

3

New Question 2025-26

A first aid rescuer provides hands-only CPR to a victim who collapsed in front of him outside a coffee shop. Which legal principle supports the rescuer from being successfully sued for wrongdoing?

- a. Statutory law
- b. Misdemeanor
- c. Good Samaritan laws
- d. Administrative law

Ans. (c) Good Samaritan laws

Explanation: Good Samaritan laws protect people who help others in an emergency from being sued for wrongdoing.

4

New Question 2025-26

A nurse is caring for a bedridden patient who is at risk of hip external rotation due to his position in bed. The nurse wants to implement a comfort device to prevent this external rotation

of the hips. Which of the following comfort devices should the nurse use?

- a. Trochanter rolls
- b. Hand roll
- c. Trapeze roll
- d. Sandbags

Ans. (a) Trochanter rolls

Explanation: Trochanter rolls are used to prevent external rotation of the hip in bedridden patients. They are placed from the lateral aspect of the hip to the mid-thigh to keep the leg in proper alignment. This is especially important in patients on prolonged bed rest or those recovering from hip surgery or stroke.

5

New Question 2025-26

You have measured the body temperature of your assigned patient and found that the patient is febrile. You have instructed the patient that they may lose body heat through perspiration. The patient then asks the nurse about the mechanism of heat loss that occurs in this condition.

- a. Conduction
- b. Convection
- c. Evaporation
- d. Radiation

Ans. (c) Evaporation

Explanation: Evaporation occurs when sweat is produced by the sweat glands and comes into contact with the skin's surface. As the sweat evaporates, it absorbs heat from the body, leading to cooling.

6

New Question 2025-26

You went into the patient's room to monitor the patient's vital signs, and noticed that the patient was is holding a hot cup of coffee in his hand. You informed the patient that you have to monitor his body temperature. Patient replied, "Ok! Sure, I have almost finished my coffee". Select the most appropriate response made by the nurse in this situation?

- a. The nurse waits for 30 minutes, then after that monitors the oral body temperature.
- b. The nurse will ask the patient to gargle his mouth with water and apply the thermometer.
- c. The nurse will check the other vital signs first, then check the
- d. The nurse will inform the patient that the temperature will be checked in next shift.

Ans. (a) The nurse waits for 30 minutes, then after that monitors the oral body temperature.

Explanation: To obtain a reliable body temperature measurement, it is necessary to wait until the patient's oral cavity has cooled down from the hot coffee. Waiting for approximately 30 minutes allows sufficient time for the mouth to return to a normal temperature before taking the oral temperature.

🕻 Image-Based Questions

1. Identify the labeled part 'A' in the image of the AMBU bag shown here. (NORCET-8 2025)



- a. Self-inflating bag
- b. Oxygen inlet port
- c. Oxygen reservoir bag
- d. Face mask connector

In order to aspirate urine for urine analysis or culture examination of a patient diagnosed with CAUTI, which of the following points should be considered as per the given image? (NORCET-8 2025)



- a. A
- c. C

- b. B
- d. D

2. Identify the image given here.

(NORCET-8 2025)



- a. Nasogastric tube (Ryle's tube)
- b. Foley catheter
- c. Gastrostomy tube
- d. Endotracheal tube

Identify the given image:





- a. LMA
- b. Nasopharyngeal airway
- c. Supraglottic airway
- d. None of the above
- 3. Identify the technique used for holding the mask in bagvalve-mask ventilation as shown in the image.

(NORCET-8 2025)

- a. CE technique
- b. E-C clamp technique
- c. Hook technique
- d. Two-hand thenar eminence technique



What is the ideal route for the administration of the medication shown in the below given image?

(NORCET-6 2024)

- a. Subcutaneous
- b. Intramuscular
- c. Intradermal
- d. Peripheral line



(NORCET-5 2023)

4. Identify the type of catheter as shown in the image. (Equipment used in drug administration)

(NORCET-8 2025)



- a. CVC (Central Venous Catheter)
- b. PICC Line (Peripherally Inserted Central Catheter)
- c. Arterial Line
- d. Foley Catheter

8. Identify the image given here.



- a. Cuff manometer
- c. Suction bottle
- b. Glucometer
- d. Barometer



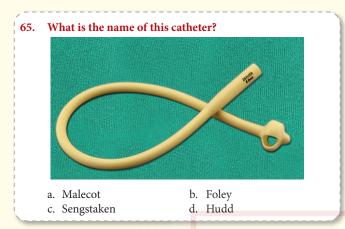
Ans.

2.

3.

4. 5. 6. 7.





66. Which one of the following statements is TRUE regarding this instrument? (Refer to the explanation at the end)



- a. Prevents the tongue from falling on posterior pharyngeal wall or epiglottis
- b. It is called Berman oral airway
- c. Best inserted during a seizure to prevent tongue bite
- d. Inserted into the mouth with concavity toward the tongue

Don't limit yourself by seeing

Image based Questions

Unlock complete practice on the app.



ALL IBQS
RATIONALES AVAILABLE
EXCLUSIVELY ON THE APP.



· GO PREMIUM

Explanations of Image-Based Questions

32. Ans. (a) Blue

A light blue Vacutainer tube is commonly used to collect blood samples for coagulation tests. The light blue-top tube contains sodium citrate, an anticoagulant that is specifically used for coagulation studies. Sodium citrate prevents blood from clotting by binding calcium ions, which are necessary for the coagulation cascade to occur. By preserving the blood sample in an anticoagulated state, it allows accurate measurement of clotting factors and clotting times during coagulation testing.

33. Ans. (b) Mitten restraint

A soft mitt prevents the patient from being able to grasp things, but they are still able to move their arms. Soft wrist and ankle restraints may be used to prevent a patient from interfering with cares, such as pulling at an IV or other tubes or removing a dressing.

35. Ans. (b) Hot air oven

The most effective and commonly used method of sterilization of glassware is dry heat treatment using hot air oven. On exposing the glassware to dry heat, the inhibition of growth occurs due to denaturation of proteins and oxidation of biomolecules.

66. Ans. (a) Prevents the tongue from falling on posterior pharyngeal wall or epiglottis

Guedel airway (Image) is the MC type of airway used for preventing tongue from falling back on the posterior pharyngeal wall





MULTIPLE CHOICE QUESTIONS

(Including Explained and Practice Questions)

DEFINITION OF NURSING

- 1. Which of the following phrases best describes 'the science of nursing'?
 - a. Application of clinical skills
 - b. Holistic approach in patient care
 - c. Body of nursing knowledge
 - d. Art of specialized nursing care
- "The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery". This definition of nursing is stated by:
 - a. Florence Nightingale
- b. Dorothea Orem
- c. Virginia Henderson
- d. Callista Roy
- "The act of assisting others in the provision and management of self-care to maintain or improve human functioning at the home level of effectiveness". The given statement regarding the nursing profession is proposed by:
 - a. Florence Nightingale
- b. Dorothea Orem
- c. Virginia Henderson
- d. Callista Roy
- The definition given by Florence Nightingale mainly focuses on:
 - a. Love and affection
 - b. Evidence based practice NUTSING KNOWLE12.
 - c. Reliable and valid care
 - d. Utilizing the environment for recovery
- "Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings." Which of the following has given this definition regarding the nursing profession organization in the year of 2002?
 - a. INC c. TNAI
- b. WHO d. ICN
- Which of the following agency defines the nursing and its values as "Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response"?
 - a. World Health Organization
 - b. Indian Nursing Council
 - c. American Nurse Association
 - d. International Council of Nurses
- 7. Adaptation Model of Nursing with Five major needs for human physiology was developed by the Sister:
 - a. Callista Roy
- b. Betty Neumann
- c. Dorothea Orem
- d. Henderson
- The Word "Nurse" is derived from the Latin word "Nutrix" which refers to the actual meaning of:
 - a. Care
- c. Nourish
- d. Nutritious

- The Knowledge-based Nursing practices and core skills for this profession mainly depend on the:
 - a. Reporting and documentation
 - Research and analysis
 - c. Diagnosis, intervention and evaluation
 - History collection and assessment

Explanation: By performing the appropriate diagnosis for a condition and treating the condition with the appropriate intervention and evaluating the result will enhance the knowledgebased practice and limit the occurrence of error.

- International Council for Nurses was first established in the year of:
 - a. 1899
- b. 1908
- c. 1923
- d. 1945

HISTORY OF NURSING

- Who decreased mortality by improving sanitation in the battlefields, resulting in a decrease of illness and infection? (SCTIMS [NO] 2023)
 - a. Florence Nightingale
- b. Clara Barton
- c. Dorothea Dix
- d. Lillian Wald
- The first school of nursing was established by:
 - (AIIMS Raipur Grade II 2017)
 - a. Virginia Henderson
- b. Theodor Fliedner

- c. Florence Nightingale
- d. Isabel Hampton

Explanation: In 1836, Pastor Theodor Fliedner established the Kaiserswerth School for Nursing in his parish in Kaiserswerth, Germany. It was one of the first formal established schools of nursing in the world. Florence Nightingale established St. Thomas' Hospital and the Nightingale Training School for Nurses in 1860.

- International day for nurses is celebrated on:
 - a. December 1
- b. May 12
- c. June 2
- d. May 1

Explanation: International Nurses Day is celebrated on May 12, which is the birth day of Florence Nightingale.

- Florence Nightingale was born on:
 - a. May 12th 1820
 - b. May 12th 1832
 - c. April 7th 1820
 - d. June 7th 1842
- In 1860, Nightingale set up the first nursing training school (ESIC Chennai May 2012)
 - a. St. Thomas' Hospital, London
 - b. University of Edinburgh
 - Petersburg, Virginia
 - d. None of the above



C

d

C

a

C

C

a

b

9. 10. a 11. 12. 13.

15.



MULTIPLE CHOICE QUESTIONS

- 16. ICM theme for International Nurses Day 2025 is ...
 - a. Our Nurses. Our Future. The Economic power of care
 - b. Nurses: A voice to lead A vision for future healthcare
 - c. Our Nurses. Our Future: Caring for nurses strengthens economies
 - d. Nurses: A voice to lead-Health for All

Explanation:

The themes of International Nurses Day for last 7 years are given

2025	Our Nurses. Our Future. Caring for nurses strengthens economies
2024	Our Nurses. Our Future. The Economic Power of Care
2023	Our Nurses. Our Future
2022	Nurses: A voice to lead - Invest in Nursing and respect rights to secure global health
2021	Nurses: A voice to lead - A vision for future healthcare
2020	Nurses: A voice to lead - Nursing the World to Health

- In which year, the Florence Nightingale award was instituted by Ministry of Health and Family Welfare, Govt of India?
 - a. 1947
- b. 1952
- c. 1965
- d. 1973

Explanation: The Ministry of Health and Family Welfare instituted the National Florence Nightingale Awards in 1973 to recognize the outstanding services rendered by nurses and nursing professionals to society. The award is presented annually on May 12th, which is celebrated as International Nurses Day in honor of Florence Nightingale, the founder of modern nursing.

LEGAL AND ETHICAL ASPECTS IN NURSING

- 18. A systematic inquiry into principles of right and wrong (AllMS Bibinagar [Tutor] 2023) conduct is known as:
 - a. Ethics
 - b. Values
 - c. Law
 - d. Justice
- 19. The ethical theory that defines ethical behavior as acts that assure the greatest possible good for the greatest number of individuals is: (AllMS Bibinagar [Tutor] 2023)
 - a. Ethical relativism
 - b. Utilitarianism
 - c. Egoism
 - d. Ethical formalism
- 20. The body of legal principles that has evolved from court decisions is known as: (AllMS Bibinagar [Tutor] 2023)
 - a. Constitutional law
 - b. Statutory law
 - c. Administrative law
 - d. Common law
- 21. The principle of fairness is known as: (SCTIMS [NO] 2023)
 - a. Advocacy
 - b. Autonomy
 - c. Justice
 - d. Accountability

- Mr. Nanda Kishore Yadav, a 52-year-old, was admitted with a stab injury due to communal riots and undergoes a cholecystectomy and is being discharged after recovery. Since he is an employee of a private company and the bill will be cleared from the company, the company is demanding access to his case file. The most appropriate action of the nurse will be to: (UPUMS [NO] 2023)
 - Inform the company that the access of the health records can be provided only to his relatives
 - Refuse access to his health records
 - Inform the company to obtain permission from the hospital authorities to provide access to the health records
 - d. Provide access to his health records
- A nurse injects a small amount of an antibiotic intradermally/subcutaneously and observes for hypersensitivity reaction. Which of the following ethical terms best (UPUMS [NO] 2023) describes this act?
 - a. Beneficence
- b. Nonmaleficence
- c. Justice
- d. Autonomy

Explanation:

- The nurse is performing a skin test (like a penicillin skin test) to check for a hypersensitivity reaction before administering a full dose of an antibiotic. This is done to prevent harm to the patient, such as a severe allergic reaction (e.g., anaphylaxis).
- The ethical principle of nonmaleficence means "do no harm". It involves avoiding actions that could cause harm or risk of harm to the patient. By testing for hypersensitivity, the nurse is taking precautions to minimize the risk of a harmful reaction, which aligns with nonmaleficence.
- Beneficence (a) refers to promoting good or acting in the best interest of the patient (e.g., providing a treatment that benefits them).
- Justice (c) refers to fairness and equitable distribution of resources.
- Autonomy (d) respects the patient's right to make their own
- Which of the following ethical principles refers to the duty not to harm? (SNEHP 2022)
 - a. Beneficence
- b. Nonmaleficence
- c. Fidelity
- d. Veracity
- As per Indian Nursing Council norms for BSc nursing program, the size of the Hospital/Nursing Home for affiliation should not be less than:

(Gujarat Nursing Service [NO/Principal] 2022)

- a. 100 beds
- b. 30 beds
- c. 150 beds
- d. 250 beds
- Truth-telling about the disease and its prognosis to terminally ill patients, in such situation which ethical principal is followed by a nurse?

(Gujarat Nursing Service [NO/Principal] 2022)

- a. Confidentiality
- b. Fidelity
- c. Justice
- d. Veracity
- The means of protecting health information authorized by the individual is:

(Gujarat Nursing Service [NO/Principal] 2022)

- a. Voting
- b. Privacy
- c. Admitting
- d. Sorting



Ans.

16.

17. d

18. a

19.

20.

21.

22.

23.

24.

25.

26. d

27. b



2

MEDICAL SURGICAL NURSING/ ADULT HEALTH NURSING

(INCLUDING ANATOMY & PHYSIOLOGY)

SYNOPSIS

1. INFLAMMATION AND WOUND HEALING

INFLAMMATION

Inflammation is a localized reaction intended to neutralize, control or eliminate the offending agent to prepare the site for repair.

Five Cardinal Signs of Inflammation

- 1. Redness
- 2. Warmth (heat)
- 3. Swelling
- 4. Pain
- 5. Loss of function

Point to remember

Fever is systemic response of inflammation.

Chemical Mediators

- Histamine, released by mast cells at the site of injury, causes vasodilation and vascular permeability.
- Kinins are responsible to attract neutrophils.
- Prostaglandins cause increased vascular permeability.

Three Phases of Inflammation

Phase 1: Inflammatory response (3-5 days)

- Transient vasoconstriction occurs immediately after injury, followed by vasodilation and increased capillary permeability, which results in redness, swelling and warmth.
- Exudate consists of plasma, plasma proteins, solutes, WBCs, etc., migrate into tissues, resulting in pressure of fluid on nerve endings (pain and loss of function).
- Leukocytes are responsible for engulfing offending organisms and removing cellular debris. (*phagocytosis by macrophages*).

Phase 2: Repair and Regeneration (2-8 weeks)

• It is characterized by new collagen formation.

 These fibers are laid down in disorganized manner to make scar tissue, but the links between fibers are weak. Thus, new tissue is susceptible to disruption on aggressive activity.

Phase 3: Remodeling and Maturation (Months to years)

- In this phase, tissue continues to remodel, strengthen and improve its cellular organization.
- Increase in organization of collagen fibers and bonds become stronger.

Exudate

The fluid involved in inflammatory edema is known as exudate.

- Serous exudate: Water-like exudate; seen in minor injury
- Fibrinous exudate: Contains fibrin
- Purulent exudate (pus): Creamy white exudate from dead neutrophils; seen in bacterial infection
- Hemorrhagic exudate: Bloody red exudate

WOUND HEALING

Wound healing is a complex and dynamic process of replacing devitalized and missing cellular structures and tissue layers.

Types of Wounds

- Acute wound: Heals without many complications within expected time frame, e.g., surgical wounds and trauma wounds.
- Chronic wound: Underlying pathology or infection causes wound or interferes with the healing process. For example, diabetic ulcer and pressure ulcer.

Wound Healing Process

- **Healing by primary intention:** No or little scar tissue, e.g., surgical wounds.
- Healing by secondary intention: Marked loss of tissue. Edges of the wound are too far and wound gets closed naturally through granulation and epithelialization. For example, lacerated wounds, pressure ulcers, and traumatic injuries.

Types of Gangrene

TABLE 1 TYPES OF GANGRENE

Dry gangrene

- begins in the distal part of the limb due to ischemia and spreads upward.
- Most commonly affects limbs
- Commonly due to arterial occlusion, e.g., Raynaud's disease, Buerger's disease
- Organ is dry, shrink and black in color
- Bacteria fail to survive



Dry gangrene

Wet gangrene

- Affects naturally moist tissues such as oral cavity, bowel, cervix, lungs, etc.
- More commonly affects bowel
- Commonly due to blockage of venous supply and less commonly due to blockage of arterial supply, e.g., diabetic foot, bedsore, gas gangrene



Wet gangrene (gas gangrene)

- Organ is moist, soft, swollen, rotten and dark
- This gangrene favors bacterial growth.

A special form of wet gangrene caused by Gram-positive anaerobic bacteria of Clostridium species is known as gas gangrene.

GOLDEN POINTS to Remember

- Cardinal signs of inflammation include redness, heat, swelling, pain, and loss of function.
- Kinins are plasma-derived chemical mediators of acute inflammation.
- Nociception is the physiological process by which information about tissue damage is communicated to the central nervous system (CNS).
- Prostaglandins increase the sensitivity of pain receptors by enhancing the pain-provoking effect of bradykinin. They contribute to pain and fever in inflammation.
- ➡ Endorphins interact with the opiate receptors in the brain to reduce our perception of pain and act similarly to drugs such as morphine and codeine.
- Nociceptor is a sensory neuron that responds to damaging or potentially damaging stimuli by sending 'possible threat' signals (pain) to the spinal cord and the brain.
- Dehiscence is the separation and disruption of previouslyjoined wound edges.
- Hyperbaric oxygen therapy means delivery of O₂ at increased atmospheric pressure, that accelerates granulation tissue formation and wound healing.
- Primary leukocyte that responds during inflammation is Neutrophil.
- Increase in immature neutrophils is known as 'left shift'.
- Most common cause of altered inflammatory response is Neutropenia.
- Phagocytosis is also known as opsonization. This is used to neutralize foreign molecules.
- Increased erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) are markers of inflammatory process.
- ➤ Eosinophilic response is seen in allergy, parasitic infection and cancer
- ➡ In the first 24 hours of Inflammation process, Ischemic cell injury and infiltration of neutrophils occur.

- During 24 to 48 hours to inflammatory process, **Macrophages** become dominant.
- Increased capillary permeability and blood flow to the site of injury occur during inflammatory phase of wound healing.
- Vitamin C is essential for collagen synthesis and wound healing.
- Primary intention healing involves clean, approximated wound edges.
- Secondary intention healing occurs in wounds with tissue loss or infection.
- Tertiary intention (delayed primary closure) is used in contaminated wounds.
- Healthy granulation tissue is pink or red and uneven in texture.
- Dark granulation tissue can be a sign of poor perfusion or infection.
- Position change every 2 hours is the most effective method of prevention of pressure ulcer in a bedridden patient.
- Norton or Braden scales are valid risk assessment tools for the assessment of pressure ulcers.
- Waterlow scale or score is used for risk assessment of pressure ulcer.
- ➤ Movement of the affected area is one of the important factors that delays wound healing. Age, blood flow, nutrient, moisture are some of the other factors that affect the wound healing process.
- Keloid is an abnormal overgrowth of scar tissue beyond the wound margin.
- Gangrene is a type of tissue death due to lack of blood supply and oxygen.
- Dry gangrene mostly affects limbs.
- → Moist gangrene mostly affects bowel.







MULTIPLE CHOICE QUESTIONS

(Including Explained and Practice Questions)

1. INFLAMMATION AND WOUND HEALING

INFLAMMATION

- 1. All of the following are local manifestations of inflammation; (AIIMS Jodhpur [SNO] 2023) except:
 - a. Redness
- b. Increased WBC count
- c. Warmth
- 2. Which of the following is a plasma-derived chemical mediator of acute inflammation?

(AllMS Bibinagar [Tutor] 2023)

- a. Histamine
- b. Prostaglandins
- c. Cytokines
- d. Kinins
- 3. A thirty-year-old patient has an ulcer over lateral malleolus. Nurse caring for this patient understands, the pain of the patient is due to: (OSSSC [NO] 2022)
 - a. Edema
- b. Exudate
- c. Infection
- d. Ischemia
- 4. Inflammation of the oral mucosa is known as:

(AIIMS Patna [NO] 2020)

- a. Gingivitis
- Glossitis
- c. Parotitis
- d. Stomatitis
- 5. Severe generalized edema is called: (Safdarjung NO 2018)
 - Myxedema
 - Pitting edema
 - Anasarca
 - d. Dependent edema

Explanation:

- When edema is massive and generalized, it is called anasarca. It is caused by a variety of clinical conditions, like heart failure, renal failure, liver failure, or problems with the lymphatic system.
- The swelling is mainly caused by abnormal retention of body fluids in extracellular space and body tissues. Due to this, anasarca is also known as dropsy, massive edema or generalized edema. In anasarca, the inflammation is widespread throughout the whole body.
- 6. Which of the following is not a plasma-derived chemical mediator?
 - a. Cytokines
- b. Complement components d. Coagulation proteins
- c. Kinins
- 7. Cytokines are secreted by:
- b. B-Lymphocytes
- a. Neutrophils c. Endothelial cells
- d. All of the above
- 8. Which of the following increases vascular permeability during acute inflammation?
 - a. Histamine
- b. Cytokines
- c. AFP
- d. Both (a) and (b)

- 9. Mechanism behind the characteristic feature of acute inflammation is:
 - a. Redness and pain
 - Pancytopenia
 - Vasodilatation and increased vascular permeability
 - Spongy bone marrow
- 10. The classical substances that increase the sensitivity of pain receptors by enhancing the pain-provoking effect of bradykinin are: (ESIC 2019)
 - a. Nociceptor
- b. Endorphins
- c. Prostaglandins
- d. Encephalin

Explanation:

- High levels of prostaglandins are produced in response to injury or infection and cause inflammation, which is associated with the symptoms of redness, swelling, pain and fever. This is an important part of the body's normal healing process.
- In contrast, Endorphins causes analgesic effect
- 11. Which of the following is a substance that decreases pain transmission and causes an inflammatory response?

(AIIMS-BBS SNO 2019)

- a. Substance P
- b. Endorphin
- c. Prostaglandin
- d. Histamine
- 12. All of the following are evidences of an infection; except:
 - a. Elevated WBC
- b. Purulent drainage
- c. Primary intention
- d. Increased leukocytes
- 13. Hemorrhage with collection of blood in the soft tissue is called:
 - a. Contusion
 - b. Purpura
 - c. Ecchymoses
 - d. Hematoma
- 14. Thick yellow drainage from the wound is known as:

(AIIMS 2016)

- a. Sanguineous
- b. Serous-sanguineous
- Serous
- d. Purulent

Explanation: Clear and watery drainage is serous. Sanguineous drainage is fresh blood that is prevalent among deep wounds of full and partial thickness. Serous-sanguineous drainage is thin and watery, and it is pink in color. Purulent drainage is when the leakage from wound appears milky. It is generally gray, green or yellow.

- 15. Which of the following types of exudates contains fibrin?
 - a. Hemorrhagic exudate
 - Serous exudate
 - Fibrinous exudate
 - d. Purulent exudate



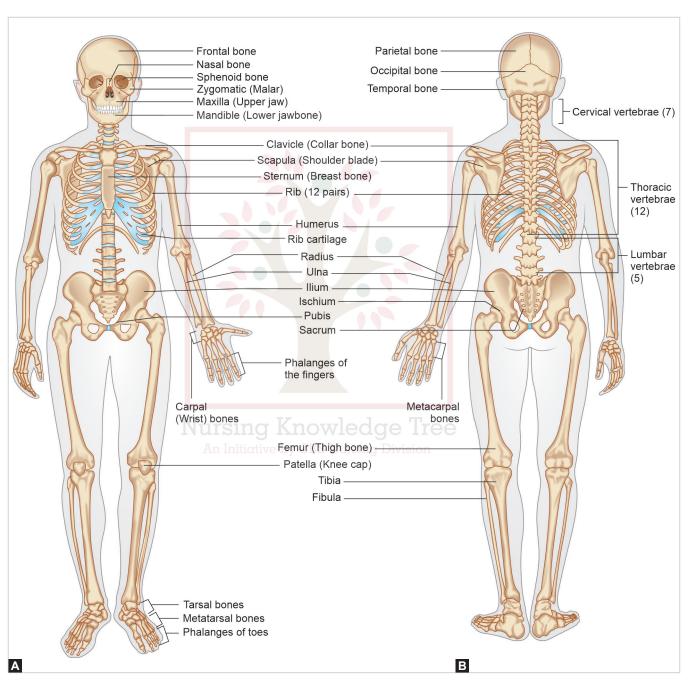
14. d

15.

A SECTION

3. MUSCULOSKELETAL SYSTEM

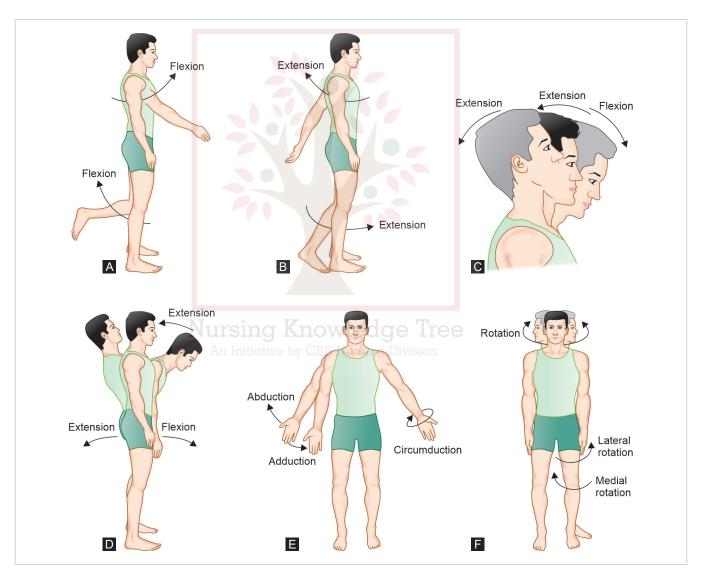
ANATOMY AND PHYSIOLOGY OF MUSCULOSKELETAL SYSTEM



Figures 2A and B: Skeletal system of human body: (A) Anterior view; (B) Posterior view



- Anatomical terms of motion:
 - Flexion and extension: Flexion describes a bending movement that decreases the angle between a segment and its proximal segment. Extension is the opposite of flexion.
 - Abduction and adduction: Abduction refers to a motion that pulls a structure or part away from the midline of the body. Adduction refers to a motion that pulls a structure or part toward the midline of the body.
 - Elevation and depression: The terms elevation and depression refer to movement above and below the horizontal.
- Rotation: Internal rotation (or medial rotation) refers to rotation towards the axis of the body. External rotation (or lateral rotation) refers to rotation away from the center of the body.
- Pronation and supination: Pronation and supination refer to rotation of the forearm or foot so that in the anatomical position, the palm or sole is facing anteriorly (supination) or posteriorly (pronation).
- Diaphragm is a dome-shaped muscular structure which separates the thoracic cavity and abdominal cavity. Diaphragm helps in respiration.



Figures 4A to F: Angular movements: A and B. Flexion and extension at the shoulder and knees;
C. Extension and flexion of the head and neck; D. Angular movements: Flexion and extension of the vertebral column;
E. Abduction, adduction and circumduction of the upper limb at the shoulder; F. Rotation of the head, neck and lower limb

ANATOMY OF BONE

- Long bone has a shaft called diaphysis.
- Diaphysis is a hollow cylinder that covers the bone marrow.
- The two ends of long bones are called proximal and distal epiphyses
- In children, epiphyses are separated from diaphysis by epiphyseal plate.
- Epiphyseal plate or cartilage is the site for bone growth; once bone growth is complete, this cartilage is replaced with bone and it will be joined to the diaphysis.



8. RESPIRATORY SYSTEM

ANATOMY AND PHYSIOLOGY

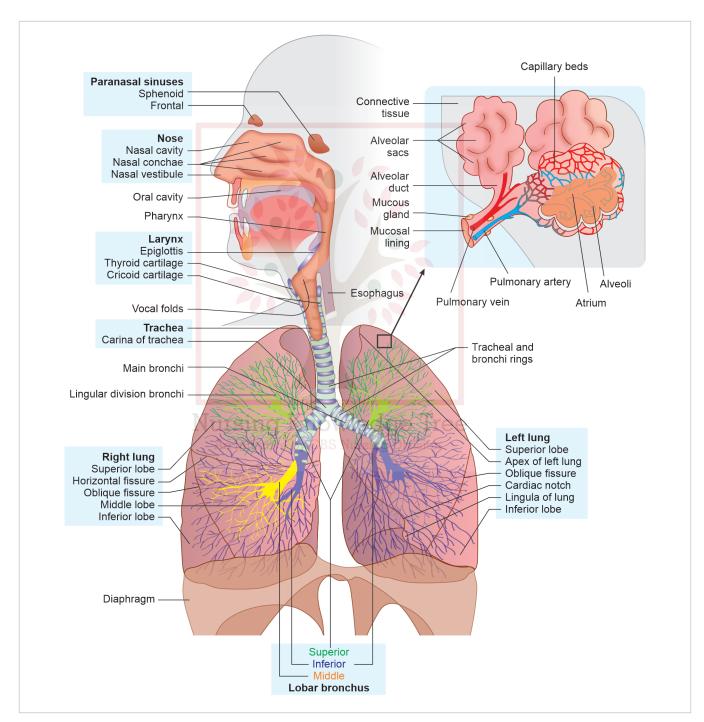


Figure 59: Respiratory system and an enlarged cross-section of lungs

- Normally, the difference in SBP between inspiration and expiration does not exceed 15 mm Hg. In patients with severe asthma, a difference of >25 mm Hg may be noted which is known as pulsus paradoxus.
- **First line treatment:** Bronchodilator treatment with a β₂-agonist, typically salbutamol. The inhaled route is most effective.
- **Anticholinergic agents:** Ipratropium bromide does not cross the blood-brain barrier and is the recommended agent of choice.
- Glucocorticoids are the most important treatment for status asthmaticus. Action usually requires at least 4–6 hours to occur because protein synthesis is required before the initiation of its anti-inflammatory effects.

KEY POINTS

- Stridor is a high-pitched, wheezing sound caused by disrupted airflow.
- Stridor may also be called musical breathing or extrathoracic airway obstruction.
- Single largest risk factor for Asthma: Atopy/Hereditary
- Asthma triad includes nasal polyps, asthma, and sensitivity to aspirin and NSAIDs.
- Drug of Choice for chronic asthma: Inhaled corticosteroid
 + long acting beta agonists (LABA)
- Drug of Choice for acute, severe asthma: Inhaled Short acting beta agonists (SABA) + systemic steroids
- Bronchodilator of choice in COPD: Anticholinergics

Chronic Obstructive Pulmonary Disease

Chronic obstructive pulmonary disease (COPD) is a life threatening lung disease. It causes chronic obstruction of airway in the lungs. In some cases, the air sacs (alveoli) get damaged gradually leading to a condition called emphysema (pink puffers). In other cases, the airways get inflamed (irritation) leading to a condition called chronic bronchitis (blue bloaters).



Figure 64: Risk factors for COPD

- Symptoms of COPD:
- COPD is characterized by three primary symptoms:
 - 1. Cough
 - 2. Sputum production and
 - 3. Dyspnea on exertion (DOE)—Weight loss is common because dyspnea interferes with eating.
- Barrel chest is seen in emphysema.
- Wheezing (Whistling sound while breathing), chest tightness, cough with mucus often called smoker's cough, Unintended weight loss (in later stages)
- **Diagnosis:** Detailed history, chest X-ray and pulmonary function tests. In ABG, patient will have **respiratory acidosis**.

Management: Risk reduction (smoking cessation), Inhaled bronchodilators, nebulization and inhaled or oral steroids;

antibiotics, oxygen therapy, steam inhalations, chest physiotherapy and pulmonary rehabilitation program.

- Chest physiotherapy (CPT) given in morning is the best, can also be given 1 hour before meal and 2-3 hours after food.
- Management—Bronchodilators, mucolytics, corticosteroids, antibiotics.
- Complications: Respiratory infections such as cold, flu and pneumonia; high blood pressure, heart problems including heart attack, right sided heart failure (cor pulmonale), lung cancer, depression, etc.

KEY POINTS

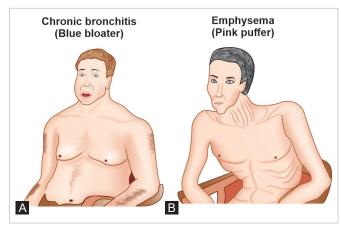
- Pink puffers: Puffing to breathe (hyperventilation) and pink complexion (maintain oxygen level with rapid breathing)
- Blue bloaters: Cyanosis (blue) and edema (bloating) due to chronic bronchitis
- Signs and Symptoms: Remember LUNG DAMAGE
 - L Lack of energy
 - U Unable to tolerate (shortness of breath)
 - N Nutrition poor (weight loss due to energy utilized for breathing effort particularly in emphysema)
 - **G** Gases abnormal (Low PO, and High PCO,)
- Teach the patient about pursed-lip and diaphragmatic breathing to manage shortness of breath
- Low amount of oxygen delivery is advised (1–2 L/min)
- Maintain oxygen saturation at 88–93% (Low oxygen is the respiratory stimulant in patients with COPD....Not CO₂)

Point to remember

Oxygen needs to be administered judiciously in COPD patients because hypercapnia (increased CO₂) cause respiratory stimuli, increased oxygen may lead to poor respiratory efforts in these patients.

Emphysema

• The abnormal presence of air in tissues or cavities of the body.



Figures 65A and B: A. Chronic bronchitis; B. Emphysema





MULTIPLE CHOICE QUESTIONS

(Including Explained and Practice Questions)

8. RESPIRATORY SYSTEM

ANATOMY AND PHYSIOLOGY OF UPPER RESPIRATORY SYSTEM

- 1474. When ventilation exceeds perfusion, it leads to which of the following? (AIIMS Jodhpur [SNO] 2023)
 - a. Dead space
- b. Silent unit
- c. Pneumothorax
- d. Shunt
- 1475. The communication between the nasopharynx and the oropharynx is called:

(Gujarat Nursing Service [NO/Principal] 2022)

- a. Nasal cavity
- b. Nasopharynx isthmus
- c. Choanae
- d. Pharyngeal isthmus
- 1476. The voice box is known as:
 - (AIIMS Patna [NO] 2020) b. Diaphragm
 - a. Larynx c. Bronchioles
- d. Pharynx
- 1477. Normally respiratory center is stimulated by: (JIPMER 2012)
 - a. Oxygen
- b. HCO,
- c. Carbon dioxide
- d. Lactic acid
- 1478. The chemoreceptors in the medulla oblongata increases the breathing rate in response to increase in blood concentration of:
 - a. Oxygen
- b. Carbon dioxide
- c. H+
- d. Carbon dioxide and H
- 1479. Carina is situated at which level of in adult?
 - a. T3
- b. T4
- c. T6
- d. T9
- 1480. Trachea is lined by:
 - a. Stratified squamous epithelium
 - b. Cuboidal epithelium
 - c. Simple columnar epithelium
 - d. Pseudostratified columnar epithelium
- 1481. The length of an adult trachea is:
 - a. 6-8 cm
- b. 10-11 cm
- c. 14-15 cm
- d. 16-20 cm
- 1482. Tracheal bifurcation occurs at the level of:
 - a. T1-T2
- b. T3-T4
- c. T4-T5
- d. None
- 1483. Sinuses are:
 - a. Cavities in nasal bone
 - b. Chamber containing vitreous humor in eye
 - c. Chamber producing ear wax
 - d. All of the above
- 1484. The cartilage that completely encircles the larynx with the narrow part anteriorly and the broad part posteriorly is (AIIMS Raipur Grade II 2017)
 - a. Thyroid cartilage
- b. Cricoid cartilage
- c. Arytenoid cartilage
- d. Epiglottis

- Explanation: The thyroid cartilage is a hyaline cartilage structure that sits in front of the larynx and above the thyroid gland. The arytenoid cartilages are a pair of small three-sided pyramids which form part of the larynx to which the vocal folds (vocal cords) are attached. The epiglottis is a flap in the throat which keeps food from entering the windpipe and the lungs.
- 1485. "Tracheostomy" is usually performed between the tracheal rings of cartilage of: (AIIMS Raipur NO 2019)
 - a. Second and third
- b. Third and fourth
- c. Fourth and fifth
- d. All of these
- 1486. Trachea starts at the level of:
 - a. 4th cervical vertebra
- b. 5th cervical vertebra
- c. 6th cervical vertebra
- d. 7th cervical vertebra

ANATOMY AND PHYSIOLOGY OF LOWER RESPIRATORY SYSTEM

- 1487. The area between the lungs, occupied by the heart, great vessels, trachea and esophagus is known as:
 - (AllMS Bibinagar [Tutor] 2023)
 - a. Hilum
- b. Diaphragm
- c. Mediastinum
- d. Pleural cavity
- 1488. The narrow part of larynx at the level of vocal cords is:
 - (Gujarat Nursing Service [NO/Principal] 2022)
 - a. Vestibule
- b. Rima glottidis
- c. Infraglottic part
- d. Cricoarytenoids
- 1489. The visceral pleura is:
- (AIIMS Nagpur [NO] 2020)
- a. The fluid around the lungs
 - b. The thinnest portion of the peritoneum
 - c. The membrane lining surface of the lungs

 - d. The membrane lining the wall of the thoracic cavity
- 1490. Muscles used in respiration are all; except:
 - a. Internal intercostal muscles
 - b. External intercostal muscles
 - c. Diaphragm
 - d. Sternocleidomastoid muscles
- 1491. The nerve which supplies the diaphragm is:
 - a. Diaphragmatic
- b. Phrenic
- c. Radial
- d. Sciatic
- 1492. Blood supply of the lungs is:
 - a. Pulmonary artery
- b. Pulmonary vein
- c. Bronchial artery
- d. All of these
- 1493. Which among the following activity helps in the production of surfactant?
 - a. Taking deep breaths
- b. Coughing exercises
- c. Strenuous exercises
- d. ROM exercises



Ans 1474. a

1475. d

1476. a

1485. a

1486. c

1487. c

1488. b

1489. c



17. HOMEOSTASIS, EMERGENCY AND CRITICAL CARE NURSING

SHOCK

- Shock is a condition in which the systemic blood pressure is inadequate to deliver oxygen and nutrients to cellular function and vital organs.
- It is an acute medical condition associated with reduced perfusion to body tissues.

Stages of Shock

- Initial stage:
 - Decreased cardiac output results in reduced mean arterial pressure.
 - Increase in heart rate due to stimulation of sympathetic nervous system.
 - Characterized by increased heart rate, decreased blood pressure, thirst, pale, cool, moist skin over the face.
- Compensatory stage:
 - Stimulation of sympathetic nervous system releases epinephrine and norepinephrine to maintain homeostasis.
 - Peripheral vasoconstriction caused by stimulation of α_1 adrenergic fibers assures more blood available for heart and brain.

- Coronary and cerebral artery dilation occurs due to stimulation of beta adrenergic fibers. This results in increased cardiac output.
- Increased renal sodium and water reabsorption results in increased cardiac output.

Progressive stage:

- Compensatory mechanisms become ineffective.
- Impaired perfusion results in anaerobic metabolism and cellular hypoxia
- Renal ischemia stimulates renin-angiotensin-aldosterone system which further causes vasoconstriction.
- Irreversible stage:
 - Compensatory mechanisms are ineffective.
 - Coronary and cerebral tissue perfusion drops, and organ systems fail.

Classification of Shock Based on Etiology

- Hypovolemic shock
- Cardiogenic shock
- Circulatory or disruptive shock

Type of shock	Description	Management
Hypovolemic shock	Occurs because of low blood volume Causes: External fluid loss, such as vomiting, diarrhea, diuresis, Diabetes insipidus, trauma, surgery. Internal fluid shift, such as hemorrhage, burns, ascites, peritonitis and dehydration Manifestations: Rapid, irregular, and thready pulse. Urine output <20 mL/hr or 480 mL/24 hrs.	Crystalloids: RL and NS are commonly used for fluid replacement Colloids: Albumin, Dextran and Hetastarch can also be used to replace fluid volume. Blood transfusion, if the cause is hemorrhagic shock Position: Trendelenburg is preferred because it promotes venous return Medication: Vasoactive drugs, e.g., Dobutamine, Dopamine, Epinephrine, Norepinephrine, Vasopressin, Amrinone.
Cardiogenic shock	Heart is not able to perform its function. Causes: Myocardial infarction, cardiomyopathy, valve disease, cardiac tamponade, arrhythmia Manifestations Anginal pain Dysrhythmia Cyanotic skin Jugular vein distension Pulmonary crackles	 Supplemental oxygen Pain management Selected fluid support Vasoactive medications, e.g., Dobutamine, Nittinglycerine, Dopamine, Epinephrine, Norepinephring Vasopressin, Amrinone and antiarrhythmic drugs Cardiac supportive measures, such as pacemake ventricular assistive devices, Intra-aortic balloon pump (IABP) or Extracorporeal cardiopulmonary bypass
Circulatory or Distributive shock (It includes septic shock, anaphylactic shock, neurogenic shock and hypodynamic shock)	 Results from excessive vasodilation and impaired distribution of blood flow. Cardiac output is usually normal. Septic shock is the most common cause of disruptive shock. Other causes: Systemic inflammatory response syndrome (SIRS) Other non-infectious causes include toxic shock syndrome, anaphylaxis, insect bites, transfusion reaction, etc. 	



ARGET MIGH" Eighth Edition (Book+Digital)



Explanation: Stressors are external events or circumstances that can trigger a stress response in an individual. They can be physical, psychological, or social in nature and can vary widely depending on the individual's perception and ability to cope.

SHOCK

SECTION

4153. Which type of shock is seen in Anaphylaxis?

(NORCET-7 2024)

- a. Distributive shock
- b. Septic shock
- c. Cardiogenic shock
- d. Hypovolemic shock

4154. Which of the following is the sign of severe Hypovolemia? (NORCET-6 2024)

- a. Bradycardia
- b. Tachycardia
- c. Warm skin
- d. Hypertension

4155. Which symptom of hypovolemia among the following causes life-threatening hypovolemic shock?

(NORCET-6 2024)

- a. Bradycardia
- b. Tachycardia
- c. Hypotension
- d. Hypertension

4156. Which of the following is the firstline option to increase blood volume in a patient with hypovolemic shock? (NORCET-6 2024)

- a. Normal saline
- b. 3% saline
- c. Dextrose saline
- d. Plasma expanders
- 4157. When evaluating a client with symptoms of shock, it is important for the nurse to differentiate between neurogenic and hypovolemic shock. The symptoms of neurogenic shock differ from hypovolemic shock in that:

(NORCET-4 2023)

- In neurogenic shock, the skin is warm and dry
- In hypovolemic shock, there is bradycardia
- In hypovolemic shock, capillary refill is less than 2 seconds
- d. In neurogenic shock, there is delayed capillary refill

4158. Cause of decreased peripheral vascular resistance is:

(NORCET-4 2023)

- a. Cardiogenic shock
- b. Hypovolemic shock
- c. Neurogenic shock
- d. Pulmonary embolism
- 4159. A nurse assesses a client hospitalized following a road traffic accident (RTA). The obtained vital signs are: blood pressure (BP) 76/52 mmHg, heart rate (HR) 124, respiratory rate (RR) 24, cool clammy skin and rapid breathing. For which life-threatening complication should the nurse carefully monitor the client? (NORCET-5 2023)
 - a. Hypovolemic shock
- b. Neurogenic shock
- c. Septic shock
- d. Cardiogenic shock

4160. The example for distributive shock among the following shock types is: (UPUMS [NO] 2023)

- a. Anaphylactic shock
- b. Burn shock
- c. Surgical shock
- d. Hemorrhagic shock
- 4161. The type of shock uncounted in case of road traffic accidents with the significant hemorrhage is:

(Gujarat Nursing Service [NO/Principal] 2022)

- a. Septic shock
- b. Neurogenic shock
- c. Hypovolemic shock
- d. Cardiogenic shock
- 4162. A patient's blood pressure suddenly drops, what is expected from on-duty nursing officer, that which drug will doctor order that is to be administered immediately?

(Combined AIIMS [NO] 2020)

- a. Dopamine
- b. Noradrenaline
- Both (a) and (b)
- d. None of these

4163. What is an early sign of hypovolemic shock?

(Combined AIIMS [NO] 2020)

- a. Loss of blood volume up to 15%
- b. Loss of blood volume up to 30%
- c. Loss of blood volume up to 60%
- d. Loss of blood volume up to 80%

4164. Vasoconstrictors should not be used in:

- a. Neurogenic shock
- (Safdarjung NO 2018)
- b. Hemorrhagic shock
- c. Secondary shock
- d. Hypotension due to spinal anesthesia

Explanation:

- Vasoconstrictors should not be used in hemorrhagic shock as it may lead to severe arteriolar vasoconstriction causing tissue ischemia. In hemorrhagic shock, the body's normal response is vasoconstriction to divert blood toward the vital organs, severe vasoconstriction may cause the tissue hypoxia and anaerobic respiration and death.
- While in other shocks, vasoconstrictors are recommended to combat the hypotension.

Primarily in shock, there is:

- a. Metabolic waste accumulates
- b. Poor perfusion of tissues
- c. Decreased cardiac contraction
- d. Fatigue of skeletal muscles

4166. Shock resulting from a severe allergic reaction is:

- a. Septic shock
- b. Anaphylactic shock
- c. Neurogenic shock
- d. Traumatic shock

4167. Shock caused by an overwhelming infection is known as:

- a. Anaphylactic shock
- b. Cardiogenic
- c. Neurogenic shock
- d. Septic shock

4168. Shock caused by spinal cord injury is known as:

- a. Anaphylactic shock
- b. Cardiogenic shock
- c. Neurogenic shock
- d. Septic shock
- 4169. After falling from a 10 feet ladder, a patient is brought to the emergency department. The patient is alert, reports back pain and has difficulty moving the lower extremities. Which additional observation is an indication that the patient may be experiencing neurogenic shock?
 - a. Cool and pale skin
- (NCFL 2019)

- Bradycardia
- Poor skin turgor
- d. Increased systolic blood pressure

Explanation:

- Neurogenic shock is an emergency situation caused by impaired blood circulation due to trauma of spine. It leads to the drastic drop in blood pressure. Symptoms include fainting, nausea, vomiting, increased sweating, anxiety, pale skin, dizziness, etc. In severe patients—bradycardia, hypotension, hypothermia, feeble pulse and cyanosis is seen.
- Bradycardia is seen in neurogenic shock because the blood vessels are relaxed, hence, the heart doesn't beat fast.
- Skin remains warm in the neurogenic shock.

4170. The drug of choice in anaphylactic shock is:

- a. Atropine
- b. Adrenaline
- c. Amiodarone
- d. Propofol



Ans 4153. a

4155. c 4156. a 4157. a 4158. c 4159. a 4160. a

4161. c

4162. c

4154. b

4163. a 4164. b 4165. b 4166. b 4167. d

4168. c

4169. b

4170. b



- 4319. A hospital caught fire. What will be the priority nursing intervention in this case? (NORCET-3 2022)
 - a. Evacuate the patient
 - b. Use the fire extinguisher
 - c. Shut off the oxygen supply
 - d. Call fire department

Explanation:

In the event of a fire in a hospital, the priority nursing intervention follows the **RACE** protocol, which stands for:

- Rescue/Remove any persons from the immediate scene.
- Alert/Activate the nearest alarm and call Fire Safety Dept.
- Confine/Close all doors to the hazard or fire area. Shut off Oxygen comes under Confine/close. Shutting off oxygen early may endanger the patient who depends on oxygen supply.
- Extinguish/Evacuate: Use a fire extinguisher if safe to do so, or evacuate if necessary.
- 4320. After school bus accident, a nurse should give the first priority to which patient?

(NORCET-3 2022)

- a. A patient with leakage of clear fluid from the ear
- b. A patient with hematoma on head
- c. A patient with 2-inch scalp laceration
- d. A patient showing clear pupillary reaction with light
- 4321. Which nursing intervention is appropriate to prevent pulmonary embolus in a patient who is prescribed bed rest? (SNEHP 2022)
 - a. Limit the client's fluid intake
 - b. Encourage deep breathing and coughing
 - c. Use the knee gatch when the client is in bed
 - d. Teach the patient to move legs in bed
- 4322. Nurse Linda was monitoring a 35-year-old male patient who was receiving blood transfusion. On assessment, the nurse found that the respiratory rate is 24 and blood pressure is 90/60. Which of the following is the priority (JIPMER [NO] 2020) action by the nurse?
 - a. Slow the infusion rate
 - b. Immediately flush IV line with normal saline
 - c. Immediately stop the transfusion
 - d. Notify the doctor
- 4323. A patient is brought to the emergency department after a road traffic accident. The patient's motor score is 2 on GCS. This means the patient response is: (JIPMER [NO] 2020)
 - a. Decerebrate response
- b. Decorticate response
- c. Withdraws from touch d. Withdraws to pain
- 4324. An unconscious patient is brought to the emergency room after a road traffic accident. Which of the following is the priority intervention in this patient? (JIPMER [NO] 2020)
 - a. Assess for level of consciousness
 - b. Assess vital signs
 - c. Airway management
 - d. Management of bleeding
- 4325. A patient suddenly develops respiratory difficulties such as dyspnea, what is the first priority of the nursing officer? (Combined AIIMS [NO] 2020)
 - a. Raise the head of bed for Fowler's position and administer
 - b. Only administer oxygen
 - c. Check oxygen saturation of client
 - d. Give Semi-Fowler's position

- 4326. Which is the primary assessment done when patients BP fall during labor? (Combined AIIMS [NO] 2020)
 - a. Assess vital signs of client
 - b. Assess the weight of client
 - c. Assess the blood pressure of client
 - d. Both a and b
- 4327. A patient is hungry; he/she suddenly falls down on the floor, what would be the first action of the Nursing officer upon this situation? (Combined AIIMS [NO] 2020)
 - a. Check for pulse and breathing
 - Wait for patient to get conscious
 - c. Do nothing
 - d. None of the above
- 4328. A nurse taking care of a patient with chest tube drainage suddenly notices that there is no fluctuation in the water seal tube. Which of the following action should the nurse (NORCET 2023) take first?
 - a. Turn the patient to the unaffected side
 - Inform the physician
 - Check the tubing to ensure there is no kinking
 - Start milking the chest tube

Explanation: In a chest tube drainage system, fluctuation (tidaling) in the water seal chamber indicates normal movement of fluid or air with the patient's respiration. If fluctuation suddenly stops, it may

- Tube obstruction (e.g., kinking, clamping, or dependent loops)
- Lung re-expansion (less likely to be sudden)
- Dislodgement or system malfunction

The nurse should first check the tubing for kinks or obstructions to rule out a mechanical cause before notifying the physician or considering further interventions. Start milking the chest tube is not done routinely; requires a physician's order and can cause increased negative pressure.

- 4329. Calculate the infusion pump rate to administer 100 mL of NS over 2 hours?
 - a. 20 mL/hr
- b. 40 mL/hr
- c. 50 mL/hr
- d. 100 mL/hr
- 4330. After IV fluid administration, balance between intracellular and extracellular fluid is established through which process?
 - a. Osmosis
- b. Diffusion
- c. Active transport
- d. All of these
- 4331. The Maximum concentration of potassium delivered via a central vein is:
 - a. 20 mmol/hr
- b. 40 mmol/hr
- c. 60 mmol/hr
- d. 100 mmol/hr
- (Ref: Harrison's 19th ed. pg. 307)

Explanation:

- IV potassium therapy:
 - Via peripheral vein = 20-40 mEq of KCl per liter.
 - Via central vein = 10–20 mEq of KCl per hour
- 4332. The immediate management of choice to restore BP and peripheral circulation is:
 - a. Trendelenburg position
 - b. Ringer lactate
 - c. Colloids
 - d. Inotropes



4320. a

4321. d

4322. c

4323. a

4324. c

4325. a

4326. a

4327. a

4328. c

4329. c

4330. a

4331. a

4332. b

A SECTION

18. GENETICS

CELLULAR DIVISION

Cellular division is a process of formation of two or more new cells (daughter cells) from an old cell. It involves equal distribution of cellular material in daughter cells.

Types

Mitosis

- Creates two identical daughter cells that each contain the same number of chromosomes as their parent cells. (2n to 2n)
- Example of Mitosis: Repair, growth and maintenance of cells.
- It consists of six phases:
 - 1. Interphase: Resting phase
 - 2. **Prophase:** Chromosomes condense and become visible; spindle fibers begin to form.
 - 3. Prometaphase: the nuclear envelop disintegrates.
 - 4. **Metaphase:** Chromosomes align at the metaphase (equatorial) plate
 - 5. **Anaphase:** Sister chromatids separate and move toward opposite spindle poles
 - 6. **Telophase:** Chromosomes decondense

Meiosis

- Two daughter cells form with half number of chromosomes. (2n to n)
- Occurs during germ cell formation
- Two divisions meiosis 1 and meiosis 2
- Examples: Gamete formation

MUTATION

Mutation is a change in the nitrogenous base sequence of DNA. This is a permanent process.

Classification

On the basis of time of mutation

- Acquired: Mutation occurs after birth due to some environmental factors.
- **Inherited:** Mutation which passes to child from parents.

Mutagens

- Physical: Low pH, high temperature, ionizing (X-ray, gamma ray etc.) and non-ionizing (UV ray) radiation.
- Chemical: Acid, alkali, etc.

Patterns of Inheritance: Five types of inheritance

- 1. Autosomal dominant
- 2. Autosomal recessive
- 3. X-linked dominant
- 4. X-linked recessive
- 5. Mitochondrial

1. Autosomal dominant:

- Only one copy of the mutant gene (from either parent) is enough to cause disease.
- Both males and females are equally affected.
- Transmission occurs from parent to child in successive generations (vertical pattern).
- An affected person has a 50% chance of passing the disorder to each child.
- Male-to-male transmission is seen.

Example: Huntington's disease, Marfan syndrome, achondroplasia, neurofibromatosis, etc.

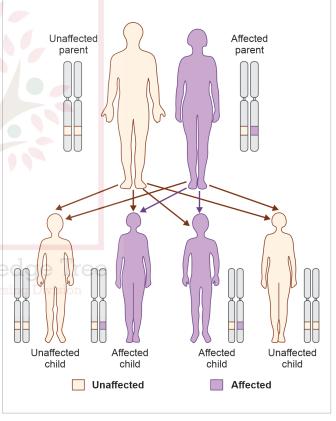


Figure 138: Autosomal dominant inheritance

2. Autosomal recessive:

- Disease occurs only when both copies of the gene are defective (homozygous state).
- Carriers (heterozygotes) are usually unaffected.
- Both sexes are equally affected.
- Often seen among siblings of an affected individual (horizontal pattern).
- Consanguinity increases the risk.
- Each child of carrier parents has a 25% chance of being affected.

Example: Sickle cell anemia, thalassemia, phenylketonuria, cystic fibrosis, Tay-Sachs disease.



MULTIPLE CHOICE QUESTIONS

(Including Explained and Practice Questions)



18. GENETICS

- 4417. The disease that occurs due to the defect in the genes of one or other parent and is transmitted to the offspring is known __ disease/disorder. (AIIMS Patna [NO] 2020)
 - a. Congenital
- b. Organic
- c. Hereditary
- d. Allergic
- 4418. The science of betterment of the human race by application of the law of inheritance is called: (AIIMS BPL NO 2018)
 - a. Genetics
- b. Eugenics
- c. Euphenics
- d. Euthenics

Explanation: Eugenics is the science of betterment of human race by application of the law of inheritance or *science* of improving the human species by selectively mating people with specific desirable hereditary traits.

- 4419. DNA replication occurs in which phase of cell division?
 - a. Interphase
- b. Prophase
- c. Metaphase
- d. Anaphase
- 4420. Meiotic division occurs during
 - a. GI tissue repair
 - b. Gamete formation
 - c. Bone growth
- d. Hair growth
- 4421. The bivalent structure is formed during
 - a. Leptotene
- b. Zygotene
- c. Pachytene
- d. Diplotene
- 4422. Point mutation is seen in which of the following conditions?
 - a. Sickle cell anemia
- b. Cri-du-chat
- c. Down syndrome
- d. Night blindness
- 4423. An affected child will be born from both carrier parents is
 - a. Autosomal dominant
- b. Autosomal recessive
- c. X-linked dominant
- d. X-linked recessive
- 4424. The most common congenital heart disease associated with Patau syndrome is:
 - a. Ventricular septal defect
 - b. Teratology of fallot
 - c. Atrioventricular septal defect
 - d. Coarctation of aorta
- 4425. What is the diagnostic level of phenylalanine in phenylketonuria?
 - a. >100 mg/dL
- b. >90 mg/dL
- c. >1 mg/dL
- d. >30 mg/dL
- 4426. All are the parts of the management of sickle cell crisis; except:
 - a. Oxvgen
 - b. Fluid resuscitation
 - c. Atropine administration
 - d. Blood transfusion

- 4427. A female child with hemophilia A of an unaffected father marries a normal man. What is the chance of hemophilia A in her son?
 - a. 25%
- b. 50%
- c. 75%
- d. 100%
- A normal (unaffected) man marries a hemophilia carrier 4428. female. Which of the following would be true for their children?
 - a. 25% sons will have hemophilia
 - b. 25% daughters will have hemophilia
 - c. 50% daughters will have hemophilia
 - d. 50% sons will have hemophilia

Explanation: A son would have 50% chance of suffering from hemophilia whereas a daughter would have 50% chance of become a carrier. X-linked recessive, carrier mother

Unaffected Carrier father mother XX

A normal male, whose father has sickle cell trait marries a normal female. What is the chance of sickle cell anemia in his daughter?

Unaffected

daughter

a. 0%

Unaffected

b. 25%

Carrier

50%

d. 75%

Explanation: Sickle cell anemia is inherited as an autosomal recessive disorder. Disease occurs only when both S alleles (SS) are inherited. A "normal male" is taken as AA (not a carrier), even though his father had trait (AS). A "normal female" is also AA. From AA × AA, only AA offspring are produced. Hence, no child (including daughters) can have sickle cell anemia.



4418. b

4419. a

4420. b

4421. b 4422. a

4423. h

4424 a 4425. d

4426. c

4427. d

4428. d

4429. a

Affected



CLINICAL CASE-BASED QUESTIONS

1

New Question 2025-26

A nurse is teaching a group of nursing students about inflammatory bowel diseases. After the session, the nurse asks a student to identify a characteristic clinical manifestation of ulcerative colitis. Which response by the student indicates that the teaching was effective?

- a. Lesions are scattered throughout the gastrointestinal tract
- b. The intestinal mucosa shows a cobblestone appearance
- c. Strictures and fissures are commonly present
- d. The patient may experience profuse diarrhea

Ans. (d) The patient may experience profuse diarrhea

Explanation: Characteristic features of Ulcerative colitis include: Profuse, bloody diarrhea (sometimes with mucus), Abdominal cramping, Rectal bleeding, Urgency and tenesmus. The other options describe Crohn's disease, not ulcerative colitis.

2

New Question 2025-26

A nurse in the ED is assessing a patient who had a fiber optic colonoscopy 18 hours ago. The patient complains of worsening abdominal pain, fever, and chills. Among the following conditions, which one should the nurse prioritize as the most immediate concern?

- a. Colon cancer
- b. Bowel perforation
- c. Viral gastroenteritis
- d. Diverticulitis

Ans. (b) Bowel perforation

Explanation: Bowel perforation is a serious complication of colonoscopy that can occur when the colonoscope is inserted too forcefully or when a polyp is removed. Symptoms of bowel perforation include abdominal pain, fever, chills, nausea and vomiting

3

New Question 2025-26

A 50-year-old patient visits a clinic for a routine check-up. Their blood pressure reading is recorded as 130/80 mm Hg. Based on the provided blood pressure reading, what is the calculated pulse pressure for this patient, and how is it interpreted?

- a. Pulse pressure is 50 mm Hg, which is within the normal range.
- b. Pulse pressure is 105 mm Hg, which is above the normal range.
- c. Pulse pressure is 50 mm Hg, which is below the normal range.
- d. Pulse pressure is 50 mm Hg, which is above the normal range.

Ans. (d) Pulse pressure is 50 mm Hg, which is above the normal range.

Explanation: The pulse pressure is calculated by subtracting the diastolic blood pressure (DBP) from the systolic blood pressure (SBP).

In this case, SBP is 130 mm Hg and DBP is 80 mm Hg.

Pulse Pressure = SBP - DBP = 130 - 80 = 45 mm Hg.

The normal range for pulse pressure is 30–40 mm Hg. Since the calculated pulse pressure (50 mm Hg) falls above the normal range.

4

New Question 2025-26

A 28-year-old male client presents to the Emergency Department with unexplained paralysis from the hip downwards. Further assessment and investigations revealed that the patient has Guillain-Barré Syndrome (GBS). Which of the following assessment findings requires immediate nursing action?

- a. Diminished reflexes in the lower extremities
- b. Persistent head ache
- c. The patient has a weak cough
- d. Paresthesia in the upper limbs

Ans. (c) The patient has a weak cough

Explanation: GBS can cause respiratory muscle paralysis. Therefore, the nurse should assess for any signs and symptoms of respiratory muscle weakness. Findings such as weak cough, shortness of breath, dyspnea need to be reported immediately to the physician for further intervention (e.g., Mechanical ventilation).

5

New Question 2025-26

A 25-year-old male client who suffered multiple injuries in a road accident is brought to the emergency room. Which of the following assessments should be accorded the highest priority?

- a. Unequal pupils
- b. Tachycardia
- c. A deviated trachea
- d. Ecchymosis in the umbilical region

Ans. (c) A deviated trachea

Explanation: A deviated trachea is a symptom of tension pneumothorax, which may result in respiratory distress if left untreated.

Strategy: Use Airway Breathing Circulation (ABC) principle to prioritize the nursing care.

Image-Based Questions (Including All Topics)

1. Which instrument is shown in image given here? (NORCET-8 2025)



- a. Ellick evacuator
- b. Toomey's syringe
- c. Foley catheter
- d. Luer lock syringe
- The image shows the anatomical site selected for performing a tracheostomy. Identify the level at which tracheostomy is performed in the image given here:

5. Identify the ECG pattern shown in the image here.

home when the hold of the property of the same of the

white average of the second of

a. Supraventricular tachycardia



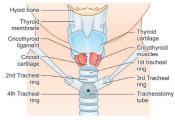
(NORCET-8 2025)

a. 1st to 2nd tracheal rings

b. Atrial fibrillation c. Ventricular tachycardia

d. Sinus tachycardia

- b. 2nd to 3rd tracheal rings
- c. 3rd to 4th tracheal rings
- d. Above the cricoid cartilage



2. Identify the equipment shown in the image given here: (NORCET-8 2025, NORCET-7 2024)



- a. CPAP (Continuous Positive Airway Pressure)
- b. High-flow nasal cannula
- c. Mechanical ventilator
- d. Oxygen concentrator
- Examine the X-ray shown in the image. What is the most (NORCET-8 2025) likely clinical finding?



- a. Cardiomegaly
- b. Pulmonary edema
- c. Pneumothorax
- d. Pleural effusion

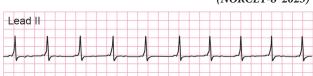
Identify the type of dysrhythmia in the image given here: (NORCET-7 2024)



- a. Ventricular fibrillation
- b. Atrial fibrillation
- c. Paroxysmal supraventricular tachycardia
- d. Atrial flutter

4. Identify the ECG pattern shown in the image.





- a. Wolff-Parkinson-White (WPW) syndrome
- b. Supraventricular tachycardia (SVT)
- c. Ventricular fibrillation
- d. First-degree AV block

- 8. How to dilute the medication shown in the image given (NORCET-6 2024)
 - a. 1 mL medicine in 1 mL saline
 - b. 0.9 mL medicine in 1 mL saline
 - c. 1 mL medicine in 9 mL saline
 - d. 9 mL medicine in 1 mL saline







3

PHARMACOLOGY

SYNOPSIS

KEY TERMINOLOGIES

- Pharmacology: The term 'pharmacology' is derived from Greek words 'pharmacon', meaning drugs; and 'logos', meaning study or knowledge. Pharmacology is the scientific study of the origin, nature, chemistry, effects and uses of drugs.
- Drugs/medications: Drugs or medications refer to any chemical substance that affects living systems. The term 'drug' is derived from the French word 'drogue,' meaning dry herb. Drugs are used for the treatment of diseases, prevention of illnesses or pathological states, and diagnosis of disease conditions.
- Chemotherapy: Therapeutic treatment of various local or systemic infections or malignancies by using various drugs or chemicals is called chemotherapy.
- Pharmacognosy: The branch of pharmacology dealing with the economic, biological and chemical aspects of natural drugs and their constituents. It studies the sources of drugs and the physical characteristics of crude or unrefined drugs, e.g., plants.
- Pharmacodynamics: Refers to the effects that drugs have on the body (what drug does to the body).
- **Pharmacokinetics:** Refers to the movement of drugs within the body—in other words, what the body does to the drug. It involves the processes of absorption, distribution, metabolism, and excretion.
- Absorption:
 - Physiological considerations in absorption: Blood flow, total surface area, time of arrival of the drug and time of drug at absorption site.
 - Other considerations for absorption: Solubility, chemical stability and solubility of drug in lipids.
- Distribution:
 - Drugs are distributed into major body fluids (e.g., plasma).
 - Drug distribution is affected by the extent that the drug binds to plasma proteins and barriers.
- Metabolism (Biotransformation):
 - It is a process of metabolizing drugs in the body.
 - Occurs mainly in liver.
 - Prodrugs are only activated by the hepatic metabolism e.g.,
 Levodopa.

- Excretion: Excretion includes renal (by active glomerular filtration and fecal elimination).
- The time of onset of drug action: It is determined by the time taken by the drug to reach the site of action. It is largely controlled by:
 - Route of administration
- Manner of distribution
- Rate of absorption
- Bioavailability: It is a measure of fraction of administered drug that reaches the systemic circulation in unchanged form.
- First Pass Metabolism: It is the metabolism of a drug at the site of absorption during its passage from the site of absorption into the systemic circulation. All orally administered drugs undergo first pass metabolism. Drugs administered through sublingual, transdermal and parenteral routes do not undergo first pass metabolism (bypasses portal circulation).
- Agonist: These are the drugs which bind to the receptor and produce same biological effect as that of the receptor.
- Antagonist: These are the drugs which oppose the action of the receptor or an agonist.
- Antidote: A drug which can counteract a form of poisoning, e.g.,
 Atropine is an antidote to organophosphorus poisoning.
- Lethal Dose 50 (LD50): Standard measure of the toxicity of a drug/substance that will kill half of the sample population of a specific test animal in a specific period.
- **Pharmacovigilance:** The science and activities relating to the detection, assessment, understanding and prevention of adverse effects, or any other drug-related problem.
- **Teratogenicity:** It is the ability of a drug to produce harmful effect on fetus when administered during pregnancy.
- Anaphylaxis: It is a severe allergic reaction (hypersensitive reaction), which occurs due to ingestion of drugs or any foreign protein material.
- **Antidote:** A drug or chemical substance which counteracts the harmful effects of other drug or chemical.
- Contraindication: Any condition or factor that prevents or withholds the use of a medicine or drug.
- Emulsion: It is the mixture of two or more liquids that are normally immiscible (e.g., Mixture of water and oil). Milk is a natural emulsion.



MULTIPLE CHOICE QUESTIONS

(Including Explained and Practice Questions)

KEY TERMINOLOGIES IN PHARMACOLOGY

1. The metabolism of a drug during its passage from the site of absorption to systemic circulation is known as:

(AllMS Bibinagar [Tutor] 2023)

- a. Bio availability
- b. First pass effect
- c. Bio equivalence
- d. Auto induction

2. Pharmacokinetics is the branch that is related to:

a. Drug manufacturing

(SNEHP 2022)

- b. Drug designing
- c. Passage of drugs through the body
- d. Effect of drugs on the body

3. A partial agonist has:

(SNEHP 2022)

- a. Full affinity and intrinsic activity
- b. Full affinity but less intrinsic activity
- Full intrinsic activity but less affinity
- d. Activity opposite to agonist

4. What is called to the relationship between drug concentration and time? (Western Coalfields Limited 2022)

- a. Pharmacokinetics
- b. Pharmacodynamics
- c. Pharmacogenomics
- d. Pharmacovigilance
- 5. What type of nomenclature of drugs are catchy and easy to remember? (Western Coalfields Limited 2022)
 - a. Chemical name
- b. Generic name
- c. Proprietary name
- d. Non-proprietary name S Nursing a. Antibiotics
- 6. Unwanted but unavoidable pharmacodynamic effects of a drug at therapeutic dose is known as:
 - a. Hypersensitivity
- b. Toxic effects
- c. Side effects
- d. Idiosyncrasy

Explanation: Side effects are undesired but often unavoidable pharmacodynamic effects that occur at therapeutic dose. Idiosyncrasy refers to individual's peculiar sensitivity to a drug. Drug intolerance is defined as a lower threshold to the normal pharmacologic action of a drug.

7. A drug can:

(ESIC Chennai May 2012)

- a. Diagnose disease
- b. Cure disease
- c. Prevent disease
- d. All of these
- 8. Pharmacodynamics includes:
 - a. Drug elimination
- b. Drug excretion
- c. Drug absorption
- d. Mechanism of action
- 9. Loading dose of a drug is given:
 - a. To achieve high concentration in short time
 - b. For rapid onset of action
 - c. To avoid complication
 - d. To minimize side effects

Explanation: Loading doses of drugs are typically administered to achieve a high concentration of the drug in the body quickly. This is done to attain rapidly a therapeutic level of the drug, especially in cases where immediate action or relief is required. By providing a larger initial dose, the drug quickly reaches the desired concentration in the body, ensuring a more rapid onset of action.

The maximum effect of a drug is defined by:

- a. Therapeutic index
- b. Potency
- c. Efficacy
- d. Adversity
- 11. Drugs used for rare disease are known as:
 - a. Orphan drugs
- b. Rare drugs
- c. Over the counter drugs d. Emergency drugs

12. Which of the following is true about placebo?

- a. Placebo is a dummy medication
- Placebo is the inert material added to drug
- c. Placebo is an additive added with the drug during manufacturing
- d. All patients respond to placebo

Explanation: A placebo is an inactive substance or treatment that is designed to resemble a real medication or intervention. It does not contain any active ingredients that directly treat the condition or symptoms being addressed. Placebos are commonly used in medical research as a control group to assess the efficacy of a new treatment.

- 13. The substances derived from living organisms that are used to kill or prevent the growth of bacteria is known as:
- b. Antidotes
- c. Antihistamines
- d. Antipyretics
- 14. Drugs used to reduce the increased temperature of the body are called:
 - a. Antibiotics
- b. Analgesics
- c. Antipyretics
- d. Antihistamines
- 15. Drugs used to relieve pain are known as:
 - a. Antibiotics
- b. Analgesics
- c. Antipyretics
- d. Antihistamines
- 16. Drugs which increase urinary excretion is known as:
 - a. Antidiuretics
- b. Diuretics
- c. Laxatives

- d. Vasopressin
- 17. Which of the following is an example of urinary antiseptic?
 - a. Cresol
- b. Furosemide
- c. Nitrofurantoin
- d. Hypochlorite
- 18. Drug used to treat itching is known as:
 - a. Analgesic c. Antispasmodic
- b. Anti-infective
- 19. Severe allergic reaction to a drug is known as:
- d. Antipruritic
 - a. Anaphylaxis
- b. Adverse effect

c. Drug interaction

d. Toxicity

Explanation: Anaphylaxis is an allergic reaction to an antigen (e.g., an antibiotic) to which the body has become hypersensitive. It typically causes a number of symptoms including an itchy rash, throat swelling and low blood pressure.



18.

19.

Explanation: Sensitivity or allergic reaction to drug is tested by administering the drug intradermally usually with a very minimal dose (0.01-0.1 mL).

ABBREVIATIONS USED IN PHARMACOLOGY/ PRESCRIPTION

- 65. The abbreviation 'hs' means:
 - a. At bed time
- b. Early morning
- c. After meals
- d. Before meals
- 66. 'gtt' means:
 - a. A drop c. An ounce
- b. mL d. gallon
- 67. Which of the following combination of acronym and its meaning is incorrect?
 - a. prn as needed
 - npo Nothing by mouth
 - pc after meals
 - d. OS Right eye

Explanation: OS means Left eye; OD - Right eye; OU-both eyes

- 68. Which of the following combination of acronym and its meaning is incorrect?
 - a. qd 4 times a day
 - b. bid 2 times a day
 - c. qh every hour
 - d. hs bed time

Explanation: qd means every day; qid means 4 times a day.

- 69. The physician medication order reads as "Lasix 40 mg IM Stat". Which of the following is the correct interpretation of prescription by the nurse?
 - Intramuscular injection of 40 mg Lasix to be administered immediately
 - Intramuscular injection of 40 mg Lasix to be administered as a single dose as and when the patient needed
 - Intramuscular injection of 40 mg Lasix to be administered
 - Intramuscular injection of 40 mg Lasix to be administered before bedtime

WEIGHTS AND MEASURES OF DRUGS

- 70. The maximum volume of a drug that can be injected through intramuscular injection is:
 - a. 2 mL
- b. 5 mL
- c. 10 mL
- d. 20 mL
- 71. One tablespoon is equal to:
 - $a. \quad 5 \ mL$ c. 25 mL
- b. 15 mL d. 30 mL
- 72. Two teaspoonful is equal to:
- b. 10 mL
- a. 6 mL c. 20 mL
- d. 30 mL
- 73. One pint is equal to:
 - a. 250 mL
- b. 300 mL
- c. 500 mL
- d. 750 mL
- 74. Dose of acetyl salicylic acid is:
- (JIPMER 2012)

- a. 10 mg/kg/dose
- b. 500 mg/dose
- c. 100 mg/kg/dose
- d. 50 mg/kg/dose

DRUG/DOSE CALCULATION

- 75. A 6 kg child has fever, doctor instructed to give 50 mg/kg syrup paracetamol. The available dose is 250 mg/5 mL, how (NORCET-6 2024) many mL will you give?
 - a. 3 mL
- b. 4 mL
- c. 6 mL
- d. 8 mL

Explanation:

Given: Child weight = 6 kg; prescribed dose = 50 mg/kg.

Required dose = $6 \times 50 = 300$ mg.

Available strength: 250 mg in 5 mL \Rightarrow 50 mg/mL. Volume needed: $300 \text{ mg} \div 50 \text{ mg/mL} = 6 \text{ mL}$.

- 76. 2000 mL fluid is to be given in 8 hours, what will be the rate of infusion? (NORCET-6 2024)
 - a. 150 mL/hr
- b. 200 mL/hr
- c. 250 mL/hr
- d. 300 mL/hr
- 77. Quantity of adrenaline in 100 mL of 1 in 1000 solution is:
 - (Gujarat Nursing Service [NO/Principal] 2022)
 - a. 1 g
- b. 10 g
- c. 0.1 g
- d. 100 g

Explanation:

1 in 1000 solution is expressed as 1 g in 1000 mL.

For 100 mL, the quantity is obtained by proportion.

 $(1 \text{ g/}1000 \text{ mL}) \times 100 \text{ mL} = 0.1 \text{ g}$

So, 0.1 g of adrenaline is contained in 100 mL.

78. 5% glucose saline mean:

(Gujarat Nursing Service [NO/Principal] 2022)

- 0.5 glucose and 0.45 g sodium chloride in each 100 mL
- 5 g of glucose and 0.9 g of sodium chloride in each 100 mL
- c. 5 g of glucose and 0.45 g of sodium chloride in each 100 mL
- d. 0.5 g glucose and 0.9 g sodium chloride in each 100 mL
- 79. 5% dextrose in normal saline is:

(Gujarat Nursing Service [NO/Principal] 2022)

- b. Hypotonic
- a. Isotonic c. Hypertonic
- d. Neutral
- 80. An order for prednisolone reads 10 mg four times a day. The dose for the child is 2 mg/kg/day. How many pounds does the child weigh? (AIIMS Nagpur [NO] 2020)
 - 36 pounds
- b. 40 pounds
- c. 46 pounds

- d. 44 pounds
- **Explanation:**

- Total daily dose ordered = $10 \text{ mg} \times 4 = 40 \text{ mg/day}$. Pediatric dose = 2 mg/kg/day, so weight in kg = $40 \div 2 = 20 \text{ kg}$.
- Conversion to pounds: $20 \text{ kg} \times 2.2 = 44 \text{ pounds}$.
- 81. An infant is to receive thyroxin sodium, 0.35 mg once a day orally. The medications is available in elixir form 0.25 mg/mL. How much elixir should the nurse administer? (AIIMS Nagpur [NO] 2020)
 - a. 1.3 mL
- b. 1 mL
- c. 2.4 mL
- d. 1.4 mL

Explanation:

Ordered dose: 0.35 mg

Available concentration: 0.25 mg/mL

Volume required = Ordered dose/available concentration

= 0.35/0.25 = 1.4 mL

a

h 71.

65.

66.

67. d

69.

70. b

72. h

73. C

74. a

75. c

76. C

77. C

78. b

79. C

80. d

81. d



COMMUNITY HEALTH NURSING

SYNOPSIS

Community: A group of people with diverse characteristics who are connected by social ties, share common perspectives, and engage in collective action in geographical locations or settings.

Community health nursing: Community health nursing is a synthesis of nursing practices and public health practices applied in promoting and preserving the health of populations.

KEY POINTS

- The three features of a community are location, population and social system.
- England is one of the first countries to start concept of Healthcare and Public health.
- In 1861, Louis Pasteur published his germ theory which proposed that microorganisms caused diseases.
- The father of modern public health is 'John Snow' for his pioneering investigations on Cholera epidemics.
- Fastigium stage is the highest point of disease or illness.
- Public health science Era (1950-75): Integration of social science and public health sciences took place. It is being called era of Community-centered approach.

CONCEPTS AND DETERMINANTS OF HEALTH AND WELL-BEING

Concepts of Health

Health: It is a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity (WHO 1948).

Following are the changing concepts of health:

- Biomedical concept: This concept views that health is an absence
 of disease and if one is free from disease, the person is considered
 healthy. It is based on the germ theory of disease.
- Ecological concept: This concept views that health is a dynamic equilibrium between man and his environment and disease is maladjustment or disruption in this balance.
- Psychosocial concept: According to this concept, health is influenced by social, psychological, cultural, economic and the political factors.

• Holistic concept: This model is a synthesis of all the above concepts. It recognizes the strength of social, economic, political and environmental influences on health. This approach implies that all sectors of society have an impact on health.

Determinants of Health

TABLE 1 FAC	CTORS OF DETERMINANTS OF HEALTH
Determinants	Factors
Biological	Genetic make-up, growth and development
Behavioral and sociocultural conditions	Lifestyle, personal habit (smoking, drinking), nutritional status, sleep pattern, physical activity
Environment C sing Division	 Internal environment: Each and every body tissue and its functioning External environment (macro environment): All that external to the individual and can be divided as physical, biological, chemical and psychosocial Domestic environment (micro environment): Way of living and lifestyle such as eating habits, smoking, drinking, use of drugs, etc.
Socioeconomic conditions	Per capita GNP, education, nutrition, employment, housing, political system of country and occupation
Health services	Affordability, Accessibility and Availability of healthcare services, e.g., access to and availability of vaccination
Aging of the population	Major concern of rapid population aging is the increased prevalence of chronic diseases and disabilities
Gender	Many programs have been established for female empowerment that focus on nutritional and reproductive health among females
Other factors	Factors such as revolution in information and communication also help us to access good health

Brucellosis

- It is also known as undulant fever. It is occasionally transmitted to man by direct or indirect contact with infected animals.
- Condition is characterized by profuse sweating, arthritis and enlarged spleen.
- Causative organism is *B. melitensis*, *B. abortus*, *B. suis* and *B. canis*.
- **Main reservoir** of human infection are cattle, sheep, goats, swine, buffalo, horse and dogs.
- Modes of transmission are direct contact, food borne infection, air borne infection.
- **Incubation period** varies from 1 to 3 weeks.
- Clinical manifestation includes swinging pyrexia, sweating, arthralgia, lower back pain, headache, insomnia, splenomegaly, hepatomegaly, and leukopenia.

Leptospirosis

- It is considered the widest spread disease transmitted from animal to man.
- Causative agent is leptospira, it is excreted from the urine of infected animal for a long period of time.
- The organism is visible by dark staining.
- Modes of transmission are direct contact, indirect contact and droplet infection.
- Diagnosis is made by isolating the organism from blood and urine of infected person.
- Agglutination, indirect hemagglutination, Immunofluorescent antibody and ELISA tests are also available.
- Penicillin is the **drug of choice**.

LEPROSY (HANSEN'S DISEASE)

- Chronic infective disease is caused by organism called *M. leprae*.
 It affects mainly the peripheral nerves and also affects the skin, muscles, bones, testis and internal organ.
- Two polar forms of disease are lepromatous leprosy and tuberculoid leprosy.
- Lazarine Leprosy: Seen in association with HIV
- Clinical characteristics are hypopigmented patches, partial or total loss of cutaneous sensation, presence of thickened nerves, presence of acid fast bacilli in the skin and nasal smears.
- The signs of advance disease include presence of nodules or lumps especially in the skin of face and ears; plantar ulcers, loss of fingers and toes, nasal depression, foot drop, claw toe and other deformities.
- Agent: M. leprae, an acid fast bacilli and occur in human host both intracellularly and extracellularly.
- Sources of infection: Man and wild animals.
- **Portal of exit:** Nose is the major portal of exit. Millions of *M. leprae* are released when patient sneezes or blows the nose.
- Modes of transmission: Droplet infection; contact transmission; other routes (transmitted by insect vector or by tattooing needles).
- **Incubation period:** 3–5 years or more for lepromatous cases.
- Diagnosis: Clinical examination (presence of hypopigmented patch with partial or total loss of sensation), bacteriological examination (skin smear, nasal smear or blow, nasal scraping).

• Lepromin test:

- 0.1 mL of lepromin into the inner aspect of the forearm
- Read reaction at 48 hours and 21 days' interval. Early Fernandez reaction (leprosy) or late Mitsuda reaction (in tuberculoid form of leprosy) occurs in positive cases.
- **Treatment** is multidrug therapy. Till recently chemotherapy for leprosy has relied on **dapsone**.
- At present only small number of **drugs** are available and are Rifampicin, Dapsone, Clofazimine, Ethionamide and Prothionamide, quinolones, minocycline, clarithromycin.

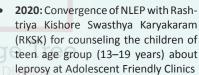
KEY POINTS

- Multibacillary leprosy is diagnosed when there are more than 5 skin patches.
- Dapsone was the first drug discovered to treat leprosy.
- National Leprosy Control Program (NLCP) was launched by the Govt. of India in 1954-55.
- National Leprosy Eradication Program (NLEP) was introduced in 1983.

KEY POINTS

Recent Updates on National Leprosy Eradication Program (NLEP):







Sapna

 "Sapna" is a concept (mascot) designed and developed using a common girl living in community, who will help spread awareness in the community about Leprosy, through key IEC messages. Sapna can be local school going girl who is willing to become 'Sapna'. There can be any number of Sapnas in a village.

Point to remember

Only two states/UTs are yet to achieve Elimination of Leprosy - Chhattisgarh and Dadra and Nagar Haveli.

TETANUS

- Causative agent: Clostridium tetani, gram positive aerobic, spore bearing organism.
- The spores are terminal and give organism a drum stick appearance.
- Reservoir of organism is soil and dust.
- **Incubation period** is 6–10 days.
- Tetanus bacilli produce exotoxin with astounding lethal capacity, it affects motor end plate of skeletal system, spinal cord, brain and sympathetic system.





PSYCHIATRIC NURSING

SYNOPSIS

INTRODUCTION

- Mental health nursing is a specialized area of nursing practice that deals with promotion of mental health, prevention of mental illness, care and rehabilitation of mentally ill individuals, both in hospital and community.
- In 1943, mental health nursing course was first started for male
- In 1965, Indian Nursing Council included psychiatric nursing as a compulsory course in the BSc Nursing program.
- In 1976, a Master's in Psychiatric Nursing was first started at RAK College of Nursing, New Delhi.

MENTAL HEALTH

- to each other with maximum effectiveness and happiness.
- Mental health is an equilibrium of body, mind and spirit with the environment.

MENTAL ILLNESS

- Mental illness is a maladjustment in living. It produces a disharmony in the person's ability to meet human needs comfortably or effectively and to function within a culture.
- Mental illness is a health condition involving changes in emotion, thinking and behavior (or a combination of these).

MENTAL HEALTHCARE ACT 2017

- The Indian Mental Healthcare Act 2017 replaced the Mental Health Act 1987.
- Mental Healthcare Act 2017 (MHA 2017) received presidential consent on April 7th, 2017 and replaced the 1987 Act.

Salient Features of MHA 2017

Decriminalization of suicide attempt: This Act has overturned section 309 of Indian Penal Code. The MHA 2017 decriminalizes suicide attempt by a mentally ill person.

Rights of persons with mental illness:

- Every person will have the right to access mental healthcare services.
- People with mental illness have the right to be protected from inhuman treatment.
- Mentally ill patients to have access to free legal services and the right to complain about shortcomings in provision of treatment.
- Advance directive: Empowers a mentally ill person to have the right to make an advance directive toward the way he/she wants
- The government has to set up Central Mental Health Authority at national level and State Mental Health Authority at state level.
- Mental health is an adjustment of human beings to the world and ... The Act outlines the process of admission, treatment and discharge
 - **No ECT** therapy without use of muscle relaxants.
 - No ECT therapy for minors.
 - Financial Punishment: Up to 6 months of imprisonment or ₹10,000 or both for violating of provisions of MHA 2017. Repeat offenders may face up to 2 years imprisonment or fine of ₹50,000-5,00,000 or both.
 - Reception order: Refers to an order for admission and detention of a mentally ill person in a psychiatric hospital.

KEY POINTS

- The term 'Psychiatry' was coined by Christian Reil.
- Linda Richards is considered First Psychiatric Nurse.
- Sigmund Freud is considered as the father of Psychoanalysis.
- Philippe Pinel is widely recognized as the father of Modern Psychiatry.
- Freud's model of development which comprises 'id, ego and superego' is called Structural Model.
- World Mental Health Day is celebrated on 10th October.
- The Indian Lunacy Act was passed in 1912.



CLINICAL CASE-BASED QUESTIONS



1

A 32-year-old woman complains of intense depressed mood for last 6 to 8 months. She also reports inability to enjoy previously pleasurable activities. The nurse recognizes this symptom as:

- a. Avolition
- b. Ambivalence
- c. Anhedonia
- d. Apathy

Ans. (c) Anhedonia

Explanation: Anhedonia is the inability to experience pleasure or lack of interest in previously enjoyable activities. Avolition is the inability to initiate or persist in goal-directed activities. Ambivalence is the state of having mixed feelings about something. Apathy is a lack of interest or concern in the world around oneself.

2

A patient was standing still near his bed and the examiner tried to move his hand as given in the picture. The catatonic feature demonstrated is:

The final posture is preserved



As the examiner moves the patient's arm there is a feeling of plastic resistance

- a. Negativism
- c. Waxy Flexibility
- b. Posturing

Echopraxia

Ans. (c) Waxy Flexibility

Explanation: Waxy flexibility is a condition in which a person's limbs can be moved into and held in any position, even a bizarre or uncomfortable one, without any resistance. The main difference between waxy flexibility and posturing is that waxy flexibility refers to the maintenance of a rigid or fixed posture when someone else moves or positions the individual's body, as if it were made of wax. On the other hand, posturing involves assuming unusual or rigid body positions voluntarily, often adopting bizarre or unnatural postures for an extended period of time without external manipulation.

3

A patient says she loves her child and wants to hug him but also hates him and wants to hurt him. She is unable to decide what to express. This is known as:

- a. Abulia
- b. Ambivalence
- c. Anhedonia
- d. Apathy

Ans. (b) Ambivalence

Explanation: Ambivalence refers to having conflicting feelings or emotions toward someone or something. In the given case, the patient expresses both love and hate toward her child, indicating conflicting emotions. She wants to hug him but also wants to hurt him, demonstrating ambivalence.

4

Mr. X is diagnosed with major depression and is admitted into an acute care psychiatric ward. He has recently attempted to commit suicide. While having a conversation with the nurse, he says to the nurse, "I wish I were dead! I've always been a failure. Things never go well for me." Which of the following statement by the nurse suggests that she has used appropriate therapeutic communication technique?

- a. "You have many reasons to continue to live for"
- b. "What makes you feel that you are a failure"
- c. "Experiencing these emotions is part of being depressed"
- d. "You've been feeling like a failure for a while"

Ans. (d) "You've been feeling like a failure for a while"

Explanation: Option d reflects therapeutic communication as it restates and validates the client's feelings, showing empathy and understanding without giving false reassurance, probing, or minimizing the client's emotions.

Other options:

- (a) gives false reassurance
- (b) is probing and judgmental.
- (c) minimizes the client's feelings.

5

The junior trainee nurse is helping the assigned nurse in the application of restraint to a patient as per the doctor orders since the patient is very agitated and trying to remove intravenous line and nasogastric tube. While preparing, the trainee nurse wants to know about the different methods of restraints. Which of the following are methods of restraints?

- a. Physical restraint
- b. Chemical restraint
- c. Environmental restraint
- d. All of these

Ans. (d) All of these





- A dishonest person thinks other persons are also dishonest. Defense mechanism used by him is:
 - a. Projection
- b. Introjection
- c. Suppression
- d. Rationalization
- Which of the following defense mechanisms is often used by drug dependents to forget shame and pain?
 - a. Sublimation
- b. Compensation
- Repression
- d. Displacement

THERAPEUTIC COMMUNICATION

When a patient emotionally transfers feelings from past relationship towards onto the therapist is called?

(NORCET-6 2024)

- a. Transference
- b. Countertransference
- c. Rationalization
- d. Sublimation
- Preparation for termination of a therapeutic relationship starts from which of the following phase?

(NORCET-6 2024)

- a. Pre-interaction
- b. Orientation
- c. Working
- d. Termination
- 84. When a nurse says to the patient that he or she is well groomed that day, the statement is referred to as?

(NORCET-6 2024)

- a. Broad opening
- b. Giving recognition
- c. Good rapport
- d. False affirmation
- What is the name of the term for a nurse who is working in a mental health unit, showing undue concern and kindness towards a patient? (NORCET-6 2024)
 - a. Transference
- b. Counter transference
- c. Emotional attachment
- d. Sympathy
- The misunderstanding or misinterpretation of the meaning which restricts effective communication is known (AIIMS Jodhpur [SNO] 2023)
 - a. Emotional barrier
- b. Physical barrier
- c. Semantic barrier
- d. Cultural barrier
- Which of the following clinical teaching methods is defined as a written record of an interaction between a nurse and a client? (AllMS Bibinagar [Associate Professor] 2023)
 - a. Nursing rounds
 - b. Nursing care conference
 - c. Case presentation
 - d. Process recording
- Which of the following approaches emphasires the importance of human relations in nursing?

(UPUMS [NO] 2023)

- a. Therapeutic communication
- Cost effective approach
- High-tech, high-touch approach
- d. Comprehensive care approach
- Ms. Sunitha hands over her patient to Ms. Manjula after her duty. Ms. Manjula also asks a few questions regarding patient conditions, medications, care and feeding, etc. The type of communication between these nurses will be:

(UPUMS [NO] 2023)

- a. Intrapersonal
- b. Public communication
- c. Transpersonal
- d. Interpersonal
- **Empathy involves:**

- (SNEHP 2022)
- a. Feeling sorry for someone
 - b. Putting others before you
- c. Putting you in someone else's shoes
- d. Putting you before others

The least likely to be used by a cognitive therapist in treating a client is:

(Gujarat Nursing Service [NO/Principal] 2022)

- a. Giving the client homework
- b. Arguing with client's statement
- c. Repeating what the client has said without its interpretation
- d. Pointing out irrational beliefs to the client
- Which of the following means translating the message into verbal and non-verbal symbol to communicate the (AIIMS Nagpur [NO] 2020) receiver?
 - a. Decoding
- b. Feedback
- c. Channel
- d. Encoding
- When using non-verbal communication in a nurse-client relationship, the nurse must be aware of:

(AIIMS Nagpur [NO] 2020)

- Contradictions to the clients
- The client's development level
- Ethnic background
- d. Nervous hand movements
- Which of the following techniques are examples of nontherapeutic communication? (AIIMS Nagpur [NO] 2020)
 - a. Restating
- b. Giving advice
- Focusing c.
- d. Paraphrasing
- When a nurse demonstrates caring, sincerity, empathy, and trustworthiness while interacting with a patient, it is (AIIMS Nagpur [NO] 2020) referred to as
 - a. Ethical nurse-patient interaction
 - Legal nurse-patient interaction
 - Therapeutic nurse-patient interaction
 - Emotional nurse-patient interaction
- How many quadrants are there in the Johari Window?
 - a. 2
- b. 6

- c. 4
- d. 8

Explanation: The Johari Window model is a simple and useful tool for illustrating and improving self-awareness, and mutual understanding between individuals within a group. The Johari Window model can also be used to assess and improve a group's relationship with other groups.

- Presenting the patient with a 'hypothetical situation' helps in the assessment of: (AIIMS Bhopal Grade-I 2018)

- a. Abstractability
- b. Insight
- c. Comprehension
- d. Judgment

Explanation: Judgment involves ability to understand the facts and draw conclusions. Judgment can be evaluated by exploring the patient's involvement in hypothetical situations, relationships and vocational choices by the use of situational judgment test

Emotion can be best expressed through:

(Nursing Grade- II 2007)

- a. Gesture
- b. Language

c. Posture d. All of these

Explanation: Emotional expressions are observable through verbal and nonverbal behaviors. Language is verbal communication and gesture and posture are the non-verbal communication.

- When a client's behavior is considered abnormal, the nurse
 - Ignore the client's behavior
 - b. Point out the client's disturbed behavior
 - c. Focus on the emotions
 - d. Focus on the positive behavior





MULTIPLE CHOICE QUESTIONS

346. Lysergic acid Diethylamide (LSD) is a product of: (Gujarat Nursing Service [NO/Principal] 2022)

- a. Cocoa
- b. Opium
- c. Cannabis sativa
- d. Claviceps purpurea
- 347. Nicotine replacement therapy is used for:

(NORCET-1 2020)

- a. Smoking cessation
- b. Alcohol withdrawal
- c. Opioid withdrawal
- d. Pontine hemorrhage
- Which one of the following is derived from the plant (AIIMS Patna [NO] 2020) 'Cannabis sativa'?
 - a. Cocaine
- b. Morphine
- c. Ganja
- d. Opium
- Emergency treatment for cocaine toxicity seeks to 349. stabilize:
 - (Combined AIIMS [NO] 2020) b. Body temperature
 - a. Kidney functioning c. Heart functioning
- d. All of these
- In a client with substance abuse, which is the best indicator to assess the client's progress in rehabilitation?
 - a. Perform all the activities of daily living independently
 - b. The number of drug-free days he has
 - Taking all the prescribed drugs on time
 - d. Willing to come for follow up

Explanation: Number of drug-free days is the best indicator to determine the progress of rehabilitation of patient with substance use disorder. Maintenance of abstinence from the substance is the ultimate goal of the deaddiction treatment.

Substance abuse refers to:

- a. Developing tolerance for substance
- b. Maladaptive pattern of substance use
- c. Experiencing withdrawal symptoms on stopping the
- d. Psychological dependence on drugs
- 352. ICD-10 diagnostic criteria for drug dependence syndrome include all; except:
 - a. Development of tolerance
 - b. Episodic use of substances
 - c. Appearance of withdrawal symptoms on stopping the substance
 - d. A strong craving for the substance

353. Drug dependence refers to:

- a. Harmful pattern of substance use
- b. Physiological and psychological dependence substances
- c. Habitual use of substances
- d. Experiencing psychotic symptoms due to substance use

SCHIZOPHRENIA

- 354. A 25-year-old male diagnosed with schizophrenia presents with persecutory delusions, despite showing significant improvement on risperidone. What is the next nursing management? (NORCET-8 2025)
 - a. Start Risperidone syrup
 - b. Discontinue risperidone and observe the patient without medication
 - c. Switch to a benzodiazepine to manage delusions
 - d. Start Cognitive Behavioral Therapy (CBT)

Explanation: In schizophrenia, when positive symptoms like persecutory delusions persist despite significant improvement on antipsychotic medication (risperidone in this case), the next line of management is usually psychosocial intervention, especially Cognitive Behavioral Therapy (CBT). CBT helps patients reframe and manage persistent delusional beliefs alongside ongoing pharmacotherapy.

A patient has auditory hallucinations and becomes anxious. What is the role of a nurse in this scenario?

(NORCET-6 2024)

- a. Acknowledge the patient that only he can hear
- Keep the patient in a quiet place
- Finalize that the patient is seeking attention
- Leave the patient alone
- What is the name of the condition in which a patient with Schizophrenia, while watching TV says that anchor has shared some secret with him? (NORCET-6 2024)
 - a. Hallucination
 - Delusion b.
 - c. Flight of ideas
 - d. Thought broadcasting
- What is the meaning of the schizophrenic patient's saying that 'someone is sending him secret message' while watching television? (NORCET-6 2024)
 - a. Idea of reference
- b. Delusion
- c. Hallucinations
- d. Illusion
- A patient with schizophrenia is getting agitated and after the administration of lorazepam IV, he becomes normal and start talking to others by asking food. What is the name of this effect after giving lorazepam? (NORCET-6 2024)
 - a. Rapid tranquilization effect
 - Korsakoff effect
 - Larenz effect
 - d. Fatuous effect
- A schizophrenic patient is talking about power. What should be the probable diagnosis? (NORCET-5 2023)
 - Delusion of grandiosity
 - Delusion of persecution
 - Delusional of jealousy
 - d. Erotomania
- 360. Epigenic factors play an important role in schizophrenia. In genetically vulnerable people, environmental factors may increase the risk and trigger schizophrenia. Which of the following statements is true?

(AIIMS Jodhpur [SNO] 2023)

- a. Social companionship increases the risk of schizophrenia
- b. Living in poverty does not increase the risk of schizophrenia.
- Childhood trauma such as poverty or abuse can trigger schizophrenia
- People living in rural areas are more vulnerable
- The disorder in which the symptoms of schizophrenia and mood disorders are prominently present within the same (UPUMS [NO] 2023) episode is known as:
 - Induced delusional disorders
 - Persistent delusional disorders
 - Acute and transient psychotic disorders
 - Schizoaffective disorder



d



PEDIATRIC NURSING

SYNOPSIS

GROWTH AND DEVELOPMENT

Growth

Growth denotes the net increase in size or mass of tissue. It is a quantitative measurement.

Development

Development specifies the maturation of function. It is a qualitative measurement.

Stages of Growth and Development

Prenatal Period

Ovum 0-14 days after conception

Embryo 14 days to 8 weeks

Fetus 8 weeks to birth (8-40 weeks)

Postnatal Period

Neonate/newborn

Infancy

29 days - 1 year

Toddler

Preschool child

School going child

6-10 years (girls)

6-12 years (boys)

Adolescent puberty-adulthood
Early adolescent 12–14 years

Middle adolescent 14–16 years
Late adolescent 16–20 years

Factors Affecting Growth and Development

- AgeRace
- SEX
- Genetic factors
- Biorhythm
- Seasonal variation

- Antenatal factors
- Natal factors
- Nutritional factors
- Hormonal factors
- Environmental factors (Infections, illness, trauma to growing parts of bones)
- Social factors (Socioeconomic class, cultural habits, education of parents, education of child, psychological factors and psychosocial factors)

Principles of Growth and Development

- Growth and development in children are a continuous orderly process.
- Growth pattern of every individual is unique.
- Different body tissues grow at different rates.
- Development depends upon the maturation of nervous system.
- The sequence of attainment of milestone is same in all children.
- The process of development progresses is in cephalocaudal direction and proximodistal direction.
- Certain primitive reflexes have to be lost before attainment of relevant milestone.
- The initial disorganized mass activity is gradually replaced by specific and willful actions.
- Development depends on maturation and learning.

Weight

The average weight of a neonate is 3 kg. In Indian children, 2.5–3.5 kg weight of a neonate is considered normal.

In the first few days after birth, newborn loses extracellular fluid equivalent to 10% of the body weight. So, there will be slight decline in the birth weight of the baby. The usual pattern of gaining weight is shown in the Table 1 as follows:

Silverman-Andersen Retraction Scoring

	Upper chest retractions	Lower chest retractions	Xiphoid retractions	Nasal flaring	Nasal grunt
Grade 0	Synchronized	No retractions	None	None	None
Grade 1					10.
2 5	Lag on inspiration	Just visible	Just visible	Minimal	Stethoscope only
Grade	Seesaw	Marked	Marked	Marked	Naked ear

Interpretation

TABLE 18	SILVERMAN-ANDERSEN SCORE AND INTERPRETATION
Score	Interpretation
0-3	Mild respiratory distress
4-6	Moderate respiratory distress
>6	Impending respiratory distress
10	Severe respiratory distress

Gastric Shake Test

- 0.5 mL of gastric fluid is mixed with equal volume of NS and then with 95% ethanol and the mixture is agitated for 15 seconds.
- After standing for 15 minutes, the air-liquid interface was examined for bubbles.
- If no bubbles are present, then the test is NEGATIVE (very little surfactant is present).
- If bubbles are present right across the surface of the fluid, then the test is POSITIVE (adequate amounts of surfactant).

KEY POINTS

- Silverman score is used to assess respiratory distress in preterm neonate.
- The maximum score in Silverman score is 10.

FEEDING IN CHILDREN

Nutritional management influences immediate survival of as well as subsequent growth and development of low birth weight (LBW) infants.

TABLE 19	FEEDING IN CHILDREN ACCORDING TO BIRTH WEIGHT
Birth weight	Preferred method of feeding
<1250 g	Baby may need I/V fluids initially, then initiate orogastric feeding gradually
1250– 1500 g	Most would need spoon/paladai while some need orogastric feeding
1501– 2000 g	Most babies would accept breastfeeding while some might need paladai feeding
>2000 g	Breastfeed in normal birth weight baby, but with monitoring

Breastfeeding

Frequency of Feeds

- First few weeks: 8–12 times a day during first few weeks
- Demand feeding: 1-4 hours as per demand
- By 9–12 months: 3–5 meals

KEY POINTS

Signs of good attachment while breastfeeding

- Babies mouth should be wide open.
- Baby's chin touching mother's breast.
- Lower lip turned outward.
- More areola visible above than below.





A SECTION

Composition of Breast Milk

TABLE 20	COMPOSITION OF BREAST N	ЛІLK
Types of breast milk	Time	Appearance
Colostrum	First 3–4 days after birth	Yellowish and thick
Transitional milk	From days 4 to about 10–14 days	Thinner, lighter in color
Mature milk	2 weeks after baby is delivered	Thinner
Preterm milk	When a preterm baby is delivered	Higher in protein and immune factors
Foremilk	At the start of the feed	Watery
Hind milk	At the end of the feed	Thick

KEY POINTS

- The first milk produced after delivery is known as Colostrum. It appears thick and yellow colored.
- Milk secreted following colostrum is transition milk.
- Foremilk (milk secreted at the start of feed) is rich in proteins, sugars and minerals whereas hindmilk is rich in fat and provides more energy.
- Immunoglobulin present in breast milk is IgA.
- Exclusive breastfeed should be provided to the baby up to 6 months.
- The extra calories needed by mother during breastfeeding is 500 calories.

Nutrients in Breast Milk

TABLE 21 NUTRIENTS CONTENT IN BRE	AST MILK	
Component	Content/100 mL	
Calories	71 kcal	
Carbohydrates	7 g	
Proteins	1.1 g	
Fat	3.8–4.2 g	
Lactose	7.0 g	
Sodium	0.9 mEq/L	
Potassium	1.4 mEq/L	
Calcium	34 mg Knowledge Tree	
Phosphorus	15 Hig	
Iron An In	0.05–0.1 mg/L	
Zinc	120 micrograms	
Vitamin A	170–670 IU	
Vitamin C	5.2–10 mg	
Vitamin D	0.5–10 IU	
Vitamin E	0.56 micrograms	
Vitamin K	1.5 micrograms	
Water	88%	
Protective factors	IgA, IgG, IgM, Bifidus factor, Lactoferrin, Lysozyme, Para-aminobenzoic acid	

KEY POINTS

- Human milk contains little iron, so infants who are exclusively breastfed are at increased risk of iron deficiency after 4 months of age. This is more common among preterm infants as they are born with lower iron stores
- A newborn who is adequately breastfed will sleep at least 2 hours, pass urine 8 to 10 times a day and will gain weight.
- Expressed breast milk can be stored at room temperature for up to 4 hours.
- Cow's milk is deficient of iron.
- Bottle-fed babies are more prone to develop diarrhea.







MECKEL'S DIVERTICULUM

- It is a congenital diverticulum arising from the antimesenteric border of terminal ileum.
- During the eighth week of gestation, incomplete obliteration of vitelline duct results in some congenital abnormalities, the most common of which is Meckel's Diverticulum.

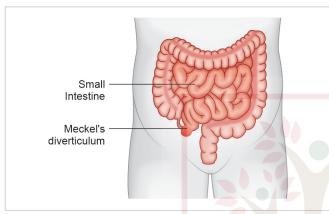


Figure 19: Meckel's diverticulum

KEY POINT

Meckel's diverticulum is an outpouching or bulge in the lower part of the small intestine. The bulge is congenital (present at birth) and is a leftover of the umbilical cord.

Clinical Manifestations

Mostly asymptomatic, painless rectal bleeding, nausea and vomiting, anemia.

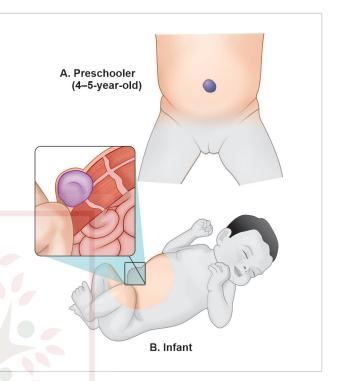


Figure 20: Umbilical hernia

Omphalocele (Exomphalos)

- Omphalocele is a birth defect of the abdominal wall.
- The infant's intestines, liver or other organs stick outside of the belly through the belly button.
- The organs are covered in a thin, nearly transparent sac that hardly ever is open or broken.

Diagnosis

Barium enema, Meckel scan, rectosigmoidoscopy

Treatment

Diverticulum is removed under general anesthesia.

UMBILICAL CORD ANOMALIES

Umbilical Granuloma

- It is a small round, wet, often pink, pedunculated lesion measuring up to 1 cm arising from the base of umbilicus.
- Treatment includes cauterization with silver nitrate, ligation, use of alcoholic wipes and rarely surgical excision.

Omphalitis

- Inflammation of cord stump or its surrounding tissue.
- It needs to be treated with antibiotics otherwise it may lead to umbilical phlebitis, portal vein thrombosis, liver abscesses, peritonitis.

Umbilical Hernia

An umbilical hernia occurs when part of intestine bulges through the opening in abdominal muscles near umbilicus.



Figure 21: Omphalocele



MULTIPLE CHOICE QUESTIONS

(Including Explained and Practice Questions)



INTRODUCTION TO GROWTH & DEVELOPMENT

- 1. Weight of the baby quadruples at: (NORCET-7 2024)
 - a. 1 year
- b. 2 years
- c. 3 years d. 4 years

 2. A neonate has a birth weight of <2.5 kg. The
- 2. A neonate has a birth weight of <2.5 kg. The neonate will be classified as: (NORCET-7 2024)
 - a. LBW
- b. VLBW
- c. ELBW
- d. Normal weight
- 3. Which of the following is age-independent anthropometry? (NORCET-7 2024)
 - a. Height for age
- b. Weight for age
- c. Head circumference
- d. MUAC
- 4. Which of the following is the correct height velocity in children aged 2-10 years? (NORCET-4 2023)
 - a. 8-18 cm/year
- b. 4-6 cm/year
- c. 2-4 cm/year
- d. 6-8 cm/year
- 5. Up to which age, height of the child is measured in lying down posture? (NORCET-4 2023)
 - a. 12 months
- b. 18 months
- c. 24 months
- d. 36 months
- 6. A 6-month-old infant has developmental delays. His weight falls below the 5th percentile when plotted on a growth chart. A diagnosis of failure to thrive is made. What behaviors might indicate the possibility of maternal deprivation? (NORCET-3 2022)
 - a. Responsive to touch, wants to be held
 - b. Uncomforted by touch, refuses bottle
 - c. Maintains eye-to-eye contact
 - d. Finicky eater, easily pacified, cuddly
- 7. When does the child identify gender? (NORCET-3 2022)
 - a. Between 7–8 years
- b. At 3 years
- c. At puberty
- d. At 6 years
- 8. A parent brings a toddler, aged 18 months, to the clinic for a regular check-up. When palpating the toddler's fontanels, what should the nurse expect to find? (OSSSC [NO] 2022)
 - a. Closed anterior fontanel and open posterior fontanel
 - b. Open anterior fontanel and closed posterior fontanel
 - c. Closed anterior posterior fontanels
 - d. Open anterior and posterior fontanels
- 9. The infant's weight becomes triple from birth weight in: (Combined AIIMS [NO] 2020)
 - a. 1 year
- b. 2 years
- c. 3 years
- d. None of these
- 10. When does the posterior fontanel close in the baby?
 (Combined AIIMS [NO] 2020)
 - a. 2 to 3 months
 - b. 2 to 3 years
 - c. 2 to 3 weeks
 - d. 2 to 3 days

- 11. When does the infant's weight get double in relation to birth weight? (Combined AIIMS [NO] 2020)
 - a. 5 months
- b. 8 months
- c. 10 months
- d. 12 months
- 12. The modern concept of pediatrics refers to:a. Short term care of the child (Safdarjung NO 2018)
 - a. Short term care of the childb. Basic care of the child
 - Continuous and preventive care of the whole child
 - d. Terminally ill care of the child

Explanation: Pediatrics is defined as the branch of medical science that deals with child development and care during illnesses. As the major causes leading to under five mortality and morbidity are preventable in nature, the modern concept of pediatrics focuses on prevention of illness and promotion of health rather than treatment of illnesses alone.

- 13. Which part of the brain controls and integrates activities of the autonomic nervous system?
 - a. Hypothalamus
- b. Epithalamus
- c. Midbrain
- d. Thalamus
- 14. At what age can a child help in household chores, dress and undress independently?
 - a. 2 years
- b. 3 years
- c. 4 years
- d. 5 years

Explanation: Key social milestones achieved at five years of age include dressing and undressing, asking questions about meaning of words; engaging in domestic role-playing

- 15. In language development, a child can tell stories by the age of:
 - a. 1 year
- b. 2 years
- c. 3 years
- d. 4 years
- 16. Which of the following intervention is associated with the lowest recurrence rate in nocturnal enuresis?
 - a. Desmopressin
- b. Oxybutynin
- c. Imipramine
- d. Bed alarms

Explanation: Best success rate is seen with bed alarms which when goes off, child should get up and go to the toilet. Participation of parents is critical in success of this intervention. However, initial management is behavior modification like limiting fluid intake in evening hours and awakening the child during night to go to bathroom. Parents should avoid shaming of the child.

- 17. Which of the following conditions can result from early strict toileting.
 - a. Night terror
- b. Temper tantrums
- c. Encopresis
- d. Nocturnal enuresis

Explanation: Night terrors refer to disconcerting episodes of, screaming or crying that a toddler or young child may experience at



Ans.

1. b 2. a 3. d 4. b

6. k

8. 9.

10. 11.

12. 13.

14.

17



OBSTETRIC AND GYNECOLOGICAL NURSING

SYNOPSIS

ANATOMY OF FEMALE REPRODUCTIVE SYSTEM-OVERVIEW

The female reproductive system refers to the organs and structures involved in the production, transport, and nurturing of the female gamete (egg) and the development and birth of offspring. It is broadly divided into three categories:

- 1. External genitalia
- 2. Internal genitalia
- 3. Accessory reproductive organs

External Genitalia

External genitalia is also known as vulva or pudendum.

- It refers to the external structures of the female reproductive system.
- It plays an important role in sexual function.
- It provides a protective barrier for the internal reproductive organs.

Parts of External Genitalia (Vulva)

- Mons pubis: It is the fatty tissue above the pubic bone that is covered with pubic hair. The hair pattern is triangular among most women with, the base directed upward.
- Labia majora: Two folds of skin that extend down from the mons
 pubis and enclose the labia minora and other vulvar structures. It
 is homologous to scrotum in males. It has its own sweat gland
 and apocrine gland.

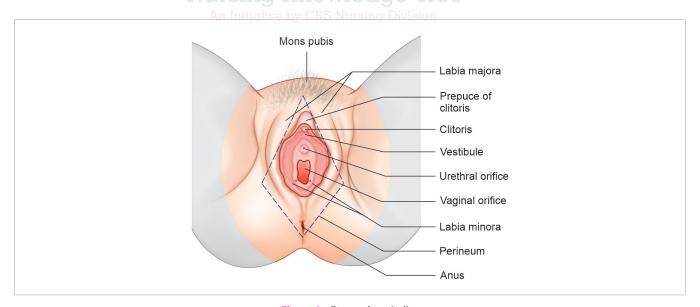


Figure 1: External genitalia

KEY POINTS

- Funis is other name of the umbilical cord.
- There are two arteries and one vein present in the umbilical cord singleton pregnancy.
- Oxygenated blood enters the fetal circulation from umbilical vein via ductus venosus.
- Closure of the umbilical arteries takes about 2–3 months after delivery.
- Umbilical artery is not having internal elastic lamina but has got well-developed muscular coat which helps in the effective closure
 of artery following delivery.

UMBILICAL CORD ABNORMALITIES

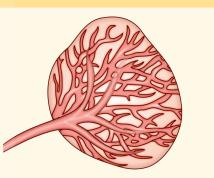
Cord abnormalities

Battledore placenta:

- Placental cord is attached to the margin.
- The umbilical cord attaches to the placenta at <2 cm from the edge.

Figures





Velamentous placenta:

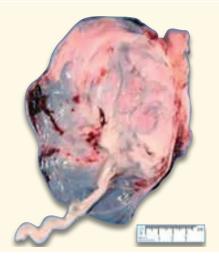
- Cord is attached to the membrane instead of placenta.
- So, umbilical vessels are unsupported and may lie below the presenting part and run across the cervical os and known as vasa previa.

Long cord: The length of the cord is >100 cm. Long cord may loop around the fetal neck and can also cause cord prolapse.

Short cord: True short cord may be <20 cm. It may cause failure to the fetus to descend during the delivery. It may break easily and prevent version.









A SECTION

Positions and Presentations of Fetus During Labor

Different fetal presentations and positions during labor (*Ref: See Figure in Appendices*)

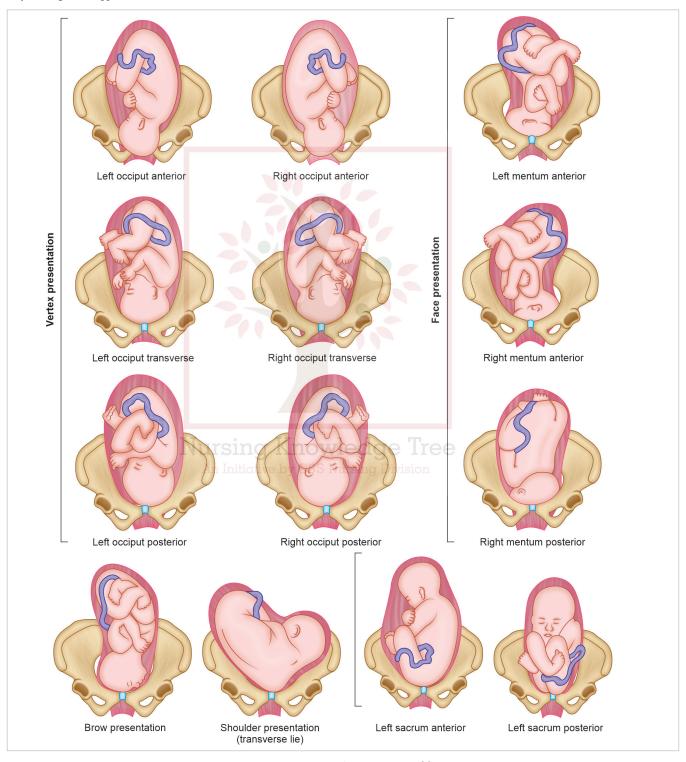


Figure 31: Position and presentation of fetus



MULTIPLE CHOICE QUESTIONS

(Including Explained and Practice Questions)



ANATOMY OF FEMALE REPRODUCTIVE SYSTEM

- 1. The narrowest part of fallopian tube is: (SNEHP 2022)
 - a. Infundibulum
- b. Fimbriae
- c. Ampulla
- d. Interstitial portion
- 2. Nurse is about to catheterize bladder of a pregnant lady. She should be aware that all the following facts about female urethra are true; except: (OSSSC [NO] 2022)
 - a. It is about 1.5 inches in length.
 - b. It is posterior to vaginal orifice.
 - c. It is pierces through urogenital diaphragm.
 - d. It is straight and offers minor resistance for catheterization.
- Acid medium of vagina maintained by:

(AIIMS Nagpur [NO] 2020)

- a. Trichomonas vaginalis b. E. coli
- d. Döderlein's bacilli c. Staphylococci
- The length of the fallopian tube ranges from:

(AIIMS Patna [NO] 2020)

- a. 22-27 cm
- b. 7-12 cm
- c. 28-31 cm
- d. 2-7 cm (AIIMS Patna [NO] 2020)
- Peg cells are seen in the:
- b. Fallopian tubes
- a. Intestine c. Stomach
- d. Vagina
- The correct sequence of development of puberty in girls is: (AIIMS Patna [NO] 2020)
 - a. Menarche, Pubarche, Thelarche
 - b. Thelarche, Pubarche, Menarche
 - c. Thelarche, Menarche, Pubarche
 - d. Pubarche, Menarche, Thelarche
- Which of the following is not true about female urethra?
 - a. It is about 4 cm long
 - b. It is shorter than the male urethra
 - c. It is posterior to vaginal orifice
 - d. It is straight and offers minor resistance to catheterization
- Vulva is composed of which of the following structures?
 - a. Vaginal introitus, labia majora, labia minora and cervix
 - b. Clitoris, vestibule and fourchette
 - c. Labia majora, labia minora and cervix
 - d. Cervix, uterus and ovary
- All of the following are parts of vulva; except:
 - a. Bartholin's gland
- b. Vaginal opening
- c. Mons pubis
- d. Ampulla

Explanation: The vulva consists of the external female sex organs. The vulva includes the mons pubis, labia majora, labia minora, clitoris, Vestibular bulbs, fourchette, vulval vestibule, urinary meatus, the vaginal opening, and Bartholin's and Skene's vestibular glands. The urinary meatus is also included as it opens into the vulval vestibule.

10. Nerve supply to the vulva is through:

- a. Ilioinguinal nerve
- b. Pudendal nerve
- c. Genitofemoral nerve
- d. All of these
- The structure that provides a pad of fatty tissue for the external female genitalia is:
 - a. Perineum
- b. Labia minora and majora
- c. Mons pubis
- d. Vulva
- Identify the part of uterus among the following?

(AIIMS Raipur Staff Nurse Grade-I 2018)

- a. Body
- b. Isthmus
- c. Cervix
- d. All of these

Explanation: The uterus has four major regions: Fundus, Body, Isthmus and cervix. So all three given options are parts of uterus.

The most common anatomical position of the uterus is:

- a. Anteverted and anteflexed
- b. Retroverted and retroflexed
- c. Retroverted and anteflexed
- d. Anteverted and retroflexed

Explanation: Normal uterus is anteverted and anteflexed. The normal position is an anteverted uterus, which is tipped forward. The uterine position is also sometimes described in relation to the location of the fundus; that is, an anteflexed uterus, which is normal and where the fundus tilts forward.

The lower uterine segment is formed from the:

- a. Cervix
- b. Isthmus and cervix
- c. Body of the uterus
- d. Isthmus

Structures that support the uterus include:

- a. Round ligament
- b. Broad ligament
- c. Cervicovaginal junction d. All of these
- The shape of nonpregnant uterus is:

- a. Globular
- b. Pear shaped (pyriform)
- c. Oval
- d. Cylindrical

True support of uterus:

- a. Broad ligament
- b. Round ligament
- c. Cardinal ligament
- d. Uterosacral ligament

Blood supply to the uterus is by:

- a. Ovarian artery
- b. Uterine artery
- c. Both a and b
- d. None of these

19. The origin of the ovaries is from:

- a. Genital ridge
- b. Genital tubercle
- c. Wolffian duct
- d. Mullerian duct

20. Ovarian artery is a branch of:

- a. Renal artery
- b. Internal iliac artery
- c. Abdominal part of the aorta
- d. External iliac artery



Ans.

- 2. h 3. d 4. b 5. 6. 7.
- 9. 10.

8.

- 11. 12.
- 13. 14.
- 15. 16.
- 17. 18.
- 19. 20.



APPLIED MICROBIOLOGY

SYNOPSIS

HISTORICAL PERSPECTIVES OF MICROBIOLOGY

- **Microbiology:** It is the study of microorganism which is only visible through microscope.
- Aristotle (384–322) and others believed that living organisms could develop from nonliving materials.
- Rogen Bacon in 13th century described that the disease caused by a minute 'seed' or 'germ'.
- Antony van Leeuwenhoek (1632–1723):
 - Provided detailed descriptions of protozoa, basic types of bacteria, yeasts, and algae.
 - Was the first to see and describe bacteria and their characteristic morphology.
 - Known as father of bacteriology and protozoology.
 - In 1676, he observed and described microorganisms such as bacteria and protozoa as 'animalcules'.
- Edward Jenner in **1798** introduces the concepts of vaccination using cowpox material to prevent smallpox.
- Louis Pasteur:
 - He made significant contributions to microbiology and introduced the concepts of aerobic and anaerobic organisms, referring to those that require oxygen and those that do not, respectively.
 - He disproved the theory of spontaneous generation.
 - He contributed to the development of the first vaccines for the immunization against rabies, anthrax, and chicken cholera.
 - He described the scientific basis for fermentation, winemaking, and the brewing of beer and pasteurization.
 - Pasteur postulated the germ theory of disease, which states that microorganisms are the causes of infectious disease.
- **Joseph Lister** (1827–1912): He is the father of antiseptic surgery.
- Robert Koch:
 - Discovered causative agent for anthrax, tuberculosis, and cholera.
 - His discoveries, in combination with those of Pasteur, established the germ theory of disease.

- Edward Jenner (1749-1823):
 - First to prevent small pox.
 - He discovered the technique of vaccination.
- Alexander Fleming: Discovered penicillin in 1929, an antibiotic produced by a fungus that inhibits bacterial growth.
- Paul Ehrlich: In 1882, he reported the acid-fast staining properties of tubercle bacillus.

KEY POINTS

- Louis Pasteur (1822-1895) is considered the father of microbiology.
- Louis Pasteur introduced sterilization technique and stem sterilizer, autoclave and hot air oven.
- Louis Pasteur introduced first live-attenuated vaccine.
- Robert Koch is known as the father of bacteriology.
- Robert Koch introduced staining technique.
- Robert Koch discovered anthrax bacillus, tubercle bacillus and the cholera vibrios.
- Karl Landsteiner discovered ABO blood groups.

NORMAL BACTERIAL FLORA OF HUMAN BODY

Resident Flora

These organisms are relatively fixed and regular type of organism found at a given body site. They perform functions such as synthesis of vitamin K, absorption of nutrient, breakdown of nutrients, etc.

Transient Flora

These are nonpathogenic and potentially pathogenic organisms. These microorganisms do not produce disease under normal circumstances. But if normal flora is destroyed and immune system is weak then they may produce disease.





Normal Flora

TABLE 1	NOR	IORMAL FLORA OF VARIOUS BODY SITES	
Body sites		Name of normal flora	
Eye (conjunc	tiva)	Corynebacterium xerosis, coagulase negative staphylococci, nonhemolytic streptococci.	
Mouth and upper respiratory tract		Streptococcus viridans, diphtheroids, coagulase negative staphylococci, anaerobic cocci, anaerobic spirochetes, bacteroides, anaerobic cocci, fusobacterium.	
Gastrointestinal tract		Lactobacilli, anaerobic streptococci, Clostridium, Bacteroides	
Genitourinary		Mycobacterium smegmatis, alpha hemolytic streptococci, lactobacilli, Gardnerella vaginalis, and Bacteroides spp, anaerobic Streptococci, Clostridia, Ureaplasma urealyticum	
Skin		Staphylococcus epidermidis (major), Staphylococcus aureus, Micrococci, Diphtheroids, Propionibacterium, Yeast (Candida sp.)	

KEY POINTS

Advantages of normal flora:

- Normal flora competes with pathogens for colonization sites.
- It produces substances that inhibit pathogens.
- Normal flora stimulates local immunity.
- It produces vitamins in the intestines.

Disadvantages of normal flora:

- Source of opportunistic infection in immunosuppressed patients.
- Oral cavity: Normal flora of oral cavity causes Plaque formation and dental disease.
- GI tract: Helicobacter pylori, a part of the gastric flora, may cause gastric and duodenal ulcers.
- Colon: Some gut bacteria are associated with colorectal cancer.

STAINING TECHNIQUES

- Simple stain: Methylene blue
- Negative stain: It produces uniform colored background against which uncolored organism stand out, e.g., India ink preparation.
- Impregnation stains: Cells and structures that are too thin to be visualized by the light microscope can be rendered visible by impregnation of silver on their surface.

Differential Stain

- Gram stain
- Acid-fast stain
- Albert's stain

Gram Stain

- Developed by Christian Gram in 1884.
- It is used to study morphology of bacteria.
- When bacteria are treated with basic dyes such as methyl violet, crystal violet or gentian violet and then with iodine, they retain their color even after decolorization with alcohol/acetone. The microorganisms which retain the color and appear violet in color are called Gram-positive bacteria. On the other hand, microorganisms that are decolorized will take up the counterstain, appearing red or pink, and are classified as Gram-negative.

Acid-Fast Stain

- Normal dyes do not penetrate Mycobacterium. Therefore, the dye
 containing phenol and application of heat enables it to penetrate
 the cell wall of mycobacteria. Once the bacteria are stained then
 they withstand the action of powerful decolorizing agent for a
 considerable duration of time.
- Acid-fast bacilli (AFB) appear as bright-red structure, whereas tissue, other organisms are seen as blue/green depending upon the counterstain used.

Albert's Stain

- It is used to stain the volutin granules of diphtheria bacilli.
- These granules have intense affinity toward basic dyes.

TYPES OF MICROSCOPE

- Light microscopes (Compound microscope)
- Fluorescence microscope
- Dark ground microscope
- Phase contrast microscope
- Interference microscope
- Electron microscope

CULTURE MEDIA

Solid Media, Liquid Media and Semisolid Media

- In culture media, agar is the agent used for solidifying purpose.
- By varying the concentration of agar, media can be prepared as solid/semisolid.
- Solid media, e.g., blood agar, chocolate agar, MacConkey's agar.
- Liquid media, e.g., nutrient broth, peptone water, sugar media and enrichment media.

Aerobic and Anaerobic Media

Aerobic

To promote the growth of aerobic organisms, aerobic media is used. **Example:** *E. coli, Salmonella serotypes, Mycobacterium tuberculosis*, etc.

Anaerobic

Organisms that are unable to use oxygen are known as anaerobic organisms.



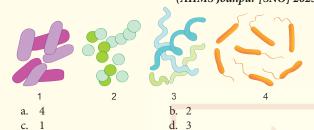


b. Streptococcus pneumoniae

Neisseria gonorrhoea

CLASSIFICATION OF BACTERIA

16. You have collected pus sample from a purulent lesion on the skin of a patient. You have sent the sample for gram staining. The microbiologist reports Staphylococci seen. Which of the below shapes of bacteria must the microbiologist have seen? (AIIMS Jodhpur [SNO] 2023)



d.

- 17. The size of bacteria is usually expressed in terms of:
 - (AllMS Bibinagar [Tutor] 2023)
 - a. Nanometers
- b. Millimicrons
- c. Angstroms
- d. Micrometers
- 18. The bacteria that can causes acute diarrhoeal disease is:

(AllMS Bibinagar [Tutor] 2023)

- a. E. hystolytica
- b. Trichomoniasis
- c. Salmonella
- d. Trichuriasis
- 19. Spherical bacteria occurring in cluster are called:

(SNEHP 2022)

- a. Staphylococci
- b. Streptococci
- c. Pneumococci
- d. Cocobacilli 20. The media to grow bacteria is known as: (SNEHP 2022)
- a. Nutrition media Culture forum
- b. Culture media
- 21. Amphitrichous flagella means:
- d. Culture biosphere
- (SNEHP 2022)
- a. Flagella all-round the cell b. Flagella at both ends c. Flagella at one end
 - d. Flagella in tufts
- 22. What is an example of monera microorganisms?

(Western Coalfields Limited 2022)

- a. Eubacteria
- b. Protozoans
- c. Invertebrates
- d. Mosses and ferns
- 23. What is the shape of Bacillus tuberculosis bacteria?

(Western Coalfields Limited 2022)

- a. Ellipsoidal/Spherical
- b. Filamentous
- c. Rod-shaped
- d. Vibrio or Coma
- 24. Which of the following bacterial structures is involved in attachment to cell surface? (Western Coalfields Limited 2022)
 - a. Flagella
- b. Fimbriae
- c. Capsule
- d. Mesosomes
- 25. Generation time of Mycobacterium tuberculosis is:

(Gujarat Nursing Service [NO/Principal] 2022)

- a. 10 hours
- b. 20 hours
- 20 days
- d. 10 days
- 26. Which of the following causative organism is responsible for Moniliasis? (CNCI [NO] 2021)
 - Candida albicans
- b. Tinea cruris
- Staphylococcus aureus
- d. Gonococci

27. An acid-fast bacillus which is pathogenic:

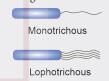
- Bacillus pertussis
- (AIIMS Nagpur [NO] 2020)
- Corynebacterium diphtheriae
 - Salmonella typhi
- d. Mycobacterium leprae
- 28. The causative agent of Lyme disease is:
 - (AIIMS Patna [NO] 2020)
 - a. Rickettsia prowazekii
 - b. Alphavirus Borrelia burgdorferi
 - Trypanosoma brucei gambiense

- 29. Which of the following microorganisms causes gonorrhea? (AIIMS Patna [NO] 2020)
 - a. Stylus gonorrhea

 - c. Stereotyoist gonorrhea
- 30. Rod-shaped bacteria are called:
 - a. Cocci
 - c. Bacillus
- (AIIMS Patna [NO] 2020)
- b. Clusters
- d. Spirochetes
- 31. Which of the following is the most common cause of (AIIMS Patna [NO] 2020) ophthalmic neonatorum?
 - a. Candida albicans
- b. Staphylococcus aureus
- c. Neisseria gonorrheae
- d. Streptococcus
- 32. A cluster of polar flagella is called: (Safdarjung NO 2018)
 - a. Lophotrichous
 - Amphitrichous
 - Monotrichous
 - Peritrichous d.

Explanation:

- Lophotrichous: The flagella are present in the form of a cluster at one pole.
- Amphitrichous: When a single or clusters of flagella are present at both ends.
- Monotrichous: When a single polar flagellum is present on
- Peritrichous: When flagella are lateral and surround the whole surface of bacteria.
- Atrichous: No flagella



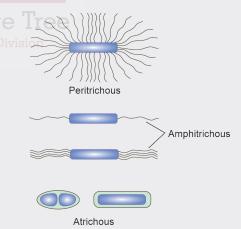


Figure: Types of flagellar arrangement in bacteria

- 33. Depending upon their oxygen requirement and metabolism Vibrio Cholerae species are: (Safdarjung NO 2018)
 - a. Obligate aerobes
- b. Facultative anaerobes
- c. Obligate anaerobes
- d. Microaerophilic

Explanation: Vibrio cholerae are aerobes and facultative anaerobes. Facultative anaerobe is organism which forms ATP by aerobic respiration in presence of oxygen, but is capable of switching to fermentation or anaerobic respiration in the absence of oxygen.



APPLIED BIOCHEMISTRY AND NUTRITION

SYNOPSIS

APPLIED BIOCHEMISTRY

INTRODUCTION

- Biochemistry is the study of chemical processes within the body and related to the living organisms.
- The first enzyme discovered was 'diastase' (now called 'amylase') in the year 1833.
- James Watson, Francis Crick, Maurice Wilkins, and Rosalind Franklin (1950s) contributed to the helical structure of DNA.

The term Biochemistry was coined in 1903 by a German chemist named Carl Alexander Neuberg (1877–1956). He is regarded as 'Father of modern biochemistry'.

CELL

- The cell is the structural and functional unit of life.
- Living cells are divided into two groups:
 - 1. Prokaryotes, e.g., Bacteria (unicellular)
 - 2. Eukaryotic cells, e.g., Animal cells, plant cells, fungi and protozoa (unicellular or multicellular)

	DIFFERENCES BETWEEN AND EUKARYOTIC CELLS	
Parameters	Prokaryotic cells	Eukaryotic cells
Cell size	Small (1–10 nm)	Large (1 to 10,000 times larger in size than prokaryotic cells)
Overall organization	Simple	Complex
Cell wall	Present	Absent
Cell membrane	Present sometimes surrounded by capsule	Present
Nucleus	Single nucleus which contains double helical DNA that is present in a poorly defined region called nucleoid	Well-defined nucleus with a membrane and multiple DNA double helices organized into chromatin
Reproduction	Asexual	Sexual
Examples	Bacteria, blue green algae	Animal and plant cells

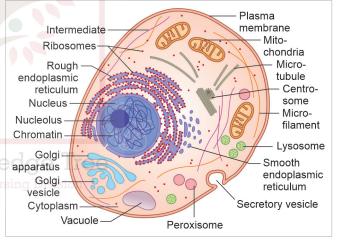


Figure 1: Animal cell structure

CELL ORGANELLES

Nucleus

- Nucleus is the largest component of the cell, containing DNA organized into separate chromosomes.
- Nucleus is surrounded by the nuclear membrane. Nuclear membrane consists of two layers.
- The intermembrane space between inner and outer membrane is known as **perinuclear space** (cisterns).
- The nucleus is filled with nucleoplasm which contains nucleolus and chromatin.
- Function of nucleus includes control of cell division (DNA replication), protein synthesis.
- DNA and DNA polymerase are the markers of the nucleus.

Endoplasmic Reticulum

- Cisternae have a role in the exchange of materials between the cell and the extracellular fluid.
- Rough endoplasmic reticulum (RER): Also called granular type of endoplasmic reticulum. It contains ribosomes.
- Smooth endoplasmic reticulum (SER): Also called agranular type of endoplasmic reticulum. It does not contain ribosomes.
 SER has enzymes for biosynthesis of lipids and glycoproteins.



217. The enzyme which helps for the digestion of fat after emulsification is:

(Gujarat Nursing Service [NO/Principal] 2022)

a. Renin

SECTION

- b. Amylase
- c. Lipase
- d. Trypsin

218. Emulsification of lipids in the small intestine requires: (AIIMS Patna [NO] 2020)

- a. Gastric lipase
- b. Pepsin
- c. Pancreatic lipase
- d. Bile salts

219. Which of the following nutrient provides energy to the body? (AIIMS Patna [NO] 2020)

- a. Fat
- b. Zinc
- c. Vitamin A
- d. Vitamin D
- 220. An average healthy person with no diseases should ideally of his/her daily calorie requirements from healthy fats. (AIIMS Patna [NO] 2020)
 - a. 50% to 60%
- b. 70% to 80%
- c. 20% to 30%
- d. 5% to 10%

221. Calories generated per gram of fat is approximately:

(AIIMS Patna [NO] 2020)

- a. 4 kcals
- b. 15 kcals
- c. 1 kcals
- d. 9 kcals

222. Which of the following enzymes converts fats into fatty acids and glycerol? (AIIMS Patna [NO] 2020)

- a. Bile
- b. Trypsinogen
- c. Salivary amylase

223. Deficiency of essential fatty acids causes:

- a. Dermatitis
- Growth retardation
- Reproductive failure
- d. All of these

224. Rancidity of fat is due to:

- Auto-oxidation of hydrogenated unsaturated fatty acids
- Hydrogenation of unsaturated bond
- Growth of microorganisms
- d. None of the above

225. PUFAs are mostly found in:

- a. Vegetable oils
- Animal foods
- Butter
- d. Ghee

226. Linoleic acid is found mostly in:

- a. Sunflower oil
- Corn oil
- c. Hemp oil
- d. All of these

227. Cholesterol is required for:

- a. Formation of bile
- b. Precursor for all steroid hormones
- c. Formation of vitamin D
- d. All of the above

228. A lipid bilayer is permeable to:

- a. Urea
- b. Potassium
- c. Sodium
- d. Glucose

229. Biological lipid bilayers contain the following lipids:

- a. Cholesterol
- b. Linoleic acid
- c. Palmitic acid
- d. Stearic acid

230. Cholesterol is synthesized from:

- a. Acetyl CoA
- b. Maltate
- c. Alpha-Ketoglutaric acid
- d. Oxalate

231. Which cholesterol is designated as "Good Cholesterol"?

- a. VIDL
- b. LDL
- c. HDL
- d. IDL

PROTEINS & AMINO ACIDS

232. Which semi-essential amino acid synthesis is decreased during pregnancy and lactation?

(AllMS Bibinagar [Tutor] 2023)

- a. Tyrosine
- b. Tryptophan
- c. Arginine
- d. Methionine
- 233. The structural protein in which the double helix structure of DNA is twisted and wrapped to maintain its heavily coiled three-dimensional shape is: (AllMS Bibinagar [Tutor] 2023)
 - a. Histones
- b. Adenine
- c. Chromatin
- d. Nucleotide
- 234. Egg is NOT the significant source of: (NORCET-3 2022)
 - a. Vitamin D
- b. Vitamin A
- c. Whole protein
- d. Carbohydrate
- 235. Nonessential amino acid is:
- (SNEHP 2022) b. Phenylalanine
- a. Tyrosine c. Lysine
- d. Threonine
- 236. One of the following is not a simple protein:

(Gujarat Nursing Service [NO/Principal] 2022)

- a. Albumins
- b. Glutelins
- c. Prolamins
- d. Glycoprotein
- 237. One of the following is known as the protein factory of cells: (Gujarat Nursing Service [NO/Principal] 2022)
 - a. Ribosomes
- b. Cytoplasm
- c. Golgi bodies
- d. DNA
- 238. Which of the following digestive enzymes present in gastric juice is primarily responsible for breaking down proteins? (AIIMS Patna [NO] 2020)
 - Trypsin
- b. Pepsin
- c. Peptidases
- d. Chymotrypsin
- An Initiative by CBS Nur 239, Which of the following is an essential amino acid?

(AIIMS Patna [NO] 2020)

- a. Niacin
- b. Thiamine d. Valine

c. Pyridoxine 240. The most abundant plasma protein is:

- a. Albumin
- b. Fibrinogen
- d. Globulin
- c. Gelatin 241. Building block of protein is:
 - a. Glucose
- b. Lipids
- c. Fatty acids
- d. Amino acids

242. Primary structure of proteins represents: (Safdarjung NO 2018)

- a. Linear structure of proteins joined by peptide bonds
- b. 3-dimensional structure of proteins
- c. Helical structure of proteins
- d. Sub unit structure of proteins

Explanation:

- Primary structure of proteins represents linear sequence of proteins (known as primary structure) joined by peptide bonds. The structure of proteins is complex and has been divided into four levels, according to organization: Primary, secondary, tertiary and quaternary.
- Tertiary structure of proteins is three dimensional.
- Secondary structure of proteins is helical.
- Subunit structures of proteins are polypeptide chains.



217. 218. d

219. a 220. C 221. d 222. d 223. d 224. a

225. a

226. d

227. d 228. a 229. a 230. a 231. C 232. C 233. a

242.

234.

235. C



268. Which of the following occurs due to vitamin B₁₂ deficiency? (NORCET-7 2024)

- a Iron deficiency anemia
- b. Megaloblastic anemia
- c. Pernicious anemia
- d. Hemolytic anemia
- 269. Which of the following is a rich dietary source of Vitamin D? (AllMS Bibinagar [Tutor] 2023)
 - a. Broccoli
- b. Oily fish
- c. Squid

SECTION

- d. Octopus
- 270. Which of the following is a rich dietary source of Vitamin K? (AllMS Bibinagar [Tutor] 2023)
 - a. Green leafy vegetables
- b. Fish
- c. Egg
- d. Carrot
- 271. Night blindness is caused due to the deficiency of vitamin: (SCTIMS [NO] 2023)
 - a. A

b. D

- d. K
- 272. Which one of the following vitamins is not fat-soluble? (SCTIMS [NO] 2023)
 - a. Α

b. D

- c. B
- d. K
- 273. The major mineral element of the body is:

(UPUMS [NO] 2023)

- a. Iron
- b. Sodium d. Calcium
- c. Potassium 274. All of the following are fat soluble vitamins; except:

(UPUMS [NO] 2023)

- a. Vitamin B12
- b. Vitamin D
- c. Vitamin A
- d. Vitamin K
- 275. Where does the absorption of calcium take place?

(UPUMS [NO] 2023)

- a. Ileum
- b. Jejunum
- Antrum of stomach
- d Duodenum
- 276. Night blindness is due to the deficiency of:

(NORCET-3 2022)

- Vitamin A
- Vitamin C
- Vitamin D
- d. Vitamin B,
- 277. Rickets in children is caused by:
- (NORCET-3 2022)
- a. Vitamin D
- b. Vitamin C d. Vitamin B₁₂
- c. Vitamin A 278. Wernicke's and Korsakoff in alcoholic patient occurs due to
- the deficiency of:
- (NORCET-3 2022)
- a. Thiamine
- b. Vitamin C
- c. Vitamin D
- d. Vitamin A
- 279. All of the following help in the absorption of iron, except: (NORCET-3 2022)
 - a. Curd
- b. Sprouts
- c. Amla
- d. Orange
- 280. The richest natural source of vitamin A is: (SNEHP 2022)
 - a. Carrot
- b. Butter
- Peas
- d. Cod liver oil
- 281. Daily requirement of Vitamin C for adults is: (SNEHP 2022)
 - a. 10 mg
 - 40 mg
 - 50-100 mg
 - d. 100-300 mg
- 282. What is the biological function of copper?

(Western Coalfields Limited 2022)

- a. Helps in muscle contraction.
- Cofactor for several enzymes
- c. Helps in the transmission of nerve impulses.
- d. Involved in the synthesis of thyroid hormones.

283. Figure out the micronutrient from the following:

(Western Coalfields Limited 2022)

- a. Protein
- Fat b.
- c. Mineral
- Carbohydrate

284. What is the function of phosphorus?

(Western Coalfields Limited 2022)

- a. Development of bones and teeth
- Regulations of pH of body fluids.
- Regulation of muscle contraction.
- d. Role in transmission of nerve impulses.

285. Which of the following is a fat soluble vitamin?

(Western Coalfields Limited 2022)

- a. Pyridoxine (vitamin B.)
- Ascorbic acid (vitamin C)
- Tocopherol (Vitamin E)
- d. Thiamine (vitamin B₁)

286. Main function of vitamin C in the body is:

(OSSSC [NO] 2022)

(OSSSC [NO] 2022)

- Coenzyme for energy metabolism
- b. Regulation of lipid synthesis
- Involvement as antioxidant
- d. Inhibition of cell growth 287. The nutrient that provides the body's preferred energy
 - source: a. Fat
 - b. Protein
 - Vitamin
 - d. Carbohydrate

288. Vitamin which is also known as antisterility vitamin:

(Gujarat Nursing Service [NO/Principal] 2022)

- Vitamin C
- Vitamin E b.
- c. Vitamin A
- d. Vitamin K

289. The mineral which acts as a cofactor for other enzyme is: (Gujarat Nursing Service [NO/Principal] 2022)

- Iron a.
- b. Calcium
- c. Potassium
- Sodium

290. The vitamin which is produced by the bacteria living in the colon is: (Gujarat Nursing Service [NO/Principal] 2022)

- Vitamin K
- Vitamin A b.
- Vitamin B c.
- Vitamin D d.
- 291. Which of the following vitamin deficiency will cause pernicious anemia? (NORCET-1 2020)
 - a. Vitamin B₁₂
 - Folic acid deficiency
 - Serum iron deficiency
 - Calcium deficiency
- 292. Which of the following vitamin deficiency leads to bleeding gums? (NORCET-1 2020)
 - Vitamin C
 - Vitamin A b.
 - Vitamin B
 - Vitamin K

290.

292. a

291. a



APPLIED SOCIOLOGY AND PSYCHOLOGY

SYNOPSIS

APPLIED SOCIOLOGY

INTRODUCTION

- Sociology is the study of social life, social change, and the social causes and consequences of human behavior.
- Anthropology is the study of what makes us human.
- An individual is a person with unique identity, may be similar to siblings but not exactly same except in case of twins.
- The word 'sociology' was coined by Auguste Comte, a French Philosopher, in 1839.
- Auguste Comte is considered the 'Father of Sociology'.

SOCIALIZATION

Socialization is a lifelong process which starts at birth and continues till death. At each distinct phase in life, there are transitions to be made or crises to be overcome.

Importance of Socialization

- Socialization helps an individual make transitions and adapt to the changing environment.
- Process of socialization includes the elements and agencies of socialization such as family, formal educational system (school, college), peer group, media and technology, religion, government, legal system, and workplace.
- Socialization starts at birth.
- Socialization is innate and unavoidable.

Elements of Socialization

- The physical and psychological background of an individual.
- The **environment** in which an individual is born.
- The **culture** in which an individual's rearing is done.

Features of Socialization

• **Imitation:** It refers to copying the acts of others.

- Suggestion: It is a process of communication in which the suggested idea is accepted without logical grounds.
- Identification: In the very early stages, a child cannot make any distinction between themselves and their environment. Most initial reactions are just natural and spontaneous. As the child grows older, they learn to identify the means through which they satisfy their needs.
- Language: It refers to the medium of expression.

Phases of Socialization

Primary socialization:

- It takes place in infancy and childhood.
- This is the most crucial stage of socialization, as the basic behavior pattern is learnt by the child at this stage.
- Internalization of norms is the most important aspect of primary socialization.
- Secondary socialization: It starts from the later stage of childhood and goes up to maturity.
- Anticipatory socialization:
 - It is the kind of learning which describes a person's future roles.
 - Anticipatory socialization makes the individual expect their own participation in a social situation by watching how others would behave in that situation.
 - Merton coined the term 'anticipatory socialization'.
- Developmental socialization: As individuals grow, they change and mold themselves according to the standards and needs of the society.
- Resocialization:
 - It is a process by which one's sense of social values, beliefs, and norms are re-engineered.
 - Resocialization is a kind of learning that involves the learning of new ways of thinking, feeling and behaving that are completely different from one's previous way of life. For example, resocialization occurs when one converts into a different religion or joins army or is put in a prison.

Population Explosion in India

- The year 1921 is referred to as "The Great Divide" in India because it marked a significant shift with low mortality rates and high birth rates.
- At the time of India's Independence in 1947, the population stood at around 34 crores (340 million).
- Population explosion in India started from 1951 onward. According to the 2011 census, India's population reached approximately 121 crores (1.21 billion).
- It is estimated that around 33 births occur every minute in India, indicating a high population growth rate.
- India was the first country to launch a family planning program
 with the goal of reducing the fertility rate to 2.1 by 2025. Family
 planning initiatives aim to promote reproductive health and
 provide access to contraception and reproductive health care
 services.

KEY POINTS

- World Population Day is observed on 11 July every year.
- Population explosion refers to a rapid increase in the population of a region over a short period.
- Population explosion in India started from 1951 onward.
- High birth rates and fertility rates contribute to population explosion.
- Uttar Pradesh is the most populated state in India.
- The term 'gateway drug' refers to a substance that may lead to the use of more dangerous and addictive substances.

Unplanned Urbanization

Urbanization is the process of shift in population from rural areas to urban areas for employment opportunities, better wages, better education and healthcare facilities. However, when this process occurs rapidly and without adequate planning, it creates significant social problems.

Unplanned urbanization leads to:

- Overcrowding and slum development due to insufficient housing.
- Strain on public infrastructure such as transportation, sanitation, water supply, and healthcare.
- Increased unemployment and underemployment in urban areas.
- Environmental degradation, pollution, and loss of green spaces.
- Social inequality and rise in urban poverty.
- Health hazards caused by poor living conditions in congested areas.
- Breakdown of community life and weakening of traditional social structures.

Classification of Cities Based on Size (as per Census of India 2011)

- Town: Comprises 5000–50,000 people.
- City: Comprises 50,000 people and above.
- Metropolitan cities: Comprises population of 4 million or above.
- Urban agglomeration: It is a continuous urban spread constituting a town and its adjoining outgrowths (OGs) or two or more contiguous towns together with or without outgrowths of such towns.

APPLIED PSYCHOLOGY

INTRODUCTION

Psychology is the scientific study of the human mind and behavior. It explores various aspects of human cognition, emotion, perception, motivation, personality, and social interactions. Wilhelm Wundt, a German psychologist, is considered the Father of Psychology.

PURE PSYCHOLOGY VERSUS APPLIED PSYCHOLOGY

- Pure psychology: It is also known as theoretical or academic psychology. It provides framework and theories for the sake of advancing knowledge and understanding in the field.
- Applied psychology: It refers to the practical application of psychological principles and theories to address real-world

problems and improve people's lives. Applied psychologists utilize the knowledge gained from pure psychology and apply it to specific areas.

KEY POINTS

Psychology is the positive science of behavior

-Wilhelm Wundt

- Gestalt psychology was founded in Germany around 1912 by Max Wertheimer and his colleagues.
- Gestalt psychologists believed that the mind should be understood as perceiving whole patterns of sensory activity and the organization of relationships within those patterns.







MULTIPLE CHOICE QUESTIONS

(Including Explained and Practice Questions)

APPLIED SOCIOLOGY

INTRODUCTION TO SOCIOLOGY

- 1. Which among the following is said to be twin sister of sociology? (Western Coalfields Limited 2022)
 - a. Psychology
- b. Anthropology
- c. Political science
- d. Economics
- 2. Who is the father of sociology?

(Western Coalfields Limited 2022 AIIMS Patna [NO] 2020)

- a. Max Weber
- b. Auguste Comte
- Karl Max
- d. Herbert Spencer
- 3. Which of the following is not a stage of socialization?
 - (AIIMS Patna [NO] 2020)
 - a. Oral stage
- b. Despair stage
- c. Oedipal stage
- d. Latency stage
- 4. Socialization is a process involving: (AIIMS Patna [NO] 2020)
 - a. Declaring everything as belonging to society
 - Setting up the social norms
 - Inducting people to adapt in society
 - Normalization of criminals and anti-social elements
- 5. Who said that man is a social animal?

(AIIMS Patna [NO] 2020)

- a. Maclver
- b. Auguste Comte
- c. Aristotle
- d. Ginsberg
- 6. Who coined the term "sociology" and is considered the Father of Sociology?
 - a. Karl Marx
- b. Auguste Comte
- c. Max Weber
- d. Emile Durkheim
- 7. Which of the following school of thought believes that the scope of sociology should be limited to the study of social institutions?
 - a. Formalistic school
- b. Synthetic school
- c. Symbolic interactionism d. Structural functionalism

Explanation: The formalistic school of thought believes that the scope of sociology should be limited to the study of social institutions, while the synthetic school of thought believes that the scope of sociology should be broader and should include the study of social processes and social interactions.

Symbolic interactionism focuses on the meanings that people give to their social interactions. Structural functionalism is a macrolevel theory that focuses on the ways in which society is organized and how different parts of society work together to maintain order

- 8. Which school of thought opined that sociology is a general science?
 - Synthetic School
- c. Vienna School
- b. Formalistic School
- d. Scientific School

Explanation: The synthetic school of thought in sociology believes that sociology is a general science that studies all aspects of social life. This school of thought was founded by Émile Durkheim, who argued that sociology should be a science that studies the social facts, or the things that happen in society, that are beyond the control of any individual.

- Who is associated with the development of positivism, a school of thought in sociology?
 - a. Bourdieu
- c. Auguste Comte
- b. Emile Durkheim
- d. Montesquieu
- 10. Charles Cooley is a prominent sociologist in School of Thought.
 - a. Formalistic
- b. Vienna
- c. Mercantilism
- d. Chicago
- 11.is an impersonal way of control. a. Informal
 - b. Kinship
 - c. Formal
- d. Family

INDIVIDUAL

- 12. The process of social interaction by which people acquire the knowledge, attitudes, values, and behavior, essential for the significant participation in society is called:
 - a. Culture
- b. Defining the situation
- c. Social communication
- d. Socialization
- 13. The process by which an individual is made independent of the group is called:
 - a. Individualization
- b. Growth
- c. Development
- d. Communication
- 14. Which of the following is not a characteristic of a social group?
 - a. Its members are conscious of shared membership
 - b. Its members accept certain rights and obligations
 - c. Its members are a casual collection of people
 - d. Its members have a distinctive set of interpersonal relations
- 15. The response of individuals to one another is:
 - a. Culture
- b. Ethos
- c. Social interaction
- d. None of these

FAMILY

- 16. Which of the following is NOT an essential function of a (AllMS Bibinagar [Tutor] 2023)
 - Transmission of caste system to next generation
 - Regulation of sexual reproduction
 - Teach children to socialize
 - Ensure economic stability



15.



NURSING RESEARCH AND STATISTICS

SYNOPSIS

INTRODUCTION

Nursing research provides evidence used to support nursing practices, education, administration and management.

DEFINITION

Nursing research is a planned attempt to increase nursing knowledge by the discovery of new facts through systematic enquiry.

STEPS IN THE QUANTITATIVE RESEARCH PROCESS

Conceptual Phase

- Formulating and delimiting the problem.
- Reviewing the literature.
- Developing a theoretical framework.
- Identifying the research variables.
- Formulating hypotheses.

Design and Planning Phase

- Selecting a research design.
- Specifying the population.
- Operationalizing the variables.
- Conducting the pilot study/making revisions.

Empirical Phase

- Selecting the sample
- Collecting the data
- Organizing data for analysis

Analytic Phase

- Analyzing the data
- Interpreting the results

Dissemination Phase

Communicating results

STEPS IN THE QUALITATIVE RESEARCH PROCESS

- Define/clarify the broad topic
- Review of the literature
- Identify site/setting
- Obtain access
- Obtain and test equipment
- Begin data collection and analysis
- Identify themes and categories
- Triangulation and saturation
- Formulate hypotheses/theoriesCommunicate findings

Nursing Knowl RESEARCH PROCESS

Research Problem

- Research problem is the **first step** in research process.
- A research problem is a question that a researcher wants to answer or a problem that a researcher wants to solve.
- Research problem forms the foundation of any research study and guides the entire investigation.

Review of Literature

Review of Literature (ROL) is a systematic way of presentation of relevant references along with brief findings in the specific juncture for the proposed study or research proposal.

Sources of Review of Literature

- Primary sources: A primary source provides direct or first-hand evidence about an event, object, person or work of art. Examples include:
 - Historical and legal documents.
 - Original research articles found in Scholarly journals.
 - Published thesis.
 - Eyewitness accounts.
 - Results of experiments.
 - Statistical data.
 - Pieces of creative writing.

A SECTION

KEY POINTS

META-ANALYSIS

- A Research Design is a framework or blueprint for conducting the research.
- Experimental research methods are useful in establishing cause and effect relationship.
- True experimental research is the most accurate form of experimental research design.
- Correlational research is a type of descriptive research.

In 1976, Gene Glass coined the term 'meta-analysis' to refer to

'the statistical analysis of a large collection of analysis results from

individual studies for the purpose of integrating the findings.'

- Meta-analysis is a consolidated and quantitative review of a large, and often complex, sometimes apparently conflicting, body of literature.
- Rigorously conducted meta-analyses are useful tools in evidencebased nursing/medicine.
- Each study is a "case" in the meta-analysis, whereas each subject is a "case" in other research designs.
- $\bullet \;\;$ Effect Size (ES) is the "dependent variable" in the meta-analysis.
- Funnel-Plot, Fail-safe N and Egger's test are the approaches to avoid publication bias in meta-analysis.

Forest Plot

- The graphical display of results from individual studies on a common scale is a "Forest plot".
- Each row represents an individual study.

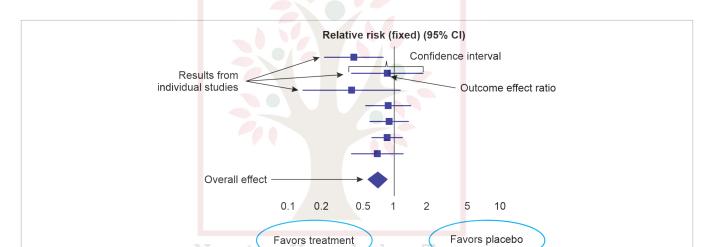


Figure 2: Forest plot diagram

KEY POINTS

- Forest plot diagrams are used in meta-analyses and systematic reviews to visually present the results of multiple studies on a specific topic.
- In a forest plot, the "I-square" (I²) is a statistical measure used to assess the heterogeneity or variability of effect sizes among the studies included in a meta-analysis.



Levels of Scientific Evidence

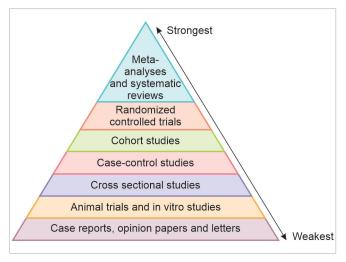


Figure 3: Hierarchy of scientific evidence



MULTIPLE CHOICE QUESTIONS

(Including Explained and Practice Questions)

INTRODUCTION & DEFINITIONS

1. Translational research is also known as:

(Gujarat Nursing Service [NO/Principal] 2022)

- a. Bench to bedside
- b. Classroom to bedside
- c. Evidence-based practice
- d. Basic research
- 2. Framework that explains relationship between concepts and links, concepts from various theories, research findings and experience of researcher is:

(Gujarat Nursing Service [NO/Principal] 2022)

- a. Conceptual framework
- Study framework
- Both conceptual and study framework
- d. Theoretical framework
- 3. Which one of the following statements is not applicable to using an evidence-base in nursing practice?

(AIIMS Nagpur [NO] 2020)

- Evidence used in nursing practice must be appraised for its validity and applicability.
- To ensure the best quality of care given to patients
- The use of research evidence in nursing practice does not need to be evaluated after it is used or implemented.
- d. To ensure that nursing decisions are based on the best quality of evidence.

4. How does audit differ from research?

(AIIMS Nagpur [NO] 2020)

- a. It does not increase our understanding of the topic itself or allows us to transfer the results to other situations
- b. It is more likely to be applicable to nursing
- c. It can be carried out on inanimate objects
- d. It does not need as many people to collect the information

5. Who is the first nurse researcher?

- a. Martha Rogers
- b. Dorothea Orem
- c. Florence Nightingale
- d. Sr. Callista Roy

6. Contributions of Florence Nightingale to nursing research is are:

- a. Case study approach
- b. Conceptual Framework for research
- c. Data collection and analysis
- d. Qualitative research method

7. The first annotated index of nursing research was the work of:

- a. Dorothea Orem
- b. Florence Nightingale
- c. Denise Polit
- d. Virginia Henderson

8. Nursing research can be based on:

- a. Only nursing theories
- b. Theories from other disciplines
- c. Both (a) and (b)
- d. None of the above

9. All of the following are examples of grand theory; except:

- a. Interpersonal model
- b. Community empowerment model
- c. Health belief theory
- d. Maslow's hierarchy of needs theory

10. A nurse who reads research articles and incorporates research findings into clinical practice is a:

- a. Consumer
- b. Primary investigator
- c. Co-investigator
- d. Collaborator

11. Theories are:

- a. Already existing
- b. Formulated and keep on changing
- Stagnant and never change
- d. None of the above

12. Research paradigm is:

- a. Conceptual framework
- b. Theoretical framework
- c. Study framework
- d. None of the above
- 13. The terminology used to explain the number of subjects recruited to participate in a study who decline during the course of the project: (AIIMS Raipur NO 2019)
 - a. Variability
- b. Heterogenetic
- c. Homogeneity
- d. Attrition

Explanation: Attrition means "wearing away" or progressive loss of data in research. It occurs when cases are lost from a sample over time or over a series of sequential processes. Sample attrition is commonly expected in longitudinal studies or experimental studies.

14. The subject in a research study behaves in a particular manner because they are aware that they are being observed. This is called: (AIIMS Raipur NO 2019)

- Hawthorne effect
- b. Experimental effect
- c. Reactive effect
- d. Novelty effect

Explanation: Hawthorne effect refers to the tendency of subjects to perform better when they are aware that they are being observed.

Experimental effect: Researcher's characteristics influence subject behavior.

Reactive effect: Reactive effect of pretest sensitivity on the posttest. Novelty effect: Subjects and researcher might behave in different ways when exposed to new treatment.

15. Feasibility of a research study is determined by examining:

- a. Investigator's credibility
- Availability of subjects
- Importance of research problem
- Previous research evidences

16. A condition or characteristic that can take on different values or categories is called a:

- Constant
- Variable
- Cause-and-effect relationship
- d. Descriptive relationship

17. The theories are:

- a. Based on preexisting facts
- b. Testable
- c. Formulated prior to research
- d. Derived from issues

17.



NURSING EDUCATION/ EDUCATIONAL TECHNOLOGY

SYNOPSIS

EDUCATION

Education brings change in behavior of an individual in a desirable manner. It aims at all-round development of an individual.

Philosophies of Education

The term 'Philosophy' has been derived from two words, i.e., "philos" means 'love' and "sophia" means 'wisdom. Philosophy means love for wisdom.

Traditional Philosophies

TABLE 1 T	RADITIONAL PHILOSOP	HIES		
Character	Naturalism	Idealism	Pragmatism (Experimentalism)	Realism
Exponents	• Aristotle • JJ Rousseau A	 Plato is father of Idealism Socrates, Kant, Hegel, Guru Nanak, Tagore, Mahatma Gandhi, Dayananda and others. 	 William James is the father of Pragmatism John Dewey, S. Kil Patrick Margaret and Mead 	 J Friedrich Herbert Herbert Spencer Franklin Bobbitt
Fundamental principles	 Separate nature from God Human life is part of nature Emphasize 'matter and the physical world' Ignore spirituality and supernaturalism 	 Ideas or thoughts make up fundamental reality Ultimate reality is spiritual rather than physical, mental or material The only real things are mental entities, not physical things 	 It is the product of practical experiences of life Based on practical utility Emphasize is on action rather than on thought Experimental method of science 	 Correspondence and sensation (as we see it). What is true and real in daily life is admissible Opposes to idealism Against spiritualism
Aims of Education	Self-realization, Self-expression, Self- preservation, Struggle for existence	Idealism emphasizes the glory and grandeur of human life.	Creation of new values, activity and experience, personal and social adjustment, reconstruction of experience, all-round personality development	 Man leads a happy and comfortable life through education. To develop memory of the child.

Contd...

MULTIPLE CHOICE QUESTIONS

(Including Explained and Practice Questions)



HISTORY OF NURSING EDUCATION IN INDIA

- 1. The importance of accreditation for higher education institution is to ensure: (UPUMS [NO] 2023)
 - a. Licensure
- b. Quality standards
- c. Political advancement
- d. Registration
- 2. The process by which a nongovernmental or private body evaluates the quality of a higher, education institution as a whole or of a specific educational programme, in order to formally recognize it as having met certain predetermined minimal criteria or standards is known as.

(UPUMS [NO] 2023)

- a. Standardization
- b. Licensure
- c. Registration
- d. Accreditation
- 3. Which of the following statement is correct for the Nurse clinician? (Western Coalfields Limited 2022)
 - a. Broad practice base
 - b. May function in a clinical or community setting
 - c. Strict regulations for practice as a Nurse Specialist
 - d. Must have formal academic preparation at postgraduate level in a University
- 4. "Education is not a preparation for life; education is life itself" stated by: (Gujarat Nursing Service [NO/Principal] 2022)
 - a. Mahatma Gandhi
- b. Bertrand Russell
- c. Helen Keller
- d. John Dewey
- 5. MPhil in Nursing program was started at RAK College of Nursing in the year:
 - a. 1972
- b. 1980
- c. 1986
- d. 1992
- 6. PhD program in Nursing was first started in India in:
 - a. 1980
 - b. 1985
 - c. 1992
 - d. 1996
- 7. National Consortium for PhD in Nursing in India was initiated by:
 - a. AIIMS, New Delhi
 - b. RAK College of Nursing, New Delhi
 - c. Indian Nursing Council
 - d. IGNOU
- 8. In India, the first four-year basic Bachelor's Degree program in nursing was established in:
 - a. 1920
 - b. 1940
 - c. 1946
 - d. 1955

Explanation: The first four-year Basic BSc program was established in 1946 at RAK College of Nursing in Delhi and CMC College of Nursing in Vellore.

REGULATORY AND PROFESSIONAL BODIES

9. According to Tamil Nadu Nurses and Midwives Council, how many credit hours is mandatory for license renewal?

(AllMS Bibinagar [Associate Professor] 2023)

- a. 50 hours
- b. 150 hours
- c. 100 hours
- d. 200 hours
- 10. Which of the following is the function of the State Nursing Councils in India? (UPUMS [NO] 2023)
 - a. To promote the development of strong national associations
 - b. To provide registration for foreign nurses
 - c. To prescribe rules of conduct, take disciplinary actions
 - d. To prescribe curricula for nursing education
- 11. A registered midwife certified by INC usually provides.
 (UPUMS [NO] 2023)
 - a. Direct patient care, and educates, consults and conducts research
 - b. Health care to a group of patients in an outpatient or community-based setting
 - c. Care to the mother during prepartum, intrapartum and postpartum periods
 - d. Specialized care to the victims of trauma
- 12. Which of the following is NOT a function of the Indian Nursing Council to maintain standards in nursing education?

 (UPUMS [NO] 2023)
 - a. Initiating, prescribing, guiding and supervising the different levels of nursing education
 - b. Recognizing and approving various institutions for conducting different nursing educational programs
 - c. Prescribing of syllabi
 - d. Recognizing any qualifications related to nursing, irrespective of adequacy of training
- 13. The role of the Trained Nurses Association of India is to: (UPUMS [NO] 2023)
 - a. Provide registration for foreign nurses
 - b. Improve the living and working conditions of nurses
 - c. Prescribe curricula for nursing education
 - d. Promote the development of strong national associations
- 14. The function of Indian Nursing Council is to:
 - a. Arrange for university inspections of colleges in respective states
 - Financial assistance to conferences and seminars conducted by nursing colleges
 - c. Make policies for Nursing Education and Practice
 - d. Recruit nursing personnel in hospitals
- 15. Trained Nurses Association of India (TNAI) was formed in the year:
 - a. 1928
- b. 1947
- c. 1908
- d. 1890



Ana

- 2. d 3. a 4. d
- 5. c
- 8. c
- 9. D
- 11. c 12. d
- 13. b 14. c
- 15. c



PRINCIPLES OF TEACHING

- 62. The school of philosophy where there is a blend or synthesis of diverse philosophy is: (AllMS Bibinagar [Tutor] 2023)
 - a. Eclecticism
- b. Essentialism
- c. Progressivism
- d. Pragmatism
- 63. A teacher must consider the principle of individual difference in order to: (UPUMS [NO] 2023)
 - a. Adopt a suitable teaching technique and standard
 - b. Complete the course on time
 - c. Distribute study materials
 - d. Assess student performance
- 64. The blueprint of an educational program is:

(Gujarat Nursing Service [NO/Principal] 2022)

- a. Curriculum
- b. Lesson plan
- c. Master rotation plan
- d. Time table
- 65. Which of the following is NOT a maxim of teaching?
 - a. Known to unknown
- b. Complex to simple
- c. Concrete to abstract
- d. Analysis to synthesis
- 66. Which of these is NOT a conventional philosophy?
 - a. Idealism
- b. Naturalism
- c. Pragmatism
- d. Existentialism
- 67. Which philosophy believes that the ultimate goal of all human activities is the realization of human mind in his or herself?
 - a. Idealism
- b. Pragmatism
- c. Realism
- d. Existentialism
- 68. Which of the following is not a principle of Lesson Planning?
 - a. Flexible
 - b. Mastery and adequate training on the topic
 - c. Active student participation
 - d. Single teaching method
- 69. In which type of objective, breaking down of professional functions into components (activities) is done that together indicate the nature of the functions?
 - a. Central
- b. Specific liative by CBS Nursing
- c. Intermediate
- d. Tertiary
- 70. Which philosophical thought states that 'ultimate reality is spiritual rather than physical, mental rather than material'?

(Tutor Exam 2015, AIIMS, Rishikesh)

- a. Idealism
- b. Realism
- c. Pragmatism
- d. Spiritualism
- 71. John Dewey was a proponent of:
 - a. Spiritualism
- b. Idealism
- c. Realism
- d. Pragmatism
- 72. Who among the following proposed that education should be designed on the basis of a theory of experience?
 - a. Socrates
- b. John Dewey
- c. Aristotle
- d. Jean Piaget
- 73. All of the following are traditional philosophies of education; except:
 - a. Idealism
 - b. Pragmatism
 - c. Naturalism
 - d. Essentialism
- 74. The philosophy of education in which treatment of things is based solely on their practical utility is called_____.
 - a. Realism
 - b. Idealism
 - c. Naturalism
 - d. Pragmatism

METHODS OF TEACHING

- 75. A problem-based learning is student centred learning strategy in which students collaboratively solve the problems and this reflects on their experience. One important component is:

 (AIIMS Jodhpur [SNO] 2023)
 - a. Presentation of real-world situation or problem from ordinary life
 - b. Focus the educational program
 - c. Careful inspection of methods
 - d. Flexible approaches to learning
- 76. For a successful demonstration method, the teacher:

(UPUMS [NO] 2023)

- a. Need not involve students in demonstration
- b. Needs to plan all the activities in great detail and rehearse
- c. Should proceed with the demonstration as quickly as possible after the lecture
- d. Should never break down the demonstration into a simple step-by-step pattern
- 77. The basic characteristic of an exhibition is:

(UPUMS [NO] 2023)

- a. A play activity
- b. That it should have a central theme that focuses on a particular concept
- c. Used in higher classes
- d. That the teacher is the leader
- 78. In which of the following teaching methods, one teacher presents the new material to the students while the other teacher constructs a concept map on the overhead projector as the students listen to the presenting teacher?

(UPUMS [NO] 2023)

- a. Team teaching
- b. Concept map
- c. Demonstration
- d. Symposium
- 79. A nurse attends a ward-based education program on how to insert an intubation tube for an unconscious patient. This can be categorized as which type of education?

(UPUMS [NO] 2023)

- a. In-service education
- b. Induction program
- c. Continuing education
- d. Graduate education
- 80. A method in which several rounds of questions are given to a panel of experts is called: (AIIMS Nagpur[NO] 2020)
 - a. Meta-analysis
- b. Delphi technique
- c. Q-sort methodology

 1. The best method to teach
- d. Content analysis
- 81. The best method to teach a patient any skill, such as using an inhaler, is by:

 (AIIMS BBS NO 2018)
 - a. Lecturec. Discussion
- b. Demonstrationd. Panel session
- **Explanation:** The best method to teach a patient any skill, is by doing and showing the things. Demonstration is the process of performing the procedure in a way a teacher expects the learners to practice.
- 82. Which of the following is NOT an autocratic method of teaching?
 - a. Lecture
- b. Demonstration
- c. Discussion
- d. Tutorial
- 83. Teaching method in which students learn to do critical thinking through discussion and interaction and develop higher analytical cognitive skills is:
 - a. Seminar
- b. Symposium
- c. Panel discussion
- d. Lecture



NURSING ADMINISTRATION AND MANAGEMENT

SYNOPSIS

ORGANIZATION

Organization is a systematic arrangement of people brought together to accomplish some specific purpose/goal.

ADMINISTRATION

Administration is the organization and direction of human and material resources to achieve desired goals. —Pfiffner & Presthus

MANAGEMENT

Management is the process of getting things done efficiently and effectively through and with other people.

Levels of Management

- Top Managers
- Middle Managers
- First-Line Managers

Theories of Management

- 1. Classical Management Perspective
- 2. Behavioral Management Perspective
- 3. Quantitative Management Perspective

Classical Management Perspective

It includes both scientific management and administrative management.

- Concerned with improving the performance of individual workers (i.e., efficiency).
- A theory that focuses on managing the organization as a whole.

Scientific Management

Frederick Taylor

• Father of scientific management

- Replaced the old rule-of-thumb method.
- Believed in selecting, training, teaching and developing workers.
- Used time study, standards planning, exception rule of management, slide-rules, instruction cards, incentives, etc.

Frank and Lillian Gilbreth

Reduced number of movements in bricklaying, resulting in increased output of 200%.

Henry Gantt

Developed other techniques, including the Gantt chart, to improve working efficiency through planning/scheduling.

Administrative Management

Focuses on managing the organization.

Henri Fayol

- Wrote General and Industrial Management.
- Helped to systematize the practice of management.
- First to describe management as planning, organizing, leading and controlling.

Fayol's 14 Principles of Management

- Division of labor
- Authority
- Discipline
- · Unity of command
- Unity of direction
- Subordination of individuals to the common good
- Remuneration
- Centralization
- Scalar chain
- Order
- Equity
- Stability
- Initiative
- Esprit de corps

MULTIPLE CHOICE QUESTIONS

(Including Explained and Practice Questions)

INTRODUCTION TO NURSING ADMINISTRATION & MANAGEMENT

1. SWOT analysis stands for the following; except:

(NORCET [June] 2023)

- a. S strength
- b. W weakness
- c. O opportunities
- d. T Time
- 2. A field of nursing that extends and expands the boundaries of nursing's scope of practice, contributes to nursing knowledge, and promotes the advancement of the profession is known as: (AllMS Bibinagar [Associate Professor] 2023)
 - a. Distance learning
 - Continuing nursing education
 - c. In-service education
 - d. Advanced nursing practice
- 3. All of the following are the advantages of a Gantt chart; (AllMS Bibinagar [Associate Professor] 2023)
 - a. Helps to unsplit the activities by status of the task
 - b. Helps to schedule the tasks with start date and end date
 - c. Helps to understand the percentage of work or tasks
 - d. Helps to understand the percentage of task completion
- 4. What is POSDCORB in nursing management?

(AllMS Bibinagar [Associate Professor] 2023)

- Planning, Organizing, Staffing, Developing, Coordinating, Recording and Bargaining
- Planning, Organizing, Staffing, Directing, Coordinating, Reporting and Budgeting
- Preparing, Orientation, Staff, Delegation, Communication, Recording and Budgeting
- d. Planning, Orientation, Staff, Delegation, Communication, Recording and Balancing
- 5. According to Maslow's hierarchy of human needs, the highest (SNEHP 2022)
 - a. Safety and security
- b. Belongingness and affection
- c. Esteem and self-respect
- d. Self-actualization
- 6. Which of the following is not the principle of organization? (RAK MSc 2018)
 - a. Hierarchy
- b. Delegation
- c. Span of control
- d. Pervasiveness

Explanation: Pervasiveness is not the principle of the organization. There are six principles of organization given by Henri Fayol (1947)

- 1. Hierarchy
- 2. Span of control
- 3. Integration vs Disintegration
- 4. Centralization vs Decentralization
- 5. Unity of Command
- 6. Delegation

- 7. The level of conversation in which no sharing of oneself occurs is: (AIIMS-BBS SNO 2019)
 - a. Level 1: Open conversation
 - Level 5: Cliché conversation
 - c. Level 4: Reporting of facts
 - d. Level 2: Spontaneous conversation

Explanation:

- Level 5 (cliché conversation): It is very superficial communication, where there is no communication about themselves and everyone remains safe in conversation.
- Level 1 (Open conversation): This happens in emotionally open and honest communication.
- Level 2 (Spontaneous conversation): Spontaneous thought like what is felt about situation is shared.
- Level 3 (My ideas or judgment): Own ideas and opinions are
- Level 4 (Reporting of facts): Share facts and expose almost nothing about personal.
- 8. Which of the following functions the LEAST important for a nurse manager? (RAK MSc 2018)
 - a. Decision-making
 - b. Manipulating people
 - c. Monitoring subordinates
 - d. Effective leading

Explanation: Role of nurse as a manager includes all except manipulating the people, as manipulation involves managing or influencing skillfully, especially in an unfair manner.

9. Professional negligence is legally termed as:

(AIIMS Raipur NO 2019)

- a. Crime
- b. Assault
- c. Malpractice
- d. Slander

Explanation:

- Malpractice is a professional liability based on negligence and includes professional misconduct, breach of duty or standard of care, illegal or immoral conduct or failure to exercise reasonable skill, all of which lead to harm.
- Crime is an offence and is punishable by law.
- An assault is the act of inflicting physical harm or unwanted physical contact upon a person.
- Slander refers to crime of making false spoken statement damaging to a person's reputation.
- 10. The process that enables one to access a nurse or a physician via telephone or computer is called: (AIIMS BPL NO 2018)
 - a. Telehealth
- b. E-Medicine
- c. Quality assurance
- d. Distant consultation



а

b

d

b

10.



HEALTH/NURSING INFORMATICS AND TECHNOLOGY

SYNOPSIS

KEY TERMS

- Access: To gain entry to data or read the data.
- Analog: Using signals or information represented by a continuously variable physical quantity such as spatial position,
- ASCII: American Standard Code for Information Interchange.
- **Backup:** Saving any data or information for future.
- BIOS: Basic input/output system; controls input and output
- Binary: A binary digit or bit, is the smallest unit of data in computing. It is represented by a 0 or a 1.
- Bit: The smallest unit of data in binary.
 - 8 bits = 1 byte
 - 4 bits = 1 nibble
- Byte: A group of binary digits or bits (usually eight) operated on a Charles Babbage is considered the "father of the computer". He single unit. A byte is considered a unit of memory size.
 - 8 bits = 1 byte
 - 1024 Bytes = 1 kilobyte (KB)
 - 1024 KB = 1 Megabyte (MB)
 - 1024 MB = 1 Gigabyte (GB)

- = 1 Terabyte (TB) ■ 1024 GB
- 1000 TB = 1 Petabyte
- Cache: It is a hardware or software component that temporarily stores data so future requests for that data can be served faster.
- CD ROM: From Compact Disk Read Only Memory (CD-ROM), the data can only be read but not edited, manipulated or deleted.
- Chip: Chip is a short form of 'microchip'. It is a small piece of semiconducting material implanted with an integrated circuit.
- **Code:** Language expressed or understood by the computer.
- Disk Operating System (DOS): It is a command-based operating system that runs from a hard disk drive. Most commonly refers to Microsoft Disk Operating System (MS-DOS).

Nursing Knowl HISTORY OF COMPUTER

- originated the concept of a programmable computer (between 1833 and 1871).
- Microprocessor was invented by Ted Hoff, Stanley Mazor and Federico Faggin (at Intel Inc) in 1970.
- Microcomputer was invented by H. Edward Roberts in 1975.

GENERATIONS OF COMPUTER

TABLE 1	GENERATIONS OF COMPUTER		
Generation	Period	Features	Examples
First generation	1940–1955	Vacuum tubes and magnetic tapes Slow in speed Very huge in size Limited storage size Punched cards were used to input the data. Processing time for calculation was in milliseconds	ENIAC, EDVAC, UNIVAC 1
Second generation	1955–1964	 Used transistor for electronic circuitry. Large in size, relatively slow and expensive Needed an air-conditioned room as they got heated up very quickly Processing time was in microseconds 	IBM 1401, RCA 501, Honeywell 200, etc.

Contd...

TARGET







- 10. Which of the following is NOT a potential benefit of using AI in high fidelity simulation learning in nursing?
 - AI can be used to create more realistic and immersive simulations.
 - b. AI can be used to replace human instructors.
 - AI can be used to track learner progress and identify areas for improvement.
 - d. AI can be used to provide feedback to learners in real time.

Explanation: AI can be used to supplement human instructors, but it is not yet possible for AI to fully replace human instructors. Human instructors are still needed

BASIC KEY TERMS

11. Clinical information, such as order sets and patient education material, should be reviewed at least:

(AIIMS Nagpur [NO] 2020)

- a. Annually
- c. Biannually
- b. Monthlyd. Biennially
- 12. When designing a web page that should appeal to both males and females, a good choice of background color is:

(AIIMS Nagpur [NO] 2020)

- a. Orange
- b. Blue
- c. Brown
- d. Grey
- 13. In respect to patient data in database, the most important factor is: (AIIMS Nagpur [NO] 2020)
 - a. Transferability
- b. Accessibility
- c. Security
- d. Relevance
- 14. How many different unique codes can be generated using 5-bits? (AIIMS Nagpur [NO] 2020)
 - a. 64 c. 8
- b. 32
- 15. How many nibbles are in 128 bytes?

(AIIMS Nagpur [NO] 2020)

- a. 64
- c. 512
- b. 1024 initiative by CBS Numd. 256
- 16. Which one of the following competencies is not included as expected outcome after teaching the subject nursing informatics? (AIIMS Raipur NO 2019)
 - a. Basic computer skills
 - b. Information literacy
 - c. Basic informatics competencies
 - d. Advanced informatics competencies

Explanation: Advanced nursing informatics competencies are not included as expected outcome or the objective of the subject nursing informatics as only a basic knowledge in computer skills, information literacy and informatics is required to provide technology-based services to the patient.

- 17. If a computer provides database services to others, then it will be known as: (AIIMS Raipur NO 2019)
 - a. Web server
- b. Application server
- c. Database server
- d. FTP server

Explanation: A database server has an application that helps to provide database services to other computers. **Web server** provides web pages. **Application server** serves dual purpose, it can create web applications as well as provide them the servers to run. **FTP server** helps in transferring of data among different computers present in a network.

18. A computer must have:

- a. Microsoft Office
- c. Internet connectivity
- (AIIMS Raipur NO 2019)
- b. Operating System

d. An antivirus

Explanation: A computer must have an operating system to run. Operating system is called the manager of the computer system resources. Operating system acts as a liaison between the computer and the humans. Some of the common disk operating systems are:

Windows, Disk Operating System (DOS), Unix or Xenix and Linux.

Microsoft Office and antivirus are applications that are not mandatory to run a computer. Internet connectivity is not mandatory

19. The ____ manages and coordinates the functions of the entire computer system. (AIIMS BPL NO 2018)

- a. Control unit (CU)
- b. Arithmetic logic unit (ALU)
- c. Hard disk drive

to operate a computer.

d. Registers

Explanation: Control unit (CU) coordinates the functions of computer system. The information stored in the memory unit (e.g., hard disk drive) is extracted, decoded and executed by the **control unit**. Control unit demands help from ALU whenever required. CPU contains **registers** where processing of arithmetic operations of data occurs.

20. What is computer booting?

(AIIMS BPL NO 2018)

- a. Loading operating system into memory to make the computer system ready to use
- b. Defragmenting the hard disk drive
- c. Deleting the operating system
- d. Formatting the hard disk drive

Explanation: The startup process of computer system is termed "Booting". In this, the computer system checks whether all the devices are connected properly or not. This is done by a small program in ROM.

use diagnostic routines to test system

(AIIMS Nagpur NO 2018)

for equipment failure.a. Managing task

b. Managing files

c. Booting

d. Formatting

Explanation: Booting uses diagnostic routines to test the system for equipment failure. The startup process of computer system is termed "Booting". This happens before an operating system comes into action.

22. Using _____ button, you can move around the worksheet. (AIIMS Nagpur NO 2018)

- a. Start
- b. Scroll
- c. Formatting
- d. All of these
- 23. Clinical and technological advancements in nursing by application of computer and information science is called:

(AIIMS Nagpur NO 2018)

- a. Nursing informatics
- b. Nursing diagnosis
- c. Nursing procedure
- d. Nursing reference

Explanation: Nursing informatics is called the clinical and technological advancements in nursing by application of computer and information science. Nursing informatics is amalgamation of nursing science, computer science and information science.

Nursing diagnosis, procedures and references are not technology based concepts hence they are incorrect.



FORENSIC NURSING AND INDIAN LAWS

SYNOPSIS

INTRODUCTION

- Forensic nurses provide comprehensive care to individuals who have experienced violence, trauma or who are involved in legal proceedings.
- Forensic nurses work in various settings such as hospitals, clinics, correctional facilities, and forensic laboratories.
- Forensic nursing requires a unique set of skills, combining medical knowledge, evidence collection, and legal understanding.

IMPORTANCE

- To collect and preserve evidence related to crimes, accidents or abuse cases.
- To gather physical evidence, document injuries, and provide detailed reports for legal purposes. This can involve photographing injuries, collecting DNA samples, and maintaining chain of custody for evidence.
- To provide compassionate care to victims of violence or trauma, including sexual assault, domestic violence, child abuse, and elder abuse
- To prepare thorough assessments, provide medical treatment, offer emotional support, and connect patients with appropriate resources for counseling and follow-up care.
- To collaborate with multidisciplinary teams, including law enforcement personnel, social workers, psychologists, and legal professionals.

AREAS OF FORENSIC NURSING PRACTICE

- Intimate partner violence
- Child abuse or maltreatment
- Elder abuse
- Sexual assault
- Death investigation
- Correctional nursing

SCOPE AND PRACTICE OF FORENSIC NURSING

- Forensic evidence collection
- Sexual assault nurse examiner
- Documentation and reporting of findings and observations
- Injury assessment and documentation
- Expert witness testimony
- Collaborative role
- Community education and advocacy

MILESTONES IN FORENSIC NURSING

- 1982: The International Association of Forensic Nurses (IAFN) was established.
- 1995: The American Nurses Association recognized forensic nursing as a nursing specialty.
- **2021:** Indian Nursing Council introduced forensic nursing as a subject in the graduate nursing program.

SUBSPECIALTIES IN FORENSIC NURSING

TABLE 1 SUBSPECIALTIE	S AND THEIR DESCRIPTIONS
Subspecialty	Descriptions
Sexual assault nurse examiners (SANEs)	 Providing comprehensive care to individuals who have experienced sexual assault or rape. They are trained in forensic evidence collection, conducting sensitive interviews, and providing medical and psychological support to survivors.
Forensic psychiatric nurses	 Work with individuals involved in the legal system who have mental health issues. They assess and treat mental health conditions, provide counseling, and therapy, and assist in determining the mental competency of individuals involved in legal proceedings.

Contd...

A SECTION

Subspecialty	Descriptions
Forensic nurse death investigators	 Nurses work closely with medical examiners or coroners to investigate deaths that are suspicious, violent or unexpected. They assist in the collection of evidence, document injuries, and provide expert input on the medical aspects of death investigations.
Forensic nurse consultants	 Provide expert advice and consultation on forensic nursing matters. They may assist with legal cases, review medical records, provide expert testimony, and offer guidance on policies and protocols related to forensic nursing practice.
Forensic nurse educators	They are responsible for teaching and training aspiring forensic nurses. They develop and deliver educational programs, design curriculum, and provide guidance on forensic nursing practice.
Forensic nurses in correctional settings	 Nurses work within prisons, providing healthcare services to individuals who are incarcerated. They assess and treat injuries, conduct health screenings, address mental health concerns, and provide support for inmates within the criminal justice system.
Legal nurse consultants	 They bridge the gap between healthcare and the legal system. They provide expertise and analysis on medical-legal cases, review medical records, assist with case preparation, and offer guidance on healthcare standards and regulations within legal contexts.

ETHICAL ISSUES IN FORENSIC NURSING

TABLE 2 ETHICAL ISSUES AND THEIR DESCRIPTIONS		
Ethical issues	Descriptions	
Confidentiality and privacy	 Forensic nurses often work with sensitive and confidential information related to victims, perpetrators, and legal cases. They must maintain strict confidentiality and privacy while balancing the need to share pertinent information with law enforcement and legal authorities to ensure public safety and facilitate justice. 	
Informed consent	 Obtaining informed consent can be challenging in forensic nursing, especially in cases involving victims of violence or trauma. Forensic nurses must ensure individuals fully understand the purposes, risks, and benefits of any procedures or interventions, while taking into account their emotional and psychological state. 	
Autonomy and decision-making	 Forensic nurses may encounter situations where individuals' autonomy and decision-making capacity may be compromised due to trauma, mental health issues or other factors. Balancing respect for autonomy with the duty to protect vulnerable individuals can be ethically complex. 	
Dual roles and conflicts of interest	Forensic nurses may face situations where they have dual roles or conflicting responsibilities. For example, they may be both a healthcare provider and a forensic expert witness. Managing conflicts of interest while maintaining objectivity and integrity is essential.	
Cultural sensitivity and diversity	 Forensic nurses work with diverse populations, and cultural sensitivity is crucial in providing equitable care. Respecting cultural beliefs, practices, and norms while ensuring the safety and well-being of individuals can present ethical challenges. 	
Professional boundaries	 The nature of the work which may involve intimate examinations, sensitive conversations, and emotional support. Forensic nurses must establish and maintain professional boundaries to ensure ethical practice and prevent any exploitation or misconduct. 	
Justice and fairness	 Forensic nursing is inherently connected to the pursuit of justice. Ensuring fairness, impartiality, and upholding the principles of justice are of paramount importance. 	
Duty to report	Forensic nurses have a legal and ethical duty to report certain incidents, such as child abuse or certain types of violence. However, dilemmas can arise when considering the potential consequence and impact of reporting, particularly in cases where the victim may be at risk or reluctant to involve the legal system.	



MULTIPLE CHOICE QUESTIONS

(Including Explained and Practice Questions)

INTRODUCTION TO FORENSIC NURSING

- 1. The initial role of the field forensic epidemiology was investigation related to: (AllMS Bibinagar [Tutor] 2023)
 - a. Medical misadventures
 - b. Bioterrorism
 - c. Industrial accidents
 - d. Drug prevention
- 2. Wrongful killing of a human being without justification or excuse is: (Gujarat Nursing Service NO/Principal 2022)
 - a. Noncriminal homicide
 - b. First degree murder
 - c. Excusable homicide
 - d. Felonious homicide
- 3. The indian Nursing Council introduced forensic nursing as a subject in the graduate nursing program in the year:
 - a. 2016
- b. 2018
- c. 2021
- d. 2023
- 4. The International Association of Forensic Nurses (IAFN) was established in the year:
 - a. 1965
- b. 1992
- a. 1965c. 1995
- d. 2001
- 5. Which of the following statements regarding the responsibilities of a forensic nurse is incorrect?
 - a. "The forensic nurse only cares for dead patients."
 - b. "The forensic nurse provides expert testimony at court trial."
 - "Forensic nurse provides compassionate care to victims of violence or trauma"
 - d. "Forensic nurse gathers physical evidence, documents injuries, and provides detailed reports for legal purposes."

ETHICAL ISSUES IN FORENSIC NURSING

- 6. In forensic nursing, what ethical issue arises while balancing the need to maintain confidentiality and privacy with the obligation to share relevant information with law enforcement and legal authorities?
 - a. Informed Consent
 - b. Dual Roles and Conflicts of Interest
 - c. Confidentiality and Privacy
 - d. Cultural Sensitivity and Diversity
- 7. When providing care, what ethical challenge may arise in respecting beliefs and practices while ensuring the safety and well-being of individuals?
 - a. Safety and privacy
 - b. Duty to report
 - c. Cultural sensitivity and diversity
 - d. Autonomy and decision-making

FORENSIC TEAM

- 8. Which member of the forensic team is responsible for conducting autopsies and determining the cause and manner of death in cases of suspicious or violent deaths?
 - a. Medical Examiners/Forensic Pathologists
 - b. Forensic Nurses
 - c. Forensic scientists
 - d. Psychologists/Psychiatrists
- 9. Which of the following forensic team members are primarily responsible for crisis intervention, safety planning and connecting individuals with appropriate community services?
 - a. Medical examiners
- b. Victim advocates
- c. Forensic nurses
- d. Social workers/Counselors
- 10. Which subspecialty of forensic nursing involves working closely with medical examiners or coroners to investigate suspicious, violent or unexpected deaths?
 - a. Legal Nurse Consultant
 - b. Forensic Psychiatric Nurse
 - c. Forensic Nurse Death Investigator
 - d. Forensic Nurse Consultant
- 11. Which forensic nurse is responsible for conducting screening of sexual predators?
 - a. Legal nurse consultant
 - b. Forensic psychiatric nurse
 - c. Sexual assault nurse examiner
 - d. Forensic Nurse Death Investigator

Explanation: The role of the forensic psychiatric nurse involves conducting sexual predator screening. Sexual assault nurse examiners are responsible for gathering evidence from victim of sexual abuse. Legal nurse consultants are involved in investigating care delivery outcomes. Forensic nurse death investigator works closely with medical examiners or coroners to investigate suspicious, violent, or unexpected deaths.

- 12. The responsibilities of the legal nurse consultant (LNC) include all; except:
 - a. Representing patients in a court of law
 - b. Creating timelines of health care events
 - c. Organizing and analyzing medical records
 - d. Identifying standards of care are met or breached
- 13. While testifying in court proceedings, the legal nurse consultant (LNC) should do all; except:
 - a. Respond confidently
 - b. Avoid getting angry
 - c. Answer questions quickly
 - d. Refrain from saying "I believe"



b

a

c

C

a

d

c

"Practice Anywhere - With Book in Hand, App on the go."

Now practice all

Previous Year Papers with

Dual Approach

Read from Book

All PYPs Covered **Subject-wise & Topic-wise** in the book.

Practice all PVPs in Practice &

Practice all PYPs in **Practice & Review** Mode in the **TH Digital App.**

GO PREMIUM .

SECTION

Previous Year Papers

125+ Papers covered in the App

PAPERS COVERED in Target High Digital App

AIIMS/NORCET

- 1. NORCET 8 Prelims (2025)
- 2. NORCET 8 Mains (2025)
- 3. NORCET 7 Prelims (2024)
- 4. NORCET 7 Mains (2024)
- 5. NORCET 6 Prelims (2024)
- 6. NORCET 6 Mains (2024)
- 7. NORCET 5 Prelims (2023)
- 8. NORCET 5 Mains (2023)
- 9. AIIMS Jodhpur (SNO) 2023
- 10. AllMS Bibinagar (Tutor) 2023
- 11. AllMS Bibinagar (Associate Professor) 2023
- 12. NORCET 4 (2023)
- 13. NORCET 3 (2022)
- 14. NORCET 2 (2021)
- 15. AIIMS (NORCET 1)/2020
- 16. AIIMS Raipur (Lecturer) 2021
- 17. AIIMS Jodhpur (NO) 2020
- 18. AIIMS Nagpur (NO) 2020
- 19. AIIMS Patna (NO) 2020
- 20. AIIMS Raipur (NO) 2019
- 21. AIIMS Bhatinda (NO) 2019
- 22. AIIMS Raipur (NO) 2019; Shift 1
- 23. AIIMS Raipur (NO) 2019; Shift 2
- 24. AIIMS Raipur (NO) 2019; Shift 3
- 25. AIIMS Bhubaneshwar (SNO) 2019
- 26. AIIMS New Delhi (NO) 2019
- 27. AIIMS New Delhi (NO) 2018
- 28. AIIMS Nagpur (NO) 2018

- 29. AIIMS Jodhpur (SNO) 2018
- 30. AIIMS Bhopal (SNO) 2018
- 31. AIIMS Bhopal (NO) 2018; Shift 1
- 32. AIIMS Bhopal (NO) 2018; Shift 2
- 33. AIIMS Mangalagiri (NO) Grade-II; 2018; Shift 2
- 34. AIIMS Bhubaneswar (NO) 2018
- 35. AIIMS Raipur (NO) 2017; Shift 1
- 36. AIIMS Raipur (NO) 2017; Shift 2
- 37. AIIMS Raipur (NO) 2017; Shift 3
- 38. AIIMS Raipur (Nursing Tutor) 2017
- 39. AIIMS Jodhpur & Rishikesh (NO) 2017
- 40. AIIMS Raipur (SNO) 2017
- 41. AIIMS Bhopal (NO) 2016
- 42. AIIMS New Delhi (NO) 2016
- 43. AIIMS Bhopal (SNO) 2016

Employees' State Insurance Corporation

- 44. ESIC Paramedical 2019; Shift 1
- 45. ESIC Paramedical 2019; Shift 2
- 46. ESIC (NO) 2016; Shift 1
- 47. ESIC (NO) 2016; Shift 2
- 48. ESIC Bangalore (NO) 2016; Shift 1
- 49. ESIC Bangalore (NO) 2016; Shift 2
- 50. ESIC Delhi (NO) 2016
- 51. ESIC Bangalore (NO) 2013
- 52. ESIC Chennai (NO) 2012
- 53. ESIC (NO) 2011; Grade II
- 54. ESIC Ahmedabad (NO) 2011

Banaras Hindu University

- 55. BHU (NO) 2019
- 56. BHU (NO) 2018
- 57. BHU (NO) 2016
- 58. BHU (NO) 2015

Safdarjung Nursing Officer

- 59. Safdarjung (NO) 2019
- 60. Safdarjung (NO) 2018

Jawaharlal Institute of Postgraduate Medical Education & Research

- 61. JIPMER (NO) 2020
- 62. JIPMER (NO) 2013
- 63. JIPMER (NO) 2012

Railway Recruitment Board

- 64. RRB (NO) 2019; Shift 1
- 65. RRB (NO) 2019; Shift 2
- 66. RRB (NO) 2019; Shift 3
- 67. RRB (NO) 2019; Shift 4
- 68. RRB (NO) 2019; Shift 5
- 69. RRB Paramedical PHN 2015
- 70. RRB (NO) 2015 (Set A)
- 71. RRB (NO) 2015 (Set B)
- 72. RRB (NO) 2015 (Set C)
- 73. RRB Secunderabad (SNO) 2015
- 74. RRB (NO) 2012

Contd...

Rajkumari Amrit Kaur College of Nursing

- 75. RAK MSc Entrance Exam 2018
- 76. RAK MSc Entrance Exam 2017

Govt. Medical College & Hospital, Chandigarh

- 77. GMCH (NO) 2019
- 78. GMCH (NO) 2016

Delhi Subordinate Services Selection Board

- 79. DSSSB 2024 Shift 2
- 80. DSSSB 2024 Shift 3
- 81. DSSSB 2019 Shift 1
- 82. DSSSB 2019 Shift 2
- 83. DSSSB PHN 2015
- 84. DSSSB ANM 2015

Kerala PSC

- 85. Kerala PSC (NO) 2021
- 86. Kerala PSC (NO) 2017
- 87. Kerala PSC (NO) 2016
- 88. Kerala PSC (NO) 2014
- 89. Kerala PSC (NO) 2011; Grade II
- 90. Kerala PSC (NO) 2011; Set C
- 91. Kerala PSC (NO) 2010

Rajasthan University of Health Sciences

- 92. RUHS MSc Nursing Entrance Exam 2018
- 93. RUHS MSc Nursing Entrance Exam 2016
- 94. RUHS Post Basic BSc Nursing Entrance Exam 2016

Community Health Officer

- 95. CHO Haryana 2021
- 96. CHO Rajasthan 2020
- 97. CHO Madhya Pradesh 2020
- 98. CHO Madhya Pradesh 2019 Shift 1
- 99. CHO Uttar Pradesh 2018

Miscellaneous Institutions

- 100. Sanjay Gandhi Postgraduate Institute of Medical Sciences (NO) 2024 Shift 1
- 101. Uttar Pradesh University of Medical Sciences (NO) 2023 Shift 1
- 102. Uttar Pradesh University of Medical Sciences (NO) 2023 Shift 2
- 103. Sree Chitra Tirunal Institute for Medical Science and Technology (NO) 2023
- 104. Odisha Subordinate Staff Selection Commission (NO) 2022
- 105. Gujarat Nursing Service (Nursing Officer/Principal) 2022
- An In 106. Western Coalfields Limited 2022
 - 107. Staff Nurse Examination Himachal Pradesh 2022
 - 108. Gujarat Nursing Service (NO) 2021

- 109. Chittaranjan National Cancer Institute (NO) 2021
- 110. Uttarakhand (Assistant Professor) 2021
- 111. Rohtak (NO) 2020
- 112. Sher-e-Kashmir University (NO) 2020
- 113. Jr Grade Nurse/Jr Staff Nurse 2020
- Northern Coal Field Limited, Singrauli (NO) 2019
- 115. NIMHANS (NO) 2019
- 116. Daman and Diu (NO) 2018
- 117. Uttarakhand MSc 2016
- 118. HPSSC (NO) 2016
- 119. Himachal Pradesh (NO) 2016
- 120. PGIMER Chandigarh (NO) 2016
- 121. Sree Chitra Tirunal Institute for Medical Sciences & Technology (NO) 2015
- TNPSC Maternal and Child Health Officer 2015
- 123. LNJP Hospital Delhi (NO) 2012
- 124. Jhalawar Hospital and Medical College Society 2012
- 125. Regional Cancer Center (NO) 2012
- 126. Ram Manohar Lohia Hospital (NO) 2011
- 127. Insurance Medical Services (NO) 2004

Total 127 Exam Papers

Upcoming Updates: Recent papers will be updated time to time

GET ACCESS
TO THE MOST
VALUE ADDED
CONTENT IN
TARGET HIGH
DIGITAL

★ GO PREMIUM ★



"YOUR SUCCESS NOW DIGITAL"

YOUR TRUSTED COMPANION FOR EVERY NURSING COMPETITIVE EXAM.

READ. PRACTICE. REVISE. RECALL.

SUCCEED



DOWNLOAD THE TH DIGITAL APP







GENERAL KNOWLEDGE AND APTITUDE

SUBJECTS COVERED

- General Knowledge
- General English and Comprehension
- General Intelligence and Reasoning Ability
- Arithmetical and Numerical Ability

Nursing Knowledge Tree

GET ACCESS
TO THE MOST
VALUE ADDED
CONTENT IN
TARGET HIGH
DIGITAL

· GO PREMIUM ·



"YOUR SUCCESS NOW DIGITAL"

YOUR TRUSTED COMPANION FOR EVERY NURSING COMPETITIVE EXAM.

READ. PRACTICE. REVISE. RECALL.

SUCCEED



DOWNLOAD THE



GENERAL KNOWLEDGE

FIRST IN INDIA (MALE)

First Governor of Bengal	Lord Clive
First Governor General of Bengal	Warren Hastings
First Governor General of India	Lord William Bentinck
First Viceroy of India	Lord Canning
First President of Indian National Congress	W C Banerjee
First Muslim President of Indian National Congress	Badruddin Tayab Ji
First Governor General of Independent India	Louis Mountbatten
First Indian Governor General of Independent India	C Rajagopalachari
First Indian to pass ICS Exam	Satyendranath Tagore
First Indian Aeronaut (to go into space)	Sqn. Ldr. Rakesh Sharma
First Indian Judge of International Court of Justice	Dr Nagendra Nath
First Indian to get Bharat Ratna Award	C Rajagopalachari, Sarvepalli Radhakrishnan and C V Raman
First Indian to swim across the English Channel	Mihir Sen
First Muslim President of India	Dr Zakir Hussain
First Speaker of Lok Sabha	G V Mavlankar
First President of Independent India	Dr Rajendra Prasad
First Vice-President of Independent India	Dr S Radhakrishnan
First Prime Minister of Independent India	Pt. Jawahar Lal Nehru

First Education Minister of Independent India	Maulana Abul Kalam Azad
First person to get Paramvir Chakra	Major Somnath Sharma
First Indian Scientist to get Nobel Prize	C V Raman
First Chinese pilgrim to visit India	Fa-Hien
First Minister to resign from Indian Union Cabinet	Shyama Prasad Mukherjee
First British to visit India	John Mildenhall
First Chief Justice of India	Hiralal J Kania

FIRST IN INDIA (FEMALE)

First Woman President of India	Pratibha Devi Singh Patil
First Woman Prime Minister of India	Indira Gandhi
First Woman Governor of an Indian State	Sarojini Naidu
First Woman Ruler of Delhi Throne	Razia Sultan
First Woman IPS Officer	Kiran Bedi
First Woman Chief Minister of an Indian State	Sucheta Kripalani (UP)
First Woman Union Minister	Rajkumari Amrit Kaur
First Woman President of Indian National Congress	Annie Besant
First Woman Judge of Supreme Court	Meera Sahib Fatima Bibi
First Woman to receive Ashoka Chakra	Neerja Bhanot

Contd...

Contd...



GENERAL ENGLISH AND COMPREHENSION

This Chapter Contains:

- Parts of Speech
- Articles
- Tenses
- Jumbled Words
- Antonyms
- Synonyms
- Idioms and Phrases

PARTS OF SPEECH

The Parts of Speech play a crucial role in English grammar and composition. They clarify the function and meaning along with their grammatical use in a sentence. A single word can be used as more than one part of speech in different circumstances. Understanding parts of speech is essential for determining the correct definition of a word.

Noun

A noun refers to the name of a person, place, thing or object. Basically, anything that names a "thing" is a noun, whether you're talking about a basketball court, San Francisco, Cleopatra or self-preservation.

Nouns are of various types: Common noun, proper noun, abstract noun and concrete noun; a noun could be countable or uncountable.

Pronoun

Pronouns are the substitutes for specific nouns when a reader or listener already knows which specific noun you are referring to.

You might say, "Jenny was supposed to be here at eight," then follow it with "She's always late; next time I'll tell her to be here half an hour earlier."

Instead of saying Jenny's name three times in a row, you substituted *she* and *her*, and your sentences remained grammatically correct.

Adjective

Adjectives are words that describe nouns. Think about your favorite movie. How would you describe it to a friend who's never seen it?

You might say the movie was funny, engaging, well-written, or suspenseful. When you're describing the movie with these words, you're using adjectives. An adjective can go right before the noun it is describing ("I have a black dog"), or sometimes, at the end of a sentence ("My dog is black").

Verb

Go! Be amazing! Run as fast as you can! Win the race! Congratulate every participant who put in the work and competed!

Those bold words are verbs. Verbs are words that describe specific actions, like **running**, **winning**, and **being** amazing.

Not all verbs refer to literal actions, though. Verbs that refer to feelings or states of being, like **to love** and **to be**, are known as **nonaction verbs**. Conversely, the verbs that do refer to literal actions are known as **action verbs**.

Adverb

An adverb is a word that describes an adjective, a verb, or another adverb.

I entered the room quietly.

Quietly is describing how you entered (verb) the room.

A cheetah is always faster than a lion.

Always is describing how frequently a cheetah is faster (adjective) than a lion.

Preposition

Prepositions tell you the relationship with other words in a sentence.

You might say, "I left my bike leaning **against** the garage." In this sentence, **against** is the preposition because it tells us where you left your bike.



GENERAL INTELLIGENCE AND REASONING ABILITY

CODING-DECODING

Alphabet test-based questions are generally asked which require an understanding of positions of alphabets in the series.

Forward number	Alphabet	Forward number	Alphabet
1	A	14	N
2	В	15	0
3	С	16	Р
4	D	17	Q
5	E	18	R
6	F	19	S
7	G	20 4151119	7110W
8	Н	21 An Initiative	by CBS N
9	I	22	V
10	J	23	W
11	K	24	Χ
12	L	25	Υ
13	М	26	Z

In a certain code language, "You are good." is written as "la ba ma" and "I am bad." is written as "ca sa pa". What will be the code for "Am I good?" in the same language?

a. sa ca ma

b. sa la ma

sa ca ba c.

d. sa pa ca

5. In a certain code, "APPLE" is written as "ZOOKD". What will be the code for "BANANA" in the same language?

a. AAMZMZ

b. AZMZNZ

AZMZBZ

d. AZMZMZ

6. How many letters are there between 8th letter from left and 7th letter from right in the alphabet series?

a. 11

b. 7 d. 10

7. In a certain code, "FILE" is written as 7465 and "IDEAL" is written as 43586. How will "DEAF" be written in that code language?

a. 3587

b. 3467

c. 3764

d. 3827

ANALOGY

Analogy means similarity, i.e., a particular relationship between words/letters/numbers will be given and another similar relationship we have to find from the options.

PRACTICE EXERCISES

1. What will come in the place of "?" in the following question? BCD: DEF :: LMN: ? (Western Coalfields Limited 2022)

PQO a.

b. NOP

QPO

PON d.

2. Complete the second pair in which both the elements bear the same relationship as in the first pair. FILM: 10:: HOTEL:? (Western Coalfields Limited 2022)

a. 14

b. 16

12

d. 20

3. In a certain code language, "BOY" is written as "21225". What will be the code for "GIRL" in the same language?

a. 791218

b. 792181

791812

d. 791281

PRACTICE EXERCISES

1. "Cock" is related to "Hen" in the same way as "Peacock" is related to:

Peahen

b. Parrot

Pigeon

d. Bird

2. Brick: Wall: House

a. Eyes: Lashes: See

Water: River: Sea b.

Hands: Legs: Body

Cell: Tissue: Organ

3. 12:144::17:

a. 199

b. 289

241

d. 179

SECTION

- 4. ASTN: ZTSO:: MSUB:
 - a. ALCY
- b. LTTC
- LRRC c.
- d. LTTA
- 5. **BOY**:6::HONEY:
 - a. 8
- b. 6

4 C.,

d. 7

NUMBER SYSTEM

Number series is a sequential arrangement of numbers in which numbers follow a certain pattern. This pattern can be based on:

Addition/Subtraction of numbers: If the number series is increasing slowly, then it will be addition series otherwise if the numbers are decreasing slowly, then that will be a subtraction series.

PRACTICE EXERCISES

1. Complete the sequence.

1 2 3 5 8 13......

a. 20

21

15 c.

d. 23

2. Which number should come next? 46, 44, 40, 38, 34,

(Western Coalfields Limited 2022) b. 32

30 a. 33

c.

d. 36

3. Study the below series and identify which number can come in place of "?" (AIIMS Nagpur [NO] 2020)

4, 5, 7, 9, 13, 15, 19, 21, 25, ?, 33, 39

a.

b. 29

27

d. 33

4. If 4 is related to 64 and 5 is related to 100 in the same way 7 is related to (AIIMS Nagpur [NO] 2020)

a. 196

49

98 c.

d. 169

5. 2, 1, $\frac{1}{2}$, $\frac{1}{4}$, which number is next in the series?

(JIPMER [NO] 2020)

(NORCET-3 2022)

1/6

1/8

1/12 c.

d. 1/16

6. 4, 7, 12, 19, 28, which number is next in the series? (JIPMER [NO] 2020)

37 a.

b. 39

- 41 c.
- d. 43
- 7. Find the next number in the given series: 7, 12, 19, 28, 39, ...

b. 52

53 c.

d. 54

8. Find the next number in the given series: 40, 30, 22, 16,

a. 12

b. 16

d. 50

- ii. Multiplication/Division of numbers: If the number series is increasing rapidly, then it will be multiplication series otherwise if the numbers are decreasing rapidly, then that will be a division series.
 - Find the next number in the given series: 20, 100, 600, 4200, 33600,
 - 302300 a.

302400

302600

302700 d.

10. Find the missing number in the given series: 648, 216, 108, 36,, 6.

a. 16 C.

b. 24

18 d. 12

- Addition/Subtraction of Squares/Cubes of numbers: At iii. times, the series is based on addition or subtraction of squares or cubes of a definite pattern.
- 11. Find the next number in the given series: 212, 208, 199, 183,

a. 158

b. 153

c. 143

d. 130

12. Find the next number in the given series: 8, 27, 64, 125,

a. 224

b. 326

260 c.

d. 216

BLOOD RELATIONS

Blood relations are the relations between two or more persons. It can be maternal relations (mother's side) or paternal relations (father's

Trick: To solve such questions easily, you should make a diagram by adding various symbols.

SI. No.	Individual/Relation	Symbol
1.	Man	+
2.	Woman	-
3.	Husband- <mark>W</mark> ife	+<>-
4.	Brother-Sister	+-
5.	Brother-B <mark>ro</mark> ther	++
6.	Sister-Sister	

PRACTICE EXERCISES

1. If P is the brother of Q, Q is the sister of R, and R is the father of S. How S is related to P?

(Western Coalfields Limited 2022)

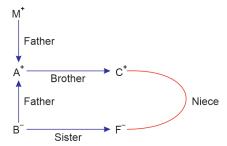
Brother

Nephew

d. Cannot be determined

b. Sister

- 2. Example: A is the father of B, C is the brother of A, F is the sister of B. If M is the father of A, then establish relationship between F and C.
 - Husband and Wife
 - Daughter and Father
 - Grandmother and Granddaughter
 - Niece and Uncle







ARITHMETICAL AND NUMERICAL ABILITY

NUMBER SYSTEM

- Natural numbers: Numbers from 1 to infinity are known as natural numbers.
- 2. Whole numbers: Natural numbers including zero (0) are known as whole numbers.
- 3. **Integers:** Integers are a set of numbers that include zero, positive numbers, and negative numbers. Examples of Integers: 1, -12, 6, 15.
 - **Positive Integers:** They include all the positive numbers. For example: 1, 2, 3, 4, 5, 6....., etc.
 - **Negative Integers:** They include all the negative numbers. For example: -1, -2, -3, -4, -5, -6...., etc.
- 4. **Rational numbers:** A number which we can write in p/q form, where p is an integer and q is not equal to zero is known as a rational number. For example: 4/5, 6/7, 1/5, etc.
- 5. **Irrational numbers:** The numbers which cannot be expressed in p/q form are known as irrational numbers. Also, the decimal expressions of these numbers are nonterminating and nonrepeating. For example: $\sqrt{2}$, $\sqrt{3}$, $\sqrt{5}$etc.
- 6. **Real numbers:** The combination of rational and irrational numbers is known as real numbers. For example: 11/23, etc.
- 7. **Prime numbers:** The number which is divisible by only 1 or by itself is known as prime number. For example: 2, 3, 5, 7, etc.
- 8. **Composite numbers:** Numbers that have more than two factors are known as composite numbers. For example: 4, 6, 8, etc.
- 9. **Co-prime numbers:** Numbers having only one common factor are called co-prime numbers. For example: (3,7) (8,9), etc.

LCM AND HCF

Least Common Multiple (LCM): The least number which is exactly divisible by two or more numbers is known as LCM.

Example:

If we consider the multiples of 16 and 20, we get;

Multiples of 16 are 16, 32, 48, 64, **80**,...

Multiples of 20 are 20, 40, 60, 80,...,

We can see that the first common multiple for both numbers is 80. So, LCM of 16 and 20 is 80.

Highest Common Factor (HCF): The greatest factor between two or more numbers is known as HCF.

Example:

Highest common factor of 144, 104 and 160. Now write the prime factors of 144, 104 and 160.

 $144 = 2 \times 2 \times 2 \times 2 \times 3 \times 3$ $104 = 2 \times 2 \times 2 \times 13$ $160 = 2 \times 2 \times 2 \times 2 \times 2 \times 5$

The common factors of 144, 104 and 160 are $2 \times 2 \times 2 = 8$ Therefore, HCF (144, 104, 160) = 8

HCF and LCM of Fractions

• HCF of fraction = $\frac{\text{HCF of numerators}}{\text{LCM of denominators}}$

• LCM of fraction = $\frac{LCM \text{ of numerators}}{HCF \text{ of denominators}}$

LCM & HCF - Key Points for NORCET

- HCF (Highest Common Factor): Greatest number that divides all given numbers exactly.
- LCM (Least Common Multiple): Smallest number divisible by all given numbers.
- **Formula:** HCF × LCM = Product of two numbers (only for two numbers).
- Use HCF when:
 - Dividing into equal parts
 - Finding maximum length/size
 - Equal grouping or cutting
- Use LCM when:
 - Events occur/repeat together
 - Finding minimum time or quantity
 - Synchronizing schedules
- Co-prime numbers:
 - HCF = 1
 - LCM = Product of numbers

C SECTION

- One number divides another:
 - HCF = Smaller number
 - LCM = Larger number
 - Fractions:
 - LCM = LCM of numerators / HCF of denominators
 - HCF = HCF of numerators / LCM of denominators
- Special cases:
 - HCF(a, 0) = a
 - LCM(a, 0) = 0

Tip: Use prime factorization method for quick and accurate results!

TEST OF DIVISIBILITY

Divisibility by number	Divisibility Rule	
Divisible by 2		nit digit is an even number, 8 is divisible by 2, e.g., 78,
Divisible by 3	•	gits of any number is divisible ber is divisible by 3, e.g., 39,
Divisible by 4		s of a number is divisible then it is divisible by 4, e.g.,
Divisible by 5	Numbers whose up by 5, e.g., 780,789	nit digit is 0 or 5 are divisible 5, etc.
Divisible by 6	A number which is divisible by 6, e.g.,	divisible by 2 and 3 both is 4536, 8124, etc.
Divisible by 8		its of a number is divisible) then it is divisible by 8, e.g.,
Divisible by 9	If sum of all the digits of any number is divisible by 9 then the number is divisible by 9, e.g., 3933, 729, etc.	
Divisible by 10	Any number whose 10, e.g., 3930, 729	e unit digit is 0 is divisible by 0, etc.
Divisible by 11	If the difference of the sums of the alternative digits of a number is divisible by 11 then the number is divisible by 11, e.g., 1331, 10824, etc.	

Example:

Check if the number 2347974 is divisible by 8 or 11?

Solution: For checking any number's divisibility with 8, we check for the divisibility of last three digits of a number by 8 or the presence of 000. So, here, 000 is not there. We will check the divisibility of 974 by 8.

974 is not completely divisible by 8.

For checking any number's divisibility with 11, we check for the difference of sum of alternate digits of the given number. If it comes out to be a factor of 11 then it will be divisible by 11.

So,
$$(2+4+9+4)-(3+7+7)=19-17=2$$

This brings us to the conclusion that the given number is **neither divisible by 8 nor by 11.**

SIMPLIFICATION

BODMAS Rule

The BODMAS rule is essential in many mathematical problems. The full form of BODMAS is:

- B Brackets,
- O Order of powers or roots,
- D Division,
- M Multiplication,
- A Addition,
- S Subtraction.

IMPORTANT ALGEBRAIC FORMULAS

Some important algebraic formulas are as follows:

- $a^2 b^2 = (a b)(a + b)$
- $(a + b)^2 = a^2 + 2ab + b^2$
- $a^2 + b^2 = (a + b)^2 2ab$
- $(a-b)^2 = a^2 2ab + b^2$
- $(a + b + c)^2 = a^2 + b^2 + c^2 + 2ab + 2bc + 2ca$
- $(a b c)^2 = a^2 + b^2 + c^2 2ab + 2bc 2ca$
- $(a + b)^3 = a^3 + 3a^2b + 3ab^2 + b^3$; $(a + b)^3 = a^3 + b^3 + 3ab(a + b)$
- $(a-b)^3 = a^3 3a^2b + 3ab^2 b^3 = a^3 b^3 3ab(a-b)$
- $a^3 b^3 = (a b)(a^2 + ab + b^2)$
- $a^3 + b^3 = (a + b)(a^2 ab + b^2)$
- $(a + b)^4 = a^4 + 4a^3b + 6a^2b^2 + 4ab^3 + b^4$
- $(a-b)^4 = a^4 4a^3b + 6a^2b^2 4ab^3 + b^4$

Add Examples

Simplify

 $1. \quad 2x + 3x$

Answer: 5x

2. $2.8 + (6 \div 2) \times 3$

Answer: 17

3. $3 + 6 \times (5 + 4) \div 3 - 7$

Answer: 11

PERCENTAGE

$$x^2-81$$

$$=(x)^2-(9)^2$$

$$=(x-9)(x+9)$$

A percentage is a number or ratio which is expressed as a fraction of 100 and it is denoted by using '%' symbol.

$$Percentage = \frac{Value \ obtained}{Total \ value} \times 100$$

SOME IMPORTANT FORMULAS

Percentage (%) = $(Part/Whole) \times 100$

Finding part = $(Percentage \times Whole)/100$

% Increase/Decrease = (Difference/Original) × 100

New Value after % increase = Original \times (1 + %/100)

New Value after % decrease = Original \times (1 – %/100)



Toppers' Choice

The toppers believe that Target High has played a vital role in their success in

AIIMS NORCET 2022, 2023, 2024 & 2025 Exams



Dethariya Ramasi Dévat NORCET May 2025



Rinu Bala NORCET Oct 2023



Ashish Kadam NORCET 2022



Nehal Rathod NORCET Oct 2024



Vaishali NORCET June 2023



Rinki Dagar NORCET May 2025



Amit Sehrawat NORCET June 2023





Subhadip Tripathi NORCET June 2023



Shobha Uprety NORCET May 2024



Pratibha Jhagta NORCET Oct 2023

and many more...

What's in Target High 8/e? Based on New Exam Pattern - Prelims & Mains





Revised & **Updated:** Thoroughly revised and updated edition.



(Topic-wise): MCQs with detailed rationale.



2000+ Illustrations & **Images:** For better conceptual clarity.



700+ Pages **Synopsis:** Crisp, concise, and high-yield coverage of all subjects.



3000 New MCQs: New MCQs Added up to August 2025.



Golden Points: Available in both book and app.



New Topics: Subject-wise addition of many exam-oriented. high-yield topics.



1000+ IBQs: Integrated in both book and app.



GK, Aptitude & English: Updated till August 2025.



(Topic-wise): MCQs without rationale.



1000+ CBOs: Integrated in both book and app.



Latest Previous Year Papers: Cover up to 2025, integrated under respective Topic MCQs. (Available in both book and app.

What's in Plan TH (Target High Digital)?





READ - Study Digitally 360+ Mind Maps, 26+ Appendices 2000+ Golden Points/Key Points/Clinical Corner



RECALL - Explore PYPs 150+ PYPs of all State/National Level Exams



TH Olympiads - Reward Yourself Monthly Scholarship Test with National Level Ranking



Be In Spotlight Special Section for TH Contributors, Reviewers, Rank Holders, Happy Users



PRACTICE - Assess Yourself 7000+ MCQs/CBQs/IBQs/VBQs of all Subjects; 50+ Mini/Grand Test, 40+ AIIMS/NORCET Recalls, Weekly Live Test



REVISE - Quick Recap Golden Points Videos & Probable Q/A discussion videos (40+ Videos)



Guidance & Counselling

Plan your success ahead with personalized study plan



TH Extra Edge

Additional Content of the Book Recent Updates, Current Affairs, GK & Aptitude



Any Doubt Ask Amli Get Your TH Queries resolved by



CBS Catalogue



CBS Publishers & Distributors Pvt. Ltd.

4819/XI, Prahlad Street, 24 Ansari Road, Daryagani, New Delhi 110 002, India E-mail: feedback@cbspd.com, Website: www.cbspd.com New Delhi | Bengaluru | Chennai | Kochi | Kolkata | Lucknow | Mumbai Hyderabad | Jharkhand | Nagpur | Patna | Pune | Uttarakhand

