

## Exam 4: NUR170/ NUR 170 (Latest 2023/ 2024 Update) Concepts of Medical-Surgical Nursing Exam | Questions and Verified Answers| 100% Correct| Grade A- Galen

**Q:** IBS management

**Answer:**

Chronic/recurrent diarrhea, constipation, and/or abdominal pain and bloating & belching right after meal (post prandial) NO wt loss, NO vomiting, NO fatty stools (steatorrhea) Eat, go to bathroom, feel fine after, repeat

o Tx: increase fiber, probiotics, fluids Med therapy: alosetron (antidiarrheals), laxatives, lubiprostone/alostide (constipation)

diet, boiled chicken w brown rice steamed broccoli n apple juice for alosetron assess for constipation, ischemic colitis

lubiprostone take w foos n water to prevent constipation

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**Q:** Cholecystitis / Cholelithiasis management

**Answer:**

Patho: inflammation of gallbladder

Acute: gallstones

Chronic: inefficient bile emptying & fibrotic/contracted gallbladder S/S: epigastric pain > R shoulder, RUQ pain (high fat/high volume meal), Murphy's sign (cannot breathe when fingers passed below hepatic margin), tachycardia, indigestion, belching, N&V o S/S cholelithiasis: jaundice (clay colored stool) dark orange foamy urine, steatorrhea (fatty feces), pruritus o Tx: surgery (laproscopy)

**Q:** ERCP (Endoscopic Retrograde Cholangiopancreatography)

**Answer:**

Numbing spray for pt is suppose make their throat feel numb

Monitor for return of gag reflex before giving pt any oral substance, if NOT, pt could ASPIRATE  
Can cause acute pancreatitis due to dye injection in pancreatic duct  
Monitor respiratory complications, cough and deep breathe & IS Q2, splint abdomen, maintain NPO/ NG as prescribed, clear liq --> solids as tolerated

**Q:** Diverticulosis management

**Answer:**

o Patho: outpouching/herniation of intestinal mucosa; can occur in any part but most common in sigmoid colon where arteries are weak points = high risk for bleeding  
o s/s: LLQ pain (increases w/ coughing, straining, lifting), fever, N&V, abdominal distention, tenderness, palpable tender rectal mass, blood in stool  
o Dx: X-ray, abdominal assessment  
o Tx: Bedrest, NPO/ Clear liq, or soft high fiber diet, increase fluids 2500-3000mL, avoid increasing intra-abdominal pressure (strain, lift, cough, bend, tight clothes), avoid gas forming foods, avoid seeds, nuts, popcorn,  
o Tx: anticholinergics, analgesics, Abx, colostomy, colon resection w/ primary anastomosis

**Q:** Hepatitis A (acute)

**Answer:**

survives on hands

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**Q:** hepatitis c

**Answer:**

contaminated through iv needle sharing

**Q:** hepatitis e

**Answer:**

spread through contaminated food