



Philadelphia University
Faculty of Nursing
[Mental Health Nursing\Theory]
[Summer Semester] -[2024/2025]
[Final Exam / Form A]

Date of the exam: [10/09/2024]

Duration of the exam: [90 minutes]

Student Data			
Student's Name:.....			
Student's University Number:.....			
Section Number: [1]			
Examiner (s)			
Name/Title of Examiner: [Dr. Rabia H. Haddad]			
Questions			
Type of Questions	Number of Questions	Assigned Marks	Obtained
MCQs	30	30	
Essay	10	10	
Total	40	40	

إقرار المشاركة في الامتحان:

- أنا الطالب المذكور أعلاه، أقر وأوافق على الشروط الآتية قبل المشاركة في الامتحان:
- إغلاق جميع الأجهزة الإلكترونية مثل الهواتف الذكية، الساعات الذكية، الأجهزة اللوحية، وأي أجهزة إلكترونية أخرى بشكل كامل، وتسليمها للمراقب.
 - إن استخدام أي من الأجهزة الإلكترونية أثناء الامتحان من قبلي يُعتبر انتهاكاً لقوانين الامتحان وسيتم اعتباره محاولة غش.
 - أفهم أنه في حال تم العثور على أي جهاز إلكتروني بحوزتي، حتى لو كان مغلقاً، فإن ذلك سيُعتبر محاولة للغش، وسأواجه إجراءات تأديبية وفقاً للتعليمات المعمول بها في الجامعة.

التوقيع:





Program outcome competencies (JNC+HEAC)	Question covering the competencies and ILOS	Questions covering the competency	Percentage of questions covering the competency(weight per marks)	Targeted percentage of the competency
1. Preventive mental illnesses	6	4	20 %	10 – 20%
2. Anxiety Disorders	7	5	25%	10 - 20%
3. Eating Disorders	6	3	10 %	5 – 10%
4. OCD Disorder	5	3	10%	5 – 10%
5. Therapeutic communication	6	4	15%	10 - 15%
6. Substance Use Disorder	10	4	20%	15 - 25%
Total				100%

#	CLO	Questions covering the CLO	Percentage of questions covering the CLO
K1	Integrate evidence-based knowledge from physiology, anatomy, and pathophysiology to assess, plan client-centered care	Q11, Q12, Q14, Q15, Q18, Q19, Q21,26, 28	35
K2	Understand current research, recent technology, available resources, and facilities, with the fundamental base to demonstrate leadership skills	Q1, Q2, Q3, Q4, Q5, Q6, Q7, Q20, Q22.	30
S1	Enable students to apply the gained nursing skill to ensure understanding, planning, and rationalizing the implementations to achieve safe and secure change to the adult client in wellness and illness	Q8, Q9, Q10, Q13, Q16, 27	20
S2	determine accurately and effectively the fundamental criteria for determining the progression of the client towards the planned change and care plan	Q17, Q23, Q24, Q25, 29,30	15
Total		40	100%





Answer Sheet

Kindly write down your answers in the following answer sheet.

Question #	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
Answer										

Question #	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.
Answer										

Question #	21.	22.	23.	24.	25.	26.	27.	28.	29.	30.
Answer										





Q1. MULTIPLE CHOICES: Select the best answer by SHADING the letter of your choice in the answer sheet provided.

- 1. Anxiety caused by all of the following neurotransmitter abnormalities EXCEPT:**
 - A. Acetylcholine
 - B. GABA
 - C. Noradrenaline
 - D. Serotonin

- 2. Which of the following correctly describes the defense mechanisms that channel negative emotions or impulses into socially acceptable behaviors or activities?**
 - A. Projection
 - B. Displacement
 - C. Sublimation
 - D. Regression

- 3. A problematic pattern of substance use leading to clinically significant impairment or distress. Is called:**
 - A. Generalized anxiety disorder (GAD)
 - B. Substance-Induced Disorders
 - C. Substance Use Disorders
 - D. Agoraphobia

- 4. A female client is admitted to the Acute Care Psychiatric unit with a diagnosis of panic attack. During the initial assessment, the nurse would observe which symptoms?**
 - A. Feeling of doom, or the feeling as though you're about to die
 - B. Irrational fear of a specific object in public places
 - C. Withdrawal and failure to distinguish reality from fantasy
 - D. Insomnia and an inability to concentrate in open places

- 5. Antidepressants can work for anxiety disorders. Which of the following drugs is from Antidepressants?**
 - A. Buspirone (BuSpar)
 - B. Clonazepam (Klonopin)
 - C. Escitalopram (Lexapro)
 - D. Doxepin (Sinequan)





6. Ms. X was invited by her friend to her wedding party. Her friend noticed that she was avoiding interaction with the other guests and was seen leaving the party early. She asked her what seemed to be the problem. She replied that “I might say something stupid and they will laugh at me”. Based on these observations, Ms. X is experiencing which type of anxiety disorder?
- A. Post-traumatic stress disorder
 - B. Claustrophobia
 - C. Social anxiety disorder
 - D. Panic Attack
7. Agoraphobia is defined as:
- A. Fear of being in places or situations from which escape might be difficult or in which help might not be available.
 - B. An anxiety disorder that arises after a terrifying event that could have put your life in danger.
 - C. a very destructive anxiety disorder characterized by recurring, persistent thoughts, images, and impulses.
 - D. a fear reaction to a situation where no real danger exists, except in the person’s mind.
8. One of the following is recommended nursing care for patients complaining of anxiety disorder:
- A. Do not allow the patient to think or express anxious feelings and examine anxiety-provoking situations.
 - B. Keep the patient away from the new environment and new experiences or people as needed.
 - C. Encourage the patient to consider negative self-talk like “Anxiety won’t kill me,” “I can’t stop these thoughts,”
 - D. Reinforce patient’s personal reaction to or expression of pain, discomfort, or threats to well-being.
9. A client has been diagnosed with SOCIAL ANXIETY DISORDER. The nurse would expect to find which of the following clinical manifestations?
- A. Avoidance
 - B. Repetitive behaviors
 - C. Flashbacks
 - D. Feeling of helplessness
10. A physiologic response to generalized anxiety includes which of the following?
- A. Narcolepsy
 - B. Decreased urinary output
 - C. Tense back, neck, and shoulder muscles
 - D. Constipation





11. Which of the following is related to the causes of Wernicke-Korsakoff syndrome?

- A. caused due to multiple strokes
- B. Caused by Frontal Temporal Lobe Degeneration
- C. Caused by a Prion from animals
- D. Caused by oral malnutrition due to alcohol

12. A state in which an organism engages in compulsive behaviors, which is called:

- A. Abuse
- B. Addiction
- C. Dependence
- D. Tolerance

13. A state in which an organism no longer responds to a drug, and requires a higher dose to achieve the same effects. which is called:

- A. Abuse
- B. Addiction
- C. Dependence
- D. Tolerance

14. All of the following are signs of an adolescent with substance use, except:

- A. Red eyes, droopy eyelid
- B. Changes in sleep pattern
- C. Irritation to the breathing passage
- D. Decline in academic performance

15. One of the Nursing Care for a patient with drug addiction is:

- A. Encourage the patient not to focus on the present and future, but focus on the past.
- B. Random check of patients and their support and belongings
- C. To not allow the family members and friends to visit the patient during the treatment period
- D. Allow the patient small access to addictive substances.

16. Which medication is commonly used after the detoxification phase to prevent relapse by reducing alcohol craving?

- A. Diazepam
- B. Carbamazepine
- C. Clonidine
- D. Naltrexone





17. A nurse is planning to work with a client using an individual therapy model of care. During the first session, the client makes the following statement: "This is the third time my son has run away. I've grounded him, taken away his bike, even tried cutting off his allowance and locking him in his room. What should I do now?" The most therapeutic technique response for the nurse to make is:
- A. "I wonder if locking him in his room was abusive?"
 - B. "Maybe that depends on what you are trying to accomplish."
 - C. "Perhaps talking to his friends and teachers would help."
 - D. Remain silent
18. In the psychiatric unit, Farah was diagnosed with bulimia nervosa. Farah says "I'm going to the bathroom and I'll be back in a few minutes." What is the most appropriate nursing response?
- A. "Let me know when you get back to the day room."
 - B. "I'll stand outside your door to give you privacy."
 - C. "Thanks for checking in."
 - D. "I will accompany you to the bathroom."
19. A client says to the nurse, "Some days life is just not worth it. All my wife and I ever do is fight and scream. Things at home would be calmer and simpler if I weren't there anymore." The most therapeutic technique response for the nurse to make is:
- A. "Do you mean that you are thinking about leaving your wife and moving out?"
 - B. "Tell me what you mean by 'it would be simpler if you just weren't there anymore!'"
 - C. "So, you are thinking suicide might be an option for you?"
 - D. Remain silent
20. The newly hired nurse at Psychiatric Medical Center is assessing a client who abuses heroin. The nurse would observe for evidence of which symptoms?
- A. Contracted pupils, needle marks, and sweating
 - B. Muscle aches, cramps, and lacrimation
 - C. Paranoia, depression, and agitation
 - D. Anxiety, tremors, and tachycardia
21. Nurse Ahmad recommends that the client with a substance-related disorder attend a support group. What is the reason for joining self-help groups?
- A. Learning new coping skills and knowing where to find help
 - B. Learn how to assist the abuser in getting help
 - C. Maintain focus on changing their own behaviors
 - D. Can decrease the sense of shame and isolation that can lead to relapse





- 22. A client is admitted for opioid detoxification. During detoxification, which symptoms should the nurse expect to assess?**
- A. Rhinorrhea, pupillary dilation, sweating, and abdominal cramping
 - B. Disorientation, peripheral neuropathy, hypotension, and pupillary constriction
 - C. Oculogyric crisis, amnesia, ataxia, and hypertension
 - D. Hallucinations, fine tremors, confabulation, and orthostatic hypotension
- 23. Which of the following correctly defines a serious eating disorder in which you frequently consume unusually large amounts of food and feel unable to stop eating?**
- A. Anorexia Nervosa
 - B. Bulimia Nervosa
 - C. Binge Eating Disorder
 - D. Hypochondriasis
- 24. Which of the following Causes of Eating Disorders are related to Behavioral warning signs?**
- A. Using food as self-punishment
 - B. Using food as a source of comfort
 - C. Changes in food preferences (replacing meals with fluids)
 - D. Feeling 'out of control' around food
- 25. A 14-year-old patient newly admitted to the eating disorders unit refuses to eat meals and angrily shouts at the nurse, "You can't make me eat! I'll do whatever I want to do." Which nursing intervention demonstrates an understanding of the priority safety issue for this anorexic patient?**
- A. Placing the patient's favorite low-calorie beverages in open view
 - B. Assigning a staff member to one-on-one observation of the patient
 - C. Unlocking the patient's bathroom only at specific times during the day
 - D. Explaining to the patient that they will be required to keep an eating journal
- 26. A client has a history of daily Alcohol taking for the past 2 years. He came to the ER with his family, who reported that his last intake was 1 hour ago. It is now midnight. When should a nurse expect this client to exhibit withdrawal delirium?**
- A. Between 3 a.m. and 11 a.m.
 - B. After 24 hours
 - C. 24-48 hours
 - D. Between 48-72 hours





- 27. A nurse is performing a mental status examination of a client who is withdrawing from alcohol. What is the nurse's rationale for this intervention?**
- A. To assess for emotional strength
 - B. To assess for Korsakoff syndrome
 - C. To assess for tachycardia
 - D. To assess for fine tremors
- 28. A nurse reviews the laboratory data of a client presenting in the emergency department. At what blood alcohol level should a nurse expect intoxication to occur?**
- A. 0.08g/dL
 - B. 800 g/dL
 - C. 80 g/dL
 - D. 0.008 g/Dl
- 29. A teenage girl is diagnosed with anorexia nervosa and is hospitalized for malnutrition. The treatment team plans to use behavior modification. What rationale should the nurse identify as the reason for this treatment choice?**
- A. This treatment will increase the client's motivation to gain weight.
 - B. This treatment will reward the client for their exemplary achievements.
 - C. This treatment will provide the client with control over behavioral choices.
 - D. This treatment will protect the client from parental control.
- 30. During the interview, a client with anorexia nervosa complains of feeling cold all the time and asks the nurse why. Which of the following is the most appropriate response by the nurse?**
- A. "You might be getting a cold."
 - B. "There is a loss of subcutaneous fat."
 - C. "Let me take your temperature."
 - D. "You probably aren't dressing warmly enough."

يتبع باقى الاسئلة





Q.2. Read the following case and answer the questions:

A 45-year-old male is brought to the emergency department by friends after heavy drinking at a party. On arrival, he is drowsy, smells strongly of alcohol, and has slurred speech. His vital signs show: BP 95/60 mmHg, HR 110 bpm, RR 10 breaths/min, SpO₂ 88% on room air, and blood glucose 62 mg/dL. The friends state he has had a history of alcohol dependence for over 10 years, with multiple prior ED visits for intoxication. He is not responsive to verbal stimuli but withdraws from painful stimuli.

A. Write the two most prioritized nursing diagnoses based on the above case. [3 marks]

1- _____.

2- _____.

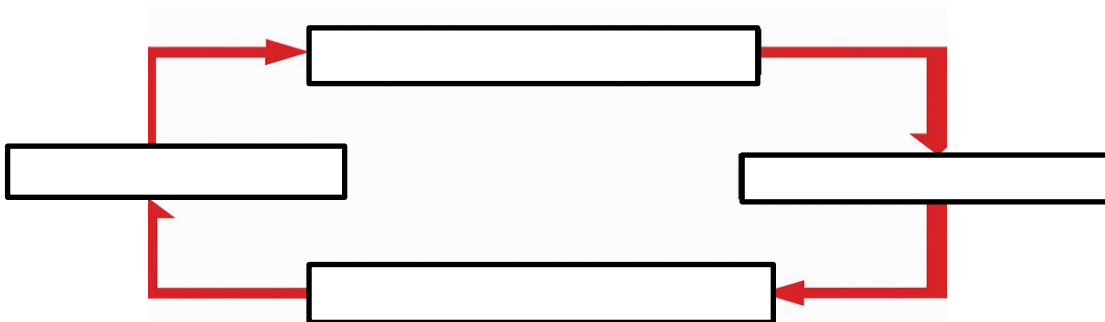
B. The clinical picture of alcohol intoxication depends on several factors; mention three of them: [3 marks]

1- _____.

2- _____.

3- _____.

Q3. The Obsessive-Compulsive Disorder (OCD) cycle consists of four phases. Complete the figure down: [4 marks]



Good Luck

Dr. Rabia Haní Haddad RN, MSN, PMH-CNS, PhD

