نظام تأديب الطلبة في جامعة آل البيت (27/لسنة 2000) ينص على أن:
المادة 5: إذا ضبط الطالب في أثناء تأدية الامتحان أو الاختبار في إحدى المواد متلساً بالغش أو تثبت نتيجة التحقيق أنه حاول الغش أو اشترك أو شرع فيه، توقع عليه العقوبات التالية مجتمعة:
أ- اعتباره راسب في تلك المادة.
إلغاء تسجيله في بقية المواد المسجلة له في تلك الفصل.
ج- فصله من الجامعة لمدة قسط دراسي واحد يلي الفصل الذي ضبط فيه.
توقيع الطالب........................................
1- When preparing the teaching plan for a mother of a child with asthma, which of the following would the nurse include as signs to alert the mother that her child is having an asthma attack?

A. Secretion of a thin, copious mucus.
B. Tight, productive cough.
C. Wheezing on expiration.
D. Temperature of 39.5C.

2- When developing a teaching plan for a mother of a child with asthma concerning measures to reduce allergic triggers, which of the following suggestion would the nurse expect to include?

A. Keep the humidity in the home between 50% & 60 %.
B. Have the child sleep in the bottom bunk bed.
C. Use a scented room deodorizer to keep the room fresh.
D. Vacuum the carpet once or twice a week.

3- At a follow-up appointment after being hospitalized, an adolescent with a history of Cystic Fibrosis describes his stools to the nurse. Which of the following descriptions problems with malabsorption?

A. Soft with little odor.
B. Large & foul-smelling.
C. Loose with bits of food.
D. Hard with streaks of blood.

4- Which of the following, if described by the parents of a child with Cystic Fibrosis, indicates that the parents understand the underlying problem of the disease?

A. An abnormality of the body's mucus-secreting glands.
B. Formation of fibrous cysts in various body organs.
C. Failure of the pancreatic ducts to develop properly.
D. Reaction to the formation of antibiotic against streptococcus.

5- Which of the following initial physical findings would indicate the development of carditis with Rheumatic Fever?

A. Heart murmur.
B. Low blood pressure.
C. Irregular pulse.
D. Anterior chest wall pain.
6- When developing a teaching plan for a parents of a child with G6PD, which of the following the nurse must include in the plan?

A. Diet must be high caloric.
B. Diet must be free from bean-products.
C. Diet must be high in iron & calcium.
D. All of the above.

7- One of the following interventions is true when providing the care for a child experiencing DIC except?

A. Observe petechiae, ecchymoses & oozing every 1 – 2 hours.
B. Assess extremities for capillary refill, warmth & pulse.
C. Maintain skin integrity, gentle positioning.
D. Presence of mucus & blood in stool.

8- Which of the following is the definitive diagnostic test that would be done to diagnose sickle cell disease?

A. Hemoglobin electrophoresis.
B. History & physical examination
C. CBC
D. Lumber puncture

9- When teaching a parent of a child with post-infection glomerulonephritis, the nurse expects the parent to understand which of the following interventions to be a major therapy?

A. Keeping area around the child cleans & insures hand washing to prevent infection.
B. Insure fluid restriction to prevent over intake.
C. High salt, high protein diet.
D. a + c are true.

10 – Which of the following signs is considered as a warning signs that parents must know that the child of a nephrotic syndrome is experiencing bad prognosis in the disease except?

A. Snug fit of clothing & shoes
B. A dramatic weight gain
C. Abdominal pain, with or without vomiting
D. Constipation for more than 4 days.

11- the most common indicator for renal disease is:

A. Ketonurea.
B. Proteinurea.
C. Glycosuria.
D. Polyuria.
12- A child with severe combined immunodeficiency has been admitted to hospital for evaluation & treatment. The primary nursing diagnosis associated with this medical problem would be?

A. Risk for infection related to immunodeficiency.
B. Risk for caregiver role strain related to child's chronic condition.
C. Risk for altered growth & development related to chronic illness.
D. Risk for altered nutrition: less than body requirements related to chronic diarrhea & infections.

13- The care plan for a child with severe combined immunodeficiency disease. What interventions are associated with this case?

A. Monitor urine output.
B. Provide emotional support & referrals to support groups.
C. Place the child in a private room & minimize contact with infectious diseases.
D. Provide for genetic counseling.

14- A mother asks the nurse if she still can breast feed her newborn baby if the baby has congestive heart failure. The best nursing response is

A. It would be easier for your child to get the breast milk from a bottle so she won't tire so easily.
B. Yes, breast feeding would be good for your baby. Your baby may have to rest frequently during feeding.
C. I can understand why you want to breast feed but it won't be possible.
D. No, breast milk is too high in sodium.

15- The nurse caring for a child with congestive heart failure knows the symptoms of fatigue & dizziness are associated with?

A. Peripheral vasoconstriction & decreased blood flow to internal organs.
B. Increased blood flow to the internal organs.
C. A compensatory response by the cardiac system.
D. A sign of pulmonary edema.

16- The nurse instructing the parents of small child on the correct way to give their child iron preparation to correct iron-deficiency anemia, which of the following should be included in these instructions?

A. Provide medication with orange juice.
B. The child's stool may turn red & be very hard.
C. The preparation can cause the urine to be stained orange.
D. Drink the medication from a cup or glass.
17- The parents of a 3 years old child learn their child has inherited the Hgb SA sickle cell trait. Which of the following would help these parents understand about this disease?

A. Your child is a carrier & will most likely never have symptoms.
B. It is the second most frequent form of sickle cell disease.
C. Your child will have sickle cell crisis.
D. Your child will have changes to most body organs because of the disease.

18- The nurse is caring for a 13 years old child with sickle cell crisis. Which of the following interventions would be indicated for this patient?

A. Antibiotic therapy.
B. Oxygen & fluid.
C. Platelets transfusion
D. Restrict fluid.

19- The nurse is assessing a 14-years old female with a sever hemophilia. Which of the following would be necessary for the patient to know about this type?

A. She may have spontaneous bleeding.
B. The disease will manifest after age 21.
C. She may have prolonged bleeding during dental work, surgery or trauma.
D. None of the above.

20- A 3 years old child recovering from chickenpox, develops a bleeding disorder, which of the following disorders is this child most likely to be experiencing?

A. Hemophilia
B. Meningococcemia.
C. Idiopathic thrombocytopenic purpura.
D. Thalasemia.

21- As a nurse, you know that the most appropriate drug for child with congestive heart failure is:

A. Digoxine.
B. Isoket.
C. Aldomine.
D. Nytroglycerides.

22- In cases of chronic renal failure, the diet is needed to be:

A. Low potassium, high calcium diet.
B. Low potassium, low calcium diet.
C. High potassium, high calcium diet.
D. High potassium, low calcium diet.
23- Which of the following answers by a parent of 4 year child who have thalasemia, indicate unsuccessful teaching by the nurse:

A. Increase diet rich in vitamin C if child take desforal.
B. Prevent tea, & increase diet rich with iron.
C. Child complain of fewer change.
D. None of the above.

24- All of the following symptoms indicate inactive TB except:

A. Weight loss.
B. low grade fever.
C. Night sweat.
D. Cough.

25- Moon face is one of the side effects of medication used in nephrotic syndrome. This medication is:

A. Ampicilline.
B. Gentamicein.
C. Prednisone.
D. Desforal.

Good Luck!