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NMC CBT (Test of Competence Part 1) Preparation Book 2026

A full model paper in the real NMC CBT pattern, with answer key



115 MCQs

Real NMC CBT subject split

Answer key + online explanations

How to use this book

1. Sit each model paper in one go, in 190 minutes, with a pen and the answer sheet of your choice.
2. Mark yourself with the answer key at the back.
3. Every answer in the key is a link. Tap it to read why that option is right on TestUstad, free.

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What is in this book

115 MCQs across one paper, each drawn in the same subject split as the real NMC CBT paper:

- Medical Surgical Nursing: 28 MCQs per paper
- Nursing Pharmacology: 25 MCQs per paper
- Fundamentals of Nursing: 20 MCQs per paper
- International Nursing Practice: 18 MCQs per paper
- Mental Health Nursing: 9 MCQs per paper
- Paediatric Nursing: 8 MCQs per paper
- Community Health Nursing: 4 MCQs per paper
- Midwifery and Obstetric Nursing: 3 MCQs per paper



MODEL PAPER 1 OF 1

NMC CBT (Test of Competence Part 1)

115 MCQs · 190 minutes · answer key at the back



Medical Surgical Nursing

28 MCQs

1. A patient has prolonged bed rest after a femoral fracture. The feet are resting in plantar flexion, and the patient has no restriction on ankle movement. Which intervention should the nurse use to help prevent foot drop?

- ☐ A Place a footboard at the end of the bed and encourage ankle dorsiflexion
- ☐ B Keep the affected foot pointed downward with a pillow under the heel
- ☐ C Limit ankle movement until the fracture is completely united
- ☐ D Place a pillow under the calf so the toes remain lower than the heel

2. A patient with nephrotic syndrome is being monitored for complications. Which finding should the nurse report promptly?

- ☐ A Mild ankle edema in the evening
- ☐ B Sudden shortness of breath and chest pain
- ☐ C Foamy urine after waking
- ☐ D A gradual increase in appetite

3. A patient with diabetic ketoacidosis has dry mucous membranes, weak pulses and a blood pressure of 86/54 mmHg. Which prescribed treatment should the nurse expect to start first?

- ☐ A Intravenous isotonic fluid replacement
- ☐ B Subcutaneous long-acting insulin
- ☐ C Oral potassium replacement
- ☐ D Intravenous sodium bicarbonate routinely

4. A patient is positioned supine with one arm resting on an armboard at a 110-degree angle from the body. Which action should the nurse take?

- ☐ A Place the arm in greater abduction
- ☐ B Reposition the arm below 90 degrees
- ☐ C Apply a tight strap across the elbow
- ☐ D Place the palm downward without support

5. Which nursing intervention is most appropriate when applying a sterile dressing to a newly debrided burn wound?

- ☐ A Use clean gloves for the entire procedure
- ☐ B Maintain aseptic technique and avoid touching sterile surfaces
- ☐ C Apply the same dressing to adjacent infected wounds
- ☐ D Leave the wound uncovered during routine ward activity

6. A patient with suspected acute myocardial infarction has an ECG showing ST-segment elevation in contiguous leads. How should the nurse interpret this finding?

- ☐ A It suggests acute myocardial injury in a specific region
- ☐ B It confirms a harmless variation in ventricular recovery
- ☐ C It indicates delayed conduction through the atrioventricular node
- ☐ D It demonstrates chronic enlargement of the left atrium

7. A patient with cirrhosis has black, tarry stools but no vomiting. Which assessment should the nurse perform first?

- ☐ A Assess blood pressure, pulse and mental status
- ☐ B Offer a high-fibre meal to prevent constipation
- ☐ C Administer an oral iron tablet with juice
- ☐ D Encourage walking to stimulate bowel activity

8. A patient with stable chronic obstructive pulmonary disease becomes short of breath while walking. Which breathing technique should the nurse teach?

- ☐ A Pursed-lip breathing during exhalation
- ☐ B Rapid shallow breathing through the mouth
- ☐ C Breath holding after every inhalation
- ☐ D Forceful coughing after every breath

9. A patient with multiple sclerosis has urinary urgency, leg weakness and difficulty emptying the bladder. Which assessment is most important before planning bladder care?

- ☐ A Measure residual urine after the patient voids
- ☐ B Restrict all fluids after the evening meal
- ☐ C Insert an indwelling catheter without assessment
- ☐ D Encourage the patient to delay voiding for several hours

10. A nurse is performing adult chest compressions during cardiopulmonary resuscitation. Which technique is correct?

- ☐ A Compress at 60 to 80 per minute
- ☐ B Compress the upper third of the sternum
- ☐ C Allow complete chest recoil after each compression
- ☐ D Pause for frequent pulse checks every 30 seconds

11. A patient develops muscle cramps, weakness, nausea and a cardiac rhythm change 24 hours after chemotherapy for a bulky lymphoma. Which complication should the nurse suspect?

- ☐ A Tumour lysis syndrome
- ☐ B Dumping syndrome
- ☐ C Superior vena cava syndrome
- ☐ D Disseminated intravascular coagulation

12. A patient is discharged after cataract extraction with an intraocular lens. Which symptom should the patient report immediately?

- ☐ A Mild itching during the first evening
- ☐ B A small amount of watery eye discharge
- ☐ C Sudden worsening of vision with severe eye pain
- ☐ D Slight sensitivity to bright light outdoors

13. Which clinical finding is more typical of rheumatoid arthritis than osteoarthritis?

- ☐ A Pain that worsens after heavy joint use
- ☐ B Symmetrical small-joint stiffness lasting over an hour in the morning
- ☐ C Bony enlargement of a single weight-bearing joint
- ☐ D Pain that improves after a short period of rest

14. A patient with suspected urinary tract infection has a urine culture ordered. Which action helps obtain the most accurate clean-catch specimen?

- ☐ A Collect the first urine passed after waking
- ☐ B Clean the perineum and collect the midstream urine
- ☐ C Insert an indwelling catheter before collecting urine
- ☐ D Collect urine from the drainage bag of a catheter

15. A patient develops tingling around the mouth and painful hand spasms two days after thyroid surgery. Which action should the nurse take first?

- ☐ A Encourage the patient to walk in the corridor
- ☐ B Check for hypocalcaemia and notify the prescriber
- ☐ C Offer a high-fibre snack with extra fluids
- ☐ D Place the patient in a warm shower

16. Which method is preferred when removing hair from a surgical site before an operation?

- ☐ A Use a razor the night before surgery
- ☐ B Use scissors several hours before surgery
- ☐ C Use electric clippers shortly before surgery
- ☐ D Apply a depilatory cream without checking the skin

17. A patient with a tibial fracture reports severe pain that is not relieved by analgesics. The lower leg is tense, and passive toe movement causes marked pain. Which complication should the nurse suspect?

- ☐ A Fat embolism syndrome
- ☐ B Acute compartment syndrome
- ☐ C Venous stasis from bed rest
- ☐ D Simple muscle soreness from the fracture

18. A patient with chronic heart failure gains 2 kilograms over two days and reports increasing shortness of breath. Which action should the nurse take?

- ☐ A Document the gain as an expected response to treatment
- ☐ B Report the findings because they suggest fluid retention
- ☐ C Encourage extra fluids to prevent dehydration
- ☐ D Ask the patient to skip the prescribed diuretic dose

19. A patient with portal hypertension is scheduled for a rectal examination. Which nursing consideration is most important?

- ☐ A Clarify the procedure because trauma may cause bleeding
- ☐ B Proceed because rectal procedures reduce portal pressure
- ☐ C Give an intramuscular injection before examination
- ☐ D Ask the patient to strain during the examination

20. Which breath sound is most commonly associated with narrowing of the lower airways in asthma?

- ☐ A Wheeze
- ☐ B Pleural friction rub
- ☐ C Bronchial breathing
- ☐ D Absent breath sounds

21. A patient with a recent high thoracic spinal cord injury has a blood pressure of 78/44 mmHg, a pulse of 48 beats per minute and warm, dry skin. Which complication should the nurse suspect?

- ☐ A Neurogenic shock caused by loss of sympathetic tone
- ☐ B Hypovolemic shock caused by excessive fluid loss
- ☐ C Septic shock caused by an unrecognized infection
- ☐ D Obstructive shock caused by a pulmonary embolus

22. A conscious patient has a regular narrow-complex tachycardia at 180 beats per minute, a blood pressure of 118/74 mmHg and no chest pain. Which intervention is appropriate initially?

- ☐ A Begin chest compressions
- ☐ B Perform a vagal manoeuvre
- ☐ C Deliver unsynchronized defibrillation
- ☐ D Give intravenous calcium chloride

23. A patient taking tamoxifen for breast cancer reports sudden swelling and pain in one calf. What should the nurse do first?

- ☐ A Advise walking to improve venous circulation
- ☐ B Massage the calf until the discomfort improves
- ☐ C Assess urgently for possible deep-vein thrombosis
- ☐ D Reassure the patient that this is a usual drug effect

24. Which instruction should the nurse give a patient who uses a hearing aid?

- ☐ A Remove it before bathing and keep it dry
- ☐ B Store it in water overnight to prevent hardening
- ☐ C Clean it with alcohol while the battery remains inside
- ☐ D Increase the volume whenever speech sounds unclear

25. A patient is three days after total hip replacement. Which finding most strongly suggests a postoperative wound infection?

- ☐ A Mild bruising near the incision
- ☐ B Small amount of clear drainage
- ☐ C Increasing redness with purulent drainage
- ☐ D Moderate pain during prescribed exercises

26. A nurse assesses a patient with reduced kidney function. Which measurement is the most reliable indicator of day-to-day fluid gain or loss?

- ☐ A Daily weight at the same time
- ☐ B Urine colour once per shift
- ☐ C Blood pressure after meals
- ☐ D Oral intake recorded at bedtime

27. Which instruction should the nurse include when teaching foot care to a patient with diabetic neuropathy?

- ☐ A Walk barefoot indoors to strengthen the feet
- ☐ B Inspect the feet every day using a mirror if needed
- ☐ C Soak the feet in hot water before applying lotion
- ☐ D Cut the nails deeply into the corners each week

28. During the preoperative safety check, which action best prevents wrong-site surgery?

- ☐ A Mark the site using the patient's written notes
- ☐ B Ask the patient to state the procedure and operative site
- ☐ C Confirm the site only after anaesthesia has been induced
- ☐ D Rely on the operating room schedule without questioning it



Nursing Pharmacology

25 MCQs

29. A patient taking warfarin has a very high INR but no active bleeding. Which medicine reverses the anticoagulant effect over several hours?

- ☐ A Vitamin K
- ☐ B Protamine sulfate
- ☐ C Naloxone
- ☐ D Desmopressin

30. A patient taking acarbose asks why the medicine is taken with the first bite of each meal. Which explanation is correct?

- ☐ A It delays intestinal carbohydrate digestion
- ☐ B It stimulates insulin release during fasting
- ☐ C It replaces the body's missing thyroid hormone
- ☐ D It prevents glucose formation in the liver

31. A patient asks why the same medicine may produce different effects in different people. Which explanation is most accurate?

- ☐ A All patients absorb and eliminate medicines identically
- ☐ B Age, organ function and genetics can alter drug response
- ☐ C Drug effects depend only on the colour of the tablet
- ☐ D A medicine always has the same effect at every dose

32. A patient needs 220 mL of oral fluid. The measuring cup is marked in 10 mL divisions. Which level should the nurse measure?

- ☐ A 20 mL
- ☐ B 22 mL
- ☐ C 200 mL
- ☐ D 220 mL

33. A patient with suspected bacterial sepsis has a blood pressure of 82/48 mmHg, cool skin and a weak rapid pulse. Which nursing action has the highest priority?

- ☐ A Establish intravenous access and begin prescribed isotonic fluids
- ☐ B Offer oral fluids and reassess the blood pressure in one hour
- ☐ C Apply a warm blanket and document the skin temperature
- ☐ D Delay all treatment until the culture report identifies the organism

34. Which finding after an intramuscular injection requires the nurse to assess the patient promptly?

- ☐ A A small amount of tenderness at the injection site
- ☐ B Mild temporary discomfort during needle insertion
- ☐ C Numbness and shooting pain extending down the limb
- ☐ D A small, dry puncture mark at the injection site

35. A patient prescribed a tricyclic antidepressant reports dizziness after standing and near fainting. Which action should the nurse take first?

- ☐ A Assist the patient to sit or lie down and check blood pressure
- ☐ B Tell the patient to walk quickly to improve circulation
- ☐ C Give an extra dose to prevent the symptom from returning
- ☐ D Encourage driving so the patient can reach medical care alone

36. A patient receiving rapid IV fluids develops severe breathlessness, crackles and falling oxygen saturation. Which action has priority?

- ☐ A Slow or stop the infusion and assess breathing
- ☐ B Place the patient flat and offer oral fluids
- ☐ C Flush the line rapidly with normal saline
- ☐ D Apply a warm compress to the IV site

37. A patient receiving intravenous aminophylline becomes restless, vomits and develops a rapid irregular pulse. Which action should the nurse take first?

- ☐ A Stop the infusion and notify the prescriber
- ☐ B Give the next dose with additional food
- ☐ C Encourage strenuous exercise to reduce anxiety
- ☐ D Place the patient flat and continue the infusion

38. A patient who took a large amount of a sulfonylurea remains at risk of repeated hypoglycaemia after receiving intravenous glucose. Which medicine helps prevent further insulin-related hypoglycaemia?

- ☐ A Octreotide
- ☐ B Hydrocortisone
- ☐ C Glucagon
- ☐ D Calcium gluconate

39. A patient is prescribed regular insulin and NPH insulin in the same syringe. Which insulin should the nurse draw up first?

- ☐ A NPH insulin, because it is longer acting
- ☐ B Regular insulin, because it is clear insulin
- ☐ C NPH insulin, because it prevents hypoglycaemia
- ☐ D Regular insulin, because it has the longest duration

40. Which dosage form is designed to dissolve under the tongue for rapid absorption?

- ☐ A Enteric-coated tablet
- ☐ B Sublingual tablet
- ☐ C Sustained-release capsule
- ☐ D Scored oral tablet

41. A patient is prescribed 500 mg of a medicine. The available tablets contain 250 mg each. How many tablets should the nurse administer?

- ☐ A 1 tablet
- ☐ B 2 tablets
- ☐ C 3 tablets
- ☐ D 4 tablets

42. A patient is prescribed permethrin cream for scabies. Which instruction should the nurse give?

- ☐ A Apply it from the neck down and wash it off as directed
- ☐ B Apply it only to visible lesions and remove it after 30 minutes
- ☐ C Apply it to the scalp only and leave it on for 24 hours
- ☐ D Apply it every morning until the itching completely disappears

43. A patient is prescribed a transdermal medication patch. Which action should the nurse take before applying the new patch?

- ☐ A Apply the new patch over the old patch to maintain drug levels
- ☐ B Remove the old patch and inspect the skin before applying the new one
- ☐ C Cut the patch in half if the patient reports mild nausea
- ☐ D Place the patch over broken skin to improve absorption

44. Which statement by a patient taking an SSRI antidepressant shows correct understanding of treatment?

- ☐ A I should not stop the medicine suddenly without advice
- ☐ B I should feel the full antidepressant effect after one dose
- ☐ C I can take any herbal product without checking first
- ☐ D I should double the next dose after missing one dose

45. A patient needs urgent packed red cells, but the blood group is not yet known. Which donor red-cell group is generally selected initially?

- ☐ A AB positive
- ☐ B A positive
- ☐ C B negative
- ☐ D O negative

46. A patient with chronic obstructive pulmonary disease asks why a prescribed corticosteroid is not expected to relieve sudden severe wheezing immediately. Which response is most accurate?

- ☐ A It reduces airway inflammation but is not a rapid rescue bronchodilator
- ☐ B It works by increasing mucus thickness during an attack
- ☐ C It prevents oxygen from entering the alveoli during wheezing
- ☐ D It acts only by lowering the patient's blood pressure

47. A child develops vomiting, abdominal pain and metabolic acidosis after ingesting iron tablets. Which antidote is most appropriate?

- ☐ A Deferoxamine
- ☐ B Fomepizole
- ☐ C Atropine
- ☐ D Methylene blue

48. A patient receiving long-term corticosteroid therapy has a new temperature of 38.5°C and productive cough. Which finding should the nurse report first?

- ☐ A Increased appetite after the morning dose
- ☐ B Mild facial rounding over several weeks
- ☐ C Fever with a productive cough
- ☐ D Difficulty sleeping after an evening dose

49. Which patient finding is most important for the nurse to report before administering a drug with a narrow therapeutic index?

- ☐ A The patient prefers tablets over capsules
- ☐ B The patient missed breakfast before the dose
- ☐ C The patient has a new prescription for another drug
- ☐ D The patient reports mild thirst after walking

50. A solution is labelled 3% w/v. How much drug is present in 80 mL of the solution?

- ☐ A 0.24 g
- ☐ B 2.4 g
- ☐ C 24 g
- ☐ D 240 g

51. A patient taking pyrazinamide for tuberculosis reports severe pain and swelling in the great toe. Which adverse effect should the nurse suspect?

- ☐ A Hyperuricaemia with gout-like pain
- ☐ B Severe hypoglycaemia from insulin release
- ☐ C Ototoxicity with vestibular damage
- ☐ D Aplastic anaemia from marrow failure

52. The nurse is preparing to administer a subcutaneous heparin injection. Which action is appropriate?

- ☐ A Massage the site firmly after injecting the medication
- ☐ B Inject into the abdomen and avoid massaging the site afterward
- ☐ C Inject into the deltoid muscle using a long needle
- ☐ D Aspirate forcefully after inserting the needle

53. A patient taking phenytoin has a new generalized seizure lasting more than five minutes. What is the priority nursing action?

- ☐ A Protect the airway and call for emergency help
- ☐ B Place a spoon between the patient's teeth
- ☐ C Restrain the arms and legs firmly
- ☐ D Offer water after the seizure begins

**Fundamentals of Nursing**

20 MCQs

54. A nurse assesses a patient who has constipation. Which finding most strongly suggests faecal impaction?

- ☐ A A small amount of liquid stool leaking around hard stool
- ☐ B Soft formed stool passed every morning
- ☐ C Mild abdominal sounds after eating a meal
- ☐ D One day without a bowel movement in an adult

55. A patient receiving oxygen has cold fingers and a pulse oximeter reading of 86%, but is alert, pink and breathing comfortably. Which action should the nurse take first?

- ☐ A Increase the oxygen flow immediately
- ☐ B Warm the hand and repeat the reading
- ☐ C Document severe hypoxaemia
- ☐ D Apply a non-rebreather mask

56. During a bed bath, which practice best protects the patient's privacy and comfort?

- ☐ A Expose only the body area being washed
- ☐ B Keep the whole body uncovered for easy access
- ☐ C Leave the room door open for quick observation
- ☐ D Complete the bath without asking about preferences

57. Which finding most strongly suggests fluid volume deficit in an adult patient?

- ☐ A Bounding pulse with dependent oedema
- ☐ B Crackles with distended neck veins
- ☐ C Tachycardia with concentrated urine
- ☐ D Rapid weight gain with moist crackles

58. Which temperature measurement site should the nurse avoid in a patient with severe neutropenia?

- ☐ A Oral site
- ☐ B Axillary site
- ☐ C Tympanic site
- ☐ D Rectal site

59. A nurse makes an incorrect entry in an electronic health record. What action preserves the record's legal integrity?

- ☐ A Delete the entry and type a replacement
- ☐ B Use the approved correction or addendum function
- ☐ C Ask a colleague to change the entry under their login
- ☐ D Leave the error because electronic records cannot be corrected

60. A nurse is preparing to insert a urinary catheter. Which practice best maintains surgical asepsis?

- ☐ A Keeping sterile items above waist level
- ☐ B Placing sterile supplies on the bedside table
- ☐ C Touching the sterile catheter with clean gloves
- ☐ D Reaching across the sterile field for gauze

61. A patient with a large wound has poor appetite and delayed healing. Which nutrient is most directly needed for collagen formation and tissue repair?

- ☐ A Protein
- ☐ B Sodium
- ☐ C Cholesterol
- ☐ D Simple carbohydrate

62. A patient is admitted after taking an unknown quantity of tablets. Which assessment information is most important to obtain immediately?

- ☐ A The patient's usual exercise pattern
- ☐ B The tablet name, amount and time taken
- ☐ C The patient's preferred learning method
- ☐ D The patient's usual bowel elimination pattern

63. A worker is found dizzy after inhaling fumes in a poorly ventilated room. Which action is safest for the first aider?

- ☐ A Enter quickly and carry the worker outside
- ☐ B Give the worker water before moving them
- ☐ C Move to fresh air only when the area is safe
- ☐ D Make the worker vomit to remove the fumes

64. A patient has an indwelling catheter removed at 08:00. Which finding should the nurse report first?

- ☐ A A small amount of burning with the first void
- ☐ B No urine output and increasing lower abdominal discomfort
- ☐ C The patient asks for help walking to the toilet
- ☐ D The patient voids 150 mL four hours later

65. A patient with severe hypoxaemia is breathing spontaneously and requires a high concentration of oxygen while awaiting further treatment. Which device is most appropriate?

- ☐ A Nasal cannula
- ☐ B Simple face mask
- ☐ C Non-rebreather mask
- ☐ D Venturi mask

66. A patient has deep skin folds beneath the abdomen and breasts. Which action is most important after washing these areas?

- ☐ A Apply a thick layer of scented lotion
- ☐ B Dry the folds carefully with gentle patting
- ☐ C Cover the folds with a tight bandage
- ☐ D Leave the folds moist to prevent cracking

67. A child with severe acute malnutrition has completed initial stabilisation, is alert, has a good appetite and is gaining weight. Which feed is generally used during the rehabilitation phase?

- ☐ A F-75 therapeutic milk
- ☐ B F-100 therapeutic milk
- ☐ C Plain water only
- ☐ D Intravenous dextrose only

68. The nurse is checking a patient's pulse before giving a medication that can slow the heart rate. The radial pulse is difficult to feel. Which site is most appropriate for a rapid assessment in this adult?

- ☐ A Carotid artery in the neck
- ☐ B Dorsalis pedis artery on the foot
- ☐ C Temporal artery at the forehead
- ☐ D Ulnar artery at the wrist

69. Which documentation entry is most appropriate after a patient falls?

- ☐ A Patient fell because she is careless and confused.
- ☐ B Patient found sitting on the floor beside the bed at 10:15 am.
- ☐ C Patient had an accident and was probably frightened.
- ☐ D Patient fell safely, so no further action was required.

70. A nurse is caring for a patient under contact precautions who needs a blood pressure measurement. Which practice best limits transmission?

- ☐ A Use shared equipment after wiping it briefly
- ☐ B Use dedicated equipment for that patient
- ☐ C Place the cuff on the floor between readings
- ☐ D Remove precautions when taking vital signs

71. During wound assessment, the nurse sees a moist, yellow, stringy material attached to parts of the wound bed. How should this tissue be documented?

- ☐ A Healthy granulation tissue
- ☐ B Adherent slough
- ☐ C New epithelial tissue
- ☐ D Black eschar tissue

72. Which finding should the nurse record as objective data in a health assessment?

- ☐ A The patient reports feeling tired
- ☐ B The patient states that nausea began today
- ☐ C The nurse observes a three-centimetre skin tear
- ☐ D The patient describes a burning sensation

73. An AED advises a shock for an adult in cardiac arrest. What must the rescuer do immediately before the shock is delivered?

- ☐ A Continue compressions while the shock is delivered
- ☐ B Ensure that nobody is touching the patient
- ☐ C Remove the AED pads from the patient
- ☐ D Give two rescue breaths before the shock



International Nursing Practice

18 MCQs

74. In the UK, a 9-year-old tells a nurse that a parent hits them at home and asks the nurse not to tell anyone. What should the nurse do first?

- ☐ A Promise to keep the disclosure completely confidential
- ☐ B Listen calmly, explain that the concern must be shared, and report it
- ☐ C Ask the child to provide detailed proof before reporting it
- ☐ D Contact the parent immediately to discuss the allegation

75. In the UK, a patient with suspected infection has a modest NEWS2 score but is becoming mottled, clammy and confused. What should the nurse do?

- ☐ A Wait until the NEWS2 score reaches five
- ☐ B Escalate the clinical concern immediately
- ☐ C Document the findings at the next observation round
- ☐ D Use the score alone to decide whether help is needed

76. In the UK, a nurse is asked to provide a reference for a former colleague whose clinical work the nurse has not observed. What should the nurse do?

- ☐ A Provide a favourable reference based on the colleague's request
- ☐ B Decline to give an opinion about unobserved clinical work
- ☐ C Copy a reference used for another healthcare professional
- ☐ D State that the colleague is competent because they are registered

77. Immediately after a central venous catheter is removed, a patient develops sudden dyspnoea, chest pain, and severe dizziness. What should the nurse do first?

- ☐ A Call for emergency assistance and provide high-flow oxygen
- ☐ B Place the patient in a sitting position and offer reassurance
- ☐ C Ask the patient to cough while checking the catheter dressing
- ☐ D Leave the patient briefly to obtain a portable chest radiograph

78. In England and Wales, a patient with capacity agrees to a urinary catheter after receiving an explanation. Before the procedure begins, the patient asks the nurse to explain one part again. What should the nurse do?

- ☐ A Proceed because consent was already given
- ☐ B Pause and provide the requested explanation
- ☐ C Ask the relative to explain the procedure
- ☐ D Obtain a signature before answering questions

79. In the UK, a patient says an apology is enough and asks the nurse not to record a care incident that caused no harm. What should the nurse do?

- ☐ A Agree because the patient has accepted the apology
- ☐ B Record and report the incident according to organisational policy
- ☐ C Record it only if the patient later develops symptoms
- ☐ D Ask the patient to sign a form withdrawing the concern

80. In the UK, a patient has repeated NEWS2 scores of 2, 3 and 4 over six hours. What is the best nursing action?

- ☐ A Record only the latest score
- ☐ B Recognise the trend and escalate the clinical concern
- ☐ C Average the scores before reporting them
- ☐ D Stop observations because no score reaches 5

81. In the UK, a nurse is invited to promote a medical product online using the nurse's professional title. The nurse has not independently evaluated the product. What should the nurse do?

- ☐ A Decline the promotion because it could mislead the public
- ☐ B Accept it if the company provides a written product description
- ☐ C Accept it but state that the promotion is outside nursing work
- ☐ D Ask a colleague to post the endorsement using the nurse's name

82. A patient receiving an enteral feeding suddenly coughs, has a wet voice, and develops falling oxygen saturation. What should the nurse do first?

- ☐ A Stop the feeding and assess the patient's breathing
- ☐ B Flush the feeding tube with additional sterile water
- ☐ C Lower the head of the bed to reduce abdominal pressure
- ☐ D Continue the feeding while requesting a chest radiograph

83. In England, an 8-year-old does not understand a proposed routine operation. A parent with parental responsibility gives consent after receiving appropriate information. Which principle applies?

- ☐ A The child must give written consent before treatment
- ☐ B The parent may consent when treatment is in the child's best interests
- ☐ C The nurse may consent because the child lacks understanding
- ☐ D The operation is unlawful unless a court gives permission

84. In the UK, a patient harmed by a care incident asks for a copy of the written duty of candour communication. What should the nurse do?

- ☐ A Refuse because only the regulator may see it
- ☐ B Refer the request to the responsible senior or provider process
- ☐ C Rewrite the letter personally without checking the facts
- ☐ D Tell the patient that verbal communication is sufficient

85. In the UK, a patient's respiratory rate is irregular. Which method gives the most reliable respiratory rate for NEWS2?

- ☐ A Count breaths for 15 seconds and multiply by four
- ☐ B Estimate the rate from the patient's appearance
- ☐ C Count each breath for a full minute
- ☐ D Use the pulse oximeter respiratory display

86. In the UK, a nurse is caring for more patients than can be safely monitored during a shift. What is the most appropriate action?

- ☐ A Complete the routine work and mention the concern later
- ☐ B Ask patients to report their own clinical deterioration
- ☐ C Escalate the staffing risk promptly to the nurse in charge
- ☐ D Leave the ward to find additional staff without informing anyone

87. A patient receiving a sedative becomes difficult to rouse. The respiratory rate is 10 per minute and oxygen saturation has fallen from 97% to 89%. What should the nurse do first?

- ☐ A Assess airway and breathing while calling for urgent help
- ☐ B Ask the patient to take several deep breaths
- ☐ C Document the sedation score and reassess in 30 minutes
- ☐ D Give the next prescribed dose to prevent withdrawal symptoms

88. In England and Wales, a patient with capacity makes a decision that the clinical team considers unwise and potentially harmful. The patient understands, retains and weighs the relevant information. What should the nurse do?

- ☐ A Respect the decision and document the discussion
- ☐ B Ask the family to overrule the patient's decision
- ☐ C Record that the patient lacks capacity due to the risk
- ☐ D Arrange treatment without telling the patient

89. In the UK, a nurse hears a colleague make a humiliating joke about a patient's disability in front of visitors. What is the most appropriate action?

- ☐ A Ignore it because no physical harm occurred
- ☐ B Challenge the behaviour and report the concern
- ☐ C Join the conversation to reduce tension
- ☐ D Discuss the patient with visitors after the joke

90. In the UK, a patient has a NEWS2 score of 2 and a new unilateral facial droop with difficulty speaking. What is the most appropriate action?

- ☐ A Continue routine observations because the score is low
- ☐ B Repeat NEWS2 in four hours before escalating
- ☐ C Treat the neurological signs as an emergency
- ☐ D Ask the patient to rest and reassess after meals

91. A patient who has capacity refuses a recommended treatment after the nurse explains its purpose and possible consequences. What should the nurse do?

- ☐ A Arrange the treatment because it is clinically beneficial
- ☐ B Ask the family to overrule the patient's decision
- ☐ C Respect the refusal and document the discussion
- ☐ D Continue persuading the patient until consent is obtained

**Mental Health Nursing**

9 MCQs

92. A urine test is positive for cannabis in a patient who says the last use was several days ago. Which interpretation is correct?

- ☐ A The result proves current impairment
- ☐ B The result confirms cannabis exposure but not current impairment
- ☐ C The result proves the patient used cannabis in the hospital
- ☐ D The result confirms a cannabis overdose

93. A patient says, "I am afraid to tell anyone what I did." Which response best uses acceptance?

- ☐ A "You should tell your family immediately."
- ☐ B "There is no reason to be afraid."
- ☐ C "You must explain exactly what happened."
- ☐ D "You can talk with me when you feel ready."

94. The parents of a child with autism ask how they can support the child's treatment plan. Which response by the nurse is best?

- ☐ A "Only the specialist should decide the daily routine."
- ☐ B "Use consistent routines and share helpful observations with the team."
- ☐ C "Avoid discussing behaviour because it may increase anxiety."
- ☐ D "Wait until adolescence before addressing communication needs."

95. Which entry in a psychiatric nursing care plan is written as an individualized, measurable goal?

- ☐ A Patient will improve coping soon
- ☐ B Patient will feel less anxious in the ward
- ☐ C Patient will identify two coping methods before the end of the shift
- ☐ D Patient will receive appropriate emotional support

96. A patient taking methylphenidate for attention-deficit hyperactivity disorder is reviewed by the nurse. Which finding requires regular monitoring during treatment?

- ☐ A Weight and appetite
- ☐ B Urine colour and bowel sounds
- ☐ C Serum calcium and skin moisture
- ☐ D Visual acuity and abdominal girth

97. A patient prescribed a long-acting injectable antipsychotic says, "I will stop coming for injections when I feel better." Which response by the nurse is best?

- ☐ A "Stop the medicine when your thoughts become clear."
- ☐ B "The injections help prevent relapse even when you feel well."
- ☐ C "Take two oral doses whenever an injection is missed."
- ☐ D "Continue treatment only when hallucinations return."

98. Which statement best describes a compulsion in obsessive-compulsive disorder?

- ☐ A An unwanted recurring thought about causing harm
- ☐ B A fixed false belief that others accept as true
- ☐ C A repetitive act performed to reduce distress
- ☐ D A sudden episode of intense fear with palpitations

99. A drowsy patient arrives after swallowing tablets of unknown type and has vomited. Which immediate nursing action is safest?

- ☐ A Place the patient supine and offer water
- ☐ B Maintain the airway and position the patient laterally
- ☐ C Induce further vomiting with warm salt water
- ☐ D Give activated charcoal without checking consciousness

100. A patient in stimulant withdrawal is tired, depressed, and sleeping for long periods but denies suicidal thoughts initially. Which nursing action is most appropriate?

- ☐ A Assess suicide risk repeatedly and provide safety monitoring
- ☐ B Leave the patient alone to promote uninterrupted sleep
- ☐ C Give a stimulant medication without a prescription
- ☐ D Tell the patient that depression is not related to withdrawal



Paediatric Nursing

8 MCQs

101. A mother asks how to recognise that her newborn is ready to breastfeed. Which behaviour is an early feeding cue?

- ☐ A Crying loudly for several minutes
- ☐ B Turning away from the breast
- ☐ C Rooting and bringing hands to the mouth
- ☐ D Sleeping deeply after missing a feed

102. A toddler is 2 years old. Which finding most appropriately reflects expected language development?

- ☐ A Uses two-word phrases with meaning
- ☐ B Uses only crying to communicate
- ☐ C Reads short sentences aloud
- ☐ D Uses complex adult grammar consistently

103. In Pakistan's routine EPI schedule, when is the first dose of inactivated polio vaccine generally given?

- ☐ A At birth
- ☐ B At 6 weeks
- ☐ C At 10 weeks
- ☐ D At 14 weeks

104. A 2-year-old child has severe respiratory distress, central cyanosis, head bobbing, and an oxygen saturation of 84%. The airway is open and the child is breathing. Which action has priority?

- ☐ A Give high-concentration oxygen and call for urgent help
- ☐ B Offer oral fluids and reassess after 15 minutes
- ☐ C Place the child flat and begin chest compressions
- ☐ D Give a sedative to reduce the work of breathing

105. Which measure is most useful for preventing hookworm infection in children living in an endemic area?

- ☐ A Wearing shoes outdoors
- ☐ B Sharing towels only with siblings
- ☐ C Drinking milk before sleeping
- ☐ D Avoiding citrus fruits during summer

106. A child is ready for discharge after treatment for pneumonia. Which action best confirms that the home-care plan is understood?

- ☐ A Give the caregiver a leaflet without discussion
- ☐ B Ask the caregiver to repeat the plan and demonstrate key care
- ☐ C Tell the caregiver to contact the ward for every question
- ☐ D Ask the caregiver to sign the discharge form immediately

107. A 3-year-old child has a mid-upper arm circumference of 11.8 cm and no bilateral pitting oedema. How should the nurse interpret this finding?

- ☐ A Moderate acute malnutrition
- ☐ B Severe acute malnutrition
- ☐ C Normal nutritional status
- ☐ D Chronic mild undernutrition

108. Which finding most strongly indicates that a breastfed newborn has an effective latch?

- ☐ A The baby's mouth is wide open with more areola visible above
- ☐ B The baby's lips are tightly closed around only the nipple
- ☐ C The mother feels sharp nipple pain throughout the feeding
- ☐ D The baby's cheeks become deeply dimpled during sucking



Community Health Nursing

4 MCQs

109. Which household practice best prevents recontamination of treated drinking water?

- ☐ A Store it in a covered container with a narrow opening
- ☐ B Keep it in an uncovered bucket for easy access
- ☐ C Pour it into a wide bowl before each use
- ☐ D Add more chlorine whenever the water looks cloudy

110. A woman wants a contraceptive method that is highly effective and does not require daily action. Which option best meets her request?

- ☐ A A contraceptive implant placed under the skin
- ☐ B Withdrawal used during every sexual act
- ☐ C Calendar tracking based only on cycle dates
- ☐ D Male condoms used only when pregnancy is feared

111. Which denominator is used when calculating the infant mortality rate?

- ☐ A Total population
- ☐ B Total live births
- ☐ C Total pregnancies
- ☐ D Total infant deaths

112. A nurse teaches a mother how to prepare oral rehydration solution. Which learning method best supports skill development?

- ☐ A Giving the mother a lengthy written leaflet
- ☐ B Demonstrating the procedure and observing return demonstration
- ☐ C Asking the mother to memorise the preparation steps
- ☐ D Explaining the health risks without showing the procedure



Midwifery and Obstetric Nursing

3 MCQs

113. Which discharge instruction best reduces the risk of sudden unexpected infant death?

- ☐ A Place the newborn prone after feeding
- ☐ B Use a firm, flat sleeping surface with the newborn supine
- ☐ C Add pillows around the newborn for support
- ☐ D Cover the newborn's face during cold weather

114. A postnatal woman has a temperature of 38.5°C, pulse 112 beats per minute and feels faint. Her vaginal bleeding is not heavy. Which nursing action is the priority?

- ☐ A Offer a warm drink and allow her to rest
- ☐ B Assess her airway, breathing and circulation immediately
- ☐ C Encourage her to walk to improve uterine drainage
- ☐ D Teach routine perineal hygiene before further assessment

115. A woman has a thin, grayish-white vaginal discharge with a fishy odour that becomes stronger after intercourse. Which condition is most likely?

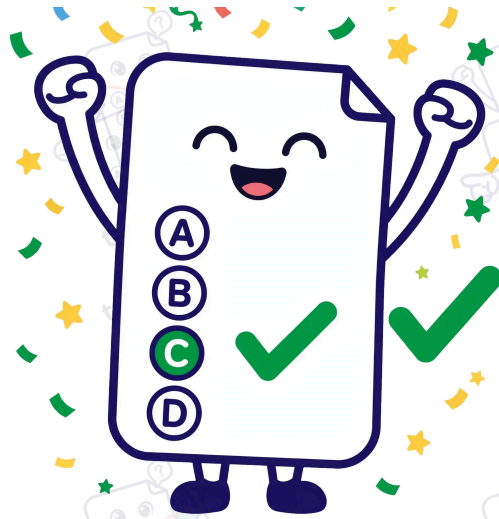
- ☐ A Bacterial vaginosis
- ☐ B Trichomoniasis
- ☐ C Vulvovaginal candidiasis
- ☐ D Genital herpes infection

Answer key

Tap any answer to open its full explanation on TestUstad.

Model Paper 1

1	A	2	B	3	A	4	B	5	B	6	A	7	A	8	A	9	A	10	C
11	A	12	C	13	B	14	B	15	B	16	C	17	B	18	B	19	A	20	A
21	A	22	B	23	C	24	A	25	C	26	A	27	B	28	B	29	A	30	A
31	B	32	D	33	A	34	C	35	A	36	A	37	A	38	A	39	B	40	B
41	B	42	A	43	B	44	A	45	D	46	A	47	A	48	C	49	C	50	B
51	A	52	B	53	A	54	A	55	B	56	A	57	C	58	D	59	B	60	A
61	A	62	B	63	C	64	B	65	C	66	B	67	B	68	A	69	B	70	B
71	B	72	C	73	B	74	B	75	B	76	B	77	A	78	B	79	B	80	B
81	A	82	A	83	B	84	B	85	C	86	C	87	A	88	A	89	B	90	C
91	C	92	B	93	D	94	B	95	C	96	A	97	B	98	C	99	B	100	A
101	C	102	A	103	D	104	A	105	A	106	B	107	A	108	A	109	A	110	A
111	B	112	B	113	B	114	B	115	A										



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