



# DHA Nurse Exam Prep Dubai

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## Practice Questions

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**1. A patient in a Dubai healthcare facility refuses a recommended diagnostic test for religious reasons. According to DHA patient rights guidelines, the nurse should:**

- A. Proceed with the test — physician orders override patient preferences
- B. Document the informed refusal, ensure the patient understands risks, and respect the decision
- C. Contact the patient's religious leader for guidance
- D. Transfer the patient to another facility

**2. A post-operative client develops a temperature of 38.8°C on day 1 post-surgery. The most likely cause is:**

- A. Wound infection
- B. Urinary tract infection
- C. Atelectasis
- D. Deep vein thrombosis

**3. A nurse caring for a client with bipolar disorder observes the client has not slept in 3 days, is speaking rapidly, and is spending money impulsively. The nurse should assess for:**

- A. Depressive episode
- B. Manic episode
- C. Panic disorder
- D. Psychotic break

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**4. A patient has a serum potassium of 6.8 mEq/L and peaked T waves on ECG. The immediate priority intervention is:**

- A. Administer sodium polystyrene sulfonate (Kayexalate) orally
- B. Restrict dietary potassium immediately
- C. Increase IV fluid rate
- D. Administer calcium gluconate IV to stabilize the cardiac membrane



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**5. Which of the following is a unique feature of the DHA licensing model compared to DOH (Abu Dhabi)?**

- A. DHA issues an Eligibility Letter that allows job searching independently before employer activation, whereas DOH typically requires an employer nomination letter earlier in the process
- B. DHA requires oral viva examination for all nurses
- C. DHA uses Pearson VUE for testing, while DOH uses Prometric
- D. DHA licensing costs are significantly higher than DOH

**6. Beck's triad — hypotension, muffled heart sounds, and jugular venous distension — is a hallmark of which condition?**

- A. Acute MI with cardiogenic shock
- B. Tension pneumothorax
- C. Cardiac tamponade
- D. Pulmonary embolism

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**7. A client taking a loop diuretic has serum potassium of 2.9 mEq/L. The nurse should assess the client for which of the following?**

- A. Muscle weakness and cardiac dysrhythmias
- B. Tingling of extremities and Trousseau's sign
- C. Increased thirst and confusion
- D. Bradycardia and tall peaked T waves on ECG

**8. The nurse is caring for a client on contact precautions. Upon leaving the room, the nurse should remove PPE in which order?**

- A. Mask, gloves, gown, eye protection
- B. Gloves, gown, eye protection, mask
- C. Gown, gloves, mask, eye protection
- D. Eye protection, mask, gown, gloves

**9. A client post-craniotomy shows a change in level of consciousness and unequal pupils. The nurse's immediate action is to:**

- A. Document and reassess in 30 minutes
- B. Notify the physician immediately
- C. Increase the IV fluid rate
- D. Elevate the head of bed to 90°



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**10. A patient with Alzheimer's disease wanders at night and cannot remember their room. The most appropriate nursing intervention is:**

- A. Apply wrist restraints at night
- B. Place a picture of the patient and family on the door to assist with identification
- C. Sedate the patient with benzodiazepines at bedtime
- D. Lock the patient in their room at night

**11. A nurse is caring for a client with chest trauma who develops absent breath sounds on the left, tracheal deviation to the right, and hypotension. The nurse suspects:**

- A. Hemothorax
- B. Pulmonary embolism
- C. Tension pneumothorax
- D. Open pneumothorax

**12. A client with a nasogastric tube in place begins to vomit. The nurse's immediate action is to:**

- A. Remove the NG tube
- B. Position the client on their side
- C. Irrigate the NG tube with normal saline
- D. Administer an antiemetic IV push

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**13. A nurse is administering albuterol via nebulizer to a patient with asthma. The nurse should monitor for which common side effect?**

- A. Bradycardia
- B. Tachycardia and tremors
- C. Hypoglycemia
- D. Urinary retention



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**14. A nurse is performing a newborn assessment and notes that the fontanelle is sunken. This finding is consistent with:**

- A. Increased intracranial pressure
- B. Dehydration
- C. Hydrocephalus
- D. Normal finding in all newborns

**15. A nurse is caring for a client with acute respiratory distress syndrome (ARDS). Which ventilation strategy is most evidence-based?**

- A. High tidal volume ventilation (12–15 mL/kg)
- B. Lung-protective ventilation with low tidal volumes (6 mL/kg ideal body weight)
- C. Withholding PEEP to reduce barotrauma
- D. Maintaining FiO<sub>2</sub> at 100% throughout treatment

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**16. A nurse with an active DHA license moves to work in Sharjah. Which licensing authority governs their practice in Sharjah?**

- A. DHA (Dubai Health Authority)
- B. DOH (Department of Health Abu Dhabi)
- C. MOHAP (Ministry of Health and Prevention)
- D. DHCR (Dubai Healthcare City Authority)

**17. The approximate total cost for a nurse to complete the DHA licensing process (DataFlow + exam + registration fees) in 2025-2026 is:**

- A. Under USD 100
- B. USD 100-200
- C. USD 500-1,200
- D. USD 2,000-5,000

**18. A nurse is administering packed red blood cells. The infusion should be completed within:**

- A. 2 hours
- B. 4 hours
- C. 6 hours
- D. 8 hours



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**19. A physician orders 250 mg of an antibiotic IV. The vial contains 1 g in powder; reconstitute with 9.6 mL sterile water to yield 100 mg/mL. How many mL should the nurse administer?**

- A. 0.25 mL
- B. 1.5 mL
- C. 2.5 mL
- D. 5.0 mL

**20. Which cardiac rhythm is characterized by a sawtooth pattern of flutter waves?**

- A. Atrial flutter
- B. Atrial fibrillation
- C. Ventricular tachycardia
- D. Sinus bradycardia

**21. The most important action a nurse can perform to prevent healthcare-associated infections is:**

- A. Hand hygiene before and after patient contact
- B. Wearing gloves for all patient contact
- C. Wearing a surgical mask in all patient rooms
- D. Using sterile technique for all procedures

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**22. A client post-coronary artery bypass graft (CABG) has mediastinal chest tubes. The nurse notes 200 mL of bloody drainage in the first 30 minutes. The nurse should:**

- A. Document and reassess in 1 hour
- B. Notify the surgeon immediately
- C. Strip the chest tubes to promote drainage
- D. Clamp the chest tubes temporarily



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**23. A 6-month-old is brought to the clinic for routine vaccinations. Which vaccine is NOT given at this visit per the standard immunisation schedule?**

- A. DTaP (diphtheria, tetanus, pertussis)
- B. MMR (measles, mumps, rubella)
- C. IPV (inactivated poliovirus)
- D. Hib (Haemophilus influenzae type b)

**24. Which position is most appropriate for a client experiencing an acute asthma attack?**

- A. Supine with legs elevated
- B. High Fowler's (90°)
- C. Left lateral Sims' position
- D. Prone position

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**25. A nurse is caring for a client following a modified radical mastectomy. Which arm should NOT be used for blood pressure measurement, IV insertion, or venipuncture?**

- A. The non-operative arm
- B. The operative arm (ipsilateral)
- C. Either arm is acceptable
- D. The dominant arm

**26. A DHA-regulated hospital implements a 'no harm' reporting system for near-miss events. The nurse's role in this system is:**

- A. Report only events that result in actual patient harm
- B. Report all near-misses, incidents, and adverse events without fear of punitive action — to improve system safety
- C. Report only to protect themselves legally
- D. Report to external authorities only, not internal systems

**27. A client receiving IV aminoglycosides is at risk for which toxicities that require monitoring?**

- A. Hepatotoxicity and thrombocytopenia
- B. Nephrotoxicity and ototoxicity
- C. Photosensitivity and tendon rupture
- D. Bone marrow suppression



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**28. When should the nurse apply contact precautions for a patient with MRSA wound infection?**

- A. Only when changing the dressing
- B. Only when the wound is actively draining
- C. Only when the patient has a fever
- D. For all care activities that involve contact with the patient or their environment

**29. A patient with hypothyroidism (myxedema) is receiving levothyroxine. Which adverse effect requires immediate reporting?**

- A. Mild constipation
- B. Weight gain of 1 kg
- C. Chest pain and palpitations
- D. Fatigue and cold intolerance

**30. A child with croup is brought to the emergency department with a barking cough and moderate respiratory distress. Initial management includes:**

- A. Immediate endotracheal intubation
- B. Nebulized epinephrine and dexamethasone
- C. Antibiotics for streptococcal infection
- D. Surgical tracheotomy



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## Answer Key & Explanations

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**1. B — Document the informed refusal, ensure the patient understands risks, and respect the decision**  
DHA patient rights explicitly include the right to refuse treatment, examination, or diagnostic procedures and to be informed of the consequences. Nurses must document informed refusal and respect the patient's autonomy.

**2. C — Atelectasis**

Fever in the first 24–48 hours post-operatively is most commonly caused by atelectasis (lung collapse) due to shallow breathing. This is the 'Wind' in the Ws of post-op complications.

**3. B — Manic episode**

Decreased need for sleep, pressured speech, and impulsive spending are classic features of a manic episode in bipolar disorder.

**4. D — Administer calcium gluconate IV to stabilize the cardiac membrane**

Severe hyperkalemia with ECG changes (peaked T waves, widened QRS) is cardiac emergency. Calcium gluconate IV stabilizes the cardiac membrane immediately while other treatments (insulin+glucose, Kayexalate) lower K+ levels.

**5. A — DHA issues an Eligibility Letter that allows job searching independently before employer activation, whereas DOH typically requires an employer nomination letter earlier in the process**

A key difference: DHA's Eligibility Letter allows nurses to independently search for employment in Dubai after clearance. DOH's process typically requires earlier employer involvement (Nomination Letter) for license completion.

**6. C — Cardiac tamponade**

Beck's triad (low BP, distant/muffled heart sounds, JVD) indicates cardiac tamponade, where fluid in the pericardial sac compresses the heart.

**7. A — Muscle weakness and cardiac dysrhythmias**

Hypokalemia ( $K^+ < 3.5$  mEq/L) causes muscle weakness and cardiac dysrhythmias. Tall peaked T waves and bradycardia are signs of hyperkalemia, not hypokalemia.

**8. B — Gloves, gown, eye protection, mask**

CDC sequence for removing PPE: gloves first (most contaminated), then gown, then eye protection, then mask last.

**9. B — Notify the physician immediately**

Pupillary changes and altered LOC post-craniotomy indicate increasing ICP or herniation — an immediate medical emergency requiring urgent physician notification.

**10. B — Place a picture of the patient and family on the door to assist with identification**

Visual cues (photographs, colored markings, familiar objects) help patients with dementia orient to their



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environment. Restraints cause agitation and injury; benzodiazepines worsen cognitive impairment in elderly.

**11. C — Tension pneumothorax**

Tension pneumothorax traps air with each breath, causing mediastinal shift (tracheal deviation away from affected side), absent breath sounds, and hemodynamic collapse. This is a life-threatening emergency.

**12. B — Position the client on their side**

Turning the client to the side prevents aspiration of vomitus into the airway, which is the priority safety action.

**13. B — Tachycardia and tremors**

Albuterol (beta-2 agonist) commonly causes tachycardia, tremors, and nervousness due to beta-adrenergic stimulation.

**14. B — Dehydration**

A sunken (depressed) fontanelle in a newborn indicates dehydration. A bulging fontanelle at rest indicates increased intracranial pressure. A soft, flat fontanelle is the normal finding.

**15. B — Lung-protective ventilation with low tidal volumes (6 mL/kg ideal body weight)**

ARDSNet trial established lung-protective ventilation (tidal volume 6 mL/kg IBW) as the standard of care in ARDS, significantly reducing mortality compared to traditional high-volume ventilation.

**16. C — MOHAP (Ministry of Health and Prevention)**

Sharjah is one of the Northern Emirates governed by MOHAP (Ministry of Health and Prevention) — the federal licensing authority for Sharjah, Ajman, Ras Al Khaimah, Fujairah, and Umm Al Quwain.

**17. C — USD 500-1,200**

The DHA licensing process total cost ranges USD 500-1,200: DataFlow ~USD 150-400, Prometric exam USD 240, DHA registration AED 200-300, plus document attestation costs.

**18. B — 4 hours**

AABB guidelines require blood transfusions to be completed within 4 hours of hanging to prevent bacterial proliferation and reduce transfusion reactions.

**19. C — 2.5 mL**

Dose ordered ÷ concentration = 250 mg ÷ 100 mg/mL = 2.5 mL.

**20. A — Atrial flutter**

Atrial flutter produces characteristic F (flutter) waves at 250-350 bpm with a sawtooth pattern, typically with a regular ventricular response at a 2:1 or 4:1 ratio.

**21. A — Hand hygiene before and after patient contact**

Hand hygiene (with soap and water or alcohol-based rub) is the single most effective measure to prevent transmission of healthcare-associated pathogens, as per WHO and CDC guidelines.

**22. B — Notify the surgeon immediately**

Normal post-CABG drainage is approximately 100 mL/hr. Output of 200 mL in 30 minutes (400 mL/hr equivalent) suggests hemorrhage and requires immediate surgical notification.

**23. B — MMR (measles, mumps, rubella)**

MMR vaccine is given at 12–15 months (first dose). At 6 months, DTaP, IPV, Hib, PCV13, and rotavirus vaccines are typically administered.



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**24. B — High Fowler's (90°)**

High Fowler's position maximizes lung expansion by reducing pressure of abdominal contents on the diaphragm, easing breathing during an asthma attack.

**25. B — The operative arm (ipsilateral)**

The arm on the same side as the mastectomy should not be used for blood pressure, IV access, or blood draws due to risk of lymphedema from lymph node removal.

**26. B — Report all near-misses, incidents, and adverse events without fear of punitive action — to improve system safety**

DHA promotes a just culture of safety reporting. Near-miss reporting is essential for identifying systemic vulnerabilities. Nurses are encouraged to report without fear of punishment to drive quality improvement.

**27. B — Nephrotoxicity and ototoxicity**

Aminoglycosides (gentamicin, tobramycin, amikacin) cause nephrotoxicity and ototoxicity (hearing loss, vestibular toxicity). Monitor creatinine, urine output, and serum drug levels.

**28. D — For all care activities that involve contact with the patient or their environment**

Contact precautions (gown and gloves) must be used for ALL interactions with an MRSA patient or their immediate environment, not only during wound care.

**29. C — Chest pain and palpitations**

Chest pain and palpitations indicate that the levothyroxine dose may be too high, causing thyroid hormone excess and cardiac effects (angina, tachycardia, atrial fibrillation). This requires immediate dose reassessment.

**30. B — Nebulized epinephrine and dexamethasone**

Croup (laryngotracheobronchitis, usually viral) with moderate distress is treated with racemic epinephrine (nebulized) for acute bronchodilation and oral/IM dexamethasone to reduce subglottic inflammation.



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