



# Oman Nurse Exam Prep OMSB

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## Practice Questions

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**1. Spironolactone is a potassium-sparing diuretic. The nurse should monitor for which electrolyte imbalance?**

- A. Hyperkalemia
- B. Hyponatremia only
- C. Hypercalcemia
- D. Hypokalemia

**2. A patient taking warfarin develops an INR of 8.0 with active bleeding. The PRIORITY reversal agent is:**

- A. Vitamin K oral only
- B. Fresh frozen plasma and IV Vitamin K
- C. Protamine sulfate
- D. Tranexamic acid only

**3. A patient develops sudden onset of confusion, slurred speech, right-sided weakness, and facial drooping. The nurse suspects a stroke. The most critical initial action is to:**

- A. Administer aspirin immediately
- B. Start IV heparin infusion
- C. Place in Trendelenburg position
- D. Obtain emergency CT scan of the head to differentiate ischemic from hemorrhagic stroke

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**4. A patient who started lithium therapy 2 weeks ago presents with tremors, nausea, and a serum lithium level of 2.2 mEq/L. The nurse's priority action is to:**

- A. Continue lithium at current dose and monitor
- B. Administer an extra dose to achieve therapeutic range
- C. Give the next scheduled dose as the level will self-correct
- D. Withhold lithium, notify physician immediately — serum level indicates toxicity



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**5. A child with suspected intussusception presents with intermittent severe abdominal pain, drawing up knees to chest, and 'currant jelly' stools. The most appropriate initial diagnostic study is:**

- A. Plain abdominal X-ray
- B. CT scan with IV contrast
- C. Air or water-soluble contrast enema (both diagnostic and therapeutic)
- D. Upper GI barium study

**6. In Oman, health promotion activities are primarily delivered at the community level through which mechanism?**

- A. Television advertising only
- B. Pharmaceutical company-sponsored campaigns
- C. Social media without clinical support
- D. MOH health education programs at primary healthcare centers, schools, workplaces, and community outreach via health nurses

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**7. Post-operatively, the nurse assesses for malignant hyperthermia. The classic presenting sign is:**

- A. Rapid rise in core temperature, muscle rigidity, and tachycardia after anesthesia
- B. Hypothermia and decreased respiratory rate
- C. Allergic rash and wheezing
- D. Hypotension and bradycardia

**8. Which nursing action is most important during the immediate post-extubation period?**

- A. Encourage the patient to eat immediately to restore strength
- B. Remove all oxygen supplementation as quickly as possible
- C. Monitor respiratory rate, SpO<sub>2</sub>, work of breathing, and for signs of stridor or laryngospasm
- D. Place the patient in Trendelenburg position to improve oxygenation

**9. The nurse is assessing a patient with a suspected stroke. Which tool is used for rapid ED stroke recognition?**

- A. FAST-ED
- B. NIH Stroke Scale
- C. Cincinnati Prehospital Stroke Scale
- D. Glasgow Coma Scale



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**10. Which nursing action best promotes patient safety when implementing 'time-out' before a surgical procedure?**

- A. Verifying the correct patient, correct site, and correct procedure with the surgical team
- B. Ensuring the patient has not eaten for 12 hours
- C. Asking the patient to remove all jewelry
- D. Confirming the surgeon's credentials

**11. The nurse is assessing an elderly patient for dehydration. Which finding is LEAST reliable as a dehydration indicator in the elderly?**

- A. Skin turgor (tenting)
- B. Dark concentrated urine
- C. Dry mucous membranes
- D. Increased serum sodium (hypernatremia)

**12. Which is the most common type of surgical site infection (SSI) caused by gram-positive cocci?**

- A. Pseudomonas aeruginosa
- B. Escherichia coli
- C. Staphylococcus aureus (including MRSA)
- D. Clostridium perfringens

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**13. The nurse should assess a diabetic patient's feet at every visit. The most common complication of diabetic neuropathy affecting the feet is:**

- A. Increased sensitivity to touch
- B. Rapid healing of minor wounds
- C. Loss of protective sensation leading to undetected injuries and ulcers
- D. Hyperreflexia and muscle cramps



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**14. In Oman, a nurse must report a suspected case of which disease to the Directorate General of Disease Surveillance within 24 hours?**

- A. Chickenpox in adults only
- B. Cholera
- C. Athlete's foot
- D. Common cold

**15. Which statement BEST describes Oman's achievement in the WHO's ranking of healthcare systems?**

- A. Oman ranks last among GCC countries in healthcare quality
- B. Oman has consistently been ranked among the top healthcare systems globally, recognized for its remarkable health outcomes improvement since the 1970s
- C. Oman relies entirely on expatriate staff for healthcare delivery
- D. Oman's healthcare system is modeled entirely on the United Kingdom's NHS

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**16. A patient is admitted with suspected sepsis. The nurse knows that the priority interventions within the first hour (Sepsis-1 bundle) include:**

- A. Oral antibiotics and close monitoring
- B. IV fluids only, awaiting blood cultures
- C. Obtain blood cultures, administer broad-spectrum IV antibiotics, and IV fluid resuscitation (30 mL/kg crystalloid)
- D. Immediate surgical consultation and NPO

**17. A nurse accidentally sustains a needlestick injury from a patient with unknown HIV status. The FIRST action should be to:**

- A. Immediately start post-exposure prophylaxis (PEP)
- B. Wash the wound thoroughly with soap and water
- C. Apply a tourniquet above the injury site
- D. Squeeze the wound to express blood and apply iodine

**18. The nurse is teaching an immunocompromised patient about food safety to prevent listeria. Which food should the patient AVOID?**

- A. Canned vegetables
- B. Well-cooked chicken
- C. Pasteurized milk
- D. Soft cheeses and deli meats



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**19. A nurse in Oman is delegating a task to an unlicensed assistive personnel (UAP). Which task is APPROPRIATE to delegate?**

- A. Performing an initial nursing assessment on a new admission
- B. Administering oral medications from the medication cart
- C. Measuring and recording vital signs in a stable patient
- D. Interpreting the patient's oxygen saturation trend and adjusting oxygen flow

**20. A patient with acute heart failure is receiving IV furosemide. Which laboratory result is the MOST concerning?**

- A. Serum sodium 138 mEq/L
- B. Serum potassium 2.8 mEq/L
- C. Serum creatinine 1.0 mg/dL
- D. Serum chloride 100 mEq/L

**21. A patient has hemoglobin of 6.4 g/dL. The nurse expects to assess:**

- A. Severe anemia with pallor, fatigue, dyspnea, and tachycardia
- B. Polycythemia with plethora
- C. Normal findings
- D. Polycythemia vera features

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**22. A nurse is preparing to insert a urinary catheter in a female patient. Which action is performed FIRST after opening the sterile kit?**

- A. Don sterile gloves
- B. Insert the catheter
- C. Clean the urethral meatus
- D. Test the balloon by inflating it

**23. Colostomy care includes which essential teaching point for the patient?**

- A. Empty the pouch only when completely full
- B. Apply the pouch directly to the skin without a barrier
- C. Irrigate the stoma daily with 2 liters of saline
- D. Change the appliance when it is one-third to one-half full to prevent leakage



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**24. The nurse is teaching a patient about warfarin therapy. Which food should the patient be advised to consume consistently (not avoid entirely) due to its vitamin K content?**

- A. Green leafy vegetables (spinach, kale, broccoli)
- B. Grapefruit
- C. Alcohol
- D. Processed sugars

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**25. The nurse is caring for a woman with placenta previa. Which assessment finding is MOST characteristic?**

- A. Absent fetal movement
- B. Severe hypertension and proteinuria
- C. Painful uterine rigidity with dark vaginal bleeding
- D. Painless bright red vaginal bleeding in the third trimester

**26. What is the normal range for serum potassium (K<sup>+</sup>) in adults?**

- A. 3.5–5.0 mEq/L
- B. 1.5–2.5 mEq/L
- C. 6.0–8.0 mEq/L
- D. 10–15 mEq/L

**27. A patient is recovering from a hip replacement surgery. Which action by the nurse PREVENTS hip dislocation?**

- A. Maintain hip abduction using a wedge pillow, avoid adduction and internal rotation
- B. Encourage the patient to bend the hip beyond 90 degrees for stretching
- C. Position the patient with hips crossed at the midline for comfort
- D. Allow the patient to sit on low chairs immediately after surgery

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**28. The nurse is performing a focused assessment on a patient complaining of dyspnea. Which assessment is the HIGHEST priority?**

- A. Check the patient's last meal time
- B. Review the patient's social history
- C. Assess skin turgor
- D. Measure oxygen saturation and auscultate breath sounds

**29. The nurse is administering a blood transfusion and the patient develops fever, chills, and back pain 30 minutes into the transfusion. The nurse's FIRST action is:**

- A. Administer diphenhydramine and restart the transfusion
- B. Slow the transfusion and administer antipyretics
- C. Stop the transfusion, keep the IV open with normal saline, notify the physician, and save the blood bag
- D. Complete the transfusion quickly and monitor the patient

**30. A patient arrives to the clinic with a snakebite on the right ankle. Priority nursing intervention includes:**

- A. Apply a tourniquet tightly above the bite
- B. Make incisions at the bite site and suck out venom
- C. Apply ice to reduce swelling and pain
- D. Immobilize the limb at heart level, keep the patient calm, and transport immediately for antivenom evaluation



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## Answer Key & Explanations

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### 1. A — Hyperkalemia

Spironolactone blocks aldosterone, retaining potassium; hyperkalemia is the major risk especially in patients with renal impairment or those taking ACE inhibitors.

### 2. B — Fresh frozen plasma and IV Vitamin K

For life-threatening warfarin-related bleeding, the priority is immediate reversal with FFP (rapid factor replacement) combined with IV Vitamin K (sustained effect).

### 3. D — Obtain emergency CT scan of the head to differentiate ischemic from hemorrhagic stroke

An emergency non-contrast CT scan of the head is essential to differentiate ischemic stroke (treatable with tPA if eligible) from hemorrhagic stroke (where tPA is contraindicated). The time window for tPA is 3–4.5 hours from symptom onset.

### 4. D — Withhold lithium, notify physician immediately — serum level indicates toxicity

The therapeutic lithium range is 0.6–1.2 mEq/L. A level of 2.2 mEq/L is toxic (>1.5 mEq/L). Signs include tremor, nausea, confusion, and at higher levels: seizures and cardiac arrhythmias. Lithium must be withheld and the physician notified immediately. Hydration and monitoring are key.

### 5. C — Air or water-soluble contrast enema (both diagnostic and therapeutic)

Intussusception (telescoping of bowel) is diagnosed and often treated with an air or hydrostatic (water-soluble contrast) enema under fluoroscopy. This is both diagnostic and therapeutic (reduces the intussusception in 75–90% of cases). 'Currant jelly' stool is a classic but late sign.

### 6. D — MOH health education programs at primary healthcare centers, schools, workplaces, and community outreach via health nurses

Oman's health promotion strategy is delivered through MOH primary healthcare centers, the school health program, workplace health initiatives, and community outreach by public health and community nurses. Health education focuses on smoking cessation, diabetes prevention, obesity, and vaccination uptake.

### 7. A — Rapid rise in core temperature, muscle rigidity, and tachycardia after anesthesia

Malignant hyperthermia is a life-threatening response to volatile anesthetics causing hypermetabolism: rapid hyperthermia, severe muscle rigidity, tachycardia, and acidosis.

### 8. C — Monitor respiratory rate, SpO<sub>2</sub>, work of breathing, and for signs of stridor or laryngospasm

After extubation, the nurse must closely monitor: respiratory rate and quality, SpO<sub>2</sub>, level of consciousness, and especially for stridor/laryngospasm (from upper airway edema or laryngeal spasm). Supplemental oxygen is routinely provided initially. Reintubation equipment must be immediately available.

### 9. C — Cincinnati Prehospital Stroke Scale

The Cincinnati Prehospital Stroke Scale (Facial droop, Arm drift, Speech) is a validated rapid screening tool for stroke in prehospital and emergency settings.



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**10. A — Verifying the correct patient, correct site, and correct procedure with the surgical team**

The surgical time-out (part of the WHO Surgical Safety Checklist) is a pre-incision pause where the entire team verbally confirms: correct patient identity, correct surgical site (marked), and correct procedure to prevent wrong-site or wrong-patient surgeries.

**11. A — Skin turgor (tenting)**

Skin turgor is the least reliable sign of dehydration in elderly patients due to age-related loss of skin elasticity — tenting can be present normally in elderly individuals. More reliable indicators in the elderly include: elevated serum sodium/BUN, dark urine, dry mucous membranes, and postural hypotension.

**12. C — Staphylococcus aureus (including MRSA)**

Staphylococcus aureus (and MRSA) is the most common causative organism of surgical site infections (SSIs). It is a gram-positive coccus present on the skin and nares. SSI prevention bundles include preoperative skin preparation, appropriate prophylactic antibiotics, glucose control, and normothermia.

**13. C — Loss of protective sensation leading to undetected injuries and ulcers**

Diabetic peripheral neuropathy causes loss of protective sensation (the ability to feel pain, pressure, and temperature) in the feet. This means injuries go undetected, leading to ulcers, infections, and potentially amputation. Daily foot inspection and proper footwear are essential.

**14. B — Cholera**

Cholera is an internationally notifiable disease (IHR 2005); Oman MOH mandates immediate (<24 hours) reporting of cholera and other epidemic-prone diseases.

**15. B — Oman has consistently been ranked among the top healthcare systems globally, recognized for its remarkable health outcomes improvement since the 1970s**

The WHO ranked Oman 8th globally in overall health system performance in its World Health Report 2000, a remarkable achievement for a country that had minimal healthcare infrastructure in 1970. This was attributed to: rapid expansion of primary healthcare, immunization programs, MCH services, and strong government investment in health.

**16. C — Obtain blood cultures, administer broad-spectrum IV antibiotics, and IV fluid resuscitation (30 mL/kg crystalloid)**

The Surviving Sepsis Campaign 1-hour bundle includes: obtain blood cultures (before antibiotics), administer broad-spectrum IV antibiotics, give 30 mL/kg IV crystalloid for hypotension or lactate  $\geq 4$  mmol/L, measure lactate, and apply vasopressors if needed. Time to antibiotics is the most critical intervention.

**17. B — Wash the wound thoroughly with soap and water**

The immediate first action after a needlestick is to wash the wound thoroughly with soap and water. The injury should then be reported, the patient's HIV/HBV/HCV status assessed, and PEP considered within 72 hours if indicated.

**18. D — Soft cheeses and deli meats**

Listeria monocytogenes thrives in refrigerated, ready-to-eat foods (soft cheeses, deli meats, smoked seafood) and is especially dangerous for immunocompromised patients.

**19. C — Measuring and recording vital signs in a stable patient**

Delegation of vital signs measurement to a UAP is appropriate for stable patients, as it is a routine task that does not require nursing judgment for execution (though interpretation remains the nurse's responsibility).



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Initial assessments, medication administration, and clinical decision-making cannot be delegated to UAPs.

**20. B — Serum potassium 2.8 mEq/L**

Furosemide causes potassium wasting. A potassium of 2.8 mEq/L (hypokalemia) increases the risk of life-threatening cardiac arrhythmias and must be reported promptly.

**21. A — Severe anemia with pallor, fatigue, dyspnea, and tachycardia**

Hemoglobin <7 g/dL indicates severe anemia; compensatory mechanisms produce tachycardia, pallor, dyspnea on exertion, and fatigue.

**22. A — Don sterile gloves**

After opening the sterile catheterization kit, the first action is to don sterile gloves to maintain the sterile field for all subsequent steps. Maintaining sterility throughout the procedure is essential to prevent catheter-associated UTIs (CAUTIs).

**23. D — Change the appliance when it is one-third to one-half full to prevent leakage**

Patients should empty the ostomy pouch when it is one-third to one-half full to prevent the weight from breaking the seal and causing leakage. Regular pouch maintenance prevents skin breakdown around the stoma.

**24. A — Green leafy vegetables (spinach, kale, broccoli)**

Patients on warfarin should maintain a CONSISTENT intake of vitamin K-rich foods (green leafy vegetables) rather than eliminating them. Sudden changes in vitamin K intake alter INR. Grapefruit and alcohol interact with warfarin metabolism and should be limited.

**25. D — Painless bright red vaginal bleeding in the third trimester**

Placenta previa presents with sudden, painless, bright red vaginal bleeding (without uterine tenderness) in the third trimester.

**26. A — 3.5–5.0 mEq/L**

The normal serum potassium range in adults is 3.5–5.0 mEq/L. Values below 3.5 indicate hypokalemia; values above 5.0 indicate hyperkalemia, both of which can cause life-threatening cardiac arrhythmias.

**27. A — Maintain hip abduction using a wedge pillow, avoid adduction and internal rotation**

Post-total hip replacement, dislocation is prevented by: avoiding hip flexion >90°, adduction (crossing legs), and internal rotation. Abduction wedge pillows maintain positioning. Patients should use raised toilet seats, avoid low chairs, and not bend to put on shoes.

**28. D — Measure oxygen saturation and auscultate breath sounds**

Oxygen saturation and breath sounds directly assess respiratory function and guide immediate interventions for dyspnea.

**29. C — Stop the transfusion, keep the IV open with normal saline, notify the physician, and save the blood bag**

Fever with chills and back pain during transfusion suggests a hemolytic or febrile non-hemolytic reaction; the transfusion must be stopped immediately, IV kept open with NS, physician notified, and blood bag sent to the lab.

**30. D — Immobilize the limb at heart level, keep the patient calm, and transport immediately for antivenom evaluation**



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Snakebite management: DO NOT apply tourniquet (worsens tissue injury), DO NOT cut/suck the wound, DO NOT apply ice. Correct management: immobilize the limb slightly below heart level, keep patient calm to reduce heart rate and venom spread, remove constrictive items, and transport urgently. Antivenom is given in a hospital setting.



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