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38	A	B	C	D	E
39	A	B	C	D	E

PRACTICE QUESTIONS

TTBU - The Testing Board Ukraine

KBNRU

KROK B Nursing (Ukrainian)

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for TTBU - The Testing Board Ukraine **KBNRU**, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, **KBNRU**
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1

SINGLE CHOICE

A nurse is measuring a patient's blood pressure using a mercury sphygmomanometer. At what point during deflation of the cuff should the systolic blood pressure be recorded?

- ☐ A When the cuff pressure equals the diastolic pressure
- ☒ B When the first Korotkoff sound is heard
- ☐ C When the Korotkoff sounds disappear
- ☐ D When the cuff pressure reaches zero

ANSWER B

WHY The systolic blood pressure is defined as the cuff pressure at which the first clear tapping sound (first Korotkoff sound) is heard as the cuff is deflated, marking the resumption of blood flow through the previously compressed brachial artery. The diastolic pressure corresponds to the disappearance of Korotkoff sounds (phase V).

QUESTION 2

SINGLE CHOICE

According to standard infection control practice, what is the minimum recommended duration for surgical hand antisepsis using an alcohol-based hand rub before donning sterile gloves?

- ☐ A 10 seconds
- ☐ B 20 seconds
- ☒ C 60 seconds
- ☐ D 5 minutes

ANSWER C

WHY WHO and most national guidelines recommend that surgical hand antisepsis with an alcohol-based hand rub should be performed for a minimum of approximately 60 seconds (1 minute), ensuring full coverage of all hand and forearm surfaces. Shorter durations are insufficient for surgical asepsis, while conventional surgical scrub with antiseptic soap traditionally requires 3–5 minutes.

QUESTION 3

SINGLE CHOICE

A physician orders 500 mg of amoxicillin to be administered orally every 8 hours. The available suspension contains 250 mg per 5 mL. How many millilitres should the nurse administer per dose?

- ☐ A 2.5 mL
- ☐ B 5 mL
- ☒ C 10 mL
- ☐ D 15 mL

ANSWER C

WHY Using the proportion $250 \text{ mg} : 5 \text{ mL} = 500 \text{ mg} : x \text{ mL}$, $x = (500 \times 5) / 250 = 10 \text{ mL}$ per dose. This is a standard dosage calculation based on the desired dose (500 mg) and the concentration on hand (250 mg/5 mL).

QUESTION 4

SINGLE CHOICE

According to current basic life support guidelines for an adult in cardiac arrest, what is the recommended compression-to-ventilation ratio for single-rescuer CPR?

- ☐ A 15:2
- ☒ B 30:2
- ☐ C 30:5
- ☐ D 5:1

ANSWER B

WHY Current international BLS guidelines (ERC/AHA) for adult CPR recommend a universal compression-to-ventilation ratio of 30:2 for single-rescuer resuscitation, applicable for both trained lay rescuers and healthcare professionals when an advanced airway is not in place.

QUESTION 5

SINGLE CHOICE

Which characteristic defines a Stage II pressure injury according to the NPUAP/EPUAP classification system?

- ☐ A Non-blanchable erythema of intact skin
- ☒ B Partial-thickness skin loss with exposed dermis
- ☐ C Full-thickness skin loss with exposed bone or tendon
- ☐ D Persistent non-blanchable deep red, purple, or maroon discoloration

ANSWER B

WHY Stage II pressure injury is defined as partial-thickness skin loss involving the epidermis and/or dermis, presenting as a shallow open ulcer with a red/pink wound bed or as an intact or ruptured serum-filled blister. Stage I is non-blanchable erythema of intact skin; Stage III and IV involve full-thickness loss; deep tissue injury presents as persistent non-blanchable deep discoloration.

QUESTION 6

SINGLE CHOICE

Which anatomical site is most appropriate for administering an intradermal injection?

- ☐ A Vastus lateralis muscle
- ☐ B Ventrogluteal area
- ☒ C Inner surface of the forearm
- ☐ D Upper outer quadrant of the buttock

ANSWER C

WHY Intradermal injections are typically administered on the inner (volar) surface of the forearm because the skin is thin, lightly pigmented, and relatively hairless, allowing for easy observation of wheal formation (e.g., for tuberculin or allergy testing). Muscle sites are used for IM injections, not intradermal.

QUESTION 7

SINGLE CHOICE

A patient opens his eyes to pain, speaks incomprehensible sounds, and withdraws from painful stimuli. What is the patient's total Glasgow Coma Scale (GCS) score?

- ☐ A 6
- ☒ B 8
- ☐ C 9
- ☐ D 11

ANSWER B

WHY GCS components: Eye opening to pain = 2; Verbal response incomprehensible sounds = 2; Motor response withdrawal from pain = 4. Total = 2 + 2 + 4 = 8.

QUESTION 8

SINGLE CHOICE

Which type of precaution requires the use of a negative-pressure isolation room for a patient?

- ☐ A Contact precautions
- ☐ B Droplet precautions
- ☒ C Airborne precautions
- ☐ D Standard precautions

ANSWER C

WHY Airborne precautions (used for pathogens such as *Mycobacterium tuberculosis*, measles, and varicella) require a single-patient airborne infection isolation room (AIIR) with negative pressure ventilation, in addition to respiratory protection (e.g., N95 respirator) for staff and the patient wearing a surgical mask during transport.

QUESTION 9

MULTIPLE CHOICE

Which of the following are recognised complications of prolonged high-concentration oxygen therapy? (Choose two.)

- ☐ A Absorption atelectasis
- ☒ B Oxygen toxicity with pulmonary fibrosis
- ☐ C Hypoglycaemia
- ☒ D Retinopathy of prematurity in neonates
- ☐ E Hypokalaemia

ANSWER B - D

WHY Prolonged administration of high-inspired oxygen fractions (typically $\text{FiO}_2 > 0.5$ for >24 hours) can cause oxygen toxicity, leading to tracheobronchial irritation and progressive pulmonary fibrosis, and in neonates, retinopathy of prematurity due to disordered retinal vascularisation. Absorption atelectasis is an acute phenomenon, not a chronic complication. Hypoglycaemia and hypokalaemia are not established complications of oxygen therapy.