

28th June – Reading Part B

Text 4 – Vocab:

- Substitute
- In line with
- Dispose

4 The guideline about the use of gloves informs the reader about

What?

- (A) when they should be worn.
- (B) why regional protocols vary.
- (C) how to take them off safely.

Guideline for nurses: Use of sterile and non-sterile gloves

Gloves are not a substitute for hand hygiene and should only be used when appropriate. Their prolonged and unnecessary use may cause adverse reactions, skin sensitivity and cross-contamination of the patient environment. Routine use is expected when anticipating contact with bodily fluids or chemical hazards and when handling sharps or contaminated devices. It may also be required as part of local policy for managing transmission-based precautions (droplet, airborne or contact).

When undertaking an aseptic non-touch technique, sterile or non-sterile gloves should be selected in line with procedure and local policy. Any cuts or abrasions should be covered using a waterproof dressing before putting gloves on and hands must be thoroughly decontaminated after removal.

They are a single use item and must therefore be disposed of immediately after the care activity for which they have been worn.

Text 5 – Vocab:

- A last resort
- Agitation
- Accelerated

- 5 What does the guideline say about **prescribing antipsychotics** to patients with **dementia**?
- (A) It is only appropriate if used for a **clearly defined period of time**.
- (B) It is **worth considering** as long as a patient has **no comorbidities**.
- (C) It **can be done** if circumstances are so **severe** that there is **no alternative**.

Prescribing guidelines: Alzheimer's

Although antipsychotics are sometimes prescribed for behavioural and psychological symptoms of dementia, they produce limited benefits and **are associated with** an increased **risk of stroke and mortality**, as well as other serious adverse events such as **sedation** and **accelerated cognitive decline**. However, in cases of dementia associated with extreme disturbance that require **urgent treatment**, for example, if violence, aggression or severe agitation are present, an antipsychotic drug or a benzodiazepine may be given as a last resort.

Before commencing, the benefits and harms should be discussed with the patient, family members and carers, as appropriate. **The antipsychotic should be used at the lowest dose for the shortest possible time**. It should be stopped if it is not helping or is no longer needed.

Text 6 – Vocab:

- Gait
- Prone position
- Exceed

- 6 What does the guideline say is **true** in the **majority of cases** of out-toeing?
- (A) **Both feet** are **affected** to **similar degree**.
- (B) The problem **will resolve naturally over time**.
- (C) It is **not possible** to **identify** the **underlying cause**.

Guidance: Out-toeing in young children

Out-toeing is when the toes point in an outwards direction when walking and is most commonly seen in early walkers. Although it may also be associated with 'knock knees' and 'flatfoot', **restricted internal rotation of the hip is the most common cause**. Serious underlying causes, such as slipped upper femoral epiphysis, should be excluded before parents can be reassured that **in most instances, the issue corrects itself as the child grows and intervention is not usually necessary**.

A thorough observation of the gait should be carried out, then the child placed in prone position for an examination of range of motion in the internal and external hip, foot posture and thigh-foot angle, which should not exceed 30–40 degrees. Children who are showing signs of **asymmetrical deformity**, functional difficulties or progression of out-toeing should be referred immediately.

Answers:

4) A

5) C

6) B