

AIIMS NORCET 11 Memory based paper part B 12 Sept. 2026-exam

Q1. The standard time frame for registering a birth is:

- (a) 7 days
- (b) 14 days
- (c) 21 days
- (d) Any of the above

Ans.(a)

Sol. Ans-(a) 7 days

Explanation:

- Births are typically required to be registered within 7 days to comply with legal standards.
- Registration beyond this period may require additional documentation or exceptions.

Thus, the correct time frame is 7 days.

Q2. A woman with a 32-day cycle and LMP June 10th has EDD on

- (a) March 12
- (b) March 17
- (c) March 21
- (d) March 27

Ans.(c)

Sol. Naegele's Rule → June 10 + 9 months + 7 days + 4 days (for long cycle) = March 21. • (a) March 12 – Too early. • (b) March 17 – Fits only 28-day cycle. • (c) March 21 – Correct; adjusted for 32-day cycle. • (d) March 27 – Too late.

Q3. In COPD, excessive oxygen administration may lead to:

- (a) Pulmonary embolism
- (b) Carbon dioxide narcosis
- (c) Bronchospasm
- (d) Alkalosis

Ans.(b)

Sol. Correct Answer: (b)

Information Booster:

- COPD → chronic CO₂ retention → hypoxic drive.
- High O₂ suppresses respiratory drive → CO₂ narcosis.
- Symptoms: confusion, drowsiness, shallow breathing.
- Nursing: use venturi mask (24–28% FiO₂).
- Monitor ABG, respiratory rate, and mental status.
- Avoid >2 L/min nasal cannula.
- Encourage pursed-lip breathing technique.

Additional Knowledge:

- Maintain SpO₂ between 88–92%.
- Hydration helps sputum clearance.
- Teach diaphragmatic breathing.

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- Avoid sedatives/depressants.
 - Document O₂ titration accurately.
 - Arrange chest physiotherapy and postural drainage.

Q4. A GCS score of less than 8 indicates:

- (a) Minor brain injury
- (b) Moderate brain lesion
- (c) Severe brain lesion (coma)
- (d) No neurological impairment

Ans.(c)

Sol. Sol. A Glasgow Coma Scale (GCS) score of less than 8 indicates severe brain injury or coma, meaning the patient has significantly impaired consciousness and may require immediate medical intervention, including airway protection and ventilatory support. A score of 3 is the lowest possible, indicating deep coma or brain death, while a score between 9-12 suggests moderate brain injury.

Explanation of each option:

- (a) Minor brain injury – Incorrect. A GCS score of 13-15 indicates a minor brain injury, where the patient may be disoriented but is still conscious and responsive. A score below 8 signifies a much more severe condition.
- (b) Moderate brain lesion – Incorrect. A GCS score of 9-12 suggests a moderate brain lesion, where the patient has some level of impairment but is not in a deep coma. A score below 8 represents severe neurological dysfunction.
- (c) Severe brain lesion (coma) – Correct answer. A GCS score of less than 8 indicates severe brain damage, and the patient is at a high risk of permanent neurological impairment or death. Immediate medical intervention is required.
- (d) No neurological impairment – Incorrect. No neurological impairment is indicated by a GCS score of 15, meaning the patient is fully conscious and responsive. A score below 8 suggests a critical condition requiring urgent medical attention.

Q5. What is the objective of the Anemia Mukh Bharat (AMB) program?

- (a) To provide nutritious meals to school children
- (b) To reduce anemia in children, adolescents, and women
- (c) To promote breastfeeding practices
- (d) To reduce soil-transmitted helminths

Ans.(b)

Sol. Sol. The AMB program focuses on reducing anemia in children, adolescents, and women through measures like iron and folic acid supplementation, deworming, and dietary improvements.

- (a) To provide nutritious meals to school children: This is the focus of PM POSHAN, not AMB.
- (b) To reduce anemia in children, adolescents, and women: Correct answer. AMB targets anemia with specific strategies, including micronutrient supplementation and behavior change.
- (c) To promote breastfeeding practices: This is covered under the Mother's Absolute Affection (MAA) program, not AMB.
- (d) To reduce soil-transmitted helminths: While deworming is a component of AMB, the primary goal is to reduce anemia.

Q6. National Leprosy Eradication Programme was launched in–

- (a) 1983
- (b) 1988
- (c) 1993
- (d) 2002

Ans.(a)

Sol. Sol. The National Leprosy Eradication Programme (NLEP) was officially launched in 1983 to eliminate leprosy as a public health problem in India. It evolved from the earlier National Leprosy Control Programme started in 1955. The use of Multi-Drug Therapy (MDT) helped drastically reduce prevalence. India achieved elimination target at the national level by 2005. However, the program continues for early case detection and disability prevention.

Explanation of each option:

- (a) 1983 – Correct answer. This marks the formal launch of NLEP, with focus on MDT and eradication.
- (b) 1988 – Incorrect; no significant policy change or launch happened in this year related to NLEP.
- (c) 1993 – WHO declared MDT as standard treatment globally, but NLEP was already launched in India by then.
- (d) 2002 – This year is not associated with NLEP's origin; by this time, India was close to achieving elimination status.

Q7. Which arterial blood gas (ABG) finding is typical in respiratory alkalosis?

- (a) pH ↑, PaCO₂ ↓, HCO₃⁻ normal
- (b) pH ↓, PaCO₂ ↑, HCO₃⁻ ↑
- (c) pH ↑, PaCO₂ ↑, HCO₃⁻ ↑
- (d) pH ↓, PaCO₂ ↓, HCO₃⁻ ↓

Ans.(a)

Sol. Correct Answer: (a)

Information Booster:

- Respiratory alkalosis results from hyperventilation (anxiety, pain, hypoxemia).
- Monitor vital signs and mental status.
- Educate patient on breathing control techniques.
- Document ABG results and interventions.
- Identify underlying cause (fever, sepsis, pulmonary embolism).
- Encourage slow, controlled breathing.
- Monitor electrolyte changes, particularly potassium.
- Assess for paresthesia, dizziness, and tetany.
- Collaborate with respiratory therapy for intervention.
- Provide reassurance to patient experiencing anxiety-induced hyperventilation.

Additional Knowledge:

- ABG shows elevated pH (>7.45) and low PaCO₂ (<35 mmHg).
- Chronic respiratory alkalosis may show decreased HCO₃⁻ as compensation.
- Encourage relaxation techniques to prevent recurrence.
- Monitor oxygenation and perfusion.

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- Educate patient/family about early warning signs of hypoxemia.
 - Avoid unnecessary mechanical ventilation if patient conscious and stable.
 - Document response to interventions.
 - Support emotional well-being during acute episodes.
 - Evaluate need for anxiolytic therapy if indicated.
 - Reinforce patient understanding of cause-effect relationship.

Q8. Deferoxamine is an antidote for:

- (a) Lead
- (b) Iron
- (c) Calcium
- (d) Magnesium

Ans.(b)

Sol. Ans: (b) Iron.

Explanation: Deferoxamine is used as an antidote for iron poisoning. It binds to excess iron in the bloodstream and facilitates its excretion. It is not effective for poisoning caused by lead, calcium, or magnesium.

Q9. Negative symptoms of schizophrenia include:

- (a) Auditory hallucinations
- (b) Paranoid delusions
- (c) Flat affect and avolition
- (d) Disorganized speech

Ans.(c)

Sol. Correct Answer: (c)

Explanation:

Schizophrenia includes both positive and negative symptoms. Negative symptoms refer to the absence or reduction of normal functions. Flat affect (reduced emotional expression) and avolition (lack of motivation) are key negative symptoms.

These symptoms affect the patient's ability to function socially and occupationally. They are often more difficult to treat than positive symptoms. Early recognition is important for effective management.

Other options describe positive symptoms such as hallucinations and delusions. Therefore, flat affect and avolition are correct.

Q10. A post-operative patient suddenly starts bleeding heavily from the incision site. What should the nurse do first?

- (a) Change the dressing fully
- (b) Apply firm pressure and inform surgeon
- (c) Cover with extra gauze only
- (d) Observe if bleeding reduces itself

Ans.(b)

Sol. Applying firm pressure helps control bleeding immediately and prevents further blood loss. Informing the surgeon ensures timely medical intervention and safety of the patient.

Explanation of each option: • (a) Change the dressing fully – Wrong, because removing dressings may dislodge clots and increase bleeding. • (b) Apply firm pressure and inform surgeon – Correct. This is the immediate life-saving step in active post-op bleeding. • (c) Cover with extra gauze only – Inadequate, as just covering won't stop active hemorrhage. • (d) Observe if bleeding reduces itself – Unsafe, delays urgent care and risks patient's life.

Q11. A post-LSCS woman passes 400 ml of urine in the past 24 hours?

- (a) Oliguria
- (b) Polyuria
- (c) Anuria
- (d) Hematuria

Ans.(a)

Sol. Oliguria: Refers to a reduced amount of urine output, typically under 500 ml in 24 hours, which is the case here.

Polyuria: Refers to excessive urine output, usually more than 2.5 liters in 24 hours.

Anuria: Refers to a complete absence of urine output.

Hematuria: Refers to the presence of blood in the urine, not related to urine output volume.

Q12. A woman develops severe postpartum hemorrhage (PPH) at a Primary Health Centre (PHC). Referral is planned to higher center. Which action must be done before referral?

- (a) Wait for blood transfusion at PHC
- (b) Give IV fluid therapy and uterotonics
- (c) Perform surgical hysterectomy at PHC
- (d) Only arrange transport without intervention

Ans.(b)

Sol. Before referral, stabilize the patient with IV fluids and administer uterotonics. This prevents hypovolemic shock during transfer. Surgical procedures are not feasible at PHC level.

Explanation of options: (a) ✗ Blood transfusion may not be available at PHC and causes delay in referral. (b) ✓ Correct; IV fluids + uterotonics stabilize circulation until definitive care. (c) ✗ Surgery is not possible at PHC; needs higher center. (d) ✗ Sending without stabilization increases mortality risk.

Q13. Which level of prevention involves immunization programs?

- (a) Primary prevention
- (b) Secondary prevention
- (c) Tertiary prevention
- (d) Quaternary prevention

Ans.(a)

Sol. Immunization programs prevent occurrence of disease before it happens, so they fall under primary prevention. Primary prevention aims at health promotion and specific protection like vaccines, sanitation, and health education. It reduces disease burden before it starts.

Explanation of options:

- (a) ✓ Correct. Vaccination is a classic example of primary prevention.
- (b) ✗ Secondary prevention deals with early diagnosis and treatment, not prevention of occurrence.

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- (c) **X** Tertiary prevention focuses on rehabilitation and limiting disability, not immunization.
 - (d) **X** Quaternary prevention prevents overmedicalization and unnecessary interventions, not vaccination.

Q14. Which sign is most indicative of meningitis?

- (a) Photophobia
- (b) Hypotension
- (c) Dry mucous membranes
- (d) Petechiae

Ans.(a)

Sol. Photophobia is a classic sign due to irritation of the meninges and increased intracranial pressure.

Explanation of each option: • (a) **✓** Suggests meningeal inflammation. • (b) **X** Common in sepsis but not specific to meningitis. • (c) **X** Indicates dehydration, not neurological issue. • (d) **X** Occurs in meningococcal infections, not all meningitis.

Q15. Kala-azar is transmitted by which species of sandfly?

- (a) Anopheles
- (b) Aedes
- (c) Culex
- (d) Phlebotomus

Ans.(d)

Sol. Ans. (d) Phlebotomus

Sol. Kala-azar, also known as visceral leishmaniasis, is transmitted by the bite of the female *Phlebotomus* sandfly. It is caused by the parasite *Leishmania donovani*.

Explanation of each option:

- (a) Anopheles – Vector for malaria, not kala-azar.
- (b) Aedes – Transmits dengue, chikungunya, and Zika virus.
- (c) Culex – Responsible for filariasis and Japanese encephalitis.
- (d) Phlebotomus – Correct. Transmits kala-azar.

Q16. Nursing measure to prevent raised ICP in head injury is

- (a) Keep room well lit
- (b) Continuous suctioning
- (c) Change position frequently
- (d) Elevate head end

Ans.(d)

Sol. Head elevation at 30° promotes venous drainage and reduces ICP. • (a) Lighting – No direct role in ICP. • (b) Continuous suction – Increases ICP. • (c) Frequent position – May raise ICP. • (d) Elevation – Correct; safest intervention.

Q17. A child with suspected bacterial meningitis is on droplet precautions. Which nursing intervention is priority?

- (a) Place in negative-pressure room
- (b) Initiate droplet precautions, obtain cultures

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- (c) Delay antibiotics until specialist arrives
(d) Encourage group play to reduce anxiety

Ans.(b)

Sol. Correct Answer: (b)

Information Booster:

- Bacterial meningitis requires rapid antibiotic administration after obtaining blood/CSF cultures.
- Implement droplet precautions for first 24 hours after antibiotics.
- Monitor neurological status and vital signs closely.
- Assess for signs of increased intracranial pressure.
- Maintain hydration and electrolyte balance.
- Provide analgesia and antipyretics per order.
- Notify public health if meningococcal etiology suspected for prophylaxis.
- Document onset of symptoms, cultures, and antibiotic timing.

Additional Knowledge:

- Common pathogens: *S. pneumoniae*, *N. meningitidis*, *H. influenzae* (type b reduced by vaccine)
- Lumbar puncture confirms diagnosis; don't delay antibiotics if LP delayed.
- Seizure precautions and monitoring recommended.
- Close contacts may need prophylactic antibiotics for meningococcal disease.
- Vaccination prevents many causes; review immunization status.
- Monitor hearing as potential sequela.
- Provide family education on treatment and isolation.
- Record therapeutic response and lab trends.

Q18. What is Under 5 Mortality Rate (U5MR)?

- (a) Probability of death before age 1 year
(b) Probability of death before age 5 months
(c) Probability of death before age 5 years
(d) Probability of death before age 6 years

Ans.(c)

Sol. Sol. U5MR stands for Under-Five Mortality Rate, which is the probability (expressed per 1,000 live births) that a child will die before reaching the age of 5. It is a key indicator of child health and overall development in a country.

Explanation of each option: • (a) Before age 1 year – This defines the infant mortality rate (IMR), not U5MR.

• (b) Before age 5 months – This is not a standard demographic measure; it lacks significance in global health metrics. • (c) Before age 5 years – Correct. U5MR includes all deaths between birth and five years and reflects health, nutrition, and healthcare access. • (d) Before age 6 years – Incorrect. The standard cut-off used globally for child mortality indicators is 5 years, not 6.

Q19. What is the clinical threshold for diagnosing oligohydramnios in terms of amniotic fluid index (AFI)?

- (a) Less than 5 cm
(b) Less than 7 cm
(c) Less than 10 cm
(d) Less than 3 cm

Ans.(a)

Sol. Oligohydramnios is defined when the Amniotic Fluid Index (AFI) is less than 5 cm or the single deepest pocket is less than 2 cm. This condition is concerning in late pregnancy, as it increases risks like umbilical cord compression, fetal growth restriction, and abnormal labor patterns. Diagnosis is made via ultrasound and managed depending on gestational age and severity.

Explanation of each option: • (a) Less than 5 cm – Correct. This is the universally accepted cut-off for diagnosing oligohydramnios. When AFI drops below this level, fetal complications become more likely. • (b) Less than 7 cm – This is considered borderline or mildly decreased fluid, but not low enough to meet the diagnostic threshold. Further monitoring would be required instead of immediate intervention. • (c) Less than 10 cm – AFI under 10 may be concerning in some contexts, but it is not sufficient for diagnosis of oligohydramnios. It could still be within the low-normal range. • (d) Less than 3 cm – This is critically low and would be managed as severe oligohydramnios, but for diagnostic purposes, <5 cm is the standard. This value indicates urgency but isn't the defining threshold.

Q20. A chest X-ray shows a dense area of consolidation involving the right lower lobe with air bronchograms. The individual has fever, productive cough, pleuritic chest pain, and increased respiratory rate. Which condition is most consistent with the radiographic finding?



- (a) Lobar pneumonia
- (b) Pneumothorax
- (c) Pleural effusion alone
- (d) Emphysema

Ans.(a)

Sol. Correct Answer: (a)

Explanation:

A localized area of pulmonary consolidation with air bronchograms is characteristic of alveolar filling, and in the clinical setting of fever, productive cough, pleuritic pain, and tachypnea, lobar pneumonia is the most likely diagnosis.

Inflammatory exudate fills the alveolar spaces while the air-filled bronchi remain visible against the consolidated lung tissue, producing the air-bronchogram appearance. The clinical presentation supports an acute infectious process.

Pneumothorax would generally produce increased radiolucency and absent peripheral vascular markings rather than dense consolidation. Pleural effusion primarily produces fluid accumulation in the pleural space, while emphysema is associated with hyperinflation and increased lung lucency.

Additional Knowledge

Pneumonia may be caused by bacteria, viruses, fungi, or aspiration. Common bacterial pneumonia can produce focal or lobar consolidation, although radiographic patterns vary.

Nursing care includes monitoring respiratory rate, oxygen saturation, temperature, sputum characteristics, hydration, mental status, and response to antimicrobial therapy.

Older adults may present atypically, with confusion, weakness, or functional decline rather than prominent fever and respiratory symptoms.

Complications include respiratory failure, pleural effusion, empyema, sepsis, lung abscess, and acute respiratory distress syndrome. Early recognition of deterioration is particularly important in high-risk individuals.

Q21. How many ANC check-up are minimum necessary—

- (a) 1
- (b) 2
- (c) 3
- (d) 4

Ans.(d)

Sol. Sol. As per WHO and Government of India guidelines, a minimum of 4 antenatal check-ups (ANC) are required during a normal pregnancy to monitor fetal and maternal health and detect complications early.

Explanation of each option:

- (a) 1 – Only one ANC visit is insufficient to ensure proper monitoring and preventive care throughout pregnancy.
- (b) 2 – Better than one, but still does not meet the minimum recommended standard for safe motherhood.
- (c) 3 – Closer to the goal, but studies show that 4 or more ANC visits significantly improve maternal outcomes.
- (d) 4 – Correct answer. WHO and NHM recommend at least 4 visits during pregnancy: once in the 1st trimester and thrice in the 2nd and 3rd.

Q22. Correct method for calculating EDD:

- (a) Last day of first period + 280 days
- (b) Last day of last menstrual period + 280 days
- (c) 1st day of last menstrual period + 200 days
- (d) 1st day of last menstrual period + 280 days + 7 days

Ans.(d)

Sol. Explanation:

The Expected Date of Delivery (EDD) is calculated using Naegele's rule. It is determined from the first day of the last menstrual period (LMP) by adding 280 days (40 weeks) and 7 days. This method is commonly used to estimate the due date in women with regular menstrual cycles.

Information Booster:

- Normal duration of pregnancy is approximately 40 weeks or 280 days from the first day of the LMP.

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- Naegele's rule can also be stated as: Add 1 year, subtract 3 months, and add 7 days to the LMP.

Additional Knowledge:

- Option (A) and (B) use the last day of the menstrual period, which is incorrect.
- Option (C) underestimates the duration of pregnancy.
- Accurate EDD calculation is important for antenatal monitoring and planning.

Q23. Anemia Mukht Bharat strategy focuses on children in the age group:

- (a) 6–59 months & 5–9 years
- (b) Only 0–6 months
- (c) Only adolescents
- (d) Only pregnant women

Ans.(a)

Sol. Anemia Mukht Bharat (AMB) targets multiple age groups, and children from 6–59 months and 5–9 years are key focus groups because they are at high risk of iron deficiency.

Information Booster • Anemia Mukht Bharat (AMB) is a national initiative under the National Health Mission.

- It aims to reduce anemia across six target groups using the 6×6×6 strategy (6 target groups × 6 interventions × 6 institutional mechanisms).
- Target groups include: • Children 6–59 months • Children 5–9 years • Adolescents (10–19 years) • Women of reproductive age • Pregnant women • Lactating mothers
- Key interventions include iron-folic acid (IFA) supplementation, deworming, behaviour change communication, and fortification.

Additional Knowledge • (b) Only 0–6 months: Infants this young usually rely on breastmilk; not the main AMB focus group.

- (c) Only adolescents: Adolescents are included but not the only group.
- (d) Only pregnant women: Pregnant women are targeted, but AMB covers many more groups.

Q24. COPD is the acronym used for the disease caused due to atmospheric pollution. The full form of COPD is:

- (a) Chronic Oncological Pulmonary Disease
- (b) Chronic Ortho Pulmonary Disease
- (c) Chronic Obstructive Pulmonary Disease
- (d) Chronic Osmotic Pulmonary Disease

Ans.(c)

Sol. COPD (Chronic Obstructive Pulmonary Disease) is a progressive lung disease caused by long-term exposure to pollutants such as smoke, dust, and harmful gases. It is characterized by obstructed airflow, making it difficult to breathe.

Information Booster

1. Common symptoms include shortness of breath, chronic cough, and wheezing.
2. It includes conditions like emphysema and chronic bronchitis.
3. Cigarette smoking is the leading cause of COPD.
4. There is no complete cure, but treatments like bronchodilators, oxygen therapy, and pulmonary rehabilitation help manage the symptoms.
5. Indoor pollution from burning biomass fuels is a major contributor in rural areas.

6. COPD is the third leading cause of death globally, according to WHO.

Additional Knowledge

- Chronic Oncological Pulmonary Disease: Incorrect, "oncological" relates to cancer.
- Chronic Ortho Pulmonary Disease: Not a recognized medical term.
- Chronic Osmotic Pulmonary Disease: Misleading; no such condition exists.
- Preventive measures include quitting smoking, using clean fuels, and wearing protective gear in polluted environments.

Q25. Maximum & minimum score of GCS are:

- (a) 8-9
- (b) 8-12
- (c) 12-13
- (d) 3-15

Ans.(d)

Sol. 8-9: These values do not represent the minimum and maximum scores of the Glasgow Coma Scale (GCS).

8-12: This range represents moderate brain injury according to the GCS, but it is not the total scoring range.

12-13: This range is part of mild brain injury in GCS but does not include the minimum or maximum scores.

3-15: The GCS ranges from 3 (indicating deep unconsciousness or coma) to 15 (indicating full consciousness).

This range assesses eye-opening, verbal response, and motor response.