DHA Nursing Exam: 20 Practice Questions and Answers

Twenty original practice questions in the style of the DHA Registered Nurse exam, with the answer and a short rationale for each. Questions first, answers after, so you can test yourself.

> **These are not real DHA exam questions.** The Dubai Health Authority does not publish its exam papers, and we do not use or sell recalled questions. Every question here was written by GulfNursePrep. A PDF that claims to hold "real" or "recalled" DHA questions is either inventing them or sharing items candidates agreed to keep confidential.

The real exam, as DHA publishes it

Title and code	Registered Nurse, RNT0312
Questions	150 multiple-choice, single best answer
Duration	3 hours, including registration and the process introduction
Pass score	50%
Result	Pass or Fail in Sheryan; the score is not shared

Source: DHA Healthcare Professional Licensing Assessment Guideline — Computer Based Testing (CBT), stamped "Updated - Sep 2026", checked 11 Oct 2026. DHA can change the format without reissuing the guideline, so confirm on Sheryan before you book.

Questions

QUESTION 1 · FUNDAMENTALS

An 87-year-old care-home resident has new confusion and is eating less. Her temperature is 37.5°C, and her usual baseline is 36.2°C. How should the nurse interpret the temperature?

A. As a fever, being over 1.1°C above her baseline

B. As normal, since older adults rarely develop fevers

C. As normal, since a fever needs a reading above 38.0°C

D. As a fever once it has stayed raised for 48 hours

QUESTION 2 · FUNDAMENTALS

A patient has died on the ward, the death has been verified and no referral to the coroner is required. Correct practice by the nurse is to:

A. Remove the identification bands before washing the patient

B. Wash the patient before offering the family time together

C. Ask the family about any cultural or religious wishes

D. Complete the paperwork before informing the next of kin

QUESTION 3 · SAFETY & INFECTION CONTROL

While maintaining a sterile field, the nurse must keep sterile items and gloved hands positioned:

A. Above waist level and within the line of sight

B. At any height, provided sterile gloves are worn

C. Tucked under the armpits when not in use

D. Resting on the drape edge, below table level

QUESTION 4 · CALCULATIONS

A patient is prescribed 1 litre of 5% dextrose. How many grams of dextrose does the bag contain?

A. 5 g

B. 50 g

C. 100 g

D. 500 g

QUESTION 5 · ADULT NURSING

During a transfer an older patient's forearm skin is torn back as a flap, and the wound is oozing slightly. The nurse should:

A. Trim the loose skin flap away and cover the whole area with a strongly adhesive dressing

B. Irrigate the wound, ease the flap back into place and apply a non-adherent dressing

C. Leave the wound exposed to the air and paint it with antiseptic twice each day

D. Pack the wound with dry gauze and secure it with a firm circumferential bandage

QUESTION 6 · ADULT NURSING

A patient with acute kidney injury on continuous veno-venous haemofiltration becomes cool and clammy as the mean arterial pressure falls from 78 to 55 mmHg. The nurse should FIRST:

A. Disconnect the circuit and return the patient's blood before doing anything else

B. Reduce the fluid removal rate, reassess the patient and inform the doctor

C. Increase the fluid removal rate to clear the excess circulating volume faster

D. Continue the therapy unchanged and repeat the blood pressure in one hour

QUESTION 7 · ADULT NURSING

A patient with myelodysplastic syndrome has a haemoglobin of 78 g/L, a neutrophil count of 0.6 × 10^9/L and a platelet count of 30 × 10^9/L. Which nursing measure is MOST important?

A. Monitoring for fever and reporting a temperature of 38°C promptly

B. Encouraging a diet high in iron-rich red meat and green leafy vegetables

C. Arranging daily intramuscular vitamin injections to raise the blood counts

D. Applying compression stockings to prevent venous thromboembolism

QUESTION 8 · ADULT NURSING

On the first day after a right pneumonectomy the nurse is repositioning the patient in bed. The patient should be placed:

A. Supine or onto the operative side, with the head of bed raised

B. Flat on the unoperated side with the operative side uppermost

C. Prone with a pillow under the chest for the whole of each shift

D. Sitting fully upright and leaning forward over a bedside table

QUESTION 9 · ADULT NURSING

A 68-year-old has a rhythmic tremor of both hands that appears when holding a cup or writing, settles at rest, eases after alcohol and is absent in sleep. The nurse explains that this tremor:

A. is an early sign of Parkinson's disease needing levodopa

B. is an essential tremor, often helped by propranolol

C. is caused by low blood sugar and settles after meals

D. is a normal change of ageing that needs no assessment

QUESTION 10 · PHARMACOLOGY

A patient with Parkinson's disease is vomiting after abdominal surgery, and intravenous metoclopramide is suggested by a colleague. The nurse should:

A. Give it and monitor the tremor and rigidity more closely

B. Give half the usual dose to limit extrapyramidal effects

C. Suggest prochlorperazine instead as a safer antiemetic choice

D. Question the order, as it can worsen parkinsonian symptoms

QUESTION 11 · COMMUNITY HEALTH

An unvaccinated, healthy 3-year-old played yesterday with a cousin who has now been diagnosed with measles. The child is well. The community nurse should:

A. Give a course of antibiotics to prevent measles developing

B. Wait for symptoms to appear before giving any vaccine

C. Give MMR in two weeks, after the incubation period ends

D. Give MMR vaccine today, within 72 hours of exposure

QUESTION 12 · MENTAL HEALTH

A client with obsessive-compulsive disorder repeatedly washes their hands until they are raw. In the early stage of treatment, the nurse should:

A. Stop the ritual completely from the very first day

B. Allow the ritual safely and reduce it gradually

C. Remove the soap so the ritual cannot continue

D. Set a fixed limit of one hand wash in each hour

QUESTION 13 · MATERNAL NURSING

A woman at 36 weeks' gestation has painful genital ulcers and is confirmed to have a first (primary) episode of genital herpes. The nurse explains that the team will:

A. Recommend antiviral treatment and a planned caesarean birth

B. Advise a vaginal birth using a fetal scalp electrode in labour

C. Delay any treatment until after she has given birth safely

D. Arrange topical antiseptic washes as the only management

QUESTION 14 · MATERNAL NURSING

Six hours after a vaginal birth a woman has a boggy uterus palpable above the umbilicus and displaced to the right, with heavy lochia. The nurse should FIRST:

A. Apply a cold pack over the abdomen and repeat the observations hourly

B. Increase her oral fluids to two litres over the next few hours

C. Help her to empty her bladder, then massage and reassess the fundus

D. Sit her out in a chair and encourage her to walk around the room

QUESTION 15 · MATERNAL NURSING

A woman in threatened preterm labour at 29 weeks' gestation is prescribed intravenous magnesium sulfate and asks what it is for. The nurse explains that it is given to:

A. Stop the contractions completely until she reaches term

B. Mature the baby's lungs in readiness for the birth

C. Lower the baby's risk of cerebral palsy after birth

D. Prevent infection during the labour and the birth

QUESTION 16 · PAEDIATRIC NURSING

A 13-year-old tells the school nurse that her periods soak through a pad every hour for the first two days, and that she now feels tired and breathless climbing the stairs. The nurse should:

A. Explain that heavy periods are normal in the first few years

B. Advise her to rest at home for the first two days of each period

C. Suggest she buys a daily iron tablet from the local pharmacy

D. Arrange medical review with a full blood count and iron studies

QUESTION 17 · PAEDIATRIC NURSING

A 4-year-old has pushed a small plastic bead into one ear canal; there is no pain, discharge or bleeding and the hearing seems normal. The nurse should:

A. Syringe the ear with warm water until the bead washes out

B. Grip the bead with tweezers and ease it out in the clinic

C. Refer the child for removal under direct vision by a clinician

D. Reassure the parents that the bead will work its own way out in time

QUESTION 18 · PAEDIATRIC NURSING

A school-age child with acute asthma is using accessory muscles and can speak only in short phrases. The PRIORITY action is to:

A. Give an oral corticosteroid and reassess in an hour

B. Measure a peak flow before giving any treatment

C. Sit the child up; give oxygen and a bronchodilator

D. Start IV aminophylline before any inhaled treatment

QUESTION 19 · PRIORITISATION & DELEGATION

The nurse is deciding which task to delegate to the nursing assistant. Which is appropriate?

A. Documenting a patient's pain assessment in the record

B. Reinforcing standard mobility instructions the RN already taught

C. Deciding whether a patient is safe to ambulate independently

D. Assisting a stable patient to transfer from bed to chair

QUESTION 20 · ETHICS & LEGAL

A patient with advanced cancer and a valid do-not-attempt-resuscitation order stops breathing, and a relative at the bedside asks the nurse to start chest compressions. The nurse should:

A. Begin compressions because a relative who is present has requested them

B. Call the resuscitation team and start basic life support in the meantime

C. Leave the bedside to find the doctor who signed the original order

D. Stay with the family, give comfort care and explain the agreed plan

Answers and rationales

QUESTION 1 · ANSWER A

Older adults often have a blunted fever response. For long-term care residents, fever includes a rise of more than 1.1°C over baseline, as well as a single oral reading above 37.8°C (IDSA guideline 2008). Her rise is 37.5 minus 36.2 = 1.3°C, and with new confusion she needs assessment for infection and sepsis. Why the others are wrong: a 38.0°C threshold misses infection in frail older adults; older adults do get infections and fevers; waiting 48 hours delays treatment.

Ref gq-0047431e74

QUESTION 2 · ANSWER C

Care after death begins by asking the family about religious, cultural and personal wishes, because these determine who may handle the body, how and whether it is washed, and how soon it is moved. Why the others are wrong: identification bands stay in place so the patient remains identifiable, the family should not be kept waiting while routine washing is completed, and paperwork never takes precedence over informing the next of kin.

Ref gq-0151aa6fed

QUESTION 3 · ANSWER A

Anything below the waist or out of the line of vision is considered contaminated, so sterile hands and items are kept above waist level and in view. Why the others are wrong: sterile gloves do not stay sterile at any height, because items below the waist cannot be watched; the axillae are not sterile, so hands are clasped in front above the waist instead; and the edge of a sterile drape and anything below table level are considered unsterile.

Ref gq-0f4f9cbe32

QUESTION 4 · ANSWER B

A percentage strength means grams of solute per 100 mL, so 5% dextrose holds 5 g in every 100 mL; 1000 mL contains 1000 ÷ 100 = 10 such portions, and 10 × 5 g = 50 g. Why the others are wrong: 5 g is the amount in only 100 mL, while 100 g and 500 g would require a 10% and a 50% solution respectively.

Ref gq-00078ce414

QUESTION 5 · ANSWER B

A skin tear flap is viable tissue: the wound is gently irrigated, the flap realigned over the defect and covered with a non-adherent, atraumatic dressing marked with the direction of removal. Why the others are wrong: trimming discards viable skin and adhesive dressings tear fragile skin when removed; open management with antiseptics delays healing; tight circumferential bandaging risks further injury and impairs circulation.

Ref gq-0102f9d7c3

QUESTION 6 · ANSWER B

Hypotension during continuous renal replacement therapy is most often caused by removing fluid faster than it can refill the circulation, so ultrafiltration is reduced or paused while the circuit keeps running, the patient is reassessed and a fluid bolus or vasopressor is given as prescribed. Why the others are wrong: increasing removal deepens the hypovolaemia, disconnecting first sacrifices the circuit and delays treatment, and waiting an hour leaves organs underperfused.

Ref gq-014091da11

QUESTION 7 · ANSWER A

The neutrophil count of 0.6 × 10^9/L is the most immediately life-threatening problem, because neutropenic sepsis can kill within hours and fever may be the only sign; temperature monitoring, prompt escalation and infection precautions take priority. Why the others are wrong: diet cannot correct marrow failure; intramuscular injections risk haematoma at a platelet count of 30 × 10^9/L; stockings address a risk that is not the priority here.

Ref gq-01f6bd9296

QUESTION 8 · ANSWER A

After pneumonectomy the patient is nursed supine or turned onto the operative side with the head of the bed elevated, so that the one remaining lung stays uppermost and can expand fully, and so that any fluid stays in the empty operative space. Why the others are wrong: turning fully onto the unoperated side compresses the only functioning lung, and prone or prolonged forward-leaning positions are not used and restrict chest expansion.

Ref gq-0219621d35

QUESTION 9 · ANSWER B

A bilateral action or postural tremor that disappears at rest and improves briefly with alcohol is typical of essential tremor, and propranolol or primidone is first-line when it interferes with daily activities. Why the others are wrong: parkinsonian tremor is asymmetrical and worst at rest, hypoglycaemic tremor comes with sweating and hunger, and calling it ageing misses a treatable condition.

Ref gq-023c781a28

QUESTION 10 · ANSWER D

Metoclopramide and prochlorperazine are central dopamine antagonists that can markedly worsen rigidity, tremor and bradykinesia in Parkinson's disease; domperidone or ondansetron are preferred, and the antiparkinsonian medicines are kept to their exact times. Why the others are wrong: closer monitoring does not prevent the drug from blocking dopamine; half the dose still blocks central dopamine receptors; prochlorperazine is also a dopamine antagonist with the same risk.

Ref gq-0042158680

QUESTION 11 · ANSWER D

MMR vaccine given within 72 hours of exposure may prevent measles or lessen its severity in a susceptible contact aged 12 months or older; if the child is not protected, it still counts as a valid dose (CDC Pink Book, 14th ed, 2021). Why the others are wrong: waiting for symptoms loses the post-exposure window; vaccinating after the incubation period gives no protection against this exposure; antibiotics have no effect on a viral infection such as measles.

Ref gq-0060ceb1b9

QUESTION 12 · ANSWER B

Abruptly preventing a compulsion raises anxiety sharply, so early in treatment the nurse allows time for the ritual within safe limits, protects the skin, and then gradually helps reduce it as other coping strategies develop. Why the others are wrong: stopping the ritual completely or removing the soap can provoke panic; and imposing a rigid limit at the start is a form of abrupt restriction rather than a gradual, agreed reduction.

Ref gq-0443b5f990

QUESTION 13 · ANSWER A

A first episode of genital herpes in the last six weeks of pregnancy carries a high risk of neonatal herpes because there has been no time for protective maternal antibody to cross the placenta; aciclovir with caesarean birth greatly lowers that risk. Why the others are wrong: vaginal birth and scalp electrodes expose the baby to the virus and break its skin, delay leaves the mother untreated, and antiseptic washes do not reduce viral shedding.

Ref gq-0122a224b4

QUESTION 14 · ANSWER C

A fundus that is high, boggy and pushed to one side is the classic sign of a full bladder preventing the uterus from contracting; emptying the bladder by voiding or catheterisation and then massaging the fundus restores tone and reduces the bleeding. Why the others are wrong: a cold pack, extra oral fluids and mobilising do nothing about the distended bladder and delay treatment of a uterus that is already atonic.

Ref gq-02e8f439ca

QUESTION 15 · ANSWER C

Magnesium sulfate given when a very preterm birth is expected is neuroprotective and reduces the risk of cerebral palsy in the baby; the woman is observed for toxicity such as loss of tendon reflexes, drowsiness and a falling respiratory rate. Why the others are wrong: tocolytics only delay labour briefly, antenatal corticosteroids mature the lungs, and antibiotics are what treat or prevent infection.

Ref gq-033745e153

QUESTION 16 · ANSWER D

Flooding with symptoms of anaemia needs assessment — a full blood count and ferritin, a bleeding and menstrual history and examination — so that the heavy bleeding is treated and iron replaced, and an underlying bleeding disorder is not missed. Why the others are wrong: normalising the bleeding, resting at home and self-medicating with iron all leave both the anaemia and its cause unassessed.

Ref gq-01ae3bc211

QUESTION 17 · ANSWER C

Blind attempts push the object deeper and can perforate the tympanic membrane, so a child with an aural foreign body is referred for removal under direct vision with the correct instruments. Why the others are wrong: syringing can swell some objects and drive them inwards, tweezers risk canal and drum injury, and an object lodged in the canal does not migrate out by itself.

Ref gq-026b6b19cd

QUESTION 18 · ANSWER C

Accessory muscle use and short phrases indicate severe asthma; sit upright and give oxygen with a rapid-acting bronchodilator. Why the others are wrong: oral corticosteroids are needed but take hours to act and do not relieve immediate bronchospasm; peak flow measurement should not delay treatment, and a child in severe distress may be unable to perform it; and IV aminophylline is reserved for failure to respond to inhaled bronchodilators.

Ref gq-02d0f20ea5

QUESTION 19 · ANSWER D

Assisting a stable patient with a bed-to-chair transfer is a routine task within the assistant's scope. Why the others are wrong: pain assessment and judging safety to ambulate require nursing judgement, and formally reinforcing teaching remains a nursing responsibility because it involves evaluating understanding.

Ref gq-0d82fbc8c5

QUESTION 20 · ANSWER D

A valid DNACPR decision means cardiopulmonary resuscitation is not attempted, while every other element of care — symptom relief, presence, dignity and support for the family — continues and the agreed plan is explained compassionately. Why the others are wrong: a relative cannot override a documented clinical decision, calling the arrest team contradicts that plan, and leaving the family alone at the moment of death abandons them.

Ref gq-0f05a0a1cc

Next step: time yourself. Take the free 20-question timed mock (22 minutes, free account, no card), with a worked review of every answer, at gulfnurseprep.com/free-mock.

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