

MINISTRY OF MEDICAL SERVICES

CLINICAL OFFICERSCOUNCIL

REGISTRATION EXAMINATION, SEPTEMBER 2011

GENERAL PAPER

PAPER: PAPER 1

INSTRUCTIONS FOR PAPER 1

1. Write your COC INDEX NUMBER on each of the answer sheet
2. The time allowed is 3 hours
3. ATTEMPT ALL THE TEN QUESTION
4. DO NOT USE A PENCIL UNLESS INSTRUCTED
5. Answer each question on a separate paper
6. Arrange your answer scripts in order
7. Make sure you staple together your answer scripts from 1-10
8. All cancellations MUST be CLEAN and COMPLETE

1.Mrs Kwamboka 23 years old from Murang’a, presents with sudden cough, tightness in the chest and wheezing which started immediately she applied a new perfume on her body which her spouse bought her previous day.

a) Diagnose Mrs. Kwamboka’s condition (1mk)

b) What are at least 6 triggers to her problem. (3mks)

c) Outline pathophysiology of her condition. (3mks)

d) Manage her condition. (3mks)

2) Kahindi 48 years old man was diagnosed with anemia and blood transfusion ordered. Soon after starting transfusion, a clinical officer noted that his temperature was 39C,was intensely itching with a rush eruption on the whole body.

a) Diagnose Mr.Kahindi’s problem (1mk)

b) State other features of this condition which you could have found (3MKS)

c) What immediate and long term measures will you take to manage his condition? (6mks)

3) Primary immunization has been hailed as one of the most cost-effective strategies of managing childhood communicable diseases by World Health Organization in the 20th century especially for developing countries.

a) Give 3 reasons for the strategy (3mks)

b) State 3 categories of vaccines and their examples (6mks)

c) What is the ideal temperature range for storage of most vaccines (1mk)

4) a)Outline the important steps in neonatal resuscitation (6mks)

 b)What are the indicators of a successful resuscitation of a newborn (4mks)

5) A 22 year female patient present to you at the outpatient clinic with umbilical abdominal pain that shifts to the right iliac fossa for 3 days. per abdomen examination reveals muscle guarding and rebound tenderness.

a) What is the most likely diagnosis? (1mk)

b) Identify 4 differential diagnosis (2mks)

c) Identify 4 relevant investigations (2mks)

d) How will you manage this patient at the Health Center. (5mks)

6) Mr.muraguri, 55 years of age is examined in a medical clinic where he was notes to have developed darkening of toes in the right foot.

a) What is the most likely diagnosis (1mk)

b) Outline 4 other conditions that can predispose to the diagnosis (4mks)

c) What are other local features a clinician should look for (3mks)

7) Adhiambo 38 years of age and nulliparous, has be married for 3 years without children, and has a one year experiencing irregular menses. Recently she noticed a mass in her lower abdomen that has been growing. The mass is estimated at 12 weeks fundal height. She also reports that her mother had a similar growth which was operated on and her uterus removed.

a) What is the most likely cause of infertility in this patient? (1mk)

b) What are the predisposing factors for Adhiambo’s condition? (3mks)

c) Outline the management of this patient (3mks)

d) Give 4 complications of the condition in (a) above (2mks)

8) Mrs. Aurelia presents to your hospital in labor ward with features suggesting second stage labour. She subsequently gives birth to a baby girl weighing 3.2kgs. on taking brief obstetric history, you notice that she did not attend the antenatal clinic.

a) What immediate action will you take for this patient that will help in subsequent care? (2mks)

b) Outline the post- partum care you would give to a HIV+ mother who just delivered. (8mks)

9) As a clinical officer in charge of Karurumo health center. As an AIE holder you collect some money from the patient as an additional budget allocation.

a) What is the name of the fund? (1mk)

b) Which activities is used for? (6mks)

c) What percentage of this money is used by the facility? (1mk)

d) Who spends the balance and for which activities. (2mks)

9) Using STI syndromic approaches, draw and fill in the corresponding information in the table below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NO | Syndrome or class | symptoms | signs | Causative organism |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

END!!!!!!!!!!!!!!!!!!



MINISTRY OF MEDICAL SERVICES

CLINICAL OFICERS COUNCIL

REGISTRATION EXAMINAYION,SEPTEMBER 2011

GENERA PAPER

PAPER:PAPER 2(TRUE/FALSE)

TIME:3 HOURS

INSTRUCTIONS FOR PAPER 2

1. Write your COC INDEX NUMBER on each page

2. Time allowed is 3 hours

3. ATTEMPT ALL THE 100 QUESTIONS

4. DO NOT USE A PENCIL

5. ANSWER ALL questions on the answer sheet provided by marking ‘’X’’ against the appropriate response

6 .You score ONE mark for every correct response

7. You will be penalized ONE MARK (minus one) for EVERY wrong response

8. You do not score or lose any mark for not responding to the question

9. ALL cancellations MUST be CLEAN and COMPLETE

1. A 70-year old woman has been in long-standing poor health, with sever diabetes mellitus and rheumatoid arthritis. Her physician notes that she appears pale and orders a hematocrit, which shows a result of 35%. Examination of blood smear reveals a microcytic anemia. The physician should consider the following:
2. Iron deficiency
3. Anemia of chronic disease
4. Complete blood count analysis
5. Serum ferritin levels
6. Serum iron level.
7. A 31 –year-old Mexican man, homosexual, presents complaining of pain with defecation. He denies any symptom of diarrhea, abdominal pain, or fever. Six months earlier, he developed traveller’s diarrhea while vacationing in Mombasa. On physical examination, he is afebrile and has an unremarkable abdominal examination. On examination of perianal area, there is a group of five clustered ulcers adjacent to the anal orifice and extending to the anal canal. Sigmoidoscopy reveals normal recto sigmoid mucosa. Which of the following is the most likely diagnosis?
8. Cytomegalovirus infection
9. Herpes infection
10. Neisseria gonorrhea
11. Shigella dysenteriae
12. Ulcerative colitis
13. A 72- year- old man come to the physician because of a 3- day history of right-sided chest pain. He denies any shortness of breath nausea and vomiting. Physical examination shows a unilateral, erythematous , maculopapular rash extending from the anterior chest wall to the back in a dermatomal pattern. The rest of the examination is normal. This is consistent with:
14. Herpes zoster
15. Measles
16. Herpes simplex
17. HIV/AIDS
18. Vesicles at various stages of evolution
19. A 50-year old man consults a physician because he has been having transient periods of rapid heartbeat accompanied by sweating, flushing, headache and sense of impending doom. Physician examination reveals no findings. His blood pressure was 195/140 mmHg with a heart rate of 160 per min during the episode. Which of the following matches the condition?
20. Severe hypertension
21. Urgent admission to medical ward is necessary
22. Urinalysis can be done
23. Computed topography of the chest is mandatory
24. See the patient on outpatient basis
25. A quick diagnosis of lobar pneumonia in a health-center will be done by one of the following:
26. Chest x-ray
27. Computed tomography scan
28. MRI(magnetic resonance imaging)
29. Clinical examination and judgment by clinician
30. Ringing a physician to get the diagnosis
31. An old man repairing a huge kerosene storage tank fell into the tank and was quickly rescued.
32. Examination of his chest may reveal bilateral rales
33. Gastric lavage should be done immediately
34. Severe pneumonitis is likely
35. Steroids administration can relieve the symptoms
36. Intravenous administration is important
37. Purity comes with a history of convulsions one hour ago. She has had Epilepsy for the last 10 years. She has been using phenobarbitone 15mg since the past 8 years.
38. Admit her to a medical ward urgently
39. Start her with a diazepam 10mg
40. Order for electroencephalogram(EEG)
41. Consider revising the dosage
42. Change the Phenobarbitone to Tegretol.
43. A mentally ill patient on chlorpromazine started developing deviation of the eyes upwards and had a glaring look. You decided to evaluate the patient’s care.
44. You may stop the drugs
45. This is the most likely extrapyramidal side effect of the drug
46. You may administer an antidote
47. Admit the patient to a medical ward and start intravenous massive fluid therapy
48. Increase the dose of chlorpromazine.
49. While interviewing a patient during history taking, the following words are appropriately used.
50. Diarrhea
51. Left hypochondrium
52. Cough
53. Hotness of the body
54. Epilepsy
55. A patient who presents with diabetic foot requires;
56. Insulin administration
57. To be examined for peripheral neuropathy
58. Check glucose level regularly
59. Wound debridement and cleaning with antiseptics
60. Oral hypoglycaemics like metformin
61. A patient presented with fever and sore throat. On examination by an ENT Specialist a large swelling of epiglottis was noted.
62. Causative organism is likely to be corynbacterium
63. Causative organism is likely to be haemophylus influenza
64. Death from asphyxia can occur
65. Endotracheal intubation can save life
66. Treatment with amoxycicilin+clavulin can save life
67. A patient presented with yellowness of eyes, pruritus and pale stool. On examination, the patient was jaundiced but not anemic.
68. The condition is due to an ongoing hemolysis
69. The condition is due to cholestasis
70. Could be due to primary biliary cirrhosis
71. Could be due to parasitic infestation obstructing the biliary tree
72. Administer steroids
73. The simplest way to prevent transmission for trachoma is/are
74. Provision of save and adequate water
75. Face washing
76. Improvement6 of environment sanitation by digging and using pit latrines
77. Provision of adequate meat and milk
78. Surgical correction
79. In urinalysis:
80. Midstream specimen is preferred
81. Hematuria is a normal finding
82. Proteinuria if heavy suggests a glomerular disease
83. Glycosuria with normal blood glucose is common in chronic renal failure
84. Pus always suggest active bacterial infections
85. With regard of HIV infection, which of the following is the earliest finding?
86. Kaposi’s sarcoma in the palate
87. Reduced hemoglobin
88. Infection with pneumocystic jiroveci
89. Reduction in white cell count
90. B cell lymphomas
91. A fifty three year old woman presents with fatigue for over six months. During this time she has developed pruritis and weight loss of 8kgs. She is not sexually active, and her past medical history is significant only for sjogren syndrome.
92. Acute cholecystitis
93. Acute hepatitis A infection
94. Raised total bilirubin level
95. Delineation of liver
96. Primary sclerosing cholangitis
97. A lady while driving a car is involved in an accident. She was admitted in an ICU for 6 months. After being discharged, she often gets up in the night and feels terrified. She is also afraid to sit in a car again. She could be suffering from:
98. Panic disorder
99. Hysteria
100. Phobia
101. Conversion disorder
102. Post-traumatic stress disorder
103. A 28-year-old type one diabetic is brought to the emergency department after being found in coma. The scent of acetone is present on the patient’s breath. Which of the following correctly represents the condition?
104. Diabetic ketoacidosis is likely
105. Hyperosmolar non-ketotic coma
106. Urgent urinalysis should be done
107. Administration of soluble insulin will help in lowering sugars
108. Administration of lente insulin should be done immediately
109. A 37-year-old woman presents with complain of sever heartburn with or without meals. She has an history of hypertension, which has been treated with captopril. She has failed to obtain relief for her heartburn with large doses of antacids, ranitidine, or omeprazole. Which of the following would be the most likely next course of her management?
110. Increase the dose of medications
111. Order for barium meal
112. Endoscopy examination is necessary
113. Omit the captopril
114. No need to investigate for H pylori
115. A 20-year-old Asian lady has just collapsed after injection of procaine penicillin:
116. This is most likely penicillin overdose
117. Adrenaline injection may be required
118. Chlorpheniramine injection may be useful
119. Intracardia aminophylline is indicated
120. IV line should be secured immediately
121. A male child aged 2 years is brought to the under 5 clinic when you are the clinician on duty with complaints of: difficulty in breathing, fever, convulsions on and off for the last 6 hours. Which of the measures given below will you take to save the life of this child
122. Send the child to pediatrician immediately
123. Send the child to the lab for immediate tests before initiating any treatment
124. Take a short history and reassure the mother
125. Put on oxygen mask and give an injection of diazepam
126. Immediately cover the child with a blanket
127. A child of 5 years has presented to the emergency unit after having a sustained burns around the whole face, part of the right upper chest and arm less than 3 hours ago from unknown chemical splashed on him by a play mate. What steps will you recommend for this child
128. Treat as an outpatient and ask for him to be brought back the next day for review
129. Admit the child immediately and put up an intravenous line of normal saline to run slowly
130. Take some blood sample for urea and electrolytes estimation
131. Pour water immediately and let it run over the area for 5 minutes
132. Prescribe injections of tetanus toxoid, analgesics and sofratule dressing daily after cleaning
133. A school girl staying with a family in Nairobi wakes up at 5.00 am in the morning daily to prepare for school. The girl complains of general weakness, short bouts of cough and wheezing for the past 5 days since the beginning of July. Which statement may be true of this girl?
134. The girl is suffering from congestive heart failure
135. Giving salbutamol tablets may relieve the wheezing
136. The child requires oxygen therapy
137. Nebulization using a bronchodilators as an emergency measures is not beneficial to the child
138. The condition only requires crystalline penicillin injections 6 hourly
139. Select the drugs with anti-malarial activity which can be used in children
140. Metronidazole
141. Tetracycline
142. Artemether
143. Amodiaquine
144. Penicillin G
145. A 3-year old child is reported by the caretaker to have developed complaints of general weakness, loss of appetite and one bout of bloody loose stools for 1 day. He does not vomit since the illness started. Choose the correct statements about the child.
146. The child may be suffering from dysentery
147. The child could be having acute gastroenteritis
148. The most likely cause of the condition is salmonella typhimurium
149. Urine specimen for culture and sensitivity testing may confirm the diagnosis
150. Stool for microscopy is a relevant investigation
151. The main reasons why infants are liable to suffer from moderate to severe dehydration when they are having diarrhea and vomiting are?
152. They frequently refuse to eat
153. Children may not ask for water when they are thirsty
154. A bigger proportion of a child’s body is water
155. Drugs given such as broad spectrum antibiotics are often ineffective
156. Oral rehydration salts(ORS)is not readily available in most health facilities
157. A 9 month old baby whose family stays on the 8th floor of a flat in a Nairobi is noticed to developed general weakness, failure to gain weight, delayed milestones, bowing of legs and suffers from frequent broncho-pneumonia. This child could be suffering from other underlying diseases such as
158. Malnutrition
159. Congenital heart disease
160. Pulmonary tuberculosis
161. Rickets
162. Measles
163. Which of the following vaccines should be given to a one and half year old child who according to birth history was born at home, with the assistance of traditional birth attendant and has since never been taken to the Child Welfare Clinic?
164. Measles
165. Oral polio birth dose
166. BCG
167. Pneumococcal
168. Hepatitis-B
169. A 2-weeks old baby suspected to be suffering from neonatal sepsis and prolonged mild jaundice may not benefit from the following measures?
170. Immediate hospital admission
171. Blood specimen for complete blood count
172. Injections of crystalline penicillin
173. Phototherapy
174. Exchange blood transfusion
175. The following investigations are the most relevant for establishing the probable cause of jaundice in neonates.
176. Blood for full haemogram
177. Serum bilirubin levels
178. Urea, electrolytes and creatinine levels
179. urinalysis
180. coombs test
181. A one year old patient presented with a generalized seizure. This was the third episode in the year.
182. This is severe neonatal seizures.
183. IM diazepam should be given immediately to stop seizures
184. Maintenance phenobarbitone is essential
185. EEG is not necessary as the diagnosis is obvious
186. Heavy doses of phenobarbitone can cause respiratory depression
187. A 10 year old child in an asthmatic attack should best be given:
188. IV adrenaline
189. Subcutaneous aminophylline
190. IV hydrocortisone and oxygen
191. Morphine to allay anxiety
192. Subcutaneous adrenaline and nebulization
193. In a sickle cell disease:
194. Is inherited in a sex dominant mode
195. Patients are more predisposed to pneumococcal infections
196. Valine substitutes glycine in the sixth position
197. Splenomegaly is elicited in 10 years of age
198. Salmonella osteomyelitis is a known complication
199. In severe dehydration:
200. Lethargy and unconsciousness are usually present
201. The patient drinks eagerly and is thirsty
202. Intravenous ringer’s lactate should be started immediately
203. It may follow diarrhea and vomiting
204. Does not usually necessitate hospitalization
205. IMCL:
206. Means infant mortality caused by infections
207. Emphasizes pneumonia, diarrhea, malaria, measles, malnutrition and AIDS
208. This strategy is an expansion phase in Kenya
209. Aims at reducing mortality and morbidity of under fives
210. The family and community component is irrelevant in Kenya
211. The following are cardinal features of CCF in infants
212. Pallor
213. Tachycardia
214. Tachypnea
215. Raised JVP
216. Cardiomegaly
217. In relation to prevention of HIV/MTCT;
218. Intervention measures should antenatally
219. Include administration of Zidovudine to baby daily from birth for one week
220. Include administration of nevirapine to the baby once with 72 hours of life.
221. Transmission occurs in 60% of the babies of mothers who are HIV positive
222. MTCT does not occur via breast milk
223. In urinary tract infection:
224. Urinalysis is the test of choice
225. Congenital posterior urethral valves are a predisposing factor.
226. Entamoeba hystolytica is the commonest cause in infants
227. Frequently occurs in kwashiorkor
228. Does not occur in neonates
229. The expected side effects of crystalline penicillin include
230. Allergic reaction
231. Agranulocytosis
232. GIT irritation
233. Nausea and vomiting
234. Renal damage
235. Vitamin A deficiency is a significant finding in severe malnourished children. Eye signs of the deficiency include
236. Dry conjunctiva
237. Corneal ulceration
238. Bitot’s spots
239. Itchy eyes
240. Weight loss
241. Methods employed to arrest bleeding includes
242. Pressure and packing
243. Positioning-limb elevation
244. Use of hemostats
245. Diathermy
246. Suturing and ligation.
247. Investigations useful in identifying medical conditions that may influence wound healing include
248. Blood sugars
249. Serum urea and electrolytes
250. Endoscopy
251. HIV serology
252. Laparoscopy
253. The following would be a useful features to elicit in patient with neck swelling:
254. Hoarseness of the voice
255. Weight gain
256. Dysphasia
257. Weight loss
258. Night sweats
259. Circumcision is currently promoted as a strategy to control HIV/AIDS. While screening clients in the OPD which one will you not recommend for the procedure?
260. Hypospadias
261. Micropenis
262. Ambiguous genitalia
263. Hemophilia
264. Intercurrent infection
265. About fluid resuscitation in burns
266. Intravenous fluid therapy is considered in children with burns over 10%total burns surface area (TBSA) and adults with less than 15% TBSA.
267. Fluid replacement formula is based on the fact that fluid loss is the maximum in the first 8 hours then it slows.
268. The key to monitoring of resuscitation is the amount of fluid administered.
269. Hematocrit measurement is a useful toll in confirming suspected under or over hydration
270. The most common fluid is hypertonic saline
271. Regarding primary survey and resuscitation in advanced trauma life support (ATLS).
272. If the patient does not reply to simple question the rapid assessment for airway obstruction by a foreign bodies, maxillofacial tracheal/laryngeal fractures is the priority
273. Diagnostic studies should be done at this stage
274. The objectives is to identify and treat immediate threats to life
275. Injury to the cervical spine should not be assumed in a patient with multisystem injury and altered level of consciousness until relevant investigation has been done
276. Aggressive fluid resuscitation is more important than control of hemorrhage
277. Urgent intervention is needed in head injury patients with the following features
278. Deteriorating Glasgow coma score
279. Pupils unresponsive to light
280. Glasgow coma score of 12 or less
281. Depressed skull fractures
282. Blood pressure of 200/120 mmHg
283. Transfusion must be stopped in patients who developed the following features while receiving blood
284. Increased urine output
285. Bradycardia
286. Rigors
287. Urticaria
288. Dizziness
289. Regarding carcinoma of the esophagus
290. Odynophagia is the usual presenting feature
291. Early symptoms entail non-specific dyspepsia
292. Tobacco and alcohol are non- major factors in its occurrence
293. Hoarseness of the voice is a sign of advanced disease
294. Endoscopy is useful in management.
295. Signs and symptoms of gastro-esophageal reflux disease are
296. Heartburn
297. Postural regurgitation
298. Hematemesis
299. Abdominal distention
300. Dysplasia
301. Indication for surgical intervention in peptic ulcer include the following
302. Bleeding
303. Perforation
304. Gastric outlet obstruction
305. Malignancy
306. Reflux esophagitis
307. In septic arthritis
308. Aspiration is mainly for treatment
309. Effusion is demonstrated by ultrasonography
310. Sometimes can mimic osteomyelitis
311. Fever is not a feature
312. Surgical intervention is not useful
313. Causes of dehydration and electrolyte loss in intestinal obstruction include
314. Reduced oral intake
315. Defective intestinal absorption
316. Losses due to vomiting
317. Infections
318. Sequestration in the bowel lumen
319. Cardinal features of intestinal obstruction include
320. Dehydration
321. Distention
322. Pyrexia
323. Vomiting
324. Abdominal pain
325. The following patients are at risk of developing bed sores
326. Comatose patient
327. Patient with urine retention
328. Paraplegics
329. Chronic debilitating illness
330. Post- operative
331. Possible surgical causes of per rectal bleeding include
332. Anal skin tag
333. Rectal prolapse
334. Gastric ulcers
335. Anal fissure
336. Anal fistula
337. Regarding reduction in management of fractures
338. Should be done in all fractures
339. In closed reduction there is minimal injury to blood vessels and soft tissues
340. Open reduction is usually an emergency
341. Accuracy of reduction can only be checked on a radiograph
342. It involves restoring the fractured bone to its original position as possible
343. The following are used in determining the union of fracture
344. Clinically in the absence of pain to pressure
345. Radiologically (bone crosses the fracture cleft)
346. Consolidation (osteoblastic activity has returned to near normal of full strength)
347. Removal of plaster of Paris
348. Partial weight bearing
349. Regarding underwater seal drainage
350. The drainage bottle should be placed in the same level with patient
351. Post procedure x-ray is taken to verify the position of drainage
352. Only used to drain fluids
353. Removal of drainage is indicated if drainage is less than 200m/s in 24 hours
354. Rapid drainage is useful for fast symptomatic relieve
355. During a ward rounds, a post- operative patients reports of falling urine output. You would:
356. Check that catheter is not blocked
357. Give a fluid challenge
358. I.V Frusemide is the mainstay of treatment
359. Suspect hypovolaemia
360. Pulse is not useful in identifying the cause
361. As a clinician in an health center, which of the following would you ensure that it is carried out during the second FOCUSED ANTENATALCARE visit
362. Checking on the individual birth plan
363. Ensuring that the first SP is given
364. Listening for fetal heart rate
365. Counseling
366. Doing a vaginal examination
367. Which of the following are essential in management of teenage pregnancy
368. Education and counseling on sexuality
369. Antenatal care
370. Health facility delivery
371. Psychological support
372. Birth preparedness
373. Which of the following factors would you not consider in the management of a previous scar?
374. Dates of the latest caesarean section
375. The indication of the previous caesarean section
376. Type of the previous scar
377. Details of the previous operative findings if possible
378. The nature of post- operative period
379. In premature labor
380. Diabetes mellitus in pregnancy is a predisposing factor
381. Rhesus iso immunization could be cause
382. History of painful contraction which occur at least once in every 10 minutes
383. Twisted ovarian tumor is differential
384. Examining to confirm the stage of labor is not usually indicated
385. In premature rapture of membranes(PROM)
386. Digital vaginal examination n is indicated in any gestation
387. Urinary incontinence is a differential
388. Taking fetal heart may not be important
389. Do not give antibiotics as they have no role
390. Speculum examination is not indicated
391. In the prevention of intra uterine fetal demise you may advice the client to do the following investigations
392. Blood group for rhesus factor
393. VDRL
394. Blood glucose level
395. Hepatitis B surface antigen
396. HIV
397. Active management of third stage in labor involves
398. Cord clamping and cutting
399. Showing the baby to the mother
400. Immediate administration of oxytocin if not given during the birth of the anterior shoulder
401. Controlled cord traction
402. Uterine massage
403. Signs of placenta separation include?
404. Secretion of breast milk from the mother
405. Rising of uterus higher than abdomen
406. Increase of the cord outside the vagina
407. Sudden gush of blood on average(100-3000m/s)
408. Progressive controlled cord traction
409. Catherine Makale a 36 year old para 4+0 Gravida 5 came to your office with an obstetric ultrasound showing breech presentation. The following are possibilities;
410. Multiple sexual partners she has been having
411. Other possible masses e.g fibroids
412. Polyhydramnious
413. It is an unexpected presentation at this gestation
414. Oligohydromnious
415. The following are predisposing factors for Cephalo pelvic disproportion
416. Pelvic malformation
417. Short stature
418. Macrosomia
419. Hydrocephalus
420. Previous history of prolonged labor
421. Malaria in pregnancy
422. Maternal death is a complication
423. There is nothing like congenital malaria
424. Education on diet to boost immunity and to reduce anaemia is a preventive intervention
425. Is not associated with prematurity
426. Oral quinine is used as first line drug
427. The management guideline for cardiac disease in pregnancy does not include
428. Bed rest
429. Hematinics
430. Treatment of any infections
431. Avoiding physical strain
432. Use of digoxin, frusamide in the management of CCF
433. In rhesus isso- immunization
434. The situation can only arise when the mother is rhesus negative and the fetus is rhesus positive
435. Previous abortion of a rhesus negative fetus is likely to be the cause
436. Blood transfusion with rhesus positive predisposes
437. Anaemia of the newborn is likely complication
438. Direct combs test is done before birth
439. The following factors affect mother to child transmission of HIV/AIDS
440. Viral load
441. Maternal immunological status
442. Prolonged rupture of membranes
443. Fetal prematurity
444. Gastrointestinal factors
445. Anticoagulant therapy
446. Heparin 10000i.u. s/c is given until clotting time is acceptable then change to oral anticoagulant
447. Warfarin Sulphate is given as 500mg od
448. Clexane is not very effective
449. Early ambulation following a surgical procedure may prevent DVT
450. Heparin is not used for prophylaxis
451. Kimani a clinical officer at Kirwara health center at the patient support center encounters an HIV positive mother who has just deliver and requires advice about infant feeding options. which of the following information is reliable
452. During breast feeding phase a condom should be used during sexual intercourse to avoid the chances of reinfection to the mother
453. Exclusive breast feeding reduces gut and other infections e.g thrush that could increase the risk of HIV infection
454. The baby is breast fed on demand
455. Exclusive breastfeeding does not provide the best infant nutrition since the milk could be infected
456. Mixed feeding is encouraged
457. Testing of infant of HIV infected mothers
458. Children born to HIV mothers will have maternal antibiotics till 36 months after birth
459. Children born to HIV mothers will have maternal antibiotics till 48 months after birth
460. Children born to HIV mothers will have maternal antibiotics till 18 months after birth
461. PCR is routinely used
462. Children born to HIV mothers will have maternal antibodies till 6 months after birth
463. Mwanahamadi wanted an intra- uterine contraceptive device to enable her space out her childbirths. Which of the following was she likely to be given?
464. Copper-7(gravigard)
465. Jadelle
466. Copper(tatum)
467. Saf
468. Progesterone
469. In prevention of DVT which of the following is adviced?
470. Avoid prolonged bed rest
471. Encourage early ambulation
472. Avoid estrogen containing contraceptive before six weeks post- partum
473. Elevation of the affected limb
474. Check Prothrombin Time every time she conceive
475. Focused antenatal care (FANC) approaches has been embraced as a vible concept in the promotion of safe and child survival.it aims at;
476. Promoting health of ante-natal mothers
477. Detecting complications in pregnancy early
478. Identifying pre-existing conditions
479. Preparing antenatal mothers for childbirth
480. Preventing diseases in antenatal period
481. In an interview with puplic health officer, Kongolo was asked about water related diseases. Which are likely to be his correct answers
482. Amoebiasis
483. Schistosomiasis
484. Poliomyelitis
485. Oncocerciasis
486. Drucunculosis
487. Shanghai village experiences massive infestations with musca domestica. what are the control measures that would yield positive results
488. Spray bushes with DDT
489. Drain all stagnant water
490. Proper disposal of refuse
491. Use of ITNs
492. Keeping food vessel clean
493. Community participation in immunization and general health care can be encouraged by using;
494. Community health workers to bring unvaccinated mothers and children to the clinic
495. Village health communities and women groups to check on the immunization status of all children
496. School children to check on the vaccination of their younger brothers and sisters
497. Religious leaders and other influenced people to encourage people to come for vaccination
498. Special days or weeks to emphasize the need for immunization
499. In epidemiological triad, man can be categorized as a reservoir of infection in the following circumstances
500. Chronic carrier state
501. At the work place
502. As an inpatient
503. After recovery
504. During convalescence
505. The Millennium Development Goals were officially established at the Millennium summit in 2000, where 189 world leaders adopted the United Nations Millennium Declaration. which of the following comprise the health related goals?
506. Health For All by the year 2015
507. Combating communicable diseases
508. Vision 2030
509. Eradication of poverty
510. Reducing child mortality rate
511. The following are the temperatures features for the vaccines at various stages in the cold chain
512. Measles at 2-8o at the health facility
513. Oral polio below 0oC At the central vaccine stores
514. Pentavalent below 0oC at nthe regional depot
515. Tetanus toxoid between 0oC and 8oC at all levels
516. BCG and TT at -5oC at the central vaccine store
517. Community Based Health Care (CBHC) approach was adopted as a strategy in primary health care to add value to health care services delivery? Value systems attached to it include:
518. Lay emphasis on improving family health especially mothers and children
519. Promotes population growth
520. Pursues an integrated, inter-sectoral and multidisciplinary approach
521. Encourages community participation in the delivery of health care
522. Improves quality of ARVs given to client
523. Prevention is turning the ecological ‘’balance’’against the agent thus break the transmission cycle. the following activities constitute primary prevention measures
524. Counseling to avoid multiple relationships
525. Regular exercise to promote healthy lifestyle
526. Individuals are persuaded to utilize screening services
527. Individuals learn appropriate self care
528. Individuals are encouraged to to comply with ongoing medical treatment
529. Chemjor is a 3month old a symptomatic HIV positive baby brought to MCH for immunization. Which of the following steps suffices to be undertaken?
530. He should routinely be given all appropriate vaccines according to the national EPI programme schedule
531. He should not be immunized
532. BCG should not be given
533. All live attenuated vaccines are contraindicated
534. Yellow fever vaccine is absolutely contraindicated
535. In an organization’s strategic plan
536. Major businesses of the organization is defined
537. The actions to follow in conducting its business are ignored
538. Only meager amounts of resources are committed to proposed actions
539. The criteria for entering the business is set
540. The question often asked is ’’when will we get there’’
541. Under the qualities approach, the attributes of a leader include the following
542. Self- confident
543. Smart
544. Tall
545. Imaginative
546. Intelligent
547. The following scenario illustrate how control process can be enhanced by the staff
548. Absolving the firm from misconception
549. Playing one manager against another
550. A game between the’’ boss and me’’
551. Providing accurate information
552. Following rules to the latter
553. Characteristics of a manager include
554. Influencing others toward goal setting
555. Appointed officially
556. Have powers and authority to enforce decisions
557. Takes risks and explores new ideas
558. Relates to people according to their roles
559. Demerits of division of labor
560. Increase efficiency
561. Leads to specialization
562. Occupational accidents
563. Causes psychological trauma
564. Increases productivity
565. In management, subordination of individual interest in an organization requires that
566. Interest of a group overrides that of an individual whenever the two are in conflict
567. Staff personal needs should be met using an organization time
568. Interest of an organization must take a priority
569. An employee’s personal need should be met using materials from the organization
570. One should not misuse funds, vehicles etc for individual needs
571. Functions of management include
572. Chain of command
573. Organizing
574. Unity of direction
575. Ordering
576. Delegating
577. Characteristics of the control process
578. It anticipates problems and takes preventive actions
579. Employees often view it positively
580. It is cyclical (never finished)
581. It leads to identification of anew problems
582. Corrective actions also entails follows- up on problems
583. As a manager and a clinical officer, you can demonstrate conceptual skills by:
584. Demonstrate how to use a stethoscope
585. Showing understanding when your junior has a family problems and needs some time to sort things out
586. Showing students on internship how to effectively take history of a patient
587. Being able to explain how other department e.g laboratory, physiotherapy etc related to clinical medicine
588. Relating well and interacting with those working under you.
589. When ordering drugs from the central medical store in KEMSA in Nairobi one may need to fill in an
590. S3
591. S11
592. S12
593. S33
594. S9
595. In a civil, service, the following are disciplinary measures you can institute against an disobedient officer at district level
596. Stop him from working and immediately put him in half salary
597. Talk to the officer and explain to him his shortcomings
598. Send him on compulsory leave
599. Stop him from working and stop his salary
600. Transfer him to hardship areas.

END!!!!!

GOOD LUCK!!!