**INSTRUCTIONS FOR PAPER 11 (MCQS)**

1. Write your **COC INDEX NUMBER** on each page.
2. Time allowed is **3 hours.**
3. Attempt **all QUESTIONS.** 
4. **DO NOT USE A PENCIL.**
5. **ANSWER ALL** questions on the answer sheet provided by marking “X” against the appropriate response for either **TRUE or FALSE.**
6. You score **ONE MARK** for every correct response.
7. You will be penalized **ONE MARK** (minus 1 mark) for **EVERY** wrong response.
8. You do not score or lose any mark for not responding to the questions.
9. **ALL CANCELLATIONS** must be **CLEAN** and **COMPLETE.**

COC REGISTRATION EXAM 2009

PAPER 11 A

1. The following antihypertensive drugs are correctly matched.
2. Hydrochloric acid………………Beta –blocker.
3. Atenolol………………..Angiotensin receptor blocker.
4. Captopril………………………….Diuretic.
5. Nifedipine……………..Calcium channel blocker.
6. Losartan…………………………….Angiotensin-converting Enzyme inhibitor.
7. The following clinical conditions are associated with upper gastrointestinal hemorrhage;
8. Mallory-Weiss tear.
9. Cancer of the stomach.
10. Acute pancreatitis.
11. Reflux oesophagitis.
12. Acute cholecystitis.

3. Criteria for the diagnosis of diabetes mellitus include;

1. Symptoms of diabetes plus random blood sugar>11.1mmol/1:
2. Fasting plasma glucose>7.0mmol/I.
3. Two-hour plasma glucose>11.1mmol/I during an oral glucose tolerance test.
4. Haemoglobin AIc>7.0
5. Random blood sugar between 7.8 and 11.1mmol/I.
6. Regarding typhoid fever;
7. A single Widal test is the most reliable test.
8. Osteomyelitis is a complication.
9. Bone and joint infection is commonest in sickle cell disease.
10. Diarrhea and vomiting is a fairly common presentation
11. Cough is a feature.
12. A 16 year old male patient presents at casualty with difficulty in breathing .He is noted to have finger clubbing and central cyanosis. He is known to have vulvular heart disease;
13. The definite diagnosis is intracranial right to left shunt.
14. Infective endocarditis is likely.
15. Oxygen therapy is indicated.
16. Pertechiae, if found are likely to be due to vitamin c deficiency
17. He should be treated with crystalline penicillin and gentamycin for 10 days.

6. Pleural effusion;

1. Is clinically detected at 50ml.
2. Mediastinal displacement is towards the lesion in massive effusion.
3. Is exudative if protein content is less than 30g/l
4. Vocal resonance is increased.
5. There is stony dullness on percussion.

7. Clinical features of acute leukemia include the following;

1. Meningitis.
2. Bone marrow failure.
3. Osteolytic bone lesions.
4. Chloromas.
5. Hepatosplenomegally.

8. In the classification of Hodgkin’s lymphoma, unfavorable prognosis is associated with;

1. Mixed cellularity.
2. Lymphocyte depleted.
3. Nodular sclerosing.
4. Lymphocyte predominant.
5. High –grade lymphoma.

9. The following blood components are correctly matched with the specific indication;

1. Whole blood……………… coagulopathies.
2. Packed red blood cells….. hemophilia
3. Fresh frozen plasma……… acute hemorrhage
4. Cryoprecipitate…………….. nephrotic syndrome
5. Plasma derivatives………… anemia

10. One evening, Onyango was apprehended by police officers and locked in the cells .After 3 days he was arraigned in court and charged for being drunk and disorderly, when asked to plead, he informed the magistrate that he had severe chest pain and was coughing bloodstained sputum. He was then referred to the health facility for medical assessment.

1. You will straight away think of trauma and torture in the cells.
2. Because of haemoptysis the man definitely has tuberculosis.
3. The patient most likely has bronchial carcinoma and therefore sputum for culture and sensitivity should be carried out.
4. Being drunkard he might have contracted aspiration pneumonia and chest x-ray could be helpful.
5. Exposure to the cold in the cells could be a relative finding.

11. The following clinical conditions present with generalized lymphadenopathy;

1. Typhoid fever.
2. Infectious mononucleosis.
3. Chronic lymphocytic leukemia.
4. Tuberculosis.
5. Sarcoidosis.

12. Kanini, a 15 year old patient presents to you in a health center where you have just been recently posted after your internship. She has a tender hepatomegaly following history of constipation alternating with diarrhea and abdominal pain especially over the sigmoid colon some 4 weeks ago. The most likely cause(s) of this tender hepatomegaly is/are

1. Congestive cardiac failure.
2. Hydatid cysts.
3. Amoebic hepatitis.
4. Brucellosis.
5. Alcoholic hepatitis.

13. Nephrotic syndrome is characterized by;

1. Proteinuria in excess of 1.73g/3.5m2/day.
2. Hypolipidaemia.
3. Hyperalbuminaemia.
4. Oedema.
5. Ascites.

14. The following treatment modalities are useful in the management of hyperkalemia;

1. Potassium exchange resin.
2. Corticosteroids.
3. Restriction of flesh fruits.
4. Dialysis.
5. Intravenous insulin plus 50% dextrose.

15. The following haemotological conditions will present with increased hemolysis;

1. Spherocytosis.
2. Hemophilia.
3. Thalassemia.
4. Christmas disease.
5. Sickle cell Anaemia.

16.Concerning toxic multinodular goiter;

1. It is more common in women.
2. Men age of presentation is 60 years.
3. Cardiovascular features such as atrial fibrillation or cardiac failure tend to predominate.
4. Long term treatment with anti-thyroid drugs is very appropriate.
5. Treatment with a large dose of radioactive iodine is the gold standard as the gland is relatively resistant to radiation.

17. Immune- mediated transfusion reaction usually present with the following features;

1. Loin pains.
2. Chest pain.
3. Fever /chills.
4. Fluid overload.
5. Viral infection.

18.The following are features of upper motor neuron lesions;

1. Flaccid paralysis.
2. Hypereflexia.
3. Reduced muscle tone.
4. Extensor plantar response (present Babinski’s sign.)
5. Presence of abdominal reflexes.

19. You are conducting medical examination for an athletic team .Findings that would be significant in cardiovascular screening include;

1. Chest pain
2. History of near syncope.
3. Family history of sudden death.
4. Aortic stenosis.
5. Pulse 60 beats per minute.

20. A 35 year old man presents at the clinic with left lower chest pain of sudden onset. There was shadowing at the left lung base on chest x-ray. The patient appeared toxic, possible diagnosis is/are:

1. Pneumonia.
2. Pulmonary embolism.
3. Chronic obstructive airway disease.
4. Bordettella pertussis infection.
5. Legionnaire disease.

21. Causes of cyanotic episodes in a new born include:

1. Sepsis.
2. Hypoglycemia.
3. Pre maturity.
4. Post maturity.
5. Hyperglycemia.

22. A dull tone on percussion over the clavicle of a 10 year old girl could suggest:

1. Pleural effusion.
2. Lung abscess.
3. Pulmonary tuberculosis.
4. Apical pneumonia.
5. Normal finding in children.

23. A three year old child presents with features of failure to thrive. The following statements are true:

1. Chest x-ray is indicated to make a diagnosis.
2. Abdominal ultrasound is a must for the diagnosis.
3. Elisa for HIV is not a priority test.
4. A finding of cyanosis in this child is very significant
5. Monteux test will be helful.

24.The following are true about an apathetic ,edematous three year old child with serum protein of 1.4% with no proteinuria:

1. Failure of disappearance of oedema may be due to congestive cardiac failure.
2. This child has normal temperature control.
3. If this child has PTB, the manteaux test will most probably be positive.
4. Crystalline penicillin adequately covers the organisms that may cause infections in this patient.
5. Lactose intolerance is common.

25. John is a two year old child who presented at the O.P.D with a 2 day history of cough, running nose and fever of 38oc.The respiratory rate was 45 breaths per minute. There was no chest in drawing.

1. The diagnosis is pneumonia.
2. Chest x-ray is mandatory for diagnosis.
3. Sputum culture is necessary for diagnosis.
4. Monteux test should be done to rule out T.B.
5. C.C.F is a possible complication.

26. Acute Otitis media in an infant:

1. Staphylococcus aureus may be the cause.
2. May cause deafness.
3. Meningitis is a known complication.
4. Can be a cause of febrile convulsions.
5. Otoscopy is not essential as external auditory meatus is narrow.

27. A two year old child presents to you with a history of barking cough, hoarseness of voice and a temperature of 37oc.The mother reports that the child had a generalized body rash 2 weeks prior to this.

1. L.T.B is the most likely diagnosis.
2. Acute epiglottitis is an important differential.
3. In severe cases intubation may be necessary.
4. Tracheostomy is mandatory.
5. Hydration is crucial in its management.

28. Cerebral palsy:

1. Can be predisposed by anoxia.
2. The athetoid type is the commonest.
3. The ataxic type present with tonic neck reflexes.
4. It is a lifelong condition.
5. It may present with strabismus.

29. in acute pyogenic meningitis in infants:

1. Kerning’s sign is always positive.
2. A combination of gentamycin and chloramphenicol is the standard treatment.
3. May complicate to cerebral palsy.
4. Meningism is an important feature.
5. C.S.F. has increased protein levels.

30. Acute glomerulonephritis

1. Usually follows infection with group A beta hemolytic streptococcus.
2. Rarely progresses to chronic glomerulonephritis
3. Rarely gives rise to hypertension.
4. Can be diagnosed by doing urine culture.
5. Usually presents with oliguria.

31. Measles vaccine:

1. Is toxoid.
2. May lead to measles infection later in life.
3. Is live attenuated virus.
4. Is given at the age of 6months.
5. Is sensitive to light.

32. in poliomyelitis:

1. Intramuscular injections should be avoided.
2. Paralysis mainly involves the lower limbs.
3. Hyper reflexia of the deep tendon reflexes is an important sign of impending paralysis.
4. Patients should be encouraged to exercise as early as possible.
5. Is common in the low socio –economic groups.

33. Indications for treatment of malaria with intravenous Quinine are:

1. Anaemia of 5gm/dl and below.
2. Parasitaemia of > 5%
3. Vomiting everything.
4. Associated severe dehydration.
5. Severe pneumonia with uncomplicated malaria.

34. A ten year old boy presents at New Nyanza General Hospital with a history of profuse whitish watery stool and vomiting of acute onset. There is no associated abdominal pain .Similar episodes have been reported in the neighborhood in the recent past.

1. The likely diagnosis is food poisoning
2. A rectal snip for examination is a necessary investigation.
3. Hypotension is a feature.
4. Tetracycline is the drug of choice.
5. Ringer’s lactate is the most preferred fluid for intravenous administration.

35. Sickle cell disease:

1. Is common in western Kenya and coast province.
2. Is inherited as an autosomal dominant.
3. May present at birth.
4. Painful crisis is commonly precipitated by dehydration.
5. Priapism is a common complication.

36. Eczema in children:

1. The commonest type is atopic Eczema.
2. Family history of asthma is significant.
3. Topical steroids play a major role in its management
4. Stress is a triggering factor.
5. Impetigo is a common secondary bacterial infection.

37. A 2 months old male baby presents at Kenyatta National Hospital pediatric outpatient clinic, with 3 days history of projectile vomiting immediately after a feed. On examination, he is moderately dehydrated, visible peristalsis is noted and a non-tender mass is felt over the Rt hypochondrium.

1. Most likely diagnosis is hypertrophic pyloric stenosis.
2. An n abdominal ultrasound is necessary.
3. Nephroblastoma is a differential.
4. Treatment is purely conservative.
5. Electrolyte imbalance can occur.

38. Kerosene poisoning:

1. Gastric lavage should be undertaken immediately
2. It may cause pneumonitis
3. It is the commonest form of accidental poisoning in children.
4. All patients with kerosene poisoning must be admitted.
5. Chest x-ray is important in confirming the diagnosis.

39. In case of anaphylactic shock following administration of intramuscular procaine penicillin:

1. Immediately give I.V adrenaline.
2. Immediately give I.M hydrocortisone.
3. Give I.M piriton.
4. Give I.V 5% dextrose.
5. Give antibiotics immediately.

40. Respond to the following concerning HIV:

1. A positive HIV Elisa test in child less than 18 months shows that the child is HIV infected.
2. An HIV virology test necessary to make a diagnosis of HIV in children of all ages.
3. HIV Elisa test for presence of antibodies to HIV in blood.
4. HIV PCR test for presence of antibodies to HIV in blood.
5. Maternal antibodies clear from the infant’s blood by age 18 months.

41. Bed sores:

1. Occur in patients debilitated by severe illness.
2. May occur following spinal injuries.
3. Surgical debridement should never be done since it deepens the wounds further.
4. Typically occur over bony prominences.
5. Prognosis depends on the patient’s ability to be mobilized.

42. Acute appendicitis:

1. Pain is initially located at the umbilicus and later shifts to the left iliac fossa.
2. Patients present with low grade fever.
3. Vomiting is preceded by abdominal pain.
4. Murphy’s sign is positive.
5. Ruptured ectopic pregnancy is a differential in females.

43. Congenital club foot is characterized by:

1. Plantar flexion, inversion and fore foot adduction.
2. Dorsiflexion, eversion and fore foot adduction.
3. Plantar extension, inversion and forefoot adduction.
4. Dorsiflexion, eversion and forefoot adduction.
5. Small and empty heel.

44. Testicular torsion:

1. Inversion of testis is the most common predisposing factor.
2. The twisted testicle is usually placed higher than untwisted in unilateral cases.
3. Elevation of the testis reduces pain.
4. Elevation of the testis makes the pain worse.
5. Varicocele is a predisposing factor.

45. Facial burns;

1. Occlusive method is the best for dressing.
2. Silver sulfadiazine should be used to enhance faster healing.
3. Presence of soot and absence of nasal hairs indicate likelihood of inhalation burns hence 10% should be added when calculating total burn surface area.Patients should be on nil per oral until they heal.
4. Full thickness skin graft gives better cosmetic results.

46. Animals bites:

1. Antivenom vaccine should be given in resuscitation phase of snake bites.
2. Rabid dogs run with their heads down unlike normal dogs.
3. Human bites should be stitched.
4. Antibiotic cover is mandatory.
5. 70% of snakes are non-poisonous.

47. Neck swellings:

1. Tuberculosis lymphadenitis is a differential for a solid swelling.
2. Hodgkin’s lymphoma gives rise to a cystic swelling.
3. An abscess initially is firm but later becomes fluctuant.
4. Actinomycosis gives rise to swelling with a sinus.
5. Thyroid swelling moves on swallowing.

48. The following are signs and symptoms of tuberculosis of the spine:

1. Back pain.
2. Stiffness of the back.
3. Visible deformity of the back.
4. Localized swelling (abscess)
5. Weakness of the lower limbs.

49. Osteoarthritis:

1. Is accompanied by new growth of cartilage and bone at the joint margins.
2. Joint pains are worse in the morning.
3. X-ray film shows degenerative joint changes
4. Is associated with peripheral neuropathy
5. Steroids can be used in its management

50. Fractures of the shaft of tibia and fibula:

1. Most of the fractures are compound
2. Management should be concentrated mainly on the tibia
3. During retention period the knee should be held slightly flexed to help prevent rotation of the limb within the plaster and to facilitate walking and sitting
4. The ankle is held in a right angle and the toes are left in when cylindrical plaster is applied
5. Boost plaster of Paris should be used to prevent knee stiffness
6. Colles’ fractures:
7. Is the reverse of Smith’s fracture
8. Is a fracture of the distal end of the radius with dorsal angulation produced by a fall on the palm of outstretched hand
9. There is dinner fork deformity
10. First line treatment is open reduction with internal fixation
11. Is a reverse of Barton’s fractures
12. Regarding general rules of bone healing
13. Lower limb fractures take twice as long to unite as upper limb fracture
14. Fractures in adults take twice as long to unite as children
15. Transverse fractures take long time to unite than spiral
16. Compound fractures heal faster than simple
17. No fracture unites in less than three weeks
18. A patient is having a left tibia fracture which is on POP cast for two months.Now he needs mobilization of a single crutch.On which side will you use this crutch?
19. Any side
20. Left side
21. Right side
22. Both sides
23. Posteriorly

54.The following are true in penetrating chest injuries:

1. Any patient with a gunshot entry wound and the exit wound cannot be identified should be considered to have a retained projectile.
2. Chest radiography is not the immediate remedy in patients with clinical signs of a tension pneumothorax.
3. Sucking chest wound must be appropriately covered to permit adequate ventilation.
4. Fluid collections in hem thorax should not be treated with percutaneous thoracotomy tubes.
5. Cardiac tamponade is an indication for thoracotomy.

55. Shock:

1. Systolic BP is the main indicator of shock.
2. Most often ,hypovolemic shock is secondary to rapid blood loss
3. Cardiovascular system initially responds to hypovolemic shock by increasing the heart rate.
4. The abdomen should be examined for tenderness or distension, which may indicate intra-abdominal injury.
5. Renal system responds to hemorrhagic shock by stimulating an increase in renin secretion from the juxtaglomerular apparatus.

56. The following are risk factors of breast cancer:

1. The progesterone only pill is associated with increased risk.
2. Positive history.
3. Alcohol consumption is associated with a decreased risk.
4. Factors increasing the number of menstrual cycles increase the risk.
5. Risk is decreased with cervical cancer.

57. In lumbar puncture:

1. Subarachnoid hemorrhage is diagnostic.
2. With abnormal level of consciousness a lumbar puncture is performed before a CT scan.
3. Is therapeutic in pseudo tumor cerebra
4. Gives a dry tap in dehydration.
5. Results should not delay antibiotic commencement.

58.Infections:

1. Furuncle is an acute streptococcal infection of a hair follicle with perifolliculitis.
2. Hordeolum treatment involves extraction of the specific eye lash.
3. Carbuncle is an infective gangrene of the subcutaneous tissue.
4. Impetigo is an intradermal infection caused by streptococcus.
5. Boils occur only on hairless areas.

59. The following are radiologic features of estrogenic sarcoma:

1. Osteophytes.
2. Codman’s triangles.
3. Sunray appearance.
4. Subchondral cysts.
5. Spicules.

60. Causes of acute abdomen are:

1. Acute gastritis.
2. Appendicular mass.
3. Pelvic abscess.
4. Pancreatitis.
5. Perforated ileum.

61. Concerning focused antenatal care:

1. Four visits are recommended.
2. Per vaginal bleeding is a danger sign.
3. The husband is not involved.
4. Intermittent presumptive treatment for malaria is indicated as from 8 weeks of gestation.
5. Traditional birth attendants are encouraged.

62. Hyperemesis gravid arum is associated with:

1. Molar pregnancy.
2. Multiple pregnancies.
3. Diabetes mellitus in pregnancy.
4. Malaria.
5. Pre-eclampsia.

63. During puerperium:

1. Progesterone only contraceptive pills can be used safely.
2. Family planning should not be started.
3. The mother is advised to remain in bed.
4. Breast feeding is not encouraged until 48 hours.
5. Lochia Alba is present up to 3 days.

64. A patient with ectopic pregnancy:

1. Always gives a history of amenorrhea.
2. Could be treated on outpatient basis.
3. The pregnancy is commonly found in the fallopian tube.
4. Acute pelvic inflammatory disease is a differential.
5. Tubal pregnancy is an emergency to be operated on immediately.

65. Post maturity:

1. Is prolongation of pregnancy beyond 42 weeks.
2. Once diagnosed must be managed by immediate induction of labor.
3. Has no adverse effect on the baby.
4. May lead to abruption placenta.
5. May lead to oligohydromanios.

66. Cancer of the cervix:

1. Human papilloma virus is considered the causative agent.
2. Aden carcinoma is more common than squamous cell carcinoma.
3. Vaginal discharge is the most frequent presenting symptom in Kenya.
4. Sexual intercourse has no role.
5. Renal failure is the leading cause of death in this patient.

67. The following should be avoided in a patient with APH at term in the ward or outpatient department;

1. Sterile speculum examination.
2. Digital or rectal examination.
3. Obstetric ultrasound scans.
4. Blood group and cross matching.
5. Obstetric abdominal palpation.

68. The menstrual cycle is controlled by hormones which have effects on target organs in an axis which includes:

1. The hypothalamus.
2. Ovaries.
3. Endometrium.
4. Vagina.
5. The bladder.

69. Depot Provera:

1. May increase menstrual flow.
2. May be used in complicated diabetes mellitus.
3. Return to infertility is immediate.
4. Increase libido.
5. Decrease the risk of endometrial carcinoma.

70. The following are components of post abortal care:

1. Patients must be put on hematinic.
2. Post abortal counseling and family planning services.
3. Voluntary counseling and testing.
4. Linkage to other reproductive health services.
5. Manual vacuum aspiration is indicated at 18 weeks of gestation age.

71. The following are absolute indications of caesarean section:

1. Previous classical caesarean section.
2. Eclampsia.
3. Two or more previous scars.
4. Previous myomectomy.
5. Postdates.

72. Pre-eclampsia is characterized by:

1. Oedema.
2. High blood pressure.
3. Convulsions.
4. Proteinuria.
5. Uremia.

73. The following are contraindications for induction of labor:

1. Rhesus incompatibility.
2. Cephalic-pelvic-disproportion (CPD).
3. Intrauterine fetal death.
4. Placenta prevails.
5. Multiple pregnancies.

74. Common causes of maternal mortality in Kenya include:

1. Complications of induced abortion.
2. Breast cancer.
3. Post-partum hemorrhage.
4. Road traffic accidents (RTA).
5. Puerperal sepsis.

75. Ergometrine:

1. Is contraindicated in patients with heart disease.
2. Is not used in management of post-operative hemorrhage (PPH).
3. Can cause rupture of uterus.
4. Is indicated in hypertensive patient.
5. Acts as a vasodilator.

76. The following are important in describing the mechanism of labor:

1. Strength of contraction.
2. Descent.
3. Flexion.
4. Internal rotation.
5. Extension.

77. Routine antenatal profiles include:

1. VDRL.
2. HIV test.
3. Stool for o/c.
4. ESR.
5. Hemoglobin level.

78. In case of an obstetric emergency the following should be done:

1. Take a detailed history.
2. Shout for help.
3. Loosen tight clothing.
4. Perform a thorough physical examination.
5. Position the woman lying down on her left side.

79. In prevention of mother to child transmission of HIV:

1. Ungodly test is the first to be done followed by determine.
2. Elisa test is done in labor ward.
3. Rupture of membranes for more than 2 hours is a risk factor.
4. Zidovudin is given from 28 weeks’ gestation.
5. Nevirapine 4mg stat is given to the infant within 72 hours of birth.

80. Complications of grand multipara are:

1. Pre-eclampsia.
2. Uterine fibroids.
3. Malpresentation.
4. Ruptured uterus.
5. Post-partum hemorrhage.

81. The following are factors which determine the level of the prevalence of disease.

1. The incidence.
2. The cure rate.
3. Fatality rate.
4. Duration
5. Immigration of well persons.

82. Barriers of communication include:

1. Individual bias and selectivity.
2. Fear.
3. Lack of trust.
4. Language problems.
5. High education level.

83. The following terms are used in disaster management:

1. Disaster.
2. Hazards.
3. Emergency.
4. Vulnerability.
5. Risk.

84. The following are indicators of health status in a community:

1. Infant mortality rate.
2. Under five mortality rate.
3. Life expectancy.
4. Crude birth rate.
5. Child mortality rate.

85. Accurate record-keeping:

1. Saves time.
2. Makes ordering easy.
3. Promotes economic use of drugs.
4. Promotes efficient use of resources.
5. Helps smooth functioning of services.

86. Deficiency of vitamin A results in:

1. Pernicious anemia.
2. Night blindness.
3. Abnormal growth.
4. Keratitis.
5. Trachoma.

87. Hand washing:

1. Is ineffective in the control of hospital acquired infections.
2. Plain soap/water removes transient microbes.
3. Alcohol hand rub is useful.
4. Is not useful in preventing hepatitis B.
5. Both transient and resident microbes can be removed with antiseptic soap/water.

88. The following are true about pulmonary tuberculosis:

1. Transmitted through droplet.
2. Can run in families.
3. It can be inherited.
4. Active phase is highly infectious.
5. It is self-limiting.

89.The following are true about tetanus:

1. It is transmitted through faecae-oral route.
2. Prognosis is poor.
3. Mainly caused by bordetella organisms.
4. It is preventable.
5. Children are rarely affected.

90. An official letter from the ministry of health headquarters must contain:

1. The reference number and date.
2. The correct address and telephone numbers.
3. The subject content.
4. The court of arms of GOK symbol.
5. The signature to affirmits official ownerships.

91. Preventive measures against tetanus include:

1. Immunization of the under-fives.
2. Training of traditional birth attendants.
3. Giving T.T after injury.
4. Maintaining household cleanliness.
5. Routine immunization of pregnant mothers.

92. Primary preventive measures for cholera include:

1. Case finding.
2. Treatment of cholera.
3. Boiling of drinking water.
4. Isolation.
5. Proper use of VIP latrines.

93. The bodies responsible for regulating, training, registration and licensing clinical officers in Kenya is/are:

1. Kenya clinical officer’s council association.
2. Medical practitioners’ board.
3. Kenya clinical officer’s council.
4. Kenya medical training college.
5. Clinical officers indemnity fund(COIF)

94. The functions of community health worker include:

1. Being a role model to the community.
2. Treating minor illnesses.
3. Organized Bamako pharmacies
4. Assist in training community members.
5. Giving health education to the community.

95. Contraindications of natural family planning include:

1. Clients who have irregular menses.
2. Women of reproductive age-who have prolonged menses.
3. Partners who stay far apart.
4. Urinary tract infections.
5. Partners who understand one another.

96. Natural increase in a population means:

1. The number of births in one year.
2. The number of all children above one year in a given population.
3. The number of women of reproductive age.
4. The difference between the number of births and deaths in a year.
5. The number of all live births.

97. The steps involved in monitoring and evaluation include:

1. Collection and analysis of data.
2. Determining the indicators.
3. Identifying the methods.
4. Identifying the objectives.
5. Monitoring and evaluating the progress.

98. Prevalence rate of a disease in a community can be decreased by:

1. Immigration of healthy persons.
2. Emigration of all cases.
3. Improved cure rate of cases.
4. Increased death rates from the diseases.
5. Death.

99. The purpose of planning in management is:

1. To meet set objectives.
2. For monitoring and evaluation.
3. Allocation of resources.
4. To avoid duplication of work.
5. Reduce wastage of funds.

100.The following are medical-legal functions of a clinical officer:

1. Completion of p3 forms.
2. Attending to assault cases.
3. Examining rape cases.
4. Postmortem examination.
5. Determining benefits for an injured person.

101. A patient presents to your clinic with a history of productive blood stained cough for about three weeks.On further inquiry,the patient sometimes gets night sweats and has lost weight.

1. What is the likely diagnosis? (1 mark)
2. What is the causative organism? (1 mark).
3. Describe your finding on physical examination (6 marks).
4. Mange this patient under the following headings:
	* 1. Specific treatment (3 marks).
		2. Supportive treatment (2 marks).

102. A patient presents to you with 2 months complaints which make you suspect that he has peptic ulcer .Discuss this condition under the following headings:

1. Clinical features (3 marks).
2. Complications (3 marks).
3. Manage the patient under the following:
4. Drugs (2 marks).
5. Supportive (1/2 mark each correct answer).
6. Preventive (1/2 mark each correct answer).

103. Baby Ann is 1 year old weighing 5 kgs. The father says the child’s weight is not increasing. On examination you notice the child has visible severe wasting,irritable,the skin is wrinkled and loose. The parent status for HIV is non reactive. You thought the child could be having severe malnutrition.

1. State the TEN general principles for routine care of such a child according to the ministry of health guidelines (5 marks).
2. Write treatment plan for cautious feeding of this child (5 marks).

104. A 2 year old girl is brought by her parent with a history of cough for 3 weeks. She also complains of chest pain more to the right. Parents report that she sweats a lot at night. Examination reveals the following: Appears wasted, pale+ generalized lymphadenopathy, no jaundice, cyanosed Oedema, temp is 38.5oc, pulse 100b/min. Respiratory system-reduced breath sounds on the right side, anterior and posterior to the right side, no rhonchi and dull percussion on the right side. PA-hepatomegaly and other systems normal.The father completed his dose of anti TB drugs 2/12 ago. The child is fully immunized.

1. What is your most likely diagnosis? (1 mark).
2. What investigations will you do for her? (3 marks)
3. What is your treatment plan? (6 marks).

105. A lady aged 48 years presents to you with history of postccoital bleeding and offensive per vaginal discharge for 3 months. She has been attending the local dispensary with no improvement.

1. What is the most likely diagnosis? (1 mark).
2. Identify one single examination that you must perform (1 mark).
3. What laboratory investigations would you do? (1 mark).
4. What common organisms are related to her condition? (1 mark0.
5. Outline predisposing factors of the conditions (1/2 mark for each). (4 marks).
6. Discuss preventive strategies of this condition (2 marks)

106. Akinyi is a 19 year old primigravida who was brought to the consulting ward with history of having fitted several times at home O/E patient is in coma,not pale not jaundiced R/S-clear ,P/A -34/40 weeks, fetal heart rate-regular.

1. What is the most likely diagnosis? (1mark).
2. What are the four major classification of this condition? (2marks).
3. Identify the most appropriate management for this patient (4marks).
4. List three likely complications if akinyi is not treated (4marks).

107. Acute urinary retention is a common cause of emergency surgical admission.

1. Outline the clinical features of acute urinary retension (3marks).
2. Outline the management of a patient brought to you with acute urinary retension (7marks).

108. A young adult male patient is brought to hospital with a bleeding right leg wound and protruding bones following a road traffic accident. He is in severe pain and cannot stand or use the limb.

1. What is the diagnosis? (1mark).
2. Describe the initial management (3marks).
3. What investigations will you carry out? (1mark).
4. Give both specific and supportive management of this patient (5marks).