**KENYA MEDICAL TRAINING COLLEGE – NYAMIRA**

**MARCH 2012 KRCHN CLASS (PRE-SERVICE)**

**END OF SECOND BLOCK EXAMINATION**

**PAEDIATRICS EXAM**

DATE: 1 April 2014 TIME: ...........................

**INSTRUCTIONS**

1. Enter your examination number and question number on each page used.
2. ALL questions are compulsory.
3. Omission of and or wrong numbering of a question or part of the question will result in 10% deduction of the marks scored from the relevant part.
4. Do NOT use a pencil.
5. Mobile phones are NOT allowed in the examination hall.

**PART ONE: MCQS (MULTIPLE CHOICE QUESTIONS) – 10 MARKS**

Q.1. A child having solicylate poisoning manifests with:

1. Lethargy, hypoventilation, seizures.
2. Delirium, pinpoint pupils, tinnitus.
3. Hypoventilation, thrombolitic pains, dilated pupils.
4. Hyperventilation, bleeding tendency, tinnitus, tenderness.

Q.2. In non-Hodgkin’s lymphoma:

1. Presence of reed-sterberg cells confirm the diagnosis.
2. The malignant cells are poorly differentiated.
3. Occurrence is common in adults than in children.
4. Metastasis is predictable.

Q.3. The primary cause of hydrocephalus in a child is:

1. Imbalance between the production and absorption of cerebrospinal fluid.
2. Dilatation of the ventricles.
3. Compression of brain against the skull.
4. Enlargement of the skull.

Q.4. A child suffering from tetanus will present with the following features:

1. Photophobia, neck rigidity, difficult in sleeping.
2. Convulsions, painful spasms of facial muscles, body rigidity.
3. Convulsions, positive Kerning’s sign, photophobia.
4. Positive Kerning’s sign, painful spasms of facial muscles, body rigidity.

Q.5. A child is able to sit unsupported at:

1. 3 – 9 months.
2. 9 – 12 months.
3. 6 – 9 months.
4. 12 – 15 months.

Q.6. The most important clues in the diagnosis of nephritic syndrome:

1. Proteinuria, oedema.
2. Casts in urine, hyperlipidaemia.
3. Hypoalbuminaemia, hyper-lipidaemia.
4. Hypoalbuminaemia, oedema.

Q.7. Clinical manifestations for Wilms Tumar include:

1. Abdominal pain, fever, hypertension.
2. Gross haematuria, jaundice, chronic renal failure.
3. Retention of urine, gross anaemia, fever.
4. Acute renal failure, jaundice, fever.

**PART ONE: MCQS (MULTIPLE CHOICE QUESTIONS) – 10 MARKS**

Q.8. A lung condition that causes finger clubbing in children is:

1. Pulmonary disease due to sudden exposure to an allergen.
2. An acute pulmonary disease in malnutrition.
3. A chronic pulmonary disease.
4. An acute pulmonary disease.

Q.9. Complications associated with trachea-oesophageal atresia include:

1. Pneumonia, leakage into the chest cavity.
2. Diarrhoea, pneumonia.
3. Constipation, colicky abdominal pains.
4. Abdominal distension, oesophagus constriction.

Q.10. Clinical manifestation of pyloric stenosis includes:

1. Observable peristaltic movement, diarrhoea.
2. Failure to thrive, tenesmus.
3. Non-projectile vomiting, colicky abdominal pains.
4. Projectile vomiting, olive like moss in upper abdomen.

**PART TWO: SHORT ANSWER QUESTIONS – 20 MARKS**

Q.1. Explain briefly the pathophysiology of nephritic syndrome. 5 marks

Q.2. Outline five (5) possible causes of convulsive disorders in children. 5 marks

Q.3. Outline the health messages you will share with a parent of an asthmatic child. 5 marks

Q.4. Outline five (5) the clinical features of rheumatic fever. 5 marks

**PART THREE: LONG ANSWER QUESTIONS – 20 MARKS**

Q.1. Baby Chebet is admitted in the ward with a diagnosis of bacterial meningitis.

1. Define meningitis. 1 mark
2. Outline four (4) the clinical features of bacterial meningitis. 4 marks
3. Apart from the clinical features, state three (3) other ways in which the

diagnosis of meningitis can be made. 3 marks

1. Describe the nursing management of baby Chebet from admission till discharge

10 marks

1. List four (4) complications of meningitis. 2 marks