**KENYA MEDICAL TRAINING COLLEGE – NYAMIRA**

**END OF YEAR ONE SEMESTER TWO EXAMINATION**

**MARCH 2014 KRCHN CLASS (PRE-SERVICE)**

**PAEDIATRIC CONDITIONS EXAMINATION**

DATE: 29/5/2015 TIME:1.30 – 4.30PM

**INSTRUCTIONS**

1. Enter your examination number and question number on each page used.
2. ALL questions are compulsory.
3. For part 1 (MCQs), write the answer in the spaces provided on the answer booklet.
4. For Part 2 (SHORT ANSWER QUESTIONS), answer the questions following each other.
5. For Part 3 (LONG ANSWER QUESTIONS), answer to each question MUST start on a separate page.
6. 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.
7. Do NOT use a pencil.
8. Mobile phones are NOT allowed in the examination hall.

For Examiner:

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| --- | --- | --- | --- | --- |
| **MCQS** | **SAQS** | **LAQS 1** | **LAQS 2** | **TOTAL** |
|  |  |  |  |  |

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

Q.1. Meningococcal meningitis can either be caused by:

1. Bacteria only.
2. Fungi and viruses.
3. Bacteria and viruses.
4. Parasites and viruses.

Q.2. While giving F75 (therapeutic feed), in a malnourished child, the following is expected except:

1. Weight reduction.
2. Oedema to subside.
3. Weight gain.
4. Appetite re-gaining.

Q.3. In the anatomy of the ear, otitis media affects:

1. Inner space.
2. Middle space.
3. Outer space.
4. All of the above.

Q.4. In Laryngo Tracheo Bronchitis (LTB), the following is the main characteristic feature:

1. Barking cough.
2. Reduced urine output.
3. Chest pain.
4. Productive cough.

Q.5. In acute upper respiratory tract infections, the following conditions are involved:

1. Common cold and very severe pneumonia.
2. Pneumonia and laryngitis.
3. Bronchopneumonia and lobar pneumonia.
4. Pharyngitis and common cold.

Q.6. The following age group experience iron deficiency anaemia:

1. Toddlers and neonates.
2. Toddlers and adolescents.
3. Adolescents and pre-schoolers.
4. Pre-schoolers and school going age.

Q.7. In paediatric HIV, cotrimoxazole (septrin) prophylaxis is administered so as to:

1. Reduce morbidity and frequency of admissions.
2. Treat and cure HIV.
3. To prevent urinary tract infections.
4. None of the above.

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

Q.8. The following are contributing factors of urinary tract infections in children:

1. Urinary stasis, poor perineal hygiene.
2. Diarrhoea, urinary catheterization.
3. Long female urethra, chronic constipation.
4. Tight diapers, increased fluid intake.

For **Q.9. – Q.10**. indicate true or false.

Q.9. (a) Acute laryngitis and pneumonia are grouped under the “CROP SYNDROME”.

(b) Acute infection of larynx and trachea easily obstructs the airway.

Q.10. (a) Increased intra cranial pressure, head circumference of a child is essential in monitoring

the progress of the condition.

(b) Chest x-ray, sputum and cranial ultra-sound are among the diagnostic features of

meningitis.

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

Q.1. Explain four (4) causes of diarrhoea with an example. 4 marks

Q.2. List six (6) clinical features of a child with meningitis. 3 marks

Q.3. Differentiate between marasmus and kwashiorkor as it affects children. 5 marks

Q.4. State three (3) classification of anaemia in children. 3 marks

Q.5. Explain briefly five (5) ways on how to allay fear and anxiety in the child

while admitted in the ward. 5 marks

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

Q.1. Baby June is admitted in paediatric ward with febrile convulsions (seizures).

1. Define febrile convulsions. 2 marks
2. State five (5) characteristics features of a febrile convulsion. 5 marks
3. List six (6) investigations done in a child suffering from febrile convulsion. 3 marks
4. Describe the nursing management offered to Baby June during and after a

convulsion. 10 marks