

## NURSING COUNCIL OF KENYA

### EXAMINATION FOR ADMISSION TO THE REGISTER OF COMMUNITY HEALTH NURSE – KRCHN (BASIC)

#### PAPER TWO

DATE: WEDNESDAY 26<sup>TH</sup> APRIL 2017

TIME ALLOWED: 3 HOURS

2.00 PM to 5.00 PM

#### INSTRUCTIONS TO CANDIDATES:

1. Read the questions carefully and answer only what is asked.
2. ENTER YOUR EXAMINATION NUMBER AND QUESTION NUMBER ON THE space provided in the answer booklet.
3. All the questions are compulsory.
4. For Part I (M.C.Q's)  
Write your answers in capital letters on the space provided in the answer booklet.
5. Each M.C.Q. is 1 mark.
6. For Part II (SHORT ANSWER QUESTIONS).  
Answers to these questions should follow each other on the space provided in the answer booklet.
7. For Part III (ESSAY/LONG ANSWER QUESTIONS)  
Answers to each question must be written on the specified page(s) in the answer booklet.
8. Omission of or wrong numbering of examination papers, questions or parts of the question will result in 10% deduction of the marks scored from the relevant part.
9. Each candidate MUST sign the examination return form after handing in ALL the scripts.
10. No candidate shall leave the examination room until all the examination scripts have been submitted and sealed in an envelope by the invigilators.

KRCHN (BASIC) EXAMINATION: PAPER TWO: APRIL 2017  
PART I: MULTIPLE CHOICE QUESTIONS:

Q:1: Quickening in a multipara is experienced at:-

- a) 24 weeks.
- b) 22 weeks.
- c) 20 weeks.
- d) 18 weeks.

Q:2: In MCH, priority should be given to a woman who is:-

- a) Pale, in pain, has difficulty in breathing, term.
- b) Pale, in pain, difficulty in breathing, generalized edema.
- c) Generalized edema, term, in pain, difficulty in breathing.
- d) Term, generalized edema, pale, vomiting.

Q:3: On palpating for fundal height the midwife formed four fingers below the xiphisternum. The possible gestation would be:-

- a) 36 weeks, 40 weeks.
- b) 32 weeks, 36 weeks.
- c) 32 weeks, 40 weeks.
- d) 38 weeks, 40 weeks.

Q:4: An infant with fetal alcohol syndrome is:-

- a) Small for gestation, cognitively impaired, has craniofacial deformity.
- b) Normal size, cognitively impaired, has craniofacial deformity.
- c) Small for gestation, has craniofacial deformity, preterm.
- d) Small for gestation, has craniofacial deformity, no cognitive impairment.

Q:5: Fetal surface of the placenta has:-

- a) Chorion and visible blood vessels.
- b) Amnion and visible blood vessels.
- c) Chorion and amnion.
- d) Decidua and amnion.

Q:6: Occipitofrontal diameter measures of the fetal skull:-

- a) 13.5 cm.
- b) 9.5 cm.
- c) 10.5 cm.
- d) 11.5 cm.

Q:7: Antenatal exercise should be geared towards:-

- a) Child birth and general physique.
- b) Child birth and posture.
- c) Posture and general physique.
- d) Relaxation and posture.

Q:8: In second stage, the appropriate mode of delivery in a woman with cardiac disease grade III is:-

- a) Vacuum extraction.
- b) SVD.
- c) C/S.
- d) Laparotomy.

Q:9: In management of post partum hemorrhage the ideal canula gauge should be size :-

- a) 18.
- b) 16.
- c) 20.
- d) 22.

Q:10: Symptoms of second stage are:-

- a) Urge to bear down, excessive show.
- b) Strong uterine contractions, gaping anus.
- c) Excessive show, gaping anus.
- d) Urge to bear down, strong uterine contractions.

Q:11: Indicate whether the statement is true or false:-

- i) In face presentation the midwife maintains extension.
- ii) An infant born through mentoanterior position has a normal face.

Q:12: Appropriate action following ketone + in urine during labour is to:-

- a) Ambulate mother, massage her back.
- b) Feed the mother and encourage plenty of oral fluids.
- c) Put in left lateral position, massage her back.
- d) Feed the mother, continue monitoring contractions.

Q:13: Signs of true labour are:-

- a) Presence of show, erratic pain, cervical dilatation.
- b) Presence of show, rhythmic uterine contractions, cervical dilatation.
- c) Presence of show, rupture of membranes, cervical dilatation.
- d) Presence of show, bands ring, cervical dilatation.

Q:14: The objective of first examination of the newborn is to:-

- a) Assess maturity, rule out congenital abnormalities, ascertain condition at birth.
- b) Rule out congenital abnormality, ascertain condition at birth, check meconium staining.
- c) Assess maturity, birth injuries and rule out congenital abnormalities.
- d) Assess maturity, check meconium staining, ascertain condition at birth.

Q:15: Premature babies should be given:-

- a) Vitamin K 1mg, BCG, birth polio.
- b) Vitamin K 0.5 mg, BCG, polio.
- c) Vitamin K 1 mg, BCG, polio 1.
- d) Vitamin K 0.5 mg, BCG, birth polio.

Q:16: Post delivery, if combined oral contraceptive is not available the midwife can give:-

- a) Progesterone only pills and condoms.
- b) Intra uterine contraceptive device and condoms.
- c) Implants and progesterone only pills.
- d) Condoms and implants.

Q:17: Promotion of breast feeding can be enhanced by:-

- a) Sounds of a baby, sight of a baby and touching the baby.
- b) Sounds of a baby, pain and touching the baby.
- c) Sounds of a baby, worries, touching the baby.
- d) Sounds of a baby, full breasts, touching the baby.

Q:18: Tetanus toxoid should be given at:-

- a) > 36 weeks.
- b) During the first visit.
- c) After > 16 weeks.
- d) During 4th visit.

Q:19: Complete involution of the uterus occurs at:-

- a) 2 weeks.
- b) 4 weeks.
- c) 6 weeks.
- d) 10 weeks.

Q:20: Maternal audit should focus on:-

- a) Hospital morbidity.
- b) Hospital mortality.
- c) Maternal mortality.
- d) Supplies management.

PART II: SHORT ANSWER QUESTIONS:

MARKS

Q:1: With the help of diagrams, illustrate the different types of placenta praevia. *Good.*

5

Q:2: Outline five (5) ways you are going to teach a woman kegel exercises following normal delivery. *strengthening, squaring, relaxing, vagina muscle.*

5

Q:3: Outline specific interventions by a midwife to a woman in second stage of labour with card presentations. *heart is out!*

3

Q:4: State four (4) benefits of breast feeding to the mother and four (4) benefits of breast feeding to the baby.

- |                            | <u>mother</u>                     | <u>Baby</u>                        |   |
|----------------------------|-----------------------------------|------------------------------------|---|
| a) Benefits to the mother. | → Bonding<br>→ Breast engorgement | → Nutrition<br>→ Prevent allergies | 4 |
| b) Benefits to the baby.   | →<br>→                            | →                                  | 4 |

Q:5: Explain two (2) environmental factors and two (2) newborn factors that predispose to hypothermia.

- |   |                                   |   |
|---|-----------------------------------|---|
| a) Environmental factors.                       | <i>open windows, cold weather</i> | 3 |
| b) <del>Fetal</del> <sup>Newborn</sup> factors. | <i>prolapse</i>                   | 3 |

Q:6: Explain three (3) specific health messages you will give to a woman with cracked nipples. *oil/moisturize, clean, avoid infection, remove baby early after breastfeeding*

6

Q:7: State four (4) complications of polyhydromnious. *cord prolapse, malpresentation, AFI, Protein deficiency*

4

Q:8: State three (3) causes of haemorrhage after normal delivery. *PPH*

3

*the whole placenta is ...*

*partly on the upper uterine section*

*some part ...*

*OG*

*central*

PART III: ESSAY/LONG ANSWER QUESTIONS:

MARKS

Q:1: Mrs. B, 27 years old primigranda comes to labour ward in established labour at term.

- a) Define normal labour. *- Begins at 27 complete weeks, continuing in intensity in intensity* 1
- b) Describe the management of Mrs. B till delivery. *ADPIE delivery of a normal baby & safe mother* 11
- c) State four (4) potential nursing diagnoses for Mrs. B and four (4) potential nursing diagnosis for baby B following normal spontaneous vertex delivery.
  - i) Potential nursing diagnoses for Mrs. B. 4
  - ii) Potential nursing diagnoses for the baby. 4

Q:2: Baby X, born via spontaneous vertex delivery from a mother para 6 + 0 weighs 2 kgs at 39 weeks gestation.

- a) Define small for gestational age. 1
- b) Describe the specific management of Baby X till discharge. 11
- c) Explain preventive measures of small for gestation deliveries. *not* 8