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D. J. M.

**NURSING COUNCIL OF KENYA**

**EXAMINATION FOR ADMISSION TO THE REGISTER OF COMMUNITY HEALTH  
NURSES(BSCN)**

**PAPER TWO**

**DATE: WEDNESDAY 17<sup>TH</sup> JULY AUGUST 2013**

**TIME ALLOWED: 3 HOURS**

**2.00PM – 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) provided 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.

3:10

**BSCN EXAMINATION: PAPER TWO: JULY 2013**  
**PART I: MULTIPLE CHOICE QUESTIONS:**

Q:1: The innominate bone of the pelvis is composed of:-

- a) Sacrum, ischium, pubic bone.
- b) Ilium, symphysis pubis, ischium.
- c) Pubic bone, ischium, ilium.
- d) Pubic bone, ilium, sacrum.

Q:2: The proliferative phase in the menstrual cycle is:-

- a) Under control of oestrogen and concerns regrowth of the endometrium.
- b) Marked by appearance of pubic hair and ovulation.
- c) Marked by vaginal bleeding if the ovum is not fertilized.
- d) That which follow ovulation and is under control of progesterone.

Q:3: The sub-occipitofrontal diameters of the fetal skull is measured from:-

- a) Occipital protuberance to the center of the frontal suture.
- b) Below occipital protuberance to the center of frontal suture.
- c) Occipital protuberance to the glabella.
- d) Below occipital protuberance to the center of the anterior fontanelle.

Q:4: The small glands under the prostate that produce a lubricating fluid into the urethra are known as:-

- a) Seminal vesicles.
- b) Spermatic cord. ✗
- c) Glans penis. ✗
- d) Bulbo urethral.

Q:5: Constipation experienced by pregnant women is mainly due to:-

- a) Relaxed pyloric sphincter and upward displacement for the diaphragm. (Heartburn.)
- b) The cravings of certain food substances that may lack roughage. *Pica.*
- c) Relaxation and decreased peristalsis in the gut.
- d) Inadequate consumption of food associated with nausea and vomiting (morning sickness).

Q:6: If the fundal height is found to be at the level of upper margin of the umbilicus, the gestation in weeks is estimated to be:-

- a) 22.
- b) 24. *> I medicine net !?*
- c) 28.
- d) 30. *I miles !?*

Q:7: The cardinal signs of pre-eclampsia are:-

- a) <sup>g.</sup> Convulsions, glycososuria, hypertension.
- b) Oedema, convulsions, headache.
- c) Proteinuria, hypertension, convulsions.
- d) Proteinuria, oedema, hypertension.

\* Q:8: <sup>one ovum</sup> Uniovular twins are those who:-

- a) Tend to have two fused placentae.
- b) Develop from one fertilized ovum and usually have two placentae.
- c) Usually develop as a result of one ovum fertilized by two spermatozoa.
- d) Are always from two ova fertilized by two spermatozoa.

\* Q:9: The loading dose of magnesium sulphate in the treatment of severe pre-eclampsia in Kenya is:-

- a) 5 mgs of 50% magnesium sulphate intramuscularly.
- b) 5 mgs of 20% magnesium sulphate intravenously within 5 minutes.
- c) 4 mgs of magnesium sulphate 20% intravenously for 10 – 15 minutes.
- d) 1 ml of 2% magnesium sulphate intramuscularly for 10 – 15 minutes.

Q:10: The causes of prolonged labour include:-

- a) Cord prolapse, fetal distress, poor contractions.
- b) Poor uterine contractions, full rectum, malpresentation.
- c) Prematurity, obstructed labour, poor contractions.
- d) Malpositions, cephalopelvic disproportion, incoordinate uterine action.

Q:11: Moulding of the fetal skull is described as the overriding of the skull bones during labour. In normal vertex presentation, the:-

- a) Posterior parietal bones, override the occipital bone.
- b) Anterior parietal bone overrides the occiput.
- c) Occiput overrides the parietal bone.
- d) Anterior parietal bone overrides the anterior fontanelle.



\* Q:12: The <sup>confirmatory?</sup> premonitory signs of labour includes:-

- a) Contractions, retraction, taking up of cervix. <sup>confirmatory?</sup>
- b) Frequency of micturation, lightening, cervical dilation.
- c) Taking up of cervix, lightening, frequency of micturation.
- d) Backache, lower abdominal discomfort, frequency of micturation.

Q:13: The signs of fetal distress as observed on the partograph include:-

- a) Fetal bradycardia, hypertonic uterine contractions, ketonuria.
- b) Meconium stained liquor, fetal tachycardia, fetal skull, bones overlapping.
- c) Hypertonic uterine contractions, caput formation, meconium stained liquor.
- d) Maternal hypertension, hypertonic uterine contractions, meconium stained liquor.

Q:14: While using a partograph, midwife will measure the frequency of uterine contractions by:-

- a) Duration of each contraction counted in seconds. *(true)*
- b) Number of contractions in 10 minutes observed within 30 minutes interval. ✓
- c) Number of contractions per minute observed within 30 minutes.
- d) Duration of each contraction from the beginning to the end counted per minute.

\* Q:15: Mechanical factors that enhance separation and descent of the placenta includes:-

- a) Intramuscular 10 units of Syntocinon. *chemical*
- b) Uterine contractions and retraction.
- c) Fundal massage and pressure per abdomen.
- d) Retroplacental clot enclosed in the membranes.

Q:16: A conditioned milk ejection that occurs when a woman hears her baby cry is due to a conditioned release of:-

- a) Prolactin.
- b) Oxytocin.
- c) Human placental lactogen.
- d) Progesterone.

Q:17: A midwife detects a cord prolapse during a routine vaginal examination for a woman in labour, the immediate and appropriate action would be to:-

- a) Rule out Cephalopelvic disproportion, reassure the woman.
- b) Shout for help, reduce pressure by the presenting part on the prolapsed cord.
- c) Remove pressure by the presenting part on prolapsed cord, reassure the woman.
- d) Shout for help, prepare for emergency caesarian section.

Q:18: During the delivery of persistent occipito posterior position:-



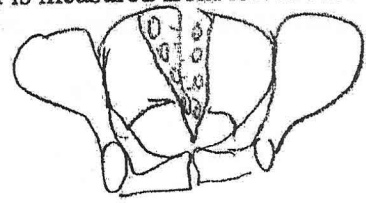
- a) ✓ Occiput sweeps perineum and sinciput is held back to maintain flexion.
- b) Occiput is born under symphysis pubis and sinciput, face and chin sweep the perineum. ✗
- c) Head is born by flexion or haemorrhage.
- d) Occiput sweeps perineum, chin is held back to increase extension.

Q:19: For question 19 and 20 indicate whether the statements are true or false.

- a) Prolonged labour is diagnosed if the cervicograph is to the left of the alert line. **T**
- b) Succenturiate lobe is a significant abnormal variation of the placenta and can lead to post partum infection. **F**

Q:20: a) *Position* Presentation refers to relationship between the long axis of the fetus and long axis of uterus. **F**

b) Diagonal conjugate is a measurement that is done to estimate the obstetric conjugate and is measured from lower border of the sacral promontory.



\*17/18/19/20

BLUE LIGHT IN INCUBATOR IS FOR JAUNDICE

5. - ↑ bile pigments.  
- Yellowing.

↑ Cyanosis

4/4

PART II: ESSAY/LONG ANSWER QUESTIONS:

MARKS

Q:1: Baby Z who is 20 hours old is diagnosed with neonatal jaundice.

a) Using three (3) points contrast physiological and pathological jaundice.

Phys. | Path.

b) State three (3) causes of pathological jaundice.

↑ congenital causes of jaundice  
↑ Neonatal sepsis.

c) Describe the management of baby Z who is to be started on phototherapy.

- fluids via NGT.  
- cover eyes + genitalia  
- Anti-B.  
- counsel mother.

6  
3  
11

Q:2: Mrs. WC now a para 1+0 is admitted to the postnatal ward after having given birth two hours ago.

a) Define the term puerperium.

- period after giving birth up to 6 weeks post-natal!

b) Formulate five (5) nursing diagnoses for Mrs. WC.

↑ Anxiety  
↑ Risk for inf. 5  
↑ fatigue  
↑ fluid imbalance.

c) Describe the specific management of Mrs. WC and her baby till she is discharged from the postnatal ward after 48 hours.

(2 days)

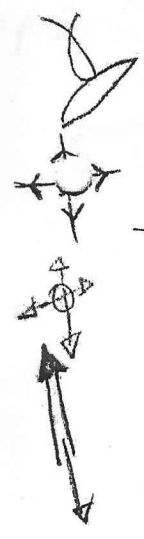
d) List four (4) complications that might develop during the postnatal period.

- PPH  
- Puerperal sepsis.  
- Baby blues (Puerperal psychosis)  
- Mastitis.

- ③
- Vitals.
  - Monitor uterine contr. / involution.
  - Monitor for lochia
  - Edu. on Nutrition.
  - Payer signs.
  - Blood loss.
  - Hygiene.
  - cord care.
  - Assess baby / monitor.
  - fluids.
  - Breastfdn.

1/4

Booze



MTC

PART II; SHORT ANSWER QUESTIONS:

MARKS

- \*Q:1: State four (4) functions of the pelvic floor. 4
- Q:2: Outline five (5) risk factors for mother to child transmission of HIV. 5  
*Tears & Lacerations @ birth. + violence load & cont. + poor nutrition. + episiotomy.*
- Q:3: Maternal mortality rate in developing countries is unacceptably high. Explain four (4) factors that have been known to influence this vital statistic. 6  
*Unpreparedness for del. + income thus to health seeking be*
- Q:4: a) Define the term induction of labour. 1  
*Use of chemical agents to start the cascade of uterine contractions to enable the delivery.*  
 b) Explain your role as a midwife. 2  
 i) Before induction of labour. 1  
*Bishop score to assess the efficacy. + check to see if its term. + the mother. + the taken + vitals.*  
 ii) During induction of labour. 2  
*VE way to assess Dilation. + station. + Note state of cervix.*  
 iii) After induction of labour. 1  
*Monitor vitals for 3hrs. + Uterine contraction (monitor)*
- Q:5: State five (5) necessary safety precautions in drug administration during pregnancy. 5  
*Check category of drug (Non-toxic) + Gestation stage.*
- MCQ S \* Q:6: For each of the following minor complications of pregnancy, state one (1) cause and outline two (2) health messages to the mother:-  
 a) Heartburn. 3  
*Relaxed pyloric sphincter & upward displ. of diaphragm. + eat small frequent meals.*  
 b) Constipation. 3  
*Relaxation of GIT & Peristalsis. + eat more roughage.*
- Q:7: Explain the role of the midwife in the reduction of puerperal sepsis as follows:-  
 i) Antenatally. 2  
*Education on diet to prev. inf. + Hygiene maintenance.*  
 ii) During labour. 3  
*Asptic tech. + Adh. catheter*  
 iii) Postnatally. 1  
*Adm. antibiotics*