

**UNIVERSITY OF SWAZILAND**  
**FACULTY OF HEALTH SCIENCES**  
**FINAL EXAMINATION**  
**MAY 2014**

**COURSE TITLE: PAEDIATRIC NURSING**

**COURSE CODE: GNS 318**

**DURATION: 2 HOURS**

**TOTAL MARKS: 75**

**INSTRUCTIONS:**

- Read instructions carefully**
- Answer ALL questions**
- There are two (2) sections: A and B**
- There are six (6) printed pages including the cover page.**

**DO NOT OPEN THE QUESTION PAPER UNTIL YOU ARE TOLD TO DO SO BY THE INVIGILATOR**

### MULTIPLE CHOICE QUESTIONS(15 Marks)

For each question, chose the most appropriate response and write the corresponding letter only, in **capital letters**, e.g. 22 B. Each correct answer carries 1 mark.

1. Viral infections are the most common cause of tonsillitis in children. The following are common viruses associated with tonsillitis **EXCEPT**:
  - A. Rhinovirus
  - B. Adenovirus
  - C. Respiratory syncytial virus
  - D. Group A  $\beta$ -hemolytic streptococcus
  
2. Sindiso is a 5 year old boy who presents to your clinic with fever, pain on swallowing and nasal congestion for the past 3 days. On examination: T: 37.8<sup>0</sup>C, looks ill, nostrils: clear nasal discharge, mouth: swollen, erythemic tonsils with white patches, neck: palpable tonsillar and superficial cervical lymph nodes. What is the likely diagnosis for Sindiso?
  - A. Bacterial pharyngitis
  - B. Viral pharyngitis
  - C. GAS pharyngitis
  - D. Croup syndrome
  
3. Luzuko is brought to the clinic by the caregiver who narrates a past medical history of repeated bouts of tonsillitis. What is the complication that Luzuko is at risk of?
  - A. Rheumatic Heart Disease
  - B. Severe resistant tonsillitis
  - C. Bacterial pulmonary infection
  - D. Penicillin resistance
  
4. The use of \_\_\_\_\_ by care givers promotes language development in children.
  - A. Word repetition
  - B. Physical gestures
  - C. Baby-talk
  - D. All of the above.

5. Nontombi brings her 3 year old son to the clinic complaining that he cannot see objects that are far and she is worried that her son might develop blindness. What is the normal visual acuity of a 3 year old child?
- A. 20/20
  - B. 10/50
  - C. 20/100
  - D. 20/40
6. Which of the following is a cognitive change noted during adolescence?
- A. Adolescents show faster processing speeds than do children
  - B. Adolescents are better able to manage their own learning than are children
  - C. Adolescents are better than children in decision making
  - D. All the above.
7. Pneumonia and acute bronchitis can be difficult to differentiate clinically in children. The main distinction between pneumonia and acute bronchitis is that:
- A. Coughing may or may not be productive and occurs particularly at night with bronchitis.
  - B. In pneumonia, the cough is non-productive and irritative
  - C. In bronchitis the patient will always present with a high grade fever.
  - D. In pneumonia, the patient is usually afebrile.
8. Senzo is a 20 months old male child brought to your clinic by the father who tells you that the boy has been pulling his ear since last night. The father reports a past health history of common cold 2 weeks ago. What is your likely diagnosis for Senzo?
- A. Otitis externa
  - B. Otitis media
  - C. Mastoiditis
  - D. Rash on the ear lobe.
9. Luthuli has just returned to the ward from the theatre after a successful tonsillectomy procedure. On examination, you note that the child is swallowing too frequently. What does this piece of objective data signify?
- A. Haemorrhage from the incision site.
  - B. Too much secretions from the respiratory and gastro-intestinal tract
  - C. Luthuli is thirsty
  - D. Luthuli is about to regain consciousness.

10. Tiyandza has given birth to a term neonate weighing 3 000g. She tested HIV positive during Ante natal Care and took antiretroviral prophylaxis and has also decided on Exclusive Formula Feeding. What is the correct ARV prophylaxis for the baby?
- A. NVP 1.5mL P.O. OD x 6weeks
  - B. NVP 1mL P.O. OD x 6weeks
  - C. AZT 1.5mL P.O. OD x 6weeks
  - D. NVP 1.5mL P.O. OD until 1 week after cessation of breastfeeding
11. You are examining a 3 year old child in your clinic. You detect a respiratory sound despite the fact that the child appears calm. You interpret the sound as a stridor. A stridor is best defined as:
- A. A low pitched sound made by air passing through an obstruction of the lower airways.
  - B. A softer and higher pitched sound made by an obstruction to smaller bronchioles.
  - C. A harsh sound made by air passing through an obstruction of the upper airways.
  - D. A vesicular sound heard without a stethoscope over the chest.
12. Zenzo a 6 month old infant has been your client since birth. His mother tells you that Zenzo has a barking cough which becomes worse at night and that his breathing is fast and noisy. He had nasal congestion and fever for 3 days. What is the likely diagnosis for Zenzo?
- A. Pneumonia
  - B. Croup syndrome
  - C. Bronchitis
  - D. Pertussis
13. What health education are you going to give Zenzo's mother concerning the above condition?
- A. The condition is minor; Zenzo does not need nursing care since it is self limiting.
  - B. The child needs to be immunized.
  - C. Continue feeding and encourage fluids.
  - D. The child needs to be screened for pulmonary tuberculosis.
14. Assessment and physical examination of sick and well children is an important aspect of paediatric nursing. Which of the following is the best method for conducting a physical examination in a toddler?
- A. From head to toe.
  - B. From distal to proximal.
  - C. From abdomen to toes, then to the head.
  - D. From least to most intrusive.

15. Happy, a 5 year old girl has been admitted into your unit with a diagnosis of severe malnutrition. As part of her management, Plumpy Nut<sup>R</sup> has been prescribed. What health education are you going to give the caretaker in relation to administration of Plumpy Nut?
- A. Always administer Plumpy Nut before meals.
  - B. Always administer Plumpy Nut with water and ensure adequate fluid intake.
  - C. Share the supply with other children in the household as a prophylaxis to malnutrition.
  - D. Give Plumpy Nut as a meal replacement.

**SECTION B (60 Marks)      SHORT ESSAY QUESTIONS**

**Question 1**

Natalie is a 2 year old girl who is admitted to your unit with burn injuries at the back, gluteal region and on the legs.

- (a) Discuss how you would prevent infection on Natalie's burns [10]
- (b) Outline the relevant health history you would collect from Natalie's caregiver [10]
- (c) Describe the signs you would look for to support a diagnosis of possible child abuse.[5]

**[Sub-total Marks = 25]**

**Question 2**

A 12 year old boy has been admitted into your unit following recurrent tonsillitis despite antibiotic treatment. He has undergone tonsillectomy this morning and your have been assigned to nurse him. Discuss the nursing measures you will institute as well as the client/parent teaching you will give. [20]

**[Sub-total Marks = 20]**

**Question 3**

- (a) Inomusa is a 2 year old girl who is brought to your clinic by the mother complaining of watery diarrhea since 2 days ago. Using the IMCI approach, discuss how you would manage Inomusa. [10]
- (b) On physical examination, you realize that Inomusa is experiencing delayed milestones. Discuss the factors that hinder/influence growth and development in children. [5]

**[Sub-total Marks = 15]**