

**UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES**

MAIN EXAMINATION

MAY 2015

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

SECTION A MULTIPLE CHOICE QUESTIONS

For each question, choose the most appropriate response and write the corresponding letter only, in **capital letters**, e.g. 25 B. Each correct answer carries 1 mark.

1. You are examining a child whose mother reports that she has been pulling the ear lobe since 2 days ago. The child is presenting with fever. You suspect otitis media. What cardinal sign, on examination, would confirm your diagnosis?
 - A. Excessive yellowish-brown cerumen
 - B. A swollen, erythemic ear canal
 - C. A bulging tympanic membrane
 - D. Tenderness on the mastoid process.

2. The following are groups of children at risk of dehydration due to acute diarrhoea **EXCEPT**:
 - A. Children younger than 1 year especially those younger than 6 months.
 - B. Children with no sign of malnutrition.
 - C. Infants who have stopped feeding during the illness.
 - D. Children who have passed 6 or more diarrhoeal stools in the past 24 hours.

3. Sindiso, 16 years, reports to your clinic with severe lower abdominal pain accompanied by per vaginal bleeding. She informs you that she experiences the same symptoms every month and she sometimes miss school because the pain is unbearable. She usually takes paracetamol for the pain. What health education is relevant in terms of non-pharmacological pain management?
 - A. Recommend a regular aerobic exercise programme.
 - B. Increase the dose and frequency of the paracetamol
 - C. Prescribe combined oral contraceptives and educate her on administration
 - D. Educate her on more potent management drugs.

4. When examining the pharynx of a well child, which of the following examination finding is considered normal?
 - A. A swollen, pharynx with exudates.
 - B. Enlarged tonsils.
 - C. A short uvula that does not rise when the child says "aah"
 - D. An uvula that is limp and deviated to the left

5. Muzi has been discharged from the hospital following his sickness with pneumonia. The paediatric nurse has advised the mother that the home environment should be free from cigarette smoke to promote optimum healing and lung functioning. What effect does cigarette smoke have on the lower respiratory tract that delays recovery from respiratory illnesses?
- A. Cigarette smoke interferes with gaseous exchange.
 - B. Cigarette smoke interferes with delivery of oxygen in the tissues.
 - C. Cigarette smoke inhibits the function of alveolar macrophages and ciliary action.
 - D. Cigarette smoke increases production of thin mucus.
6. Senteni is a 7 month old baby who is brought to the clinic by her grandmother reporting that she is refusing food and is showing signs of lack of alertness and stiffening of the body during feeding. Her weight is below the normal growth curve. What is the most likely diagnosis for Senteni?
- A. Kwashiorkor
 - B. Marasmus
 - C. Feeding difficulties
 - D. Failure to thrive
7. A 14 year old is brought to the emergency department complaining of leg pain after a motor vehicle crash. X-rays show a fracture of the femur with several bone fragments at the fracture site. On examination, you note that the skin above the fracture site is intact but bruised. This type of fracture is called:
- A. Open
 - B. Avulsion
 - C. Compression
 - D. Comminuted
8. You are assessing a 3 week old baby in your clinic presenting with fever, and inability to breastfeed for the past 24 hours. Using the IMCI approach, which of the following danger signs would be of **utmost** importance in your assessment?
- A. Inability to drink or breastfeed.
 - B. Lethargy
 - C. Very severe disease
 - D. Vomiting everything

9. Marasmus and kwashiorkor can be confusing clinically. Which of the following symptoms is a classic characteristic of kwashiorkor?
- A. 'Moon face'
 - B. Mild diarrhea
 - C. Growth lag
 - D. Underweight
10. Thulani is a 6 year old boy brought to the healthcare centre by a neighbor. He has never been immunized and has no health care records of previous illnesses. You obtain from the neighbour that the parents do not believe in modern medicine. You decide to report the matter to the Child Welfare Agency. What role of the paediatric nurse would you be executing?
- A. Advocate
 - B. Primary care giver
 - C. Case manager
 - D. Social worker
11. Thulani is now presenting with paroxysmal coughing, inspiratory whoop, vomiting after coughing. What respiratory disease would you diagnose in this child?
- A. Pneumonia
 - B. Pulmonary tuberculosis
 - C. Pertussis
 - D. Bronchitis
12. Children are curious and explore their world with all their senses, including taste. As a result, the home and its surroundings can be a dangerous place when poisonous substances are inadvertently ingested. All the following are effective ways to prevent poisoning in children **EXCEPT**:
- A. Avoid storing poisonous substances in food containers.
 - B. Use child resistant containers and caps/closures on paraffin containers.
 - C. Storing toxic agents in top shelves or locked cupboards.
 - D. Labeling containers of toxic agents.
13. Rheumatic fever is assessed using the Jones criteria that divide the signs and symptoms of the disease into major and minor criteria. Which of the following characteristics is considered a minor and NOT a major criterion?
- A. Polyarthritis.
 - B. Fever.
 - C. Carditis.
 - D. Chorea

14. Noncedo presents to your clinic with her 6 weeks HIV- exposed baby for immunization. You anticipate that the baby will be treated prophylactically with cotrimoxazole daily. For which of the following opportunistic infections does cotrimoxazole prevent against?
- A. Mycobacterium avium complex
 - B. Pneumocystis jiroveci
 - C. Tuberculosis
 - D. Kaposi's sarcoma
15. Children between 6 months and 3 years are at increased risk of iron-deficiency anaemia. The **single most** important postnatal cause of iron-deficiency anaemia in children is:
- A. Low birth weight accompanied by depleted iron stores.
 - B. Hereditary bleeding disorders.
 - C. Parasitic infections which impair iron absorption.
 - D. Inadequate dietary intake relative to rapid growth.

SECTION B (60 Marks) SHORT ESSAY QUESTIONS

Question 1

- (a) Luthando is a 12 month HIV-exposed baby who has been admitted into the paediatric ward for Community Acquired Pneumonia. Discuss the nursing management you would give Luthando. In your discussion, include parental education and prevention.
- | | |
|--------------------|------|
| Nursing management | [15] |
| Parental education | [5] |

[Sub-total Marks = 20]

Question 2

- (a) Dimpho, an 18 month old girl presented to the Outpatient Department with spill/splash superficial burn injuries on the chest. The caretaker tells you that Dimpho pulled the table cloth and hot water spilled on her. What health education regarding burn injury prevention are you going to give to Dimpho's caretaker? [5]
- (b) Lombiko has brought her 4 year old grandson to the clinic because he refuses to eat, is irritable and most often tired. He is often seen sitting when other children are playing. Using the IMCI approach, discuss how you would manage Lombiko's grandson. [15]

[Sub-total Marks = 20]

Question 3

Nthabiseng is a 14 month-old baby who has been admitted to your paediatric medical unit. The past health history is as follows: *prenatal*: mother HIV reactive, was non-adherent to ARV prophylaxis. *Postnatal*: home delivery, cried at birth. *Neonatal*: birth weight 2.9kg, NVP prophylaxis. *Feeding*: complementary feeding. *Developmental*: able to stand alone. On examination: general: small for age, T: 36.9^oC, RR: 32 breaths/minute. Hair: thin and sparse, mouth: white, curdy lesions on the tongue. Chest: substernal retractions, bilateral coarse crackles. Skin: pale, palmar pallor. Abdomen: soft, non-distended, non-tender.

- (a) What conditions can you diagnose on Nthabiseng? [4]
- (b) From the objective information provided, what HIV Clinical Stage would you place Nthabiseng at? [1]
- (c) What additional health history are you going to collect from Nthabiseng's mother? [15]

[Sub-total Marks = 20]