Pediatric Nursing
3rd Year
Final Exam
May 2012

Date: 28/5/2012 Time: 3 hours Total Marks: 80

I. Choose the best answer (30 marks)

1. A child who has received an immunization for diphtheria, tetanus, and pertussis develops swelling at the injection site, tenderness, low-grade fever, and malaise. The pediatric nurse informs the child's parents that:
   
a. They should delay future immunizations until seen by an allergist.
   b. This is a mild reaction and teaches them how to manage it.
   c. This is a severe reaction and that they should bring the child to the emergency room.
   d. This is an appropriate reaction and they need not do anything.

2. The nurse answers a call bell and finds a frightened mother whose child is having a seizure. Which of these actions should the nurse take?
   
a. insert a padded tongue blade in the patient’s mouth to prevent the child from swallowing or choking on his tongue.
   b. The nurse should help the mother restrain the child to prevent him from injuring himself.
   c. The nurse should call the operator to page for seizure assistance.
   d. The nurse should clear the area and position the client safely.

3. The nurse leads an adolescent health information group, which often expands into other areas of discussion. She knows that these youths are trying to find out “who they are,” and discussion often focuses on which directions they want to take in school and life, as well as peer relationships. According to Erikson, this stage is known as:
   
a. identity vs. role confusion.
   b. adolescent rebellion.
   c. career experimentation.
d. relationship testing

4- A 29-month-old boy plays with a ball, which rolls under a couch. The boy promptly crawls under the couch to retrieve the ball. According to Piaget’s theories of cognitive development, this behavior is characteristic of a thinking process called:

a. Object permanence
b. Basic trust
c. Object constancy
d. Sensory-motor stage

5- Erikson’s developmental theories differ from Freud’s in that Erikson placed greater emphasis on

a. Cultural factors in development
b. Instinctual drive
c. Interpersonal relations
d. Psychosexual development

6- Which of the following is characteristic of a preschooler with mild mental retardation?

a. Slow to feed self
b. Lack of speech
c. Marked motor delays
d. Gait disability

7- Which of the following assessment findings would lead the nurse to suspect Down's syndrome in an infant?

a. Small tongue
b. Transverse palmar crease
c. Large nose
d. Restricted joint movement
8- When teaching parents about the child’s readiness for toilet training, which of the following signs should the nurse instruct them to watch for in the toddler?

- Demonstrates dryness for 4 hours
- Demonstrates ability to sit and walk
- Has a new sibling for stimulation
- Verbalizes desire to go to the bathroom

9- A clinic nurse provides information to the mother of a toddler regarding toilet training. Which statement by the mother indicates a need for further information regarding the toilet training?

- Bladder control usually is achieved before bowel control
- The child should not be forced to sit on the potty for long periods
- The ability of the child to remove clothing is a sign of physical readiness
- The child will not be ready to toilet train until the age of about 18 to 24 months

10- Constipation is characterized by decrease in the frequency or passage of stools the formation of hard, dry stools usually due to some disease except:

- Anal fissure
- Imperforate anus
- Pyloric stenosis
- Hirschsprung’s disease.

11- While assessing a newborn with cleft lip, the nurse would be alert that which of the following will most likely be compromised?

- Sucking ability
- Respiratory status
- Locomotion
- GI function

12- Which of the following should the nurse do first after noting that a child with Hirschsprung disease has a fever and watery explosive diarrhea?

- Notify the physician immediately
b. Administer antidiarrheal medications
c. Monitor child ever 30 minutes
d. Nothing, this is characteristic of Hirschsprung disease

13- A mother tells the nurse that she is very worried because her 2-years old child does not finish his meals. What should the nurse advise the mother?

   a. make the child seat with the family in the dining room until he finishes his meal
   b. provide quiet environment for the child before meals
   c. **do not give snacks to the child before meals**
   d. put the child on a chair and feed him

14- Patients with Idiopathic thrombocytopenic Purpura (ITP) have increased risk of bleeding. Therefore the nurse must carefully monitor:

   a. WBC and bleeding time
   b. Iron and ferreting level
   c. PT and PTT
   d. **Platelet count and RBCs**

15- A treatment plan for child with sickle cell anemia will include:

   a. IV fluids to adequately hydrate
   b. Narcotic pain management when pain is severe
   c. Transfusion of RBCs to correct anemia
   d. **All of these**

16- A 9-year old is admitted with suspected rheumatic fever. Which finding is suggested of polymigratory arthritis?

   a. Irregular movements of the extremities and facial grimacing
   b. Painless swelling over the extensor surfaces of the joints
   c. Faint areas of red demarcation over the back and abdomen
   d. **Swelling, inflammation and effusion of the joints**
17- Which nursing action is a priority as the plan of care is developed for a 7-year-old child hospitalized for acute glomerulo-nephritis?

- a) Assess for generalized edema
- b) Monitor for increased urinary output
- c) Encourage rest during hyperactive periods
- d) Note patterns of increased blood pressure

18- When assessing a 12-year-old child with Wilm's tumor, the nurse should keep in mind that it most important to avoid which of the following?

- a) Measuring the child's chest circumference
- b) Palpating the child's abdomen
- c) Placing the child in an upright position
- d) Measuring the child's occipitofrontal circumference

19- The most important point to minimize bad language among preschoolers is to:

- a) Repeat after the child words.
- b) Ask the child to stop talking
- c) Negatively approach with the child.
- d) Maintain good model.__

20- A hospitalized school age states: “I’m not afraid of this place, I’m not afraid of anything.” This statement is most likely an example of which of the following?

- a. Regression
- b. Repression
- c. Reaction formation
- d. Rationalization

21- Which of the following signs and symptoms are characteristics of minimal change nephritic syndrome?

- a) Gross hematuria, proteinuria, and fever
b) Hypertension, edema, hematuria
c) Poor appetite, proteinuria, edema
d) Hypertension, edema, proteinuria

22- Craniotabes is a clinical sign of:

    a) Kwashiorkor
    b) Marasmus
    c) Rickets
    d) Scurvy

23- Immediately on the arrival of a premature baby to the neonatal intensive care unit, the nurse should do which of the following:

    a) Take temperature rectally
    b) Examine for anomalies
    c) Check airway for patency
    d) Cleanse skin of vernix

24- Respiratory Distress Syndrome is a disease of preterm infant which caused due to all of the following except:

    a) Atelectasis of alveoli.
    b) Immaturity of respiratory center.
    c) Formation of surfactant substances.
    d) Hypoxia.

25- Nursing care of child with typhoid fever should be include all the following EXCEPT

    a) A child should be kept in bed
    b) Observation for stool and intestinal hemorrhage  
    c) Diet should be complete with high energy value and high roughage
    d) Mouth and skin care

26- Sudden stimulus causes the arms to fly up and out is:

    a. Tonic neck
    b. Rooting
    c. Gag
27- One of the essential reflexes is blinking reflex, it arouses when the baby is subjected to:
   
   a) **Bright light**
   b) Added supply of oxygen
   c) Sudden loud noise
   d) loss of support

28- A nurse is administering blood to a patient who has a low hemoglobin count. The patient asks how long to RBC’s last in my body? The correct response is:

   a) The life span of RBC is 45 days
   b) The life span of RBC is 60 days
   c) The life span of RBC is 90 days
   d) **The life span of RBC is 120 days**

29- A nurse has just started her rounds delivering medication. A new patient on her rounds is a 4 year-old boy who is non-verbal. This child does not have any identification. What should the nurse do?

   a) Contact the provider
   b) Ask the child to write their name on paper.
   c) Ask a co-worker about the identification of the child.
   d) **Ask the father who is in the room the child’s name**

30- Which of the following clinical assessment would most likely be demonstrated in severe dehydration?

   a) Pale skin turgor
   b) Normal skin turgor
   c) **Marked oliguria**
   d) Normal blood pressure
II-True and False Questions:- (10marks)

1. Treatment of sickle cell anemia is aimed at maintaining blood flow to the smaller vessels and diminishing the amount of excess blood cells being made by the bone marrow.  
   T   F

2. Hemophilia A is the result of missing clotting factor IX and is also known as Christmas disease.  
   T   F

3. Parents should give the child extra attention during tantrums.  
   T   F

4. Vision is highly developed sense in newborn.  
   T   F

5. In kwashiorkor, the infant's face is senile face.  
   T   F

6. Substitutive milk is used when milk supply by breast is inadequate.  
   T   F

7. Community acquired infection means infection acquired after admission to the hospital  
   T   F

8. Substitutive milk is used when milk supply by breast is inadequate.  
   T   F

9. Cerebral palsy is a progressive disorder of posture and movement resulting from a brain lesion.  
   T   F

10. A child with IQ 50 -70% is considered a severe form of mental retardation  
    T   F
III. Matching: (10 marks)

1- Matching the suitable answer in column A with column B:

<table>
<thead>
<tr>
<th>Age</th>
<th>Type of play</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- Infant</td>
<td>a- Competitive play</td>
</tr>
<tr>
<td>2- Toddler</td>
<td>b- Solitary play</td>
</tr>
<tr>
<td>3- Preschool age</td>
<td>c- Parallel play</td>
</tr>
<tr>
<td>4- School age</td>
<td>d- Associative play</td>
</tr>
<tr>
<td>5- Adolescence</td>
<td>e- Cooperative play</td>
</tr>
</tbody>
</table>

The answer:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b</td>
<td>c</td>
<td>d</td>
<td>a</td>
<td>e</td>
</tr>
</tbody>
</table>

2- Matching the suitable answer in column A with column B:

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rheumatic fever</td>
<td>a- Staphylococci</td>
</tr>
<tr>
<td>2</td>
<td>Ophthalmia Neonatorum</td>
<td>b- Salmonia</td>
</tr>
<tr>
<td>3</td>
<td>Oral Moniliasis</td>
<td>c- streptococci</td>
</tr>
<tr>
<td>4</td>
<td>Typhoid fever</td>
<td>d- Group A B hemolytic streptococci</td>
</tr>
<tr>
<td>5</td>
<td>Umbilical infection</td>
<td>e - Candida Albicans</td>
</tr>
<tr>
<td></td>
<td></td>
<td>f- Neisseria gonorrhea</td>
</tr>
</tbody>
</table>

The answer:

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<thead>
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<td>b</td>
<td>a</td>
</tr>
</tbody>
</table>
IV- Write the scientific term of the following: (10 marks)

1- An enlargement of wrists and ankles as a clinical manifestation of rickets epiphysis

2- Croup is a clinical syndrome of laryngitis or laryngotracheo- bronchitis.

3- Dysmature is an infant suffering from intrauterine malnutrition due to placental insufficiency.

4- Cephalohaematoma is an accumulation of blood between periosteum.

5- peeling it occurs during the first 2 to 4 weeks of life due to separation of the placenta and foetus will not take nutrition and it is more common in post-mature infant

6- Hodgkin disease it is a malignant disease which affects lymph nodes

7- Diarrhea … Increase in the frequently and fluidity of bowel movement

8- Weaning Gradual decrease of breast feeding

9- Vomiting is a Complete of emptying of the stomach

10- Preterm is an infant born before 37 weeks of gestation

IV- Complete the sentences of the following: (15 marks)

1- Stressors of hospitalization (4)

1- Separation Anxiety
   a- protest
   b- Despair
   c- Detachment

2- Loss of control
3- Fear of unknown
4- Bodily Injury and pain

2- Complications for preterm infant: (4)

a) Hemorrhage (Intraventricular Hemorrhage I.V.H).
b) Hyaline membrane disease (H.M.D.).
c) Hypoglycemia.
d) Recurrent apnea.
e) Necrotizing enterocolitides (NEC).
f) Retrolental fibroplasias (RLF). It called also retinopathy of prematurity (R.O.P).
g) Kernicterus due hyperbilirubinemia.

3- List preventive measures of kwashiorkor (4)

   a) Providing diet containing an adequate quantity of protein.
   b) Prolonged breast feeding.
   c) An adequate diet for children during acute disease.
   d) Breaking down bad feeding habits.
   e) Early detection of cases of protein energy malnutrition and early adequate treatment of these cases.

4- Enumerate 3 specific nursing measures for care of glomerulonephritides: (3)

   a) Bed rest should be maintained
   b) The child must be protected from contact with people with infections.
   c) Urinary output should be monitored closely and recorded.
   d) The child must be weighed daily at the same time on the same scale in the same clothes.
   e) Fluid intake should be carefully recorded; special attention is needed to keep the intake within prescribed limits.
   f) Blood pressure should be monitored regularly using the same arm. If hypertension develops, a diuretic may help reduce the blood pressure to normal levels.
   g) The urine must be tested regularly for protein and hematuria.

V- Situation: (5 marks)

Aya is a 10 years old girl since one week started to complain from severe headache, abdominal colic, blurred vision and her mother noticed that she is always hungry, excessive urination times and losses her weight without trying.

Write the diagnosis
-The diagnosis is diabetes mellitus

- The nursing care:

  1-Diet:

  -Develop a balanced plan of eating to adjust blood glucose levels
  -The diet should contain:*45%-50% carbohydrates*20% -25% protein
*30%-35% fat -Carbohydrates : 45- 50% -Proteins: 20%-Fats : 30- 35%
  -Give frequent meals (6 meals day).

  2-Insulin therapy:

  3-Exercises: simple and avoid hard exercise, to -Improves the well being in diabetic children.-Reducing anxiety, stress and tension.
- Strengthening social relationships.-Improve glucose tolerances, lower B1-G.
- Control weight.-Improves circulation. -Minimize the long term complications.

  4- Blood glucose monitoring:

Checking blood glucose levels regularly

    Good Luck

    Dr/ Faten Shafik

    Dr/ Madiha Hassan