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**Benha University Date: 3 /1/2017**

**Faculty of Nursing Time: 3 hours**

**Third Year Total Marks: 80**

**Code: Nur306 pages n.: 9**

**Model Answer of Final Pediatric Nursing Exam**

**1st Semester 2016/2017**

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**I. Choose the correct answer: ( 30 marks)**

1. **Which of the following childhood disorder improves with increase in age**
2. Conduct disorder
3. Emotional problems
4. Temper tantrum
5. Sleep disorder
6. **A two years-old child was brought to the OPD by his parents with complaints of not eating anything. Her weight is 11,5 kg and height 75 percentile. The most proper nurse management is:**
7. Advise multivitamin tonic
8. Force to eat
9. Investigate for UTI
10. Ask parents to stop worrying
11. **An infant sits with minimal support, attempts to obtain a toy beyond reach, rolls over from supine to prone position and does not have pincer grasp is at development of:**
12. 3 months
13. 4 months
14. 6 months
15. 8 months
16. **Which is incorrect about thumb sucking:**
17. Can lead to malocclusion
18. Is a source of pleasure
19. Is a sign of insecurity
20. Must be treated vigorously in the 1st year
21. **The following are radiographic features of rickets except:**
22. Increase in width of growth plate
23. Decrease bone density
24. Rickety rosary
25. Sub-periosteal bleeding
26. **Costochondral junction swelling are seen in:**
27. Scurvy
28. Rickets
29. Chondrodystrophy
30. All of the above
31. **Kwashiorkor is diagnosed in growth retarded children alone with:**
32. Edema and mental retardation
33. Hypopigmentation and anemia
34. Edema and Hypopigmentation
35. Hepatomegaly and anemia
36. **As the nurse is assessing a 3-years old child, the toddler appears good. However the child is mother told the nurse that her child usually appears ill at night time. The cough is barking and inspiratory stridor is noted. the nurse interprets this as :**
37. Laryngo tracheo bronchitis
38. Epiglottis
39. Pneumonia
40. Bronchitis
41. **A preschool child has been admitted for rheumatic fever. In the diagnosis of the disease which of the following meets the Jones criteria?**
42. Increase ESR , arthralgia, fever
43. Leukocytosis, carditis , fever
44. Arthralgia , fever Leukocytosis
45. Leukocytosis, Increase ESR, history of rheumatic fever, fever
46. **A female child, age 6, is brought to the health clinic for a routine check up. to assess the child vision the nurse should ask :**
47. Do you have any problems seeing different colors?
48. Do you have trouble seeing at night?
49. Do you have problems with glare?
50. How are you doing in school?
51. **Clamping of the cord causes the closure of what fetal accessory structures?**
52. Ductus arteriosus
53. Foramen ovale
54. Ductus venosus
55. Pulmonary blood vessels

**12- An adolescent, with chronic asthma, who has been hospitalized several times during the winter with severe asthmatic exacerbations confides, “I wish I could stay here in the hospital because every time that I go home, I get sick again!” The pediatric nurse's best response is:**

1. I think that you should consider participating on a swim team to improve your pulmonary function."
2. Let's talk about preventing and managing your asthma on a daily basis at home
3. Why don't I speak with your parents about what they are doing at home to help control your asthma
4. Your insurance company does not pay for any additional days of hospitalization that are not medically necessary.

**13- While caring for a Laotian child who is hospitalized for acute gastroenteritis and dehydration, the pediatric nurse notes the parent keeping packets of herbs by the child's bedside. Suspecting that the parent may be administering the herbs to the child, the nurse's first action is to:**

1. ask the parent in a nonjudgmental manner about the herbs
2. coordinate a nursing care conference to discuss the child's plan of care
3. discuss the risks of using alternative therapies with the parent
4. refer the family to a social worker for possible noncompliance with the health care regimen.

**14- When assessing the development of this 14-years-old child, as nurse you must recognize that his developmental task is:**

1. Being shy with his age groups
2. Being an achiever
3. Developing sense of identity
4. Developing intimate love with opposite sex

**15- Which the following complication of umbilical infection?**

a- Esophagitis

b- Corneal ulceration

c- Septicemia

d- Convulsions

**16-Which the following causes of oral moniliasis is ?**

a- Staphylococci microorganism

b- Candida Albicans

c- Eshirshia coli

d- streptococci microorganism

**17-Sever exercise is particularly dangerous in.**

a-Patent duct arteriosus ( PDA)

b- Pulmonary stenosis

c- Aortic stenosis

d- Mitral stenosis

**18-After the nurse provides dietary regimen to the parents of a child with diabetes mellitus, which statement by the parents indicates effective teaching?**

a. Well follow these instructions until our child’s symptoms disappear.”

b. Our child must maintain these dietary restrictions until adulthood.”

c. “Our child must maintain these dietary restrictions lifelong.”

d. “We’ll follow these instructions until our child has completely grown and developed.”

**19- Females have 2 copies of X-chromosome, so in hemophilia if the factor VIII gene on one chromosome doesn't work, the gene on the other chromosome:**

1. Can’t do the job of making enough factor VIII
2. Can do the job of making enough factor VIII
3. Can double the amount of factor VIII
4. None of them

**20- The nurse explains to the parents of a 1-year-old child admitted to the hospital in a sickle cell crisis that the local tissue damage the child has on admission is caused by which of the following?**

1. Autoimmune reaction complicated by hypoxia
2. Lack of oxygen in the red blood cells
3. **Obstruction to circulation**
4. Elevated serum bilirubin concentration.

**21- A toddler has recently been diagnosed with cerebral palsy. Which of the following information should the nurse provide to the parents?**

1. Regular developmental screening is important to avoid secondary developmental delays.
2. Cerebral palsy is caused by injury to the upper motor neurons and results in motor dysfunction, as well as possible ocular and speech difficulties.
3. Developmental milestones may be slightly delayed but usually will require no additional intervention.
4. Parent support groups are helpful for sharing strategies and managing health care issues.

**The answer:**

a. 1,2,3 b. 2,3,4 **c. 1,2,4** d. All of the above

**22- A nurse is making a home visit for a 6-year-old with mental retardation. Which assessment finding would indicate the need for further discussion with the family:**

1. The family has support watching the child from a grandparent.
2. The parents state that they are comfortable with caring for the child's toileting needs.
3. The child does not feed himself.
4. **The nurse notices household cleaners stored under the kitchen sink**

**23-You are examining the chest of a preterm baby.  Which of the following is expected?**

a) **Absent or decreased breast tissue**

b) Marked retractions during inspiration

c) Asymmetric chest expansion

d) Depressed sternum

**24- A child is suspected of having leukemia, the nurse should prepare the parents for which of the following tests that would confirm this diagnosis?**

a) .Lumbar punctures

b) .Bone marrow aspiration

c) .complete blood count

d.) blood culture

**25-Abdominal palpation should be avoided in child with wilms tumor, because there is**

**risk for**

1. sever pain
2. perforation
3. Bleeding
4. Metastasis

**26- Typhoid fever is most common in age**

1. 3-5 years
2. 5-10 years
3. 10-15 years
4. 15-25 years

**27- The mother of a newborn brings the baby to the clinic because she is afraid something is wrong with her baby ("his head is so big"). The PNP responds that:**

**a. "this is normal. The head of a newborn is proportionately large to the rest of the body"**b. "Yes, this does appear abnormal.

c.I will make an appointment for the baby to be seen by a neurologist."  
d. "your head appears large so it is probably genetic."

**28- A nurse in the newborn nursery is monitoring a preterm newborn infant for respiratory distress syndrome. Which assessment signs if noted in the newborn infant would alert the nurse to the possibility of this syndrome?**

1. Hypotension and Bradycardia
2. Tachypnea and retractions
3. Acrocyanosis and grunting
4. The presence of a barrel chest with grunting

**29- To help limit the development of hyperbilirubinemia in the neonate, the plan of care should include:**

a. Monitoring for the passage of meconium each shift

b. Instituting phototherapy for 30 minutes every 6 hours

c. Substituting breastfeeding for formula during the 2nd day after birth

d. Supplementing breastfeeding with glucose water during the first 24 hours

**30- Neonates of mothers with diabetes are at risk for which complication following birth?**

1. Atelectasis
2. Microcephaly
3. Pneumothorax
4. Macrosomia

**II- Circle (T) if the statement is true and (F) if the statement is false: (5 marks)**

1. The causative microorganism of the ophthalmia Neonatorum is neisseria gonorrhea microorganism **(T)** (F)
2. Badly injected insulin leading to occurrence of bumps and abscesses **(T)** (F)
3. Errors in synthesis and secretion of pituitary hormones is one of congential hypothyroidism (T) **(F)**
4. Metearism occur due to abdominal distention cased by accumulation of the flatus in the bowel **(T)** (F)
5. When performing an assessment on a neonate, which assessment finding is most suggestive of hypothermia is Hyperglycemia (T) (F)

**IV- Matching: (5 marks)**

**Regarding problems of preschool age . Match the true ones in col. A. with the appropriate in col. B. (5 marks)**

|  |  |
| --- | --- |
| **A** | **B** |
| 1. **Bad language** | 1. biting, scratching and pulling hair is a troubled child |
| 1. **Hurting others** | 1. Unhappy child, unable to control his feeling of jealousy, helpless, aggressive or anger. |
| 1. **Masturbation** | 1. Children learn improper words in their vocabulary. |
| 1. **Destructiveness** | 1. Jealousy toward the same- sex parent and love of the opposite – sex parent. |
| 1. **Oedipal conflict** | 1. The child’s feels pleasure sensation when he playing with the genital organs. |
|  | 1. Development a sense of guilt occurs when the child feels that his or her imagination and activities are unacceptable |

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **c** | **a** | **e** | **b** | **d** |

**IV-Write the Scientific term: (10 marks)**

1. **Despair:** A case in whichthe child ignores things and events in the environment and become apathy; they don't resist or participate activity for anything happen to them
2. **Disability:** Is simply a limitation of function and inability to perform some normally expected physical or mental activity.
3. **Hirschsprung** is a congenital anomaly that results in mechanical obstruction from inadequate motility in part of the intestine
4. **Handicap:**  Is a more complicated concept and prominent defect involves organic, functional or social limitation.
5. When teach the child toilet training should be started when the toddler is **physiolgocially**  and **psychologically** ready.
6. **Transposition of the great Arteries** is a condition in which the pulmonary artery leaves the left ventricle and the aorta exists from the right ventricle
7. **Palsy** refers to the loss or impairment of motor function.
8. **Hodgkin's disease**  It is a malignant disease, which affect the lymph nodes.
9. **Mumps** It is an infectious disease, which affect the salivary glands
10. **Harrison’s groove** is bilateral depression at the sites where the diaphragm is attached to the ribs.

**V-Complete the following: (24 marks/ 4 marks for each one)**

1. **List 4 stressors of hospitalization**

1-Separation Anxiety

Protest

Despair

Detachment

2- Loss of control

3- Fear of unknown

4- Bodily Injury and pain

1. **List signs of recovery in kwashiorkor**

a.loss of apetite

b..decrease odema

c.gain of weight

d-increase alertness

1. **List at least 4 of child's rights**

**1-**Tthe right to grow up free, safe and healthy

2-The right to a name and nationality

3-The right to have somewhere to live, to healthy food, and medicine when we are unwell

4- The to get special help if we are disabled in any way

5-The right to be loved and looked after

6- The right to a free education

7-The right to play

8-should not be forced to go to work instead of school

9- Should be protected from practices which may foster racial, religious and any other form of discrimination

10 should be brought up in tolerance, a spirit of understanding, friendship among people, peace and universal brotherhood.

**List four importance of communication:**

**a-Basis for descition making functions**

b-**Basisfor**.decentralization and delegation

c.Basis for democratic management

d-.Basis formoral building and higher productivity

e-Important for planning and co-ordination

1. **Discuss at least 4 of standards of nursing informatics**

Standard 1. Assessment § The informatics nurse collects comprehensive data, information, and emerging evidence.

Standard 2. Diagnosis, Problems, and Issues Identification

§ The informatics nurse analyzes assessment data to identify diagnoses, problems, needs, issues, and opportunities for improvement.

Standard 3. Outcomes Identification

Standard 4. Planning

Standard5:Implementation § The informatics nurse implements the identified plan.

Standard6:Coordination of Activities

The informatics nurse coordinates planned activities

Standard 7. Ethics ¡The informatics nurse

Standard 8. Ethics ¡The informatics nurse Education.The informatics nurse attains knowledge and competence that reflect current nursing and informatics practice

:Evidence-Based Practice and Research Standard 9

Standard10:Quality of Practice § The informatics nurse contributes to quality and effectiveness of nursing and informatics practice

Standard11:Communication § The informatics nurse communicates effectively in a variety of formats in all areas of practice

Standard12:Leadership § The informatics nurse demonstrates leadership in the professional practice setting and the profession

1. **list specific nursing intervention for child with leukemia?**
2. Isolation , avoid infection of others
3. Provide happy atmosphere and keep anxiety at minimum.
4. Emotional support
6. Oral hygiene with warm saline solution.
7. Skin care.
8. Handle child gently.
9. Rest in bed during infection.
10. Adequate fluid intake.
11. Intake and output charts.
12. Report any transfusion reaction

**VI-Give the scientific reason: (6 marks)**

1. **Senile face of marasmic child**

**Due to loss of subcutaneous fat with hollowing of the cheeks. The limbs appear as thin sticks.**

1. **occurrence of bumps and abscess at site of insulin injection**

**Bumps and abscesses due to badly injected insulin.**

1. **Administration of diuretics for children with Acute Glomerulonephritis**

**a diuretic may help reduce the blood pressure to normal levels.**

1. **Administration of immunosuppressive therapy for children with Nephrotic syndrome**

**Used to reduce symptoms and prevent further relapse in children who do not respond to corticosteroids.**

**Nercotizing enterocolities (NEC) occurring early in premature infant.**

**due to artificial milk or take antibiotics.**

**due to infection or inflammation due to microorganisms, septicemia, and acidosis.**

1. **The premature infant has poor resistance to infection**
   1. **-- Low amount of resistance obtained from the mothers blood deprived of her early milk (colostrum).**
   2. **Inability to manufacture his own body protein including antibodies.**

**Good Luck**

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