



**Pediatric Nursing
3rd Year**

Model answer
Final Exam- 2nd semester
May 2014

Date: 9/6/2014

Total Marks: 80

Time: 3 hours

I. Choose the best answer

(40 marks)

1- When examining the head shape of a newborn. The doctor mentioned he has caput succedaneum. Which of the following should you observe in the baby?

- a) Diffuse edema of soft scalp tissue that crosses suture line
- b) Hematoma between periosteum and skull bone; unilateral and does not cross suture line
- c) Muscle twitching, seizures, cyanosis, breathing abnormal, shrill cry
- d) Head large compared to chest; small fontanel;

2- While examining the eyes of a neonate, paying special attention to the expected characteristics. Which of the following is expected?

- a) absence of reflexes
- b) absence of tears
- c) unable to follow bright light
- d) purulent discharge

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

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

4- The cognitive development of school age children according to Piaget is characterized by:

- a. Develop the ability to connect separate events and problem solving
- b. Develop the principles of conversation

- c. Imitate action
- d. Order formal thought

5- When caring for the child receiving blood transfusions for thalassemia major for which of the following complications would the nurse is alert?

- a. growth retardation
- b. spontaneous fractures
- c. splenomegaly
- d. iron overload

6- The nurse is planning care for a client during the acute phase of a sickle cell vaso-occlusive crisis. Which of the following actions would be most appropriate?

- a. Fluid restriction 1000cc per day
- b. Ambulate in hallway 4 times a day
- c. Administer analgesic therapy as ordered
- d. Encourage increased caloric intake

7- Central venous access devices are beneficial in pediatric therapy because:

- a. They don't frighten children.
- b. Use of the arms is not restricted.
- c. They cannot be dislodged.
- d. They are difficult to see.

8- A toddler has recently been diagnosed with cerebral palsy. Which of the following information should the nurse provide to the parents? Note: More than one answer may be correct.

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

9- Which of the following is the rationale for elevating an extremity after a soft-tissue injury such as a sprined ankle?

- a. Elevation increases the pain threshold

- b. Elevation increases metabolism in the tissues
- c. Elevation produces deep tissue vasodilation
- d. Elevation reduces edema formation

10- When examining the ears of a preterm baby. Which of the following would be expected of a preterm baby?

- a) ear cartilages formed, pinna flexible
- b) ear cartilages formed, pinna rigid
- c) ear cartilages undeveloped, ear may fold easily
- d) ear cartilages undeveloped, pinna rigid

11- 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:

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

12- A child with hemophilia has a nosebleed. Which nursing action is most appropriate to control the bleeding?

- a. Place the client in a sitting position with the head hyper-extended
- b. Pack the nares tightly with gauze to apply pressure to the source of bleeding
- c. Pinch the soft lower part of the nose for a minimum of 5 minutes
- d. Apply ice packs to the forehead and back of the neck

13- The following statements are correct regarding fine motor development for a child 2 years:-

- a. Imitates a vertical line
- b. Imitates circle
- c. Makes simple lines.
- d. Imitates Triangle

14- The following are clinical features of otitis media, except

- a. Rolls head from side to side.
- b. Loss of appetite.
- c. Difficulty in comforting the child.

d. Pharyngeal erythematic

15- Among the causative agents of pneumonia after the age of 5 years the commonest is

- a. Mycoplasma
- b. Staphylococcal pneumonia
- c. Klebsilla
- d. None of the above

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

- a. make the child`s eat 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

17- All the following statements are correct regarding gross motor development except

- a. By 15 months most children are able to walk alone
- b. By 18 months most children are Can run & jump in place
- c. By 30 months most children can jump down from chairs
- d. By 3 years most children can ride a bicycle.

18-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.

19- Growth and development in a child progresses in the following ways EXCEPT

- a. From cognitive to psychosexual
- b. From trunk to the tip of the extremities
- c. From head to toe
- d. From general to specific

20. Which of the following is characterized the rate of growth during the infancy period?

- a. most rapid period of growth
- b. a decline in growth rate

- c. growth spurt
- d. slow uniform growth rate

21. A child is diagnosed with Hodgkin disease. During assessment, the nurse in charge expects to detect:

- a. Gross hematuria
- b. Dysuria
- c. Nausea and vomiting
- d. Painless enlargement of one or more cervical lump nodes

22. The nurse is assessing a 9-month-old boy for a well-baby check up. Which of the following observations would be of most concern?

- a. The baby cannot say “mama” when he wants his mother.
- b. The mother has not given him finger foods.
- c. The child does not sit unsupported.
- d. The baby cries whenever the mother goes out.

23. The nurse knows that a post term infant may experience which potential problem?.

- a- Asphyxia
- b- Visual defects
- c- Paralysis .
- d- Chorea.

24. A nurse is planning care for a newborn of a diabetic mother. A priority nursing diagnosis for this infant:

- a. hyperthermia related to excess fat and glycogen
- b. risk for injury related to low blood glucose levels
- c. risk for delayed development related to excessive size
- d. risk for aspiration related to impaired suck and swallow

25. When assessing the height of 6 years old, which of the following indicates healthy growth?

- a. Doubling of birth height
- b. Tripling of birth length
- c. quadrupling of birth length
- d. stabilizing of birth length

26. While performing a neurodevelopmental assessment on a 3-month-old infant, which of the following characteristics would be expected?

- a. A strong Moro reflex
- b. A strong parachute reflex
- c. Rolling from front to back
- d. Lifting of head and chest when prone

27. When checking the genitals of a preterm female baby. What would expect from the following?

- a) fused labia, no vaginal opening
- b) ambiguous genitalia
- c) enlarged clitoris with urethral opening at tip
- d) labia majora incompletely developed, clitoris prominent

28. When providing postoperative care for the child with a cleft palate, the nurse should position the child in which of the following positions?

- a. Supine
- b. Prone
- c. In an infant seat
- d. On the side

29. While assessing a child with pyloric stenosis, the nurse is likely to note which of the following?

- a. Regurgitation
- b. Steatorrhea
- c. Projectile vomiting
- d. "Currant jelly" stools

30. Which of the following is characterized the rate of growth during the school age period?

- a. most rapid period of growth
- b. a decline in growth rate
- c. growth spurt
- d. slow uniform growth rate

31. A newborn with congenital hypothyroidism has a characterized face appearance of:

- a. Ugly face
- b. Senile face
- c. Moon face
- d. Pale face

32-Metearism is one of the most obvious complications of:

- a. Dehydration
- b. Typhoid fever
- c. Congestive heart failure
- d. Diabetes mellitus

33 - 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.

34. The nurse carefully assesses the preterm infant for respiratory distress syndrome because of a deficiency of:

- a. protein.
- b. estrogen.
- c. hyaline.
- d. surfactant.

35-A pediatric nurse formulates the expected outcomes that a child and family members, who understand meal planning for type 1 diabetes, will demonstrate. Which nursing intervention assists with meeting the outcomes?

- a) Avoiding the consumption of foods with sorbitol
- b) Instructing to follow a simple carbohydrate and protein diet
- c) Monitoring for the signs of hypoglycemia before meals
- d) Teaching about the basic food groups and prescribed diet

36-Nurse Victoria is teaching the parents of a school-age child. Which teaching topic should take priority?

- a. Prevent accidents
- b. Keeping a night light on to allay fears

- c. Explaining normalcy of fears about body integrity
- d. Encouraging the child to dress without help

37-Nurse Alice is providing cardiopulmonary resuscitation (CPR) to a child, age 4. the nurse should:

- a. Compress the sternum with both hands at a depth of 1½ to 2” (4 to 5 cm)
- b. Deliver 12 breaths/minute
- c. Perform only two-person CPR
- d. Use the heel of one hand for sternal comp

38- A 15-year-old female has been diagnosed with hyperthyroidism due to Graves's disease. Which of the following symptoms would NOT likely be present in this patient?

- a. Bradycardia.
- b- Insomnia.
- c- Heat intolerance.
- d- Weight loss.

39. A hospitalized school-ager 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

40. The adolescent’s inability to develop a sense of who he is and what he can become results in a sense of which of the following?

- a. Shame
- b. Guilt
- c. Inferiority
- d. Role diffusion

II - True and False Questions: (10Marks)

1. When the nurse designing care plan for child with mental retardation, she consider the chronological age rather mental (F)
2. The marasmic child have a senile face (T)
3. Atrial septal defect is abnormal communication between the two atria. Blood flow right to left so there is no cyanosis (F)
4. Children with beta-thalassemia who receiving transfusion therapy doesn't require iron chelation with desferrioxamine (F)
5. Parents should give the child extra attention during tantrums. (F)
6. The child shows progressive lower in growth in height and slow gain in weight. (T)
7. Masturbation considered normal during adolescence and has a role in the process of physical and emotional development (F)
8. Vernix caseosa is yellowish white substance formed before 32 weeks of gestational and disappear in 2to 3 days of life (F)
9. Development is a nature increase in physical size of the whole part of the body, it can be measured by centimeters (F)
10. The premature infant has scanty lanugo hair than full term infant (T)

III- Match column A with column B: (10 marks)

1. Part (1): Erikson terms the psychosocial crisis faced by infant and children. Match the personality development in Col. A with the psychosocial crisis in Col. B.

(5 marks)

A(Personality development)	B(Psychosocial crises)
1) Infant.	a) Identity versus role diffusion.
2) Toddler.	b) Industry versus inferiority.
3) Preschool	c) Initiative versus guilt feeling.
4) School.	d) Autonomy versus doubt and shame.
5) Adolescent.	e) Trust versus mistrust.

1	2	3	4	5
E	D	C	B	A

Part (2): 2- According to infection of newborn, and the causative organism. Match the true ones in col. A. with the appropriate in col. B.

(5 marks)

Infection	Causative organism
1) Ophthalmia neonatorum	a) Streptococci
2) Impetigo	b) Candida albicans
3) Umbilical Infection	c) Neisseria gonorrhoea
4) oral Moniliasis	d) Clostridium tetanus
5) Tetanus Neonatorum	e) Escherichia coli

1	2	3	4	5
C	A	E	B	D

IV- Write the scientific term:

(5 marks)

1. **Common cold** . This is the most common infection of childhood. It is caused by rhinovirus corona virus
2. **Low birth weight** It is an infant his weight less than 2500gm at birth whatever gestational age.
3. **Hodgkin disease** it is a malignant disease which affects lymph nodes
- 4 **Chorea** It is a disorder of the central nervous system characterized by involuntary irregular movement of the muscle.
- 5.**Negativism** occurs when the toddler can't integrate his internal impulses and the reality demands.

V- Complete the Following: (15 Marks)

1- Cerebral palsy can be prevented by managing the precipitating factors as:

- a. Perinatal anoxia and birth trauma.
- b. Kernicterus.
- c. Hypoglycemia.
- d. Low birth weight and its complications.
- e. Maternal irradiation and unnecessary drug intake.

2- Mention three nursing care for children with kwashiorkor

- a) Care of odema
- b) Skin care
- c) Intakeabdoutputchart

d)3- List three signs and symptoms of Coarctation of Aorta

- a) In neonates and young infants congestive heart failure.

- In old children, they are asymptomatic and discover on routine examination.
- Murmur.
- High blood pressure in upper extremities.
- Weak or absent femoral pulse.
- Lower extremities may be cooler than upper ones.
 - Muscle cramps during exercise from tissue hypoxia

4- List three nursing care for children with rheumatic fever:

- a) Bed rest
- b) If the child is dyspnic, the head of the bed may be elevated on his toes.
- c) -A bed cradle may be used to prevent pressure from the bedclothes on his toes.
- d) -The nurse's movements must be smooth.
- e) -The nurse is responsible for providing the child emotional rest to alleviate his anxiety.
- f) -He should have frequent skin care especially of the back and buttocks' a rubber ring may be used to prevent pressure on the sacrum and buttocks.
- g) -His position is changed frequently.
- h) -The child is helped to use the bed as necessary.
- i) -If the child breaths through his mouth- mouth care is essential.
- j) -If the child's appetite is poor, small blood or plasma transfusion may be come necessary.
- k) -If digitalis is ordered, the nurse counts the pulse rate before the administration of each dose.
- l) -In general an intake and output is required.
- m) -The nurse observed and records the emotional state of the child fatigue, respiratory exertion, orthopnea, dyspnea, cough, pain, color of skin, lips and edema.

5- List three basic needs of normal newborn:

- 1-Maintaining a clear airway.
- 2-Achieving and maintaining adequate respiratory exchange.
- 3-Warmth.
- 4-Protection from infection.
- 5-Love and security (attachment).

6-Nutritional needs.

Good Luck

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