



**Benha University  
Faculty of Nursing  
Third Year**

**Date: 26/5/2013  
Time: 3 hours  
Total Marks: 80**

**Pediatric Nursing Department  
Final Exam 2<sup>nd</sup> May 2013**

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**I. Choose the best answer: (25 marks)**

**1- Hani is an infant born suffering from intrauterine malnutrition this is may be due to:**

- a. **placental insufficiency**
- b. baby born after 42 weeks of gestational age.
- c. baby born before 37 weeks of gestational age
- d. baby born with birth weight less than 2.5kgm,

**2- Amr age 3 years- old has early symptom of rickets, decide about the causes of his condition:**

- a. Had a diet deficient in fat
- b. Was kept outdoors for long period of time
- c. Sleep in a poorly ventilated room
- d. **Having a diet limited in vitamin D**

**3- Hypothermia is common in newborn because of their inability to control heat. The following would be an appropriate nursing intervention to prevent heat loss except:**

- a. Place the crib beside the wall
- b. Doing kangaroo care
- c. **Using mechanical pressure**
- d. Drying and wrapping the baby.

**4- When assessing the weight of a 5 month old, which of the following indicate healthy growth?**

- a. **Doubling birth weight**
- b. Tripling birth weight
- c. Quadruple birth weight
- d. Stabilizing birth weight

**5- Measles vaccine can be given simultaneously what is the combined vaccine to be given to children starting at 15 month?**

- a. MCG
- b. **MMR**
- c. BCG
- d. BBR

**6- Maged is a child admitted to pediatric unit with pseudo paralysis due to tenderness of limbs and pain swollen, bleeding gums and hemorrhage may be seen in soft tissue around the eyes which diagnosis may expected to be?**

- a. Scurvy
- b. Tetany
- c. Rickets
- d. Kernicterus

**7- When assessing an 18-month-old, the nurse notes a characteristic protruding abdomen. Which of the following would explain the rationale for this finding?**

- a. Increased food intake owing to age
- b. Underdeveloped abdominal muscles
- c. Bowlegged posture
- d. Linear growth curve

**8- After teaching a group of parents about accident prevention for school agers, which of the following statements by the group would indicate the need for more teaching?**

- a. School agers are more active and adventurous than are younger children.”
- b. School agers are more susceptible to home hazards than are younger children.”
- c. School agers are unable to understand potential dangers around them.”
- d. School agers are less subject to parental control than are younger children.”

**9-All the following disorders are usually associated with cough except**

- a. Inhaled foreign body
- b. Asthma
- c. Pneumonia
- d. Epiglottitis

**10- A 9-years 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

**11- While examining a 2-years old child, the nurse in charge sees that the anterior fontanel is open. The nurse should:**

- a. Notify the doctor
- b. Look for other signs of abuse
- c. Recognize this as a normal finding
- d. Ask about a family history of the disease

**12- When the child use language and can learn best by doing this is called:-**

- a. Sensor motor stage
- b. Phallic stage

- c. Concrete operation
- d. **Preoperational stage**

**13- The common cause of enuresis all of them except:**

- a. Hereditary factors
- b. Inadequate toilet training
- c. Mental retardation
- d. **Disturbed child**

**14- A school-aged client admitted to the hospital because of decreased urine output and periorbital edema is diagnosed with glomerulonephritis. Which of the following interventions would receive the highest priority?**

- a) assessing vital signs every four hours
- b) monitoring intake and output every 12 hours
- c) **obtaining daily weight measurements**
- d) obtaining serum electrolyte levels daily

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

- a) sever pain
- b) perforation
- c) Bleeding
- d) **Metastasis**

**16- Hydrocephalus is one congenital anomalies characterized by all of the following :**

- a. Caused by imbalance in the production and absorption of CSF in the ventricular system
- b. May occur after infections in the meninges
- c. signs of increased ICP, headache ataxia, irritability apathy and confusion
- d. **all of the above are true**

**17- While assessing a male neonate whose mother desires him to be circumcised, the nurse observes that the neonate's urinary meatus appears to be located on the ventral surface of the penis. The physician is notified because the nurse would suspect which of the following?**

- a. Phimosis
- b. Hydrocele
- c. Epispadias
- d. **Hypospadias**

**18- A newborn's failure to pass meconium within 24 hours after birth may indicate which of the following?**

- a. **Aganglionic Mega colon**
- b. Celiac disease
- c. Intussusception
- d. Abdominal wall defect

**19- A newborn with congenital hypothyroidism has a characterized face appearance of:**

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

**20- When planning care for a 8-year-old boy with Down syndrome, the nurse should:**

- a. Plan interventions according to the developmental level of a 7-year-old child because that's the child's age
- b. Plan interventions according to the developmental levels of a 5-year-old because the child will have developmental delays
- c. Assess the child's current developmental level and plan care accordingly
- d. Direct all teaching to the parents because the child can't understand

**21-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

**22- 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

**23- When administering an I.M. injection to an infant, the nurse in charge should use which site?**

- a. Deltoid
- b. Dorsogluteal
- c. Ventrogluteal
- d. Vastus lateralis

**24- When developing a plan of care for a male adolescent, the nurse considers the child's psychosocial needs. During adolescence, psychosocial development focuses on:**

- a. Becoming industrious
- b. establishing an identity
- c. Achieving intimacy
- d. Developing initiative

**25- Nurse Raven should expect a 3-year-old child to be able to perform which action?**

- a. Ride a tricycle
- b. Tie the shoelaces
- c. Roller-skates
- d. Jump rope

**II-True and False Questions: -**

**(10marks)**

1. Organ failure and infection are the main causes of death for child with idiopathic thrombocytopenic purpura **(F)**
2. Purpura is a disease which dose not appears until a complete switch from fetal to adult Hb synthesis occurs **(F)**
3. If the child refuses to take the prescribed medicine, the nurse should insist to give **(F)**
4. Vision is highly developed sense in newborn **(F)**
5. At 36 month toddler; knows full name, age and sex, dry by night **(T)**
6. Commands are necessary and when given in negative form is more effective **(F)**
7. Mouth care must be avoided for a child has leukemia as it might lead to gum bleeding **(F)**
8. if the new borne is choking, coughing, sneezing and vomits after feeding is a sign of esophageal Artesia **(T)**
9. In Pyloric stenosis, fluid is able to pass easily through the stenosed and hypertrophed pyloric valve **(F)**
10. Masturbation considered normal during adolescence and has a role in the process of physical and emotional development **(T)**

**III. Matching:****(10 marks)**

Match the specific clinical manifestation in Col A , with the related medical diagnosis in Col B

Col A	Col B
1- Clasp knife	a- Asmtha
2- Choreo-athetatic CP	b- Rickets
3- Nystagnus and staccoto speech	c- Weak or absent femoral pulse
4- Harrison groove	d- Very sever pneumonia
5- Larngespasm	e- Extrapyramedal CP
6-Coarrectation of aorta	f- Infantile tetany
7- Fallot tetrology	g- Ataxis CP
8- Tight cough and dyspnea at night	h- Squalling after exercises
9- Strider in calm child	i- Croup
10- Wheezy on expiration	j- spastic CP

1	2	3	4	5	6	7	8	9	10
j	e	g	b	f	c	h	i	d	a

**IV- Give the reasons (Why):****(10 marks)**

**1- During breast feeding, instruct the mother to never allow the infant more than 20 minutes on both breasts**

- to avoid over feding and distention

**2- 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.

**3- The nurse should bubble the infants frequently after feeding**

To release swallowed air

**4- The newborn loss 5-10% of his weight in the first week of life**

The withdrawal of hormones originally obtained from the mother.

-The withholding of water and the loose of feaces and urine ---

**5- Weaning should not start early and not start late**

- Early weaning has been implicated as cause food allergy, indigestion, constipation or diarrhea.
- Weaning too early is not tolerated due to immaturity of gastrointestinal tract, liver, and kidney.
- Excessively early weaning avoided because it may result in fat baby or trigger allergies.
- Early introduction of food and the early discontinuation of breast-feeding are associated with increased risk of diarrhea also excessive rate of morbidity from infectious disease.

**6- Oxygen therapy should be given with great caution and not exceeding 40%.**  
Because the risk of inducing the retrolental fibroplasias (R.L.F.).

**7- The mother of an infant with thrush should avoid removing patches on the tongue.**

May lead to bleeding .

**8- A diabetic child should have a piece of candy before starting exercise.**

To prevent Hypoglycemia

**9- Necrotizing enterocolitis (NEC) occurring early in premature infant.**  
due to artificial milk or take antibiotics.  
due to infection or inflammation due to microorganisms, septicemia, and acidosis.

**10- Diaphragmatic hernia requiring surgical emergency**

- The abdominal contents herniated through the diaphragm into the pleural cavity

hypoplasia of the lung on the affected side and the stomach and intestine (generally found within the chest

**V- Complete the sentences of the following: (15 marks)**

1- Clinical manifestations of respiratory distress syndrome

- a) Tachypnea
- b) -Cyanosis
- c) -Flaring of the nostrils.

- d) -Grunting sounds with breathing.
- e) -Chest retractions (pulling in at ribs and sternum during breathing).
- f) -Apnea (brief stop in breathing), and atelectasis.

**2- Problems associated with infant of diabetic mothers.**

***\*During birth:***

- > -Still birth                      -Neonatal death                      -Preterm labor
- > -Macrosomia                      -Perinatal asphyxia                      -Birth injury
- > -Shoulder dystocia                      -Fracture of clavicle and humerus
- > -Brachial plexus injury

***\*After birth:***

- LGA      -SGA      -Hypoglycemia                      -Hypocalcemia
- Hypomagnesemia      -Respiratory Distress Syndrome
- Transient Tachypnea of Newborn                      -HCM
- Polycythemia and hyperviscosity syndrome
- Thrombocytopenia                      -Hyperbilirubinemia

**3- Specific nursing measures of rheumatic fever.**

- Bed rest
- If the child is dyspnic, the head of the bed may be elevated on his toes.
- A bed cradle may be used to prevent pressure from the bedclothes on his toes.
- The nurse's movements must be smooth.
- providing the child emotional rest to alleviate his anxiety.
- He should have frequent skin care especially of the back and buttocks'
  - position is changed frequently.
- -If the child breaths through his mouth- mouth care is essential.

**4 - Specific nursing measures of kwashiorkor**

- a) correction of the protein deficiency
- b) skin care
- c) special measures of odema

**4- Specific nursing measures of hyperthyroidism.**

- a) Promote rest and sleep. Sedative may be given.
- b) Carbohydrates & vitamins in diet.
- c) 3-Monitoring of P.R. Bp.



- d) 4-Observe signs of Drug toxicity as fever, headache, nausea, diarrhea & stiffness of joint.

**VI- Situation:-**

**(10 marks)**

**1- You are evaluating a child in your clinic. You notice the child has put on a significant amount of weight since the last visit. Mom states that she noticed swelling around his eyes in the morning, but it seems to be all-over by the end of the day. The child is tachypneic. Based on these assessment findings, you suspect that:-**

- a) What the diagnosis of the child?

Nephrotic syndrome

- b) What the main complication?

1- infection

2- thrombosis

- c) What are the focuses for nursing management for the child?

Promoting diuresis, preventing infection, promoting nutrition, educating family

2- Ahmed is first baby and have 6 months then complain from Widespread petechiae, dyspnea, high temperature, Vomiting, weight loss. The doctor request bone marrow aspiration, from these data the following question should be answered

1- What are the diagnosis of ahmed

- hemophilia
- leukemia
- thalassemia
- typhoid fever

2- which of the following immunization recommended to ahmed

- DPT
- BCG
- No all the above
- measles

3- where of the following result of blood investigation for ahmed

- White blood cells is elevated by 50.000/cm
- elevated Platelets count
- ESR drops
- No of the above

4- what are the complication may be done as a result of disease

- Intrauterine pain
- Intracranial and visceral hemorrhages
- bone damage
- No of the above

*Nursing care of leukemia:*

- Isolation
- Avoid infection of others
- Provide happy atmosphere and keep anxiety at minimum.
- Before transfusion therapy, the nurse should explain the purpose.
- Emotional support
- Report any transfusion reaction

- Regulate the flow of blood to prevent circulatory overload.
- Provide security by talking, reading or playing quietly.
- Rest in bed during infection.
- Adequate fluid intake.
- Intake and output charts.
- Oral hygiene with warm saline solution.
- If rectal ulcer occurs: not measure temp. rectally and the area should be kept clean and dry.
- Skin care.
- Observe and records side effects of drugs.
- Change position frequently.
- Handle child gently.

**Good Luck**

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