**كلية معتمدة**



**Benha University Date: 21 /5/2017**

**Faculty of Nursing Time: 3 hours**

**Third Year Total Marks: 80**

**Code: Nur306 pages n.:7**

**Pediatric Nursing Department**

**Final Pediatric Nursing Exam**

**2nd Semester 2016/2017**

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

1. **Which of the following best describes enuresis:**
2. repeated involuntary voiding of urine after control should be established
3. Playing a board game with a nurse
4. Desire for independence or autonomy
5. Sharing their dolls with two different nurses
6. **Which of the following signs and symptoms are characteristics of minimal change nephritic syndrome:**
7. Gross hematuria, proteinuria and fever
8. Hypertension, edema, hematuria
9. Poor appetite, proteinuria ,edema
10. Hypertension, edema, proteinuria
11. **Normal heart rate at birth is:**
12. 120-160/min
13. 100-120/min
14. 160-180/min
15. Always less than 100
16. **When planning care for a 8-years-old boy with Down’s syndrome, the nurse should:**
17. Plan interventions according to the developmental level of a 7-year-old child because that’s the child’s age
18. Plan interventions according to the developmental levels of a 5-year-old because the child will have developmental delays
19. Assess the child’s current developmental level and plan care accordingly
20. Direct all teaching to the parents because the child can’t understand
21. **Typhoid fever is most common in age:**
22. 3-5 years
23. 5-10 years
24. 10-15 years
25. 15-25 years
26. **A child with hemophilia has a very swollen knee after falling from bicycle riding. Which of the following is the first nursing action:**

a) Initiate an IV site to begin administration of cryoprecipitate

b) Type and cross-match for possible transfusion

c) Monitor the client's vital signs for the first5 minutes

d)Apply ice pack and compression dressings to the knee

1. **Peripheral cyanosis of the hands and feet are observed in:**
2. Some normal newborns
3. Patent duct arteriosus ( PDA)
4. Pulmonary stenosis
5. Atrial septal defect
6. **A woman and her husband are positive for the sickle cell trait. They ask the nurse about chances of their children having sickle cell disease. Which of the following is appropriate response by the nurse:**
7. one of her children will have sickle cell disease
8. only the male children will be affected
9. each pregnancy carries a 25% chance of the child being affected
10. if she had four children, one of them would have the disease
11. **Clinical findings would indicate a toxic dose of digoxin:**
12. Tachycardia and dysrhythmia.
13. Headache and diarrhea.
14. bradycardia and nausea and vomiting.
15. Tinnitus and nuchal rigidity.
16. **When caring for the child receiving blood transfusions for thalassemia major for which of the following complications would the nurse is alert:**
17. growth retardation
18. spontaneous fractures
19. spleenomegaly
20. iron overload
21. **All the following are manifestation of Otitis media,except:-**
22. Cry
23. Constipation
24. Loss of appetite
25. Infant rolls head from side to side
26. **After talking with the parents of a child with Down’s syndrome, which of the following would the nurse identify as an appropriate goal of care of the child:**
27. encouraging self-care skills in the child
28. teaching the child something new each day
29. encouraging more lenient behavior limits for the child
30. achieving age-appropriate social skills
31. **The nurse is planning care for a child during the acute phase of a sickle cell vaso-occlusive crisis. Which of the following actions would be most appropriate?**
32. Fluid restriction 1000cc per day
33. Ambulate in hallway 4 times a day
34. Administer analgesic therapy as ordered
35. Encourage increased caloric intake
36. **The following statements are correct regarding clinical manifestations of respiratory distress syndrome,except:**
37. Hoarseness of breathing
38. Flaring of the nostrils
39. Grunting sounds with breathing
40. Chest retractions (pulling in at ribs and sternum during breathing)
41. **The child probably tells the nurse that brushing her teeth is her responsibility. When responding to this information, the nurse should realize that the child:**
42. Is too young to be given this responsibility
43. Is most likely quite capable of this responsibility
44. Should have assumed this responsibility sooner
45. Is probably just exaggerating the responsibility
46. **The hall marks of the treatment of neonates with respiratory distress syndrome is:**
47. Assess the neonate's response to therapy
48. Support of ventilator
49. prevent hypoxemia and acidosis
50. Pulse oximatery reading
51. **A 9 year old girl is brought to the pediatrician’s office for an annual physical checkup. She has no history of significant health problems. When the nurse asks the girl about her best friend, the nurse is assessing:**
52. Language development
53. Motor development
54. Neurological development
55. Social development
56. **Protein-energy malnutrition is a condition that arises when:**
57. protein are not complete
58. protein intakes are not in balance
59. potein and carbohydrate intakes are inadequate
60. calories and protein intake are inadequate
61. **The active form of vitamin D is:**
62. Calcidiol
63. Calcitriol
64. Cholecalciferol
65. None of the above
66. **By the eighth month, the baby can:**
67. Pick up objects using its finger and thumb
68. Sit alone without support
69. Roll over 180 degrees - while resting on its back or stomach
70. All of the above
71. **Calculate the head circumference of 9 months old infant, whose head circumference at birth was 35 cm:**
    1. 35cm b. 37cm c. 43cm d. 45.5
72. **A child is diagnosed with Wilms’ tumor. During assessment, the nurse in charge expects to detect:**
73. Gross hematuria
74. Dysuria
75. Nausea and vomiting
76. An abdominal mass
77. **Respiratory Distress Syndrome is a disease of preterm infant which caused by all of the following,except:**
78. Atelectasis of alveoli.
79. Immaturity of respiratory center.
80. Formation of surfactant substances.
81. Hypoxia
82. **In assessing growth and development, the nurse is guided by principles of growth and development. Which is not included:**
83. All individuals follow cephalo-caudal and proximo-distal
84. Different parts of the body grows at different rate
85. All individual follow standard growth rate
86. Rate and pattern of growth can be modified
87. **Hala is an infant born suffering from intrauterine malnutrition this is may be due to:**
88. placental insufficiency
89. Baby born after 42 weeks of gestational age.
90. baby born before 37 weeks of gestational age
91. baby born with birth weight less than 2.5kgm,
92. **When performing the physical assessment, the nurse explains to the mother that in a term neonate, sole creases are:**
93. Absent near the heels.
94. Evident under the heels only,
95. Spread over the entire foot.
96. Evident only towards the transverse arch.
97. **Long acting penicillin every3 weeks should be given to patients with:**
98. Chronic tonsillitis
99. All cases of rheumatic fever
100. Recurrent tonsillitis
101. All of the above
102. **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:**
103. They should delay future immunizations until seen by an allergist.
104. This is a mild reaction and teaches them how to manage it.
105. This is a severe reaction and that they should bring the child to the emergency room.
106. This is an appropriate reaction and they need not do anything
107. **The nurse should expect a 3-year-old child to be able to perform which action:**
108. Ride a tricycle
109. Tie the shoelaces
110. Roller-skates
111. Jump rope
112. **The nurse notes a swelling on the neonate’s scalp that crosses the suture line. The nurse documents this condition as:**
113. Cephallic hematoma.
114. Caput succedaneum.
115. Hemorrhage edema.
116. Perinatal caput.

**II- True and false questions: (10 marks)**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Items** | **T** | **F** |
|  | Hydrocephalus caused by balance in the production and absorption of CSF in the ventricular system. |  | **F** |
|  | In spastic CP, the child is presented by severe hypotonia (Floppy baby) and exaggerated deep tendon reflexes. |  | F |
|  | When the nurse designing care plan for child with mental retardation, she consider the chronological age rather mental |  | F |
|  | A tetrology of fallotis a cyanotic heart diseases with shunt |  | F |
|  | Rheumatic chorea is associated with increased motor strength | T |  |
|  | Headache is a clinical manifestation of typhoid fever in the first week | T |  |
|  | According to Piaget the child between ages 7 and 11 years can take more responsibilities and ordering activities | T |  |
|  | During infancy aganglionic mega colon manifests as failure to pass meconium within 24 to 48 hours after birth | T |  |
|  | Mouth care must be avoided for a child suffering from leukemia as it might lead to gum bleeding |  | **F** |
|  | Diphtheria is acquired through secretions of case or carriers by direct contact with contaminated articles and environment | T |  |

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

**Part (I): Match the true ones in col. A. with the appropriate in col. B.(5 marks)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | | **B** | | | | | |
| 1. Imperfect child. | | 1. A limitation of function and inability to perform some normally expected physical or mental activity | | | | | |
| 1. Chronic illness: | | 1. The child show signs of interest in their surrounding and begin to enter into the activities around them. | | | | | |
| 1. Disability | | 1. Child has any deformity that may be mentally, physically or socially | | | | | |
| 1. Handicap | | 1. A more complicated concept and prominent defect involves organic, functional or social limitation | | | | | |
| 1. Denial | | 1. Alteration in body functions that are long term. They may last for months, years or even life time. | | | | | |
|  | | 1. Unhappy child, unable to control his feeling of jealousy, helpless, aggressive or anger | | | | | |
| **1** | | **2** | **3** | **4** | **5** |
| **c** | | **e** | **a** | **d** | **b** |

**PART (II): Match the child's disease in column (A) to amount of fluid in column (B):(5 marks)**

|  |  |
| --- | --- |
| **( A ) child's disease** | **( B ) amount of fluid** |
| 1- Child with pneumonia | a- should give much clear cold fluid |
| 2- Child with nephritic syndrome | b- should restrict fluid intake |
| 3- Child with typhoid fever | c- should be given adequate fluid intake to avoid dehydration |
| 4-Child with cardiac disease | d- should give amount of fluid equal to amount of output in the previous 24hours |
| 5- Child with tonsillectomy (post-operative) | e- should increase fluid intake |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |
| **e** | **d** | **c** | **b** | **a** |

**IV- Write the scientific term of the following:(10 marks)**

1. **Vaso-occlusive crisis** is an obstructed capillaries & restricted blood flow to an organ, resulting in ischemia, pain, and often organ damage.
2. **Dactylitis**is present when small blood vessels in the hands and feet of infants are blocked, causing them to swell & tender.
3. **Down's syndrome (Mongolism)**is themost common chromosomal abnormalities caused by presence of extra chromosomal 21"trisomy 21".
4. **Congenital anomalies** are malformations in structure, position, or function of an organ or system and present at birth.
5. **Bronchial asthma.**is a disease of chronic airway Inflammation, bronchial hyper reactivity
6. **Nursing informatics**  is a collaboration of nursing science with other statistical and data collection sciences
7. **Transposition of great arteries**is a condition in which the pulmonary artery leaves the left ventricle and the aorta exists from the right ventricle
8. **Hemoglobin** is the substance in RBCs that allows them to carry oxygen.
9. **Hodgkin's disease**is a malignant disease, which affect the lymph nodes.
10. **Craniotabes**is the earliest bony change in child with latent tetany.

**V- Write the reasons (Why): (5 marks)**

1. **The newborn loss 5-10% of his weight in the first week after birth:**

* The withdrawal of hormones originally obtained from the mother.
* The withholding of water and the loose of feaces and urine.

1. **The umbilical cord should be assessed at birth**

To determinethe presence of congenital anomalies.

1. **The premature infant has poor to establish respiration:**
   1. Immaturity of the respiratory center.
   2. Failure of lung to develop.
   3. Weakness of muscles that move his chest wall.
   4. Incomplete development of the capillaries and alveoli of the lung.
   5. Bones of chest wall retract during inspiration.
   6. Poor coughing reflex.
   7. Frequent episodes of apnea
2. **Diaphragmatic hernia is requiring immediate intervention**

It constitutes a surgical emergency with 50% to 70% mortality rate, when the signs of the defect are evident at delivery.

1. **Necrotizing enterocolitis is more common among premature infants**

Due to artificial milk or use of antibiotics

**IV- Complete the following: (15 marks)**

1. **Enumerate five guidelines for improving communication**
   1. speak in a normal one
   2. .do not raise your voice or shout
   3. speak to the client on an adult level
   4. avoid carrying on more than one conversation….
   5. keep the atmosphere quiet and relaxed
2. **Enumerate five specific nursing care of leukemia:**

aIsolation - 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. rectaly and the area should be kept clean and dry.

Skin care.

Observe and records side effects of drugs.

Change position frequently.

Handle child gently.

1. **Enumerate Five specific nursing role for pre-menstrual syndrome**

1-Physical examination to detect any abnormality.

2-Explanation (ovulation – menstruation).

3-Reassurance.

4-Diversionary activities and exercises.

5-Reduction of the individual work load.

6-iuretics, tranquilizers can be given to relieve fluid retention and irritability.

7-Ovarian hormone can be given.

**Good Luck**

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