UNIVERSITY OF SWAZILAND
Faculty of Health Sciences
Department of General Nursing Science

FINAL EXAMINATION PAPER
MAY 2017

TITLE OF PAPER:  PAEDIATRIC NURSING
COURSE CODE:  GNS 318
DURATION:  2 HOURS
MARKS:  75

INSTRUCTIONS:  READ THE QUESTIONS AND INSTRUCTIONS CAREFULLY
THERE ARE TWO SECTIONS: A AND B
ANSWER ALL QUESTIONS
WRITE NEATLY & CLEARLY
NO PAPER SHOULD BE BROUGHT INTO OR OUT OF THE EXAMINATION ROOM.
BEGIN EACH QUESTION ON A SEPARATE SHEET OF PAPER.

DO NOT OPEN THIS QUESTION PAPER UNTIL PERMISSION IS GRANTED BY THE INVIGILATOR.
SECTION A MULTIPLE CHOICE QUESTIONS

For each question, choose the most appropriate response and write the corresponding letter only, in capital letters, e.g. 27 B. Each correct answer carries 1 mark.

1. When developing a plan of care for an adolescent, the nurse considers the adolescent’s needs. During adolescence, psychosocial development focuses on:
   A. Becoming industrious
   B. Achieving intimacy
   C. Establishing an identity
   D. Developing initiative

2. A 4 year old child whose family follows a strict vegetarian diet undergoes a physical examination. The paediatric nurse is alert to the child’s potential deficiency of
   A. Niacin
   B. Thiamin
   C. Vitamin B6
   D. Vitamin B12

3. Marasmus and kwashiorkor can be confusing clinically. Which of the following symptoms is a classic characteristic of kwashiorkor?
   A. "Moon face"
   B. Mild diarrhea
   C. Growth lag
   D. Underweight

4. Nurse Anne is implementing a teaching plan to a group of adolescents regarding the causes of acne. Which of the following is an appropriate nursing statement regarding the causes of acne?
   A. Acne is caused by oily skin
   B. Acne in adolescence can be caused by hormonal imbalances
   C. Acne is caused by eating chocolate
   D. Acne is caused as a result of exposure to heat and humidity

5. The nurse would advise a parent when introducing solid foods to:
   A. Begin with one tablespoon of food
   B. Mix food together
   C. Eliminate a refused food from the diet
   D. Introduce each new food 4 to 7 days apart.

6. The nurse explains that by the age of 6 months an iron-rich formula should be offered because the infant has:
   A. Limited ability to produce red blood cells
   B. Ineffective digestive enzymes
   C. Exhausted maternal stores
   D. Need of the iron to support dentition
7. Which of the following should not form part of the teaching plan for infant fall precautions?  
A. Remove all steady furniture from the room  
B. Keep crib rails up and in locked position  
C. Keep infant seat on the floor  
D. Steady infant with hand when on changing table

8. Which of the following are the most common types of poisoning in children in Swaziland?  
A. Lead and acetaminophen  
B. Cleaning substances  
C. Petrol  
D. Paraffin

9. Which of the following interventions would the nurse perform first on a child with acute poisoning?  
A. Gastric lavage  
B. Administer activated charcoal  
C. Administer an emetic  
D. Administer a syrup of ipecac

10. Zimzi is a 7-months HIV exposed baby who has shown signs of sulfas allergy to a drug used as prophylaxis for opportunistic infections. Which of the following sulfas-free drugs should be used instead?  
A. Benzthia  
B. Nevirapine  
C. Dapsone  
D. Chlorpheniramine

11. In a child suffering from marasmus, which of the following manifestations is not observed?  
A. Subnormal temperature  
B. Visible peristalsis from thin abdominal walls  
C. Generalized oedema  
D. Watery diarrhea

12. Reeyes syndrome, a potentially fatal illness associated with liver failure and encephalopathy is associated with the administration of which drug in children?  
A. Acetaminophen  
B. Ibuprofen  
C. Aspirin  
D. Pseudoephedrine

13. A 12 year old boy has fractured his arm because of a fall from his bike. After the injury has been casted, the nurse knows it is important to perform all of the following assessments on the area distal to the injury except:
A. Finger movement  
B. Capillary refill  
C. Skin integrity  
D. Radial and ulnar pulse

14. The nurse is caring for a child with enuresis. She instructs the child to hold the urine as long as she can and then urinate on a calibrated container. The nurse is most likely doing this procedure for which of the following reasons?  
A. To get the child to focus more on retaining urine longer  
B. To increase the capacity of the bladder by stretching it  
C. To see if the bladder capacity is sufficient to retain urine  
D. To determine if the incontinence is caused by a neurological disorder.

15. Parents of a 5-year-old with enuresis are angry that the child is detaching in the playroom and his closet and not going to the bathroom to have a bowel movement. The first topic of teaching the nurse will have to do with the parents is which of the following?  
A. The utilization of behavior modification to reverse the condition  
B. Psychological factors associated with disorder  
C. The need to sit the child on the toilet every hour  
D. Bowel function and the prevention and treatment of constipation.

16. A child with suspected rheumatic fever is admitted to the pediatric unit. When obtaining the child's history, the nurse considers which information to be most important?  
A. A fever that started 3 days ago  
B. Lack of interest in food  
C. A recent episode of pharyngitis  
D. Vomiting for 2 days

17. While examining a 2-year-old child, the nurse in charge sees that the anterior fontanel is open. What should the nurse do?  
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 Tay-Sachs disease

18. Which of the following organisms is responsible for the development of rheumatic fever?  
A. Streptococcus pneumoniae  
B. Haemophilus influenzae  
C. Group A β-hemolytic streptococcus  
D. Staphylococcus aureus
19. A child is diagnosed with otitis media. There are no danger signs indicating a need for admission to the hospital. Which of the following predisposes the child to otitis media? 
A. Breast feeding  
B. Vitamin D deficiency  
C. Bottle feeding  
D. Age: above 2 years. 

20. A child is seen at the local clinic. Which of the following conditions require urgent referral for hospitalization of a child?  
A. Epiglottitis  
B. Measles  
C. Sinusitis  
D. Eustachian tube dysfunction 

21. In which of the following instances would the nurse suspect pulmonary TB?  
A. Failure to respond to adequate nutrition  
B. Age above 5 years  
C. Contact with non-infection source  
D. HIV negative 

22. Nina is an HIV exposed baby who is brought to the clinic for a well-child visit. She is given a prophylaxis. For how long should an HIV exposed baby take this prophylaxis?  
A. Until the child is 2 years old  
B. For life  
C. Until HIV infection has been ruled out  
D. Until drug becomes ineffective 

23. Which of the following is the best advice you would give to an HIV reactive mother who has a 12-month old child and cannot afford replacement feeding or infant feeding?  
A. Stop breast feeding abruptly at 12 months  
B. Exclusive breastfeeding  
C. Breastfeed for as long as possible  
D. Stop breastfeeding gradually 

24. Which of the following questions is key for assessing Tuberculosis in children confirmed to be HIV positive?  
A. History of allergies  
B. Age of the child  
C. Known TB contacts  
D. Weight gain 

25. Which of the following is the preferred first line antiretroviral therapy (ART) regimen for all children younger than 3 years?
A. TDF + 3TC + FTC
B. AZT + 3TC + NVP
C. ABC + 3TC + LPV/r
D. ABC + 3TC + DDI

[Total: 25 Marks]

SECTION B SHORT ESSAY QUESTIONS

Question 1
An 18 month old male is brought to your clinic with a chief complaint of diarrhea and vomiting for 2 days. His mother describes his stools as liquid and foul smelling, with no mucus, slime or blood. He reportedly is unable to keep anything down, vomiting after every feeding, even water. He has about 6 episodes of diarrhea and 4 episodes of vomiting per day. His mother reports that he is not feeling well and his activity level is decreased. He seems weak and tired. He attends day care during the day when he is well. His last weigh at his 15 month check-up was 11.4 kg.

a) What is the most common viral cause of acute gastroenteritis, and what are its associated symptoms? [4]

b) List 4 physical signs of dehydration in children? [4]

c) Using the IMCI approach, discuss how you will manage the child [15]

[Sub-total Marks 23]

Question 2
Define the following as it relates to treatment failure in pediatric ART.

a) Clinical failure [2]

b) Immunological failure [2]

c) Virological failure [2]

d) Outline the interventions you would carry out to prevent treatment failure in the cohort of children you have initiated on antiretroviral therapy (ART) [10]
c) Describe the general grading of antiretroviral (ARV) side effects and toxicities [4] [Sub-total Marks 20]

Question 3
Sipho is an HIV exposed 10 month old baby whose mother is being treated for Pulmonary TB.

(a) State the preventive therapy that baby Sipho should receive. [1]

(b) Outline the indications/instances where the above mentioned preventive therapy should be used in children [3]

(c) Explain why children with HIV/TB infection are not initiated on antiretroviral therapy (ART) and anti-TB medication at the same sitting. [3] [Sub-total Marks 7]