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University of
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Final Exam
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Instructor Name: Mr. Yousef Khalifa
Student No.: _____
Student Name: _____
College Name: _____
Dep. / Specialist: _____
Using Dictionary (No)

***Part I MCQ: (Choose the most correct answer)** (one mark for each)

1- The nurse makes an initial assessment of a 4-year-old child admitted with possible epiglottitis. Which observation is most suggestive of epiglottitis?

- a. Low-grade fever
- b. Retching
- c. Excessive drooling
- d. Substernal retractions

2- The nurse is caring for a child who has epiglottitis. What position would the child be most likely to assume?

- a. Squatting
- b. Sitting upright and leaning forward, supporting self with hands
- c. Crouching on hands and knees and rocking back and forth
- d. Knee-chest position

3- A 15-month-old is admitted with a diagnosis of bronchiolitis. Which medication is recognized as the only effective treatment for bronchiolitis?

- a. Ribavirin
- b. Respigam
- c. Sandimmune
- d. Synagis

4- A 6-year-old has just returned from having a tonsillectomy. The child's condition is stable, but the child remains quite drowsy. How should the nurse position this child?

- a. On her back with head elevated 30 degrees
- b. Upright
- c. Semi-prone
- d. Trendelenburg

5- The main cause of respiratory distress syndrome is:

- a. Unknown
- b. Diabetes
- c. Inadequate amount of surfactant
- d. Fetal stress

6- What is the main action of surfactant, when caring for a premature infant?

- a. it provides antibiotic protection
- b. it acts as a corticosteroid to reduce inflammation
- c. It reduces the surface tension in the alveoli
- d. it prevents the bronchi from collapsing

7- The physician has ordered a sweat test for a child suspected of having cystic fibrosis. A positive sweat test is based on:

- a. Chloride level
- b. Potassium transport
- c. Serum sodium
- d. Calcium level

8- The nurse is to administer pancreatic enzymes to an 8-month-old child who has cystic fibrosis. When should this medication be administered?

- a. A half hour before meals
- b. With meals
- c. An hour after meals
- d. Between meals

9- Which of the following heart defects usually results in hypoxemia and cyanosis

- a. Coarctation of the aorta .
- b. Atrial septal defect .
- c. Patent ductus arteriosus .
- d. Transposition of the great vessels .

10- The nurse would identify which congenital heart disease as involving increased pulmonary blood flow?

- a. Tricuspid atresia
- b. Patent ductus arteriosus
- c. Tetralogy of Fallot
- d. Aortic stenosis

Situation (question 11-13)

Faten, 2 years old is rushed to the ER due to cyanosis precipitated by crying. Her mother observed that after playing she gets tired. She was diagnosed with Tetralogy of Fallot.

11- Which of the following structural defects constitute tetralogy of Fallot ?

- a. Pulmonary stenosis, ventricular septal defect, overriding aorta, right ventricular hypertrophy
- b. Aortic stenosis, ventricular septal defect, overriding aorta, right ventricular hypertrophy .
- c. Aortic stenosis, atrial septal defect, overriding aorta, left ventricular hypertrophy
- d. Pulmonary stenosis, ventricular septal defect, aortic hypertrophy, left ventricular hypertrophy .

12- The immediate nursing intervention for cyanosis of Faten is:

- a. Call up the pediatrician
- b. Place her in knee chest position
- c. Administer oxygen inhalation
- d. Transfer her to the PICU

13- Faten was scheduled for a palliative surgery, which creates anastomosis of the subclavian artery to the pulmonary artery. This procedure is:

- a. Waterston-Cooley
- b. Raskkind Procedure
- c. Coronary artery bypass
- d. Blalock-Taussig

14- All the following are major signs of rheumatic fever EXCEPT :

- a. Arthralgia
- b. Carditis
- c. Chorea
- d. Polyarthritis

15- The best prophylactic treatment for client is to prevent further rheumatic attack:

- a. Prednisone.
- b. Aspirin.
- c. Penicillin.
- d. All of the above.

16- Which is the most common valvular abnormality with rheumatic fever :-

- a. Pulmonary stenosis
- b. mitral stenosis
- c. aortic insufficiency
- d. tricuspid insufficiency

17- Inability of the heart to pump an adequate amount of blood to the systemic circulation to meet the demands of the body is called...

- a. aortic stenosis
- b. ASD
- c. CHF
- d. VSD

18- You should not give digoxin to the patient if his pulse is less than:

- a. 60 B/m
- b. 70 B/m
- c. 80 B/m
- d. 90 B/m

19- 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

20- A 3-month-old infant is admitted to the pediatric unit with a diagnosis of Hirschsprung's disease. What is most important when monitoring the infant's status?

- a. Weigh the infant every morning.
- b. Maintain intake and output records.
- c. Measure abdominal girth every four hours.
- d. Check serum electrolyte levels.

21- Which of the following nursing diagnosis would the nurse identify as a priority for the infant with tracheoesophageal fistula (TEF)?

- a. impaired parenting related to newborn's illness
- b. risk of injury related to increased potential for aspiration
- c. ineffective nutrition: less than body requirements, related to poor sucking ability
- d. ineffective breathing pattern related to a weak diaphragm

22- When the infant returns to the unit after imperforate anus repair, the nurse places the infant in which of the following position?

- a. on the abdomen, with legs pulled up under the body
- b. on the back, with legs extended straight out
- c. lying on the side with hips elevated
- d. lying on the back in a position of comfort

23- 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

24- The other name of celiac disease is:

- a. Cystic fibrosis.
- b. Gluten enteropathy.
- c. a + b.
- d. None of them.

25- Treatment of intussusception usually starts in the first 24 hours by:

- a) Hydrostatic barium enema
- b) Resection and anastomosis
- c) Surgery
- d) All of these

26- The primary sign of Esophageal atresia disease is:

- a) Excessive salivation
- b) Vomiting
- c) Constipation
- d) Abdominal distension

27- Diet of celiac disease should be low in:

- a) Fat
- b) Fat soluble vitamins
- c) Sugar
- d) All of these

28- Diagnosis of celiac disease does all of the following EXCEPT:

- a) Stool analysis
- b) D-xylose test
- c) Sweat test
- d) Intestinal biopsy

29- To diagnose the condition of Hirschsprung's disease you should do:

- a) Rectal biopsy
- b) Stool analysis
- c) Intestinal biopsy
- d) Sweat test

30- The ultimate goal for the nurse to child who has acute gastroenteritis is:

- a. Maintain hydration, electrolyte balance
- b. Take complete assessment from family
- c. Take V/S
- d. Give antibiotics

31- In bacterial meningitis all the following may be observed during CSF analysis results except:

- a. high cells count
- b. high sugar
- c. high protein
- d. turbidity

32- A newborn has a meningomyelocele; the nurse should place him in which position:

- a. semi-Fowler's
- b. supine
- c. prone
- d. non of the above is correct

33- What clinical manifestations would suggest hydrocephalus in a neonate ?

- a. Bulging fontanel, dilated scalp veins .
- b. Closed fontanel, high-pitched cry .
- c. Constant low-pitched cry, restlessness .
- d. Depressed fontanel, decreased blood pressure .

34- Management of bacterial meningitis may include all the following EXCEPT:

- a. Isolation
- b. Oral antibiotics
- c. Quiet environment
- d. Monitoring convulsions

35- Kerning's sign is manifestation for:

- a. Wiliam's tumor .
- b. Acute Rheumatic Fever.
- c. Encephalitis
- d. Meningitis

36- All the following nursing measures are suitable for child with convulsions except?

- a. Keeping patent air way
- b. Place child on his side
- c. Restraining child's extremities
- d. Recording the events of convulsion

37- An appropriate nursing assessment of an infant with spina bifida includes all of the following, except:

- a. head circumference.
- b. checking reflexes.
- c. palpating fontanelles.
- d. abdominal girth.

38- A client 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 first 5 minutes
- d. apply ice pack and compression dressings to the knee

39- Which of the following health teachings regarding sickle cell crisis should be included by the nurse?

- a. it results from altered metabolism and dehydration
- b. tissue hypoxia and vascular occlusion cause the primary problems
- c. increased bilirubin levels will cause hypertension
- d. there are decreased clotting factors with an increase in white blood cells

40- The mother of a child with hemophilia asks the nurse which over the counter medication is suitable for her child's discomfort.

- a. Advil (Ibuprofen)
- b. Tylenol (Acetaminophen)
- c. Aspirin (acetylsalicylic acid)
- d. Naproxen (Naprosyn)

41- The nurse is teaching the parents of a child with hemophilia regarding bleeding episodes. The nurse should emphasize that the greatest danger from bleeding is due to:

- a. Bleeding into the joints
- b. Cutaneous bleeding
- c. Bleeding into the oral cavity
- d. Intracranial bleeding

42- The therapeutic management of children with B-thalassemia major consists primarily of which of the following ?

- a. Oxygen therapy .
- b. Supplemental iron .
- c. Adequate hydration .
- d. Frequent blood transfusions .

***Part II: Put True or False** (one mark for each)

1. Hirschsprung's disease diagnosed by biopsy
2. Wheat is permitted for a celiac child while corn is not
3. Cerebral palsy is a progressive disorder of posture and movement resulting from a brain lesion.
4. Children with sickle cell anemia have increased hemoglobin S.

5. An accumulation of iron, termed hemosiderosis, can be treated with a chelating agent.
6. Blood pressure will remain normal in a child with dehydration until it eventually decreases as the dehydration becomes severe.
7. Normally a child with Hirschsprung's disease won't have any stool in the rectal vault.
8. The pediatric nurse must teach the parents of any child with an unrepaired cyanotic heart defect about the need for subacute bacterial endocarditis (SBE) prophylaxis therapy.
9. The best time for the pediatric nurse to assess the child's respiratory status is when the child is awake and active.
10. The pediatric nurse understands that two primary goals in caring for a child with cystic fibrosis are to control infection and improve aeration.
11. Infant's height is usually measured while the infant is in standing position.
12. Arthralgia is a major sign of rheumatic fever.
13. Infant's height is usually measured while the infant is in standing position.
14. The adolescent age groups are influenced more by Their peers.

*** Part III: Answer the following questions:** (6 marks each)

1- What is your nursing interventions to protect Skin integrity of neonates with spina bifida ?

2- What is your nursing interventions to improve myocardial efficiency for a hospitalized child with congestive heart failure ?

3- What is your nursing interventions to provide protection against bleeding for a patient with hemophilia ?

4- Family education following anoplasty for the treatment of imperforated anus?

End of Questions
Good Luck