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| **المادة: Critical Pediatric Nursing (NUR302)**  | **العام الجامعي:2022 – 2023 م** |
| **الفرقة : الثالثة** | **الفصل الدراسي: االاول** |
| **الدرجة: 50درجة** | **التاريخ: 22/1/2023** |
| **أستاذ المادة:. د/ رحاب القزاز د/ عزة فتحى** | **الزمن : 2 ساعتين** |

## **QI: Choose the correct answer: Only one choice (15marks)**

##  **1-Which of the following is true of small for gestational age (SGA) babies?**

## ASGA is usually defined as birth weight < 3rd centile

## ASGA is usually defined as birth weight < 10th centile

## ASGA is usually defined as birth weight > 3rd centile

## ASGA is usually defined as birth weight > 10 centile

**2**-**A 42-week gravida is delivering her baby. A nurse and pediatrician are present at the birth. The amniotic fluid is green and thick. The baby fails to breathe spontaneously. Which of the following actions should the nurse take next ?**

 a. Stimulate the baby to breathe.
 b. Assess neonatal heart rate.
 c. Assist with intubation.
 d. Place the baby in the prone position

**3**. **If neonates experiences stereotypic and repetitive biphasic movements for 1-3 movements / second, the neonate may have**:

1. Subtle seizure
2. Tonic seizure
3. Clonic seizure
4. Myoclonic seizure

**4. A 4-week old, breast-fed boy has had mild jaundice since birth. Weight gain has been poor. The urine is dark bilirubinuria, and the stools are pale in color. At this point, the MOST appropriate next step in management is to:**

1. Observe the child clinically for 2 to 4 weeks
2. Stop breastfeeding and re-examine the child in 7 to10 days
3. Obtain a Liver scan
4. Obtain a total and direct serum bilirubin

**5**. **A client with group AB blood whose husband has group O has just given birth. The major sign of ABO blood incompatibility in the neonate is which complication or test result?**

a. Negative Coombs test

b. Bleeding from the nose and ear

c. Jaundice after the first 24 hours of life

d. Jaundice within the first 24 hours of life

6. **A nurse is caring for an infant who has a high bilirubin level and is receiving phototherapy. Which of the following findings in the newborn is the highest priority?**

1. Closed fontanels
2. bulging fontanels
3. Sunken fontanels
4. Opening fontanels

 **7. The neonate demonstrates tonic convulsive activity of the arms and legs with a decrease in heart rate and pulse oximetry saturation, of the following the most likely to correct Hypocalcemia: :**

1. Calcium gluconate 10% 2 ml/kg IV, with observation of HR, repeat q4 hrs.
2. Calcium gluconate 10% 2 ml/kg IV, with observation of HR, repeat q6 hrs.
3. Calcium gluconate 10% 2 ml/kg IM, with observation of HR, repeat q4 hrs
4. calcium gluconate 10% 2 ml/kg IM, with observation of HR, repeat q6 hrs

 **8. Jitteriness differs from clonic seizures in this aspect:**

1. Flexion phases equal extension phase
2. Flexion phases slower than extension phase
3. Flexion phases faster than extension phase
4. ̿̿̿extension phase slower than flexion phase

**9.** **Newborn girl born at 39 weeks gestation presents with tachypnea in the first few hours of life. Her prenatal history is unremarkable and Apgars were 8 and 9 at 1 and 5 minutes after birth. On exam, the infant has retractions, nasal flaring, with tachypnea, Unable to clear fluid, Based on her findings and hospital course, what is the most likely diagnosis?:**

 a Transient tachypnea of the newborn

 b. Pneumonia

 c Meconium aspiration syndrome

 d. Respiratory distress syndrome

**10. 36-week-gestation gravidas have just delivered. the baby monitored closely by the nurse for respiratory distress .Respiratory and metabolic acidosis is determined by blood gas analysis indicate to** a.⇈O2 ⇊ CO2 ⇈PH.
 b. ⇊ O2 ⇈ CO2 ⇊PH.
 c. ⇈ O2 ⇊ CO2 ⇊PH.
 d. ⇊ O2 ⇈ CO2 ⇈PH.

**11**. **Above 40 per cent is achieved using warmed, humidified gas delivered via a head box if CPAP is not available. If using a head box, flow rates of at least**

1. 2-10 l/min
2. 4-10 l/min
3. 6-10 l/min
4. 8-10 l/min

 **12. Which of the following is the first drug of choice for neonatal seizure ?**

1. Phenytoin
2. Fosphenytoin
3. Valproic acid
4. Phenobarbital

**13. A 32 week newborn baby with RR-86/min, grunting present, movement than the moderate intercostal retraction, and xiphoid retraction. What is the Downes’ scoring:**

1. 4
2. 5
3. 6
4. 7

**14. 1-month-old term infant has persistent jaundice. His stools were green 2weeks ago and now are pale in color. Physical examination findings are unremarkable, except for a liver that is palpable 2 cm below the costal margin. The infant's total bilirubin is 6.1 mg/dL and direct bilirubin is4.2 mg/dL. The most likely causes is:**

1. Biliary atresia
2. Hypothyroidism
3. Congenital infection
4. Wilson disease

**15.** **A nurse is assessing a neonate born 1day ago to a mother who smoked one pack of cigarettes daily during pregnancy . Which charactristics is most common in neonates whose mothers smoked during pregnancy?**

## Lanugo

## Long hair

## Long nails

## Plump face

**16.Which of the following are defects associated with Acyanotic.**

a. Coarctation of aorta and patent duct arteriosus.

 b.overriding aorta, and right ventricular hypertrophy.

 c.Tricuspid atersia and hypoplastic right ventricle

 d.Aorta exits from the right ventricle, pulmonary artery exits from the left ventricle, and two no communicating circtuulations

**17.The criteria for systematic venous congestion of heart failure**

1. weight gain.
2. Poor feeding.
3. Anorexia.

 d.Meningitis

**18.Which nursing intervention is most important to perform before administration digoxin (lanoxin ) to a child ?**

* 1. a checking apical pulse for 1 minute .
	2. positioning the child with the head slightly elevated .
	3. counting the child's respiratory rate for 1 full minute .
	4. Calculated the child's urine output **.**

**19.A nurse is teaching the mother of an infant who will take digoxin (Lanoxin) at home to treat a chronic congestive heart failure.  Which signs of digoxin toxicity should the mother be taught?**

a. Blurred vision

 b. Heart rate of 180 beats/minute

 c. Vomiting two or more feedings

 d. Bulging of the anterior fontanel

**20.Which of these therapies may be used to prevent the cancer from spreading to the brain and nervous system in high-risk children ?**

1. Induction chemotherapy
2. Consolidation therapy
3. CNS prophylaxis
4. Maintenance treatment

**21.Nursing management/interventions for the child with fluid volume excess or edema include:**

 a. Monitor daily weights ,vital signs every 4 hour

 b. Assess for edema every shift

 c. Administer digoxin if pulse is less than 70

 d. Withhold furosemide if potassium is greater than 5

**22. In CKD (Chronic kidney disease), the final stage of disease progression requires:**

a. Dialysis

b. Increased doses of ACE inhibitors

c. Changes to the amount of protein in the diet

d. Removal of a kidney

**23. A preschool-aged child is to undergo several painful procedures. Which of the following techniques is most-appropriate for the nurse to use in preparing the child?**

a. Allow the child to practice injections on a favorite doll.
b. Explain the procedure in simple terms.
c. Allow a family member to explain the procedure to the child.
d. Allow the child to watch an educational video."

**24. Why does hyperkalemia occur in acute kidney failure?**

1. The kidneys excrete a lot of potassium out into the urine.

b. A person eats too much potassium.

c. A person is injected with too much kalemia.

d. Potassium is not excreted very well and it enters the blood to make room for hydrogen ions inside of cells

**25.The emergency department nurse is caring for a child diagnosed with epiglottitis. In assessing the child, the nurse should monitor for which indication that the child may be experiencing airway obstruction?**

a. The child exhibits nasal flaring and bradycardia.

b. The child is leaning forward, with the chin thrust out.

c. The child has a low-grade fever and complains of a sore throat.

d. Assess the infant’s heart rate and rhythm.

**26.You are assessing the heart sounds of a patient with a severe case of Tetralogy of Fallot. You would expect to hear a \_\_\_\_\_\_\_\_\_\_ murmur at the \_\_\_\_\_\_\_ of the sternal border?**

1. diastolic; right
2. systolic; left
3. diastolic; left
4. systolic; right

**27. While feeding a 3-month-old infant, who has Tetralogy of Fallot, you notice the infant's skin begins to have a bluish tint and the breathing rate has increased. Your immediate nursing action is to?**

1. Continue feeding the infant and place the infant on oxygen.
2. Stop feeding the infant and provide suction.
3. Stop feeding the infant and place the infant in the knee-to-chest position and administer oxygen.
4. Assess the infant’s heart rate and rhythm.

**28.The femoral artery is an ideal site to assess a young child’s central pulses**

**When caring for an 11-month-old infant with dehydration and metabolic acidosis, the nurse expects to see which of the following?**

a. A reduced white blood cell count

b. A decreased platelet count

c. Shallow respirations

d. Tachypnea

**29.The infant who has a VSD will most likely suffer from which consequences?**

1. Too much oxygenated blood in the right atrium.
2. Right-sided hyperplasia and left-sided dilatation with resulting pulmonary hypotension.
3. Pulmonary hypotension and left-sided hypoplasia.
4. Pulmonary hypertension, and eventual Eisenmenger syndrome

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

1. Triscupid atresia
2. Patent ductus arteriosus
3. Tetralogy of Fallot
4. Aortic stenosis

## **QII: Read the following sentences and write true or false in front of each sentence (10marks):**

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| **No** | **Items** | **T** | **F** |
| **1.** | Subtle seizures is the most common subtype (≈50%) of all seizures and more common in pre-term infants. |  |  |
| **2.** | Sclerema Neonatorum Start in upper limb & ascend to reach face (in palms, soles & genitalia) . |  |  |
| **3.** | The assessment findings will assist the nurse in evaluating the efficacy of synthetic surfactant in preterm is heart rate. |  |  |
| **4.** | Glucoronyle transferase enzyme maybe inhibited in physiological.  |  |  |
| **5.** | Benign familial neonatal seizures occur on day 5 of life in normal-appearing neonates; multifocal seizures for <24 hrs . |  |  |
| **6.** | Moderate or severe respiratory distress, needing short-term mechanical ventilation for <7 days is neonate in NICU level II. |  |  |
| **7.** | Extremely low birth weight (ELBW) is infant birth weight less than 1000 g. |  |  |
| **8.** | Incidence of respiratory distress syndrome increases withfemale gender **.** |  |  |
| **9.** | Continuing therapy is based on culture, clinical course & laboratory studies in neonatal sepsis. |  |  |
| **10.** | Glucose 6 phosphate dehydrogenase deficiency is acomplication of severe neonatal hyperbilirubinemia. |  |  |
| **11.** | Alopecia mean white color skin. |  |  |
| **12.** | Reduce the workload of the heart by uninterrupted rest and decrease excessive crying. |  |  |
| **13.** | Edema in the legs, ankles, feet and abdomen are the most obvious signs of the patent ducts arteriosus . |  |  |
| **14.** | Atrial septal defect is due to decrease in pulmonary blood flow . |  |  |
| **15.** | Avoid restraints in abdomen or chest one of the care plan that focuses on the management of congestive heart failure.  |  |  |
| **16.** | The two primary symptoms of croup include wheezing and fever. |  |  |
| **17.** | In acute renal failure the GFR never returns to normal after treatment |  |  |
| **18.** | Treatment of acute renal failure depends on the degree of kidney function that remains. |  |  |
| **19.** | Croup symptoms most often occur at night and have sudden presentation. |  |  |
| **20.** | The primary cause of heart failure in the first 3 years of life is a congenital H.D. |  |  |

**QIII: Read the following situation and answer the questions (25 marks):**

**I**. The newborn was born at a gestational age of 29 weeks. He weighed 1275 g .He delivered via normal spontaneous vaginal delivery to a 39 year old with early preeclampsia, Intrapartum fever more than 38oC, urinary tract infection and thrombocytopenia (platelet count 80,000). Rupture of membranes occurred 11 hours prior to delivery with clear fluid. A newborn boy was admitted to the neonatal intensive care unit (NICU) because this baby at risk for developing neonatal sepsis

**Answer the following questions**

## Classify the baby according to gestational age and size in this situation (1 mark).

1. Mention Developmentally Suppo rtive Care for this case? (1.5marks).
2. Determine type of sepsis which occurred for this case? (1marks).
3. Determine type bacteria responsible for this type of sepsis? ( 1 mark)
4. Discuss nursing assessment for evaluating sepsis? (2marks).
5. Design nursing care plan for this case? (3 marks).
6. Apply infection control in NICU? (3 marks)

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 **II.** An 11-year-old boy was admitted to the Unit of Pediatric Hematology and Oncology, due to a suspicion of acute leukemia. Five days before admission to the hospital, he developed a severe and difficult to stop nosebleed. Since then, the boy was experienced weakness, lethargy, lack of appetite. Additionally, he developed abdominal pain, a headache and nausea. the child admitted to the pediatric oncology unit for further assessment and management .

**Answer the following questions**

1. Define the problem in this situation? (2marks)
2. list etiology of this problem ? ( 2.5 marks)
3. Identify the clinical assessment of this problem? (4degree)
4. Discuss nursing management of this problem? (4degree)

## Assis. prof./ Rehab Ha Dr/ Azza Fathy

**Best wishes**