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UNIVERSITY OF JAFFNA, SRI LANKA BACHELOR OF SCIENCE IN NURSING THIRD YEAR SECOND SEMESTER EXAMINATION — AUG 2016

NURCN 3204 CHILD HEALTH NURSING II- PAPER II

Date: 19.08.2016 Time: 2 Hours

ANSWER ALL SIX QUESTIONS

Answer Part A & B in separate answer booklet.

PART A

1.	A two year old male child had accidentally ingested kerosene three days ago and his
	parents induced vomiting at that time. Now the child presented with history of fever and
	difficulty inbreathing. On examination child is dyspnoeic with oxygen saturation of 90 %.

1.1. How will you manage the child's fever in the ward? (20 marks)

1.2. List the clinical features that are expected in this child (40 marks)

1.3. Describe how you will manage each clinical feature. (40 marks)

2. Mother of a five year old child noticed her child having facial puffiness for last two days mostly in the morning. She also has abdominal distention and reduced urine output. The medical officer suspected as Nephrotic syndrome.

2.1. Describe the steps in performing a urine ward test. (10 marks)

2.2. How will you interpret the results? (10 marks)

2.3. List the charts to be maintained in the ward for this patient (30 marks)

2.4. Once the diagnosis is confirmed the treatment was started with steroid.

How will you advice the mother regarding the treatment (50 marks)

3. Six year old school going child from poor socio economic family was brought by the parents to the paediatric clinic with the history of poor feeding, poor activity and easily becoming tired while playing compared with other peers. He also has a habit of pica. On examination child had pallor without hepatosplenomegaly. A diagnosis of nutritional anaemia is suspected.

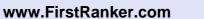
3.1. Explain the term anemia (10 marks)

3.2. How will you investigate the child (30 marks)

3.3. List the steps in the management. (30 marks)

3.4. How does the management of Nutritional Anaemia differ from

Anaemia due to Thalasemia major (30 marks)



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(20 marks)



4. A four year old child underwent circumcision for phymosis by the surgical team.			
	Following surgery the child wasbleeding from the surgical site. Mother's brother has a		
	history of bleeding disorder and he died following head injury. Mother's father didn't		
	have any symptom. On examination he was found to have pallor with oozing of blood at		
	the surgical site. A diagnosis of haemophelia was made.		
	4.1. How does haemostatic mechanisms work to stop the bleeding	(20 marks)	
	4.2. At what point of the developmental stages of a child do you		
	suspect bleeding disorders.	(20 marks)	
	4.3. Mention the steps that you will take to arrest the bleeding.	(20 marks)	
	4.4. Draw the family pedigree of this child	(20 marks)	
	4.5. What advice will you give at discharge	(20 marks)	
	PART B		
5.			
	5.1. What is cerebral palsy?	(10 marks)	
	5.2. Write down the types of cerebral palsy	(20 marks)	
	5.3. List the complications that are associated with cerebral palsy	(20 marks)	
	5.4. Give five approaches of nursing care which helps in the management of		
	ear. a',uasty 1.11 r,11,171,1 vv 1L11 1./GL GUI al pa.ty.	(30 mat	
	5.5. Write five causes which lead to cerebral palsy in children.	(20 marks)	
6.			
	6.1. Define febrile convulsion	(15 marks)	
	6.2. What are the types of febrile convulsions	(15 marks)	
	6.3. Write three clinical features to differentiate each type?	(20 marks)	
	6.4. Give the immediate management steps in a child who is fitting for the		
	last two minutes.	(30 marks)	
	6.5. List the basic investigations to be ordered in a child with fever for		

three days, headache and convulsion and give reasons