

NEONATOLOGY
PAPER-IIITime: 3 hours
Max. Marks:100

NEONAT/J/20/19/III

Important Instructions:

- Attempt all questions in order.
- Each question carries 10 marks.
- Read the question carefully and answer to the point neatly and legibly.
- Do not leave any blank pages between two answers.
- Indicate the question number correctly for the answer in the margin space.
- Answer all the parts of a single question together.
- Start the answer to a question on a fresh page or leave adequate space between two answers.
- Draw table/diagrams/flowcharts wherever appropriate.

Write short notes on:

- a) Human milk oligosaccharides and their clinical significance. 5+5
 - b) Evaluation and management of persistent hypoglycemia.
- Good clinical practices that you would like to follow in Special Newborn Care Units. 10
- a) Supraventricular tachycardia in a neonate. 4+3+3
 - b) Enumerate echocardiographic criteria for a hemodynamically significant PDA.
 - c) The pharmacological management of hemodynamically significant PDA in a 1.2 kg preterm neonate.
- a) KDIGO criteria for acute kidney injury. 5+5
 - b) Management of the neonate with antenatally diagnosed hydronephrosis.
- A twenty-day old infant presents with increasing jaundice. Outline the causes, approach to diagnosis and management of this infant. 10
- a) Evidence for Magnesium Sulphate to the pregnant woman to improve neonatal outcomes. 5+5
 - b) Critical Congenital Heart Disease screening in neonates.
- Discuss 'Care bundles' for prevention of: 5+5
 - a) Central Line associated Blood Stream Infection.
 - b) Ventilator associated pneumonia.
- a) Minimally Invasive Surfactant Therapy. 4+6
 - b) Patient triggered ventilation.
- a) New born Hearing Screening protocol. 5+5
 - b) Evidence regarding use of Antenatal Steroids beyond 34 weeks' pregnancy.
- Mechanism of action, indications, evidence and protocol for administration of Inhaled Nitric oxide. 3+2+3+2
