

FACULTY OF SCIENCE AND TECHNOLOGY

EXAMINATION FOR THE DIPLOMA IN NURSING YEAR 2

SUMMATIVE EXAMINATION (SEMESTER 4)

ACADEMIC SESSION 2012

SND 2207: PAEDIATRIC NURSING

March 2013

TIME: 1 Hour 30 MINUTES

---

### QUESTIONS

#### INSTRUCTIONS TO CANDIDATES

This question booklet contains two sections.

#### Section A

Twenty-five Multiple Choice Questions (MCQ)

Answer ALL questions in Section A using the multiple choice answer sheet provided.

#### Section B

Two Modified Essay Question (MEQ)

Answer ALL questions in Section B using the answer booklets provided.

At the end of the examination, all the answer booklets, multiple choice answer sheets and the examination booklets will be collected by the invigilator.

[This paper contains TWENTY FIVE MCQ and  
ONE MEQ question printed on EIGHT pages]

**Section A: 50 marks**

**Answer ALL Multiple Choice Questions.**

1. A newborn's head circumference is 34cm and chest circumference is 32cm. Which nursing action would be appropriate?
  - A Record the findings and take no further action
  - B Measure the occipito-frontal circumference daily
  - C Prepare the mother for the probability of surgical procedure
  - D Refer the new born for evaluation for psychomotor retardation
  
2. An 18 month old child is admitted for repair of a cleft palate. The most important intervention to prepare the child for this experience is 
  - A never leave her with strangers.
  - B always allow her to make choice.
  - C give her affection and feeling of security.
  - D remind her of her previous hospital experience.
  
3. The best way to gain the cooperation of a 5-year-old child during an exam is to 
  - A talk with the child to encourage the child to relax.
  - B use a doll or stuffed animal to demonstrate the exam.
  - C have the child draw a picture as a distraction technique during the exam.
  - D give the child a treat before beginning the exam in exchange for cooperation.
  
4. An infant is nursed in an incubator. The nurse prepares to prevent heat loss resulting from radiation in this infant by 
  - A Warming the pad of mattress
  - B Turning on the overhead warmer
  - C Closing the doors to the incubator
  - D Wrapping the infant with a warm blanket

5. Which is the **CORRECT** statement regarding monitoring of a preterm new born who is undergoing phototherapy?
- A More frequent blood checking for bilirubin level.
  - B More prone to dehydration than a term new born.
  - C A higher irradiance level is required due to his immature liver.
  - D Less time under phototherapy is required due to lower blood volume.
6. When caring for a 3-day-old neonate with jaundice and is receiving phototherapy, the nurse in charge would expect to do which of the following?
- A Turn the neonate every 6 hours
  - B Check the vital signs every 2 to 4 hours
  - C Encourage the mother to discontinue breast-feeding
  - D Notify the physician if the skin becomes bronze in color
7. An infant warmer is used to ensure the maintenance of adequate body temperature. The major safety factor involved with the use of the warmer is for the nurse to
- A ensure the warmer is on manual control.
  - B tape the thermometer skin probe in place.
  - C inspect the skin under the temperature probe at routine intervals.
  - D adjust the temperature of the warmer each day to ensure it is set at 39° C.
8. A 6-month-old infant was nursed under a radiant warmer. The infant's axillary temperature ranges between 36.5°C and 37.4°C over a 24-hour period. The nurse should
- A change the warmer to manual mode.
  - B make no change to the warmer setting.
  - C decrease the servo set temperature by 0.5°C.
  - D increase the servo set temperature by 0.5° C.

9. The following nursing diagnosis should be appropriate when caring for a cerebral palsy child, **EXCEPT**
- A risk for injury
  - B self-care deficit
  - C impaired physical mobility
  - D ineffective thermoregulation
10. Which nursing diagnosis should be the highest priority of the nurse who is caring for a preterm new born?
- A Risk of injury related to thin epidermis
  - B Anticipatory grieving relate to loss of perfect delivery
  - C Ineffective thermoregulation related to lack of subcutaneous fat
  - D Imbalanced nutrition: less than body requirements related to immature digestive system
11. A 12 years old child has been admitted with a diagnosis of bacterial meningitis. A definite diagnosis is based on which of the following?
- A Blood culture
  - B Lumbar puncture
  - C Serum white blood cell
  - D Clinical manifestation and history of exposure
12. The newly born infant has a diagnosis of trisomy 18. Another term for this genetic condition is
- A Down syndrome.
  - B Edward syndrome.
  - C Hurler's syndrome.
  - D Turner's syndrome.
13. When determining if a child has Down's Syndrome characteristics, which of the following will **NOT** be present?
- A Low set ears
  - B Low birth weight
  - C Protruding tongue
  - D Abnormal palmar creases

14. While performing physical examination on a new born with congenital anomalies, the nurse needs to report one the following conditions to the paediatrician.
- A Two vessels in the cord
  - B Passes greenish tarry stool
  - C Blue-greyish pigmentation at buttock
  - D Heart murmur at the first hour of life
15. A child with Tetralogy of Fallot may have nutritional deficiencies associated with the condition. An appropriate intervention to include in the nursing care plan is to
- A discourage breast-feeding.
  - B increase daily oral intake of liquids.
  - C position the infant flat after feeding.
  - D encourage frequent and short feeding.
16. After the surgeon has explained a surgical procedure to the parents of a 5-year-old boy, the mother tells the nurse that although she knows her child needs the surgery, she is not comfortable signing the consent form. The most appropriate nursing intervention is to
- A page the surgeon to return and address the mother's concerns.
  - B support the mother's decision and proceed to surgery without the signed consent form.
  - C discuss the mother's reasons for her concerns, and notify the surgeon of the mother's apprehension.
  - D explain to the mother that the surgery is necessary and that if the consent is not signed the surgery will need to be rescheduled.
17. After administering a preoperative medication to a 7-year-old boy, the nurse instructs him and his family as follows:
- A "The medication will make you very drowsy, so I will apply soft restraints so you do not fall out of bed."
  - B "The medication will make you very drowsy, so please keep the side rails up and do not try to get out of bed without assistance."
  - C "The medication may make you feel like your heart is beating very quickly; this is normal and nothing to be concerned about."
  - D "The medication may make your mouth dry, so I have left ice chips at the bedside so you can take small sips to keep your mouth moist."

18. The mother of a 3-year-old boy verbalizes concern about separating from her child during the surgical process. The most appropriate nursing intervention is to
- A reinforce that the fears related to separation are often felt by family but children do not have these same fears.
  - B allow the mother to come to the operating room to stay with the child throughout the surgical procedure.
  - C explain to the mother that the mother will be allowed to see her again once she returns to the floor.
  - D assure the mother that the amount of separation time will be kept to a minimum.
19. Two hours after returning to the nursing unit post-surgery, the nurse notes that the wound for a child starts to ooze. The most appropriate nursing intervention is to
- A report the condition immediately to the surgeon.
  - B remove the dressing to assess the wound site directly.
  - C reinforce the present dressing and report the finding to the incoming nurse at the change of shift.
  - D mark the area of drainage with a marker; label with time, date and reassess shortly to check for additional drainage.
20. After a 4-year-old girl returns to the nursing unit from a surgical procedure, the nurse should
- A wait to administer any pain medication to the child until the anaesthesia wears off.
  - B check the child's vital signs frequently as ordered, especially during the first few hours.
  - C awaken the child frequently during the first 2 hours to have her start clear liquids as soon as possible.
  - D allow the child to sleep for the first few hours and assess status by monitoring oxygen saturation.
21. Nurse Lilian has just started her round delivering medication. She observed a new patient who is a four-years-old boy, non-verbal and does not have any identification. What should she do?
- A Contact the doctor in charge of this patient
  - B Ask the child to write his name on a piece of paper
  - C Ask a co-worker about the identification of the child
  - D Ask the father who is in the room for the child's name

22. Fifteen minutes after the nurse administers an oral antibiotic to an infant, the infant vomits. The nurse should
- A immediately re-administer the medication.
  - B administer half of the medication after 30 minutes.
  - C wait to give any further medications until the next dose is due.
  - D notify the doctor that the infant vomited 15 minutes after receiving the medication.
23. Which of the following muscles would the nurse choose as the preferred site for a new-born's vitamin K injection?
- A Mid-deltoid
  - B Gluteus medius
  - C Rectus femoris
  - D Vastus lateralis
24. When determining the amount of topical agent required for application to a paediatric patient, the nurse knows that
- A adverse systemic effects are minimal if extra medication is applied.
  - B an excessive amount of topical agent can negate the drug's effectiveness.
  - C a thick layer is usually required, using an occlusive dressing to cover the area.
  - D the nurse should apply less than the amount previously applied, because the previous dose remains on the site.
25. The nurse notes that 45 minutes after administration of a bronchodilator via nebulizer to a 2-year-old child, the child's heart rate is 184 bpm, respiratory rate is 22, and oxygen saturation is 98%. The most appropriate nursing intervention is to
- A obtain a 12-lead electrocardiogram.
  - B administer an additional PRN nebulizer treatment.
  - C monitor the child and report to the physician if remains tachycardia.
  - D increase the child's oxygen from 0.5 litre to 1 litre via nasal cannula.

**END**

## **SECTION B - ESSAY QUESTION (25 MARKS)**

### **QUESTION 1**

1. Fiona, a 1 week old infant was diagnosed with neonatal jaundice and was undergoing phototherapy.

a) State the purpose of phototherapy. ( 2 Marks)

b) Describe nursing care for Fiona when she was nursed under the photo light. ( 6 Marks)

Nutritional requirement is one of the nursing interventions during phototherapy.

c) Identify the hunger cues that indicate Fiona required feeding. ( 2 Marks)

### **QUESTION 2**

2. A 3 years old boy, Brian was admitted to pediatrics ward for a surgical procedure.

d) Explain the pre-operative preparation. ( 5 Marks)

Brian looked unhappy in the ward and probably experienced separation anxiety.

e) Discuss the nursing interventions that could minimize his separation anxiety. (10 marks)

**END**