



**KISII UNIVERSITY**  
**UNIVERSITY EXAMINATIONS**

**THIRD YEAR EXAMINATION FOR THE AWARD OF THE**  
**DIPLOMA IN CLINICAL MEDICINE AND SURGERY**  
**THIRD SEMESTER 2022/2023**  
**[MAY-AUGUST, 2023]**

**CIMS 0345: CHILD HEALTH PAPER II**

**STREAM: Y3S3**

**TIME: 2 HOURS**

**DAY: WEDNESDAY, 2:00 – 5:00 PM**

**DATE: 26/07/2023**

**INSTRUCTIONS**

**1. Do not write anything on this question paper.**

**FROM QUESTION 1-30 MARK ONLY ONE CORRECT RESPONSE**

1. The following are causes of meningitis except

- (A) Neisseria meningitidis
- (B) Clostridium ssp
- (C) Creptococcal neoforaman
- (D) Streptococcal pneumonia

2. The following are generalised seizures except

- (A) Jacksonian.
- (B) petitmal
- (C) Atonic.
- (D) grandmal

3. true about the clinical features of ascaris lumbricoid

- (A) most are due to pulmonary disease and obstruction of the intestinal or biliary tract.
- (B) Larvae migrating through these tissues may not cause allergic symptoms, fever, urticaria, and granulomatous disease.
- (C) Pulmonary diseases may not resemble Loeffler syndrome (include transient respiratory symptoms such as cough and dyspnea, pulmonary infiltrates, and blood eosinophilia)
- (D) All of the above

4. Child Developmental milestones at 10 months

- (A)Wave's bye
- (B)Able to Cleary say mama
- (C)Rolls over crawls, able to sit with support, rich out and grasp the object
- (D)Able to stand and attempt to walk with support1

5. In triaging the following are emergency signs except

- A. obstructed breathing
- B. Severe respiratory distress
- C. Coma
- D. Vomiting

6.True concerning immunization schedule

- (A) OPV At birth, 6wk, 10wk and 14wk: dose 2drops orally and (ipv) inactivated polio vaccine im 0.5mls at 14wks
- (B) DPT (Diphtheria, Pertussis and Tetanus)-Hepatitis, Hemophilus influenza are called pentavalent vaccine6wk, 10wk and 14wk: dose 0.5mls deep a.m. on the right thigh
- (C) Rota vaccine 1.5mls oral at 6wks and 10wks
- (D)All of the above are true

7.severe malnutrition diagnosis the main diagnostic features are:

- (A) weight-for-length/height < -3SD (wasted
- (B) mid-upper arm circumference <115 mm or
- (C) oedema of both feet (kwashiorkor with or without severe wasting
- (D)all of the above are true

8.The following is true about acute bacterial meningitis

- (A) cerebral spinal fluid is cloudy and turbid
- (B) cerebral spinal fluid is cerebral spinal fluid clear
- (C) cerebral spinal fluid cerebral spinal fluid protein is not elevated
- (D) cerebral spinal fluid macroscopy is bloody

9.Diagnose measles if the child has:

- (A) fever (sometimes with a febrile convulsion)
- (B) a generalized maculopapular rash
- (C) one of the following: cough, runny nose(coryza) or red eyes(conjunctivitis).
- (D)All of the above are true

.10. Child Developmental milestone at 12 months

- (A)Wave's bye

(B) Marks with pencil

(C) Rolls over crawls, able to sit with support, reach out and grasp the object

(D) Able to stand and attempt to walk with support

11. True concerning contra indications of vaccines

(A) BCG/Yellow-is NOT contra-indicated in symptomatic HIV AIDS

(B) BCG/Yellow-is contra-indicated in symptomatic HIV AIDS

(C) DPT should be given in a child with recurrent convulsions

(D) Rota virus should be given to the child with vomiting.

12. True concerning Rota virus immunization schedule

(A) ROTA 1                      6weeks 1.5mls po

ROTA 2                      10weeks 1.5mls po not later than 32weeks

(B) ROTA 1                      10weeks 1.5mls po

ROTA 2                      14weeks not later than 32weeks

(C) ROTA 1                      8weeks 1.5mls po

ROTA 2                      12weeks not later than 32weeks

(D) ROTA 1                      4weeks 1.5mls po

ROTA 2                      8weeks not later than 32weeks

13. True concern. True concerning format of pediatric history

A. Contact information, chief complain, history of presenting illness, birth history, review of system, family social history.

B. Contact information, chief complain, history of presenting illness, review of system, past medical and surgical history, birth history, and family social history.

C. Contact Information, chief complain, history of presenting illness, family social history, birth history, past medical and surgical history,

D. Contact information, chief complain, history of presenting illness, family social history, past medical and surgical history, review of system, birth history.

14. Is a feature of congenital syphilis?

A. Hutchison's triad.

B. Macrosomia

C. Hepatomegaly

D. None of the above

15. The following are part of post-natal history except
- A. History of illness in the 1<sup>st</sup> 6month
  - B. History of yellowness of the eyes
  - C. History of congenital malformation
  - D. Whether the child cried immediately or not
- 16.. The following is an infective cause of seizures/convulsions
- A. Brain abscess
  - B. Alcohol withdrawal
  - C. Trauma to the head
  - D. Brain tumours
17. The following is a secondary cause of nephrotic syndrome
- (A) Diabetes mellitus
  - (B) Membranous change
  - (C) Minimal change
  - (D) Entermoeba hystolytica
18. The following are complications of cardiac failure except
- (A) electrolyte imbalance
  - (B) deranged liver function
  - (C) Acute renal failure
  - (D) coarctation of the aorta
19. The commonest valve affected in rheumatic heart disease is
- (A)Aortic valve
  - (B) Mitral valve
  - (C)Tricuspid valve
  - (D)Pulmonary valve
20. Concerning hypo chromic microcytic anemia, can be seen in the following conditions except
- (A)Thalassemia
  - (B)Lead poisoning
  - (C)Vitamin B deficiency
  - (D)Iron deficiency anemia
21. Normal hemoglobin level choose the correct statement

- (A) At 1-3 days age is 18-5g/dl
- (B) At 1-3 days age is 11g/dl
- (C) At 2-6 month age is 18.5g/dl
- (D) At 1 month age is 17.5g/dl

22. About blood transfusion choose the correct statement

- (A) Blood should be stored for more than 35 days
- (B) Fresh frozen plasma is also called cryoprecipitate
- (C) ALLOW blood to warm at room temperature or warm using your hands before transfusion
- (D) Transfuse blood direct from the fridge

23. The following is true concerning reticulocyte count

- (A) Are always increased in all kinds of anemia's
- (B) They mature to form platelets
- (c) They are decreased by 2% in hemolysis
- (D) They are increased by 2% in hemolysis

24. The following are causes of iron deficiency anemia except

- (A) Twin pregnancy
- (B) Ascaris lumbricoids
- (C) Grandmultiparity
- (D) Anklostoma duodenale

25. Sickle cell definition

- (A) Is a hereditary abnormality in the structure of hemoglobin where by valine replaces glutamic acid in position 6
- (B) Is a hereditary abnormality in the structure of hemoglobin where glutamine replaces valine in position 6
- (C) Is hereditary abnormality in the structure of hemoglobin where valine and glutamic acid are absent
- (D) Is an acquired abnormality in the structure of hemoglobin where valine is defective

26. The following are precipitating factors of sickle cell disease except

(A) Infections

(B) Exercises

(C) Dehydration

(D) Hydration

27 True concerning acute lymphoblastic leukemia

(A) It results from proliferation of immortal lymphocytes

(B) It results from proliferation of mortal lymphocytes

(C) It is common in children above 10 years

(D) The red blood cells are never affected

28. True concerning Burkitt's lymphoma

(A) Histiocytes appear like rods

(B) Histiocytes appear like Philadelphia chromosomes

(C) Histiocytes appear as if they are moon and stars (starry sky appearance)

(D) It never affects the jaw and the abdomen

29. Leishmaniasis

(A) It is transmitted orally fecally

(B) It is transmitted by tsetse fly

(C) It is transmitted by Aedes aegypti

(D) It is transmitted by sand-fly

30. Concerning yellow fever transmission

(A) It is transmitted by tsetse fly

(B) It is transmitted by Mosquito called Aedes Aegyptus

(C) It is transmitted by Anopheles' mosquito

(D) It is transmitted by sandflies

**From question 31-60 indicate whether true or false for any wrong response there is the penalty**

31 Concerning Guillain Barre syndrome indicate true or false

(A) Paralysis is usually symmetrical

(B) Paralysis is usually asymmetrical

(C) Paralysis is usually ascending

(D) There is sensory impairment

(E) There is no sensory impairment

32 The following bacteria cause pneumonia

(A) Streptococcus pneumoniae

(B) Histoplasma

(C) Staphylococcus aureus

(D) Cryptococcus pneumoniae

(E) Pseudomonas

33. Concerning tuberculosis treatment

- (A) smear positive regime is 2RHZE and 4RH
- (B) smear positive regime is 3RHZE and 4RH
- (C) Extra pulmonary (tuberculous meningitis) is 2RHZ and 10RH
- (D) DOT is only indicated in individuals with smear negative
- (E) All the above are true

34. Cleft palate

- (A) Is associated with suckling difficulties
- (B) Is associated with feeding difficulties
- (C) Surgical repair is done at 5 years
- (D) Surgical repair is done at 3 months
- (E) Surgery is indicated for cosmetic appearance

35. Congenital hypertrophic pyloric stenosis

- (A) presents with projectile vomiting
- (B) The cause is known
- (C) Present with visible peristalsis
- (D) Treatment is Ramstedt operation
- (E) Does not present with constipation

36. Hirschsprung's disease

- (A) also called congenital aganglionic megacolon
- (B) There is congenital absence of ganglion cells
- (C) Causes intestinal obstruction
- (D) Does not cause intestinal obstruction
- (E) Management includes colostomy

37. Acute intussusception

- (A) The proximal part of the intestines invaginates into the distal part of the intestines
- (B) distal part of the intestines invaginates into the proximal part of the intestines
- (C) The commonest site is the ileocecal junction
- (D) Presents with diarrhea, red currant jelly stool and sausage shaped mass per abdomen
- (E) The commonest site is the sigmoid junction

38. Management of malnutrition

- (A) Zinc <6 months 10mg od for 10-14 days
- (B) Zinc >6 months 20mg od for 10-14 days

- (C) F75 Is given 3hourly
- (D) F75 Is given 4hourly
- (E) Catch up feeding with F100 when the appetite has improved and oedema has subsided and the child has started gaining weight

39. The following are causes of malabsorption

- (A) Hookworm, tropical sprue
- (B) Gluten in wheat
- (C) Irritable bowel syndrome
- (D) Lactose intolerance
- (E) None of the above is true

40. Rickets

- (A) Vitamin D is synthesized in the skin epithelial cell
- (B) Vitamin D is synthesized in the kidney
- (C) Causes include lack of vitamin D, calcium and steatorrhea
- (D) Presents with craniotabes
- (E) Does not present with Harrison sulcus and ratchet rosary

41. Hydrocephalous

- (A) Normal head circumference is  $34 \pm 2$ cm
- (B) Head circumference increases by 2cm/month for the 1<sup>st</sup> three months
- (C) Babinski's sign is up going
- (D) Management include shunting
- (E) Head circumference increases by 3cm/month for the 1<sup>st</sup> three months

42. Diabetes mellitus

- (A) Type I is non-insulin dependent
- (B) Type I is insulin dependent
- (C) Type I presents in childhood mostly
- (D) Type I presents in childhood
- (E) Type I presents with obesity mostly

43. Characteristics of cerebral spinal fluid colour

- (A) bacterial meningitis turbid and cloudy
- (B) bacterial meningitis clear
- (C) TB meningitis forms cobweb appearance
- (D) TB meningitis clear
- (E) Viral meningitis clear

44. Causes of convulsions

- (A) Hypoglycemia
- (B) Hypocalcemia
- (C) Hypercalcemia
- (D) Encephalitis



(E) Meningitis

45 Febrile convulsions

- (A) common at the age of 6month -6years
- (B) ) common at the age of 3month -6month
- (C) Genetic factor plays a role
- (D) Genetic factor does not play a role
- (E) Causes include pneumonia and otitis media

46. true concerning Cerebral palsy

- (A) Management is multi-disciplinary
- (B) Counselling plays no role in management
- (C) The drug of choice is phenytoin sodium
- (D) Is always ataxic
- (E) An etiology may include birth injuries

47 Concerning organophosphate poisoning indicate true or false

- A) It inhibits enzyme cholinesterase
- B) It activates enzyme cholinesterase
- C) Presents with hypertension
- D) Presents with hypotension
- E) The antidote is PAM(Pralidoxime)

48. Concerning drowning

- (A) presents with pulmonary aspiration
- (B) management may not include keeping the patient warm
- (C) presents with hypothermia
- (D) management is cardiopulmonary resuscitation
- (E) can benefit from beta agonist

49.concerning injuries

- A) are the leading cause of both emergency department visits and hospitalization
- B) falls and drowning are the leading cause
- C) This day's prevention only focusses on the hazard
- D) Tertiary prevents is always the best
- E) Primary prevention is always the best

50.child abuse

- (A) is non-accidental serious physical injury sexual exploitation, neglect and mental injury of a child under 18years
- (B) Investigations include VDRL
- (C) The survivor is advised to bathe immediately to avoid infection transmission.

- (D) The child may be referred to police laboratory before management
- (E) All the above are true

51. IMCI (integrated management of childhood illnesses) the principles include Children from 2month -5years assess the following:

- (A) Danger signs
- (B) Ear infections
- (C) Jaundice
- (D) Severe disease

52 in IMCI the child 2-5years danger signs include

- (A) Ability to drink
- (B) Vomiting
- (C) Convulsions
- (D) Cough
- (E) Diarrhea

53in IMCI children under 2month you check for

- (A) Very severe disease
- (B) Jaundice
- (C) Eye infections
- (D) Ear infections
- (E) HIV exposure

54. Concerning malaria

- (A) The 1<sup>st</sup> line drug for the management of severe malaria is artesunate
- (B) When blood slide is negative with symptoms of severe malaria do not start presumptive treatment
- (C) If in respiratory distress and the Hb is <5g/dl transfuse packed cells at 20mls/kg
- (D) If in respiratory distress and the Hb is <5g/dl transfuse packed cells at 10mls/kg
- (E) Severe anemia Hb<5g/dl alert and able to drink give ferrous sulphate.

55. Hodgkin's lymphoma

- (A) painful enlargement of lymph nodes unlike non-Hodgkin's which are painless
- (B) painless enlargement of lymph nodes unlike non-Hodgkin's which are painful
- (C) It is highly malignant compared to non-Hodgkin's
- (D) It is nonmalignant compared to non-Hodgkin's
- (E) Children have better prognosis compared to adult

56. the following are indications for whole blood

- A) Hemorrhage with hypovolemic shock
- B) Severe anemia with cardiorespiratory distress
- C) Severe burns
- D) Hb<8g/dl
- E) Chronic anemia with hematocrit<30%

57. The clinical features of iron deficiency anemia include

- (A) glossitis
- (B) stomatitis
- (C) koilonychias
- (D) Splenomegaly
- (E) Hepatomegaly

58. Reasons for failure to respond to treatment in iron deficiency anemia include

- (A) wrong diagnosis
- (B) Poor drug compliance
- (C) Impaired absorption
- (D) Stopped blood loss
- (E) Correct diagnosis

59. management of meningitis

- (A) Ceftriaxone is the 1<sup>st</sup> line drug.
- (B) crystalline Penicillin and oxygen must be given
- (C) start with ABC when the child is convulsing
- (D) Oxygen alone is indicated
- (E) The child is not admitted

60. folic acid deficiency may present with the following features

- (A) glossitis
- (B) Angular stomatitis
- (C) Infertility
- (D) Constipation
- (E) Obesity

## **CIMS 0345 CHILD HEALTH PAPER II 2023**

### **SECTION A: SHORT ANSWER QUESTIONS**

**INSTRUCTIONS ANSWER ALL QUESTIONS IN THIS SECTION TIME 2HOURS**

#### **SAQ ONE**

- a) Highlight five indications of oxygen(5marks)
- b) Enumerate five emergency signs (5marks)

#### **SAQ TWO**

- a) Classify seizures(5marks)
- b) what are the clinical features of severe dehydration and some dehydration( 5marks)

### **SAQ THREE**

- a) Define nephrotic syndrome(2marks)
- b) name four crisis that may be associated with sickle cell disease patient(4marks)
- c) Briefly discuss the management of child with sickle cell anemia(4marks)

### **SAQ FOUR**

- a) Define post strep acute glomerulonephritis ( 2marks)
- b) list four clinical features of acute glomerulonephritis(4marks)
- c) Enumerate four causes of iron deficiency anemia(4marks)

### **SAQ FIVE**

- a) briefly describe how you will manage the child with jaundice(5marks)
- b) list five complications of blood transfusion(5marks)

### **SAQ SIX**

- a) list three complications of pneumonia (3marks)
- b) list four clinical features of organophosphate poisoning( 4marks)
- c) how is organophosphate poisoning managed(3marks)

## **SECTION B: MODIFIED ESSAY QUESTIONS**

### **ANSWER ONLY TWO QUESTIONS IN THIS SECTION**

#### **MEQ ONE**

- Discuss how you will evaluate and investigate a child with anemia(10marks)
- Discuss the ten steps of malnutrition management(10marks)

#### **MEQ TWO**

- Discuss asthma under the following sub-headings: Definition, precipitating factors, clinical presentation, investigation, management and complications(20marks)

#### **MEQ THREE**

- Discuss meningitis under the following sub-headings: definition, causes, predisposing factors, investigation, management and complications.(20marks)