

Periods

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Ab Rar

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Class test final year (july)

MCqs

1) 2 years old child came with history of diarrhea for 3 days child is irritable and taking ORS. he has sunken eyes. his BP is 90/60 mmhg According to IMNCI child comes under classification of

- a) Moderate dehydration
- b) Some dehydration
- c) Severe dehydration
- d) No dehydration
- e) Mild dehydration

2) 3 YEARS old child having complaints of vomiting and loose motions for 4 days. o/e patient is dehydrated and having distended abdomen. his labs shows.

Na= 140 meq/lit
K = 2.5 meq/lit

What will be ECG findings in this patient

- a) Prolong QRS complex
- b) Elevation of ST segment
- c) large U waves
- d) Prolong QT
- e) High voltage T waves

3) 4 years old child came to a doctor sitting at THQ with history of fever for 5 days and rash for 2 days. one of his cousin has same rash 1 week ago. patient has abdominal pain and having vomiting he is unable to take anything. How you will manage the patient

- a) Give IV antibiotics
- b) Give oral vitamin A
- c) Give iv ondensteron
- d) Give iv antibiotic, treat hypoglycemia and refer patient
- e) Admit patient in THQ

4) 3 years old child came in ER with respiratory distress for 1 day he has cough for 1 week. o/e there are bilateral crepitations. his abgs shows

PH = 7.25 PO2 = 85% PCO2 = 60 mmhg HCO3 = 35 meq/lit what does this abgs shows

- a) Type 1 respiratory failure
- b) Type 2 respiratory failure
- c) Severe metabolic acidosis
- d) Severe respiratory acidosis
- e) Compensated respiratory acidosis

35-45 ↑ 23-30 ↑

5) 7 years old boy came to opd with history of fever and throat pain for 4 days. o/e bilateral tonsils are enlarged and cervical lymph nodes are tender and enlarged. How you will treat this patient?

- a) Refer urgently
- b) Give benzathine penicillin
- c) Give multivitamins to patient
- d) Admit the patient in hospital
- e) Give iv fluids to patient

6) A ears nigiri came in ENT opd with history of pus coming from right ear for 10 days. She is also febrile. O/E there is tender swelling behind right ear. How will you classify patient according to IMNCI

- a) Acute ear infection
- b) Chronic ear infection
- c) Persistent ear infection
- d) Mastoiditis
- e) Simple ear infection

7) A 4 years old child comes to you with complaint of delayed speech. According to mother he is not able to speak a single meaningful word but his hearing is intact. He is not friendly with others and prefers to play alone with his favorite toy. On clinical examination his growth parameters are normal with normal motor skills but he does not give proper eye contact. Among which of the following is the most likely diagnosis?

- a) Attention deficit hyperactive disorder
- b) Autism
- c) Dyslexia
- d) Encopresis
- e) Hypothyroidism

8) Three years old child was brought to E/R with H/O abdominal pain, nausea, vomiting and bloody diarrhea after 2 hours of ingestion of medication which was taken by her mother during pregnancy. On examination child was irritable, sick looking and dehydrated, all of the following are the measures to treat this condition except?

- a) Use pica
- b. Do stomach wash
- c. Activated charcoal
- d. Use specific antidote
- e. Keep NPO and start Intravenous fluids

9) A 5 years old child presents with confusion, increased salivation, lacrimation, fasciculations, miosis, tachycardia and hypertension. Which of the following poison can cause these manifestations?

- a) Opium poisoning
- b) Organophosphorous insecticide
- c) Dhatura
- d) Morphine
- e) Iron poisoning

10) A 5 years old received in emergency room with history of intake of oral iron in heavy dose available at home in tablet form almost 2hrs before. After gastric lavage which antidote would you like to use in this case?

- a) Pralidoxime
- b) Atropine
- c) Naloxone
- d) Deferoxamine
- e) Vitamin K

11) Three years old child presented in emergency with history of sudden onset weakness of right side of the body along with h/o high grade fever and vomiting. On examination the child is sick looking, febrile, on left side power is 3/5, reflexes are brisk and planters are up going, on right side tone, power and reflexes are normal. Further examination reveals central cyanosis and an ejection systolic murmur close to left upper sternal border. X ray chest reveals reduced vascular shadows in the lungs bilaterally, which of following is the risk factor causing this condition?

- a. Head trauma
- b. Migraine
- c. Congenital heart disease (TOF)
- d. Congenital heart disease (VSD)
- e. Cardiac arrhythmia

12) A 4 years old boy came in clinic and parents are complaining that he is not paying attention to studies, not seems to listen when spoken and get distract easily. He always remains on go and also talks excessively. O/E you observe fidgeting of hands. All other examination is unremarkable. what is your most likely diagnosis

- a) ADHD
- b) Autism
- c) Hyperthyroidism
- d) lead poisoning
- e) Hypothyroidism

13) Parents bring a child with abdominal pain and vomiting for last 3 hours. His mother says he was previously normal but he noted that some of medicines from medicine box are missing, name written on those medicines are acetaminophen. which labs you will send to see toxicity

- a) Renal function tests
- b) Complete blood count
- c) Rretics count
- d) liver function tests
- e) ESR

14) 4 years old girl came with fever and body rash for last 3 days. she is having cough, rhinorrhoea, oral ulcers and discharge from eyes. She has also vomiting and unable to take anything. His brother has measles 2 weeks back. How you will classify this according to IMNCI?

- a) Simple measles
- b) Measles with eye and mouth complication
- c) Severe complicated measles
- d) Rubella with eye complication
- e) Measles with only eye complications

15) In moderate dehydration fluids given are

- a) 50-75ml/kg iv fluids
- b) 100ml/kg iv fluids
- c) 200ml/kg iv fluids
- d) 50-70 ml/kg oral fluids
- e) 100 ml/kg oral fluids

Handwritten notes:
47-12 47-7
12-2 2-9
2-5 4-16

SEQs

1...Four years old child brought in OPD by mother with complaint that her child speak only single word, he does not play with other children's usually he play alone and he has restricted and repetitive behavior.

- a. What is most likely diagnosis? (2)
- b. How will you manage this patient?(3)

2...Five years old child was brought to emergency with history of unable to move his whole left side of the body since one day along with h/o high grade fever and vomiting. on examination the child is sick looking, febrile, on left side power is 3/5, reflexes are brisk and planters are up going, on right side tone, power and reflexes are normal further examination reveals central cyanosis and an ejection systolic murmur close to left upper sternal border. X ray chest reveals reduced vascular shadows in the lungs bilaterally.

- a. What is the most likely diagnosis? (1)
- b. How will you investigate this patient? (2)
- c. Write down the acute and long term management? (2)