

- ✓ A couple has brought their 9 1/1 months old baby for routine immunization. The vaccine due at this age is
 - a) MMR
 - b) Pneumococcal
 - c) Hepatitis B
 - d) Measles



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A 2years old child is brought 1/1 to pediatric health clinic with history of cough and fever for 4 days and not taking feed for the last 12hours. On examination child is irritable, conscious and respiratory rate is 60/minute. There are intercostal and subcostal recessions associated with nasal flaring. The child will be classified as suffering from? *

- d) Very severe disease
- c) Severe pneumonia
- e) Respiratory failure
- a) Pneumonia
- b) No pneumonia

e. Gamma glutamyl transferase

6 years old boy presented in 1/1 emergency room with H/O fever, convulsions and unconsciousness of one day duration. On examination he is pale, spleen is palpable 2cm below left costal margin, Glasgow coma scale is 8 and there are no signs of meningial irritation and no focal neurological defecit. The most likely diagnosis is?

- a. Viral encephalitis
- b. Pyomeningitis
- c. Tuberculous meningitis
- d. Cerebral malaria

e. Tetanus

- c. Acute severe attack of asthma
- d. Imminent respiratory arrest

Correct answer

c. Acute severe attack of asthma

- ✓ DIAGNOSTIC test for 1/1 Hepatitis A Virus infection is?
 - a. Detection of IgM Antibodies
 in serum
- b. SGPT/ALT
- c. Stool examination
- d. Urinalysis
- e. Gamma glutamyl transferase

6 years old boy presented in 1/1 emergency room with H/O

for or convulsions and







A known asthmatic 9 year old 0/1 girl comes to emergency with an acute attack of asthma. She is breathless at rest and only able to speak in words. On clinical examination she has tachypnea and tachycardia with inspiratory and expiratory wheeze and use of accessory muscles of respiration. On further evaluation she has peak expiratory flow of < 40%. What type of acute asthmatic attack she has?

- a. Acute mild attack of asthma X
- b. Acute moderate attack of asthma
- c. Acute severe attack of asthma
- d. Imminent respiratory arrest
- Correct answer

X A 3 year old girl presents in o/1 outdoor with high grade fever for one week associated with cough, coryza and conjunctivitis. Now for the last 2 days she has develop an erythematous, confluent and non-itchyrash all over the body which started from the face. Which one of the following is most likely possibilities?

- a) Allergic rash
- b) Scarlet fever
- c) Chicken pox
- d) Rubella
- e) Measles

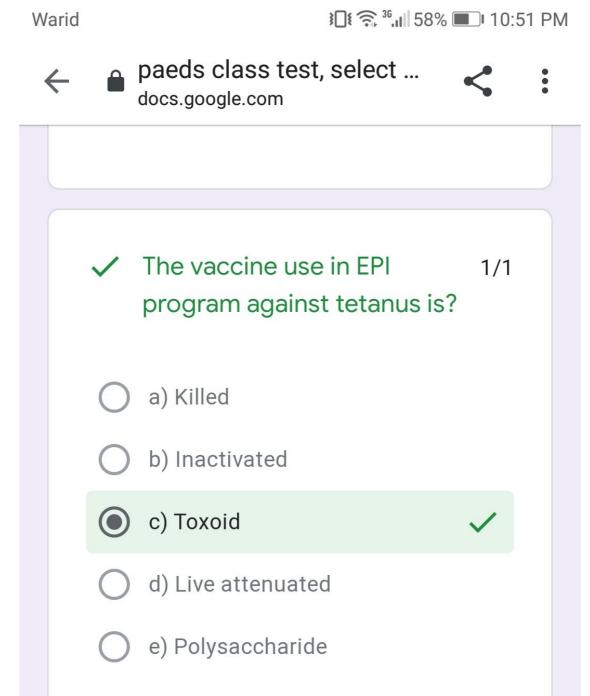
Correct answer

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- ✓ Regarding Prevention of 1/1 Hepatitis A infection, which statement is true?
- a. Vaccination is
 recommended for all children more than one year of age.
- b. Vaccine is indicated only after exposure
- c. Immunoglobulins are not indicated in immunocompromised children after exposure
- d. Vaccine is recommended at 6 months of age
- e. Just hand washing is sufficient to prevent spread

More than 50% of cases of 0/1 bronchiolitis are caused by?



✓ Regarding Prevention of 1/1 Hepatitis A infection, which statement is true?

a. Vaccination is
 recommended for all children more than one year of age.



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X A baby is born to a mother 0/1 who is a patient of Hepatitis
B. The parents are concerned about the baby getting the disease. What preventive measures are likely to be helpful? (which statement is true)

- a. Vaccinate the baby at birth
- b. Hepatitis BImmunoglobulins at birth



- c. Preventive measures effective even after 4 days of life
- d. Vaccinate the mother just before deilvery
- e. Start Lamivudine in baby

Correct answer

a. Vaccinate the baby at birth

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1/1

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✓ A 4 yrs old child diagnosed case of pneumonia suddenly deteriorated with worsening of respiratory distress. Right side of chest is bulging with hyper resonant percussion note over the area with diminished breath sounds. What is your immediate suspicion regarding complication of pneumonia?

- a. Massive pleural effusion
- b. Empyema
- c. Tension Pneumothorax



- d. Lung abscess
- e. Collapse of right side of lung







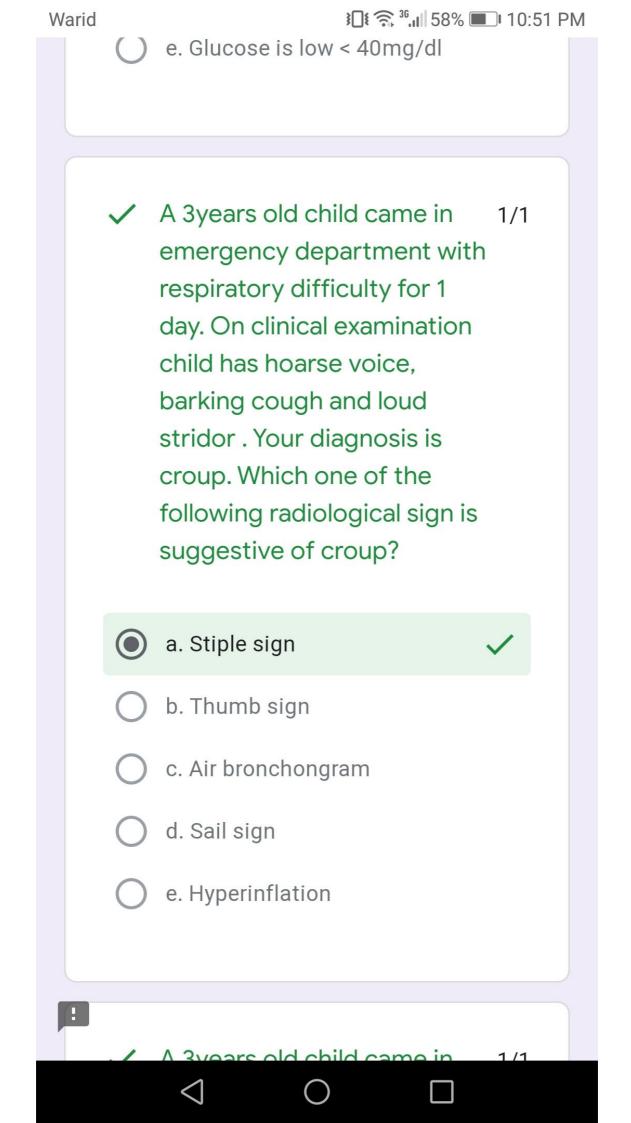
- ✓ A 3years old child came in emergency with high grade fever and respiratory difficulty for 1 day. Child is anxious, toxic with drooling of saliva and a loud stridor. Your suspicion is acute epiglotitis. What is the next step of management? *
 - a. Examine the throat and obtain a culture
 - b. Obtain an arterial blood gas and start an IV line
 - c. Order a chest x-ray and lateral view of the neck
 - d. Prepare to establish the airway
 - e. Admit the child and place him in a mist tent

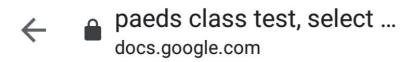














1/1

Among which of the following is not true regarding exudative pleural effusion

- a. Polymorphonuclear leukocytes (neutrophils)
- b. Lactate dehydrogenase > 1000 U/L
- c. Ph is < 7.10
- d. Protein is < 3g
- e. Glucose is low < 40mg/dl

✓ A 3years old child came in 1/1 emergency department with respiratory difficulty for 1









X A 10years old boy is on your 0/1 regular follow-up with diagnosis of Moderate persistent asthma. He is going well with his long term management. How much duration is required to step down his long term management?

- Optioa. At least 3 months
- b. At least 6 months

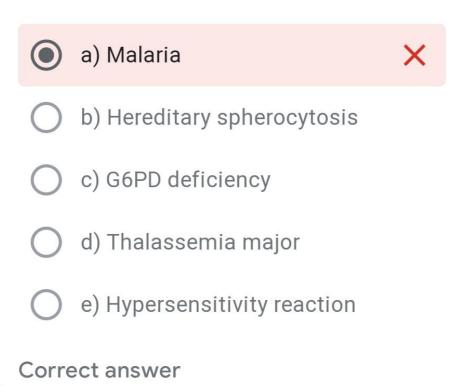
c. At least 12months

- d. At least 9 months
- e. At least 10months

Correct answer

Optioa. At least 3 months

with history of progressive pallor for the last one week. Physical examination reveals pallor, yellow discoloration of sclera and enlarged spleen. Child also had same illness 9months back which lasted for 2weeks. According to his father child was taking some medicine for fever one day before this illness. Which one of the following is most likely possibility



c) G6PD deficiency

You received a 7years old child in emergency with difficulty in breathing since morning. On further inquiry you came to know that patient is known asthmatic for 2 years now he has acute severe attack of asthma.
Regarding management of child which one of the following is not a quick reliever medicine?

- a) Inhaled short-acting β-agonists
- b) Systemic corticosteroids



- c) Anticholinergic drugs (Ipratropium)
- d) Injectable sympathomimetic (epinephrine)
- e) LABA (long acting β-agonists

1/1

Among which of the following is the most common cause of acute inflammatory upper airway obstruction with clinical manifestation in the form of hoarseness, barking cough and stidor.

- a. Acute pharyngitis
- b. Vocal cord paralysis
- c. Laryngomalacia
- d. Croup
- e. Acute Epiglottitis

✓ You received a 7years old

child in emergency with

difficulty in breathing since

morning. On further inquiry

you came to know that

X A 3 years old boy brought to 0/1 emergency with respiratory difficulty since morning. He was alright 2 days before when he started to have low grade fever, flue and cough followed by difficulty in breathing. On clinical examination patient is irritable with change in voice, barking cough and a loud stridor. The most likely diagnosis is

a) bronchiolitis

X

b) childhood asthma

c) viral croup

d) hype reactive airway disease

e) epiglottitis

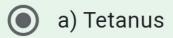
Correct answer





c) viral croup

A 4 years old unvaccinated 1/1 child presents in emergency room with complaints of unable to open the mouth for 2days and recurrent tonic contractions of body for 1day. On clinical examination there is lock jaw, trismus and recurrent tonic contractions of whole body with arching which are provoked by touch and loud sound. The most likely possibility is





- b) Hypoglycaemia
- c) Hypocalcaemia
- d) Electrolyte imbalance
- e) Meningitis

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X A 3 years old boy brought to 0/1







×	A mother is worried that her	0/1
	elder daughter contracted	
	measles despite being	
	vaccinated 5 yrs ago. For her	
	present infant you reassure	
	her that:	

- Measles, after vaccination would be mild, if it appears at all.
- b) A 2nd dose of measles vaccine has been added in EPI to
- improve protection.
- c) Vit. A supplementation will prevent measles.
- d) Measles treatment is now much improved.
- e) Better quality measles vaccine is now available

Correct answer

b) A 2nd dose of measles vaccine has been added in EPI to

vomiting. Child was otherwise well in between the bouts of cough with no fever or reluctant to feed.

Now for the last 5 days there is breathing difficulty with poor feeding and increased severity of cough. Patient is unvaccinated also. Which one of the following is the most likely possibility?

- a) Bronchiolitis
- b) Croup
- c) Pertussis with secondary pneumonia
- d) Allergic rhinitis
- 🔵 e) Asthma

X A mother is worried that her 0/1 elder daughter contracted

A 7 months old child presents 1/1 with cough and respiratory difficulty for 2weeks. Illness started with cough 2weeks back which is severe and comes in the form of bouts followed by post tussive vomiting. Child was otherwise well in between the bouts of cough with no fever or reluctant to feed. Now for the last 5 days there is breathing difficulty with poor feeding and increased severity of cough. Patient is unvaccinated also. Which one of the following is the most likely possibility?

- a) Bronchiolitis
- b) Croup
 - c) Pertussis with secondary pneumonia









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✓ A 3years old girl comes to outdoor with low grade fever for 3 days and development of discrete vesicular rash all over the body for 3 days. On clinical examination some lesions are new vesicular and some are old with scab formation. The most likely diagnosis is

- a) Measles
- b) Scarlet fever
- c) Steven Johnson syndrome
- d) Chicken pox



🔵 e) Rubella

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