



**1st & 2nd
Year**

**MASTERING
Postgraduate Series**

CHILD HEALTH NURSING

SOLVED QUESTION PAPERS
for MSc Nursing University Exams

(As per the INC Syllabus for MSc Nursing)

Subject Covered

Child Health Nursing-I & II
(Including 1st and 2nd Year)

MGR
RUHS
DU
KUHS
BHU
BFUHS
AIIMS
NTR
GU
RGUHS
ABVMU
**Other
Universities**

5 Reasons for referring to this book

- The first-ever meticulously organized book carrying highly enriched content as per revised INC Syllabus targeting MSc Nursing University exams
- Subject-wise cum Topic-wise Solved Questions Covered making it a complete compendium for your success in examination
- Extensive coverage of high-yield university questions of the last 10 years covering all the important universities providing high-probability of strike rate in the examination
- Addition of Vital Pedagogical Aids, like flowcharts, diagrams, images, tables, illustrations, etc. are easy to memorize and recapitulate
- Includes Extra Edge section in the beginning covering important last-minute revision topics related to subject in the form of tables, one liners and spotters for quick glance



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Priyanka Randhir

Sanjna Kumari



Extra Edge

(Glimpses of One Touch Pediatrics by Dr Anand Bhatia)



Spotters



Important Tables

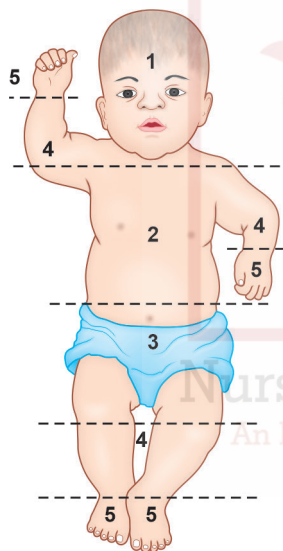
Nursing Knowledge Tree

An Initiative by CBS Nursing Division



Spotters

KRAMER'S SCALE FOR JAUNDICE



Modified Kramer's Scale

Dermal zone	Area of body	Level of bilirubin
1	Face	4–6 mg/dL
2	Chest, upper abdomen	8–10 mg/dL
3	Lower abdomen, thighs	12–14 mg/dL
4	Arms, lower legs	15–18 mg/dL
5	Palms, soles	15–20 mg/dL

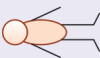
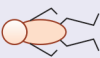
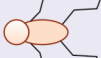
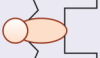
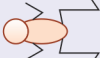


















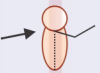
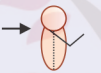
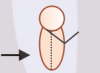
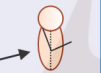
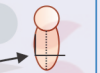
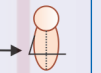






PHYSIOLOGICAL VERSUS PATHOLOGICAL JAUNDICE

Physiological jaundice	Pathological jaundice
Never appear in 1st 24 hours	May appear
Does not stain palm and soles	May stain
Urine does not stain diaper	High colored urine and clay colored stool
Does not persist beyond 3 weeks	May persist beyond 3 weeks

EXPANDED NEW BALLARD SCCORE: 20-44 WEEKS



Glimpses of One Touch Pediatrics by Dr Anand Bhatia

Score	-1	0	1	2	3	4	5
Posture	—						—
Square window (wrist)*	 >90°	 90°	 60°	 45°	 30°	 0°	—
Arm recoil	—	 180°	 140°–180°	 110°–140°	 90°–110°	 <90°	—
Popliteal angle	 180°	 160°	 140°	 120°	 100°	 90°	 <90°
Scarf sign*							—
Heel to ear							—

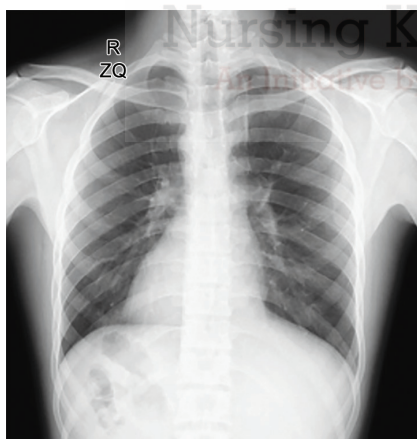
Skin	Sticky, irritable, transparent	Gelatinous, red, translucent	Smooth, pink visible veins	Superficial peeling and/or rash few veins	Cracking; pale areas; rare veins	Parchment, deep cracking no vessels	Leathery cracked, wrinkled	
							Score	Weeks
Lanugo	None	Sparse	Abundant	Thinning	Bald areas	Mostly bald	-10	20
Plantar surface	Heel-toe 40-50 mm: -1 <40 mm: -2	>50 mm, no crease	Faint, red marks	Anterior transverse crease only	Creases anterior 2/3	Creases over entire sole	-5	22
							0	24
Breast	Imperceptible	Barely perceptible	Flat areola, no bud	Stippled areola 1-2 mm bud	Raised areola 3-4 mm but	Full areola 5-10 mm bud	5	26
							10	28
Eye/ear	Lids fused, loosely: -1 tightly: -2	Lids open; pinna flat, stays folded	Slightly curved pinna; soft, slow recoil	Well curved pinna; soft but ready recoil	Formed and firm, instant recoil	Thick cartilage ear stiff	15	30
							20	32
							25	34
Genitals (male)	Scrotum flat, smooth	Scrotum empty faint rugae	Testes in upper canal, rare rugae	Testes descending, few rugae	Testes down, good rugae	Testes pendulous, deep rugae	30	36
							35	38
Genitals (female)	Clitoris prominent, labia flat	Clitoris Prominent, small minora	Clitoris Prominent, enlarging minora	Majora and minora equally prominent	Majora large, minora small	Majora cover clitoris and minora	40	40
							45	42
							50	44



SILVERMAN ANDERSON SCORE

	Upper chest retractions	Lower chest retractions	Xiphoid retractions	Nasal flaring	Nasal grunt
Grade 0	 Synchronized	 No retractions	 None	 None	 None
Grade 1	 Lag on inspiration	 Just visible	 Just visible	 Minimal	 Stethoscope only
Grade 2	 See-saw	 Marked	 Marked	 Marked	 Naked ear

KARTAGENER SYNDROME (DEXTROCARDIA)



SUPPLEMENTARY SUCKLING TECHNIQUE





CHILD HEALTH NURSING-I

GROWTH AND DEVELOPMENT [PART 1]

SHORT ANSWER QUESTIONS

Q1. Define the following terms:

(MGR, KUHS, RGUHS)

- | | |
|---------------|----------------|
| a. Growth | b. Development |
| c. Maturation | d. Play |

Ans.

- a. **Growth:** It is a physical maturation process that causes the body and its organs to grow in size. It happens as a result of intracellular substance production and cell proliferation. It is the body's quantitative changes.
According to Crow and Crow, 'Growth refers to structural and physiological changes'.
Growth is the term used to describe an increase in tissue mass or size. Cell division and an increase in intracellular material are mostly attributed for it. It can be measured in centimeters, kilograms, pounds, and inches.
- b. **Development:** It is the process by which a person becomes functionally mature. It is an improvement in function and skill through time. It is related to development and process of myelination of the nervous system. Changes in social, psychological, and emotional aspects are included. It is qualitative aspect.

Development refers to the physiological or functional maturation of an organism. The word “development” refers to the gradual improvement of abilities and functional capacity. Learning and maturation lead to development.

According to the Hurlock (1959): Development is defined as progressive series of changes that occur in an orderly, predictable pattern as a result of maturation and experience.”

- c. **Maturation:** Depending on the child’s heredity, maturation is an improvement in competence and capacity to perform at a higher level. It refers to the development of human potential or genetically inherited qualities.
- d. **Play:** Play therapy is a form of counseling or psychotherapy that uses play to communicate with children and help them to resolve psychosocial challenges. It can also be defined as a technique which explores the child’s natural means of expression.
Play is defined as it is used as a therapeutic method to assist him/her in coping with emotional stress or trauma.

Q2. Discuss the factors influencing growth and development.

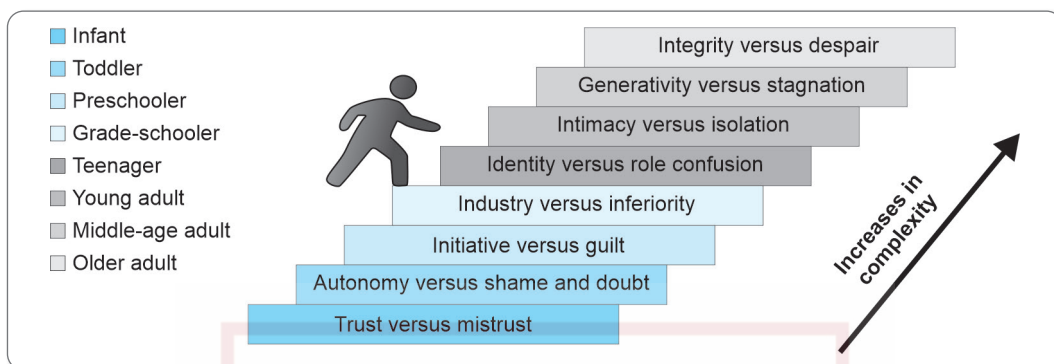
(MGR, KUHS, RQHS)

Ans.

Factors influencing growth and development are:

- **Heredity:** The genetic transmission of physical traits from one generation to the next is known as heredity. It affects all aspects of physical appearance, including intelligence and aptitudes, as well as height, weight, body type, eye color, hair texture, and body shape. Genes can also pass diseases and disorders, like heart disease, diabetes, obesity, etc. that negatively affecting the child’s growth and development.
- **Environment:** Children’s environments are important to their development because they represent all of the physical and mental stimulus they get. Physical surroundings, geographical conditions, the child’s social environment and relationships with family and peers are some of the examples of environmental elements that have an impact on early childhood development. Children develop excellent social and interpersonal skills at a good school and a caring home, which will help them succeed in other areas, like academics and extracurricular activities.
- **Sex:** Another significant aspect influencing a child’s physical growth and development is their sex. Boys and girls develop differently, especially as puberty approaches. Boys are often stronger and taller than girls. But during adolescence, girls often mature more quickly, whereas boys do so over a longer period of time.
- **Exercise and health:** Exercise in this aspect refers to routine play and physical activities that help the body build more bone mass and develop muscle strength. Children who exercise regularly grow healthy and achieve milestones on time or earlier. Additionally, exercise keeps children healthy and boosts their immune systems to help them fight off illnesses, especially if they play outside. This is due to the exposure to germs during outdoor play, which helps them develop resistance and prevent allergies.





Stages of psychosocial development

References:

Pal Panchali. Textbook of Pediatric Nursing. 2nd edition. CBS Publishers & Distributors Pvt Ltd. (2021). pp. 62–64.

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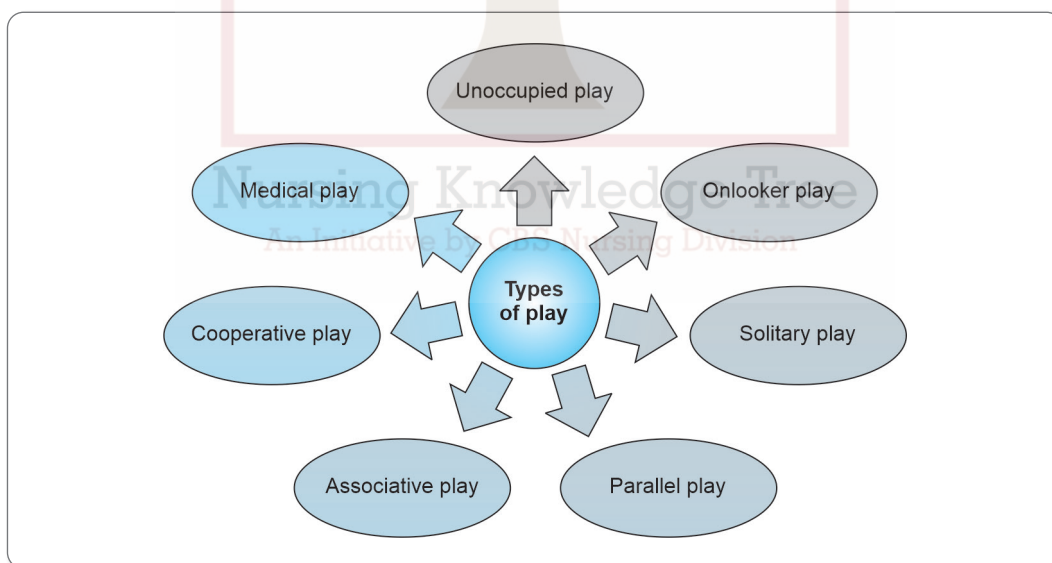
Available from: <https://sites.google.com/site/erikersond1825/home/stages-of-psychosocial-development>.

<https://www.simplypsychology.org/Erik-Erikson.html>

Q4. Explain the types of play.

(DU, MGR, BHU, KUHS, HU, PU, ABVMU)

Ans. Unoccupied play: Unoccupied play is when child is playing alone, using their hands, arms, legs, and feet in imaginative ways as they learn how it feels to move. When you give child a rattle or a stuffed animal and let him handle and move it, he may be practicing unoccupied play.





CHILD HEALTH NURSING-II

TETRALOGY OF FALLOT

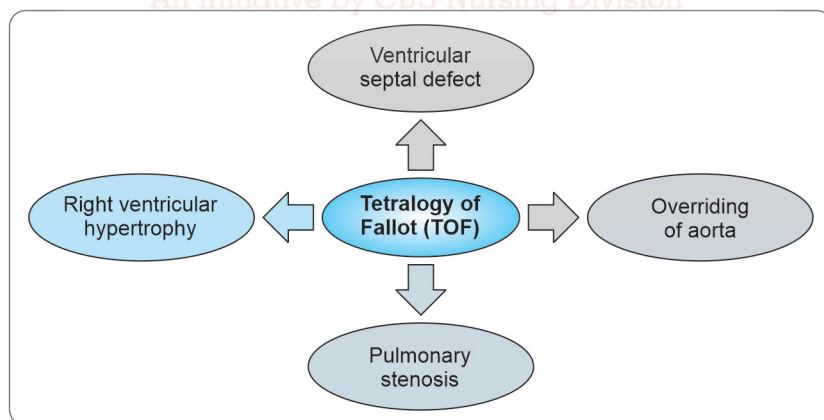
SHORT ANSWER QUESTIONS

Q1. Define tetralogy of Fallot.

(BFUHS, MGR, KUHS, RGUHS)

Ans.

The most complex congenital cardiac abnormality with reduced pulmonary blood flow is tetralogy of Fallot. A combination of four closely-related heart abnormalities that frequently occur together is referred to as a tetralogy of Fallot (TOF), which is a cardiac anomaly.



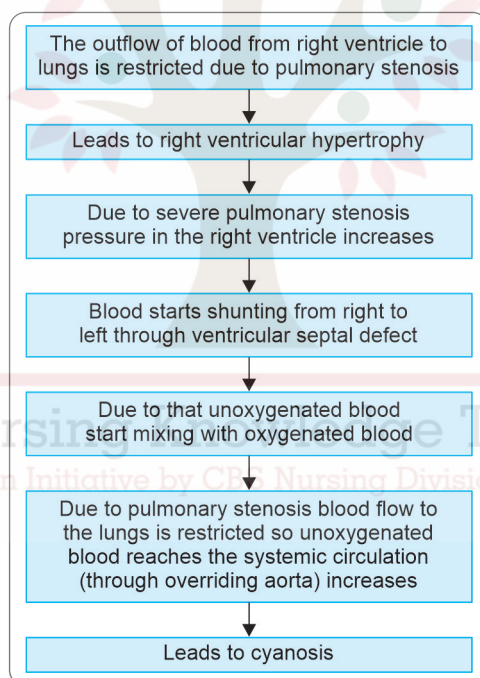
Q2. Enlist clinical features and discuss the pathophysiology of tetralogy of Fallot.
(ABVMU, MGR, KUHS, RGUHS)

Ans.

Clinical Features of Tetralogy of Fallot

- **Cyanosis:** Bluish discoloration of the skin. The most common symptom seen in Tetralogy of Fallot is cyanosis. The severity of pulmonary stenosis affects the degree of cyanosis. Infants with mild pulmonary stenosis may be pink at rest and turn cyanotic when they cry or when they are moving around. Cyanosis can happen even while at rest in severe blockage.
- **Clubbing of finger:** Irregular nail beds with a rounded appearance on the fingers and toes.
- **Dyspnea:** Between games, children frequently assume the “squatting position”, which relieves dyspnea. The child can resume activity after taking a little break in position.
- **Tett spells:** Anoxic blue spells. In the first 24 months of life, paroxysmal dyspneic attacks can happen and can last from a few minutes to several hours.
- **Poor weight gain and irritability**

Pathophysiology



Reference:

Pal Panchali. *Textbook of Pediatric Nursing*. 2nd edition. CBS Publishers & Distributors Pvt Ltd. (2021). pp. 312.

Reference:

Pal Panchali. *Textbook of Pediatric Nursing*. 2nd edition. CBS Publishers & Distributors Pvt Ltd. (2021). pp. 313.

HYDROCEPHALUS

SHORT ANSWER QUESTIONS

Q1. Define hydrocephalus.

(MGR, KUHS, RGUHS, ABVMU, GGIPU, DU)

Ans.

The accumulation of fluid in the deep brain cavities (ventricles) is known as hydrocephalus. The extra fluid makes the ventricles enlarged and exerts pressure on the brain. The ventricles ordinarily allow cerebrospinal fluid to pass through and bathe the brain and spinal column.

An imbalance between cerebrospinal fluid production and absorption is known as hydrocephalus. It is characterized by an abnormal rise in the amount of cerebrospinal fluid present in the cerebral cavity.

Q2. Enlist the clinical features of hydrocephalus.

(KUHS, MGR, DU, GGIPU)

Ans.

In Infants:

- Enlarged skull.
- Anterior fontanel is tight and frequently enlarged.
- Anterior fontanel's delayed closure.
- The scalp seems glossy, with noticeable scalp veins.
- **Macewen's sign:** On the percussion of the skull, a hollow or "cracked pot" sound can be heard.
- **Sun setting eyes:** Sclera may be visible above the iris with the eyes turned downward.
- Feeding difficulties and a loud cry.
- The reaction of the pupils to light is uneven and they are sluggish.
- Position of the ophthalmus and spasticity of the lower extremities
- Seizures, somnolence, emesis, cardiopulmonary distress, if the condition progress rapidly.

In children:

- | | |
|---|--|
| • Headache at arising that gets better after vomiting while standing up straight. | • Bulging of occiput |
| • Papilledema | • Nystagmus (rapid, uncontrolled eye movement) |
| • Strabismus | • Ataxia |
| • Lethargic and irritable | |

Reference:

Pal Panchali. *Textbook of Pediatric Nursing*. 2nd edition. CBS Publishers & Distributors Pvt Ltd. (2021). pp. 353–54.

LONG ANSWER QUESTION

Q1. Explain the preoperative and postoperative nursing management of child with diagnosis of hydrocephalus. (GGIPU, MGR, KUHS, RGUHS)

Ans.

The surgical implantation of a drainage system, known as a shunt, is the most common method of treating hydrocephalus. It comprises an extended, flexible tube with a valve that directs and regulates the flow of cerebral fluid. There are four type of shunt:

1. Ventriculoperitoneal shunt
2. Ventriculoatrial shunt
3. Ventriculopleural shunt
4. Ventriculoureteric shunt.

Preoperative Nursing Management

The primary nursing goals during the preoperative period include identifying symptoms of elevated intracranial pressure and other symptoms which may alter the effectiveness of the surgery. It also provides supportive care, avoiding consequences and reduces anxiety of the parents. The Nurses must provide the following care to the patient in preoperative nursing management:-

- Record the child's head circumference per day.
- Check for signs of elevated intracranial pressure by palpating the fontanel. The anterior fontanel is enlarged and tight. The sutures may appear to be significantly apart because of the increased intracranial pressure.
- Regularly check the vital signs. Vital sign changes should be reported immediately.
- Because the baby is restless and agitated, create a peaceful environment for him or her so they may get enough rest.
- Position the baby's body so that the neck is properly supported.
- Due to increased cerebral fluid, the scalp becomes thin and increased chance of skin breakdown so keep the head of the baby over the water pillow to prevent breakdown of the skull.
- Use strict aseptic measures when giving care to protect the baby from nosocomial infections.
- Change the position of the baby frequently.
- Support the infant's head and neck when handling it because the head might be too big and the neck muscles might not be strong enough to hold the head up.
- Provide small, frequent feed to baby to avoid vomiting.
- Maintain the intake and output chart of the patient.

Postoperative Nursing Care

- After surgery, position the child in a flat position to stop fast CSF draining, because rapid drainage of CSF may increase the risk of developing subdural hematoma.
- Position the child on unoperated side to prevent pressure on the shunt valve.
- Monitor the vital signs of the infant every 15–30 minutes after the surgery.
- Regularly measure the head circumference.
- Intake and output should be monitored because fluid intake may be limited for the first 24 hours after surgery.
- Oral rehydration must begin as soon as bowel sounds return.
- Examine the dressing for any drainage.

- Keep the infant dry and clean. Stool is cleansed and discarded right away to prevent bladder mucosal contamination.
- Dressing infants in loose, lightweight clothing to prevent pressure on the exposed bladder wall.
- It's best to avoid taking a tub bath because it can contaminate the ureters and bladder wall.
- **Postoperative nursing care includes:**
 - Monitor the vital signs, treat shock, and stop bleeding at the surgical site.
 - Place the child in a position that prevents any drainage tubes from kinking.
 - Maintain a dry and clean abdominal dressing.
 - Maintain a healthy fluid intake.
 - Watch for symptoms, like fever, hematuria, or purulent leakage from incision.
 - Involves the parents in child care activities.

References:

Pal Panchali. *Textbook of Pediatric Nursing*. 2nd edition. CBS Publishers & Distributors Pvt Ltd. (2021). pp. 341.

Available from: [https://www.mayoclinic.org/diseases-conditions/bladder-exstrophy/symptoms-causes/syc20391299#:~:text=Bladder%20exstrophy%20\(EK%2Dstroh%2D,bladder%20exstrophy%20 vary%20 in%20severity.](https://www.mayoclinic.org/diseases-conditions/bladder-exstrophy/symptoms-causes/syc20391299#:~:text=Bladder%20exstrophy%20(EK%2Dstroh%2D,bladder%20exstrophy%20 vary%20 in%20severity.)

POLIOMYELITIS

SHORT QUESTION ANSWERS

Q1. Define Poliomyelitis.

(MGR, DU, IP, CU, HU, GGIPU, KUHS, RUHS, RGUHS)

Ans.

A highly infectious illness that affects the central nervous system and can paralyze a person either permanently or temporarily.

Poliomyelitis is the combination of two words 'Polio' and 'Myelitis'. Polio means gray matter and Myelitis means spinal cord inflammation.

Q2. Discuss the causes and types of poliomyelitis.

(RGUHS, MGR, DU, GGIPU)

Ans.

Causes: Epidemiological Triad

- **Agent:** Poliovirus
- **Host:** Infant, children 3 years
- **Environment:** Contaminated food and water, overpopulation, and the rainy season.
- **Mode of transmission:** Feco-oral route: The fecal-oral route directly transmitted through infected fingers, or indirectly transmitted through milk, water, food, flies, and objects.

Types of Poliomyelitis

- **Spinal poliomyelitis:** It is most common type of poliomyelitis. It accounting for 79% of paralytic incidents between 1969 and 1979. It is distinguished by asymmetric paralysis, most frequently affecting the legs.

- **Bulbar poliomyelitis:** It affects 2% of people and causes the cranial nerves that innervate certain muscles to weaken.
- **Bulbospinal poliomyelitis:** It is a combination of bulbar and spinal paralysis and affects 19% of cases.

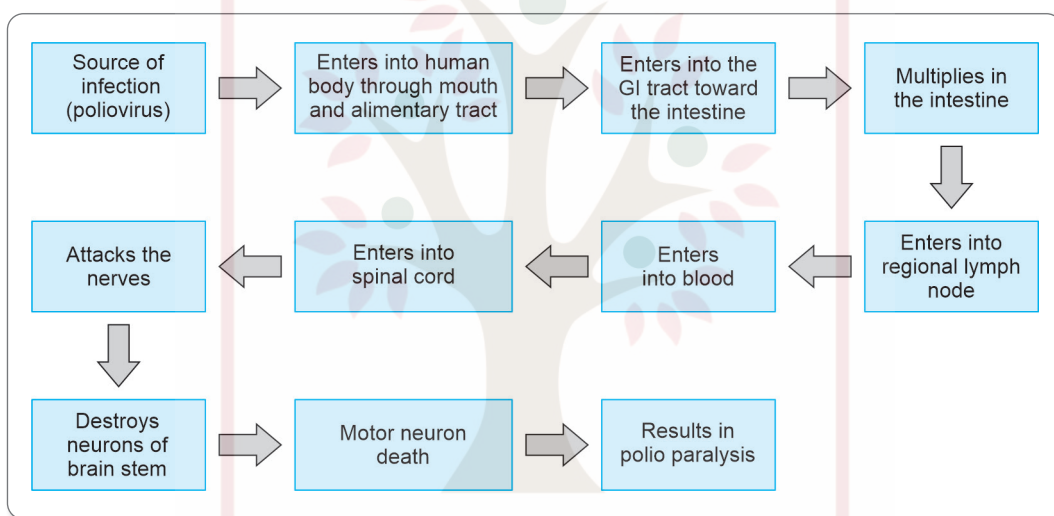
Reference:

Pal Panchali. *Textbook of Pediatric Nursing*. 2nd edition. CBS Publishers & Distributors Pvt Ltd. (2021). pp. 431.

LONG ANSWER QUESTION

Q1. Explain pathophysiology measures you will take to prevent poliomyelitis.
(MGR, KUHS, RUHS, RGUHS, BFUHS)

Ans.



Measures taken to prevent poliomyelitis are:

- **Hygiene:** Maintaining cleanliness and promoting good hygiene are the best poliomyelitis prevention strategies.
- **Vaccination:** Polio vaccination is the first step in polio prevention. All three poliovirus subtypes have been targeted by the polio vaccine, which is highly efficient in generating antibodies that trigger immunity to the poliovirus and shield recipients from developing paralytic polio.

Two types of vaccination are available: An inactivated (killed) polio vaccine and a live attenuated oral polio vaccine.

- **Early diagnosis and treatment:** Early detection and prompt treatment of cases of polio are essential for both controlling the disease and stopping its spread.
- **Surveillance:** By recognizing the rise, stability, or decrease in the number of cases, surveillance is one strategy to attain, control, and prevention.
- **Isolation:** During the contagious period, which is 7–10 days before and after the beginning of symptoms, polio cases should be kept isolated.

- **Initiation of breastfeeding:** Breastfeeding should begin within the first 30 minutes to an hour after birth, or as soon as possible following a normal delivery, whereas it should begin within 4 hours of a cesarean section.
- **Proper technique of breastfeeding**
- **Mother and baby position:**
 - Assist the mother in obtaining a relaxed position, such as sitting or lying down.
 - Teach the mother how to hold the child. Ask her to keep some points in mind:
 - ◆ A baby's head and body should be straight.
 - ◆ The baby's nose need to be on the other side of the nipple.
 - ◆ The baby's body should be near to her body.
 - ◆ The infant's entire body must be supported.
 - Mother should then support her breast by pressing her fingers firmly against the underside of her chest wall.
- **Attachment of the baby to the breast (latching):**
 - Touching the nipple will encourage the baby's mouth to open.
 - Allow the infant to open his mouth wider.
 - Bring the infant close to the breast.
 - Latch the infant to the breast.
- **Good attachment (latching) signs:**
 - Baby opens his or her mouth more widely.
 - The baby's chin in touch with breast.
 - Areola is not visible.
 - Baby's cheeks are full.
 - Lips are flanged out.
 - The breast appeared round and full.
 - Mother can hear the sound of swallowing and sucking.
 - After breastfeeding, the nipple appeared long and round.

Advantages of Breastfeeding for Baby

- **Wholesome food:** It contain all the nutrients and is a wholesome food for the baby that needs in first 6 months of life for growth and development.
- **Reduces risk of infection:** Through its protective characteristics, it lowers the frequency of bronchitis, pneumonia, meningitis, ear infections, coughs, colds, and diarrhea.
- **Protect from food allergies:** It guards against food allergies, colic, asthma, eczema, and nasal problems in children.
- **Growth and development:** It is crucial for a child's complete physical, emotional, and cognitive development. Moreover, breastfed children are smarter.
- **Emotional bonding:** Helps to promotes emotional and physical bonding between mother and child.

Advantages of Breastfeeding for Mothers

- Breastfeeding acts as a natural contraceptive
- It lowers the risk of ovarian and breast cancer
- It fosters mother-child relationships
- It stops the mother's uterine bleeding after giving birth
- It saves time and prevents the need to spend valuable resources on purchasing milk powder and medical treatment

Reference:

Pal Panchali. *Textbook of Pediatric Nursing*. 2nd edition. CBS Publishers & Distributors Pvt Ltd. (2021). pp. 97–102.

PHYSIOLOGICAL JAUNDICE

SHORT ANSWER QUESTION

Q1. Write about physiological jaundice. (ABVMU, KUHS, MGR, GGIPU, DU, CU, HU, BFUHS)

Ans.

Jaundice is the visible manifestation of hyperbilirubinemia. The clinical jaundice in neonate appears on the face at a serum bilirubin level of 5 mg/dL. The yellowish discoloration is first seen on the skin of face, nasolabial folds and tip of nose in the neonates.

Physiological Jaundice

It is also known as Icterus Neonatorum. Babies develop Jaundice within 1st week of life is known as Physiological jaundice. In term babies' maximum intensity is on 5th-6th day and it subsides by 14th day.

The majority of newborns exhibit apparent jaundice as a result of an increase in unconjugated bilirubin levels during the first week of life.

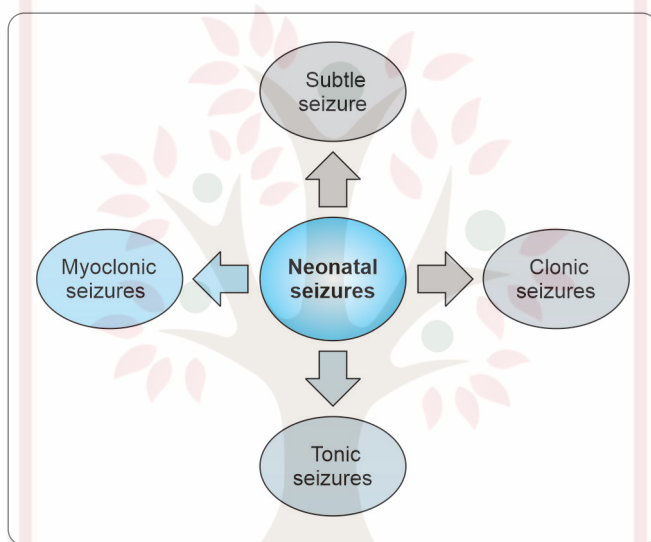
- **Onset:** After 24 hours.
- **Peak:** 72–90 hours

Causes of Physiological Jaundice

- Due to the larger erythrocyte volume and shorter erythrocyte life span, the liver cells are subjected to a higher bilirubin load.
- Poor hepatic absorption of bilirubin from plasma.
- Defective bilirubin conjugation.
- Excretion of bilirubin decreased.

Classification

- **Subtle seizures:** Eyelid blinking, fluttering, buccal-lingual motions (yawning, sucking, and drooling) and apnea are signs of subtle seizures.
- **Clonic seizures:** These seizures frequently affect just one body part or one extremity. Clonic rhythms typically consist of 1–3 movements per second.
- **Tonic seizures:** These seizures are characterized by persistent face, limb, or other muscle contractions. They could be generalized, multifocal, focal, symmetric, or asymmetric. Electrocardiographic seizures are frequently accompanied by focal tonic seizures affecting one extremity. Generalized tonic seizures may include the axial muscles in an opisthotonos manner and frequently present with tonic extension of the upper and lower limbs.



- **Myoclonic seizures:** These could manifest specifically in one body part or several bodily parts. Myoclonic seizures that are focal or multifocal are not connected to electrographic activity. These jerks are quick, one-time, or arrhythmic repeated jerk seizures. Massive seizures are a sign of severe brain damage and a poor prognosis.

Causes of Neonatal Seizure

- Developmental neurological defects, like congenital hydrocephalus, microcephaly
- Hypoxic-ischemic encephalopathy (HIE)
- Intracranial hemorrhage
- Metabolic causes, like hypocalcemia, hypoglycemia, hypomagnesemia, etc.
- Infections like meningitis, septicemia.
- Miscellaneous



OTHER IMPORTANT QUESTIONS

SHORT/LONG ANSWER QUESTIONS

Q1. Explain about child guidance clinic.

(DU, GGIPU, KUHS, BPUHS)

Ans.

Definition

Child guidance clinics are specialized clinics that deal with children of normal and abnormal intelligence, exhibiting a range of behaviors and psychological problems which are summed up as maladjustments.

Objectives

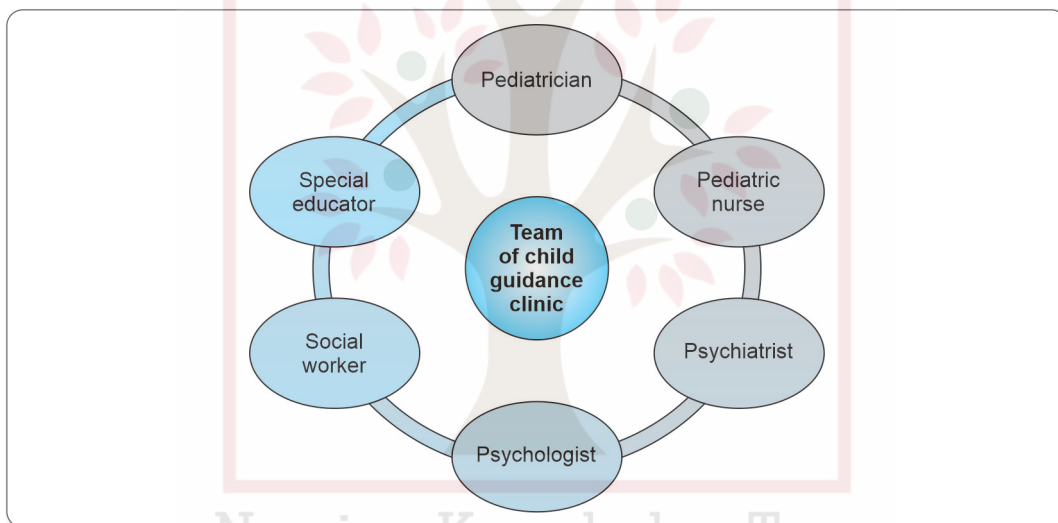
- 1 To ensure all around development of children
- 2 To provide care and guidance to children with mental retardation
- 3 To train parents to facilitate development and to prepare the children for placement in the appropriate educational sector
- 4 To organize remedial help for school children facing achievement problems and training to correct learning disability
- 5 To work out behavior modification schedules for children presenting behavior problem like pica, bed wetting, sleep walking, etc.
- 6 To motivate parents for increased involvement in psychosocial adjustment
- 7 To start early intervention of developmentally delayed children
- 8 To provide counseling, guidance and information to parents regarding care and upbringing of children

Principles of Child Guidance Treatment

- The treatment of the child is carried out not by only one person but by a team of workers.
- The child is treated as a whole and the personality has many aspects, viz. physical, intellectual, educational emotional, etc. Each of these aspects is studied by the respective staff member who has specialized in that particular field.

Services provided:

- Managing behavioral problem
- Managing learning difficulties
- Managing emotional problem
- Managing adjustment problem
- Managing developmental problem
- Managing intellectual deficit
- Managing sociolegal issues



Role of a pediatric nurse in child guidance clinic:

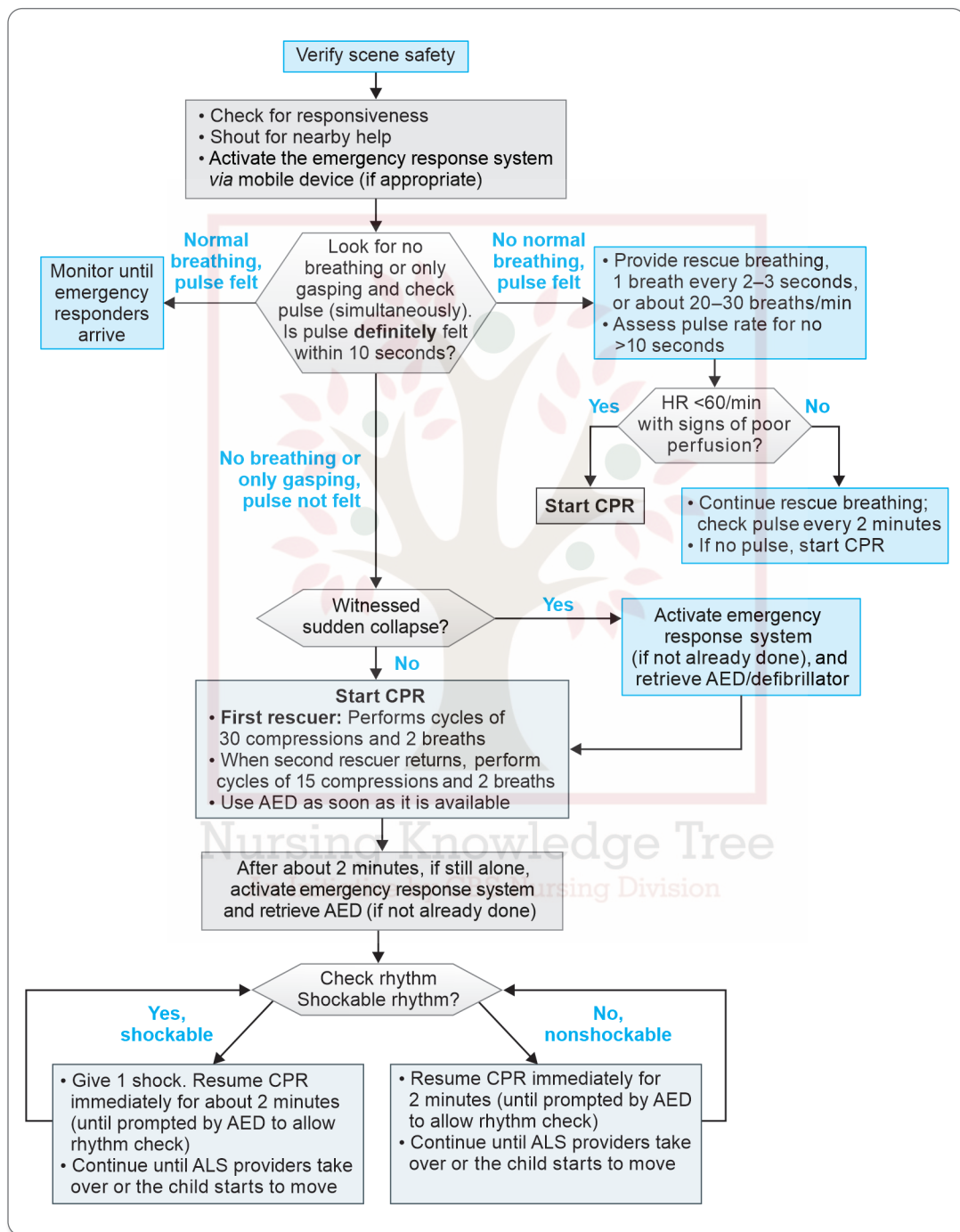
- Identifying risk cases with adjustment problem.
- Educating the public.
- Acting as a counselor.
- Lobbying for child rights.
- Providing holistic nursing care.
- Undertaking research studies.
- Helping in establishing good child-parent bond as well as good teacher-parent-child bond by guiding them.

Reference:

Pal Panchali. *Textbook of Pediatric Nursing*. 2nd edition. CBS Publishers & Distributors Pvt Ltd. (2021). pp. 503–504.

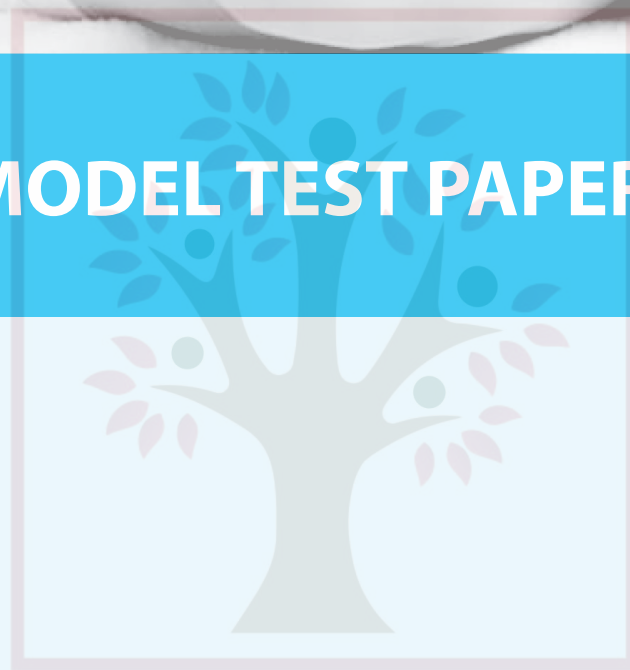
Pediatric Advanced Life Support (PALS)

Pediatric basic life support algorithm for healthcare providers—Single rescuer





MODEL TEST PAPERS



Nursing Knowledge Tree

An Initiative by CBS Nursing Division

*These model papers have been curated from the last ten years' papers for MSc Nursing from all the important universities.

MODEL TEST SET-1

Clinical Specialty-I

(Child Health Nursing-I)

Time: 3 Hours

M.M.: 75

Note: Attempt all questions.

- Q1. Babita, born at 32 weeks of gestation is admitted to NICU.** [2+6+7=15]
- Define respiratory distress syndrome.
 - Discuss the algorithm for the management of asphyxia neonatorum.
 - Describe the management of baby of Babita with respiratory distress syndrome.
- Q2. a. Define kangaroo mother care** [2+5+8=15]
- Describe the nursing responsibilities of child with KMC
 - Elaborate the nutritional needs of a critically ill child
- Q3. a. Define low-birth-weight-babies (LBW)** [2+8+10=20]
- Classify the types of LBW babies.
 - Discuss the management of LBW babies.
- Q4. Write short notes on five of the following:** [5×5=25]
- Staff orientation and training program in pediatric care
 - Criteria for dosage calculation in children
 - Administration of oxygen in children
 - Care of child on long-term ventilation
 - Legal to ethical issues in pediatric intensive care unit
 - Layout plan of NICU



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Refer 'f' for figure and 't' for table, respectively.

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"Mastering Postgraduate Series Child Health Nursing Solved Question Papers for MSc Nursing University Exams" is an invaluable resource for those who are pursuing a Master of Science in Nursing (MSc Nursing). This comprehensive book features a collection of solved Questions of all the Important universities examination papers with a topic-wise approach which will help nursing students prepare for their exams with confidence. The book covers a variety of Long and Short Answer Questions under each respective topic. By practicing with these solved papers, students can build confidence and reduce exam-related anxieties.

CHILD HEALTH NURSING-I			
Short Answer Questions			
Topics	Page no.	Number of questions	
Growth and Development [Part 1]			
1. Define the following terms: a. Growth b. Development c. Maturation d. Play	1	1	1
2. Discuss the factors influencing growth and development.	2	1	1
3. Discuss the role of pediatric nurse in prenatal care.	3	1	1
4. Discuss the importance of play for children.	5	1	1
5. Discuss the prenatal factors influencing the growth and development of foetus.	6	1	1
6. Define global developmental delay.	7	1	1
7. Write an explanatory note on neonatal reflexes.	6	1	1
8. Write an explanatory note on needs of adolescents in growth and development period.	8	1	1
Total			8
Grandtotal			

Subject-wise cum Topic-wise content presentation is available for easy understanding of the concepts altogether at one place in Question & Answer format

Q3. Write explanatory note on Neonatal Resuscitation

(MGR, DU, CU, HU, ABVMU, KUHS, RUHS, RGUHS)

Ans. A series of procedures called "neonatal resuscitation" is used to help newborns who struggle to physiologically "transition" from intrauterine to extrauterine life.

Indication for Resuscitation

- **Antenatal factors:** Maternal diabetes, maternal infections, maternal drug abuse, hydramnios, post-term pregnancy, fetal malformation.
- **Intraneatal factors:** Amniotic fluid stained with meconium, fetal bradycardia, fetal distress precipitate labor, foul smelling of amniotic fluid, early rupture of membranes, premature labor or abnormal presentation, cord prolapsed, use of general anesthesia during delivery, emergency cesarean section during pregnancy.
- **TABC of Resuscitation:**
 - T—Maintenance of temperature
 - A—Establish an open airway
 - B—Initiate breathing

Purely Examination-oriented approach has been adopted for the development of explanations as per the weightage of the marks

References:

Pal Panchali. Textbook of Pediatric Nursing. 2nd edition. CBS Publishers & Distributors Pvt Ltd. (2021). pp. 37–38.

Wongs, Essentials of Pediatric Nursing, 1st South Asia Edition, Hockenberry Wilson and Judie, Elsevier Publications.

Each and every Question has been provided with **Standard References of Textbook** for detailed understanding of the respective topic

No.	Reflexes	Elicited by	Response
1.	Moro reflex	When the baby is placed in a semi-upright position, the head suddenly springs forward, and the outstretched arms, and catching the falling head. It disappears around 3-4 months	Opening of the arms and the abduction of the arms from the anterior flexion to the anterior flexion, and extension, and
	Startle reflex (variant of Moro reflex)	Abruptly making a loud noise or tapping one's sternum.	The response is a startle reaction, except the elbows remain clenched
	Palmar grasp	Putting a finger or other object in each hand opens pain	Infant grasps the object when it is removed, strengthened after 28 weeks of pregnancy
	Tonic neck reflex (symmetric tonic neck)	In the supine position, the head rotates passively	Extension of the limbs and flexion of the limbs upper limb



Pedagogical Features, like Tables, Figures, Flowcharts, and illustrations have been supplemented with the explanations for better understanding of the concepts

LONG ANSWER QUESTIONS

Q1. Explain about the preventive pediatrics

Ans. Preventive pediatrics has been defined as the prevention of diseases and the promotion of physical, mental, and social well-being for children to reach optimal growth and development.

Aims of Preventive Pediatric

- Prevention of disease.
- Promotion of children's physical, mental, and social well-being so that each child can realize his or her full genetic potential.

Aspects of Preventive Pediatrics

- Children's hospitals have adopted the "primary health care" strategy by engaging in the following

SHORT ANSWER QUESTIONS

Q1. Enlist the rights of children.

Ans.

The rights of children are:

- Right to develop in an atmosphere of affection and security and protection against neglect, cruelty, exploitation and traffic.
- Right to enjoy the benefits of social security, including nutrition, housing and medical care.
- Right to a name and nationality.
- Right to free education.
- Right to full opportunity for play and recreation.
- Right to special treatment, education and appropriate care, if handicapped.

Long and Short Answer Questions have extensively been covered with a topic-wise approach; extracted from the last 10 years Question papers of MSc Nursing of various important universities

GLOSSARY

- **Anorexia nervosa:** It is an eating disorder characterized by low body weight, fear of gaining weight. In this, due to the fear of gaining weight the person does not eat.
- **Adenopathy:** Enlargement of the lymph glands.
- **Asphyxia neonatorum:** It is a fatal condition which is caused when baby doesn't get sufficient oxygen during the birth process.
- **Atonic seizure:** It is a sudden, momentary loss of consciousness and muscle tone. It is also called aknetic.
- **Amblyopia:** Vision dimness due to disuse of the eye.
- **Autism:** Autism is a mental condition. In this disorder, the person is unable to communicate or

Glossary includes all the important terminologies in an alphabetical manner for a quick glance over the important terms from exam point of view

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Detailed Index with alphabetical arrangement at the end has been added for the quick access to the topics.

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