



**AMREF INTERNATIONAL UNIVERSITY
SCHOOL OF MEDICAL SCIENCES
DEPARTMENT OF NURSING AND MIDWIFERY SCIENCES
KENYA REGISTERED COMMUNITY HEALTH NURSING
END OF SEMESTER EXAMINATIONS**

DNS 322/ DCHN 225: COLLEGE FINAL PAPER 2

DATE: 17TH JANUARY 2024

TIME: 2 Hours

Start: 1400 HOURS

Finish: 1600 HOURS

INSTRUCTIONS

1. This exam will be marked out of 100 marks
2. The Examination has ONE Section: - Multiple Choice Questions
3. ANSWER 20 MCQs Per Page in the answer booklet
4. Answer ALL questions.

1. The World Health Organisation recommended cord care involves:-
 - a. Cutting the cord immediately after birth
 - b. Cleaning the cord using methylated spirit swabs
 - c. Applying 7.1% chlorhexidine digluconate
 - d. Covering cord stump with clean dressing to prevent sepsis

2. While resuscitating a newborn baby:-
 - a. Piped oxygen is necessary for success
 - b. Chest compressions should be initiated if pulse rate is below 60 beats per minute
 - c. Give calcium gluconate 4% intravenously and 100% oxygen via nasal cannula
 - d. Give five rescue breathe followed immediately by 60 chest compressions in one minute

3. The newborn reflex that protects against airway obstruction is:-
 - a. Rooting reflex
 - b. Moro reflex
 - c. Gag reflex
 - d. Swallowing reflex

4. Direct Coomb's test:-
 - a. Is done on the maternal blood
 - b. Positive results indicate maternal sensitization
 - c. If negative, then the baby is also rhesus negative
 - d. Should be avoided if mother had received one dose of anti-D

5. The most common cause of early onset neonatal sepsis is;
 - a. Pseudomonas aeruginosa
 - b. Beta Haemolytic Streptococcus
 - c. Staphylococcal aureus
 - d. Klebssiela pneumonia

6. To prevent ophthalmia neonatorum, the nurse midwife should:-
 - a. Avoid performing episiotomies to HIV positive mothers
 - b. Administer 7.1% chlorhexidine digluconate to the eyes of the neonates
 - c. Give the baby a broad spectrum antibiotic soon after birth
 - d. Apply 1% tetracycline eye ointment to the eyes of the neonate

7. A true statement concerning cephalohematoma is that:-
 - a. It causes discoloration of the overlying skin
 - b. Is usually bilateral
 - c. It does not cross suture lines
 - d. Breech delivery is the most common cause

8. The priority action to a neonate born through meconium stained amniotic fluid is to:-
 - a. Dry the baby thoroughly
 - b. Clear the airway
 - c. Suction the oropharynx
 - d. Cut the cord and initiate bag and mask ventilation

9. The first action a midwife takes at birth of a normal neonate is:-
 - a. Keeping the baby warm
 - b. Drying the baby thoroughly
 - c. Facilitating breastfeeding and bonding
 - d. Cutting the cord

10. Priority interventions when caring for a premature neonate includes:
 - a. Giving oxygen via nasal prongs as these babies often have respiratory difficulties
 - b. Giving intravenous fluids to maintain nutritional status
 - c. Nursing the baby in temperature controlled bed and monitoring breathing
 - d. Feeding the baby three hourly and on demand

11. The characteristics of caput succedaneum include
 - a. Present at birth, pits on pressure, may cross a suture
 - b. Appears after 12 hours, always unilateral, tends to grow less
 - c. Persists for weeks, never crosses a suture, usually bilateral
 - d. Disappears within 36 hours, pits on pressure, tends to grow larger

12. When managing a baby with neonatal jaundice in phototherapy box, the nurse ensures:-
 - a. The fluorescent light bulbs burn bright and is flickering for effective phototherapy
 - b. The neonate is on 500mls of Normal saline alternating with dextran in 24hours
 - c. The baby is left uncovered except the eyes
 - d. Intravenous penicillin is given to prevent kernicterus

13. When resuscitating a neonate with bag and mask, the nurse ensures:-
- The mask is large enough to cover the entire face
 - The mask is connected to a piped oxygen
 - Mask covers mouth, chin and the nose
 - The neonates head is slightly flexed to maintain a neutral position
14. The ARV prophylaxis regimen for exposed infants is:-
- 6 weeks of AZT + NVP only
 - 6 months of AZT + NVP, then NVP alone for 6 more months
 - 6 weeks of AZT+NVP, then NVP for 6 weeks after complete cessation of breastfeeding
 - 6 weeks of AZT+EFV, then NVP and co-trimoxazole for 6 months
15. The risk of vertical transmission of HIV is increased by:-
- Recent maternal HIV infection
 - High levels of T-helper cells
 - Infection with type II Human Immunodeficiency Virus
 - Co-morbidity with a cardiac disease in pregnancy
16. Perinatal period refers to:-
- First 28 days after delivery
 - First 7 days post-partum
 - 22 weeks of gestation to 7 days after birth
 - Birth occurring after 37 completed weeks of gestation
17. Surfactant:-
- Causes acidosis in neonates
 - Lowers the surface tension in lungs
 - Makes breathing difficult
 - Is produced by alveolar type 1 cells

18. Permanent closure of ductus arteriosus occurs :-
- Immediately after birth
 - 8-10 hours after birth
 - Within 3 months after birth
 - After one year of birth
19. Neonates pass transitional stools :-
- On 1st day of delivery
 - Between day 12-24 hours
 - From 1-2 days after birth
 - From day 5-7 after birth
20. The rationale for routinely administering vitamin K to neonates after birth is:-
- To increase the reserves for vitamins in the neonates
 - To prevent avitaminosis
 - To combat clinical bleeding in neonates
 - To help establish normal flora in the neonate's gut
21. Babies on replacement feeding should be given:-
- 100ml/kg of formula feeds
 - 50,000 IU of vitamin A
 - 2gms of Vitamin K orally
 - 1 liter of boiled water per day
22. Which body fluids that can potentially transmit HIV infection?
- Spinal fluid
 - Saliva
 - Sputum
 - Urine

23. What is the LEAST important factor in HIV transmission for needle stick injuries?
- Depth of the injury
 - A device visibly contaminated with the patient's blood
 - CD4 count of index patient
 - Viral load of index patient
24. The following enzyme has no role HIV virus infections: -
- Ribonuclease
 - Integrase
 - Protease
 - Reverse Transcriptase
25. The window period in HIV infection:-
- A time period when a person is HIV infected but the HIV rapid tests, ELISA, and Western Blot tests can all be negative.
 - Typically lasts 7 – 10 years.
 - Patients have a high level of antibodies to HIV.
 - Is characterized by a slow decline in CD 4 count
26. Clinical Latency in HIV infection: -
- Is the time period when the viral load is the highest.
 - Is when patients start to develop symptoms of HIV infection.
 - Lasts 7 – 10 years in about 80% of patients.
 - A time period when the ELISA is usually negative.
27. The test used to definitively diagnose HIV in a child < 18 months old is:-
- Rapid Test
 - DNA PCR
 - RNA PCR
 - CD4
28. In HIV staging, WHO 2 condition **excludes**: -
- Papular Puritic Eruption
 - Persistent generalized lymphadenopathy
 - Molluscum Contageosium
 - Herpes Zoster

29. The most common cancer in people living with HIV/AIDS is:-
- Lymphomas
 - Hodgins's sarcoma
 - Kaposi's sarcoma
 - Retinoblastoma
30. Feeding practice that poses the greatest risk for HIV infection in infants is:-
- Exclusive formula feeding
 - Exclusive breastfeeding
 - Mixed feeding
 - Wet nursing
31. In HIV infected persons with Tuberculosis (TB) comorbidity, TB treated prior to ARV initiation: -
- To prevent resistance
 - To decrease toxicity
 - To improve adherence
 - To reduce Immune Reconstitution Inflammatory Syndrome (IRIS)
32. STIs that commonly causes ophthalmia neonatorum are:-
- Syphilis and gonorrhea
 - Chlamydia and gonorrhoea
 - Chancroid and chlamydia
 - Chlamydia and syphilis
33. The most common bacterial sexually transmitted infection is:-
- Lymphogranuloma venereum
 - Gonorrhea
 - Chlamydia
 - Genital herpes
34. The organism that causes frothy, profuse, greenish-yellow and foul smelling vaginal discharge is:-
- Neisseria gonorrhoea
 - Chlamydia trachomatis
 - Gardnerella vaginalis
 - Trichomonas vaginalis

35. The major organs affected by untreated syphilis are:-
- Liver and kidney
 - Brain and heart
 - Brain and kidneys
 - Kidneys and heart
36. Syphilitic gummas are commonly seen in:-
- Primary syphilis
 - Secondary syphilis
 - Tertiary syphilis
 - Latent phase of syphilis
37. Lymphadenopathy refers to:-
- Atrophied lymph nodes
 - Swollen lymph nodes
 - Tumors of the lymph nodes
 - Infected lymph nodes
38. Painful genital ulcers are likely to be due to:-
- Chancroid and herpes
 - Syphilis and herpes
 - Chancroid and syphilis
 - Syphilis only
39. The treatment of choice for Trichomoniasis is:-
- Single dose of Benzathine penicillin 2.4 MU
 - Single dose of 1gm Ceftriaxone given intramuscularly
 - Single dose of 2gm metronidazole
 - Oral 500mg erythromycin QID for 5 days
40. Molluscum contagiosum is caused by:-
- Poxvirus
 - Haemophilus influenza
 - Treponema pallidum
 - Cryptococcus neoformans

41. The drug of choice for candidiasis is: -
- Fluconazole
 - Amphotericin B
 - Metronidazole
 - Acyclovir
42. The hormone responsible for increasing the viscosity of cervical mucous to facilitate fertilization is;
- Progesterone
 - Oestrogen
 - Testosterone
 - Hyaluronidase
43. Anterior relations of the uterus include;
- Pouch of Douglas, bladder
 - Broad ligaments, pouch of Douglas
 - Intestines, broad ligaments
 - Bladder, uterovesical pouch
44. At 0-4 weeks of fetal growth and development;
- Limb buds form, primitive streak appears, primitive nervous system forms
 - Lanugo appears, primitive streak appears, limb buds form
 - Nasal palate and septum fuse, limb buds form, primitive nervous system forms
 - Meconium is present in the gut, nasal palate and septum fuse, lanugo appears
45. Indicate whether the following statements are True (T) or False (F) on the answer sheet.
- Oestrogen inhibits milk production during pregnancy
 - Lutenising hormone facilitates growth of the graafian follicle
46. client who is 10 weeks pregnant informs the nurse that she has morning sickness. The nurse should tell the client to;
- Keep crackers at the bedside for eating before she arises
 - Drink a glass of whole milk before going to sleep at night
 - Skip breakfast but eat at least lunch and dinner
 - Drink a glass of orange juice after waking up

47. Client preparation for an ultrasound during pregnancy includes:
- Increasing fluid intake
 - Limiting ambulation
 - Administering an enema
 - Withholding food for 8 hours
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54. The hormone associated with pelvic girdle pain during pregnancy is;
- Progesterone
 - Oxytocin
 - Relaxin
 - Oestrogen
55. Recommended timings for the administration of anti D in pregnancy is;
- 28 weeks,38 weeks
 - 28 weeks,34 weeks
 - 28 weeks,40 weeks
 - 24 weeks,37 weeks
56. Lightening;
- Occurs upon onset of labour in primigravidae
 - Is facilitated by effacement and thinning of the cervical os
 - Is associated with widening of the pubis symphysis joint
 - Occurs Suddenly 2 weeks before labour
57. Physiologic anaemia of pregnancy is caused by;
- Increased demand of iron by the growing fetus
 - Increased plasma volume
 - Multiple pregnancy
 - Iron deficiency in the diet
58. A characteristic of in-coordinate uterine action is;
- Uterine contractions last longer in upper uterine segment
 - Reversed polarity
 - The resting tone of uterus is reduced
 - There are painless contractions
59. A possible complication of placenta delivered by the Duncan mechanism is;
- Increased perineal lacerations
 - Increased bleeding
 - Increased hemorrhoids due to extra maternal pushing effort
 - Uterine inversion
60. A gravida 3 para 2 is admitted to the labour ward. Vaginal exam indicates she is 8 cm dilated with complete effacement. The priority nursing diagnosis is;
- Potential for injury related to increased mobility
 - Alteration in elimination related to anaesthesia
 - Potential for fluid volume deficit related to perspiration
 - Alteration in coping related to pain

61. Ms X decides to have an epidural anesthetic to relieve pain during labor. Following administration of the anesthesia, the nurse should:
- Monitor the client for seizures
 - Monitor the client for orthostatic hypotension
 - Monitor the client for respiratory depression
 - Monitor the client for hematuria
62. Mechanical factors that facilitate progress of labour during first stage include;
- General fluid pressure, foetal axis pressure
 - Cervical dilatation, fundal dominance
 - Polarity, cervical effacement
 - Fundal dominance, fetal axis pressure
63. The nurse is monitoring the client admitted for induction of labor. The nurse knows that oxytocin has been effective when;
- The client has a rapid, painless delivery
 - The client's cervix is effaced
 - The fetal heart has minimal deceleration
 - The client has progressive cervical dilation
64. Duration of contraction during labour is measured by timing from the;
- Beginning of one contraction to the beginning of the next contraction
 - End of one contraction to the beginning of the next contraction
 - Beginning of one contraction to the end of the same contraction
 - Peak of one contraction to the end of the same contraction.
65. A client in labour has been started on an intravenous infusion of oxytocin for the induction of labor. The midwife should monitor for:
- Maternal hypoglycemia
 - Fetal bradycardia
 - Maternal hyperreflexia
 - Fetal movement

66. A client with sickle cell anemia is admitted to the labor and delivery unit during the first phase of labor. The nurse should anticipate the client's need for;
- Supplemental oxygen
 - Fluid restriction
 - Blood transfusion
 - Delivery by Caesarean section
67. Bishop's score is an objective method of assessing whether;
- The cervix is favorable for augmentation of labour
 - The presenting part can allow the induction of labour
 - The cervix is favorable for induction for labour
 - Spontaneous vaginal delivery is possible
68. Supine position during second stage of labour is associated with;
- Post-partum haemorrhage
 - Vena - caval compression
 - Retention of the placenta
 - Reduced maternal effort
69. The denominator of breech presentation is the:
- Symphysis pubis
 - Sacrum
 - Feet
 - Shoulders
70. In the first stage of labor the interval for intermittent fetal heart rate auscultation is:
- 15 minutes
 - 20 minutes
 - 30 minutes
 - 60 minutes
71. The cardinal movement responsible for the birth of the fetal head in the vertex presentation is:
- Flexion
 - Restitution
 - Extension
 - External rotation

72. Mothers in premature labor are given gluco-corticosteroids to:
- Help stop the uterine contractions
 - Prevent infections especially chorioamnionitis
 - Speed the maturation of the fetal respiratory system
 - Promote accumulation of brown fat in the fetus
73. Prevention of mastitis during puerperium include;
- Proper attachment of baby to breast
 - Application of warm compress on the breast
 - Application of cold compress on the breast
 - Wearing firm fitting and supportive brassiere
74. An effective means of managing discomfort associated with an episiotomy after birth is;
- Total bed rest
 - Sitz baths
 - Ice packs
 - Application of antiseptics
75. When the midwife checks the fundus of a client on the first postpartum day, it is noted that the fundus is firm, at the level of the umbilicus, and is displaced to the right. The next action the midwife should take is to:
- Check the client for bladder distention
 - Assess the blood pressure for hypotension
 - Determine whether an oxytocic drug was given
 - Check for the expulsion of small clots
76. The processes that bring about involution of the uterus are;
- Retraction and ischaemia
 - Autolysis and hypertrophy
 - Ischaemia and haemolysis
 - Ischaemia and autolysis
77. Major complications during puerperium include:
- Constipation, deep vein thrombosis, engorged breast
 - Puerperal sepsis, urinary tract infections, deep venous thrombosis
 - Puerperal pyrexia, urinary tract infections, after pains
 - Subinvolution of uterus, frequency of micturition, cracked nipples

78. Maternal mortality ratio is the number of maternal deaths per;
- 1,000 live and still births
 - 100,000 live births
 - 1,000 women of reproductive age
 - 100,000 total births
79. Breast engorgement during puerperium period occurs around;
- 1st -2nd day
 - 10th -14th day
 - 5th -10th day
 - 3rd -4th day
80. The nurse is assessing a client immediately following delivery. The nurse notes that the client's fundus is boggy. The nurse's next action should be to;
- Assess for bladder distention
 - Notify the doctor
 - Gently massage the fundus
 - Inspect for perineal tears
81. Main causes of uterine sub involution after birth are;
- Uterine atony and after pains
 - Retained placental fragments and infection
 - Not breastfeeding and infection
 - Afterpains and not breastfeeding
82. By 24 hours after birth, the fundal height is;
- At the umbilicus level
 - 3 finger breadths below the umbilicus
 - 2 finger breadths above the umbilicus
 - Between the umbilicus and symphysis

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98. The trophoblast cells of the developing zygote form the:-
- Fetus and amnion
 - Placenta and Fetus
 - Chorion and Amnion
 - Placenta and chorion
99. Contractions in the pregnant the uterus begins in the :-
- Fundus
 - Isthmus
 - Body
 - Cornus
100. The follicle Stimulating Hormone and Luteinizing Hormone are secreted by the:-
- Ovaries and Testes
 - Posterior Pituitary Gland
 - Anterior pituitary gland
 - Hypothalamus