Faculty of Medicine Public Health Dept. 13/October, 2018 The exam in 2 page	Diploma Degree in Public Health and Community Medicine Second paper Number of Questions: Time Allowed: 3 Hours Total: 180 Marks

QI- Define: (20 degree)

1. Occupational safety (5 degree)
2. Global warming (5 degree)
3. Evaluation (5 degree)
4. Global health issues (5 degree)

QII- Enumerate: (20 degree)

1. Occupational health hazards (5 degree)
2. Sources and effects of microwave and radiofrequency (5 degree)
3. Elements of communication process (5 degree)
4. Implementation elements of any program (5 degree)

QIII-Summarize: (60 degree)

1. Health hazards of exposure to noise, including, types, risk factors and prevention. (10 degree)
2. Preventive measures to guard against effects of ionizing radiation (15 degree)
3. How to Plan for an awareness-raising campaign (15 degree)
4. Components of quality from the view point of the service triad (ministry of health (MOH), community and health team) (10 degree)
5. Prevention and control of vitamin A deficiency in Egypt (10 degree)

QIV- Differentiate between: (60 degree)

1. **Wasting and stunting , then prescribe how to prevent these clinical types. (10 degree)**
2. **Causes of overweight and causes of protein energy malnutrition (15 degree)**
3. **Different tools to construct a balanced diet (15 degree)**
4. **The population pyramid for both developed and undeveloped countries (10 degree)**
5. **Silicosis and asbestosis (definition , occupation exposure and complications) (10 degree)**

QV- Mention: (20 degree)

a. **The impact of international travels on travelers Health.**
b. **The Standard health care applied for the international travelers.**

Good Luck

Examination for Diploma in: Neonatology /Health Care
Course Title: Pediatrics
Date: October 15, 2018 (Paper III)
Time allowed: 3 Hours
Total Assessment Marks: 100 (4 Pages)

Tanta University
Faculty of Medicine
Department of Pediatrics

All questions should be tried

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Neonatology (75 marks)

Q 1) *Long essay:* (15)
Discuss Neonatal Hypotension.

Q 2) *Short essay:* **Discuss in brief:** **(3 for each one)**

1- **Complications of exchange transfusion**
2- **Stages of retinopathy of prematurity (ROP)**
3- **Assessment of fetal well being**
4- **Methods of neonatal heat loss**
5- **Types and initial assessment of neonatal shock**

Q 3) *Short answer:* **Enumerate:** **(3 for each one)**

1- **Indications of exchange transfusion**
2- **Pharmacologic therapy of neonatal apnea**
3- **Causes of recurrent or persistent neonatal hypoglycemia**
4- **Causes of neonatal cholestasis**
5- **Common causes of neonatal hypertension**

Q 4) *Problem Solving:* **(3 for each one)**

1. **A full-term newborn infant with birth weight of 4.5 kg has a normal Apgar score at birth. On the second day of life, she had a seizure and her blood glucose level was 18 mg/dL. The most appropriate next step in management is to:** **(3)**
   a. Begin prednisone administration
   b. Repeat a mini-bolus of D10W
   c. Give a mini-bolus of D10W plus continuous intravenous glucose infusions
   d. Give continuous intravenous glucose infusion
   e. Administer diazoxide

2. **A 3.5-kg female, born after repeat cesarean section, is noted by the nurses to be grunting at 10 min of age. You come to see the baby and note that the grunting has stopped, the respiratory rate is 36**

breaths/min, the pulse oximetry reading is 99%, and the child looks vigorous. The most appropriate next step is to: (3)

a. Perform a sepsis evaluation
b. Obtain a chest film
c. Observe, and if grunting returns, admit to the normal newborn nursery
d. Begin surfactant therapy
e. Begin nasal continuous positive airway pressure

3. **A term female is born by spontaneous vaginal delivery to a primiparous woman who received 2 doses of meperidine 30 min and 2 hr before an abrupt delivery. The baby is apneic and limp. The most important, immediate management is to: (3)**

a. Administer naloxone in the umbilical vein
b. Perform bag-mask ventilation
c. Administer naloxone in the endotracheal tube
d. Begin chest compressions
e. Obtain a cord pH level

4. **A 3 days old, 790-g female infant had been ventilated for respiratory distress syndrome (RDS) and was being weaned effectively from the ventilator. Today she is noted to have an active precordium, bounding pulses, and hypoxia with hypercarbia. All of the following should be done to evaluate and manage her EXCEPT: (3)**

a. Administer prostaglandin E2
b. Obtain a chest film
c. Obtain an echocardiogram
d. Restrict fluids
e. Treat the hypoxia

5. **A 5 days old, large-for-gestational-age, 4500-g boy has a bilirubin level of 21 mg/dL. There is no anemia or polycythemia, but on examination he has a large cephalohematoma. The next therapeutic activity should be to: (3)**

a. Aspirate the hematoma
b. Perform an incision and drainage of the hematoma
c. Undertake prophylactic blood transfer
d. Administer phototherapy
e. Perform exchange transfusion

Q 5) *MCQs:* **(2.5 for each one)**

1. **The incidence of all the following are increased in large for gestational age newborn EXCEPT: (2.5)**
   a) Cephalohematoma
   b) Hypocalcemia
   c) Hypoglycemia
   d) Congenital heart disease
   e) Developmental retardation

2. **Sudden onset of hypotension in a very low birthweight (VLBW) Infant suggests:(2.5)**
   a) Pneumothorax
   b) Necrotizing enterocolitis
   c) Bacterial sepsis
   d) Myocarditis
   e) Hypoglycemia

3. **The following are true regarding apnea EXCEPT: (2.5)**
   a) Apnea is a common problem in preterm infants
   b) In term infants, apnea is always worrisome
   c) Obstructive apnea is characterized by absence of airflow but persistent chest wall motion
   d) Serious apnea is defined as cessation of breathing for longer than 20 sec
   e) Bradycardia follows the apnea by 1-2 sec in more than 95% of cases and is most often nodal

4. **The following are true regarding respiratory distress syndrome (RDS) EXCEPT: (2.5)**
   a) Signs of RDS usually appear within minutes of birth
   b) In most cases, the symptoms and signs reach a peak within 7days
   c) Apnea and irregular respirations are ominous signs
   d) Improvement is often heralded by spontaneous diuresis
   e) Mixed respiratory-metabolic acidosis may be seen

5. **Regarding CPAP, the following are true EXCEPT: (2.5)**
   a) It prevents collapse of surfactant-deficient alveoli
   b) It is indicated, if oxygen saturation cannot be kept > 95%
   c) It improves functional residual capacity (FRC)
   d) It improves ventilation-perfusion matching its reduces ventilatory needs

6. **Low maternal serum α-fetoprotein (MSAFP) is associated with: (2.5)**
   a) Open neural tube defects
   b) Trisomy 21

c) Gastroschisis
d) Omphalocele
e) Congenital nephrosis

Health Care **(25 marks)**

Q 1) Discuss briefly Live attenuated vaccines. **(9)**
Q 2) Mention Breast milk substitutes. **(6)**

Q 3) ***Problem solving:*** **(6)**

The subject of childhood overweight and obesity are being reviewed by a group of pediatric residents.

1. **Mention the definition of pediatric underweight and obesity**
2. **Mention the difference between endogenous and exogenous obesity**
3. **Mention orthopedic and dermatologic complications of obesity**

Q 4) ***MCQs:***

1. **The median age for entering puberty in boys is at what age? (2)**
   a) 8 years
   b) 10 years
   c) 12 years
   d) 13 years

2. **Severe prolonged undernutrition in the first year of life has which of the following effects? (2)**
   a) No permanent effect on physical growth or development of intelligence
   b) Permanent effects on physical growth but not on development of intelligence
   c) Permanent effects on development of intelligence but not on physical growth
   d) Permanent effects on both physical growth and development of intelligence

==========**Good Luck**==========

Chairman of Department
Prof. Nabil Moustafa El-Esawy