

TESTS IN PEDIATRICS

1. Breathing rate in newborns is:

- a) 15-20 per minute;
- b) 25-35 per minute;
- c) 40-60 per minute;
- d) 60-70 per minute;
- e) 20-25 per minute.

2. In a healthy newborn pulse rate per minute is:

- a) 130-140;
- b) 120;
- c) 100;
- d) 85;
- e) 80.

3. Neonatal jaundice in full-term babies appears:

- a) since birth and disappears on the 4th-5th day of life;
- b) on the 2nd-3rd day and disappears on the 7-10th day of life;
- c) on the 5th-6th and disappears on the 7-10th day of life;
- d) on the 10th day of life and disappears by 1 month;
- e) appears on the first day after birth and gradually increases.

4. Straight after birth hemoglobin content (g/L) is:

- a) 80-100;
- b) 100-120;
- c) 120-150;
- d) 150-180;
- e) 180-240.

5. Crossing in the leukocyte formula is noted at the age of:

- a) 4-5 days;
- b) 4-5 months;
- c) 2-3 years;
- d) 1 month;
- e) 1 year.

6. Transient loss of initial birth weight is:

- a) 5-8%;
- b) 8-12%;
- c) more than 12%;
- d) 2-3%;
- e) more than 10%.

7) In hemolytic disease newborn jaundice appears:

- a) on the 1st - 2nd day of life;
- b) on the 3rd - 4th day of life;
- c) on the 4th - 6th day of life;
- d) on the 7th day of life;
- e) on the 10th day of life.

8). What is the indication for exchange blood transfusion in HDN in the first day of life is:

- a) total bilirubin level in cord blood is more than 70 $\mu\text{mol/l}$;
- b) total bilirubin level in peripheral blood is more than 170 $\mu\text{mol/l}$;
- c) hourly increase of bilirubin is more than 7 $\mu\text{mol/l}$;
- d) hemoglobin level is less than 130 g/l;
- e) all listed.

9. Intrauterine hypotrophy is not characterized by:

- a) decreased nutrition;
- b) abundant lanugo on the skin;
- c) skin dystrophic changes;
- d) multiple stigmata of dysembryogenesis
- e) muscular hypotonia.

10. If there is contradiction, a woman can start breast-feeding of a healthy newborn:

- a) in an hour after baby birth;
- b) in no later than 2 hours after baby birth;
- c) in 6 hours;
- d) in 12 hours;
- e) in a day.

11. What is the most frequent cause of death in newborns having a delay in intrauterine development in the first days of life:

- a) perinatal asphyxia;
- b) meconium aspiration
- c) hyaline membrane disease;
- d) hypoglycemia;
- e) edematous syndrome.

12. The umbilical cord remainder of a full-term newborn usually goes off:

- a) on the 2nd - 3rd day;
- b) on the 4th - 7th days;
- c) on the 8th - 10th days;
- d) on the 11th - 15th day;
- e) in 2 weeks.

13. On transition from fetal to neonatal circulation, the following changes are noted:

- a) closure of the oval window;
- b) closure of the arterial duct;
- c) increase of pulmonary blood flow;
- d) closure of the venous duct;
- e) all listed.

14. In hemolytic disease complicated by cholestasis, the following blood indices can be found:

- a) only indirect bilirubin;
- b) direct and indirect bilirubin;
- c) only direct bilirubin;
- d) increased level of AST;
- e) increased level of ALT.

15. What biochemical parameters of blood serum can indicate to cholestasis?

- a) total protein;
- b) alkaline phosphatase;
- c) thymol test;
- d) bilirubin;
- e) glucose level.

16. Bilirubinuria occurs in case of:

- a) obstructive jaundice;
- b) hemolytic jaundice;
- c) both obstructive and hemolytic jaundice;
- d) conjugated jaundice;
- e) carotenodermia.

17. Which drug is the initial one for arresting the convulsive syndrome:

- a) calcium gluconate;
- b) relanium;
- c) barbiturates;
- d) droperidol;
- e) aminazine.

18. Newborn baby, 60 seconds after birth: heart rate - 70 beats / min, weak irregular breathing, weak flexion of lower limbs, grimace reaction to mucus aspiration, acrocyanosis. Indicate Apgar score:

- a) 2 points;
- b) 10 points;
- c) 5 points;

- d) 9 points;
- e) 1 point.

19. In case of convulsive syndrome, first of all it is necessary:

- a) to restore airway patency;
- b) to administer seduxen;
- c) to administer Lasix;
- d) to perform craniocerebral hypothermia;
- e) to administer cardiac glycosides.

20. Which body system is most often damaged during the childbirth:

- a) the respiratory system;
- b) the cardiovascular system;
- c) the nervous system;
- d) the genitourinary system;
- e) the locomotor system.

21. Which of the following is used for treating neonatal apnea:

- a) oxygen therapy, maintaining a constant increased exhalation pressure;
- b) glucocorticoid drugs;
- c) beta adrenergic agonists
- d) glucose intravenously;
- e) caffeine.

22. While treating hemorrhagic disease of newborns, the following measures can be recommended, except for:

- a) vitamin K dosed from 1 to 5 mg intravenously;
- b) transfusion of freshly frozen plasma;
- c) transfusion of preserved blood;
- d) in case of local bleeding - applying pressure bandage;
- e) cryoprecipitate.

23. What is the time of neonatal jaundice disappearing:

- a) up to 4 days of life;
- b) up to 10 days of life;
- c) up to 14 days of life;
- d) up to the end of a neonatal period;
- e) up to 21 days of life.

24. Appearance of jaundice in the first day after baby birth indicates to:

- a) biliary tract atresia;
- b) hemolytic newborn disease;
- c) Kriegler-Nayyar syndrome;
- d) erythrocyte membranopathy;
- e) physiologic jaundice.

25. All of the following are included in the Apgar evaluation, except for:

- a) heart rate;
- b) muscle tone;
- c) blood pressure;
- d) vivid reflexes;
- e) skin color.

26. The most typical feature for physiologic jaundice of full-term newborns is:

- a) the appearance of jaundice 12 hours after birth;
- b) duration of jaundice at least 1 week;
- c) increase in both direct and indirect bilirubin in blood serum;
- d) lowering of serum bilirubin level after stopping breast-feeding;
- e) jaundice appearance by the end of the 2nd and the beginning of the 3rd day.

27. What are the most probable terms for the onset of hemorrhagic disease in newborns:

- a) 1-2 days;
- b) 2-4 days;
- c) 6-10 days;
- d) more than 1 month;
- e) during 2 weeks.

28. What are the main pathogenetic mechanisms of hemorrhagic disease in newborns:

- a) absence of fibrinogen deficiency;
- b) deficiency of vitamin K-dependent blood factors;
- c) neonatal transient thrombostenosis;
- d) micro-ulceration of the gastric mucosa;
- e) all listed.

29. The Abta test is carried out for:

- a) determining the blood admixture in meconium;
- b) determining the amount of blood loss;
- c) differential diagnosis of true and false melena;
- d) determining the surfactant deficiency;
- e) determining bilirubin level.

30. The laboratory tests for hemorrhagic disease of newborns are:

- a) fibrinogen reduction;
- b) decrease of prothrombin index;
- c) thrombocytopenia;
- d) normal amount of platelets;
- e) shortening of partial thromboplastin time.

31. Indicate the most typical clinical manifestation of hemorrhagic disease of newborns:

- a) nose bleed;
- b) pulmonary hemorrhage;
- c) gastrointestinal bleeding;
- d) shortness of breath;
- e) hepatosplenomegaly.

32. The drugs used for treating hemorrhagic neonatal disease are:

- a) pentoxyl;
- b) vicasol, quarantine fresh-frozen plasma, dicinone, sodium etamsylate;
- c) calcium gluconate;
- d) seduxen;
- e) heparin.

33. At what grade by Apgar scale, asphyxia is considered to be severe after 1 minute of life (according to ICD-10)?

- a) 1-4 points;
- b) 2-4 points;
- c) 0-3 points;
- d) 4 points;
- e) 5 points.

34. At what grade by Apgar scale, asphyxia is considered moderate or mild after 1 minute of life (according to ICD-10)?

- a) 3 points;
- b) 4 points;
- c) 5 points;
- d) 6-7 points;
- e) 7-8 points.

35. Indications for tracheobronchial sanitation in newborns having birth asphyxia are:

- a) transient apnea;
- b) aspiration syndrome;
- c) anesthesia depression;
- d) hyaline membrane disease;
- e) all listed.

36. Hypertension-hydrocephalic syndrome is characterized by:

- a) an increase in the ventricular index;
- b) dilation of brain ventricles;
- c) cranial sutures disruption;
- d) increase of the head circumference

e) all listed.

37. What are the main mechanisms of fresh-frozen plasma action?

- a) decrease in acidosis;
- b) increase in coagulation potential;
- c) immunomodulatory effect
- d) protein provision for parenteral nutrition;
- e) correction of electrolyte balance .

38. What are the main mechanisms of albumin solutions action?

- a) oncotic effect;
- b) immune correction
- c) protein provision for parenteral nutrition;
- d) increase of coagulation potential;
- e) all listed.

39. In case of pneumonia the main factor of hypoxia onset is:

- a) temperature increase;
- b) hypopnoe;
- c) increased metabolism;
- d) tachycardia;
- e) tachypnea.

40. Paradoxical respiration is frequently observed in case of:

- a) pneumothorax;
- b) lungs emphysema;
- c) laryngospasm;
- d) pneumonia;
- e) pneumopathy.

41. Which combination of antibiotics is the most balanced?

- a) penicillin + cefazolin;
- b) penicillin + ristomycin;
- c) penicillin + erythromycin;
- d) penicillin + lincomycin;
- e) penicillin + amikacin.

42. Which of the following drugs stimulates the formation of surfactant?

- a) mucosolvin;
- b) mucodin;
- c) solutan;
- d) bromhexine;
- e) lazolvan.

43. The most preferable antibiotic in mycoplasmal pneumonia is:

- a) tetracycline;

- b) erythromycin;
- c) levomycetin;
- d) aminoglycosides;
- e) amoxicillin.

44. Hyaline membrane syndrome is not characterized by:

- a) pulmonary hypertension;
- b) left-right shunt;
- c) right-left shunt;
- d) developing mainly in premature infants;
- e) high risk of pneumonia.

45. What disease is characterized by the emergence of a respiratory distress syndrome in newborns during the first 2-4 hours after birth?

- a) atelectasis of the lungs;
- b) congenital heart disease;
- c) intrauterine pneumonia;
- d) hyaline membrane syndrome;
- e) asphyxia of a newborn.

46. In newborns, prolonged inhalation of high oxygen concentrations may cause the following complications:

- a) pneumothorax;
- b) apnea;
- c) bronchopulmonary dysplasia;
- d) pneumonia;
- e) intraventricular hemorrhage IVH.

47. Bronchopulmonary dysplasia:

- a) is often observed in preterm infants while treating hyaline membrane disease;
- b) develops during oxygen therapy by a high oxygen content;
- c) develops in case of artificial pulmonary ventilation /APV/ with high inspiratory pressure;
- d) develops in case of prolonged APV;
- e) all listed.

48. Synthesis and secretion of surfactant is carried out by the following cells:

- a) alveolocytes of the first type;
- b) alveolocytes of the second type;
- c) alveolar macrophages;
- d) epithelium of the bronchial tree;
- e) cells of goblet glands.

49. The complex of treating neonatal pneumonia includes all the listed activities, except for:

- a) therapeutic and protective regimen;
- b) oxygen therapy;
- c) antibacterial therapy;
- d) sanatorium treatment;
- e) physiotherapy treatment.

50. The terms of carrying out BCG vaccination are:

- a) the 6th – 7th day of life;
- b) the 3rd – 4th day of life;
- c) the 1st day of life;
- d) the 14th day of life;
- e) 1 month.

51. The criteria for including children in the risk group for CNS pathology are:

- a) prolonged pregnancy;
- b) rapid childbirth;
- c) operative maternity aid;
- d) breech presentation;
- e) all listed.

52. The criteria for including children in the risk group for intrauterine infection are:

- a) the presence of miscarriages, stillbirths in the mother's anamnesis;
- b) mother's infections in the postnatal period;
- c) childbirth at home;
- d) duration of the first childbirth is more than 16-18 hours, the repeated childbirths more than 10-12 hours;
- e) all listed.

53. Criteria for including children in the risk group for anemia:

- a) early placental abruption;
- b) cesarean operation;
- c) cephalohematoma;
- d) pregnant women anemia;
- e) all listed.

54. The first home nursing to a healthy newborn is carried out on:

- a) the first day after discharge from the hospital;
- b) the first 2 days after discharge from the hospital;
- c) the first 3 days after discharge from the hospital;
- d) the first 4 days after discharge from the hospital;

e) the first 7 days after discharge from the hospital.

55. In newborns, the DIC syndrome often occurs in case of:

- a) hemophilia;
- b) sepsis;
- c) congenital angiopathy;
- d) birth injuries;
- e) surgical operations.

56. In what period after vaccination, antituberculous immunity is formed:

- a) in 1 month;
- b) in 2 months;
- c) in 2 weeks;
- d) in 6 months;
- e) during the year.

57. Absolute contraindications for DTP vaccination are:

- a) progressive disease of the nervous system;
- b) diabetes mellitus;
- c) peptic ulcer of the duodenum;
- d) acute rheumatic fever;
- e) compensated heart defects.

58. Which of the following refers to local reactions to vaccination:

- a) allergic infiltration, skin hyperemia, local lymphadenitis;
- b) nettle rash, hyperthermia, generalized lymphadenopathy;
- c) abscess, necrotic tissue damage;
- d) anaphylactic shock;
- e) phlegmon, hyperthermia, hepatosplenomegaly.

59. Post-vaccinal reaction is:

- a) a permanent health damage due to introducing a non-qualitative immunobiological drug;
- b) a reaction associated with immunization and manifested by marked changes in a patient's functional state, not exceeding the limits of the physiological standard;
- c) a clinical manifestation of persistent pathological changes in patient's body related to vaccination, which threatens patient's life regardless of the immunobiological drug type;
- d) all listed;
- e) anaphylactic shock.

60. Post-vaccinal complication is:

- a) a permanent health damage due to introducing a non-qualitative immunobiological drug;
- b) a reaction associated with immunization and manifested by marked changes in a patient's functional state, not exceeding the limits of the physiological standard;

c) a clinical manifestation of persistent pathological changes in patient's body related to vaccination, which threatens patient's life regardless of the immunobiological drug type;

d) all listed;

e) allergic infiltration, skin hyperemia, local lymphadenitis.

61. Children suffering from bronchial asthma are removed from dispensary records in the absence of clinical and functional changes in the period of:

a) 2-3 years;

b) 5 years;

c) 7 years;

d) 1 year;

e) are not taken off the records before being referred to a therapist.

62. Children with peptic ulcer are removed from dispensary records:

a) in 5 years;

b) they are not removed from dispensary records;

c) in 3 years;

d) in 7 years;

e) in a year.

63. Children suffering from chronic gastroduodenitis are removed from dispensary records in the absence of clinical and functional changes in the period of:

a) 5 years after recurrence;

b) 2 years after recurrence;

c) are not removed;

d) 3 years after recurrence and restoration of the morphological pattern;

e) 1 year after recurrence.

64. The first neonatal nursing is carried out:

a) on the first day after discharge from a maternity hospital;

b) in the first 2 days after discharge from a maternity hospital;

c) in the first 3 days after discharge from a maternity hospital;

d) in the first 3 weeks after discharge from a maternity hospital;

e) in a month after discharge from a maternity hospital.

65. Blood reticulocytes increase is characteristic of:

a) chronic blood loss;

b) aplastic anemia;

c) hemolytic anemia;

d) fanconi anemia;

e) protein deficiency anemia.

66. Iron deficiency anemia is characterized by:

- a) hypochromia, microcytosis, sideroblasts in the sternal punctate;
- b) hypochromia, microcytosis, target red blood cells;
- c) hypochromia, microcytosis, decreased serum iron-binding capacity;
- d) hypochromia, microcytosis, positive desferal test;
- e) hypochromia, microcytosis, increased serum iron-binding capacity.

67. Iron is absorbed:

- a) in the esophagus;
- b) in the stomach;
- c) in the small bowel;
- d) in the large bowel;
- e) in the small and large bowel.

68. Sideroblasts are:

- a) erythrocytes containing a small amount of hemoglobin;
- b) red cell precursors containing nonheme iron;
- c) red cell precursors containing a large amount of hemoglobin;
- d) reticulocytes;
- e) thrombocytes.

69. Target red blood cells are typical for:

- a) iron deficiency anemia;
- b) sideroblastosis anemia;
- c) hereditary spherocytosis;
- d) sickle cell anemia;
- e) thalassemia.

70. To make a diagnosis of acute leukemia, it is necessary:

- a) to reveal leukocytosis in the peripheral blood test;
- b) to reveal anemia;
- c) to reveal thrombocytopenia;
- d) to detect increased number of blasts in the myelogram;
- e) to detect increased ESR.

71. If a patient suffers from anemia, thrombocytopenia, blastosis in the peripheral blood, then it's a sign of:

- a) erythremia;
- b) aplastic anemia;
- c) acute leukemia;
- d) idiopathic thrombocytopenic purpura;
- e) B₁₂-deficiency anemia.

72. Hemorrhagic vasculitis is characterized by:

- a) hematoma type bleeding;
- b) vasculitic-purple type bleeding;
- c) thrombocytopenia;

- d) thrombin clotting time extension;
- e) prothrombin index decrease.

73. Hemorrhagic vasculitis affects:

- a) large-sized arteries;
- b) medium-sized arteries;
- c) medium-sized veins;
- d) small-sized veins;
- e) small-sized arteries and capillaries.

74. If a patient has a petechial skin rash and bleeding gums after taking acetylsalicylic acid, he is likely to suffer from:

- a) suppression of megakaryocytic hematopoietic lineage;
- b) thrombocytopathy;
- c) autoimmune thrombocytopenia;
- d) hemorrhagic vasculitis;
- e) hemophilia C.