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NURSING

Solved Question Papers for BSc Nursing

2025–2021

Semester VI

As Per Revised INC Syllabus

I Clement

JAYPEE

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SECTION I: Child Health Nursing

CHILD HEALTH NURSING

2025

LONG ESSAYS

1. a. Define tetralogy of Fallot.
   b. Explain the clinical features and diagnostic evaluation.
   c. Explain the nursing care management for a child with ToF.
2. Master Rohan, 4-year-old child got admitted to pediatric medical ward and is diagnosed with pneumonia. Answer the following:
   a. Define pneumonia.
   b. Describe the clinical features and pathophysiology of pneumonia.
   c. Explain the nursing management of the child by utilizing nursing process approach.

SHORT ESSAYS

3. Prevention of conjunctivitis.
4. Management of mentally challenged children.
5. Care of child with hemophilia.
6. Management of child with cleft lip and palate.
7. Child is kept nil per oral (NPO) before the surgery. Give the reason.

SHORT ANSWERS

8. Encopresis.
9. Difference between growth and development.
10. Kangaroo mother care.
11. Otitis media in children.

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LONG ESSAYS

1. a. Define tetralogy of Fallot.

A Tetralogy of Fallot (TOF) is a complex congenital heart defect that occurs when a baby's heart does not develop correctly in the womb. It is characterized by a combination of four specific heart abnormalities **(Fig. 1)**.

Definition

Tetralogy of Fallot involves these four heart defects:

1. **Ventricular septal defect (VSD):** A hole between the two lower chambers of the heart (ventricles).
2. **Pulmonary stenosis:** Narrowing of the pulmonary valve and main pulmonary artery, obstructing blood flow to the lungs.
3. **Overriding aorta:** The aorta is positioned directly over the ventricular septal defect, allowing blood from both ventricles to enter it.
4. **Right ventricular hypertrophy:** Thickening of the right ventricle's muscular wall due to increased workload.

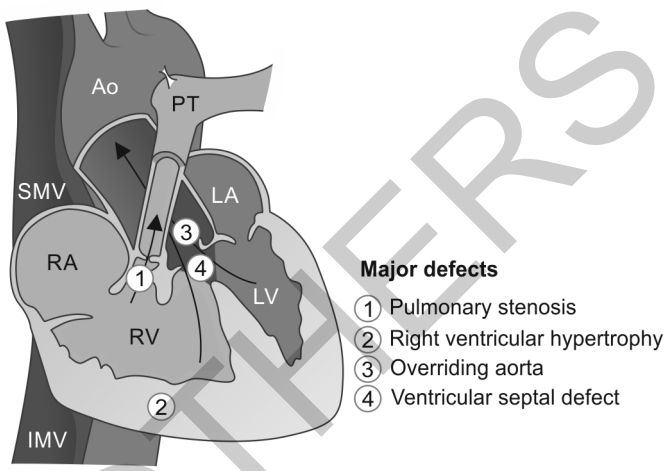

Fig. 1: Tetralogy of Fallot.

b. Explain the clinical features and diagnostic evaluation.

Clinical Features

The most prominent symptom is cyanosis, a bluish tint to the skin, lips, and nails, caused by low oxygen levels in the blood. Other symptoms may include:

"Tet spells" or hypercyanotic spells: Sudden episodes of deep cyanosis, rapid breathing, and irritability, often triggered by crying or feeding

- Heart murmur
- Fatigue
- Difficulty feeding
- Poor weight gain
- Clubbing of the fingers and toes (in older children)
- Fainting

Diagnostic Evaluation

Diagnosis typically involves a combination of the following tests:

- **Echocardiogram:** This is the primary diagnostic tool. It uses sound waves to create images of the heart's structure and function.
- **Electrocardiogram (ECG):** This test records the heart's electrical activity.
- **Chest X-ray:** This provides an image of the heart and lungs, often revealing a "boot-shaped" heart, a classic sign of ToF.
- **Pulse oximetry:** This measures the oxygen level in the blood.
- **Cardiac catheterization:** In some cases, this invasive procedure may be necessary to provide detailed information about the heart's anatomy and blood flow.
- Prenatal ultrasounds, and fetal echocardiograms can also diagnose ToF before birth.

c. Explain the nursing care management for a child with ToF.

Nursing care management for a child with tetralogy of Fallot (ToF) is crucial, encompassing preoperative, postoperative, and long-term care **(Fig. 1)**.

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Preoperative Nursing Care

Assessment

- Monitor vital signs, including oxygen saturation.
- Assess for signs of cyanosis, especially during feeding or activity.
- Observe for "tet spells" (hypercyanotic spells).
- **Evaluate growth and nutritional status:**
  - Auscultate heart and lung sounds.
  - Assess the family's understanding and coping mechanisms.

Interventions

- Minimize crying and agitation to prevent tet spells.
- Provide frequent, small feedings to reduce fatigue.
- Administer oxygen as prescribed, cautiously.
- Position the infant or child in a knee-chest position during tet spells to increase systemic vascular resistance and improve pulmonary blood flow.
- Administer medications as prescribed (e.g., beta-blockers to reduce the frequency of tet spells).
- Provide emotional support to the child and family.
- Educate the family about the condition, treatment plan, and signs of complications.

Preparation for Surgery

- Prepare the child and family for cardiac catheterization or surgical repair.
- Provide preoperative teaching, including information about the surgical procedure and postoperative care.

Problem	*Scientific basis*	*Goals/objectives criteria*	*Nursing interventions*	*Rationale*	*Evaluation*
Feb 28,2022; 7:00 AM **Subjective cues:** The mother reports that her baby experiencing episodes of tachypnea, cyanosis, and irritability during feeding **Objective cues:** • The patient is ill looking • Diaphoretic and stops frequently to catch her breath while feeding • **Vital signs:** ▪ *Temperature:* 37.5° Celsius ▪ *Pulse rate:* 165 bpm, regular in rhythm, no radio radial and radio femoral delay ▪ *Respiratory rate:* 65 cpm ▪ *Blood pressure:* 90/60 mm Hg ▪ *SpO_2:* 88%	**Nursing Diagnosis** Activity intolerance related to lack of adequate oxygenation secondary to a disease process (tetralogy of Fallot) **Basis:** According to NANDA, activity intolerance can be described as insufficient physiological or psychological energy to complete required or desired daily activities. Activity intolerance is a common side effect of congenital heart defects and can be related to lack of oxygenation. In ToF, the combination of heart defects leads to reduced blood flow to the lungs as well as mixing of red and blue blood across a hole in the heart or VSD.	After 8 hours span of care, the patient will be able to demonstrate gradually increased tolerance to activity as manifested by: a. Patient will be able to show vital signs within age-acceptable parameters (Temp: 36–37.5° Celsius, PR: 100–160 bpm, RR: 30–60 cpm, Bp: 80 to 100/55 to 65 mm Hg SpO_2: 90–100%) b. Patient will be able to demonstrate a decrease in physiologic signs of intolerance (absence of irritability and shortness of breath	**Independent** 1. Assess the cause of the activity intolerance 2. Assess dyspnea on exertion, skin color changes during rest and when active 3. Monitor vital signs and assess the baby in response to activity	1. This will guide us in planning for the interventions to be done to the patient. 2. Indicates hypoxia and increased oxygen need during energy expenditure. 3. The stated parameters are helpful in assessing physiological responses to the stress of activity and, if present, are indicators of overexertion.	**Feb 28, 2022; 3:00 PM** **"GOAL PARTIALLY MET"** After 8 hours span of care, the patient was somehow able to demonstrate gradually increased tolerance to activity as manifested by: a. Patient was able to show vital signs within age-acceptable parameters (Temp: 37.5° Celsius, PR: 160 bpm, RR: 60 cpm, BP: 90/60 mm Hg SpO_2: 94%)

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Postoperative Nursing Care

Monitoring

- Closely monitor vital signs, including heart rate, blood pressure, and oxygen saturation.
- Assess for signs of bleeding, infection, or complications.
- Monitor cardiac output and assess for signs of heart failure.
- Monitor respiratory status.
- Monitor fluid and electrolyte balance.

Interventions

- Provide pain management.
- Maintain respiratory support as needed.
- Monitor chest tube drainage.
- Administer medications as prescribed (e.g., diuretics, digoxin).
- Provide wound care.
- Gradually increase activity as tolerated.
- Provide emotional support to the child and family.
- Educate the family about postoperative care and follow-up.

Long-term Nursing Care

Follow-up Care

- Ensure regular follow-up appointments with a cardiologist.
- Monitor for long-term complications, such as arrhythmias or pulmonary valve regurgitation.
- Educate the family about the importance of endocarditis prophylaxis.

Education

- Educate the family about the child's activity limitations and precautions.
- Provide guidance on nutrition and growth.
- Provide ongoing emotional support.
- Help the child and family understand the importance of lifelong cardiac care.
- Supporting normal development:
- Encouraging normal childhood experiences, while keeping in mind the childs limitations.

Key Considerations

- **Tet spells:** Nurses must be prepared to manage these episodes promptly and effectively.
- **Family support:** Providing emotional and educational support to the family is essential throughout the child's care.
- **Infection prevention:** Children with congenital heart defects are at increased risk for endocarditis, so meticulous infection prevention is crucial.
- By providing comprehensive nursing care, nurses play a vital role in improving the outcomes and quality of life for children with ToF.

2. Master Rohan, 4-year-old child got admitted to pediatric medical ward and is diagnosed with pneumonia. Answer the following:

a. Define pneumonia.

b. Describe the clinical features and pathophysiology of pneumonia.

c. Explain the nursing management of the child by utilizing nursing process approach.

A Pneumonia is an infection that inflames the air sacs in one or both lungs. The air sacs may fill with fluid or pus (purulent material), causing cough with phlegm or pus, fever, chills, and difficulty breathing.

Definition

- Pneumonia is an inflammatory condition of the lung affecting primarily the microscopic air sacs known as alveoli.
- It is typically caused by infection with viruses, bacteria, or fungi, and less commonly by other causes.

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b. Clinical Features

The signs and symptoms of pneumonia vary from mild to severe, depending on factors such as the type of germ causing the infection, and your age and overall health. Common signs and symptoms include **(Fig. 2)**:

- Cough, which may produce green, yellow or bloody mucus (phlegm)
- Fever, sweating and shaking chills
- Shortness of breath
- Rapid, shallow breathing
- Sharp or stabbing chest pain that worsens with deep breathing or coughing
- Loss of appetite, low energy, and fatigue
- Nausea, vomiting, or diarrhea
- Confusion, especially in older adults

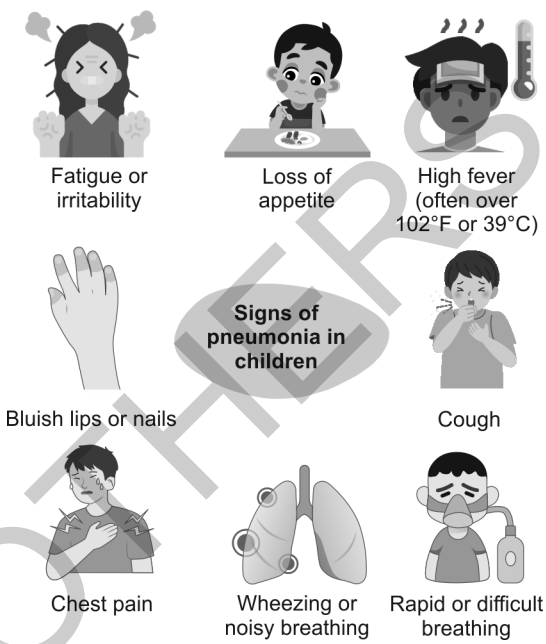


Fig. 2: Signs of pneumonia in children.

Pathophysiology

The pathophysiology of pneumonia involves a series of events that occur when a pathogenic microorganism or other irritant enters the lungs **(Figs. 3A to C)**:

Entry of Pathogens

Microorganisms (bacteria, viruses, fungi) gain entry to the lower respiratory tract, typically through inhalation of droplets or aspiration of secretions.

Inflammatory Response

- The body's immune system responds by releasing inflammatory mediators.
- This leads to increased capillary permeability, allowing fluid and immune cells to leak into the alveoli.

Alveolar Filling

- The alveoli become filled with fluid, pus, and cellular debris, a process called consolidation.
- This consolidation impairs gas exchange, leading to hypoxia (low oxygen levels).

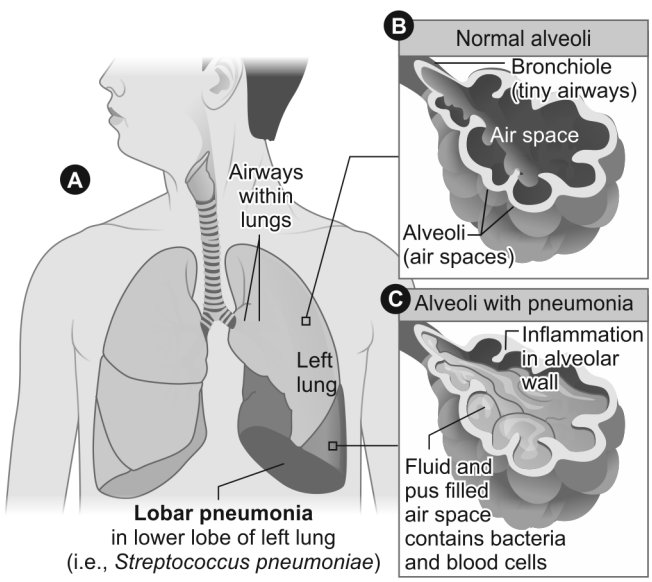
Impaired Gas Exchange

- The filling of alveoli prevents oxygen from reaching the bloodstream, and carbon dioxide from being removed.
- This is the cause of the shortness of breath and other respiratory difficulties.

Complications

In severe cases, pneumonia can lead to complications, such as:

- Bacteremia (bacteria in the bloodstream)
- Pleural effusion (fluid buildup around the lungs)
- Lung abscesses (pus-filled cavities in the lungs)
- Respiratory failure
- Sepsis



Figs. 3A to C: Pneumonia.

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c. Explain the nursing management of the child by utilizing nursing process approach.

Nursing Management Includes

Assessment

- **Respiratory assessment:**
  - Observe respiratory rate, rhythm, and depth.
  - Auscultate lung sounds for crackles, wheezes, or diminished breath sounds.
  - Assess for signs of respiratory distress (nasal flaring, retractions, grunting).
  - Monitor oxygen saturation via pulse oximetry.
  - Note cough characteristics (frequency, type, sputum production).
- **Cardiovascular assessment:**
  - Monitor heart rate and blood pressure.
  - Assess for signs of dehydration (tachycardia, poor skin turgor).
- **General assessment:**
  - Assess temperature
  - Evaluate level of consciousness and activity level.
  - Assess hydration status (intake and output, skin turgor, mucous membranes).
  - Assess nutritional status
  - Assess pain level
  - Obtain a health history, including onset of symptoms, previous illnesses, and immunizations.
- **Psychosocial assessment:**
  - Assess the child's and family's anxiety and coping mechanisms.
  - Evaluate the family's understanding of the illness and treatment plan.

NURSING CARE PLAN FOR A CHILD WITH PNEUMONIA

Problem	*Nursing diagnosis*	*Goal/objective*	*Implementation*	*Rationale*	*Evaluation*
1. Ineffective airway clearance	Ineffective airway clearance related to inflammation and increased secretions as evidenced by presence of secretions, productive cough, tachypnoea and increased work of breathing	The child will maintain patent airway	• Position the child with airway open (sniffing position if supine) • Humidify oxygen and ensure adequate fluid intake (intravenous or oral) • Suction with bulb syringe or via nasopharyngeal catheter as needed • In older child, encourage expectoration of sputum with coughing • Perform chest physiotherapy if ordered	• To promote adequate ventilation as open airway allows adequate air entry • To help liquefy secretions for case in clearance • To promote clearance of secretions. • To promote airway clearance • To mobilize secretions	Patent airway maintained as evidenced by child being free of secretions, easy work of breathing and respiratory rate within parameters for age
2. Ineffective breathing pattern	Ineffective breathing pattern related to inflammatory or infectious process as evidenced by tachypnea, increased work of breathing and nasal flaring	The child will exhibit adequate ventilation	• Assess respiratory rate, breath sound, and work of breathing frequently 2–4 hourly • Use pulse oximetry to monitor oxygen saturation • Position child for comfort with open airway and room for lung expansion and use pillows or padding if necessary to maintain position • Administer supplemental oxygen • Encourage coughing with deep breathing in older	• To ensure progress with treatment and note deterioration early. To note adequacy of oxygenation and detect hypoxaemia early • To ensure optimal ventilation • To improve oxygenation • To maximize ventilation and enhance the child's participation	Child exhibits adequate ventilation evidenced by respiratory rate within parameters for age.

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Nursing Diagnosis

Based on the assessment findings, common nursing diagnoses include:

- Ineffective airway clearance related to increased secretions and inflammation.
- Ineffective breathing pattern related to pain and respiratory distress.
- Impaired gas exchange related to alveolar-capillary membrane changes.
- Hyperthermia related to infectious process.
- Fluid volume deficit related to fever, tachypnea, and decreased intake.
- Acute pain related to pleuritic chest pain.
- Anxiety related to respiratory distress and hospitalization.
- Risk for infection spread.
- **Imbalanced nutrition:** Less than body requirements.

Planning

Establish realistic and measurable goals, such as:

- Maintain a patent airway.
- Achieve effective breathing patterns.
- Demonstrate improved gas exchange.
- Maintain normal body temperature.
- Maintain adequate hydration.
- Experience reduced pain.
- Reduce anxiety
- Prevent the spread of infection.
- Maintain adequate nutritional intake.

Implementation

- **Airway management:**
  - Suction secretions as needed.
  - Encourage coughing and deep breathing exercises (age-appropriate).
  - Provide chest physiotherapy or postural drainage as prescribed.
  - Administer oxygen therapy as prescribed.
- **Respiratory support:**
  - Position the child for optimal lung expansion (e.g., semi-Fowler's position).
  - Monitor respiratory status closely.
  - Administer prescribed medications (e.g., bronchodilators, antibiotics).
- **Fever management:**
  - Administer antipyretics as prescribed.
  - Provide tepid sponge baths.
  - Monitor temperature regularly.
- **Hydration management:**
  - Encourage oral fluid intake (if tolerated).
  - Administer intravenous fluids as prescribed.
  - Monitor intake and output.
- **Pain management:**
  - Administer analgesics as prescribed.
  - Provide comfort measures (e.g., positioning, distraction).
  - Infection Control:
    - Implement isolation precautions as needed.
    - Promote hand hygiene.
- **Nutritional support:**
  - Offer small, frequent meals.
  - Provide nutritional supplements as needed.

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- **Emotional support:**
  - Provide emotional support to the child and family.
  - Educate the family about the illness and treatment plan.
  - Provide age-appropriate explanations.

Evaluation

- Continuously evaluate the effectiveness of nursing interventions.
- Monitor for improvement in respiratory status, temperature, hydration, and pain.
- Assess the child's and family's understanding of the illness and treatment plan.
- Modify the plan of care as needed based on the child's response to interventions.
- Document all findings and interventions.

SHORT ESSAYS

3. Prevention of conjunctivitis.

Ⓐ Conjunctivitis, or "pink eye," is a common eye condition in children. Preventing its spread is crucial, especially in settings like schools and daycare **(Fig. 4)**.

General Hygiene Practices

- **Handwashing:**
  - This is the most effective way to prevent the spread of conjunctivitis. Children should be taught to wash their hands frequently with soap and water for at least 20 seconds, especially after touching their eyes.
  - Parents and caregivers should also practice diligent handwashing.
- **Avoid touching eyes:** Encourage children to avoid rubbing or touching their eyes, as this can transfer germs.
- **Personal items:**
  - Avoid sharing personal items like towels, washcloths, pillows, and eye makeup.
  - Ensure children use their own clean towels and washcloths.
- **Cleaning:**
  - Regularly clean surfaces that are frequently touched, such as doorknobs, toys, and shared electronic devices.
  - Wash bedding and towels in hot water.

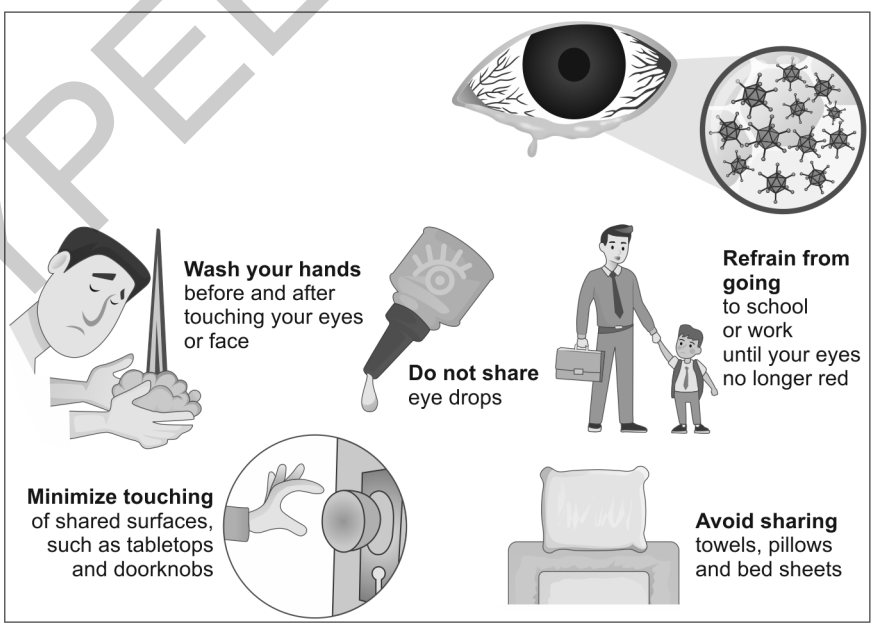

Fig. 4: Prevention tips for conjunctivitis.

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Specific Prevention Measures

- **For viral and bacterial conjunctivitis:**
  - Keep children with contagious conjunctivitis home from school or daycare until they are no longer contagious, as advised by their doctor.
  - Properly dispose of tissues and other items that have come into contact with eye discharge.
- **For allergic conjunctivitis:**
  - Identify and avoid allergens that trigger allergic reactions, such as pollen, dust mites, or pet dander.
  - Keep windows closed during high pollen seasons.
  - Regularly clean and dust the home.
- **For newborns:**
  - Prenatal screening and treatment of sexually transmitted infections (STIs) in pregnant women is essential to prevent neonatal conjunctivitis.
  - Antibiotic eye ointment is typically administered to newborns shortly after birth to prevent bacterial infections.
- **School and daycare settings:**
  - Implement strict handwashing policies.
  - Regularly clean and disinfect shared toys and surfaces.
  - Educate staff and children about the importance of good hygiene.
  - Have clear guidelines for when children with conjunctivitis should be excluded from the facility.

4. Management of mentally challenged children.

Ⓐ Managing mentally challenged children requires a multifaceted approach that focuses on individual needs, promotes development, and fosters inclusion **(Fig. 5)**.

Early Intervention

- **Early identification:** Prompt diagnosis is crucial for initiating timely interventions.
- **Individualized programs:** Tailored programs that address specific developmental delays and learning challenges.
- **Multidisciplinary teams:** Collaboration among professionals, including pediatricians, therapists (speech, occupational, physical), educators, and psychologists.

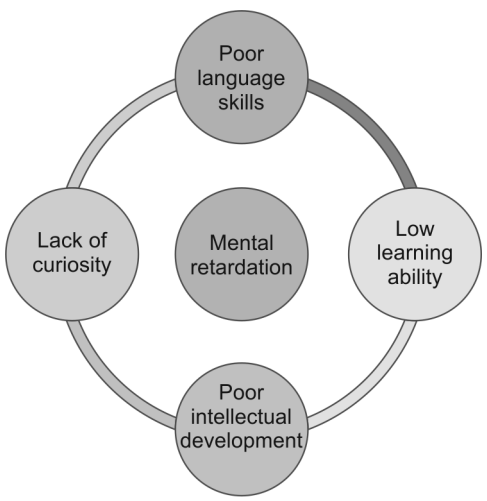

Fig. 5: Signs of mental retardation.

Educational Support

- **Individualized education programs (IEPs):** Developed to meet the unique learning needs of each child.
- **Specialized education:** Providing access to appropriate educational resources and settings.
- **Adaptive learning strategies**: Utilizing teaching methods that accommodate different learning styles and abilities.
- **Vocational training:** Preparing older children for future employment and independent living.

Therapeutic Interventions

- **Speech therapy:** Addressing communication difficulties and improving language skills.
- **Occupational therapy:** Enhancing fine motor skills, self-care abilities, and daily living skills.
- **Physical therapy:** Promoting gross motor skills, mobility, and physical coordination.
- **Behavioral therapy:** Managing challenging behaviors and developing positive coping mechanisms.

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Family Support

- **Parent education:** Providing information and resources to help families understand and support their child's needs.
- **Counseling and support groups:** Offering emotional support and connecting families with others facing similar challenges.
- **Respite care:** Providing temporary relief for caregivers.

Social Inclusion

- **Promoting social interaction:** Encouraging participation in social activities and fostering friendships.
- **Creating inclusive environments:** Advocating for accessibility and acceptance in schools, communities, and recreational settings.
- **Raising awareness:** Educating the public about intellectual disabilities and promoting understanding and empathy.

Medical Management

- **Addressing co-occurring conditions:** Managing any associated medical conditions, such as seizures, sensory impairments, or mental health disorders.
- **Medication management:** If necessary, providing appropriate medication under the guidance of a physician.
- **Regular medical checkups:** Monitoring the child's overall health and well-being.

Key Principles

- **Person-centered approach:** Focusing on the individual's strengths, abilities, and preferences.
- **Promoting independence:** Encouraging self-reliance and empowering the child to reach their full potential.
- **Creating a supportive environment:** Fostering a positive and nurturing environment that promotes growth and development.
- **Lifelong support:** Recognizing that individuals with intellectual disabilities may require ongoing support throughout their lives.
- It is vital to remember that every child is unique, and management strategies should be tailored to their specific needs and circumstances.

5. Care of child with hemophilia.

Caring for a child with hemophilia **(Fig. 6)** requires a comprehensive approach to prevent bleeding episodes and manage them effectively when they occur.

Prevention of Bleeding

Factor Replacement Therapy

- This is the cornerstone of hemophilia care. Regular infusions of clotting factor concentrates (factor VIII or IX, depending on the type of hemophilia) help prevent spontaneous bleeding.
- Prophylactic treatment (regular infusions to prevent bleeding) is often preferred over on-demand treatment (infusions only when bleeding occurs).

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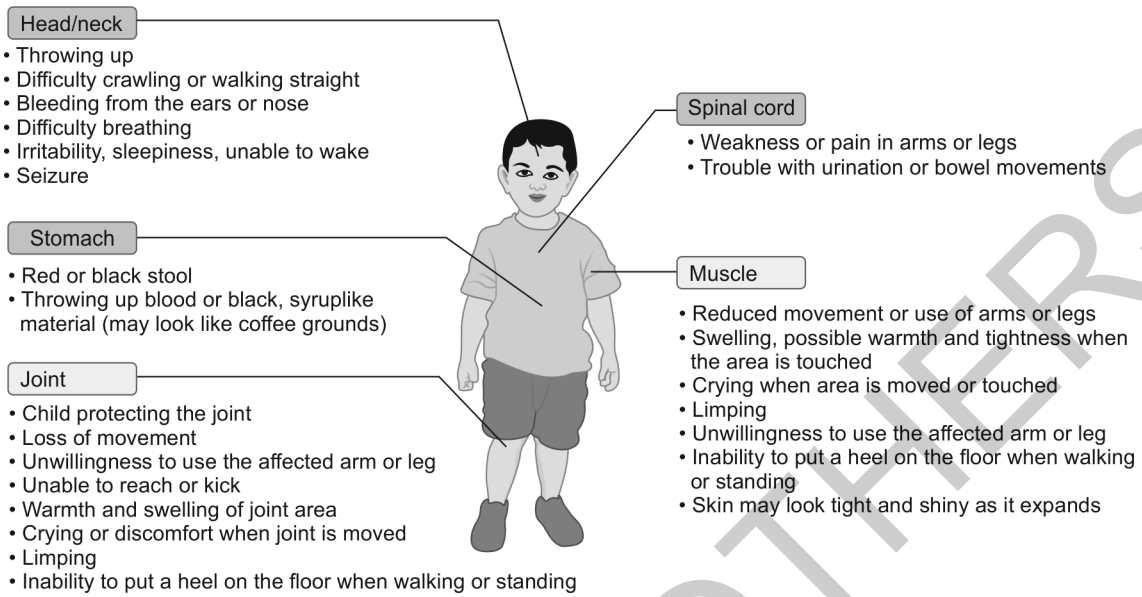

Fig. 6: Child with hemophilia.

Injury Prevention

- **Creating a safe home environment**: Padding sharp corners, using safety gates, and ensuring adequate lighting.
- **Safe physical activity**: Encouraging non-contact sports like swimming and cycling, while avoiding high-risk activities like football and wrestling.
- **Protective gear:** Using helmets, knee pads, and elbow pads during activities.
- **Dental care:** Emphasizing good oral hygiene to prevent gum bleeding.

Medication Precautions

- Avoiding medications that interfere with blood clotting, such as aspirin and ibuprofen.
- Always informing healthcare providers about the child's hemophilia before any procedures or treatments.

Vaccinations: Administering vaccinations subcutaneously (under the skin) rather than intramuscularly (into the muscle) to minimize bleeding risk.

Management of Bleeding Episodes

Prompt Factor Replacement

Administering clotting factor concentrate as soon as possible when bleeding occurs.

RICE Therapy (Fig. 7)

For joint or muscle bleeds:

- **Rest:** Avoid using the affected area.
- **Ice:** Apply ice packs to reduce swelling and pain.
- **Compression:** Use a compression bandage to minimize swelling.
- **Elevation:** Elevate the affected limb.
- **Pain management:** Using acetaminophen (Tylenol) for pain relief, as other pain relievers can increase bleeding risk.
- **Recognizing serious bleeds:** Knowing the signs of internal bleeding, such as severe headaches, abdominal pain, or joint swelling. Seeking immediate medical attention for any suspected serious bleeding.

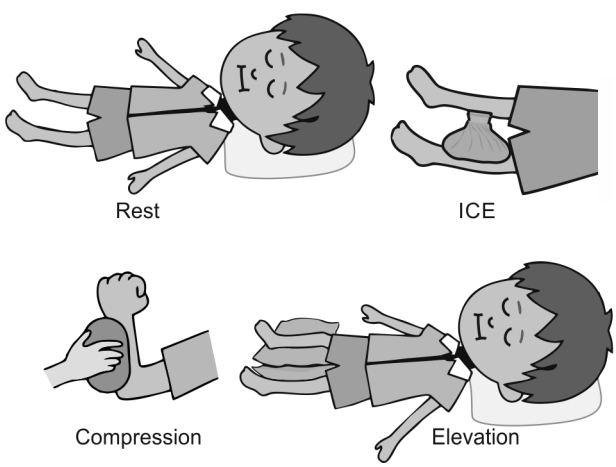

Fig. 7: RICE.

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Comprehensive Care

- **Hemophilia treatment centers (HTCs):** These centers provide specialized care from a team of hematologists, nurses, physical therapists, and social workers.
- **Education and support:**
  - Providing education to the child and family about hemophilia, its management, and coping strategies.
  - Connecting families with support groups and resources.
- **Psychosocial support:**
  - Addressing the emotional and social challenges associated with hemophilia.
  - Helping the child to have as normal a life as possible.
- **Regular checkups:** Regular visits to the HTC to monitor the child's condition and adjust treatment as needed.

6. Management of child with cleft lip and palate.

Ⓐ The management of a child with cleft lip and palate **(Fig. 8)** is a complex, long-term process that requires a multidisciplinary team approach **(Fig. 9)**.

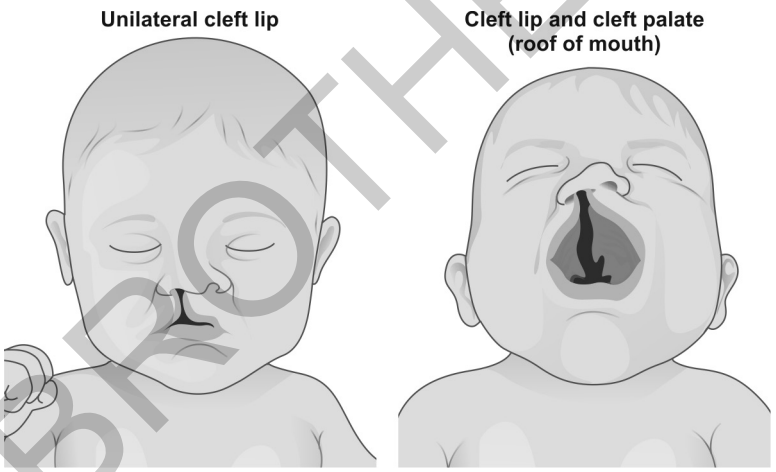

Fig. 8: Cleft lip and cleft palate.

Multidisciplinary Team

A team of specialists is essential for comprehensive care. This typically includes:

- Plastic surgeons
- Oral and maxillofacial surgeons
- Pediatricians
- Speech-language pathologists
- Audiologists
- Orthodontists
- Dentists
- Nurses
- Social workers
- Genetic counselors

Feeding

- Infants with cleft lip and/or palate may have difficulty feeding.
- Specialized bottles and feeding techniques are often necessary.
- Feeding specialists can provide guidance and support.

Surgical Repair

- **Cleft lip repair:**
  - Usually performed when the infant is around 3 to 6 months old.
  - Aims to close the gap in the lip and create a more normal appearance.
- **Cleft palate repair:**
  - Typically performed when the infant is around 9 to 18 months old.
  - Aims to close the gap in the palate, which is crucial for speech development.
  - Bone grafting of the alveolar cleft, is often done later, to provide boney support for teeth eruption, and support of the nasal floor.

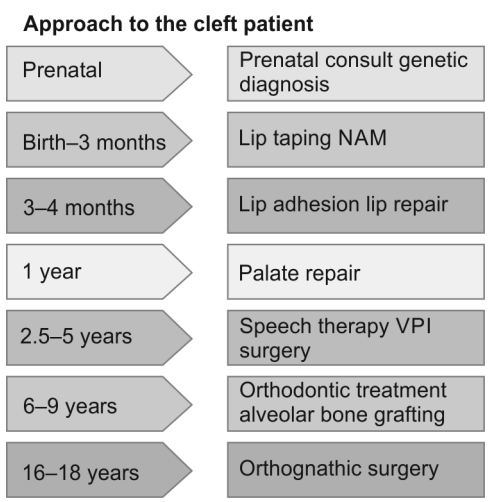

Fig. 9: Approach to cleft lift management.

Speech Therapy

- Cleft palate can affect speech development.
- Speech therapy is essential to help children develop clear and intelligible speech.

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Hearing Care
- Children with cleft palate are at increased risk for ear infections and hearing problems.
- Regular hearing evaluations are crucial.
- Ear tubes may be necessary to prevent fluid buildup in the ears.

Dental and Orthodontic Care
- Cleft lip and palate can affect tooth development and alignment.
- Orthodontic treatment may be necessary to straighten teeth and improve bite.
- Regular dental checkups are essential.

Psychosocial Support
- Cleft lip and palate can have a significant impact on a child's self-esteem and social development.
- Emotional support for the child and family is essential.
- Social workers and psychologists can provide counseling and support.

Long-term Follow-up
- Children with cleft lip and palate require ongoing follow-up care throughout childhood and adolescence.
- This ensures that any potential problems are addressed promptly.

7. Child is kept nil per oral (NPO) before the surgery. Give the reason.

A Keeping a child NPO (nil per oral, meaning nothing by mouth) before surgery is a standard practice for several critical reasons, primarily to minimize the risks associated with anesthesia and surgery:

Aspiration Prevention
- During anesthesia, the body's protective reflexes, such as the gag reflex, are suppressed.
- If there is food or liquid in the stomach, it can be regurgitated and aspirated (inhaled) into the lungs.
- Aspiration can lead to serious complications, including pneumonia, lung damage, and even death.
- An empty stomach significantly reduces the risk of aspiration.

Reduced nausea and Vomiting
- Anesthesia can cause nausea and vomiting.
- Having an empty stomach can help minimize these side effects after surgery.

Optimal Surgical Conditions
- In some surgical procedures, a distended stomach can interfere with the surgeon's ability to visualize and access the surgical site.
- Also, some procedures require the digestive system to be as empty as possible.

Medication Absorption
- Some medications required for the surgery, or immediately after, can be affected by food or liquid in the stomach.
- Therefore, the NPO guidelines are a vital safety measure to ensure the child's well-being during and after surgery. The specific NPO guidelines (how long to withhold food and liquids) will vary depending on the child's age, the type of surgery, and the anesthesiologist's recommendations.

SHORT ANSWERS

8. Encopresis.

A Encopresis, also known as fecal incontinence or soiling, is the repeated passing of stool in inappropriate places, such as clothing, in a child who is usually at least 4 years old. It is important to understand that this is often not intentional.

Definition
- Encopresis is defined as the repeated, involuntary (or sometimes intentional) passage of stool in places other than the toilet in a child who is developmentally at least 4 years old **(Fig. 10)**.

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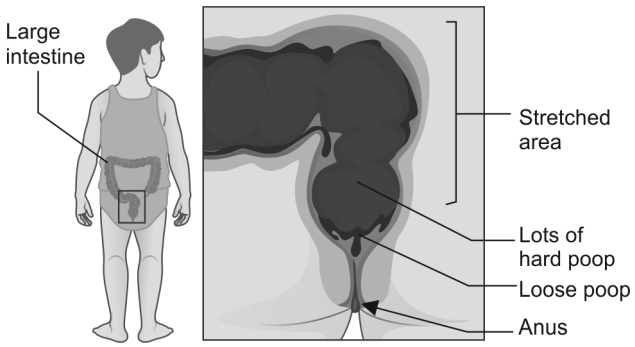

Fig. 10: Encopresis.

- It is often associated with chronic constipation, where impacted stool in the rectum leads to leakage of liquid stool around the hard stool.

9. Difference between growth and development.

A It is common to use the terms "growth" and "development" interchangeably, but they have distinct meanings, especially in the context of child development **(Fig. 13)**.

Growth

- **Quantitative:** Growth refers to an increase in physical size or dimensions. This includes changes in height, weight, and body mass. It is primarily a physical process. Growth is measurable. For example, we can measure a child's height and weight.
- **Physical:** Growth is limited to the physical aspects of a person.
- **Ceases:** Growth typically stops when an individual reaches physical maturity.

Development

Qualitative

- Development involves changes in skills, abilities, and overall functioning. This includes cognitive, emotional, social, and behavioral changes.
- It is a broader process than growth, encompassing psychological and social aspects. Development is both qualitative and quantitative. For example, increased vocabulary is quantitative, and increased reasoning skills are qualitative.

Growth	*Development*
Growth refers to increase in size or other bodily changes which can be seen	Development refers to the outcome of functioning of organs
Growth is external in nature	Development is internal in nature and we can only feel it
Growth refers to a particular part of the body	Development implies on the body as whole
Growth is quantitative in nature	Development is qualitative in nature
Growth is limited and stops at certain level of maturity	Development is a lifelong process from womb to tomb

Functional

Development includes the improvement of functions of different organs.

Continuous

Development is a continuous process that occurs throughout a person's lifespan.

10. Kangaroo mother care.

A Kangaroo mother care (KMC) is a powerful, evidence-based approach to newborn care, particularly for preterm and low-birth-weight infants. It emphasizes skin-to-skin contact between the mother (or another caregiver) and the baby.

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- **Skin-to-skin contact:** Where a baby, especially a preterm or low-birth-weight infant, is held against the caregiver's chest.
- **Benefits:**
  - Helps regulate the baby's temperature.
  - Promotes breastfeeding
  - Encourages bonding
  - Improves the baby's health
- **Key points:**
  - It is a low-cost, effective method.
  - Recommended by the World Health Organization (WHO).
  - It can be done by more than just the mother.

11. Otitis media in children.

A Otitis media, or a middle ear infection, is a very common ailment in children. Children have shorter and more horizontal Eustachian tubes (the tubes connecting the middle ear to the back of the throat), which makes it easier for bacteria and viruses to travel to the middle ear.

Symptoms

- Ear pain (earache)
- Fever
- Tugging or pulling at the ear
- Irritability or fussiness
- Difficulty sleeping
- Fluid draining from the ear
- Hearing difficulties

Causes

- Viral or bacterial infections, often following a cold or other upper respiratory infection.
- Eustachian tube dysfunction
- Allergies
- Exposure to secondhand smoke

MULTIPLE CHOICE QUESTIONS

1. **Which of the following is a key component of well-child care?**
   a. Focusing solely on treating illnesses
   b. Promoting growth and development
   c. Ignoring immunization schedules
   d. Avoiding parent education
2. **What is the primary route of transmission for respiratory syncytial virus (RSV) in infants?**
   a. Contaminated food
   b. Airborne droplets
   c. Mosquito bites
   d. Direct blood contact
3. **Which of the following is a common sign of dehydration in an infant?**
   a. Increased urine output
   b. Sunken fontanelle
   c. Moist mucous membranes
   d. Increased skin turgor
4. **What is the recommended age for the first dose of the measles, mumps, and rubella (MMR) vaccine?**
   a. At birth
   b. 2 months old
   c. 12–15 months old
   d. 5 years old
5. **What is a common nursing intervention for a child experiencing a febrile seizure?**
   a. Restricting fluids
   b. Applying ice packs
   c. Ensuring airway patency and safety
   d. Inducing vomiting
6. **Which of the following is a sign of respiratory distress in a newborn?**
   a. Regular breathing
   b. Nasal flaring
   c. Pink mucous membranes
   d. Slow heart rate

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7. What is the primary goal of nursing care for a child with cystic fibrosis?
a. Curing the disease
b. Managing symptoms and preventing complications
c. Ignoring nutritional needs
d. Restricting physical activity

8. What is the recommended position for an infant to sleep into reduce the risk of sudden infant death syndrome (SIDS)?
a. Prone (on stomach)
b. Side-lying
c. Supine (on back)
d. Any position the infant prefers

9. What is a common manifestation of Kawasaki disease?
a. Decreased appetite
b. Strawberry tongue
c. Cold extremities
d. Low-grade fever

10. Which age group is most at risk for developing croup?
a. Adolescents
b. School-aged children
c. Infants and toddlers
d. Adults

11. What is the definition of failure to thrive?
a. Rapid weight gain
b. Inadequate growth for age
c. Excessive physical activity
d. Normal developmental milestones

12. What is the most important nursing consideration when administering medication to a child?
a. Administering adult dosages
b. Calculating the correct dose based on weight or body surface area
c. Ignoring parental concerns
d. Forcing the child to take the medication

ANSWERS

1. b	**2. b**	**3. b**	**4. c**	**5. c**	**6. b**
7. b	**8. c**	**9. b**	**10. c**	**11. b**	**12. b**

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