JBL Obstetrics and Pediatrics Practice Test (Sample)

Study Guide

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Questions

1. What is the appropriate action for a 4-year-old boy who experienced a febrile seizure but is now alert and crying?

A. Begin rapid cooling measures at once.

B. Give him acetaminophen or ibuprofen.

C. Provide supportive care and transport.

D. Allow the mother to take her child to the doctor.

2. Which of the following is a common sign of pelvic inflammatory disease?

A. Generalized lower abdominal pain, nausea, and fever

B. Pain around the umbilicus and heavy vaginal bleeding

C. Abdominal cramping and an odorless vaginal discharge

D. Upper abdominal pain, diarrhea, and an absence of fever

3. In which situation should you prioritize life-threatening conditions during patient care?

A. When the patient is conscious and alert

B. When the patient has minor injuries

C. When the patient presents with multiple non-life-threatening injuries

D. When the patient has been sexually assaulted

4. When does the third stage of labor begin?

A. The placenta has delivered

B. The entire baby has delivered

C. The mother's contractions become regular

D. The baby's head is visible at the vaginal opening

5. A 5-year-old child was bitten by fire ants and is semiconscious with labored breathing. What is the MOST appropriate treatment for him?

A. Ventilation with a bag-mask device and 0.15 mg epinephrine via auto-injector

B. Oxygen via nonrebreathing mask and 0.3 mg epinephrine via auto-injector

C. Ventilation with a bag-mask device and 0.3 mg epinephrine via auto-injector

D. Oxygen via nonrebreathing mask and 0.15 mg epinephrine via auto-injector

6. Which of the following signs is the MOST ominous in a child with respiratory distress?

A. Bradypnea

B. Tachycardia

C. Nasal flaring

D. Retractions

7. Which statement about crowning is correct?

A. Crowning represents the end of the second stage of labor

B. Gentle pressure should be applied to the baby's head during crowning

C. It is safe to transport the patient during crowning if the hospital is close

D. Crowning always occurs immediately after the amniotic sac has ruptured

8. According to the modified Glasgow Coma Scale for infants, what score corresponds to a 6-month-old infant who moans in response to pain?

A. 1

B. 2

C. 3

D. 4

9. What percentage of total body surface area has been burned on a 5-year-old child with burns to his head, anterior chest, and both upper extremities?

A. 45%

B. 54%

C. 63%

D. 72%

10. A 3-year-old child has a seizure lasting about 10 minutes with a high fever and rash. What condition should you suspect?

A. Epilepsy

B. Meningitis

C. Intracranial hemorrhage

D. An allergic reaction

Answers

1. C
2. A
3. D
4. B
5. A
6. A
7. B
8. B
9. A
10. B

Explanations

1. What is the appropriate action for a 4-year-old boy who experienced a febrile seizure but is now alert and crying?

A. Begin rapid cooling measures at once.

B. Give him acetaminophen or ibuprofen.

C. Provide supportive care and transport.

D. Allow the mother to take her child to the doctor.

The appropriate action for a 4-year-old boy who has experienced a febrile seizure but is now alert and crying is to provide supportive care and transport him. After a febrile seizure, it's essential to ensure the child is stable and monitored even if they appear to have returned to baseline, as further evaluation might be necessary to rule out any complications or underlying issues. Supportive care in this context involves monitoring the child for any changes in their condition, addressing any immediate needs (such as comforting the child or ensuring they are in a safe environment), and preparing for transportation to a medical facility for further assessment. This is particularly important because while febrile seizures are common and often benign, medical evaluation is warranted to ensure the child's overall well-being. Providing supportive care allows parents and caregivers to act thoughtfully, ensuring the child receives adequate medical attention, especially considering the seizure event that has already occurred.

2. Which of the following is a common sign of pelvic inflammatory disease?

A. Generalized lower abdominal pain, nausea, and fever

B. Pain around the umbilicus and heavy vaginal bleeding

C. Abdominal cramping and an odorless vaginal discharge

D. Upper abdominal pain, diarrhea, and an absence of fever

In pelvic inflammatory disease (PID), generalized lower abdominal pain, nausea, and fever are hallmark symptoms. The inflammation typically arises from an infection that affects the reproductive organs, including the uterus, fallopian tubes, and ovaries. This infection can lead to significant discomfort in the lower abdomen due to the inflammatory response and the affected tissues. Nausea is often associated with the pain as the body responds to the underlying illness, and fever is a common systemic response to infection. Thus, when patients present with a combination of these symptoms, it strongly indicates the presence of PID. Recognizing these signs is crucial for timely diagnosis and treatment, as untreated PID can lead to severe complications including infertility. Other options present symptoms that do not align with PID. Pain around the umbilicus and heavy vaginal bleeding suggest other conditions, possibly related to ectopic pregnancy or other gynecological issues. Abdominal cramping and an odorless vaginal discharge do not capture the typical presentation of PID, as the discharge is often associated with an infectious process that may produce an abnormal odor. Upper abdominal pain and diarrhea, alongside the absence of fever, are misleading symptoms that do not correlate with PID, which commonly presents with lower abdominal issues and fever.

3. In which situation should you prioritize life-threatening conditions during patient care?

A. When the patient is conscious and alert

B. When the patient has minor injuries

C. When the patient presents with multiple non-life-threatening injuries

D. When the patient has been sexually assaulted

Prioritizing life-threatening conditions during patient care is critical in emergency situations to ensure the best possible outcomes for patients. In cases of sexual assault, the presence of potential life-threatening injuries, such as internal bleeding, particularly traumatic injuries, or exposure to sexually transmitted infections, necessitates immediate medical evaluation and intervention. Patients who have experienced sexual assault may present with both physical and psychological trauma, which can include urgent medical needs. It is essential to assess their condition rapidly since they may need treatment for injuries sustained during the assault, as well as for concerns related to their overall safety and health. In contrast, situations where patients are conscious and alert, have minor injuries, or present with multiple non-life-threatening injuries do not typically require prioritizing immediate life-threatening interventions. While all patients need appropriate care, those in these categories are often stabilized and treated based on the severity of their injuries rather than life-threatening concerns. Therefore, the urgency of intervention is markedly higher in patients who have experienced sexual assault, justifying the prioritization of life-threatening conditions in these cases.

4. When does the third stage of labor begin?

A. The placenta has delivered

B. The entire baby has delivered

C. The mother's contractions become regular

D. The baby's head is visible at the vaginal opening

The third stage of labor begins after the delivery of the baby, specifically when the baby has fully emerged from the birth canal. This stage involves the delivery of the placenta and is characterized by the uterus continuing to contract to help detach the placenta from the uterine wall. Starting the third stage of labor at this point is critical because it distinguishes the conclusion of one part of the labor process—the birth of the newborn—from the subsequent need to expel the placenta. Understanding this definition helps clarify the progression and timing involved in labor and delivery, which is essential for monitoring and managing the health of both the mother and the newborn in clinical settings.

5. A 5-year-old child was bitten by fire ants and is semiconscious with labored breathing. What is the MOST appropriate treatment for him?

A. Ventilation with a bag-mask device and 0.15 mg epinephrine via auto-injector

B. Oxygen via nonrebreathing mask and 0.3 mg epinephrine via auto-injector

C. Ventilation with a bag-mask device and 0.3 mg epinephrine via auto-injector

D. Oxygen via nonrebreathing mask and 0.15 mg epinephrine via auto-injector

The most appropriate treatment for the 5-year-old child bitten by fire ants who is semiconscious with labored breathing involves ventilation with a bag-mask device and administering 0.15 mg of epinephrine via an auto-injector. This approach is critical because the child's altered level of consciousness suggests potential compromise of the airway and the need to ensure adequate oxygenation and ventilation. Using a bag-mask device helps to provide positive pressure ventilation, which is essential for maintaining adequate oxygen delivery, especially in a child who is experiencing respiratory distress. The semiconscious state indicates that the child may not be able to maintain their airway or breathe adequately on their own, making artificial ventilation necessary. Administering epinephrine is crucial in cases of severe allergic reactions, such as those caused by fire ant bites. The dosage of 0.15 mg is appropriate for a child of this age and weight, as it is effective in treating anaphylaxis by causing vasoconstriction, bronchodilation, and reducing swelling. This combination of interventions—providing ventilation support and administering the correct dose of epinephrine—addresses the immediate life-threatening concerns of airway compromise and anaphylactic reaction effectively, making it the most suitable answer for this scenario

6. Which of the following signs is the MOST ominous in a child with respiratory distress?

A. Bradypnea

B. Tachycardia

C. Nasal flaring

D. Retractions

In pediatric patients experiencing respiratory distress, bradypnea, which refers to an abnormally slow respiratory rate, can be a significant indicator of worsening respiratory failure. Unlike tachypnea (increased respiratory rate), bradypnea suggests that the child may not be compensating effectively for their respiratory distress. When a child's breathing slows down, it can signal that they are becoming increasingly fatigued or that their respiratory drive is compromised—potentially due to a severe underlying condition such as respiratory failure or central nervous system involvement. This contrasts with other signs like tachycardia, nasal flaring, and retractions, which can indicate distress but may still be part of a compensatory mechanism, where the child is still attempting to maintain adequate ventilation. In harsher cases of respiratory distress, the progression to bradypnea is concerning, as it may precede respiratory arrest or significant hypoxia, thereby making it the most ominous sign.

7. Which statement about crowning is correct?

A. Crowning represents the end of the second stage of labor

B. Gentle pressure should be applied to the baby's head during crowning

C. It is safe to transport the patient during crowning if the hospital is close

D. Crowning always occurs immediately after the amniotic sac has ruptured

Crowning refers to the stage of labor when the baby's head becomes visible at the vaginal opening, indicating that the birth is imminent. The correct choice highlights the practice of applying gentle pressure to the baby's head during this critical moment. This technique is important as it helps to control the speed of delivery, reduces the risk of perineal tearing, and allows for safer delivery by facilitating a slower emergence of the head. This gentle pressure is an essential practice by birth attendants to ensure that the process is as safe and controlled as possible for both the mother and the baby. It underscores the importance of careful handling during the moment of birth, allowing for better management of the delivery process. In contrast, while crowning does signal a significant milestone in labor, it does not denote the end of the second stage, transporting a patient during this time is ill-advised due to the immediate risk of delivery, and it is not necessarily true that crowning follows immediately after the rupture of the amniotic sac, as these events can vary significantly from one labor to another.

8. According to the modified Glasgow Coma Scale for infants, what score corresponds to a 6-month-old infant who moans in response to pain?

A. 1

B. 2

C. 3

D. 4

In the context of the modified Glasgow Coma Scale for infants, a score corresponding to a 6-month-old infant who moans in response to pain indicates a specific level of responsiveness. The scale assesses three components: eye opening, verbal response, and motor response. For a 6-month-old infant, a response like moaning typically falls under the category of verbal response. Moaning suggests that the infant has some level of verbal reaction to pain, indicating a certain degree of consciousness and the presence of neurological function. In the modified Glasgow Coma Scale, a score of 2 for the verbal response is assigned when an infant makes abnormal cry or moan. This shows that the infant is not fully alert or appropriately verbal but does exhibit a reaction to stimuli. Thus, the score of 2 accurately reflects the infant's ability to respond with a moaning sound, which is a sign of an impaired yet present level of responsiveness.

9. What percentage of total body surface area has been burned on a 5-year-old child with burns to his head, anterior chest, and both upper extremities?

A. 45%

B. 54%

C. 63%

D. 72%

To determine the total body surface area (TBSA) burned in a 5-year-old child with specific burns, the Lund and Browder chart or the "rule of nines" can be applied. In pediatric patients, the proportions of body surface areas differ significantly from adults due to their unique body proportions. According to the rule of nines, the head represents approximately 18% of TBSA, each upper extremity accounts for about 9% (totaling 18% for both arms), and the anterior chest covers roughly 9%. When you add these percentages together for the areas burned in this scenario: - Head: 18% - Anterior chest: 9% - Both upper extremities: 18% (9% for each arm) Adding these areas together results in a total of 45% TBSA burned. Thus, the calculation aligns perfectly with the provided answer of 45%, confirming the accuracy of this response. Understanding the distribution of body surface area in children is crucial for calculating burn severity and guiding treatment decisions effectively.

10. A 3-year-old child has a seizure lasting about 10 minutes with a high fever and rash. What condition should you suspect?

A. Epilepsy

B. Meningitis

C. Intracranial hemorrhage

D. An allergic reaction

In this scenario, the presentation of a high fever, rash, and a seizure lasting about 10 minutes strongly suggests meningitis, particularly viral or, less commonly, bacterial meningitis. This is because the combination of high fever and seizure in a young child often points to an infectious etiology affecting the central nervous system. In viral meningitis, the infection can cause inflammatory changes in the meninges, which may lead to fever and can irritate the brain, resulting in seizures. Additionally, the rash can be indicative of certain infections that are known to cause meningitis, such as viral exanthems or, infrequently, a serious bacterial infection leading to septic meningitis. While other conditions such as epilepsy could lead to seizures, the acute presentation with fever and rash does not fit its typical chronic presentation. An intracranial hemorrhage could cause seizures and is a serious concern; however, it typically presents with other symptoms like altered consciousness or neurological deficits. An allergic reaction could cause a rash and potentially some systemic implications, but it would not normally lead to prolonged seizures directly related to the reaction. Therefore, considering the clinical presentation, meningitis is the most likely condition to suspect in this case.