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2nd Year



GNM Exam Excellence Solved Papers

Child Health Nursing

2025-2015

As Per the INC Syllabus

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JAYPEE

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CHILD HEALTH NURSING

JULY 2025

CHILD HEALTH NURSING

Time: 3 hours **Maximum Marks:** 75

Note: Attempt all the questions in serial order.

Q1. Define any five of the following terms: **(2 × 5 = 10)**

a. Jaundice
b. Hemophilia
c. Rheumatic fever
d. Meningitis
e. Apgar score
f. Cleft lip

Q2. a. Define meningitis. **(2 + 5 + 8 = 15)**
b. Write causes, signs and symptoms of meningitis.
c. Write in detail diagnosis, treatment, and management of meningitis.

Q3. a. Define birth asphyxia. **(2 + 5 + 8 = 15)**
b. Write causes and features of birth asphyxia.
c. Write prevention, treatment, and management of birth asphyxia.

Q4. a. Define hypothermia. **(2 + 5 + 8 = 15)**
b. Write causes, signs and symptoms of hypothermia.
c. Write diagnosis, prevention, and management of hypothermia in detail.

Q5. Write short notes on any four of the following: **(5 × 4 = 20)**

a. High risk newborn
b. Mid day meal
c. Child labor and its prevention
d. Kangaroo mother care
e. Immunization schedule

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Q1. Define any five of the following terms:

a. Jaundice
b. Hemophilia
c. Rheumatic fever
d. Meningitis
e. Apgar score
f. Cleft lip

Ans:

a. Jaundice

Jaundice is a condition in which the skin and eyes turn yellow due to excess bilirubin in the blood.

b. Hemophilia

Hemophilia is an inherited disorder in which the blood does not clot normally, leading to prolonged bleeding.

c. Rheumatic Fever

Rheumatic fever is an inflammatory illness that develops after a throat infection and can affect the heart, joints, and skin.

d. Meningitis

Meningitis is the inflammation of the membranes covering the brain and spinal cord, usually caused by an infection.

e. Apgar Score

The Apgar score is a quick clinical assessment of a newborn's physical condition performed at 1 and 5 minutes after birth, based on five parameters: appearance, pulse, grimace, activity, and respiration.

f. Cleft Lip

Cleft lip is a congenital deformity characterized by a split or opening in the upper lip due to failure of fusion of facial structures during fetal development.

Q2. a. Define meningitis.
b. Write causes, signs and symptoms of meningitis.
c. Write in detail diagnosis, treatment, and management of meningitis.

Ans:

a. Meningitis

Meningitis is the inflammation of the meninges, the protective membranes covering the brain and spinal cord, usually caused by bacterial, viral, fungal, or other infections.

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b. Causes, Signs and Symptoms of Meningitis

Causes

- **Bacterial infections:** *Neisseria meningitidis, Streptococcus pneumoniae, Haemophilus influenzae*.
- **Viral infections:** Enteroviruses, mumps, herpes simplex.
- **Fungal infections:** *Cryptococcus neoformans*.
- **Parasitic infections:** Rare (e.g., amoebic meningitis).
- **Noninfectious causes:** Certain drugs, head injury, malignancies.

Signs and Symptoms

- Sudden onset of fever, chills, headache.
- Neck stiffness (nuchal rigidity).
- Photophobia (sensitivity to light).
- Nausea and vomiting.
- Altered sensorium—confusion, drowsiness, irritability.
- Seizures may occur in severe cases.
- Skin rash in meningococcal meningitis.

c. Diagnosis, Treatment and Management of Meningitis

Diagnosis

- History and physical examination—fever, stiff neck, headache.
- Lumbar puncture—cerebrospinal fluid (CSF) analysis (gold standard) .
  - *Bacterial*: ↑ WBC (neutrophils), ↓ glucose, ↑ protein.
  - *Viral*: Mild ↑ WBC (lymphocytes), normal glucose.
- Blood culture to identify organism.
- Imaging (CT/MRI brain) to rule out complications.

Treatment

- **Bacterial meningitis:**
  - Immediate broad-spectrum IV antibiotics (e.g., ceftriaxone, vancomycin).
  - Corticosteroids (dexamethasone) to reduce inflammation.
- **Viral meningitis:**
  - Supportive care (rest, fluids, analgesics, antipyretics).
  - Antiviral drugs in herpes meningitis (e.g., acyclovir).
- **Fungal meningitis:**
  - Antifungal drugs (e.g., amphotericin B, fluconazole).
- **Supportive therapy:** Oxygen, IV fluids, antipyretics, anticonvulsants if seizures occur.

Nursing Management

- Check doctor's orders and administer prescribed antibiotics/antivirals promptly.
- Maintain isolation precautions in infectious cases.
- Monitor vital signs, neurological status, and level of consciousness regularly.

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- Provide rest in a quiet, dimly lit environment to reduce headache and photophobia.
- Maintain hydration and electrolyte balance through IV/oral fluids.
- Control fever with tepid sponging and antipyretics.
- Provide seizure precautions and administer anticonvulsants if prescribed.
- Educate family on preventive measures (vaccination, early treatment of infections).

Q3. a. Define birth asphyxia.
b. Write causes and features of birth asphyxia.
c. Write prevention, treatment, and management of birth asphyxia.

Ans:

a. Birth Asphyxia

Birth asphyxia is a condition in which a newborn is unable to establish and sustain adequate respiration immediately after birth, leading to hypoxia, hypercapnia, and metabolic acidosis.

b. Causes and Features of Birth Asphyxia

Causes

- **Antenatal causes:** Maternal anemia, pregnancy-induced hypertension, antepartum hemorrhage, intrauterine growth restriction.
- **Intranatal causes:** Prolonged/obstructed labor, cord prolapse, placental abruption, meconium aspiration.
- **Postnatal causes:** Prematurity, respiratory distress syndrome, congenital malformations of heart or lungs.

Features (Signs and Symptoms)

- Failure to cry and breathe immediately after birth.
- Generalized cyanosis (bluish discoloration).
- Weak or absent heart rate.
- Poor muscle tone and limp body.
- Weak reflexes or absent reflex activity.

c. Prevention, Treatment and Management of Birth Asphyxia

Prevention

- Good antenatal care to manage maternal conditions (anemia, PIH, diabetes).
- Skilled birth attendants present at delivery.
- Proper monitoring of labor with partograph.
- Immediate clearing of airway in babies at risk (meconium-stained liquor).
- Timely obstetric interventions (cesarean section in case of fetal distress).

Treatment

- Immediate resuscitation of the newborn as per Neonatal Resuscitation Protocol (NRP).
- Clearing airway by suction of mouth and nose.

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- Stimulate breathing by drying and gentle rubbing.
- Provide positive pressure ventilation with bag and mask if no spontaneous breathing.
- Chest compressions if heart rate <60/min.
- Administer oxygen and emergency drugs (adrenaline, sodium bicarbonate) if needed.

Nursing/General Management

- Check doctor's orders and follow neonatal resuscitation steps immediately.
- Maintain airway, breathing, and circulation.
- Keep the baby warm (radiant warmer, wrapping).
- Monitor vital signs, oxygen saturation, and neurological status.
- Provide IV fluids and correct acidosis/electrolyte imbalance.
- Provide supportive care—feeding support, prevention of hypoglycemia.
- Educate and counsel parents regarding risk factors and preventive measures.
- Document all procedures and outcomes carefully.

Q4. a. Define hypothermia.
b. Write causes, signs and symptoms of hypothermia.
c. Write diagnosis, prevention, and management of hypothermia in detail.

a. Hypothermia

Hypothermia is a condition in which the body temperature falls below 36.5°C, leading to physiological disturbances due to excessive heat loss.

b. Causes of Hypothermia

- Premature or low birth weight baby.
- Prolonged exposure to cold environment.
- Wet clothes or inadequate covering.
- Delayed drying and wrapping after birth.
- Prolonged bathing in cold water.
- Illness such as sepsis or respiratory problems.

Signs and Symptoms of Hypothermia

- Cold skin, especially extremities.
- Lethargy and decreased activity.
- Weak cry.
- Poor feeding.
- Slow breathing (bradypnea).
- Slow heart rate (bradycardia).
- Cyanosis in severe cases.

c. Diagnosis of Hypothermia

- Temperature measurement
  - Axillary temperature below 36.5°C is the main diagnostic sign.

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  - Classification:
    - *Mild*: 36.0–36.4°C
    - *Moderate*: 32.0–35.9°C
    - *Severe*: <32°C
- Clinical signs and symptoms
  - Cold skin, especially hands and feet.
  - Lethargy or decreased activity.
  - Weak cry.
  - Poor feeding.
  - Slow breathing (bradypnea) and slow heart rate (bradycardia) in severe cases.
- Observation and history
  - History of exposure to cold environment.
  - Wet clothes or inadequate covering.

Prevention

- **Immediate care after birth:**
  - Dry the newborn thoroughly to prevent heat loss.
  - Provide skin-to-skin contact with the mother (kangaroo mother care).
  - Wrap the baby in a warm, dry cloth and cover the head.
- **Environmental control:**
  - Maintain room temperature between 26–28°C for newborn care.
  - Use warm bedding and clothing.
- **Avoid exposure:**
  - Prevent prolonged bathing or leaving the baby uncovered.
  - Avoid placing the baby near windows, fans, or air conditioners.
- **Education:** Teach mothers and caregivers about signs of hypothermia and the importance of keeping the newborn warm.

Management

- **Mild hypothermia (36.0–36.4°C):**
  - Provide skin-to-skin contact (kangaroo mother care).
  - Cover the baby with warm blankets and cap.
  - Feed the baby to maintain energy for heat production.
  - Monitor temperature every 30 minutes until normal.
- **Moderate hypothermia (32.0–35.9°C):**
  - Place the baby in a prewarmed radiant warmer or incubator.
  - Provide warm clothing and head covering.
  - Monitor vital signs and blood glucose levels.
  - Give warm feeds (breast milk preferred).
- **Severe hypothermia (<32°C)**:
  - Immediate rewarming using radiant warmer or incubator (slow rewarming to avoid shock).
  - Provide oxygen if needed.

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- Monitor for apnea, bradycardia, and hypoglycemia.
- Treat underlying causes (e.g., sepsis, low birth weight complications).

Q5. Write short notes on any four of the following:

a. High risk newborn
b. Mid-day meal
c. Child labor and its prevention
d. Kangaroo mother care
e. Immunization schedule

a. High Risk Newborn

A high risk newborn is an infant who has a greater-than-average chance of morbidity or mortality due to complications during pregnancy, birth, or the neonatal period. These babies require special observation, care, and sometimes intensive medical support.

Causes/Risk Factors

- Prematurity (<37 weeks gestation)
- Low birth weight (<2,500 g) or very low birth weight (<1,500 g)
- Post-term (>42 weeks gestation)
- Birth asphyxia
- Multiple births (twins, triplets)
- Congenital anomalies
- Maternal conditions (e.g., diabetes, hypertension, infections, poor nutrition)
- Complicated delivery (e.g., prolonged labor, instrumental delivery)

Common Problems

- Respiratory distress
- Hypothermia
- Hypoglycemia
- Feeding difficulties
- Increased risk of infection
- Poor reflexes

Nursing Care

- Check doctor's orders and assess newborn's condition
- Maintain warmth (radiant warmer, skin-to-skin care)
- Monitor vital signs (temperature, heart rate, respiration) frequently
- Maintain airway and oxygenation
- Monitor glucose levels and initiate early feeding as per tolerance
- Prevent infection by strict hand hygiene and aseptic techniques
- Provide emotional support and educate parents regarding care

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b. Mid-day Meal

The Mid-day meal scheme is a school-based nutrition program in India aimed at improving the nutritional status of children and encouraging school attendance.

Objectives

- Improve nutritional status of school children
- Increase school enrolment, attendance, and retention
- Promote social equality among children of different backgrounds

Beneficiaries

Children studying in government, government-aided, local body schools, and certain NGO-run schools (primary and upper primary)

Nutritional Norms

- **Primary**: 450 kcal and 12 g protein/child/day
- **Upper primary**: 700 kcal and 20 g protein/child/day

Advantages

- Reduces classroom hunger
- Improves learning outcomes
- Provides opportunity for nutrition education
- Encourages community participation in school activities

Role of Nurse in Mid-day Meal Scheme

- Educate children and staff on balanced diet and hygiene.
- Check food quality, quantity, and safety.
- Monitor children's growth and nutritional status.
- Identify and refer malnourished children.
- Maintain health records of students.

c. Child Labor and its Prevention

Child labor refers to the employment of children below the legally specified age in work that deprives them of their childhood, education, and is harmful to their health or development.

Causes

- Poverty
- Illiteracy and lack of access to education
- Unemployment of parents
- Cheap labor demand
- Social and cultural factors

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Effects

- Physical and mental exhaustion
- Loss of education opportunities
- Poor health and nutrition
- Psychological stress

Prevention

- Enforcement of child labour (prohibition and regulation) act, 1986 and amendments.
- Compulsory and free education (right to education act, 2009)
- Public awareness campaigns
- Poverty alleviation programs for families
- Strict penalties for offenders
- Rehabilitation and skill training for rescued children

Role of Nurse in Prevention of Child Labor

- Educate community on ill effects of child labor and importance of schooling.
- Identify and report child labor cases to authorities.
- Assist in rescue and rehabilitation with NGOs and government agencies.
- Provide health check-ups and counseling to rescued children.
- Follow up to prevent return to labor.

d. Kangaroo Mother Care

Definition: Kangaroo mother care (KMC) is a method of caring for low birth weight (LBW) and preterm infants by providing continuous skin-to-skin contact between mother (or caregiver) and baby, along with exclusive breastfeeding.

Components of KMC

- Skin-to-skin contact
- Exclusive breastfeeding
- Early discharge with proper follow-up
- Support to mother and family

Benefits

- Maintains body temperature
- Promotes breastfeeding
- Enhances bonding
- Reduces infection and mortality
- Improves weight gain

Nursing Responsibilities

- Check doctor's orders before initiating KMC
- Assess patient (mother) and newborn condition

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- Monitor vital signs of the newborn
- Educate and support mother regarding positioning
- Maintain hygiene and ensure follow-up

e. Immunization Schedule

Refer to Solved Question Paper, November 2016, Question No. 2b.

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Asha Kapoor is an accomplished nursing academician and Associate Professor at Baba Farid University of Health Sciences (BFUHS), Punjab—one of the leading health sciences universities in India.

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