نظام تأديب الطلبة في جامعة آل البيت ( 27/2/السنة 2000 ) ينص على أن:
المادة 5: إذا ضبط الطالب في أثناء تأديبة الامتحان أو الاختبار في إحدى المواد مثلاً بالحس أو تثبت نتيجة لتحقيق أنه حاول العش أو
اشترك أو شرع فيه، توقع عليه العقوبات الثانية بمجلطة:
أ - اعتبار راسياً في تلك المادة.
ب - إلغاء تسجيله في بقية المواد المسجلة له في ذلك الفصل.
ج - فصله من الجامعة لمدة فصل دراسي واحد بلي الفصل الذي ضبط فيه.

توقيع الطالب__________________________
First question:

First question:-

**Match between column A and column B:-**

<table>
<thead>
<tr>
<th></th>
<th>Immune globulin</th>
<th>A</th>
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<td>Marsmus</td>
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<td>3</td>
<td>Active immunity</td>
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<td>Prone position</td>
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<td>Epiglottis</td>
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<td>Tonsillectomy</td>
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<td>Decrease in calories</td>
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</table>
Second question

Circle the most appropriate answer of the following question:

8 - A breastfeeding client shares with the nurse that she is taking several prescription medications. What is the nurse’s most appropriate response?

a - "Prescription medications do not cross into breast milk."

b - "You should stop all medications while breastfeeding."

c - "You should try to use natural remedies instead of prescription medications."

d - "Most drugs pass into breast milk; you should advise your physician that you are breastfeeding."

9. A physician asked the office nurse to call the mother of a 2-year-old child and provide the mother with oral rehydration instructions. What does the nurse need in order to provide the mother with rehydration information?

a – The developmental level of the child

b – What the child likes to eat, how much the child weighs, and pulse rate

c – Electrolyte status of the child and vital signs

d – Number of diarrhea stools, weight of child, and amount of emesis

10. A new breastfeeding mother is concerned about her small breasts and whether she can produce enough milk. The best indication that her baby is receiving adequate nutrition is that the baby:

a - Is hungry and wants to eat every 2 to 3 hours.

b - Has 6 to 8 wet diapers a day?

c - Sleeps for 4 to 6 hours between feedings

d - Gains 2 ounces per week.
11. A nursery nurse is teaching the parents of an infant, 8 kg baby about appropriate nutritional intake. How many (ml) of formula should this baby have each feeding (number of feeding 8 time)

a – 120 ml
b – 170 ml
c – 150 ml
d – 90 ml

12. Young mother brings her 8-month-old child into a pediatric clinic with complaints that the baby is teething and fussy. The clinic last saw this baby at a visit 4 months ago. On initial contact, the nurse notes that the baby is lethargic, mucous membranes are dry, and the baby feels warm to touch. The mother reports that she did not change the baby's diaper as often as usual the day before and the baby does not seem to want his bottle. The next nursing action would be to:-

a - Explain to the mother that the baby may be dehydrated and would need fluids replaced, and suggest they call the doctor right away.
b - Weigh the child to calculate the percent of weight loss
c - Obtain a urine sample to test for specific gravity.
d - Explain that babies often do not feed normally when they are teething

13. A failure to thrive infant has the following characteristics:

a - Takes bottle readily, is quiet, and is developmentally delayed.
b - Takes bottle, is irritable, and is developmentally appropriate.
c - Refuses bottle, is irritable, and is developmentally delayed.
d - Refuses bottle, is easy to soothe, and is developmentally appropriate.
14. A 4 years child brings with his parent to the emergency room. Lethargy. During assessment the nurse notice that the child cannot say the "p" in words like puppy or peter pan, the child has:

a – Diminished expiratory effort
b – Difficult to move tongue.
c - Extracellular fluid volume deficit.
d - Intracellular edema.

15. A physician asked the office nurse to call the mother of a 2-year-old child and provide the mother with oral rehydration instructions. What does the nurse need in order to provide the mother with rehydration information?

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16. Adenectomy is required urgently if the child had:

a - Tonsillitis
b – Mouth breathing and sleep apnea
c – Pharyngitis
d - Laryngo – tracheo – bronchitis

17. The nurse’s notes of a hospitalized 2-year-old who is receiving intravenous fluids, indicates that the child has gained 0.5kg of weight in the last 24 hours. This weight gain means:

a – The child is normal and the weight gain is due to growth and development.
b – The child require intravenous replacement of fluid, 1\5 normal saline.
c – The child has retained about 500ml of fluid.
d - The child's output is greater than the child's intake.
18. A nurse providing anticipatory guidance related to infant fluid needs would correctly tell the parents that:-

a – There is a higher daily fluid requirement compared to older children.
b – Infants are able to retain more water than older children.
c – As the infant gets older the percentage of body weight from water increases
d - Infant’s stomachs are small so they don't need as much fluid as older children

19. A nurse, caring for a newborn that seems to be having difficulty breathing, should assess the infant for:-

a – Nasal patency
b – Pulse
c – Signs of dehydration
d – Cough

20. A nurse, caring for a young child who has severe upper respiratory infections, knows that the child is at greater risk of :-

a – Feeding intolerance
b – Obstructed airway
c – Cardiac complications
d - Acquiring an opportunistic infection

21. The nurse, caring for a child in respiratory distress that has subcostal, supracostal, and supraclavicular retractions, knows that these signs indicate :-

a – Moderate respiratory distress
b – The child needs to be on ventilator assistance
c – Severe respiratory distress
d – Mild respiratory distress
22. A nurse caring for a young child notices increased restlessness, tachypnea, and tachycardia, with nasal flaring and intercostal retractions. After notifying the doctor, the nurse should:

a – Perform a respiratory assessment  
b – Evaluate the child’s fluid balance  
c – Place the child in an upright position  
d – Obtain a blood gas

23. A 3-year-old child presents to the emergency room with tachypnea, inspiratory stridor, and a seal-like barking cough. The mother reports that the child had had a cold for the last 2 days. The nurse, performing a respiratory assessment, will evaluate all assessment criteria except:

a – Tissue perfusion  
b – Inspection of the chest wall.  
c – Visual inspection of the inner mouth and throat  
d – Auscultation of the lungs

24. A child is observed by the nurse to have difficulty swallowing, with increasing respiratory distress and drooling. The nurse should:

a – Place the child in a supine position.  
b – Get medical assistance right away and have emergency airway equipment readily available.  
c – Suction the child  
d – Offer the child a glass of water to clear the airway
25. A mother approaches the nurse caring for her 8-month-old child and states that all her child does when she comes to visit is cry. The mother asks the nurse if she should not visit as often. What is the best nursing response?

a – Babies often protest when parents come to visit. This is normal, and you should be with your child as much as you can.

b – It would be best if you didn’t visit as often; then your baby will get used to the staff.

c – It would be best if you just held your infant closely while you are visiting.

d - What makes you feel your child is angry with you?

26. A three-year-old tells the nurse that she is bad and that’s why she is here. What is the nurse’s best response?

a – Don’t be silly

b – What did you do that makes you feel like you are bad?

c – You are not bad; you are here so we can help you feel better.

d - Let’s call your mom and see what she has to say about it.

27. A 16-year-old female has been admitted to the hospital because of a serious respiratory infection with a diagnosis of possible tuberculosis. She has been placed on respiratory isolation in a private room. Knowing that peers are important, what would the nurse suggest?

a – The adolescent could maintain contact with her friends by telephone.

b – That the adolescent should collect the disposable equipment that has been used in her care as a keepsake.

c – Have friends visit her often

d – That the adolescent should draw pictures of her feelings for her peers.
28. Sarah, age 36 months, is to have blood drawn to check her white blood count. To help this child through the procedure what would the nurse do?

a – Teach the child stress reduction techniques
b – Have the procedure done in the child’s room by helping of parent
c – Provide the child with a special treat of his or her choice after the procedure is completed
d - Tell the child two hours in advance so he or she can prepare themselves.

29. Which statement by your female adolescent patient reviles an early sign of anorexia nervosa?

a - "I have my menstrual period every 28 days"
b - "I got to eat with my friends at least 3 times per week"
c - "I jog 3 times a day for a total of 5 hours per day"
d - "I I try to maintain my weight around 115 lb for my height of 5’"

30. The nurse is assessing a child with croup, which sound is the nurse is likely to hear?

a- Murmur.
b- Seal like
c- Strong cough.
d- Pleural effusion rubs.

31. Jim, age 3, has been admitted to the pediatric ward. The admission nurse notes that Jim presented to the emergency department with signs of respiratory distress, apprehension, high fever, and put his hand on his knee. In preparing for the admission assessment the nurse. knows:

a – Examination of the mouth should be avoided by tongue depressor.
b – The child’s tongue will probable be white
c – To wear gloves when assessing the child’s oral cavity.
d - Inspection of the mouth is an important assessment
32. What anatomic factor aids the transmission of pathogens to the middle ear:
   a – External canal
   b – E continuous mucous membrane, from oropharynx to middle ear
   c – The tympanum (ear drum)
   d - The bone

33. Choose ALL of the symptoms that correspond with Otitis Media with Effusion (OME).
   a – Fever
   b – Severe earache
   c – Immobile tympanic membrane
   d – Fluid in the middle ear

34. The antibiotic given first, and most frequently, for AOM, (if the child is not allergic to penicillin) is:
   a – Amoxicillin
   b – Erythromycin
   c – Trimethoprim /sulfamethoxazole
   d – Sulfa

35. Check ALL and ANY of the choices below, indicating something that can be done to prevent otitis media.
   a - Bottle feed baby during sleeping
   b - Day care in groups of less than 6 children
   c - Prevent child’s exposure to second-hand smoke
   d - Remove allergens from environment

36. A child presents to the immunization clinic with a runny nose & a low grade fever. He is scheduled to receive the MMR vaccine & DPT. The nurse would:
   a - send the mother to the doctor to get permission to administer the vaccine.
   b - Administer the vaccine as scheduled.
   c - Defer the vaccine until the child is well.
   d - Administer the DPT vaccine but defer the MMR because it is a live vaccine.
37. Which of the following given to the mother about substitutive feeding that is defined as:-
   a – No breast feeding is given for infant only formula feeding.
   b – Formula is given to substitute one or more feed.
   c – Feed the breast first then given formula.
   d – Addition of solid food with gradual stop of breast feeding.

38. To prevent hypernatremia in young children during the summer months the nurse would instruct parents to :-
   a – Restrict the amount of salt in the child's diet.
   b – Provide concentrated sugar fluids.
   c – Limit fluid intake
   d – Provide extra fluids

39. During a clinic visit a mother tells the nurse that she dilutes the baby’s formula by half in order to make it last longer. The most appropriate response is :-
   a – That won't hurt the baby, as long as you do it all the time.
   b – Diluting the formula is not good; it may cause an imbalance in you baby's blood chemistry and will not provide enough calories.
   c – Why don't you discuss this practice with your doctor; I am sure it is fine.
   d – As long as the baby does not experience muscle weakness, fatigue, or appears too sleepy, it is all right to dilute the formula.

40. In evaluating an infant's lab result that indicates hyperkalemia, it is important that the nurse know:-
   a – If the source of the blood test came from a heel stick.
   b – The type of intravenous fluid administered to the child.
   c – The extent of the infant's muscle weakness.
   d - If the infant has diarrhea