

# Government Medical College and Hospital Sector 32, Chandigarh

## Post: Senior Resident Pediatrics and Neonatology QUESTION BOOKLET

Time: 120 Minutes

Number of Question: 100

Maximum Marks: 100

Name of Candidate

Roll Number: In figure

In Words

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Signature of the Candidate: \_\_\_\_\_

**DO NOT OPEN THE SEAL ON THE BOOKLET UNTIL ASKED TO DO SO**

### **INSTRUCTIONS:-**

1. Write your Roll Number on the Question Booklet and also on the OMR Sheet in the space provided. You will be required to give your thumb impression on the OMR sheet in the space provided.
2. This question booklet contains 100 MCQ's. Once you are permitted to open the Question Booklet, please check for any missing question / misprint etc. and in case of any discrepancy, inform the Assistant Superintendent / Invigilator within 10 minutes of the start of the test.
3. Each question has four alternative answer (A, B, C, D) out of which only one is correct. For each question, **darken only one bubble (A or B or C or D)**, whichever you think is the correct answer, on the OMR Answer sheet **with Black or Blue Ball Pen only**. Do not use any other Pen / Gel pen / Pencil etc. **Do not Tick ✓ or × on the OMR Sheet**. Darken the bubbles in the OMR Answer Sheet according to the Serial No. of the Questions given in the Question Booklet.
4. Each MCQ is of One (01) mark. There is no negative marking.
5. If you do not want to answer a question, leave all the bubbles corresponding to that question blank in the OMR Answer sheet.
6. The OMR Answer sheet is designed for computer evaluation. Therefore, if you do not follow the instructions given, it may make evaluation by the computer difficult. Any resultant loss to the candidates on the above account, i.e. not following instructions completely and properly, shall be the responsibility of the candidates only.
7. After the test, handover the Question Booklet and OMR sheet to the Invigilator on duty.
8. A Candidate who creates disturbance of any kind or changes his/her seat or is found in possession of any paper or the any assistance or found giving or receiving assistance or found using any other unfair means during the examination will be expelled from the examination by the Centre superintendent/Observer whose decision shall be final.
9. Telecommunication equipment such as pager, cellular phone, wireless, scanner, smart watch/ watch etc. is not permitted inside the examination hall. Use of calculators is not allowed.
10. Candidate should ensure accuracy of their personal details on the OMR Sheet i.e. Name and Roll No. as well as thumb impression. The personal details are to be filled in by the candidates with his/her own hand writing.



1. Which of the following is the drug of choice for generalized onset seizures in adolescent girls
  - A. Levetiracetam
  - B. Valproate
  - C. Lamotrigine
  - D. Phenytoin
2. Which among the following is the cause of aphasia in Landau Klefner syndrome?
  - A. Hearing loss
  - B. Auditory agnosia
  - C. Cognitive decline
  - D. Autistic features
3. Which of the following diseases do not affect anterior horn cells
  - A. Myotonic dystrophy
  - B. Spinal muscular atrophy
  - C. Poliomyelitis
  - D. Amyotrophic lateral sclerosis
4. Involuntary, slow, writhing and continuous movements are known as
  - A. Fasciculation
  - B. Chorea
  - C. Intention tremors
  - D. Athetosis
5. What is the usual neuro-radiological correlate of diplegic cerebral palsy on MRI brain
  - A. Internal capsule infarct
  - B. Periventricular leukomalacia
  - C. Multicystic encephalomalacia
  - D. Basal ganglia hyperintensities
6. What is the most commonly used drug for treatment of dystonia in cerebral palsy
  - A. Baclofen
  - B. Glycopyrrolate
  - C. Trihexyphenidyl
  - D. Haloperidol
7. Which of the following constituent used in making of rehydration solution for malnutrition (ReSoMal) is not in correct quantity
  - A. Water: 2 litre
  - B. Sucrose 50 gm
  - C. Electrolyte/ mineral solution 40 ml
  - D. Half sachet of 1 litre WHO ORS
8. Mild vitamin K deficiency is diagnosed by
  - A. Serum vitamin K levels
  - B. Coagulogram
  - C. PIVKA
  - D. Urinary vitamin K levels
9. HLA B1502 allele is known to be associated with severe cutaneous reaction to various antiepileptic drugs, which among the following is not one of them?
  - A. Sodium Valproate
  - B. Phenytoin
  - C. Lamotrigine
  - D. Carbamazepine
10. Why should oral iron not be given with milk
  - A. Calcium in milk blocks receptors for iron
  - B. Iron gets converted to non-absorbable form
  - C. Together they can cause injury to gastric mucosa
  - D. Can lead to vomiting due to their interaction
11. All the following are features of Duchenne muscular dystrophy EXCEPT
  - A. Scoliosis
  - B. Contracture
  - C. Tongue Fasciculation
  - D. Pharyngeal Weakness
12. For children <5 year of age, which of the following micronutrient has highest prevalence of deficiency worldwide
  - A. Iron deficiency
  - B. Iodine deficiency
  - C. Vitamin A deficiency
  - D. Vitamin C deficiency
13. The recommended transition time from stabilization to rehabilitation phase in the treatment of malnutrition is
  - A. 1 day
  - B. 3 days
  - C. 5 days
  - D. 7 days
14. The hallmark of refeeding syndrome is the development of severe
  - A. Hypophosphatemia
  - B. Hypokalemia
  - C. Hypomagnesemia
  - D. Hypernatremia

15. T- lymphocyte defects are associated with increased risk of CSF infection with which of the following agents?
  - A. Staphylococcus aureus
  - B. Streptococcus pneumoniae
  - C. Neisseria meningitidis
  - D. Listeria monocytogenes
16. As per DSM-5, to name a condition ADHD in a child, before what age symptoms should begin and for at least how long?
  - A. 6 years and 3 months
  - B. 6 years and 6 months
  - C. 12 years and 3 months
  - D. 12 years and 6 months
17. Which of the following parameters helps you to distinguish secondary HLH from flare up of systemic JIA itself?
  - A. High grade fever
  - B. Hepatosplenomegaly
  - C. High ferritin
  - D. Falling ESR
18. Recurrent infections by catalase positive microorganisms is characteristic of
  - A. X-linked agammaglobulinemia
  - B. IgG subclass deficiency
  - C. Common variable immunodeficiency
  - D. Chronic granulomatous disease
19. Which of the following chest X-RAY finding is 'suggestive of TB' as per NTEP
  - A. Pleural Effusion
  - B. Right upper lobe collapse
  - C. Fibrocavitary lesions
  - D. Pneumothorax
20. A child has received full post-exposure prophylaxis for rabies 3 years back. Now he has again got class III bite. Which schedule will you use?
  - A. Only 2 doses at day 0 and day 3.
  - B. Vaccination not required
  - C. Full post-exposure prophylaxis as would be needed for any other unvaccinated child
  - D. Only 3 doses at day 0, day 3 and day 7
21. All of the following define ATT induced DILI (Drug Induced Liver Injury) EXCEPT
  - A. Rise of more than 5 times upper limit of normal levels of ALT and / or AST, in an asymptomatic child
  - B. Rise of more than 3 times upper limit of normal levels of ALT and / or AST, in an asymptomatic child
  - C. Rise of more than 2 times upper limit of normal levels of ALT and / or AST, in a child with nausea, vomiting or diarrhea
  - D. Rise in level of Serum Total Bilirubin above 1.5 mg/dl
22. Most common primary immunodeficiency disorder is
  - A. Selective IgA deficiency
  - B. Common variable immunodeficiency
  - C. Bruton agammaglobulinemia
  - D. Severe combined immunodeficiency
23. FL-LPA (First Line LPA) is used for detecting resistance to
  - A. Isoniazid and Rifampicin
  - B. Isoniazid, Rifampicin and Fluoroquinolones
  - C. Isoniazid only
  - D. Isoniazid, Rifampicin and SLI (Second Line Injectables)
24. Tocilizumab is monoclonal antibody against?
  - A. IL 2
  - B. IL 6
  - C. CD 20
  - D. Ig E
25. Which amongst the following adverse event following DPT vaccination is an absolute contraindication for administration of any pertussis vaccine
  - A. Encephalopathy within 7 days
  - B. Seizure
  - C. HHE (Hypotonic hyporesponsive episodes)
  - D. All of the above
26. In the foetus, electrolyte and fluid homeostasis is maintained by the
  - A. Placenta
  - B. Kidneys
  - C. Bone marrow
  - D. Capillaries



27. The eGFR in a child reaches adult values by
- 1 month of life
  - 2 years of life
  - 6 years of life
  - 14 years of life

28. Which of the following is FALSE about fluids and enuresis:

- ADH increases overnight urine production
- High fluid intake in the evening increases overnight urine production
- Diabetes insipidus increases overnight urine production
- Overnight feeds increases overnight urine production

29. Decreased eGFR is denoted by

- <90 ml/min/1.73 m<sup>2</sup>
- <60 ml/min/1.73 m<sup>2</sup>
- <30 ml/min/1.73 m<sup>2</sup>
- <15 ml/min/1.73 m<sup>2</sup>

30. Hypernatremia is a common feature in all except

- Nephrogenic diabetes insipidus
- Central diabetes insipidus
- Hyperaldosteronism
- SIADH

31. Clinically significant Portal Hypertension (CSPH) is

- Hepatic Vein Pressure Gradient > 10 mmHg
- Hepatic Vein Pressure Gradient > 12 mmHg
- Portal Pressure > 10 mmHg
- Portal Pressure > 12 mmHg

32. Which of the following statements is true?

- Type 2 RTA results from impaired HCO<sub>3</sub> reabsorption in the proximal tubule
- Type 4 RTA results from defective production of NH<sub>4</sub><sup>+</sup> by the proximal tubule
- Type 3 RTA is a mixed form of type 2 and type 4 RTA
- Type 1 RTA results from excessive H<sup>+</sup> secretion in the proximal tubule

33. Which of the following substances found in paint removers when ingested can cause subjective visual disturbances of cloudy vision, decreased acuity, and the "feeling of being in a snowstorm" and, Ophthalmic examination findings of dilated pupils, retinal edema, and optic disc hyperaemia.

- Acetone
- Ethanol
- Methanol
- Ethylene glycol

34. An 8 yrs old male presented with jaundice for 7 days. On examination, he had soft liver 2 cm below RCM, spleen not palpable, no free fluid. His lab parameters were Total Bilirubin/direct=8.4/4.7 mg/dl, ALT/AST=646/542 IU/L, Protein/albumin=5.8/3.2 g/dl, ALP/GGT=1255/124 U/L, PT/INR=21"/1.6. What is the likely pattern of liver injury?

- Hepatocellular pattern of injury
- Cholestatic pattern
- Chronic liver disease pattern
- Mixed pattern

35. A 7-year-old boy presents to the Emergency with history of headache for 3 days. Examination reveals heart rate of 106/min and respiratory rate of 24/min. The mean blood pressure of three readings is 114/76 mm Hg. Classify the blood pressure as per the 2017 AAP guidelines, based on norms below.

Blood pressure percentile	Systolic blood pressure (mm Hg)	Diastolic blood pressure (mm Hg)
50 <sup>th</sup>	97	58
90 <sup>th</sup>	109	70
95 <sup>th</sup>	112	73
99 <sup>th</sup>	116	78

- Elevated BP
- Stage 1 hypertension
- Stage 2 Hypertension
- Malignant hypertension



36. A 5-year-old boy presents to the Emergency with history of headache and visual disturbance for 3 days. Examination reveals heart rate of 96/min and respiratory rate of 24/min. The mean blood pressure of three readings is 110/72 mm Hg. Classify the blood pressure as per the 2017 AAP guidelines, based on norms below.

Blood pressure percentile	Systolic blood pressure (mm Hg)	Diastolic blood pressure (mm Hg)
50 <sup>th</sup>	97	58
90 <sup>th</sup>	109	70
95 <sup>th</sup>	112	73
99 <sup>th</sup>	116	78

- A. Elevated BP  
B. Stage 1 hypertension  
C. Stage 2 Hypertension  
D. Malignant hypertension
37. A 6-year-old girl, recently diagnosed with CKD stage G3A, shows blood pressure 136/86 mm Hg, and height and weight below the 3<sup>rd</sup> percentile. Blood investigations show urea 52 mg/dl, creatinine 2.5 mg/dl; sodium 140 mEq/L, potassium 5.1 mEq/L; pH 7.35, bicarbonate 16 mEq/L; calcium 9.6 mg/dl; phosphorus 4.2 mg/dl; intact PTH 198 pg/mL and 25-hydroxyvitamin D 11 ng/mL. The most appropriate step for management of mineral bone disease in this child is:
- A. Calcitriol  
B. Calcium gluconate  
C. Cholecalciferol  
D. Phosphorus restriction to 80% of RDA.
38. What is the most common electrolyte imbalance observed during plasmapheresis?
- A. Hypoglycemia  
B. Hypokalemia  
C. Hypocalcemia  
D. Hyponatremia

39. Answer the following assertion-reason question

Assertion(AN): Most infants with congenital heart disease with left to right shunt become symptomatic around 6 weeks of age

Reason (RN): Left-sided pressures are higher in neonates and begin declining around 6 weeks of age

- A. Only AN is true and RN is false  
B. Only RN is true while AN is false  
C. Both AN and RN are true but RN is not the correct explanation for AN  
D. Both AN and RN are true and RN is the correct explanation for AN
40. Amyloidosis can be associated with which type of acquired bleeding diathesis?
- A. Factor X deficiency  
B. Acquired haemophilia  
C. DIC  
D. Factor VII deficiency
41. A 5-year-old boy is found to be anaemic. His Haemogram shows Hb 9.0 g%, MCV 67 fl, MCHC 32 g/dl, RDW 15. What is the most probable diagnosis?
- A. Iron deficiency anemia  
B. Thalassemia trait  
C. Both of the above  
D. Sideroblastic anemia
42. Which are the investigations of choice to detect functional cobalamin deficiency?
- A. plasma methyl malonic acid levels  
B. Serum homocysteine levels  
C. None of the above  
D. All of the above
43. Which is the first line therapy for X linked Sideroblastic anemia?
- A. Folic acid  
B. Pyridoxine  
C. Thiamine  
D. Vitamin B12
44. Which malignancy is associated with the highest risk of Tumour lysis syndrome?
- A. ALL  
B. AML  
C. CML  
D. Burkitt's lymphoma



45. Which ECG leads are used to measure RS ratio?  
 A. V2 and V3  
 B. V1, V2 and V6  
 C. aVL and V1  
 D. L1 and L3
46. Which formula is commonly used to calculate QTc interval?  
 A.  $QT / \sqrt{RR}$  interval  
 B.  $QT / RR$  interval  
 C.  $QT / (RR \text{ interval})^2$   
 D.  $\sqrt{QT} / RR$  interval
47. What is the number of blood cultures to be obtained at what intervals in a sick and unstable patient who is suspected to be having infective endocarditis?  
 A. 3 separate venipunctures for blood cultures should be performed over a short period such as 1 to 2 hours  
 B. 3 separate venipunctures for blood cultures should be performed on 3 consecutive days  
 C. 2 separate venipunctures for blood cultures should be performed 6 hours apart  
 D. 3 blood cultures should be performed by a single venipuncture consecutively.
48. Digoxin is an age old therapy for congestive cardiac failure. Name the heart disease where there is clear indication for use of digoxin in Congestive heart failure  
 A. Rheumatic heart disease  
 B. Ventricular Septal Defect  
 C. Primary myocardial disease with left and/or right ventricular dysfunction.  
 D. Pericardial effusion
49. What is the first line therapy in a patient with supraventricular tachycardia with absent pulse?  
 A. Defibrillation  
 B. Adenosine  
 C. Synchronized cardioversion  
 D. CPR
50. What is the most common cause of erroneous increase in RBC counts?  
 A. High WBC count  
 B. Hemolysis  
 C. High reticulocyte count  
 D. High platelet count
51. Natural killer cells are enumerated by flow cytometry using monoclonal antibodies to which NK specific CD antigens?  
 A. CD 4  
 B. CD 19  
 C. CD 16 and CD 56  
 D. All of the above
52. What do you see in Haemogram to test phagocytic cell defects?  
 A. Eosinophil count  
 B. Leucocyte count  
 C. Lymphocyte count  
 D. Absolute neutrophil count
53. The most common presentation of a child with Wilms tumor is:  
 A. An asymptomatic abdominal mass  
 B. Haematuria  
 C. Hypertension  
 D. Hemoptysis due to pulmonary secondary
54. The type of Hb that has least affinity for 2,3-DPG is:  
 A. Hb A  
 B. Hb F  
 C. Hb A2  
 D. Hb S
55. A 28-week neonate, born by vaginal route, had breech presentation, weighed 900 grams at birth. The baby was on invasive mode of ventilation on Day 2 of life, resident on duty decided to put umbilical artery catheter. After 2 hours of putting UAC, sister on duty found that there was cyanosis in left leg, poor perfusion in distal part of this leg, and haematuria, most common possibility of this new event is:  
 A. Complication of Umbilical artery catheter  
 B. Polycythaemia  
 C. Early onset Sepsis  
 D. Leg presentation

56. 10-year-old boy from Bihar presents with history of episodes of cough, wheeze and fast breathing for last 3 years. These episodes are common during season change and get relieved after nebulisation with salbutamol. For last one year, the frequency of episodes has increased to almost every month. He is not on any regular therapy. On investigations, his chest X ray is normal, Hb=12 gm/dl, TLC is 12300/mm<sup>3</sup>, AEC is 500/mm<sup>3</sup>, Total Ig E is 700 ng/mL. The next step in his management should be:
- Start him on regular Inhaled corticosteroids and as needed bronchodilator
  - Get HRCT Chest to rule out ABPA in view of raised AEC and Ig E
  - Get microfilaria serology and consider starting DEC
  - Start him on Montelukast
57. Finding on computed imaging (CT) scan of the chest considered virtually pathognomonic for ABPA is:
- Bronchiectasis
  - Hyper-attenuated mucous
  - Tree-in-bud appearance
  - Signet ring appearance
58. A 5-year old boy presents with coryza and brassy cough. After 2 days of apparent improvement, child develops high fever. He has toxic appearance, stridor and respiratory distress. He can lie flat and does not drool. Lateral neck radiograph shows detached pseudo membrane in trachea. In addition to placement of artificial airway, which of the following is the most appropriate treatment?
- Oxygen, nebulization with adrenaline and IM dexamethasone
  - Oxygen, ceftriaxone and vancomycin
  - Oxygen, nebulization with high dose budesonide and epinephrine
  - Oxygen, incision and drainage and antibiotics
59. A 10-year-old girl with bronchiectasis comes with complaint of recent increase in productive cough for last 4 days. Which of the following is correct regarding her management?
- There is no role of sputum culture in guiding therapy
  - Empiric antibiotics for 5 to 7 days is sufficient for treatment of exacerbation
  - Staphylococcus aureus is the most common organism causing exacerbation
  - Exacerbations can be reduced by long term prophylactic azithromycin
60. Meconium ileus, rectal prolapse, intussusception are gastrointestinal manifestations of which disease
- Inflammatory bowel disease
  - Cystic fibrosis
  - Primary ciliary dyskinesia
  - Rheumatoid arthritis
61. Which of the following is correct regarding treatment of pneumothorax?
- 100% oxygen hastens resolution of pneumothorax
  - Needle aspiration into 5<sup>th</sup> intercostal space in midclavicular line required in emergency
  - Closed thoracotomy tube to be inserted along lower border of rib
  - In recurrent cases, pleurodesis should be avoided
62. A 5-month old baby is brought with history of fever and cough for one day. Baby is breastfeeding and not have any vomiting. On examination, respiratory rate is 60 / minute; mild chest in-drawing, heart rate 128/minute, sPO<sub>2</sub> is 95% on room air and no noisy breathing. Classify and treat this child according to WHO classification and treatment guidelines:
- No pneumonia- Home care advice
  - Pneumonia- Oral amoxicillin and home care advice
  - Severe pneumonia- Hospitalisation, parenteral ampicillin and gentamycin and supportive therapy
  - Very severe disease- Hospitalisation, parenteral ceftriaxone and supportive therapy



63. A 10-month old infant admitted with tetralogy of Fallot suddenly develops increased fussiness, increased cyanosis, limpness and unresponsiveness. Which of the following will not be used for treatment?
- Knee chest position
  - Digoxin
  - Soda-bi-carb
  - Morphine
64. In Scimitar syndrome, right lung hypoplasia is present along with
- Hypertrophic Cardiomyopathy
  - Anomalous pulmonary venous return to IVC
  - Hypoplastic left heart
  - Anomalous coronary artery from aorta
65. Which is correct regarding cardiothoracic ratio:
- Only expiratory film should be used for evaluation
  - Perpendiculars from sternal line to extreme left and right borders of heart are added to get maximum cardiac width
  - Horizontal line between right and left outer borders of ribcage at top of right diaphragm is maximum chest width
  - Cardiothoracic ratio is most useful in evaluating heart size in infants
66. Which of the following is NOT a normal finding in ECG of a young infant
- $R > S$  in V1
  - Upright T waves in V1, V2
  - Upright T waves in V5, V6
  - Increased voltage in R and S in chest leads
67. A 12-year-old child is being investigated for hypertension. His chest radiograph shows notching on inferior border of multiple ribs. Which of the following do you expect to find on his further evaluation?
- Low calcium and vitamin D levels
  - Lower BP in lower limbs than in arms
  - Café-au-lait spots
  - Blue sclera and pathological fractures
68. A child with large VSD undergoes an ECG which shows 'Katz-Wachtel phenomenon'. Which of the following is correct regarding this?
- It is a marker for isolated right ventricular hypertrophy
  - It refers to tall R and deep S waves in V2 to V4
  - It is more commonly associated with Tricuspid atresia
  - It is a type of cardiac arrhythmia
69. Which of the following is true regarding Tetralogy of Fallot?
- Severity of cyanosis is inversely proportional to severity of PS
  - Intensity of murmur is directly related to severity of PS
  - The VSD in TOF is usually large
  - Right ventricular hypertrophy results in marked cardiomegaly
70. In prenatal period, the term embryo refers to what time of gestation?
- 1-2 weeks
  - 3-8 weeks
  - 9 to 28 weeks
  - 28 weeks to birth
71. In growth charts, 16th centile refers to
- Mean
  - 1 SD above mean
  - 1 SD below mean
  - 2 SD below mean
72. Birth weight quadrupled by
- 6 months of age
  - 9 months of age
  - 12 months of age
  - 15 months of age
73. Frankfurt plane joins
- Roof of external auditory meatus to lower margin of orbit.
  - Roof of external auditory meatus to upper margin of orbit.
  - Root of external auditory canal to upper margin of orbit.
  - Root of external auditory canal to lower margin of orbit.



74. WHO MGRS project included the following countries:  
 A. India, US, UK, Australia & Russia.  
 B. India, Ghana, Brazil, Norway & US.  
 C. India, Ghana, Norway, Oman & China.  
 D. India, Turkey, Afghanistan, Pakistan & Israel
75. Arm span equals length at what age:  
 A. 7 years  
 B. 9 years  
 C. 11 years  
 D. 13 years
76. Second tier investigations in short stature include:  
 A. Karyotyping in girls  
 B. TSH  
 C. Both of above  
 D. None of above
77. In psychosocial dwarfism, IGF-1 levels are:  
 A. Increased.  
 B. Decreased  
 C. Not affected  
 D. Both A and B
78. In ventral suspension infant can lift head above the horizontal plane by  
 A. 6 weeks of age  
 B. 8 weeks of age  
 C. 10 weeks of age  
 D. 12 weeks of age
79. The infant lies on bed with flat pelvis and extended hips at  
 A. 4 weeks of age  
 B. 6 weeks of age  
 C. 8 weeks of age.  
 D. 10 weeks of age
80. Pivoting is achieved at  
 A. 6 to 8 months of age  
 B. 8 to 10 months of age  
 C. 10 to 12 months of age  
 D. 12 to 14 months of age
81. A child can tie his shoelaces by  
 A. 3 years if age  
 B. 5 years of age  
 C. 7 years of age  
 D. 9 years of age
82. X-linked dominant inheritance is seen in  
 A. Incontinenti pigmenti  
 B. Hemophilia  
 C. Duchenne muscular dystrophy  
 D. All of the above
83. In pregnancies with Down syndrome fetuses, the following are seen:  
 A. Low hCG, low estriol & low alpha-fetoprotein  
 B. Low hCG, high estriol & high alpha-fetoprotein  
 C. High hCG, high estriol & high alpha-fetoprotein  
 D. High hCG, low estriol & low alpha-fetoprotein.
84. What is the amount of volume for double volume exchange transfusion in neonate at 3.5 kg birth weight at day 2 of life with serum TSB 23 mg/dl.  
 A. 610 ml  
 B. 470 ml  
 C. 550 ml  
 D. 650 ml
85. Which of these is drugs to be started in case of duct dependent systemic circulation?  
 A. Caffeine  
 B. Hydrocortisone  
 C. Sildenafil  
 D. Alprostadil
86. Hepatitis B vaccine should be given to all newborns EXCEPT  
 A. Term AGA born to HBsAg negative mothers.  
 B. Term AGA born to HBsAg positive mothers.  
 C. Newborn <2kg born to HBsAg negative mothers.  
 D. Newborn <2kg born to HBsAg positive mothers.
87. Salbutamol nebulization is used in renal failure for:  
 A. Hyperkalemia  
 B. Hyponatremia  
 C. Metabolic acidosis  
 D. None of the above



88. The best measure of bilirubin production is:
- HbCO measurement
  - ETCO measurement
  - Serum bilirubin
  - Reticulocyte count
89. Calculate oxygenation index if FiO<sub>2</sub> 40%, PIP 20 cm, PEEP 5 cm, MAP 10 cm, PaO<sub>2</sub> 80 mm Hg and PAO<sub>2</sub> 200 mm Hg:
- 5
  - 2
  - 0.05
  - 0.02
90. All is true about the antenatal corticosteroids in a mother reporting with preterm labor before 34 weeks of gestation except:
- Reduction in Respiratory distress syndrome
  - Reduction in patent ductus arteriosus
  - Reduction in bronchopulmonary dysplasia
  - Reduction in Necrotizing enterocolitis
91. A 6-week-old preterm infant has evidence of ROP. The ophthalmologic examination reveals a ridge between the posterior vascular retina and the anterior avascular retina. There are no extra-retinal blood vessels. Of the following, the best designation for the stage of ROP in this infant, based on the International Classification of Retinopathy of Prematurity, is:
- Stage 1
  - Stage 2
  - Stage 3
  - Stage 4
92. 37 weeks, 2.6 kg neonate born to PGR mother with abruption placentae had APGAR's 2,3,5 at 1,5 and 10 mins requiring PPV and intubation for 25 minutes at birth. What are the clinical examination criteria to be fulfilled for determining the need of therapeutic hypothermia?
- Abnormal tone, absent suck, partial ATNR
  - Seizures, partial Moro's, focal hypotonia
  - Jitteriness, absent suck, partial Moro's
  - Absent grasp, retro Collis, shock
93. Rashtryia Bal Swasthya Karyakram (RBSK) aims at
- Child health screening and early intervention
  - Genetic screening for inborn errors of metabolism
  - Promoting institutional delivery
  - Reaching the 4<sup>th</sup> Millennium development goal
94. Following statement is not true for newborn skin:
- Skin maturation occurs by 28 weeks of gestation.
  - Neonates born at extreme prematurity have <2-3 layers of stratum corneum.
  - Skin maturation takes 2 to 4 weeks exposure to extrauterine environment.
  - Vascular abnormalities accounts for up to 40% of common skin lesion in neonates
95. As per WHO recommendations, minimum temperature of delivery room should be:
- 24° C
  - 25° C
  - 26° C
  - 28° C
96. In a PHC total delivery in 2016 was 115, of which 15 were still births. 15 babies died in first year of this 10 died within first 1 week of life. What is the infant mortality rate of this PHC?
- 10/115 X 1000
  - 15/100 X 1000
  - 15/115 X 1000
  - 10/100 X 1000
97. Respiratory distress scoring specific for very low birth weight neonates, which predominantly assess the use of accessory muscles is
- Downe's score
  - Silverman score
  - APGAR score
  - Glasgow score



98. Baby A born at 35 weeks of GA to a mother with Pregnancy induced hypertension, weighed 1200 grams at birth. The baby was delivered via caesarean section due to antenatally diagnosed reverse end diastolic flow velocity in umbilical artery. This baby has increased odds of development of below mentioned morbidities except for:
- A. Feed intolerance
  - B. Early Onset Neonatal Sepsis
  - C. Polycythemia
  - D. Hypoglycemia
99. A newborn is delivered by caesarean section at an estimated gestational age of 36 weeks. The maternal history is significant for insulin dependent diabetes mellitus, fetal macrosomia, and failure to progress following spontaneous labor. The infant has evidence of respiratory distress. Of the following, the most likely cause of respiratory distress in this infant is:
- A. Diaphragmatic hernia
  - B. Meconium aspiration
  - C. Pneumothorax
  - D. Respiratory distress syndrome
100. Mean airway pressure can be increased by all the below mentioned except:
- A. PEEP
  - B. Flow rate
  - C. Fio<sub>2</sub>
  - D. PIP



### Key Pediatrics SR

S.No.	Key	S.No.	Key	S.No.	Key
1.	A	35.	B	68.	B
2.	B	36.	A	69.	C
3.	A	37.	C	70.	B
4.	D	38.	C	71.	C
5.	B	39.	A	72.	C
6.	C	40.	A	73.	D
7.	D	41.	B	74.	B
8.	C	42.	D	75.	C
9.	A	43.	B	76.	C
10.	A	44.	D	77.	B
11.	C	45.	B	78.	D
12.	C	46.	A	79.	B
13.	B	47.	A	80.	C
14.	A	48.	C	81.	B
15.	D	49.	C	82.	A
16.	D	50.	A	83.	D
17.	D	51.	C	84.	A
18.	D	52.	D	85.	D
19.	C	53.	A	86.	C
20.	A	54.	B	87.	A
21.	B	55.	A	88.	B
22.	A	56.	A	89.	A
23.	A	57.	B	90.	B
24.	B	58.	B	91.	B
25.	A	59.	D	92.	B
26.	A	60.	B	93.	A
27.	B	61.	A	94.	A
28.	A	62.	B	95.	B
29.	B	63.	B	96.	B
30.	D	64.	B	97.	B
31.	A	65.	B	98.	B
32.	A	66.	B	99.	D
33.	C	67.	B	100.	C
34.	B				