



SOLOMON ISLANDS NATIONAL UNIVERSITY
School of Nursing and Allied Health Sciences
Diploma of Nursing

NU 633 – COMMUNICABLE DISEASES

FINAL EXAMINATION

SEMESTER 1, 2017



**SOLOMON ISLANDS NATIONAL UNIVERSITY
SCHOOL OF NURSING & ALLIED HEALTH SCIENCES**

**DIPLOMA OF NURSING
2016 INTAKE**

FINAL EXAMINATION

UNIT CODE : NU 633 – COMMUNICABLE DISEASES

TIME : 9.00 – 12.00 PM (3 HRS)

DATE : 13TH JUNE 2017

NAME:

REG. NO:

INSTRUCTIONS:

1. You will be given 10 minutes to read the paper.
2. All questions are compulsory, and therefore you must attempt to answer them all.
3. Make sure to write clearly in pen or biro and not in pencil.
4. Write your full name & student ID in the spaces provided above.
5. This Examination is worth **40%** of your total assessment.

SECTION	MARKS ALLOCATED
Section A: Multiple Choice Questions	/ 45 Marks
Section B: Short Answer Questions	/ 50 Marks
Section C: Long Answer Questions	/ 20 Marks
TOTAL MARKS	/ 115 Marks

~ Best of luck ~

SECTION A: MULTIPLE CHOICE QUESTION**(45 MARKS)**

1. **A person who harbors the microorganism but does not manifest the signs and symptoms of the disease is called:**
 - a) Contact
 - b) Infected
 - c) Suspect
 - d) Carrier
2. **Which of the following term refers to the degree of pathogenicity of a microbe, or in other words the relative ability of a microbe to cause disease.**
 - a) Susceptibility
 - b) Virulence
 - c) Infection
 - d) Dangerous
3. **The time interval between the time of exposures to the appearance of the first signs and symptoms of a disease is called:**
 - a) Prodromal period
 - b) Incubation period
 - c) First stage of illness
 - d) Convalescence
4. **What is the difference between gonorrhoea and influenza when taking into consideration of being infectious and contagious?**
 - a) Gonorrhoea is infectious and influenza is contagious.
 - b) Influenza is infectious and gonorrhoea is contagious.
 - c) Both are contagious and infectious.
 - d) Gonorrhoea and influenza are not contagious but only infectious
5. **Treatment regimen for Category I TB patient on the continuation phase includes the following Anti-TB drugs.**
 - a) Isoniazid and Rifampicin
 - b) Pyrazinamide and Ethambutol
 - c) Ethambutol and Streptomycin
 - d) Pyrazinamide, Ethambutol
6. **An organism that is capable of invading and multiplying in the body of the host is the:**
 - a) Causative agent
 - b) Reservoir
 - c) Bacteria
 - d) Carrier
7. **Direct sputum smearing is the primary diagnostic tool in tuberculosis case finding on persons who are highly suspicious with**
 - a) Fever
 - b) Cough
 - c) Hemoptysis
 - d) Tonsillitis
8. **It is advisable for anyone who is experiencing prolong productive cough with blood stained sputum should;**
 - a) Seek medical help.
 - b) Take Tb drugs
 - c) Treat for pneumonia
 - d) Take custom medicine before admission
9. **The infectious agent that causes malaria is a :**
 - a) Protozoan parasite
 - b) Bacterial parasite
 - c) Viral parasite
 - d) Fungal parasite
10. **Which of the following malaria plasmodium is invasive in the blood?**
 - a) Gametocyte
 - b) Trophozoite
 - c) Merozoite
 - d) Sporozoite
11. **Which of these leprosy types is treated for a period of 6 months?**
 - a) Tuberculoid
 - b) Indeterminate
 - c) Borderline tuberculoid
 - d) Lepromatous

- 12. Treatment regimen for Category I TB patient on the continuation phase includes which Anti-TB drugs?**
- Isoniazid and Rifampicin
 - Pyrazinamide and Ethambutol
 - Ethambutol and Streptomycin
 - Pyrazinamide, Ethambutol,
- 13. Joseph Kumara is a Category ITB patient. He asked the nurse about the duration of his treatment regimen during the intensive phase. The nurse answered that the intensive phase in Category I patients' lasts for:**
- 2 months
 - 3 months
 - 4 months
 - 6 months
- 14. Prevention of TB includes Vaccinating new born babies with**
- BCG and Hep. B
 - DPT and Penta and BCG
 - Penta and BCG
 - Only BCG.
- 15. Tuberculosis is very contagious and transmits through**
- Vector vehicle
 - Aerial vehicle
 - Water vehicle
 - Food vehicle
- 16. Which mosquito genus is associated with the spreading the human malaria parasite?**
- Culex
 - Anopheles
 - Aedes
 - Lutzia
- 17. Level of prevention focused on the early sick and aimed to detect diseases at its early state:**
- Primary
 - Secondary
 - Tertiary
 - Quaternary
- 18. In leprosy if a high density of mycobacterium is identified in a microscopic film, the diagnosis is likely to be:**
- Tuberculoid
 - Indeterminate
 - Lepromatous
 - All of the above.
- 19. Which drug is not included in the treatment of leprosy?**
- Isoniazid
 - Rifampicin
 - Dapsone
 - Clofazimine
- 20. The treatment duration for the multibacillary leprosy group is:**
- ½ years
 - 1 year
 - 2 years
 - 3 years
- 21. Primary tuberculosis infects**
- Women who have many children.
 - Children only
 - Everyone at a certain point of time in their lifetime
 - Children with marasmus.
- 22. Which of these is one of the extra pulmonary tuberculosis?**
- Pulmonary tuberculosis
 - Primary tuberculosis
 - Secondary tuberculosis
 - Glandular tuberculosis.
- 23. The drugs abbreviations and the total treatment period for all new pulmonary tuberculosis cases is:**
- 2HRZE + 4HR
 - 4 HRZE + 2HR
 - 2 HRZE S + 4 HR
 - 3 HRZE + 5 HR.

24. A TB patient who runs away from hospital treatment and then return later is termed as a

- a) Default case
- b) Relapse case
- c) Run away TB case
- d) Old TB case

25. The initial or hospital treatment schedule for category 2 for TB patients is:

- a) 2HRZE
- b) 3HRZES
- c) 2HRZE + 4HR
- d) 5HRE

26. The causative agent for syphilis is a bacteria that categorized under the

- a) Spirochetes organism
- b) Rod organism
- c) Spherical organism
- d) Viral organism

27. The causative agent for syphilis is:

- a) Treponema Pallium
- b) Treponema Pinta
- c) Treponema Pallidum
- d) Treponema Perternue

28. Syphilis is characterized by the presentation of:

- a) Pimples and ulceration of the genitalia
- b) Purulent discharge from the genitalia
- c) Dysuria
- d) Paraphemosis

29. Syphilis is treated with:

- a) Procaine penicillin
- b) Crystalline penicillin
- c) Benzathine Penicillin
- d) Penicillin V

30. The following are characterized by offensive genital discharges EXCEPT

- a) Gonorrhoea, Chlamydia and trichomoniasis
- b) Chlamydia, trichomoniasis and syphilis
- c) Trichomoniasis, syphilis and herpes
- d) Syphilis, herpes and warts.

31. If the clinical findings is confirmed by laboratory investigation for trichomoniasis in a female patient:

- a) Treat with azithromycin
- b) Treat with ceftriaxone
- c) Treat with benzathine penicillin
- d) Treat with cotrimoxale and amoxicillin.

32. The drugs for treating gonorrhoea are ceftriaxone or azithromycin. These drugs are:-

- a) Analgesics
- b) Antibiotics
- c) Anti-pyrexial
- d) Steroids.

33. Malaria is common in Solomon Islands for years. It means it is

- a) A pandemic disease in the Solomon Islands
- b) An Endemic disease in the Solomon Islands
- c) An Epidemic disease in the Solomon Islands
- d) A sporadic disease in the Solomon Islands.

34. The third asexual phase of the plasmodium takes place in the

- a) Mosquito
- b) Liver
- c) Red blood Cells
- d) Salivary gland

35. In Uncomplicated malaria, plasmodium vivax is treated with:

- a) Three days coartem followed by 17days primaquine
- b) Three days coartem followed by 14 days Primaquine
- c) Primaquine 17 days followed by 3 days coartem
- d) Primaquine and coartem for 14 days.

36. The malaria parasites that are injected into the blood stream of a healthy person by the anopheles female mosquito are in the form of

- a) Hypnozoites
- b) Merozoites
- c) Sporozoites
- d) Trophozoites

37. The drug used for severe malaria during referral is

- Quinine suppository
- a) Artesunate injection
 - b) Artesunate suppository
 - c) Quinine injection

38. For an adult with severe malaria, treat with quinine I.V 20mg/Kg loading dose for the first 4 hours with an interval of 8 hours then maintain with

- 20mg/kg for every 6 hours
- a) 15mg/kg for every 6 hours
 - b) 10mg/kg for every 6 hours
 - c) 5mg/kg for every 6 hours

39. Which of these diseases does NOT transmit by contact?

- a) Diabetes
- b) Gonorrhoea
- c) Scabies
- d) Leprosy

40. Which of these is the head louse?

- a) Phthiriasis coputus
- b) Pediculus carpitis
- c) Pediculus corporis
- d) Phthiriasis occipitus

41. The scientific name for pubic louse is

- a) Phthiriasis coputus
- b) Pediculus carpitis
- c) Pediculus corporis
- d) Phthiriasis occipitus

42. Which is not a sign of diarrhea in children with no dehydration?

- a) Alert
- b) Skin pinch returns slowly
- c) Drink normally
- d) Fully conscious

43. A pregnant mother in her first trimester experiencing vaginal yellow-greenish discharge can be treated with;

- a) Azithromycin
- b) Cefrixazone
- c) Erythromycin
- d) Benzathine Penicillin.

44. An infection that caused by normal flora of the body with low degree of virulence but may take advantage when the body is immune-compromised is:

- a) Opportunistic infection
- b) Nosocomial infection
- c) Viral infection
- d) Parasitic infection

45. The following criteria is used to diagnose a child with diarrhea with some dehydration.

- a) Alert, skin pinch goes down slowly and conscious
- b) Irritable, drinks eagerly ,skin pinch goes back slowly
- c) Lethargic, irritable, and sunken eyes.
- d) Skin pinch goes back very slowly, irritable, and alert.

SECTION B: SHORT ANSWER QUESTIONS

(50 MARKS)

1. Differentiate the terms TB default case and a TB relapsed case. **(2 Marks)**

2. If you treat a patient for Chlamydia and she is still coming with the same discharge two weeks after, what would be your management? **(2 Marks)**

3. Jack is a positive Plasmodium Falciparum (PF++) Malaria case; explain your treatment plan. **(4 Marks)**

4. Explain the differences between TB/Leprosy contact tracing and follow-up. **(2 Marks)**

5. A patient was diagnosed by a visiting Medical officer on tour at your clinic with Hepatitis B and he is developing liver failure and hepatic encephalopathy. What measures would you include in this patient's nursing care plan before referring him to the hospital? **(4 Marks)**

6. Nicholson Smith a 35 year old School teacher of Kurukuru Secondary School comes in at your Outpatient department complaining of productive cough for the last three weeks with short of breath. He has chest pain and not eating well because of his illness. Wife said that he also spat out blood stained sputum last Sunday night. He is currently taking amoxicillin capsules 500mg oral three times a day with a given holy water but of no help. You suspect Pulmonary Tuberculosis.

a) Explain the pathophysiology of Tuberculosis by the presented signs and symptoms **(5 Marks)**

b) Describe your management plan for Mr. Nicholson assuming that you are at a Rural Health Clinic. **(5 Marks)**

c) Explain the roles of nurses in the Tuberculosis management program **(5 Marks)**

7. A 6 year old male child is presented to you at the clinic with the following signs and symptoms of severe Malaria. High fever, shivering, general weakness. Mother said that he also passing dark urine and has had fits twice at home.

a) You are to refer the child to Hospital, what are the best drugs to use before referring him? **(3 Marks)**

b) Explain the reasons for your drugs of choice. **(3 Marks)**

c) Explain the pathophysiology of severe malaria by the presenting signs and symptoms **(5 Marks)**

d) Assuming that you are at the Pikinini Clinic and the child is referred for your care. You have no Atesunate but Quinine ampoules in stock. You are to administer Quinine via an intravenous set with dextrose. Explain how you would give the treatment using 20mg/kg loading dose and 10mg/kg maintenance dose. **(10 Marks)**
