

2. RESPIRATORY

1. A 10-year-old boy who takes regular high dose inhaled steroids for his longstanding asthma has been advised to use bronchodilators to control his acute attacks. His parents are unsure when should he use his bronchodilator. What is the single most appropriate investigation?
 - a. Chest X-Ray
 - b. None
 - c. Peak flow rate diary
 - d. Pulse oximetry
 - e. Spirometry
2. A 15 months old baby girl presented to the ED with difficulty in breathing. Exam: she has intercostal recessions and a wheeze. Temp normal. What is the most likely diagnosis?
 - a. URTI
 - b. Pneumonia
 - c. Bronchiolitis
 - d. RDS
 - e. Alpha 1 antitrypsin deficiency
3. A young boy presents with fever and cough. His father was diagnosed with TB a week ago. The parents don't want him to have a Bronchoalveolar lavage under anesthesia. Which other samples can be taken for diagnosis?
 - a. Urine
 - b. Blood
 - c. CSF
 - d. Gastric washing
 - e. Sweat
4. A child is brought in with high grade fever, runny nose and bark-like cough. He is also drooling. What is the most appropriate treatment for this child?
 - a. Corticosteroids
 - b. Paracetamol
 - c. Adrenaline nebulizer.
 - d. IV antibiotics
 - e. Intubation under GA
5. A child who had been admitted for status asthmaticus appears to be improving. The most objective way for the doctor to evaluate the child's response to therapy is to
 - a. Auscultate the child's breath sounds
 - b. Monitor the child's respiratory pattern
 - c. Assess the child's lips for a decrease in cyanosis
 - d. Evaluate the child's current peak expiratory flow rate
 - e. Count respiratory rate for one minute
6. A child is brought in with high grade fever, runny nose and barking cough. He is toxic, distressed and drooling. What is the most appropriate treatment for the child?
 - a. Corticosteroids
 - b. Paracetamol
 - c. Adrenaline nebulizer
 - d. IV antibiotics
 - e. Endotracheal intubation
7. Apnea is not a feature of which one of the following?
 - a. Gastro esophageal reflux
 - b. Seizures
 - c. Sepsis
 - d. Inborn error of metabolism
 - e. Periodic breathing
8. What is the most effective way to prevent respiratory distress syndrome in a premature baby?
 - a. Intubation and ventilation
 - b. Ante-natal steroids to mother
 - c. Indomethacin
 - d. Prostacyclin
 - e. Incubator care
9. A premature baby, born at 28 weeks of gestation presents with respiratory distress. What is the most likely cause among the following?
 - a. Meconium aspiration
 - b. Lung hypoplasia
 - c. Respiratory distress syndrome
 - d. Pneumothorax
 - e. None of them
10. A 2 years old child present with severe stridor, toxic look, high grade fever, open mouth and dribbling saliva. On examination, you find him in severe respiratory distress. What is the most likely diagnosis?
 - a. Bronchiolitis
 - b. Tonsillitis
 - c. Epiglottitis
 - d. Laryngomalacia
 - e. Tracheomalacia

11. A 10 years old child has history of low grade fever, cough with hemoptysis and weakness for the last 4 weeks. His mother is on ATT for the last 4 months. What investigation given below will be diagnostic?

- a) Sputum examination for AFB
- b) CXR
- c) Blood culture
- d) Montoux test
- e) ESR

12) An 8 months old infant is brought with history of flu, fever, cough and fast breathing for the last 2 days. O/E, child has temperature of 100°F, RR 65/min and bilateral ronchi are heard on chest auscultation. What is most likely diagnosis?

- a) Bronchiolitis
- b) Croup
- c) Bronchopneumonia
- d) Epiglottitis
- e) Foreign body aspiration

13) A 8 years old boy has a 1 year history of recurrent cough that is worse at night and with exercise. His elder brother has also same problem. Which one of the following tests is most likely to assist you to make a diagnosis?

- a. Barium swallow
- b. Bronchoscopy
- c. Chest radiograph
- d. Pulmonary functions test
- e. Sweat chloride test

14. Neonate of Hepatitis B +ve mother should receive at birth:

- a. Hepatitis B vaccine
- b. Hepatitis B immunoglobulin
- c. Both a & b
- d. None of them
- d. Hepatitis A vaccine

15. 8 month old boy presented with history of low grade fever, cough and SOB for the last 2 days. On examination baby was in respiratory distress and there were subcostal recession's and bilateral Ronchi on Auscultation. What will be the finding on CXR?

- a. Hyperinflation
- b. Consolidation patch
- c. Pleural effusion
- d. Millary pattern
- e. Normal

16. A 3 months old infant with cough, whizzing and hypoxia was diagnosed as bronchiolitis. Which one is the most likely cause of bronchiolitis infants.

- a. Cytomegalonits
- b. Human metapneumonium
- c. Influenza virus
- d. Para influenza virus
- e. Respiratory syncytial virus

17. Which of the following is used as a first line therapy in management of acute Asthma attack

- a. Nebulized Salbutamol
- b. Adrenaline
- c. Terbutaline
- d. Aminophylline
- e. Hydrocortisone

18. The following is useful for the treatment of status asthmaticus

- a. Intravenous diazepam
- b. Intravenous adrenalin
- c. Disodium cromoglycate by inhalation
- d. Oral aminophylline
- e. Intravenous hydrocortisone

19. A toddler of 2 years of age is seen with a story of having swallowed an unknown number of aspirin tablets six hours previously. He is over breathing but not dehydrated. Serum salicylate concentration is 5.1 mmol/L (70 mg/100ml). Which of the following management steps should be taken?

- a. Only mild symptoms are to be anticipated
- b. Emesis should not be induced
- c. Respiratory alkalosis is characteristic
- d. Salicylate removal should be attempted by forced alkaline diuresis
- e. In severe poisoning the kidney is likely to be the organ most significantly damaged

1.A	2.C	3.D	4.E	5.D
6.E	7.E	8.B	9.C	10.C
11.A	12.A	13.D	14.C	15.A
16.E	17.A	18.E	19.D	

20. A 6 months child presents with fever and cough. His mother has rushed him to the casualty asking for help. Exam: temp=39°C and the child is feeding poorly. What is the most likely diagnosis?

- a. Bronchiolitis
- b. Asthma
- c. Bronchitis
- d. COPD
- e. Lung collapse

21. A 7-years-old school boy has been diagnosed with meningococcal meningitis. What is the advice for schoolmates and staff?

- a. Rifampicin for the whole class and family
- b. Rifampicin for the whole school and family
- c. Meningococcal vaccine for the family
- d. Benzylpenicillin
- e. IV cefotaxime

22. Central Cyanosis can be present in

- a. Pneumonia
- b. Cirrhosis
- c. VSD
- d. Acute exacerbation of asthma
- e. Ulcerative colitis

23. Bronchiolitis causative organism is usually

- a. Staphylococcus
- b. Resp syncytial virus
- c. Pneumococcus
- d. H. Influenza
- e. Mycoplasma

24. Following is true regarding Bronchiolitis

- a. Age range is 2-3 years
- b. Antibiotics must be given
- c. There is high grade fever
- d. Usually occurs from July to November
- e. X-ray findings may include hyperinflation with patchy atelectasis

25. A 12 year old child on anti-tuberculous therapy develops blurring of vision. Which one of the following drugs is responsible?

- a. INH
- b. Pyrazinamide
- c. Ethambutol
- d. Rifampicin
- e. Streptomycin

26. First line treatment of acute asthma attack is

- a. Steroids
- b. Oral salbutamol
- c. I.V aminophylline
- d. Inhaled/Nebulized salbutamol
- e. I.V antibiotics

27. Air bronchogram is pathognomonic feature of

- a. TIN (Transient Tachypnea of the Newborn)
- b. RDS (Respiratory Distress Syndrome)
- c. NEC (Necrotizing Enterocolitis)
- d. IVH (Intra Ventricular Hemorrhage)
- e. Pneumonia

28. Central cyanosis can be present in

- a. Pneumonia as per ARI classification
- b. Cirrhosis
- c. VSD
- d. An attack of status asthmaticus
- e. Ulcerative colitis

29. Clubbing is a regular feature of

- a. Asthma
- b. Consolidation
- c. Fallot's tetralogy
- d. Measles
- e. Pyloric stenosis

30. In a child of 11 months, Tachypnea will be defined as.

- a. Respiratory rate of 60/min or above
- b. Respiratory rate of more than 60/min
- c. Respiratory rate between 50 and 60/min
- d. Respiratory rate of more than 50/min
- e. Respiratory rate of 50/min or above

31. The most likely organism leading to Lobar Pneumonia in a 7 years old boy would be:

- A. E. Coli
- B. Group A streptococcus
- c. Meningococcus
- d. Pneumococcus
- e. H. Influenza B

32. Bronchiolitis is commonly cured by:

- a. Adeno virus
- b. H. Influenza
- c. Mycoplasma pneumonia
- c. Respiratory syncytial virus
- e. Streptococcus

33. First line treatment of Acute Asthma attack is:

- a. I.V. Salbutamol
- B. I.V. Steroids
- C. Inhaled/Nebulized Salbutamol
- D. Oral Steroids
- E. Oral Salbutamol

34. First line medications for status epilepticus include all the following EXCEPT:

- a. Rectal Diazepam
- b. Intravenous Lorazepam
- c. Intravenous Phosphenito
- d. Intravenous Phenobarbital
- e. Oral clonazepam

35. Administration of which of the following drug is the treatment of choice for Anaphylaxis?

- a. Adrenaline (1:1000) by intramuscular injection
- b. Diphenhydramine orally
- c. Diphenhydramine by I.V, infusion
- d. I.V. dexamethasone
- e. I.V. methyl prednisolone

36. A 10-year-old boy who takes regular high dose inhaled steroids for his longstanding asthma has been advised to use bronchodilators to control his acute attacks. His parents are unsure when should he use his bronchodilator. What is the single most appropriate investigation?

- a. CXR
- b. None
- c. Peak flow rate diary
- d. Pulse oximetry
- e. Spirometry

37. A 2yo girl presents with a 4 days history of fever that started with a cough. Her RR=45bpm, sat=94%, temp=38.9 °C, capillary refill time=1s. There are crepitations at the left base on auscultation. Urine shows negative dipstick. What is the single inv most likely to lead to diagnosis?

- a. Blood for C&S
- b. ESR
- c. CXR
- d. Urine for C&S
- e. CSF analysis

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- a. Blood for C&S
- b. ESR
- c. CXR
- d. Urine for C&S
- e. CSF analysis

39. A 12yo pt came to the OPD with complains of fever, malaise, weight loss, anorexia and productive cough. Exam: temp=39°C, pulse=100bpm. His mother says that he has a history of recurrent chest infections and he is not thriving well. What is the single most likely causative organism?

- a. Pneumococcal pneumonia
- b. Staphylococcus
- c. Mycobacterium TB
- d. Pseudomonas
- e. PCP

40. A 7-years-old presented with chronic cough and is also found to be jaundiced on examination. What is most likely diagnosis?

- a. Congenital diaphragmatic hernia
- b. Congenital cystic adenomatoid malformation
- c. Bronchiolitis
- d. RDS
- e. Alpha 1 antitrypsin deficiency

41. A 15m baby girl presented to the ED with difficulty in breathing. Exam: she has intercostal recessions and a wheeze. Temp-normal. What is the most likely diagnosis?

- a. URTI
- b. Pneumonia
- c. Bronchiolitis
- d. RDS
- e. Alpha 1 antitrypsin deficiency

42. A 12-year-old presents with chest pain. Exam: tachycardia, hypotension, dilated neck veins and the trachea is not centrally placed. What is the next appropriate management?

- a. Portable XR
- b. Needle thoracocentesis
- c. Chest drainage
- d. ABG
- e. CTPA

20.A	21.A	22.D	23.B	24.E
25.C	26.D	27.B	28.D	29.C
30.E	31.D	32.C	33.C	34.E
35.A	36.C	37.C	38.C	39.D
40.E	41.C	42.B	-----	-----

43. A young boy presents with fever and cough. His father was diagnosed with TB a week ago. The parents don't want him to have a Bronchoalveolar lavage under anesthesia. Which other samples can be taken for diagnosis?
- Urine
 - Blood
 - CSF
 - Gastric washing
 - Sweat
44. A 5-year-old with recurrent chest pain, finger clubbing with offensive stool. Choose the single most likely investigation?
- Endomysial/Alpha gladin antibody
 - Sweat test
 - Barium meal
 - ECG
 - Glucose tolerance test
45. A child is brought in with high grade fever, runny nose and bark-like cough. He is also drooling. What is the most appropriate treatment for this child?
- Corticosteroids
 - Paracetamol
 - Adrenaline nebulizer
 - IV antibiotics
 - Intubation under GA
46. A 7 years old boy with frequent episodic asthma is on treatment with sodium cromoglycate. His physician wants to add a non-steroid preventer. The mother of the boy, teacher, has just read about a nonsteroidal medication which acts on the mast cells, stopping them from releasing harmful chemicals. Her physician agrees to add this medication to the boy's drug regimen. Which medication is the physician most likely to add to the boy's treatment?
- Inhaled short acting bronchodilator
 - Subcutaneous adrenaline
 - Nedocromil Sodium
 - Inhaled long acting bronchodilator
 - Inhaled sodium cromoglycate
47. A child with complaints of cough. Characteristic inspiratory whoop present. Not immunized. Sample for investigation is?
- Nasopharyngeal swab
 - Tracheal aspiration
 - Cough plate culture
 - Sputum culture
 - None
48. A 4 years old baby present with low grade fever and malaise. Throat examination reveals grayish white membranes which is tightly and bleeds on an attempt to remove. The most likely diagnosis is:
- Acute follicular tonsillitis
 - Diphtheria
 - Herpetic infection
 - Oral thrush
 - Infectious mononucleosis
49. Corneal Ulceration is recognized complication of
- Mumps
 - Typhoid
 - Bronchiolitis
 - Cystic fibrosis
 - Measles
50. The diagnosis of pertussis is confirmed. The antibiotic of choice for an infant of 4 months age is:
- Azithromycin
 - Erythromycin
 - Penicillin
 - Trimethoprim-sulfamethoxazole
 - Vancomycin
51. Which of the following best describes the use of the TST in the treatment of children?
- It becomes positive within 2 weeks of exposure to TB.
 - It should be used routinely to screen all children
 - Prior bacillus Calmette-Guérin vaccination routinely causes a false-positive result.
 - The TST is the only appropriate screening test for TB.
 - Up to 15% of children who have clinical TB have a negative TST result

43.D	44.B	45.E	46.C
47.A	48.B	49.E	50.A

51.E