

**FACULTY OF HEALTH SCIENCES
DEPARTMENT OF NURSING SCIENCE**



PROGRAMME : FURTHER NATIONAL HIGHER DIPLOMA IN
PRIMARY HEALTH CARE: CLINICAL NURSING,
DIAGNOSIS, TREATMENT AND CARE

SUBJECT : PAPER 2:
MODULE 5: EMERGENCIES AND SURGICAL PROBLEMS
AT PRIMARY LEVEL
MODULE 6: DIGESTIVE SYSTEM AND ENDOCRINE
SYSTEM

CODE : GGP2057

DATE : SUPPLEMENTARY EXAMINATION DECEMBER 2014

DURATION : 3 HOURS

WEIGHT : 50:50

TOTAL MARKS : 100

EXAMINER : MRS KF MEINTJES

MODERATOR : DR SM MATABOGE

NUMBER OF PAGES : THIS PAPER CONSISTS OF 8 PAGES ONE ANNEXURE

INSTRUCTIONS : PLEASE ANSWER ALL THE QUESTIONS
ALL MARKS ARE EQUIVALENT TO HALF (½) MARK PER
FACT OR MOTIVATION, UNLESS OTHERWISE STATED

QUESTION 1

A 22-month-old boy is brought in by the mother. She says he has had watery yellow-green stools for two days, about 6 times in 24 hours. He is not vomiting and he is not feverish. He is the only one at home with this problem. It is the third episode. She did not give anything for the diarrhoea. They live in an informal settlement and use a communal tap for collecting water with 25ℓ buckets, with lids. They use the water for all purposes. They share a communal pit toilet and wash their hands with water after using the toilet. They are 6 people (2 adults and 4 children) in a one-room zinc hut with one window. They use paraffin for cooking and do not open windows, as it is too cold. The parents are employed as farm workers picking the vegetables from the land. The children do not receive child support grants. They eat a family diet of porridge three times a day, with marogo and amazi daily. They eat meat or chicken once a week after getting their weekly wages. The mother tested HIV negative once in her life. The last immunisation was done at 18 months where the baby was given 2 injections only. No other problems were identified through the rest of the history.

- 1.1 State and explain the differential diagnosis/es and problem list using the information from the given scenario. (28x½)=(14)

On examination:

General condition: Fair

Vital signs:

Temperature: 37°C

Pulse: 110 beats/minute, regular

Respiration rate: 30 breaths/minute

Weight:

Today: 8kg

At birth: 3kg

At 3 months: 5kg

At 6 months: 6kg

At 9 months: 7kg

At 12 months: 7.5kg

At 15 months: 8.4kg

At 18 months: 8.3kg

Urine: NAD

Gastro-intestinal system:

Mouth: NAD

Abdomen:

No distention

Slight tenderness on deep palpation of (L) iliac fossa

Bowel sounds mildly increased.

Skin turgor goes down in less than 2 seconds

He drinks the water offered by you very eagerly.

The rest of the physical is NAD

- 1.2 Plot the weights on the percentile provided. (Please write your name on it and hand it in with your question paper). (8x½)=(4)
- 1.3 Discuss the final diagnosis/es of this child. (14x½)=(7)
- 1.4 Describe the management of a child diagnosed with diarrhoea that you, as a PHC nurse, will do in the clinic. (14x½)=(7)
- *[32]**

QUESTION 2

A 25-year-old male from a rural area complains of pain and bleeding on passing a stool. It is the first episode.

- 2.1 Discuss the additional information would you gather on history taking to determine the possible cause/s. (20x½)=(10)

On examination:

General condition is satisfactory

Mouth and abdomen is NAD

Per rectum:

A small crack on the anterior edge of the anus, as well as a small reducible haemorrhoid is seen.

No other growths or enlarged prostate palpated.

2.2 State the final diagnosis for this patient (2x½)=(1)

2.3 Briefly explain the drug management of this patient. (4x½)=(2)

*[13]

QUESTION 3

A 54-year-old male complains of a scratch mark on his arm that does not heal. He has tried over-the-counter ointment, with no effect. This is not the first episode. He also states that lately he feels very thirsty and has to drink a lot of water.

3.1 Describe the additional history questions you would ask the patient to determine if this is Diabetes Mellitus Type 2. (12x½)=(6)

On examination you find the following:

- Vital data:
 - Blood Pressure: 140/90mmHg
 - Pulse: 72 beats per minute
 - Temperature: 36,5°C
 - Respiratory Rate 16 breaths per minute
- Random HGT: 13mmol/L
- Weight: 100kg
- Height: 170cm
- BMI: 34
- Waist circumference: 112cm
- Urine:
 - Glucose ++
 - Nitrates negative
 - Leucocytes negative
 - Protein negative
 - Blood negative
 - PH 7

- Abdomen:
 - Inspection, auscultation and percussion is NAD
 - Palpation:
 - Slight tenderness on light palpation of epigastric region
 - No guarding
- Skin:
 - Scratch mark noted on (R) arm
 - No signs of secondary infection seen
- Feet:
 - Toenails are cut very short
 - There is evidence of moist skin infection in between the toes.
- All other systems:
 - No problems detected.

3.2 State the most likely diagnosis/es and problem list for the parent in the scenario. Motivate your answer from the information provided by the patient and clinical findings on examination. (12x½)=(6)

3.3 Explain the drug management for this patient. (8x½)=(4)

3.4 Explain the routine blood investigations (not referral) that you as a PHC nurse would do on this patient. (6x½) = 3
*[19]

QUESTION 4

A 3-year-old boy is brought in by the mother after drinking paraffin.

4.1 Discuss the **assessment** (history and exam) that you would do to determine the extent of the paraffin poisoning. (20x½) =(10)

4.2 Describe the immediate management of this patient. (8x½)=(4)

Drinking paraffin is a home accident.

- 4.3 Discuss the health promotion/education you would give to a group of mothers in your PHC clinic with regard to the prevention of paraffin poisoning. (8x½)=(4)

***[18]**

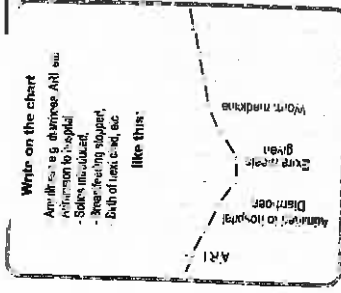
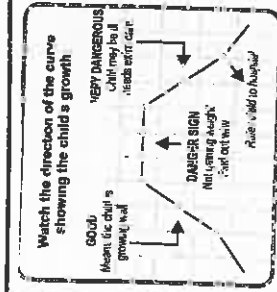
QUESTION 5

Read the scenarios given below, and for each of the following health problems:

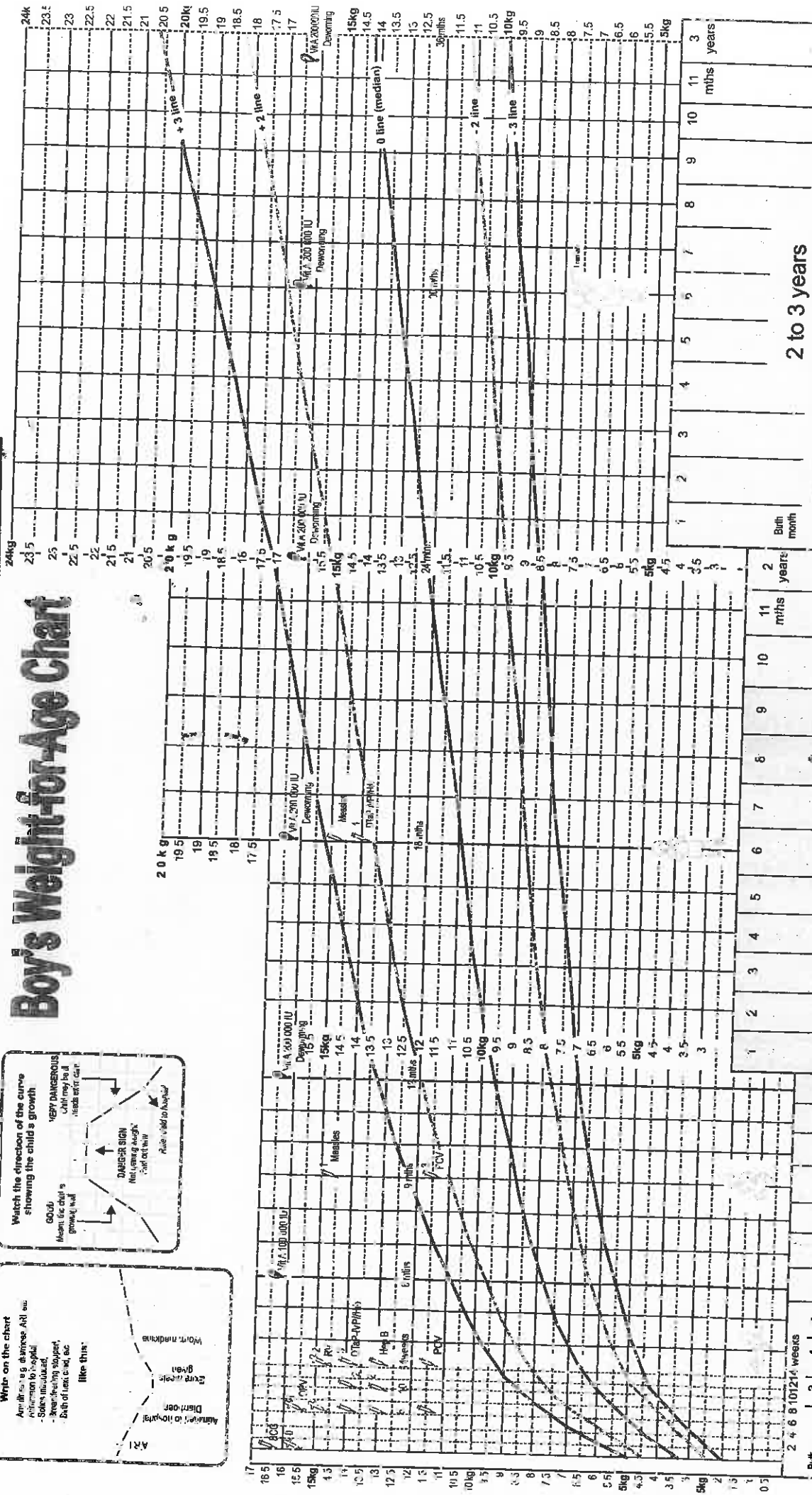
- (i) Give the most likely diagnosis, and
 - (ii) State whether you would (write A, B or C, do not re-write the treatment)
 - A. Treat the patient and discharge home (no referral)
 - B. Treat the patient and refer to hospital/doctor the same day (urgent referral)
 - C. Treat the patient and refer when convenient/later (non-urgent referral)
 - (iii) And, for each management chosen, motivate/give a reason why A, B or C.
- (a) A 54-year-old male is brought in by his wife. He is slightly confused. His random blood glucose is 25mmol/L. (1½)
- (b) A 24-year-old male is complaining of abdominal pain, nausea and blood in the stools. He was treated for the same problem last month with magnesium trisilicate 500mg orally, 2-4 tablets sucked when necessary. (1½)
- (c) A 60-year-old woman complains of 'something in the anus'. On per rectum (PR) examination there is a mass inside the rectum which is mildly tender. (1½)
- (d) A 44-year-old woman with epistaxis, and this is not the first episode. On examination her BP is 140/100 and her other vital signs are normal. There are no symptoms and signs of heart failure. (1½)
- (e) A 10-year-old boy has signs of shock and alleges to have fallen from a tree, but did not fall on his head and there are no other injuries except that his genitalia are very painful. (1½)

- (f) A 12-year-old boy was injured while playing rugby during the afternoon. He is not able to move his (L) arm and it severely swollen and painful. (1½)
- (g) A 30-year-old female was bitten by a black widow spider and is having double vision. (1½)
- (h) A 22-year-old farm worker is brought into the clinic with severe lacrimation, salivation and vomiting after spraying the crops this morning. (1½)
- (i) A 18-year-old with a painful left ear following a hard blow (hand clap) by the boyfriend on the ear last evening. On ear examination there is dry blood in the canal, and a laceration on the middle of the tympanic membrane.
- There is no loss of hearing and no further bleeding. (1½)
- (f) An 18-year-old complains of a nodular growth behind both her ear lobes which developed after piercing of ears 2 years ago. She requests that they be removed. (1½)
- (g) A 4-year-old presents with a non-painful swollen scrotum which is getting worse. On examination there is trans illumination (light shines through the fluid in the scrotum). (1½)
- (h) A 12-year-old male is brought in by the father, who is worried that his son's breasts are growing will be like a girl's. No history of pain. Examination of genitalia is NAD. (1½)
- *[18]**

SUBJECT: PRIMARY HEALTH CARE: CLINICAL NURSING, DIAGNOSIS, TREATMENT, AND CARE (GGP2057)



Boys Weight-for-Age Chart



Interpretation of lines:

This weight-for-age Chart shows body-weight relative to age in comparison to the median (0-line)

A boy whose weight-for-age is below the -2 line, is underweight
A boy whose weight-for-age is below the -3 line, is severely underweight. Clinical signs of Marasmus or Kwashiorkor may be observed
If her line crosses a z-score line and the shift is away from the median, this may indicate a problem or risk of a problem

Birth to 1 year