**CONTROLLING AND MEASURING FACILITIES OF PRACTICAL STUDIES**

**Lesson number 1.**

**Source Control on Introduction. Assessment and classification of diseases in children from 2 to 5 years. Assessment of general danger signs.**

**1 option.**

1. A child who has a problem with the ears, estimated by the following symptoms (2 holes).

A. Pain in the ear, pus.

B. An ulcer in the mouth.

C. Letargichen or unconscious.

D. Vomiting.

E. Swelling behind the ear.

2. Klassifitsiruyte ear problems. All answers are correct, EXCEPT:

A. Mastoiditis.

B. Acute ear infection.

C. Chronic ear infection.

D. No infection.

E. Eustace.

3. Signs of danger include:

A. Seizures, letargichen or unconscious.

B. The rise in temperature.

C. Cough.

D. Diarrhea.

E. Rash.

4. A child with cough or difficult breathing is assessed:

A. Stridor at rest, wheeze.

B. Cyanosis nasolabial triangle.

C. Tachycardia.

D. Bradycardia.

E. Rhinitis.

5. A child with cough or difficult breathing, the following stages of evaluation:

A. Prodolzhitelnoist cough counting the number of breaths per minute.

B. Evaluation soznanaiya.

C. Availability of seizures.

D. restless or irritable.

E. Can a child drink.

6.Signs of severe pneumonia or very severe disease, include:

A Chest indrawing or stridor at rest.

B. Rapid breathing.

C. Temperature 37 ° C.

D. indrawing of the chest and repeated wheeze.

E. Obstruction of the nose.

7. Treatment of the Child, which is classified as "no pneumonia. Wheeze, "carried out:

A. Rocephin.

B. Salbutamol.

C. Prednisolone.

D. Benzylpenicillin.

E. Bitsillin.

8. A child with diarrhea is assessed on the following criteria (3otv.):

A. How long does the child have diarrhea.

B. Is there blood in the stool.

C. Signs of dehydration.

D. Purulent foci.

E. cramps.

9. Signs of dehydration include:

A Sunken eyes, slow smoothing out the folds of skin.

B. The blood in the stool.

C. Heat.

D. Rapid breathing.

E. Vomiting.

10. Classifications to include all fevers, EXCEPT:

A. Undulating fever.

B. Prolonged fever.

C. Uncomplicated fever.

D. Very heavy febrile illness.

E. Possible bacterial infection.

**Source Control on Introduction. Assessment and classification of diseases in children from 2 to 5 years. Assessment of general danger signs.**

Option 2.

Signs of a risk are:

A. Vomiting after any food, drink.

B. Diarrhea.

C. Cough.

D. Low.

E. Rash.

2. A child with cough or difficult breathing, is estimated:

A. Rapid breathing, chest indrawing.

B. Tachycardia.

C. Bradycardia.

D. Rhinitis.

E. Cyanosis nasolabial triangle.

3. A child with cough or difficult breathing assessment is carried out the following steps:

A. Calculation of respiration per minute.

B. Calculation of the pulse per minute.

C. Definitions of life in lung volume.

D. Definitions of the boundaries of the lungs.

E. The definitions of the boundaries of the heart.

4. Diseases of the child who has a cough or difficulty breathing without signs of danger, indrawing of the chest, without rapid breathing is classified as:

A. Pneumonia.

B. Asthma.

C. It is a serious disease.

D. Pneumonia not. Cough or cold.

E. Bronchitis.

5. The child with the classification of "very severe febrile disease" requires the appointment of:

A. Aspirin at home.

B. Emergency hospitalization, paracetamol.

C. Treat the clinic.

D. Give acetaminophen with subsequent visit after 2 days.

E. Treatment with oral antibiotics at home.

6. By prolonged fever include:

A fever for 1 day.

B. Fever for 3 days.

C. Fever for 4 days.

D. Fever for 5 days or more.

E. Fever for 2 days.

7. In the presence of 2 or more signs of dehydration are classified as:

A. Moderate dehydration.

B. No dehydration.

C. Severe dehydration.

8. The types of diarrhea include all EXCEPT:

A. Heavy, or watery.

B. Acute.

C. Prolonged.

D. Dysentery.

E. Chronic.

9. The reaction of the skin fold is checked:

A. At the hands.

B. At the feet.

C. Between the navel and the side wall of the abdomen.

D. On the cheeks.

E. On the buttocks.

10. Child with a cough for 30 days or more should be evaluated with (3-hole.)

A TB specialist.

B. pulmonologist.

C. infectious diseases.

D. neurologist.

E. nephrologist.

**Challenges for the final inspection on the subject: Introduction. Assessment and classification of diseases in children from 2 to 5 years. Assessment of general danger signs.**

1. A child is sick for 6 days. In consciousness, restless. Stool thin, watery, mucus, no blood. Drinks with avidity. Specify the signs of danger: (3otv.)

A. sunken eyes.

B. The skin fold is straightened.

C. Skin fold crushes slowly.

D. Mr. Drinks with avidity.

E. Drinks bad.

2. Girl 6 months, weighs 5 lbs. The body temperature of 37 °. The child has a cough for 4 days. Respiratory rate 52 per minute. Indrawing of the chest there. Stridor at rest and wheeze is not marked. Possible manifestations of pneumonia in the child (2otv.):

A. sick for 4 days.

B. indrawing of the chest.

C. wheeze.

D. The number of breathing 52 per minute.

E.Stridor child.

3. Girl 6 months, the weight of 5 kg. The body temperature of 37 °. The mother was concerned that the child looks very thin. On examination no pallor palm, swelling of feet. Medical practice and found severe malnutrition. Specify the attributes:

A. Severe pallor of the palms.

B. Weight of the child corresponds to the age.

C. Weight of the child is low.

D. Swelling stop there.

E. Pale hands missing.

4. Boy 4 months, weight 5.5 kg. Low 38os. In the words of Mother diarrhea for 2 days. Blood in the stool does not. The child is not restless not annoyed. In consciousness, the eyes sunken. No thirst, skin fold is straightened immediately. Does your child have signs of dehydration:

A. Letargichen or unconscious.

B. sunken eyes.

C. Is there a thirst.

D. None of dehydration.

E. The skin fold is straightened slowly.

5. K. 3years, weight 11.5 kg. Low 38os. The girl has a cough, generalized rash, red eyes without purulent discharge. Measles.

Classify all signs except:

A. Lack of purulent discharge from the eyes.

B. Redness of the eye.

C. Cough.

D. Mr. Rash.

E. Low 38os.

6. P. 10 months, the weight of 8 kg. Temperature 37.5 a. Cough, rash all over his body. The doctor examined the child, danger signs were found. Enter these characters (3 holes).

A. The presence of seizures.

B. Fits no.

C. Letargichen.

D. In the consciousness.

E. Vomiting.

7. The boy 10 months. Temperature 37.5 a. Cough for 5 days. Respiratory rate 43 per minute. Indrawing of the chest there. Out date stridor and wheeze.

Your diagnosis:

A. Pneumonia.

B. Bronchitis.

C. Cough or cold.

D. Uncomplicated fever.

E. bronchiolitis.

8. C. for 2 years. High: 37 ° C. In the words of Mother temperature was observed for 7 days, was not measured, but the child was hot to the touch. During the 3-meyatsev measles and there was no neck stiffness.

Classify fever:

A. It is very difficult febrile illness.

B. Prolonged fever.

C. Uncomplicated fever.

D. Possible bacterial infection.

E. The temperature for this vozrvsta normal.

9. Girl 6 years complained of a sore throat, there is an increase of cervical lymph nodes, white patches in the throat. Drinks well.

Classify a sore throat:

A. Abscess of the pharynx.

B. Streptococcal pharyngitis.

C. Do not strep throat.

D. Diphtheria oropharynx.

E. Fungal sore throat.

10. The boy is 4 years old, weight 13 kg. Temperature 38.5 a. Keeps 2 days, crying, do not drink, no vomiting.

Classify a sore throat:

A. Abscess of the pharynx.

B. Streptococcal pharyngitis.

C. Do not strep throat.

D. Diphtheria oropharynx.

E. Fungal sore throat.

**Standards for the final control on the subject: Introduction. Assessment and classification of diseases in children from 2 to 5 years. Assessment of general danger signs.**

1 ACD

2 AD

3C

4 D

5 A

6 ACE

7 C

8 B

9 B

10 A

**Standards for the primary control on the subject: Introduction. Assessment and classification of diseases in children from 2 to 5 years. Assessment of general danger signs.**

1 option.

1AE

2 E

3 A

4 A

5 A

6 A

7 B

8 ABC

9 A

10 A

Option 2.

1 A

2 A

3 A

4 D

5 B

6 D

7 C

8 E

9 C

10 E

**Lesson number 2**

**"Assessment of general danger signs."**

**Source Control**

**Option 1**

1. A child 5 years of the hot to the touch within 6 days. General danger signs and no neck stiffness of muscles. Which do you choose a classification for the evaluation of the child, according to the IMCI program?

1. Very heavy febrile illness

2. prolonged fever

3. Bacterial infection

4. Measles

5. Uncomplicated fever

2. Child 1 year 39.5 first day of fever. The doctor on examination revealed a stiff neck. Which do you choose a classification for the evaluation of the child, according to the IMCI program?

1. Very heavy febrile illness

2. prolonged fever

3. Bacterial infection

4. Measles

5. Uncomplicated fever

3. A boy of 10 months. The body temperature of 38.5 aksilyarnoy for 3 days. His mother noticed blood in the stool of the child. The doctor found no signs of a common danger, cough or difficulty breathing, there was no rigidity of neck muscles. How do you select the classification in the module "Fever" for the evaluation of the child according to the IMCI program?

1. Very heavy febrile illness

2. prolonged fever

3. Possible bacterial infection

4. Measles

5. Uncomplicated fever

4. The child is 1 year, fell ill suddenly in the night, there was a shortness of breath, and difficulty accommodating places indrawing of the chest alone, hoarse voice, coarse "barking" cough, perioral cyanosis, lethargy. Hyperemic oropharynx. Diagnosis:

1. SARS with the croup syndrome, laryngeal stenosis, grade 2

2. Diphtheria of the nose with the croup syndrome,

3. Diphtheria laryngeal croup syndrome, laryngeal stenosis, grade 2

4. Foreign body nose

5. Allergic rhinitis

5. For croup syndrome is characterized by:

1. hoarseness, rough barking cough, breathing stenotic

2. expiratory dyspnea, wheezing music

3. asthma attacks during the long mourning

4. Mixed shortness of breath, wheezing

5. the clinic depends on the patient's age

6. A child 5 years of malaise, chilliness, low-grade temperature, difficult breathing through the nose, maceration of the skin under the nose, at first serous-hemorrhagic discharge from one nostril, then - from the other. In the nose ulcers, erosions. The disease occurs more than 10 days. Preliminary diagnosis:

1. Parainfluenza

2. Diphtheria of the nose

3. Rhinovirus infection

4. Foreign body nose

5. Allergic rhinitis

7. The boy 4 years old when viewed from the wet productive cough, shortness of breath at rest for 1 minute, no stridor, wheeze no compromise of the bottom of the chest there. The Program IV BDV selected next category - pneumonia.

What is your medical tactics Algorithm IV BDV:

1. The child should be admitted to hospital

2. Spent on R-graph of the chest

3.Naznachit parenteral antibiotic and oxygen therapy

4. Do not make the R-graph of the chest and assign oral antibiotic

5. Make and give salbutamol inhalation

8. Enter the main route of infection for EPKP?

1. Airborne dust.

2. Airborne.

3. Food.

4. Contact-household.

5. Sailing.

9. A child 4 years of fever for 3 days. Pronounced symptoms of colds. For the follow-up report when the mother's return to the re-examination:

1. 7 days

2. after 2days

3. after 1 day

4. cherez5 days

5. after 3 days

10. Which of the following signs is grounds for immediate return of the patient in a medical facility?

1. loss of appetite

2. morbid irritability

3. low-grade fever

4. convulsions

5. Porridge

**"Assessment of general danger signs."**

**Source Control**

**Option 2**

1. Early toxic diphtheria with myocarditis appears

1. 2 weeks

2. 2-3 days

3. after 9.5 days

4. in the first day

5. in 14 days

2. Boy, 7, 9 th day of illness. His condition was grave, pale, adinamichen. In the swollen tonsils, ear remnants of gray dense plaque-type "plus-cloth." Cardiac deaf. Reduced blood pressure, liver 2 cm, and abdominal pain. Swelling of the neck below the klyutchitsy. Put diagnosis:

1. Diphtheria oropharynx, toxic myocarditis

2. Diphtheria oropharynx, toxic

3. Diphtheria oropharynx, localized, congenital heart disease

4. Diphtheria oropharynx, toxic + ITSH

5. Diphtheria oropharynx, toxic hepatitis +

3. Boy, 4.5 months. Contracted gradually, the temperature of 37,5 º C, dry cough, hoarse voice. At the 3rd day of illness with cough, shortness of silent compromise of the jugular fossa, epigastrium. The sister had a sore throat a week ago. Put diagnosis:

1. Diphtheria oropharynx, a localized form of

2. Flu with croup syndrome

3. Diphtheria laryngeal stenosis of the II degree

4. Parainfluenza, croup syndrome

5.Paratonzillyarny abscess

4. Which zabolevaniemi more likely to have a differential diagnosis of cholera?

1. Escherichiosis.

2. Dysentery.

3. Rotavirus gastroenteritis.

4. Salmonellosis.

5. Poisoning by mushrooms.

5. After contact with cholera patients, how to deal with family members who Clinic OCI?.

1. Provisionally admitted to hospital

2. In the observatory;

3. In an insulator;

4. In the general ward;

5. Treated at home.

6. In what seasons of the year mainly recorded incidence of cholera?

1. In the spring.

2. Summer.

3. In the fall.

4. In the winter.

5. At any time of the year

7. The child has received gamma globulin on exposure to measles within 15 days of T 370, slight cough, runny nose. On the second day of spotty rash appeared simultaneously on the face, trunk, extremities, mucous muddy cheeks. Place the diagnosis?

1. Rubella

2. Scarlet fever

3. Measles

4. Enterovirus infection

5. Windy pox

8. In the hospital delivered a child 9 l, unconscious. Hyperthermia, the houses were cramping, and vomiting. On the skin of brown - brown pigmentation, light defurfuration. Meningeal signs pc. 9 days ago, a child suffered a "SARS" and "allergic rash". Place the diagnosis?

1. Meningococcal infections. Meningoencephalitis

2. Krasnuschii encephalitis

3. Measles is a period of pigmentation, encephalitis

4. Windy smallpox, tserebelit

5. Enterovirus infections, meningitis

9. A child 10 months on the 8th day of illness of measles increased cough, shortness of T-390. In the lungs - the sound of shortening the left lower corner of the shoulder, breathing hard, finely constant wheezing. What are complications?

1. Pleurisy

2. Bronchopneumonia

3. Bronchitis

4.Laringotraheit

5. Pneumothorax

10. Bulat 6 - years with his parents go to Africa. Assign the chemoprophylaxis of malaria.

1. metragil,

2. fansidar

3. rifampicin

4. sumamed

5. makmirror

**"Assessment of general danger signs."**

**Final control of**

1. In the hospital delivered a child 9 l, unconscious. Hyperthermia, the houses were cramping, and vomiting. On the skin of brown - brown pigmentation, light defurfuration. Meningeal signs pc. 9 days ago, a child suffered a "SARS" and "allergic rash". Place the diagnosis?

1. Meningococcal infections. Meningoencephalitis

2. Krasnuschii encephalitis

3. Measles is a period of pigmentation, encephalitis

4. Windy smallpox, tserebelit

5. Enterovirus infections, meningitis

2. A child 10 months on the 8th day of illness of measles increased cough, shortness of T-390. In the lungs - the sound of shortening the left lower corner of the shoulder, breathing hard, finely constant wheezing. What are complications?

1. Pleurisy

2. Bronchopneumonia

3. Bronchitis

4.Laringotraheit

5. Pneumothorax

3. A girl of 8 years after his arrival from Afghanistan with her parents became ill. Was diagnosed "Malaria". The clinical picture of malaria attack took place three stages: chills, fever, sweats. What form of malaria occurs with the above stages:

1. Three-day malaria

2. Four-day malaria

3. Tropical

4. ovale malaria

5. form of malaria is not important.

4. A child of 5 years from the feverish reaction to increasing T up to 38 a day. Consciousness is not lost. No jaundice. Anemia is not. The positive result of a blood smear for malaria.

Identify the treatment strategy on the recommendations of IMCI

1. metragil

2. hingamin

3. rifampicin

4. intron

5. ceftriaxone

5. Which of the following states the child is an indication for admission to the hospital?

1. White patches in throat

2. Swollen lymph nodes

3. Can not drink

4. Poor appetite

5. Morbid irritability

6. A child 2 years old with a mass of 14 kg, the disease is classified as "strep throat". What is the tactics of the patient on the IMCI program?

1. urgently admitted to hospital

2. intramuscularly Bitsillin-1, paracetamol, urgently admitted to hospital

3. intramuscularly Bitsillin-1

4. intramuscularly Bitsillin-1, paracetamol, throat Mitigating home means

5. means of mitigating the throat home

7. Which of the following signs is grounds for immediate return of the patient in a medical facility?

1. loss of appetite

2. morbid irritability

3. low-grade fever

4. convulsions

5. cough

8. If a doctor is at home with the child's sore throat, that he must necessarily explain the mother?

1. When he can walk

2. When to see a doctor immediately

3. How to collect the tests

4. How to care for a child

5. How to wash your hands

9. Boy, 4.5 months. Contracted gradually, the temperature of 37,5 º C, dry cough, hoarse voice. At the 3rd day of illness with cough, shortness of silent compromise of the jugular fossa, epigastrium. The sister had a sore throat a week ago. Put diagnosis:

1. Diphtheria oropharynx, a localized form of

2. Flu with croup syndrome

3. Diphtheria laryngeal stenosis of the II degree

4. Parainfluenza, croup syndrome

5.Paratonzillyarny abscess

10. Which zabolevaniemi more likely to have a differential diagnosis of cholera?

1. Escherichiosis.

2. Dysentery.

3. Rotavirus gastroenteritis.

4. Salmonellosis.

5. Poisoning by mushrooms

**"Assessment of general danger signs."**

**Standards replies**

|  |  |  |  |
| --- | --- | --- | --- |
| № | Option 1 | Option 2 | Final control |
| 1 | **2** | **3** | **3** |
| 2 | **2** | **1** | **2** |
| 3 | **3** | **3** | **4** |
| 4 | **1** | **3** | **2** |
| 5 | **1** | **1** | **3** |
| 6 | **2** | **1** | **4** |
| 7 | **4** | **2** | **4** |
| 8 | **4** | **3** | **2** |
| 9 | **2** | **3** | **3** |
| 10 | **4** | **2** | **1** |

**Lesson 3**:

**Source Control on**

**"Evaluation and Classification Program cough IMCI for the primary level of care":**

**Option number 1**

1. What a breath quickened for a child is 10 months. The BPI BDV (3 replies):

A) 50

B) 61

C) 48

D) 36

E) 54

2. What is your breath quickened for a child 2 years of BDV IV (3 replies):

A) 45

B) 36

C) 39

D) 53

E) 40

3. What is your breath quickened for a child 4.5 years of BDV IV (2 answers):

A) 43

B) 38

C) 35

D) 40

E) 32

4. What a breath quickened for a child is 6 months. The BPI BDV (4 responses):

A) 67

B) 45

C) 54

D) 59

E) 50

5. The girl goes to hospital with t 37,8 C, conjunctivitis, runny nose and cough. Auscultatory hard breathing and wheezing. What sign is necessary to consider the problem of "cough and shortness of breath" (Program IV BDV):

A) Runny nose

B) The Fever

C) Cough

D) conjunctivitis

E) Rigid breath

6. A boy of 3 years, arrives in the emergency room with shortness of breath, coughing. The physician should assess for IV BDV:

A) How long does a cough or difficulty breathing

B) Rapid breathing

C) compromise of the lower chest

D) Stridor at rest, wheeze

E) All of the above

7. A child 5 years with suspected whooping cough long. What changes to the UAC will confirm the diagnosis:

A), leukocytosis, neutrophilia, increased erythrocyte sedimentation rate

B), leukocytosis, lymphocytosis, lower ESR

C) normocytosis, neutrophils 44%, lymphocytes 46%, ESR 7 mm / hr

D) leukopenia, neutropenia, increased erythrocyte sedimentation rate

E), leukopenia, lymphocytosis, atypical monokleary, high ESR

Eight. A child two years with ARI night came barking cough, hoarseness, shortness of breath with long. What is the most likely diagnosis?

A) acute pneumonia

B) acute bronchitis

C) asthma

D) an acute laryngotracheitis constrictive

E), acute tonsillitis

9. The child is 10 years, the local doctor diagnosed flu. Which of the above contradicted the diagnosis below:

A) body temperature of 38-39 ° C

B), lethargy, drowsiness

C) a marble figure of the skin

D) excessive discharge from the nose. conjunctivitis

E), respiratory rate 30 per minute

10. Girl 2.5 months. coughing during the week. The temperature is normal. Last 2 days during the cough was observed transient apnea. The father of the child coughs during the month. Which of the following diseases is most likely?

A) SARS

B) pneumonia

C) obstructive bronchitis

D) Pertussis

E) a foreign body

**Standards of Responses:**

1. A, B, E

2. A, D, E

3. A, D

4. A, C, D, E

5. C

6. E

7. B

8. D

9. D

10. D

**Source Control on**

**"Evaluation and Classification Program cough IMCI for the primary level of care":**

**Option number 2**

1. What a breath quickened for a child is 9 months. The BPI BDV (3 replies):

A) 50

B) 61

C) 48

D) 36

E) 54

2. What a breath quickened for a child is 3 years for IV BDV (3 replies):

A) 45

B) 36

C) 39

D) 53

E) 40

3. What a breath quickened for a child is 3 years for IV BDV (2 answers):

A) 43

B) 38

C) 35

D) 40

E) 32

4. What a breath quickened for a child is 5 months. The BPI BDV (4 responses):

A) 67

B) 45

C) 54

D) 59

E) 50

5. In the waiting room at the child's first year, stridor at rest. Which category of IV BDV will be selected:

A) Acute laryngitis

B) The Croup

C) Severe pneumonia or very severe disease

D) Foreign body

E) Asthma

6. Three year old child in two weeks bothered cough, temperature is normal, no rhinitis. The last days of coughing followed by vomiting. Which of the following diseases is most likely in this case:

A) Measles

B) SARS

C) asthma

D) Pertussis

E), acute bronchitis

7. Girl 5 years arrives in the emergency room with shortness of breath, coughing. The physician should assess for IV BDV:

A) How long does a cough or difficulty breathing

B) Rapid breathing

C) compromise of the lower chest

D) Stridor at rest, wheeze

E) All of the above

8. 4 years old boy goes to the hospital: a t 37,6 C, conjunctivitis, runny nose and cough. Auscultatory hard breathing and wheezing. What sign is necessary to consider the problem of "cough and shortness of breath" (Program IV BDV):

A) Runny nose

B) The Fever

C) Cough

D) conjunctivitis

E) Rigid breath

9. Stenosis of the larynx is more common in children:

A) in newborn

B) from 0 to 6 months

C) from 6 months to 2 years

D) in all age groups

E) from 3 to 7 years

10. What is your breath quickened for a child 4 years of BDV IV (2 answers):

A) 43

B) 38

C) 35

D) 40

E) 32

**Standards of Responses:**

1 A B E

2 A D E

3 A D

4 A C D E

5 B

6 D

7 E

8 C

9 C

10 A D

**Final control of**

**on "Evaluation and Classification Program cough IMCI for the primary level of care":**

Task 1. Shortness of breath per minute in children from 2 months to 12 months is:

A. 35 or more

B. 45 and over

C. 50 or more

D. 60 or more

E. 55 or more

Task 2. Shortness of breath per minute in children aged 12 months to 5 years is:

A. 30 or more

B. 40 or more

C. 50 or more

D. 60 or more

E. 45 or more

Task 3. Indrawing of the lower rib cage during inspiration - is the next category:

A. Severe pneumonia or very severe disease

B. Pneumonia

C. Pneumonia not. Cough or cold

D. ARI

Task 4. The child is 2 years. Following the assessment identified - rapid breathing and indrawing of the lower rib cage during inspiration.

Your actions:

A. appoint amoxicillin and treated at home.

B. Emergency hospitalization.

C. Observe 6 hours, then re-evaluate.

D. Give the first dose of appropriate antibiotics and hospitalization.

E. Mitigate the throat and to cough with a safe means and hospitalized

Task 5. What a breath quickened for a child is 6 months. The BPI BDV:

A) 67

B) 45

C) 49

D) 36

E) 28

Task 6. The child enters the hospital: a t 38,0 C, conjunctivitis, runny nose and cough. Auscultatory hard breathing and wheezing. What sign is necessary to consider the problem of "cough and shortness of breath" (Program IV BDV):

A) Runny nose

B) The Fever

C) Cough

D) conjunctivitis

E) Rigid breath

Task 7. Girl 3 years old comes to the emergency room with shortness of breath, coughing.

The physician should assess for signs of IV BDV all except:

A) How long does a cough or difficulty breathing

B) Rapid breathing

C) compromise of the lower chest

D) Stridor at rest, wheeze

E), moist, productive cough

Task 8. A boy of 3 years stenosis of the larynx second degree with parainfluenza, put the emergency doctor, while he relied on the main symptom:

A) the absence of dyspnea

B) shortness of breath anxiety

C) inspiratory dyspnea at rest

D)-Stokes respiration Cheynz

E) aphonia

Task 9. Girl 2.5 months. coughing during the week. The temperature is normal. Last 2 days during the cough was observed transient apnea. The father of the child coughs during the month. Which of the following diseases is most likely?

A) SARS

B) pneumonia

C) obstructive bronchitis

D) Pertussis

E) a foreign body

Task 10. Three year old child in two weeks bothered cough, temperature is normal, no rhinitis. The last days of coughing followed by vomiting. Which of the following diseases is most likely in this case:

A) Measles

B) SARS

C) asthma

D) Pertussis

E), acute bronchitis

**Standards of responses to the final inspection on**

**"Evaluation and Classification Program cough IMCI for initial**

**level of care ":**

1 - C

2 - B

3 - A

4 - D

5 - A

6 - C

7 - E

8 - C

9 – D

10 – D

**Lesson number 4**

**Source Control on**

**"Assessment and classification of wheezing IMCI program for the primary level of care":**

**Option number 1**

1. What a breath quickened for a child is 10 months. The BPI BDV (3 replies):

A) 50

B) 61

C) 48

D) 36

E) 54

2. What is your breath quickened for a child 2 years of BDV IV (3 replies):

A) 45

B) 36

C) 39

D) 53

E) 40

3. What is your breath quickened for a child 4.5 years of BDV IV (2 answers):

A) 43

B) 38

C) 35

D) 40

E) 32

4. What a breath quickened for a child is 6 months. The BPI BDV (4 responses):

A) 67

B) 45

C) 54

D) 59

E) 50

5. The girl goes to hospital with t 37,8 C, conjunctivitis, runny nose and cough. Auscultatory hard breathing and wheezing. What sign is necessary to consider the problem of "cough and shortness of breath" (Program IV BDV):

A) Runny nose

B) The Fever

C) Cough

D) conjunctivitis

E) Rigid breath

6. A boy of 3 years, arrives in the emergency room with shortness of breath, coughing. The physician should assess for IV BDV:

A) How long does a cough or difficulty breathing

B) Rapid breathing

C) compromise of the lower chest

D) Stridor at rest, wheeze

E) All of the above

7. A child 5 years with suspected whooping cough long. What changes to the UAC will confirm the diagnosis:

A), leukocytosis, neutrophilia, increased erythrocyte sedimentation rate

B), leukocytosis, lymphocytosis, lower ESR

C) normocytosis, neutrophils 44%, lymphocytes 46%, ESR 7 mm / hr

D) leukopenia, neutropenia, increased erythrocyte sedimentation rate

E), leukopenia, lymphocytosis, atypical monokleary, high ESR

8. A child two years with ARI night came barking cough, hoarseness, shortness of breath with long. What is the most likely diagnosis?

A) acute pneumonia

B) acute bronchitis

C) asthma

D) an acute laryngotracheitis constrictive

E), acute tonsillitis

9. The child is 10 years, the local doctor diagnosed flu. Which of the above contradicted the diagnosis below:

A) body temperature of 38-39 ° C

B), lethargy, drowsiness

C) a marble figure of the skin

D) excessive discharge from the nose. conjunctivitis

E), respiratory rate 30 per minute

10. Girl 2.5 months. coughing during the week. The temperature is normal. Last 2 days during the cough was observed transient apnea. The father of the child coughs during the month. Which of the following diseases is most likely?

A) SARS

B) pneumonia

C) obstructive bronchitis

D) Pertussis

E) a foreign body

**Standards of Responses:**

1 A B E

2 A D E

3 A D

4 A C D E

5 C

6 E

7 B

8 D

9 D

10 D

**Source Control on**

**"Assessment and classification of wheezing IMCI program for the primary level of care":**

**Option number 2**

1. What a breath quickened for a child is 9 months. The BPI BDV (3 replies):

A) 50

B) 61

C) 48

D) 36

E) 54

2. What a breath quickened for a child is 3 years for IV BDV (3 replies):

A) 45

B) 36

C) 39

D) 53

E) 40

3. What a breath quickened for a child is 3 years for IV BDV (2 answers):

A) 43

B) 38

C) 35

D) 40

E) 32

4. What a breath quickened for a child is 5 months. The BPI BDV (4 responses):

A) 67

B) 45

C) 54

D) 59

E) 50

5. In the waiting room at the child's first year, stridor at rest. Which category of IV BDV will be selected:

A) Acute laryngitis

B) The Croup

C) Severe pneumonia or very severe disease

D) Foreign body

E) Asthma

6. Three year old child in two weeks bothered cough, temperature is normal, no rhinitis. The last days of coughing followed by vomiting. Which of the following diseases is most likely in this case:

A) Measles

B) SARS

C) asthma

D) Pertussis

E), acute bronchitis

7. Girl 5 years arrives in the emergency room with shortness of breath, coughing. The physician should assess for IV BDV:

A) How long does a cough or difficulty breathing

B) Rapid breathing

C) compromise of the lower chest

D) Stridor at rest, wheeze

E) All of the above

8. 4 years old boy goes to the hospital: a t 37,6 C, conjunctivitis, runny nose and cough. Auscultatory hard breathing and wheezing. What sign is necessary to consider the problem of "cough and shortness of breath" (Program IV BDV):

A) Runny nose

B) The Fever

C) Cough

D) conjunctivitis

E) Rigid breath

9. Stenosis of the larynx is more common in children:

A) in newborn

B) from 0 to 6 months

C) from 6 months to 2 years

D) in all age groups

E) from 3 to 7 years

10. What is your breath quickened for a child 4 years of BDV IV (2 answers):

A) 43

B) 38

C) 35

D) 40

E) 32

**Standards of Responses:**

1 A B E

2 A D E

3 A D

4 A C D E

5 B

6 D

7 E

8 C

9 C

10 A D

**The final control on**

**"Assessment and classification of wheezing IMCI program for the primary level of care":**

Task 1. Shortness of breath per minute in children from 2 months to 12 months is:

A. 35 or more

B. 45 and over

C. 50 or more

D. 60 or more

E. 55 or more

Task 2. Shortness of breath per minute in children aged 12 months to 5 years is:

A. 30 or more

B. 40 or more

C. 50 or more

D. 60 or more

E. 45 or more

Task 3. Indrawing of the lower rib cage during inspiration - is the next category:

A. Severe pneumonia or very severe disease

B. Pneumonia

C. Pneumonia not. Cough or cold

D. ARI

Task 4. The child is 2 years. Following the assessment identified - rapid breathing and indrawing of the lower rib cage during inspiration.

Your actions:

A. appoint amoxicillin and treated at home.

B. Emergency hospitalization.

C. Observe 6 hours, then re-evaluate.

D. Give the first dose of appropriate antibiotics and hospitalization.

E. Mitigate the throat and to cough with a safe means and hospitalized

Task 5. What a breath quickened for a child is 6 months. The BPI BDV:

A) 67

B) 45

C) 49

D) 36

E) 28

Task 6. The child enters the hospital: a t 38,0 C, conjunctivitis, runny nose and cough. Auscultatory hard breathing and wheezing. What sign is necessary to consider the problem of "cough and shortness of breath" (Program IV BDV):

A) Runny nose

B) The Fever

C) Cough

D) conjunctivitis

E) Rigid breath

Task 7. Girl 3 years old comes to the emergency room with shortness of breath, coughing.

The physician should assess for signs of IV BDV all except:

A) How long does a cough or difficulty breathing

B) Rapid breathing

C) compromise of the lower chest

D) Stridor at rest, wheeze

E), moist, productive cough

Task 8. A boy of 3 years stenosis of the larynx second degree with parainfluenza, put the emergency doctor, while he relied on the main symptom:

A) the absence of dyspnea

B) shortness of breath anxiety

C) inspiratory dyspnea at rest

D)-Stokes respiration Cheynz

E) aphonia

Task 9. Girl 2.5 months. coughing during the week. The temperature is normal. Last 2 days during the cough was observed transient apnea. The father of the child coughs during the month. Which of the following diseases is most likely?

A) SARS

B) pneumonia

C) obstructive bronchitis

D) Pertussis

E) a foreign body

Task 10. Three year old child in two weeks bothered cough, temperature is normal, no rhinitis. The last days of coughing followed by vomiting. Which of the following diseases is most likely in this case:

A) Measles

B) SARS

C) asthma

D) Pertussis

E), acute bronchitis

**Standards of responses to the final inspection on**

**"Assessment and classification of cough and shortness of breath on the IMCI program for the primary level of care":**

1C

2 B

3 A

4 D

5 A

6 C

7 D

8 C

9 D

10 D

**Lesson number 5**

**Source control on treatment of the child with difficulty breathing**

**Option number 1**

1. What a breath quickened for a child is 10 months. The BPI BDV (3 replies):

A) 50

B) 61

C) 48

D) 36

E) 54

2. What is your breath quickened for a child 2 years of BDV IV (3 replies):

A) 45

B) 36

C) 39

D) 53

E) 40

3. What is your breath quickened for a child 4.5 years of BDV IV (2 answers):

A) 43

B) 38

C) 35

D) 40

E) 32

4. What a breath quickened for a child is 6 months. The BPI BDV (4 responses):

A) 67

B) 45

C) 54

D) 59

E) 50

5. The girl goes to hospital with t 37,8 C, conjunctivitis, runny nose and cough. Auscultatory hard breathing and wheezing. What sign is necessary to consider the problem of "cough and shortness of breath" (Program IV BDV):

A) Runny nose

B) The Fever

C) Cough

D) conjunctivitis

E) Rigid breath

6. A boy of 3 years, arrives in the emergency room with shortness of breath, coughing. The physician should assess for IV BDV:

A) How long does a cough or difficulty breathing

B) Rapid breathing

C) compromise of the lower chest

D) Stridor at rest, wheeze

E) All of the above

7. A child 5 years with suspected whooping cough long. What changes to the UAC will confirm the diagnosis:

A), leukocytosis, neutrophilia, increased erythrocyte sedimentation rate

B), leukocytosis, lymphocytosis, lower ESR

C) normocytosis, neutrophils 44%, lymphocytes 46%, ESR 7 mm / hr

D) leukopenia, neutropenia, increased erythrocyte sedimentation rate

E), leukopenia, lymphocytosis, atypical monokleary, high ESR

8. A child two years with ARI night came barking cough, hoarseness, shortness of breath with long. What is the most likely diagnosis?

A) acute pneumonia

B) acute bronchitis

C) asthma

D) an acute laryngotracheitis constrictive

E), acute tonsillitis

9. The child is 10 years, the local doctor diagnosed flu. Which of the above contradicted the diagnosis below:

A) body temperature of 38-39 ° C

B), lethargy, drowsiness

C) a marble figure of the skin

D) excessive discharge from the nose. conjunctivitis

E), respiratory rate 30 per minute

10. Girl 2.5 months. coughing during the week. The temperature is normal. Last 2 days during the cough was observed transient apnea. The father of the child coughs during the month. Which of the following diseases is most likely?

A) SARS

B) pneumonia

C) obstructive bronchitis

D) Pertussis

E) a foreign body

**Standards of Responses:**

1 A B E

2 A D E

3 A D

4 A C D E

5 C

6 E

7 B

8 D

9 D

10 D

**Source control on treatment of the child with difficulty breathing**

**Option number 2**

1. What a breath quickened for a child is 9 months. The BPI BDV (3 replies):

A) 50

B) 61

C) 48

D) 36

E) 54

2. What a breath quickened for a child is 3 years for IV BDV (3 replies):

A) 45

B) 36

C) 39

D) 53

E) 40

3. What a breath quickened for a child is 3 years for IV BDV (2 answers):

A) 43

B) 38

C) 35

D) 40

E) 32

4. What a breath quickened for a child is 5 months. The BPI BDV (4 responses):

A) 67

B) 45

C) 54

D) 59

E) 50

5. In the waiting room at the child's first year, stridor at rest. Which category of IV BDV will be selected:

A) Acute laryngitis

B) The Croup

C) Severe pneumonia or very severe disease

D) Foreign body

E) Asthma

6. Three year old child in two weeks bothered cough, temperature is normal, no rhinitis. The last days of coughing followed by vomiting. Which of the following diseases is most likely in this case:

A) Measles

B) SARS

C) asthma

D) Pertussis

E), acute bronchitis

7. Girl 5 years arrives in the emergency room with shortness of breath, coughing. The physician should assess for IV BDV:

A) How long does a cough or difficulty breathing

B) Rapid breathing

C) compromise of the lower chest

D) Stridor at rest, wheeze

E) All of the above

8. 4 years old boy goes to the hospital: a t 37,6 C, conjunctivitis, runny nose and cough. Auscultatory hard breathing and wheezing. What sign is necessary to consider the problem of "cough and shortness of breath" (Program IV BDV):

A) Runny nose

B) The Fever

C) Cough

D) conjunctivitis

E) Rigid breath

9. Stenosis of the larynx is more common in children:

A) in newborn

B) from 0 to 6 months

C) from 6 months to 2 years

D) in all age groups

E) from 3 to 7 years

10. What is your breath quickened for a child 4 years of BDV IV (2 answers):

A) 43

B) 38

C) 35

D) 40

E) 32

**Standards of Responses:**

1 A B E

2 A D E

3 A D

4 A C D E

5 B

6 D

7 E

8 C

9 C

10 A D

**The final control on**

**"Treating a child with breathing difficulties":**

Task 1. Shortness of breath per minute in children from 2 months to 12 months is:

A. 35 or more

B. 45 and over

C. 50 or more

D. 60 or more

E. 55 or more

Task 2. Shortness of breath per minute in children aged 12 months to 5 years is:

A. 30 or more

B. 40 or more

C. 50 or more

D. 60 or more

E. 45 or more

Task 3. Indrawing of the lower rib cage during inspiration - is the next category:

A. Severe pneumonia or very severe disease

B. Pneumonia

C. Pneumonia not. Cough or cold

D. ARI

Task 4. The child is 2 years. Following the assessment identified - rapid breathing and indrawing of the lower rib cage during inspiration.

Your actions:

A. appoint amoxicillin and treated at home.

B. Emergency hospitalization.

C. Observe 6 hours, then re-evaluate.

D. Give the first dose of appropriate antibiotics and hospitalization.

E. Mitigate the throat and to cough with a safe means and hospitalized

Task 5. What a breath quickened for a child is 6 months. The BPI BDV:

A) 67

B) 45

C) 49

D) 36

E) 28

Task 6. The child enters the hospital: a t 38,0 C, conjunctivitis, runny nose and cough. Auscultatory hard breathing and wheezing. What sign is necessary to consider the problem of "cough and shortness of breath" (Program IV BDV):

A) Runny nose

B) The Fever

C) Cough

D) conjunctivitis

E) Rigid breath

Task 7. Girl 3 years old comes to the emergency room with shortness of breath, coughing.

The physician should assess for signs of IV BDV all except:

A) How long does a cough or difficulty breathing

B) Rapid breathing

C) compromise of the lower chest

D) Stridor at rest, wheeze

E), moist, productive cough

Task 8. A boy of 3 years stenosis of the larynx second degree with parainfluenza, put the emergency doctor, while he relied on the main symptom:

A) the absence of dyspnea

B) shortness of breath anxiety

C) inspiratory dyspnea at rest

D)-Stokes respiration Cheynz

E) aphonia

Task 9. Girl 2.5 months. coughing during the week. The temperature is normal. Last 2 days during the cough was observed transient apnea. The father of the child coughs during the month. Which of the following diseases is most likely?

A) SARS

B) pneumonia

C) obstructive bronchitis

D) Pertussis

E) a foreign body

Task 10. Three year old child in two weeks bothered cough, temperature is normal, no rhinitis. The last days of coughing followed by vomiting. Which of the following diseases is most likely in this case:

A) Measles

B) SARS

C) asthma

D) Pertussis

E), acute bronchitis

**Standards of responses to the final inspection on**

**"Treating a child with breathing difficulties":**

1 C

2 B

3 A

4 D

5 A

6 C

7 E

8 C

9 D

10 D

**Lesson number 6**

**Source Control on "Evaluation and Classification Program IMCI diarrhea**

**for the primary level of care ":**

**Option number 1**

1. Child 3 months to 5 kg., Sick of secretory diarrhea. On examination, restless, drinks greedily, dry mouth and tongue, skin fold quickly straightened, his eyes slightly sunken. According to the WHO program for control of diarrheal diseases he was appointed Rehydron. Choose the correct answer:

A 75ml \ kg for 4 hours

B 50ml \ kg for 4 hours

C 100ml \ kg for 4 hours

D. 30ml \ kg for 4 hours

E 45ml \ kg for 4 hours

2. Child 3 months with a mass of 4 kg is sick with diarrhea. When viewed letargichen, sluggish, skin fold is not straightened, anuria, does not drink. Identify tactics according to the WHO doctor:

A. start of the intravenous fiz.rastvora rascheta75ml \ kg

B.Used to start intravenous fiz.rastvora rate of 100 ml \ kg

C. At the start intravenous fiz.rastvora rate of 150 ml \ kg

D. to start intravenous fiz.rastvora rate of 80 ml \ kg

E. start intravenous fiz.rastvora rate of 5 - ml \ kg

3. A child 4 years from the OCI has been detected signs of dehydration. According to the WHO program for control of diarrheal diseases he was appointed Rehydron. Choose the correct answer:

A 50-75 ml after each loose stool H. 1.0 liter for 4 hours

B 75-100 ml after each loose stool D. 1.5 liters in 4 hours

C. 100-200 mL after each loose stool

4. The child program IMCI classified prolonged diarrhea. What data have allowed the doctor to set history this classification?

A. Diarrhea for 1 month or more

B. Diarrhea for 1.5 months or more

C. Diarrhea for 10 days or more

D. Diarrhea for 14 days or more

E. Diarrhea for 21 days or more

5. The child is 7 months old. In the words of his mother for 5 days with loose stools with blood 2-3 times a day and repeated vomiting. He was moody, irritable, lethargic, not eating almost nothing, his eyes sunken, skin fold of crushes slowly. What is the severity of dehydration in the child?

A. Severe dehydration

B. Very severe dehydration

C. Moderate dehydration

D. None of dehydration

E. dysentery, severe dehydration

6. According to the IMCI program on the basis of which exhibited clinical signs of dysentery classification?

A. Loose stools with mucus

B. Liquid offensive stools

C. Loose stools with a touch of green

D. Loose stools mixed with blood;

E. Loose stools with abdominal pain

7. Which of the following characteristics are the basis for the formulation of the classification of "severe dehydration":

A sunken eyes, thirst;

B. The skin fold is straightened immediately, letargichen;

C. Drinks eagerly, skinfold crushes slowly;

D. The skin fold is straightened very slowly;

E. Can not drink, sunken eyes;

8. When the diagnosis of moderate dehydration, oral rehydration therapy which plan to appoint a doctor?

A. Plan A

B. Plan B

C. Plan B

D. neither A nor Plan B

E. Plan C

9. Alexander 7 months, she weighs 8 kg. Low 37 ° of her body. Her mother brought her to the clinic because she had diarrhea. The mother said that diarrhea began 3 days ago. In the chair is no blood. Alexander is not lethargic, and in the mind. Her eyes are not sunken. When she was offered a liquid, Alexander drank greedily. Skinfold crushes immediately. As the severity of dehydration is classified by Alexander?

A. It is very difficult dehydration

B. Severe dehydration

C. Moderate dehydration

D. Weak dehydration

E. None of dehydration

10. Which of the following conditions are contraindicated for the child of oral rehydration therapy?

A. Repeated vomiting

B. Copious watery stools

C. anacatharsis

D. Poor appetite

E. painful irritability

**Standards of responses to the primary control on the "Evaluation and Classification Program IMCI diarrhea for a primary level of care":**

**Option number 1**

1 A

2 B

3 C

4 E

5 C

6 E

7 D

8 B

9 D

10 C

**Source Control on "Evaluation and Classification Program IMCI diarrhea for a primary level of care":**

**Option number 2**

1. If a doctor is at home a child with diarrhea, it must necessarily explain the mother?

A. When it is possible to walk

B. When to immediately see a doctor

C. How do I collect the tests

D. How to care for a child

E. How to wash your hands

2. Which of the following characteristics are the basis for the formulation of the classification of severe dehydration:

A sunken eyes, thirst;

B. The skin fold is straightened immediately, restless;

C. Drinks with avidity; skinfold crushes slowly;

D. The skin fold is straightened very slowly;

E. Can not drink, sunken eyes;

3. The child is 3 years. On examination, he exhibited the diagnosis of "protracted diarrhea." How does the district pediatrician in this case?

A rush to the hospital

B. Leave at home, explain to mothers how to feed, to appoint immunomodulators

C. Leave at home, explain to mothers how to feed, to appoint agents of zinc

D. Leave the home, treat the dehydration of zinc to appoint agents

E. Submit to the hospital, before being sent to treat dehydration;

4. The child is 9 months. On examination, he exhibited the diagnosis of "Severe prolonged diarrhea." How does the district pediatrician in this case?

A rush to the hospital

B. Leave at home, explain to mothers how to feed, to appoint immunomodulators

C. Leave at home, explain to mothers how to feed, to appoint agents of zinc

D. Leave the home, treat the dehydration of zinc to appoint agents

E. Submit to the hospital, before being sent to treat dehydration;

5. A child 4 years from the OCI has been detected signs of dehydration. According to the WHO program for control of diarrheal diseases he was appointed Rehydron. Choose the correct answer:

A 50-75 ml after each loose stool H. 1.0 liter for 4 hours

B 75-100 ml after each loose stool D. 1.5 liters in 4 hours

C. 100-200 mL after each loose stool

6. Child 3 months with a mass of 4 kg is sick with diarrhea. When viewed letargichen, sluggish, skin fold is not straightened, anuria, does not drink. Identify tactics according to the WHO doctor:

A. start of the intravenous fiz.rastvora rascheta75ml \ kg

B.Used to start intravenous fiz.rastvora rate of 100 ml \ kg

C. At the start intravenous fiz.rastvora rate of 150 ml \ kg

D. to start intravenous fiz.rastvora rate of 80 ml \ kg

E. start intravenous fiz.rastvora rate of 50 ml \ kg

7. Which of the following conditions are contraindicated for the child of oral rehydration therapy?

A. Repeated vomiting

B. Copious watery stools

C. anacatharsis

D. Poor appetite

E. painful irritability

8. The child is 7 months old. In the words of his mother for 5 days with loose stools with blood 2-3 times a day and repeated vomiting. He was moody, irritable, lethargic, not eating almost nothing, his eyes sunken, skin fold of crushes slowly. What is the severity of dehydration in the child?

A. Severe dehydration

B. Very severe dehydration

C. Moderate dehydration

D. None of dehydration

E. dysentery, severe dehydration

9. In setting up the classification of dysentery which patients are subject to compulsory admission to hospital?

A. If he has symptoms of mild dehydration

B. If he has signs of severe dehydration

C. If he does not have signs of dehydration

D. if he has a bacteriological confirmation

E. if he loose stools with blood

10. Rita 14 months. Rita's mother said the child's diarrhea lasts 3 weeks. Rita is no general danger signs. In the chair is no blood. Child painful irritated during the inspection. Her eyes are not sunken. She drank greedily. Skinfold crushes immediately.Rita classify the disease:

A protracted diarrhea

B. The prolonged diarrhea, severe dehydration

C. Prolonged diarrhea, mild dehydration

D. Prolonged diarrhea, dehydration is not

E. Severe protracted diarrhea

**Standards for the primary control on the topic "Assessment and classification of diarrhea**

**IMCI program for the primary level of care ":**

**Option number 2**

1 B

2 D

3 C

4 D

5 C

6 B

7 C

8 C

9 B

10 D

**The final control on the topic "Assessment and classification of diarrhea**

**IMCI program for the primary level of care ":**

Task 1. In Azat diarrhea lasts 5 days. He has no blood in the stool. He painfully irritated. He has sunken eyes. His father and mother are also finding that Azat sunken eyes. The doctor suggested Azat a little water, the child drinks eagerly. The doctor examined the reaction of the skin folds on the abdomen of the child - a skin fold of crushes slowly.

Categorize signs Azat and record it in a form for recording.

Task 2. Dina diarrhea lasts 3 days. It has no blood in the stool. The child does not letargichen in mind. It is not painful irritable and restless. Her sunken eyes. She can drink and it does not thirst. Skinfold crushes immediately. Note the signs of dehydration and classify them in the form for recording.

Task 3. In Gaul diarrhea lasts 3 days. It has no blood in the stool. She is morbidly irritable and restless. Her sunken eyes. She can not drink. Skinfold crushes slowly.

Classify and record signs of Gaul is a form for recording.

Task 4. The 2-year-old Vanya diarrhea lasts 5 days. He has no blood in the stool. The doctor evaluates the child's degree of dehydration. The child does not letargichen in mind. It is not painful irritated and restless. His eyes look normal. When he was offered water, the child drinks eagerly. Skinfold crushes immediately.

Classify and identify signs of dehydration treatment.

Task 5. Maya has led to the surgery because she had diarrhea lasts for 4 days. She is 2 years. She weighs 10 kg. Maya has no general danger signs. The doctor asked the mother if Maia Does blood in the stool? Her mother replied, "No". Maya is not lethargic, and in the mind. It is not painful irritable and restless. Her eyes are not sunken. When she was offered water, Mayan drink greedily. Skinfold crushes slowly.

Classify and identify signs of dehydration treatment.

Task 6. Rita 14 months. It weighs 8.5 kg. Rita's mother said the child's diarrhea lasts 3 weeks. Rita is no general danger signs. She has no cough or difficulty breathing. Health worker assessed the child diarrhea. He noted that diarrhea lasts 21 days. He asked if there was blood in the stool of the child. The mother answered "No". Health worker checked for signs of dehydration Rita. Child painful irritated during the inspection. Her eyes are not sunken. She drank greedily. Skinfold crushes immediately.

Classify the signs of Rita and write them in a form to record.

Task 7. Iskander 7 months. He weighs 8 lbs. His mother brought him to the clinic because he had diarrhea. He has no signs of danger. Diarrhea started 2 days ago. In the chair is no blood. Iskander is not letargichen in mind. The child is not painful irritated and restless. Iskander drank greedily, his thirst. Skinfold crushes immediately.

Classify and identify signs of dehydration treatment.

Task 8. Karine 3 years. It weighs 12.8 kg. Her mother brought her to the clinic because she had diarrhea. The child has no general danger signs. In the words of diarrhea in the mother Karina continues for more than 2 weeks. In the chair there is no blood. Kareena is constantly crying during the examination, even a mother can not calm her down. Her eyes are not sunken. She can drink and it does not thirst. Skinfold crushes immediately.

Classify the signs of the disease and determine treatment.

Task 9. Renate 10 months. It weighs 9.5 kg. He was now brought to the clinic because her mother noticed blood in the stool. Diarrhea had continued for 3 days. Renata has no general danger signs. The child does not letargichen in mind. He is not capricious and calm during the examination. His eyes are not sunken. When he was offered water, he drinks no hunting. Skinfold crushes immediately.

Classify and identify features Renata treatment.

Task 10. Serik sick for 6 days. Today it was brought to the clinic because he had the vomiting. My mother said that in the stool is bloody. Serik 8 months old, weighs 7.2 kg. He is conscious, not letargichen. On examination, not restless. The doctor determined in Serik sunken eyes. When he was offered water, reaching for a bottle of Serik and does not want to let her go. Skinfold crushes slowly.

Classify and identify signs of Serik treatment.

**Standards of responses to the final inspection on**

**"Evaluation and Classification Program IMCI diarrhea**

**for the primary level of care ":**

1 - Mild dehydration. There are 3 characteristic of the yellow series: sunken eyes, thirst, skin fold crushes slowly.

2 - No dehydration. It is not enough evidence - only one, sunken eyes.

3 - Moderate dehydration. There are two characteristic of the yellow series: restless, sunken eyes.

4 - No obe6zvozhivaniya. Only one sign - a thirst. Plan A: 100-200ml. after each stool.

5 - Moderate dehydration. There are two characteristic of the yellow series: thirst, skin fold crushes slowly. Plan B: 75x 100 = 750 ml for 4 hours.

6 - The prolonged diarrhea, mild dehydration. The final klassifikaktsiya - severe prolonged diarrhea.

7 - No dehydration, Plan A 50-100ml after each stool.

8 - Protracted diarrhea. Plan A, explain how to feed the mother with prolonged diarrhea. Follow-up visit after 5 days.

9 - No dehydration. Dysentery. Plan A, oral antibiotics 5 days. Follow-up visit in 2 days.

10 - Moderate dehydration. Dysentery. Plan B, an oral antibiotic 5 days. Follow-up visit in 2 days.

**Lesson number 7**

**"Identification of treatment for diarrhea"**

**Source Control**

**Option 1**

1. If a doctor is at home a child with diarrhea, it must necessarily explain the mother?

A. When it is possible to walk

B. When to immediately see a doctor

C. How do I collect the tests

D. How to care for a child

E. How to wash your hands

2. Which of the following characteristics are the basis for the formulation of the classification of severe dehydration:

A sunken eyes, thirst;

B. The skin fold is straightened immediately, restless;

C. Drinks with avidity; skinfold crushes slowly;

D. The skin fold is straightened very slowly;

E. Can not drink, sunken eyes;

3. The child is 3 years. On examination, he exhibited the diagnosis of "protracted diarrhea." How does the district pediatrician in this case?

A rush to the hospital

B. Leave at home, explain to mothers how to feed, to appoint immunomodulators

C. Leave at home, explain to mothers how to feed, to appoint agents of zinc

D. Leave the home, treat the dehydration of zinc to appoint agents

E. Submit to the hospital, before being sent to treat dehydration;

4. The child is 9 months. On examination, he exhibited the diagnosis of "Severe prolonged diarrhea." How does the district pediatrician in this case?

A rush to the hospital

B. Leave at home, explain to mothers how to feed, to appoint immunomodulators

C. Leave at home, explain to mothers how to feed, to appoint agents of zinc

D. Leave the home, treat the dehydration of zinc to appoint agents

E. Submit to the hospital, before being sent to treat dehydration;

5. A child 4 years from the OCI has been detected signs of dehydration. According to the WHO program for control of diarrheal diseases he was appointed Rehydron. Choose the correct answer:

A 50-75 ml after each loose stool H. 1.0 liter for 4 hours

B 75-100 ml after each loose stool D. 1.5 liters in 4 hours

C. 100-200 mL after each loose stool

6. Child 3 months with a mass of 4 kg is sick with diarrhea. When viewed letargichen, sluggish, skin fold is not straightened, anuria, does not drink. Identify tactics according to the WHO doctor:

A start of the intravenous fiz.rastvora rascheta75ml \ kg

B start intravenous fiz.rastvora rate of 100 ml \ kg

C start intravenous fiz.rastvora rate of 150 ml \ kg

D start intravenous fiz.rastvora rate of 80 ml \ kg

E start intravenous fiz.rastvora rate of 50 ml \ kg

7. Which of the following conditions are contraindicated for the child of oral rehydration therapy?

A. Repeated vomiting

B. Copious watery stools

C. anacatharsis

D. Poor appetite

E. painful irritability

8. The child is 7 months old. In the words of his mother for 5 days with loose stools with blood 2-3 times a day and repeated vomiting. He was moody, irritable, lethargic, not eating almost nothing, his eyes sunken, skin fold of crushes slowly. What is the severity of dehydration in the child?

A. Severe dehydration

B. Very severe dehydration

C. Moderate dehydration

D. None of dehydration

E. dysentery, severe dehydration

9. In setting up the classification of dysentery which patients are subject to compulsory admission to hospital?

A. If he has symptoms of mild dehydration

B. If he has signs of severe dehydration

C. If he does not have signs of dehydration

D. if he has a bacteriological confirmation

E. if he loose stools with blood

10. Rita 14 months. Rita's mother said the child's diarrhea lasts 3 weeks. Rita is no general danger signs. In the chair is no blood. Child painful irritated during the inspection. Her eyes are not sunken. She drank greedily. Skinfold crushes immediately.Rita classify the disease:

A protracted diarrhea

B. The prolonged diarrhea, severe dehydration

C. Prolonged diarrhea, mild dehydration

D. Prolonged diarrhea, dehydration is not

E. Severe protracted diarrhea

**Topic 7. "Identification of treatment for diarrhea"**

**Source Control**

**Option 2**

1 Child 3 months to 5 kg., Sick of secretory diarrhea. On examination, restless, drinks greedily, dry mouth and tongue, skin fold quickly straightened, his eyes slightly sunken. According to the WHO program for control of diarrheal diseases he was appointed Rehydron. Choose the correct answer:

A 75ml \ kg for 4 hours

B 50ml \ kg for 4 hours

C100ml \ kg for 4 hours

D. 30ml \ kg for 4 hours

E 45ml \ kg for 4 hours

2. Child 3 months with a mass of 4 kg is sick with diarrhea. When viewed letargichen, sluggish, skin fold is not straightened, anuria, does not drink. Identify tactics according to the WHO doctor:

A start of the intravenous fiz.rastvora rascheta75ml \ kg

B start intravenous fiz.rastvora rate of 100 ml \ kg

C start intravenous fiz.rastvora rate of 150 ml \ kg

D to start intravenous fiz.rastvora rate of 80 ml \ kg

E start intravenous fiz.rastvora rate of 5 - ml \ kg

3. A child 4 years from the OCI has been detected signs of dehydration. According to the WHO program for control of diarrheal diseases he was appointed Rehydron. Choose the correct answer:

A 50-75 ml after each loose stool H. 1.0 liter for 4 hours

B 75-100 ml after each loose stool D. 1.5 liters in 4 hours

C. 100-200 mL after each loose stool

4. The child program IMCI classified prolonged diarrhea. What data have allowed the doctor to set history this classification?

A. Diarrhea for 1 month or more

B. Diarrhea for 1.5 months or more

C. Diarrhea for 10 days or more

D. Diarrhea for 14 days or more

E. Diarrhea for 21 days or more

5. The child is 7 months old. In the words of his mother for 5 days with loose stools with blood 2-3 times a day and repeated vomiting. He was moody, irritable, lethargic, not eating almost nothing, his eyes sunken, skin fold of crushes slowly. What is the severity of dehydration in the child?

A. Severe dehydration

B. Very severe dehydration

C. Moderate dehydration

D. None of dehydration

E. dysentery, severe dehydration

6. According to the IMCI program on the basis of which exhibited clinical signs of dysentery classification?

A. Loose stools with mucus

B. Liquid offensive stools

C. Loose stools with a touch of green

D. Loose stools mixed with blood;

E. Loose stools with abdominal pain

7. Which of the following characteristics are the basis for the formulation of the classification of "severe dehydration":

A sunken eyes, thirst;

B. The skin fold is straightened immediately, letargichen;

C. Drinks eagerly, skinfold crushes slowly;

D. The skin fold is straightened very slowly;

E. Can not drink, sunken eyes;

8. When the diagnosis of moderate dehydration, oral rehydration therapy which plan to appoint a doctor?

A. Plan A

B. Plan B

C. Plan B

D. neither A nor Plan B

E. Plan C

9. Alexander 7 months, she weighs 8 kg. Low 37 ° of her body. Her mother brought her to the clinic because she had diarrhea. The mother said that diarrhea began 3 days ago. In the chair is no blood. Alexander is not lethargic, and in the mind. Her eyes are not sunken. When she offered

iquid, Alexander drank greedily. Skinfold crushes immediately. As the severity of dehydration is classified by Alexander?

A. It is very difficult dehydration

B. Severe dehydration

C. Moderate dehydration

D. Weak dehydration

E. None of dehydration

10. Which of the following conditions are contraindicated for the child of oral rehydration therapy?

A. Repeated vomiting

B. Copious watery stools

C. anacatharsis

D. Poor appetite

E. painful irritability

**Standards**

**Topic: "Defining the treatment of diarrhea"**

**Source control**

option 1

1B

2 D

3 C

4 D

5 C

6 B

7 C

8 C

9 B

10 D

option 2

1 A

2 B

3 C

4 E

5 C

6 E

7 D

8 B

9 D

10 C

**Topic: " Final control of**

**Defining the treatment of diarrhea"**

1. What is Plan A for the treatment of diarrhea?

A. Treat Mild Dehydration with ORS

B. Treat dysentery

C. Treat diarrhea at home

D. Treat protracted diarrhea

E. Treat Severe Dehydration Quickly

2. Baby 4 months with a mass of 7 kg., Sick of secretory diarrhea. On examination, who has diarrhea and no dehydration. According to the plan A, the three rules of home treatment. Choose the correct answer:

A. Assign antibiotic therapy

B. Give extra fluid

C. Treatment is not carried out

D. Continue to feed

E. When to return immediately with the child to a medical facility

3. According to plan a child up to 2 years, how much fluid to give, in addition to the usual amount?

A. Up to 2 years 100 - 150 ml after each loose stool

B. Up to 2 years of 50 - 200 ml after each loose stool

C. Prior 2 years 100 - 200 ml after each loose stool

D. Prior 2 years of 50 - 100 ml after each loose stool

E. Up to 2 years of 80 - 120 ml after each loose stool

4. When the return to a medical facility, with the appearance of the following:

A. Not able to drink or breastfeed

B. The child's condition improves

C. The child's condition worsens

D. Develops a fever

E. The body temperature is normal

5. Benefits of the solution Oral rehydration salts (ORS) is to what? 3-hole.

A. Stop diarrhea

B. Restoration of supply of water and salts in the body

C. There is no good

D. To avoid vomiting

E. Prevention of dehydration of the child

6. What is Plan B for the treatment of diarrhea?

A. Treat protracted diarrhea

B. Treat dysentery

C. Treat diarrhea at home

D. Treat Mild Dehydration with ORS

E. Treat Severe Dehydration Quickly

7. Baby 4 months with a mass of 7 kg., Sick of secretory diarrhea. On examination, restless, drinks greedily, dry mouth and tongue, skin fold quickly straightened, his eyes slightly sunken. According to the WHO program for control of diarrheal diseases he was appointed Rehydron. Choose the correct answer:

A 45 ml \ kg for 4 hours

B. 50 ml \ kg for 4 hours

C.100 ml \ kg for 4 hours

D. 30 ml \ kg for 4 hours

E. 75 ml \ kg for 4 hours

8. Rehydration therapy with intravenous fluids and with the help of a nasogastric tube is recommended only for children with:

A. Mild Dehydration

B. No Dehydration

C. severe dehydration

D. Dehydration fever without

9. Intravenous treatment of severe dehydration, the recommended solution:

A. Isotonic solution

B. A solution of glucose

C. Solution reopoliglyukina

D. Solution gemodeza

E. A solution poliglyukina

10. The child program IMCI classified prolonged diarrhea. What data have allowed the doctor to set history this classification?

A. Diarrhea for 2 months or more

B. Diarrhea for 1.5 months or more

C. Diarrhea for 7 days or more

D. Diarrhea for 21 days or more

E. Diarrhea for 14 days or more

**Standards couplers**

**The theme of "Defining the treatment of diarrhea"**

**Final control of**

1 - C

2 – B D E

3 – D

4 – A C D

5 – B E

6 - D

7 - E

8 - C

9 - A

10 - E

**Lesson number 8.**

**Otsenka zyatyazhnoy and classification of diarrhea, the definition of treatment**

**IMCI program for primary level health care**

**Source Control**

**Option number 1**

1. What is Plan A for the treatment of diarrhea?

A. Treat Mild Dehydration with ORS

B. Treat dysentery

C. Treat diarrhea at home

D. Treat protracted diarrhea

E. Treat Severe Dehydration Quickly

2. Baby 4 months with a mass of 7 kg., Sick of secretory diarrhea. On examination, who has diarrhea and no dehydration. According to the plan A, the three rules of home treatment. Choose the correct answer:

A. Assign antibiotic therapy

B. Give extra fluid

C. Treatment is not carried out

D. Continue to feed

E. When to return immediately with the child to a medical facility

3. According to plan a child up to 2 years, how much fluid to give, in addition to the usual amount?

A. Up to 2 years 100 - 150 ml after each loose stool

B. Up to 2 years of 50 - 200 ml after each loose stool

C. Prior 2 years 100 - 200 ml after each loose stool

D. Prior 2 years of 50 - 100 ml after each loose stool

E. Up to 2 years of 80 - 120 ml after each loose stool

4. When the return to a medical facility, with the appearance of the following:

A. Not able to drink or breastfeed

B. The child's condition improves

C. The child's condition worsens

D. Develops a fever

E. The body temperature is normal

5. Benefits of the solution Oral rehydration salts (ORS) is to what? 3-hole.

A. Stop diarrhea

B. Restoration of supply of water and salts in the body

C. There is no good

D. To avoid vomiting

E. Prevention of dehydration of the child

6. What is Plan B for the treatment of diarrhea?

A. Treat protracted diarrhea

B. Treat dysentery

C. Treat diarrhea at home

D. Treat Mild Dehydration with ORS

E. Treat Severe Dehydration Quickly

7. Baby 4 months with a mass of 7 kg., Sick of secretory diarrhea. On examination, restless, drinks greedily, dry mouth and tongue, skin fold quickly straightened, his eyes slightly sunken. According to the WHO program for control of diarrheal diseases he was appointed Rehydron. Choose the correct answer:

A 45 ml \ kg for 4 hours

B. 50 ml \ kg for 4 hours

C.100 ml \ kg for 4 hours

D. 30 ml \ kg for 4 hours

E. 75 ml \ kg for 4 hours

8. Rehydration therapy with intravenous fluids and with the help of a nasogastric tube is recommended only for children with:

A. Mild Dehydration

B. No Dehydration

C. severe dehydration

D. Dehydration fever without

9. Intravenous treatment of severe dehydration, the recommended solution:

A. Isotonic solution

B. A solution of glucose

C. Solution reopoliglyukina

D. Solution gemodeza

E. A solution poliglyukina

10. The child program IMCI classified prolonged diarrhea. What data have allowed the doctor to set history this classification?

A. Diarrhea for 2 months or more

B. Diarrhea for 1.5 months or more

C. Diarrhea for 7 days or more

D. Diarrhea for 21 days or more

E. Diarrhea for 14 days or more

**Assessment and classification of zyatyazhnoy diarrhea, the definition of treatment**

**IMCI program for the primary level of health for**

**Source Control**

**Option number 2**

1. And according to plan, children 2 years and older, how much fluid to give, in addition to the usual amount?

A. 2 years and older 100 - 150 ml after each loose stool

B. 2 years and older 150 - 200 ml after each loose stool

C. 2 years and older 100 - 200 ml after each loose stool

D. 2 years and older 150 - 250 ml after each loose stool

E. 2 years and older 100 - 300 ml after each loose stool

2. What is Plan B for the treatment of diarrhea?

A. Treat protracted diarrhea

B. Treat dysentery

C. Treat diarrhea at home

D. Treat Mild Dehydration with ORS

E. Treat Severe Dehydration Quickly

3. The child is 5 months, weighing 7.5 kg was ill with diarrhea. For Plan B treat mild dehydration. Determine the number of tonnes, which should be given in the first 4:00. Choose the correct answer:

A 200-300 ml for 4 hours

B. 100-200 ml for 4 hours

C. 300-400 ml for 4 hours

D. 500-550 ml for 4 hours

E 400-500 ml for 4 hours

4. Intravenous treatment of severe dehydration, the recommended solution:

A. A solution of glucose

B. isotonic solution

C. Solution reopoliglyukina

D. Solution poliglyukina

E. A solution gemodeza

5. Benefits of the solution Oral rehydration salts (ORS) is to what? 3-hole.

A restoration of water and salts in the body

B. Stop diarrhea

C. There is no good

D. Prevention of dehydration of the child

E. To avoid vomiting

6. The child program IMCI classified prolonged diarrhea. What data have allowed the doctor to set history this classification?

A. Diarrhea for 2 months or more

B. Diarrhea for 14 days or more

C. Diarrhea for 6 days or more

D. Diarrhea for 1.5 months or more

E. Diarrhea for 21 days or more

7. A child 6 months with a mass of 7 kg is sick with diarrhea. When viewed letargichen, sluggish, skin fold is not straightened, anuria, does not drink. Identify tactics according to the WHO doctor:

A. Start of intravenous fiz.rastvora rascheta75 ml \ kg

B. Start intravenous fiz.rastvora rate of 80 ml \ kg

C. Start intravenous fiz.rastvora rate of 150 ml \ kg

D. Post, intravenous fiz.rastvora rate of 100 ml \ kg

E. Start intravenous fiz.rastvora rate of 5 ml \ kg

8. Baby 5 months with a mass of 7.5 kg., Sick of secretory diarrhea. On examination, who has diarrhea and no dehydration. According to the plan A, the three rules of home treatment. Choose the correct answer:

A.Give extra fluid

B. Assign antibiotic therapy

C. When will immediately return the child to a medical facility

D. Continue to feed

E. The treatment is not carried out

9. Rehydration therapy with intravenous fluids and with the help of a nasogastric tube is recommended only for children with:

A. No Dehydration

B. Mild Dehydration

C. With no Dehydration fever

D. severe dehydration

10. According to the IMCI program on the basis of which exhibited clinical signs of dysentery classification?

A. Loose stools with mucus

B. Liquid offensive stools

C. Loose stools with blood

D. Loose stools with a touch of green

E. Loose stools with abdominal pain

**Standards of replies to the original control on**

**"Evaluation and Classification zyatyazhnoy diarrhea, the definition of treatment**

**IMCI program for primary health care level of "**

|  |  |  |
| --- | --- | --- |
| № | 1 | 2 |
| 1 | С | C |
| 2 | B D E | E |
| 3 | D | D |
| 4 | A C D | B |
| 5 | B E | A D |
| 6 | D | B |
| 7 | E | D |
| 8 | C | A C D |
| 9 | A | D |
| 10 | E | C |

**Assessment and classification of zyatyazhnoy diarrhea, the definition of treatment**

**IMCI program for the primary level of health for**

**Final Control**

**Option number 2**

Task 1. Zarina 2 months and has diarrhea. Disease girls classified as moderate dehydration and no low weight or no anemia. The local medical center is not equipped with all the order chtobyvzvesit Zarina. Zarina gets feeds from birth, began to receive risoauyu and semolina.

A. During the first \_\_\_\_\_ hours of treatment should be given from the Zarina rascheta\_\_\_\_\_\_\_ ml.

B. What should the nurse do if Zarina vrenmya treatment appears to vomit?

B. When a health worker must re-evaluate the state of Zarina?

G. During the re-evaluation of Zarina's medical officer found that no-ki devoch dehydration. On what the plan should be carried further treatment Zarina?

Task 2. Arman 9 months weighs 8 kg. The mother brought the Medical Institutions, because the girl's diarrhea. Medical practice and praised the girl's condition as Umerennnoe dehydration and low weight or there is no anemia. Medical practice and chose Plan B. He asked whether the still Arman breastfed. The mother said the girl suckles several times a day. Arman also eats three times a day, rice porridge, poterton meat with vegetable puree, Ira.

A. About how much ORS solution to give the child's mother during the first 4 hours?

B. Should Arman during the first 4 hours of treatment chtolibo eat or drink, in addition to ORS solution? If before, then what?

B. After 4 hours of treatment the health worker assesses the status of the requested re-Armand. Disease of the child is still classified Umerennnoe dehydration. What is the best plan for further treatment podhldyaschim Armand?

G. Describe what treatment is necessary Armand at the moment?

Task 3. Natasha has led to the surgery because she had diarrhea lasts 3 days. She is 1 year 9 months. She weighs 10 kg. Natasha has no general danger signs. The doctor asked the mother if Maia Does blood in the stool? Her mother replied, "No". Natasha is not lethargic, and in the mind. It is not painful, but it is not irritable, and restless. Her eyes are not sunken. When she was offered water, Natasha drinks greedily. Skinfold crushes slowly.

Classify and identify signs of dehydration treatment.

Task 4. Daulet 4 years. It weighs 13 kg. Her mother brought her to the clinic because she had dia-yard. The child has no general danger signs. In the words of diarrhea in the mother Daulet lasts for more than 2 weeks. In the chair there is no blood. Daulet constantly crying during the examination, even the mother can not calm him down. His eyes are not sunken. He can drink, and he has no thirst. Skin-fold Nye crushes immediately.

Classify the signs of the disease and determine treatment.

Task 5. At 4 months of the Sultan. diarrhea lasts 3 days. It has no blood in the stool. A child in consciousness research institutes. It is not painful irritated and restless. He has sunken eyes. He can drink, and he has no thirst. Skinfold crushes immediately. Note the signs of dehydration and classify them in the form for recording.

Task 6. At 9 months of Maliki. Diarrhea lasts for 3 weeks. It has no blood in the stool she is active, smiling. She was not tearful. Her eyes look normal. She has a thirst. Skinfold crushes slowly. Note the signs of dehydration and classify them in the form for recording.

Task 7. Aisha led to the surgery because she had diarrhea lasts 23 days. She is 1 year 9 months. She weighs 12 kg. Aisha has no general danger signs. The doctor asked the mother if there have Ai-shi blood in the stool? Her mother replied, "No". She is not lethargic, and in the mind. It is not painful, just drazhima and restless. Her eyes were sunken. When she was offered water, Aisha drink greedily. Skinfold crushes immediately.

Classify and identify signs of dehydration treatment.

Task 8. Sasha diarrhea lasts 22 days. She is 2 years 3 months. She weighs 15 kg. Sasha has no general danger signs. The doctor asked the mother if Sasha is blood in the stool? Her mother replied, "Yes." She is not lethargic, and in the mind. It is not painful irritable and restless. Her eyes are not sunken. When she offered water to drink Natasha reluctantly. Skinfold crushes slowly.

Classify and identify signs of dehydration treatment.

Task 9. Baby 4 months with a mass of 7 kg., Ill prolonged diarrhea. On examination, has no dehydration. According to the plan A, the three rules of home treatment. Choose the correct answer:

A. Assign antibiotic therapy

B. Give extra fluid

C. Treatment is not carried out

D.Otkorregirovat feeding

E. When to return immediately with the child to a medical facility

Zadacha10. The child program IMCI classified prolonged diarrhea. What data have allowed the doctor to set history this classification?

A. Diarrhea for 2 months or more

B. Diarrhea for 1.5 months or more

C. Diarrhea for 7 days or more

D. Diarrhea for 21 days or more

E. Diarrhea for 14 days or more

Standards of replies to the original control on

"Evaluation and Classification zyatyazhnoy diarrhea, the definition of treatment

IMCI program for the primary level of care "

|  |  |
| --- | --- |
| № |  |
| 1 | A-1 4:00 75 ml / kg Gd to wait 10-15 minutes and continue to drink, in - in 4 hours, D -F |
| 2 | A -600ml, B-breast-milk,-B, Mr. ORT |
| 3  4 | No dehydration, A  Prolonged diarrhea |
| 5 | No dehydration |
| 6 | Severe protracted diarrhea |
| 7 | Severe protracted diarrhea |
| 8 | Dysentery, prolonged diarrhea |
| 9 | B, D, E |
| 10 | D |

**Lesson number 9**

**Source Control on "Evaluation and Classification Program IMCI fever for the primary level of care"**

**Option 1**

1. The mother brought the child to the health worker with a complaint to the increase in temperature. What prevents to establish good contact with the mother at first admission according to the IMCI program?

a) vzveshivagie, temperature

b) attentive listening to complaints of the mother

c) the use of intelligible words

d) additional questions

e) the additional time for the correct answer

2. What is not included in the list of stages of assessment of the child with fever according to the IMCI program in the primary survey of the patient?

a) Survey

b) sorting

c) Inspection

d) laboratory

e) determining the general danger signs

3. The general danger sign in a child with a fever is absent if:

a) The child can not drink

b) vomiting after every meal

c) were sudorgi

d) the child painful irritated

e) the child letargichen

4. If a child is 10 months and 3 days for fever, respiratory rate 50 per 1 minute of it, according to the IMCI program, it must be attributed to the group

a) very serious febrile illness

b) prolonged fever

c) possible bacterial infection

d) uncomplicated fever

5. If a child is 10 months and 3 days for fever, respiratory rate 50 per 1 minute then, according to IMCI, it should be

a) that the hospital

b) to appoint an expectorant, antibiotic, paracetamol, follow-up visit in 2 days

c) to appoint an expectorant, paracetamol, antibiotics, follow-up visit after 5 days

d) to appoint an expectorant, paracetamol follow-up visit in 2 days

e) send to the clinic for examination

6. The child with the symptoms "fever" and measles at the time of the inspection is classified in the first place

a) lihordke

b) for severe complicated measles

c) complications of measles

d) measles without complications

7. If a child with fever and measles in anamnize 2 months ago revealed corneal opacity, what is classified in the IMCI program as:

a) a very difficult disease dibrilnoe

b) prolonged fever

c) a possible bacterial infection

d) severe complicated measles

e) measles with complications - eye

8. If your child has a fever and sore throat and he can not drink, according to the IMCI program, it may indicate a

a) very serious febrile illness

b) bacterial infection - strep throat

c) a bacterial infection, pharyngitis nestreptokokkovy

d) abetsess pharynx

e) measles with complications - mouth

9. If Renko fever, sore throat, enlarged lymph nodes and white patches in the throat, then according to the IMCI program is classified as a

a) very serious febrile illness

b) bacterial infection - strep throat

c) a bacterial infection, pharyngitis nestreptokokkovy

d) abetsess pharynx

e) measles with complications - mouth

10. If a child with liharodkoy and sore throat were found enlarged cervical lymph nodes, according IMCI program is klassifikatsiruetsya as:

a) very serious febrile illness

b) bacterial infection - strep throat

c) a bacterial infection, pharyngitis nestreptokokkovy

d) abetsess pharynx

e) measles with complications - mouth

**Standards for the primary control on**

**"Evaluation and Classification Program IMCI fever**

**for the primary level of care "**

**Option 1:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | A | 6 | A |
| 2 | D | 7 | D |
| 3 | D | 8 | D |
| 4 | C | 9 | B |
| 5 | B | 10 | C |

**Source Control on "Evaluation and Classification Program IMCI fever**

**for the primary level of care "**

**Option number 2**

1. If a child with liharodkoy and sore throat were found enlarged cervical lymph nodes, according IMCI program is klassifikatsiruetsya as:

a) very serious febrile illness

b) bacterial infection - strep throat

c) a bacterial infection, pharyngitis nestreptokokkovy

d) abetsess pharynx

e) measles with complications - mouth

2. If Renko fever, sore throat, enlarged lymph nodes and white patches in the throat, then according to the IMCI program is classified as a

a) very serious febrile illness

b) bacterial infection - strep throat

c) a bacterial infection, pharyngitis nestreptokokkovy

d) abetsess pharynx

e) measles with complications - mouth

3. If your child has a fever and sore throat and he can not drink, according to the IMCI program, it may indicate a

a) very serious febrile illness

b) bacterial infection - strep throat

c) a bacterial infection, pharyngitis nestreptokokkovy

d) abetsess pharynx

e) measles with complications - mouth

4. If a child with fever and measles in anamnize 2 months ago revealed corneal opacity, what is classified in the IMCI program as:

a) a very difficult disease dibrilnoe

b) prolonged fever

c) a possible bacterial infection

d) severe complicated measles

e) measles with complications - eye

5. The child with the symptoms "fever" and measles at the time of the inspection is classified in the first place

a) lihordke

b) for severe complicated measles

c) complications of measles

d) measles without complications

6. If a child is 10 months and 3 days for fever, respiratory rate 50 per 1 minute then, according to IMCI, it should be

a) that the hospital

b) to appoint an expectorant, antibiotic, paracetamol, follow-up visit in 2 days

c) to appoint an expectorant, paracetamol, antibiotics, follow-up visit after 5 days

d) to appoint an expectorant, paracetamol follow-up visit in 2 days

e) send to the clinic for examination

7. If a child is 10 months and 3 days for fever, respiratory rate 50 per 1 minute of it, according to the program IMCI, it must be attributed to the group

a) very serious febrile illness

b) prolonged fever

c) possible bacterial infection

d) uncomplicated fever

8. The general danger sign in a child with a fever is absent if:

a) The child can not drink

b) vomiting after every meal

c) were sudorgi

d) the child painful irritated

e) the child letargichen

9. What is not included in the list of stages of assessment of the child with fever according to the IMCI program in the primary survey of the patient?

a) Survey

b) sorting

c) Inspection

d) laboratory

e) determining the general danger signs

10. The mother brought the child to the health worker with a complaint to the increase in temperature. What prevents to establish good contact with the mother at first admission according to the IMCI program?

a) vzveshivagie, temperature

b) attentive listening to complaints of the mother

c) the use of intelligible words

d) additional questions

e) the additional time for the correct answer

**Standards for the primary control on**

**"Evaluation and Classification Program IMCI fever**

**for the primary level of care "**

**Option 2:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | C | 6 | B |
| 2 | B | 7 | C |
| 3 | D | 8 | D |
| 4 | D | 9 | D |
| 5 | A | 10 | A |

**The final control on**

**"Evaluation and Classification Program IMCI fever**

**for the primary level of care "**

1. Two years of a boy brought to the surgery. Because it is hot to the touch within 2 days. Unego no general danger signs, no cough, shortness of breath, or diarrhea, and sore throat and ear problems. What you choose klassfikatsiyu to assess a child under the IMCI program?

a) Very heavy febrile illness

b) prolonged fever

c) Bacterial infection

d) Measles

e) Uncomplicated fever

2. A boy of 10 months. The body temperature of 38.5 aksilyarnoy for 3 days. His mother noticed blood in ----- child. The doctor found no signs of a common danger, cough or difficulty breathing, there was no rigidity of neck muscles. Which do you choose a classification for the assessment of a child under the IMCI program?

a) Very heavy febrile illness

b) prolonged fever

c) Bacterial infection

d) Measles

e) Uncomplicated fever

3. The girl's mother complains about 10 months to raise the temperature to 38.6 for 4 days and sledyya a rash on his face. Which do you choose a classification for the evaluation of the child, according to the IMCI program?

a) Very heavy febrile illness

b) prolonged fever

c) Bacterial infection

d) Measles

e) Uncomplicated fever

4. Child 1 year 39.5 first day of fever. The doctor on examination revealed rigidity zazhloyanyh muscles. Which do you choose a classification for the evaluation of the child, according to the IMCI program?

a) Very heavy febrile illness

b) prolonged fever

c) Bacterial infection

d) Measles

e) Uncomplicated fever

5. A child 5 years of the hot to the touch within 6 days. General danger signs and no neck stiffness of muscles. Which do you choose a classification for the evaluation of the child, according to the IMCI program?

a) Very heavy febrile illness

b) prolonged fever

c) Bacterial infection

d) Measles

e) Uncomplicated fever

6. The boy is 6 months. The body temperature of 38 C. The mother said that he had 2 days of cough. Prihnakov common danger. No diarrhea, muscle tension neck. No pain in the ears and a rash. Which do you choose a classification for the evaluation of the child, according to the IMCI program?

a) Very heavy febrile illness

b) prolonged fever

c) Bacterial infection

d) Measles

e) Uncomplicated fever

7. A child 5 years of fever every day for 6 days. The temperature at 37.5 pall. The doctor found no signs of severe febrile illness, diarrhea, cough or shortness of breath, he had no problems with their ears, and changes in the throat. Which do you choose a classification for the evaluation of the child, according to the IMCI program?

a) Give paracetamol

b) admitted to hospital

c) Appoint an antibiotic

d) Napraviti for additional examination in clinic

e) To appoint antibiotics for 3 days followed by re-examination after 3 days

8. A child of 6 years. Temeraturit 3 days, today complained of pain in the ears. The doctor found no signs of a common danger, and stiffness of neck muscles, as well as purulent discharge and swelling behind the ears. What you choose klassfikatsiyu to assess a child under the IMCI program?

a)Very heavy febrile illness

b) prolonged fever

c) Bacterial infection

d) Measles

e) Uncomplicated fever

9. Child 1 year 39.5 first day of fever. The doctor on examination revealed rigidity zazhloyanyh muscles. Rash does not. Which do you choose the tactics of the patient?

a) Appoint an antibiotic and follow up on the second day.

b) to appoint an antibiotic and paracetamol with follow-up on the second day.

c) be hospitalized urgently to hospital

d) promptly send to the hospital, enter the first dose of antibiotic

e) Appoint an antibiotic, paracetamol, with no effect on the second day immediately sent to hospital

10. A girl 10 months. Sick for 3 days. The body temperature of 38C cough lasts 2 days. Girl lethargic. What you choose klassfikatsiyu to assess a child under the IMCI program?

a) Very heavy febrile illness, urgent hospitalization

b) prolonged fever, a survey in the clinic

c) Bacterial infection, urgent hospitalization

d) Measles, treatment on an outpatient basis

e) Uncomplicated fever at home

Standards for the final control on

"Evaluation and Classification Program fever IVBD

for the primary level of care ":

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | E | 6 | C |
| 2 | C | 7 | D |
| 3 | D | 8 | C |
| 4 | A | 9 | D |
| 5 | B | 10 | A |

**Lesson 10.**

**Source Control**

**The theme of "Defining the treatment of fever in IMCI program**

**for the primary level of care "**

**Option number 1**

1. Child 1 year, with a mass of 10 kg., Fever for 2 days, body temperature 38.5 C. Appoint-fur coat paracetamol are:

A 2-3 ml \ kg

B 5-7 ml \ kg

C 10-15 ml \ kg

D 1-2 ml \ kg

E 25-30 ml \ kg

2. My child is 3 years old, you must assign treatments to the classification of very serious febrile illness, with a low risk of malaria:

A prednisone / m

B paracetamol+ antibacterial

C the antibiotics per os

D piracetam per os

E parenteral antibiotics

3. A child 4 years of fever for 3 days. Pronounced symptoms of colds. For subsequent monitoring report of the second mother when to return for re-examination:

A after 7 days

B Used in 2days

C 1 day after

D. cherez5 days

E 3 days

4. The child has a fever lasts every day for 7 days. Your actions:

A. assign treatment at home

B. antibiotics and treated at home

C. Assign a dosage of acetaminophen in the age

D. refer the child to the hospital for an examination

E. Investigate outpatient

5. The child, 2 years 1 month., There is an ear infection. According to the IMCI program on the basis of any clinical signs exhibited diagnosis: Acute ear infection?

A. Purulent discharge from the ear

B. Fever

C.Bol in the ear

D. Peace Child

E. All of the above symptoms

6. Assign the treatment of a patient with an acute ear infection:

A.Suhoe heat

B. Ear drops

C. Antibacterials for 5 days

D. antisense drugs

E. Prednisolone

7. The child is 4 years old, is a painful swelling behind the ear - mastoiditis. You need to assign treat-tion:

A. Treat with antibiotics at home

B. Refer to the ENT doctor for a consultation

C. Refer to the surgeon for a consultation

D. Refer urgently to hospital

E. Give paracetamol + antibiotics and treated at home

8.Naznachte therapy with a child with chronic ear infection sogasno IMCI program:

A. Do not prescribe

B. Immunomodulatory therapy

C Vitamin B.

D. desensitizing therapy

E. Keeping the ear dry turundas + parenteral antibiotic treatment of conduct

9. Antibiotics it is advisable for pain in the throat:

A. For injuries of the oral cavity

B. When a viral etiology

C. fungal

D. Do not prescribe

E. If a bacterial etiology

10. The child is 5 years old, suffering from acute tonsillitis streptococcal etiology. Must appoint a treatment:

A. Antibiotic + paracetamol + local treatment

B. Local treatment: Rinse mouth

C. Paracetamol at a daily dose

D. Antifungals

E. desensitizing therapy

**"Defining the treatment of fever in IMCI program**

**for the primary level of care**

**Option number 2**

1. Antibiotics it is advisable for pain in the throat:

A. For injuries of the oral cavity

B. When a viral etiology

C. fungal

D. Do not prescribe

E. If a bacterial etiology

2. The child is 4 years old, is a painful swelling behind the ear - mastoiditis. You need to assign treat-tion:

A. Treat with antibiotics at home

B. Refer to the ENT doctor for a consultation

C. Refer to the surgeon for a consultation

D. Refer urgently to hospital

E. Give paracetamol + antibiotics and treated at home

3. The child, 2 years 1 month., There is an ear infection. According to the IMCI program on the basis of any clinical signs exhibited diagnosis: Acute ear infection?

A. Purulent discharge from the ear

B. Fever

C.Bol in the ear

D. Peace Child

E. All of the above symptoms

4. Child 1 year, with a mass of 10 kg., Fever for 2 days, body temperature 38.5 C. Appoint-fur coat paracetamol are:

A 2-3 ml \ kg

B 5-7 ml \ kg

C the 10-15 ml \ kg

D 1-2 ml \ kg

E 25-30 ml \ kg

5. The child has a fever lasts every day for 7 days. Your actions:

A. assign treatment at home

B. antibiotics and treated at home

C. Assign a dosage of acetaminophen in the age

D. refer the child to the hospital for an examination

E. Investigate outpatient

6. A child 4 years of fever for 3 days. Pronounced symptoms of colds. For subsequent monitoring report of the second mother when to return for re-examination:

A after 7 days

B Used in 2days

C 1 day after

D. cherez5 days

E 3 days

7. The child is 5 years old, suffering from acute tonsillitis streptococcal etiology. Must appoint a treatment:

A. Antibiotic + paracetamol + local treatment

B. Local treatment: Rinse mouth

C. Paracetamol at a daily dose

D. Antifungals

E. desensitizing therapy

8. My child is 3 years old, you must assign treatments to the classification of very serious febrile illness, with a low risk of malaria:

A prednisone / m

B paracetamol+ antibacterial

C the antibiotics per os

D piracetam per os

E parenteral antibiotics

9.Naznachte therapy with a child with chronic ear infection sogasno IMCI program:

A. Do not prescribe

B. Immunomodulatory therapy

C. Vitamin B.

D. desensitizing therapy

E. Keeping the ear dry turundas + parenteral antibiotic treatment of conduct

10. Assign the treatment of a patient with an acute ear infection:

A.Suhoe heat

B. Ear drops

C. Antibacterials for 5 days

D. antisense drugs

E. Prednisolone

**Standards of responses on the source control**

**"Determining the treatment of fever, according to the IMCI program**

**for the primary level of care "**

**Option 1**

1C

2B

3B

4D

5E

6C

7D

8E

9E

10A

**Standards of responses on the source control**

**"Determining the treatment of fever in IMCI program for the primary level of care"**

**Option 2**

1C

2B

3B

4D

5E

6C

7D

8E

9E

10A

**Final control**

Task 1. . C. for 2 years. Temperature 37.0 °. In the words of Mother temperature was observed for 7 days, was not measured, but the child was hot to the touch. During the 3-meyatsev measles and there was no neck stiffness.

Classify fever:

1. Very heavy febrile illness.

2. Prolonged fever.

3. Uncomplicated fever.

4. Can a bacterial infection.

5. The temperature is normal for this age.

Problem number 2. . By prolonged fever include:

1. Fever for 1 day.

2. Fever for 3 days.

3. Fever for 4 days.

4. Fever for 5 days or more.

5. Fever for 2 days.

Objective number 3.Mat led to the child's health care provider complaining of fever. What prevents to establish good contact with the mother at first admission according to the IMCI program?

1. weighing, measuring temperature

2. attentive listening to complaints of the mother

3. the use of intelligible words

4. additional questions

5. the additional time for the correct answer

Zadacha4. What is not included in the list of stages of assessment of the child with a fever during the initial examination, the patient according to the IMCI program?

1. interview

2. sorting

3. inspection

4. laboratory studies

5. determination of general danger signs

The problem 5.Rebenok with fever and a history of measles, 2 months ago revealed corneal opacity, what is classified in the IMCI program as:

1. very serious febrile illness

2. prolonged fever

3. possible bacterial infection

4. severe complicated measles

5. Measles with complications - purulent conjunctivitis

Objective number 6.If a child with a fever and measles in history two months ago revealed corneal opacity, it is classified according to the IMCI program as:

1. very serious febrile illness

2. prolonged fever

3. possible bacterial infection

4. severe complicated measles

5. Measles with complications - bacterial conjunctivitis

Objective number 7.Obschy sign of danger in a child with a fever is absent if:

1. child can not drink

2. vomiting after every meal

3. had seizures

4. child is painful irritated

5. child letargichen

Objective number 8.How do of the following features is the basis for the return-term of a patient with fever to a medical facility?

1. loss of appetite

2. morbid irritability

3. low-grade fever

4. convulsions

5. cough

The task number 9. During the period of temperature increase is observed in malaria:

A chill, then sweat

B. Feelings are not violated

C. A gradual rise in temperature during the day

D. Reduction of T with no sweating

E. The rapid increase in T during the day

Objective number 10. . A child 10 years with a diagnosis of "Malaria", at 2 weeks of the disease symptoms appeared, we have: disturbance of consciousness, convulsions, meningeal symptoms. The most likely diagnosis

1.Malyariyny algid

2.Malyariynaya coma

3.Gnoyny meningitis

4.Pechenochnaya failure

5.Psihoz

Standards of responses on the final control

"Determining the treatment of fever in IMCI program

for the primary level of care "

1. = 3

2. = 4

3. = 1

4. = 4

5. = 4

6. = 4

7. = 4

8. = 4

9. = A

10. = 2

**Lesson number 11**

**Source Control on**

**"Measles. Assessment and classification of measles "**

**Option 1**

1. Spot-Belsky Filatova:

a) patognomichny symptom of measles at

b) observed with rubella

c) patognomichny symptom of varicella

d) may be accompanied by scarlet fever

e) an indicator of disease severity

2. Measles belongs to:

a) The vaccine-preventable diseases

b) uncontrolled infection

c) the highly contagious infection

d) a, c

e) b, c

3. Patognomichnym symptom of rubella is at

a) Spot-Belsky Filatova

b) an increase in neck lymph nodes

c) a symptom Stimpsena

d) a pale nasolabial triangle

e) symptom Mursona

4. A child carries a mild form of measles. How to treat a child?

a) penicillin

b) prednisolone

c) interferon

d) symptomatic therapy

e) in the treatment requires no

5. The period of rash with measles should be differentiated from the following diseases: (4 answers)

a) Rubella

b) Stevens-Johnson syndrome

c) entnrovirusnoy exanthema

d) an allergic rash

e) botulism

6. For catarrhal period of measles is characterized by:

a) low-grade temperature, dry cough, intoxication, rhinitis, conjunctivitis, laryngitis

b) high temperature, rash stage care, catarrhal symptoms

c) fever, cough, runny nose, diarrhea symptom

d) the normal temperature, dry cough, with its increase in night-time

e) a high temperature, watery eyes, muscle pain, catarrhal symptoms

7. Mitigirovannaya measles in children receiving:

a) The immunoglobulin

b) vaccination

c) Hormones

d) Antibiotics

e) in any of the above conditions

8. A child 5 years of observed temperatures. Cough, rhinitis. Finding out what the symptom was confirmed by the diagnosis of measles?

a) a symptom of Ortner

b) a symptom Filatova

c) a symptom-Belsky Filatova

d) an increase in neck lymph nodes

e) the appearance of the rash

9. Phases of the rash is characteristic:

a) Measles

b) Rubella

c) the scarlet fever

d) varicella

e) the enterovirus infektsii

10. Vrozhdennaya Rubella is characterized by:

a) cataracts

b) deafness

c) heart defects

d) a, b, c

e) a, c

**Standards of response** 1-a). 2-d). 3-b). 4-d). 5-a, b, c, d). 6-c). 7-a). 8-c.) 9-a). 10-d).

**Source Control on**

**"Measles. Assessment and classification of measles "**

**Option 2**

1.Krasnuhu belongs to:

a) The vaccine-preventable diseases

b) uncontrolled infection

c) the highly contagious infection

d) a, c

e) b, c

2.Pyatna Belsky, Filatov with measles can be found at:

a) The period of catarrhal

b) the period of eruption

c) the period of pigmentation

d) in the catarrhal period and in early lesions

e) in the incubation period

3.Pigmentatsiya measles rash appears in:

a) The period of catarrhal

b) the period of eruption

c) the period of extinction

d) there is no

e) during all periods of sickness

4. Complications of measles in young children is -

A Festering rash, erysipelas

B. Pneumonia, otitis

C. gastroenterocolitis

D. Early toxic myocarditis

E. Meningoencephalitis

5. Encephalitis in measles, as a rule, there is at what age:

a) 1-2 years

b) 3-5 years

c) 5-8 years

d) 8-10 years

e) in newborns

6. Measles immunization is carried out:

a) for 3-5 days of life

b) in 2 months.

c) at 6 months.

d) in 8 months.

e) in 12 months.

7. For measles is characterized by:

a) Punctate rash

b) a maculopapular rash

c) the haemorrhagic rash

d) vesicular rash

e) roseolous rash

8. The period for measles rash starts on:

a) 2-3 days of illness

b) 4-5 days of illness

c) 6-7 days of illness

d) the first day of illness

e) the second week of illness

9. Patients with isolated rubella:

a) at home for 5 days after rash

b) in the hospital for 14 days

c) the house for 21 days

d) can not be isolated at all

e) to the 7th day of illness in the box office

10. The child suffered a measles. On the 7th day of illness a fever - 40  C, convulsions, loss of-knowledge. Put diagnosis:

a) measles, severe, complicated by meningitis

b) Measles complicated by encephalitis

c) Measles complicated by meningitis

d) measles, meningococcal infection +

e) + measles toxic form of influenza

**Answer:** a-d). 2-d). -3c). -4b). -5d). 6-e). -7b). -8b). 9a). -10b).

**The final control on**

**"Measles. Assessment and classification of measles "**

1. A girl 4 years 2 days of illness the temperature of -37,8 º, cough, runny nose, slight photophobia. The skin is clean, pale. Hyperemic conjunctiva, oral mucosa dull, congestion-centered, loose against the molars - small whitish points on the soft palate enanthema. Place a diagnosis.

A. Adenovirus infection

B. Herpetic stomatitis

C. Prodromus measles

C. Enterovirus infection

D. Parainfluenza

2. Girl 5 years old on day 6 of disease typical of measles suddenly lost consciousness, was ship-horns. Stertorous breath, muffled heart sounds, pulse soft and frequent. Acrocyanosis. Pupils extension-Rena. No meningeal signs. Put diagnosis:

A Measles +Meningococcal disease

B. Measles Encephalitis

C. Measles + brain hemorrhage

D. Measles + surround the process of

E. Measles, a severe form.

3. A child of preschool age ill with acute increase in temperature to 38 C, runny nose, conjunctivitis. On the 4th day of illness on the face of a rash maculopapular character. At the oral mucosa in the molar teeth found grayish-whitish point size of a ma-kovoe grains surrounded by a red halo.

Put diagnosis:

A. Adenovirus infection

B. Enterovirus Infection

C. Measles

D. Rubella

E. yersiniosis

4. A child of preschool age ill with acute increase in temperature to 38 C, runny nose, conjunctivitis. On the 4th day of illness on the face of a rash maculopapular character. At the oral mucosa in the molar teeth found grayish-whitish point size of a ma-kovoe grains surrounded by a red halo.

The appearance of any symptoms on the day of the disease clinically confirm your initial diagnosis?

A. The increase in lymph node

B. The disappearance of the rash

C. Redistribution of rash on the trunk, arms

D. The appearance of herpes elements in the throat

E. The appearance of the films on conjunctivitis

5. A child of preschool age ill with acute increase in temperature to 38 C, runny nose, conjunctivitis. On the 4th day of illness on the face of a rash maculopapular character. At the oral mucosa in the molar teeth found grayish-whitish point size of a ma-kovoe grains surrounded by a red halo.

For how long a child should be isolated?

A. Up to 5 days from onset

B. Up to five of the top of the rash

C. Prior to the complete disappearance of the rash

D. Up to 14 days from the onset of the disease

E. Isolation is not required

6. In the hospital delivered a child 10 years old, who an hour ago there were seizures. 9 days ago suffered a respiratory viral infection with a rash. Now the skin is defurfuration and areas of pigment-tion. Put a preliminary diagnosis:

A. Meningococcal disease, meningoencephalitis

B. rubella complicated by encephalitis

C. Measles complicated by encephalitis

D. Enterovirus infection: meningitis, rash +

E. Scarlet fever, toxic form, the reaction entsefalicheskaya

7. In hospital delivered a child 10 years old, who a few hours ago developed hyperthermia, and then there were seizures. The child is unconscious, no meningeal signs. On the skin is brown-Vato-brown pigmentation, slight peeling-pityroid.

It is known that ill nine days ago, was a catarrh of the upper respiratory tract, and within three days, poured red rash, starting with the person. In the past two days, the rash was brown, the temperature - subfebrile. He was treated symptomatically.

Put diagnosis:

A. Meningococcal disease, meningoencephalitis

B. Rubella, encephalitis

C. Measles, a period of pigmentation, meningoencephalitis

D. Enterovirus rash, serous meningitis

E. Measles, + pigmentation during meningococcal meningitis

8. In the hospital delivered a child 10 years old, who has developed a few hours ago, hyperthermia, and then there were seizures. The child is unconscious, no meningeal signs. On the skin a brownish-brown pigmentation, slight peeling-pityroid.

It is known that ill nine days ago, was a catarrh of the upper respiratory tract, and within three days, poured red rash, starting with the person. In the past two days, the rash was brown, the temperature - subfebrile. Treated simptomaticheskiKakoe research will help clarify the neurological pathology?

A skull X-rays in two projections

B. Spinal puncture and cerebrospinal fluid study

C. Computed tomography

D. KLA with reticulocyte count

E. The study of paired sera

9. In the hospital delivered a child 10 years old, who has developed a few hours ago giperter-mia, and then there were seizures. The child is unconscious, no meningeal signs. On the skin-to-brown pigmentation richnevato, a small scaling-pityroid.

It is known that ill nine days ago, was a catarrh of the upper respiratory tract, and within three days, poured red rash, starting with the person. In the past two days, the rash was brown, the temperature - subfebrile. Treated simptomaticheskiKakie drugs are not required to treat the first day:

A detoxification

B. Glucocorticoids

C. Anticonvulsants

D. Lidaza

E. Ascorbic Acid

10. A child 3 months. 3 days marked by low-grade fever, lethargy, coughing, serous-mucous nasal discharge, mild conjunctivitis. On the 4th day the symptoms increased, and T to 39 º, on the face appeared pink maculopapular rash, which is a 5 day spread to the trunk, the next day and on the limbs. During the 10 days prior to the onset of the disease had contact with a relative who had a cough, and "allergic" rash. The child's mother did not hurt children's infections. Put diagnosis:

A. Adenovirus infection

B. Measles

C. yersiniosis

D. ARI + allergic rash

E. Enterovirus Infection

**Lesson number 12.**

**Source Control**

**"Evaluation and Classification of pains in the throat in the IMCI program**

**for the primary level of care ":**

**Option number 1**

1. A child 4 years old with a mass of 21 kg, 2 days ill, complains of a sore throat. Temperature 38 degrees. On examination, drink, danger signs are detected, when viewed from a throat doctor found be-ly plaque in the throat, the increase in lymph node What are the signs of the disease have a child under the IMCI program?

A cough

B diarrhea

C breach of supply

D sore throat

E problem with the ears

2. A girl three years old with a mass of 18 kg, complains of a sore throat. Temperature 38.8 degrees. When re-osmot baby drinks, the danger signs are detected, when viewed from a throat doctor discovered be-ly plaque in his throat, said enlarged cervical lymph nodes .. According to the IMCI program classify a given case:

A sore throat

B throat abscess

C streptococcal pharyngitis

D. nestreptokokkovy pharyngitis

E diphtheria oropharynx

3. A child 5 years old with a mass of 18 kg, 3 days for fever, complains of a sore throat when viewed from the T-39 degrees, do not drink, there is an increase in cervical lymph nodes. According to the IMCI program classify a given case:

A sore throat

B throat abscess

C struptokokkovy pharyngitis

D. nestreptokokkovy pharyngitis

E necrotic angina

4. Child 3 years old with a mass of 15 kg and complained of a sore throat. Temperature 38 degrees. When viewed from drinking well, the danger signs are detected, when viewed from a throat doctor found no plaque in the throat, swollen lymph nodes. According to the IMCI program classify a given case:

A sore throat

B throat abscess

C streptococcal pharyngitis

D. nestreptokokkovy pharyngitis

E necrotic angina

5. Child 3 years old with a mass of 15 kg, crying and complaining of pain in the throat. Temperature of 39 degrees. On examination, he does not drink, there's no danger of other symptoms, no cramps, no vomiting after eating again, he did not letargichen. According to the IMCI program classify a given case-tea:

A sore throat

B throat abscess

C streptococcal pharyngitis

D. nestreptokokkovy pharyngitis

E necrotic angina

6. Child 3 years old with a mass of 15 kg and complained of a sore throat, cough. Temperature 38 degrees. When viewed from drinking well, the danger signs are detected, when viewed from a throat doctor found no plaque in the throat, there is no increase in cervical lymph nodes. Respiratory rate 32 per 1 min. The doctor found no compromise of the chest and noisy breathing. According to the IMCI program classify a given case:

A wheeze

B stridor

C streptococcal pharyngitis

D. nestreptokokkovy pharyngitis

E pneumonia

7. A child 4 years of the disease is classified as "nestreptokokkovy throat." What is the tactics of the patient on the IMCI program?

A urgently admitted to hospital

B 1 intramuscularly Bitsillin, paracetamol, urgently admitted to hospital

C In the IM-1 Bitsillin

D 1 Bitsillin intramuscular paracetamol, throat Mitigating home means

E home means the throat Mitigating

8. If a doctor is at home with the child's sore throat, that he must necessarily explain the mother?

A. When it is possible to walk

B. When to immediately see a doctor =

C. How do I collect the tests

D. How to care for a child

E. How to wash your hands

9. In setting up the classification of "throat abscess" which patients are subject to mandatory state-capitalization in the hospital?

A. If a child does not drink

B. If he has signs of dehydration

C. If it has white patches in throat

D. If he has bacteriological confirmation

E. if it increased the neck lymph nodes

10. Which of the following signs is grounds for immediate return of the patient in a medical facility?

A poor appetite

B morbid irritability

C low-grade fever

D. cramps

E cough

**Standards of responses on the topic "Assessment and Classification of pains in the throat in the IMCI program for the primary level of care":**

1D

2C

3B

4D

5B

6D

7E

8D

9B

10D

**Source Control on the topic "Assessment and Classification of pains in the throat in the IMCI program for the primary level of care":**

**Option number 2**

1. If a doctor is at home with the child's sore throat, that he must necessarily explain the mother?

A. When it is possible to walk

B. When to immediately see a doctor

C. How do I collect the tests

D. How to care for a child

E. How to wash your hands

2. Which of the following characteristics are the basis for the formulation of the classification of an abscess of the pharynx:

A sunken eyes, thirst;

B. The skin fold is straightened immediately, restless;

C. Drinks with avidity; skinfold crushes slowly;

D. Skin fold crushes slowly;

E. can not drink

3. Child 3 years old with a mass of 15 kg, crying and complaining of pain in the throat. Temperature of 39 degrees. On examination, he does not drink, there's no danger of other symptoms, no cramps, no vomiting after eating again, he did not letargichen. According to the IMCI program classify a given case-tea:

A sore throat

B throat abscess

C streptococcal pharyngitis

D. nestreptokokkovy pharyngitis

E necrotic angina

4. The child is 9 months. On examination, he put the diagnosis «Nestreptokokkovy throat." How does the district pediatrician in this case?

A rush to the hospital

B. Leave at home, explain to mothers how to feed, to appoint immunomodulators

C. Leave at home, explain to mothers how to feed, to appoint agents of zinc

D. Leave at home; treated with antibiotics

E. Leave the home, treat domashnimy soothing the throat by means of

5. A child 10 months. with a mass of 10 kg, restless, my mother said that a child has pain in the mountains-les, and cough. Temperature 38 degrees. When viewed from drinking well, the danger signs are not observed-served, when viewed from a throat doctor found no plaque in the throat, there is no increase in cervical lymph nodes. Respiratory rate 32 per 1 min. The doctor found no compromise of the chest and noisy breathing. According to the IMCI program classify a given case:

A wheeze

B stridor

C streptococcal pharyngitis

D. nestreptokokkovy pharyngitis

E pneumonia

6. Child 2 years old with a mass of 12 kg and complained of a sore throat. Temperature 38.8 degrees. When re-osmot baby drinks, the danger signs are detected, when viewed from a throat doctor discovered be-ly plaque in his throat, said enlarged cervical lymph nodes .. According to the IMCI program classify a given case:

A streptococcal pharyngitis

B throat abscess

C angina

D. nestreptokokkovy pharyngitis

E diphtheria oropharynx

7. Which of the following states the child is an indication for hospitalization in the steady-state drug?

A white coating in the throat

B. Increasing the cervical lymph nodes

C. Not able to drink

D. Poor appetite

E. Painful irritability

8. A child 2 years old with a mass of 14 kg, the disease is classified as "strep Farin-git." What is the tactics of the patient on the IMCI program?

A urgently admitted to hospital

B 1- Bitsillin intramuscularly, paracetamol, urgently admitted to hospital

C the IM-1 Bitsillin

D 1- Bitsillin intramuscular paracetamol, throat Mitigating home means

E home means the throat Mitigating

9. A child 5 years weighing 20 kg, the disease is classified as a "throat abscess." What is the tactics of the patient on the IMCI program?

A urgently admitted to hospital

B 1 intramuscularly Bitsillin, paracetamol, urgently admitted to hospital

C the IM-1 Bitsillin

D 1 Bitsillin intramuscular paracetamol, throat Mitigating home means

E home means the throat Mitigating

10. In the IMCI program as a symptom of danger of these signs is the basis for vaniem-term return of the patient in a medical facility?

A poor appetite

B uvlichennye limaticheskie cervical nodes

C the morbid irritability

D. cramps

E cough

**The standards on the topic "Assessment and Classification of pains in the throat in the IMCI program to the level of the primary health care":**

1B

2E

3B

4E

5D

6A

7C

8D

9B

10D

**Final control of**

**on "Evaluation and Classification of pains in the throat in the IMCI program**

**for the primary level of care ":**

Task 1. Azat, 4 years, 2 days of sick He raised the temperature. He painfully irritated. He has a sore throat. His mother also believes that it is difficult to swallow. The doctor suggested Azat a little water, the baby drinks. The doctor checked the temperature of -38 degrees. He examined his throat and found white patches in the throat. Palpate enlarged and painful cervical lymph nodes. Categorize signs Azat and record it in a form for recording.

Task 2. In Alma's four let.povyshena temperatures up to 38 gralusov, she coughs, mom said that she found it difficult to swallow. Ill for 2 days. She does not have diarrhea. The child does not letargichen in mind. It is not more leznenno irritability and is not troubled. She can drink and it does not thirst. When viewed from a throat doctor found no plaque in the throat, there is no increase in cervical lymph nodes. The frequency of breathing equipment 32 in 1 min. The doctor found no compromise of the chest and noisy breathing. According to the pro-gram of IMCI classify a given case. and record it in a form for recording.

Task 3. In Gaul a sore throat lasts 3 days, the temperature-39 degrees. She can not eat and drink. She has no seizures, no vomiting, it is not lethargic. The girl has no cough and no diarrhea. Signs are classified Gaul and record it in a form to record.

Task 4. The 2-year-old Vanya sore throat continued for 4 days. He has no danger signs, no cramps, it is not letargichen, refuses to eat. Drinking water. The temperature of 37.5 degrees, ka-shelf without stridor and wheeze, no diarrhea. Respiratory rate 31 in a minute. Physician-out on the child white patches in the throat and an increase in cervical lymph nodes. He drank the water offered. The child does not letargichen in mind. Categorize symptoms Vanya and determine treatment.

Task 5. Mary, four years complaining about a sore throat and fever up to 38 degrees. She weighs 17 kg. She has no general danger signs. The doctor examined his throat and found white patches in the throat, swollen neck lymph nodes. Mary is not lethargic, and in the mind. It is not painful irritable and restless. When she was offered water, Mayan drink it. Classify the signs of pain in the throat and determine treatment.

Task 6. Rita 14 months. She weighs 12 kg. Rita's mother said the child's cough and pain in the mountains of Les continued five days. Rita is no general danger signs. She does not have diarrhea and difficult-tion of respiration, the rate of 1 min-36. Medical practice and suggested drinking a girl, she saw him-you. Classify the signs of Rita and write them in a form to record, identify the medication.

Task 7. Iskander 2 years. It weighs 14 kg. His mother brought him to the clinic because he had a sore throat when swallowing. On examination he had no signs of danger. Sick the second day. He did not letargichen in mind. The child is not painful irritated and restless. Iskander drinks offered drink. On examination revealed white patches in the throat, there is an increase, and bo-leznennost cervical lymph nodes. Classify the signs of the disease and determine treatment.

Task 8. Karine 3 years. It weighs 12.8 kg. Her mother brought her to the clinic because she had on, celebrated on cough and sore throat. The child has no general danger signs. In the words of my mother, I have Karina sick day 3. She does not have diarrhea. On examination, the girl's temperature is 38 degrees, the doctor found no signs of danger. Suggested the girl had drunk the water. Classify the signs of the disease and determine treatment.

Task 9. Renate 10 months. It weighs 9.5 kg. He was now brought to the clinic because her mother noticed that he began to give up drinking, hot to the touch. Renata has no other common signs of danger. The child does not letargichen in mind. He was moody, did not vomit. When he was offered water, he refuses. Diarrhea, cough was not. Categorize signs Rena-ta and determine treatment.

Task 10. Serik sick for 6 days. Today it was brought to the clinic because he had a convulsion, were, repeated vomiting. My mother said that during the five days the child was treated at the pain in the mountain. Serik 8 months old, weighs 9 kg. He was conscious, but letargichen. When viewed from sluggish. The physician has determined there is a Serik diarrhea and cough. When he was offered water, reaching for Serik bu-tylkoy, but can not drink. Classify and identify signs of Serik treatment.

**Standards of Responses:**

1. Streptococcal pharyngitis

2. Nestreptokokkovy pharyngitis

3. Pharyngeal abscess

4. Streptococcal pharyngitis, intramuscularly Bitsillin-1, paracetamol, to-machine interface means of mitigating the throat.

5. Streptococcal pharyngitis, intramuscularly Bitsillin-1, paracetamol, to-machine interface means of mitigating the throat.

6. Nestreptokokkovy pharyngitis, throat Mitigating household tools

7.Streptokokkovy pharyngitis, intramuscularly Bitsillin-1, paracetamol, home-sponding to mitigate the throat means.

8.Nestreptokokkovy pharyngitis, throat Mitigating domestic funds.

9.Abstsess throat. Intramuscularly Bitsillin-1, paracetamol, urgently admitted to hospital

10. Abscess of the throat. Intramuscularly Bitsillin-1, paracetamol, urgently admitted to hospital.

**Lesson number 13**

**Source Control on**

**"Evaluation and Classification of pains in the throat in the IMCI program for the primary level of copper-to-care":**

**Option number 1**

1. A child 4 years old with a mass of 21 kg, 2 days ill, complains of a sore throat. Temperature 38 degrees. On examination, drink, danger signs are detected, when viewed from a throat doctor found be-ly

plaque in the throat, the increase in lymph node What are the signs of the disease have a child under the IMCI program?

A cough

B diarrhea

C breach of supply

D sore throat

E problem with the ears

2. A girl three years old with a mass of 18 kg, complains of a sore throat. Temperature 38.8 degrees. When re-osmot baby drinks, the danger signs are detected, when viewed from a throat doctor discovered be-ly plaque in his throat, said enlarged cervical lymph nodes .. According to the IMCI program classify a given case:

A sore throat

B throat abscess

C streptococcal pharyngitis

D. nestreptokokkovy pharyngitis

E diphtheria oropharynx

3. A child 5 years old with a mass of 18 kg, 3 days for fever, complains of a sore throat when viewed from the T-39 degrees, do not drink, there is an increase in cervical lymph nodes. According to the IMCI program classify a given case:

A sore throat

B throat abscess

C struptokokkovy pharyngitis

D. nestreptokokkovy pharyngitis

E necrotic angina

4. Child 3 years old with a mass of 15 kg and complained of a sore throat. Temperature 38 degrees. When viewed from drinking well, the danger signs are detected, when viewed from a throat doctor found no plaque in the throat, swollen lymph nodes. According to the IMCI program classify a given case:

A sore throat

B throat abscess

C streptococcal pharyngitis

D. nestreptokokkovy pharyngitis

E necrotic angina

5. Child 3 years old with a mass of 15 kg, crying and complaining of pain in the throat. Temperature of 39 degrees. On examination, he does not drink, there's no danger of other symptoms, no cramps, no vomiting after eating again, he did not letargichen. According to the IMCI program classify a given case-tea:

A sore throat

B throat abscess

C streptococcal pharyngitis

D. nestreptokokkovy pharyngitis

E necrotic angina

6. Child 3 years old with a mass of 15 kg and complained of a sore throat, cough. Temperature 38 degrees. When viewed from drinking well, the danger signs are detected, when viewed from a throat doctor found no plaque in the throat, there is no increase in cervical lymph nodes. Respiratory rate 32 per 1 min. The doctor did not

found a compromise of the chest and noisy breathing. According to the IMCI program of classical fitsiruyte this case:

A wheeze

B stridor

C streptococcal pharyngitis

D. nestreptokokkovy pharyngitis

E pneumonia

7. A child 4 years of the disease is classified as "nestreptokokkovy throat." What is the tactics of the patient on the IMCI program?

A urgently admitted to hospital

B 1 intramuscularly Bitsillin, paracetamol, urgently admitted to hospital

C the IM-1 Bitsillin

D 1 Bitsillin intramuscular paracetamol, throat Mitigating home means

E home means the throat Mitigating

8. If a doctor is at home with the child's sore throat, that he must necessarily explain the mother?

A. When it is possible to walk

B. When to immediately see a doctor =

C. How do I collect the tests

D. How to care for a child

E. How to wash your hands

9. In setting up the classification of "throat abscess" which patients are subject to mandatory state-capitalization in the hospital?

A. If a child does not drink

B. If he has signs of dehydration

C. If it has white patches in throat

D. If he has bacteriological confirmation

E. if it increased the neck lymph nodes

10. Which of the following signs is grounds for immediate return of the patient in a medical facility?

A poor appetite

B morbid irritability

C low-grade fever

D. cramps

E cough

**Source Control on**

**"Evaluation and Classification of pains in the throat in the IMCI program for the primary level of copper-to-care":**

**Option number 2**

1. If a doctor is at home with the child's sore throat, that he must necessarily explain the mother?

A. When it is possible to walk

B. When to immediately see a doctor

C. How do I collect the tests

D. How to care for a child

E. How to wash your hands

2. Which of the following characteristics are the basis for the formulation of the classification of an abscess of the pharynx:

A sunken eyes, thirst;

B. The skin fold is straightened immediately, restless;

C. Drinks with avidity; skinfold crushes slowly;

D. Skin fold crushes slowly;

E. can not drink

3. Child 3 years old with a mass of 15 kg, crying and complaining of pain in the throat. Temperature of 39 degrees. On examination, he does not drink, there's no danger of other symptoms, no cramps, no vomiting after eating again, he did not letargichen. According to the IMCI program classify a given case-tea:

A sore throat

B throat abscess

C streptococcal pharyngitis

D. nestreptokokkovy pharyngitis

E necrotic angina

4. The child is 9 months. On examination, he put the diagnosis «Nestreptokokkovy throat." How does the district pediatrician in this case?

A rush to the hospital

B. Leave at home, explain to mothers how to feed, to appoint immunomodulators

C. Leave at home, explain to mothers how to feed, to appoint agents of zinc

D. Leave at home; treated with antibiotics

E. Leave the home, treat domashnimy soothing the throat by means of

5. A child 10 months. with a mass of 10 kg, restless, my mother said that a child has pain in the mountains-les, and cough. Temperature 38 degrees. When viewed from drinking well, the danger signs are not observed-served, when viewed from a throat doctor found no plaque in the throat, there is no increase in cervical lymph nodes. Respiratory rate 32 per 1 min. The doctor found no compromise of the chest and noisy breathing. According to the IMCI program classify a given case:

A wheeze

B stridor

C streptococcal pharyngitis

D. nestreptokokkovy pharyngitis

E pneumonia

6. Child 2 years old with a mass of 12 kg and complained of a sore throat. Temperature 38.8 degrees. When re-osmot baby drinks, the danger signs are detected, when viewed from a throat doctor discovered be-ly plaque in his throat, said enlarged cervical lymph nodes .. According to the IMCI program classify a given case:

A streptococcal pharyngitis

B throat abscess

C angina

D. nestreptokokkovy pharyngitis

E diphtheria oropharynx

7. Which of the following states the child is an indication for hospitalization in the steady-state drug?

A white coating in the throat

B. Increasing the cervical lymph nodes

C. Not able to drink

D. Poor appetite

E. Painful irritability

8. A child 2 years old with a mass of 14 kg, the disease is classified as "strep Farin-git." What is the tactics of the patient on the IMCI program?

A urgently admitted to hospital

B 1 intramuscularly Bitsillin, paracetamol, urgently admitted to hospital

C the IM-1 Bitsillin

D 1 Bitsillin intramuscular paracetamol, throat Mitigating home means

E home means the throat Mitigating

9. A child 5 years weighing 20 kg, the disease is classified as a "throat abscess." What is the tactics of the patient on the IMCI program?

A urgently admitted to hospital

B 1 intramuscularly Bitsillin, paracetamol, urgently admitted to hospital

C the IM-1 Bitsillin

D 1 Bitsillin intramuscular paracetamol, throat Mitigating home means

E home means the throat Mitigating

10. In the IMCI program as a symptom of danger of these signs is the basis for vaniem-term return of the patient in a medical facility?

A poor appetite

B uvlichennye limaticheskie cervical nodes

C the morbid irritability

D. cramps

E cough

**Standards of responses on the topic "Assessment and Classification of pains in the throat in the IMCI program for primary level health care," Option 1:**

1D

2C

3B

4D

5B

6D

7E

8D

9B

10D

**The standards on the topic "Assessment and Classification of pains in the throat in the IMCI program to the level of the primary health care," option 2:**

1B

2E

3B

4E

5D

6A

7C

8D

9B

10D

**The final control on**

**"Evaluation and Classification of pains in the throat in the IMCI program**

**for the primary level of care ":**

Task 1. Azat, 4 years, 2 days of sick He raised the temperature. He painfully irritated. He has a sore throat. His mother also believes that it is difficult to swallow. The doctor suggested Azat a little water, the baby drinks. The doctor checked the temperature - 38 degrees. He examined his throat and found white patches in the throat. Palpate enlarged and painful cervical lymph nodes. Categorize signs Azat and record it in a form for recording.

Task 2. In Alma's four let.povyshena temperatures up to 38 gralusov, she coughs, mom said that she found it difficult to swallow. Ill for 2 days. She does not have diarrhea. The child does not letargichen in mind. It is not more leznenno irritability and is not troubled. She can drink and it does not thirst. When viewed from a throat doctor found no plaque in the throat, there is no increase in cervical lymph nodes. The frequency of breathing equipment 32 in 1 min. The doctor found no compromise of the chest and noisy breathing. According to the pro-gram of IMCI classify the case and write it to a form for recording.

Task 3. In Gaul a sore throat lasts 3 days, the temperature-39 degrees. She can not eat and drink. She has no seizures, no vomiting, it is not lethargic. The girl has no cough and no diarrhea. Signs are classified Gaul and record it in a form to record.

Task 4. The 2-year-old Vanya sore throat continued for 4 days. He has no danger signs, no cramps, it is not letargichen, refuses to eat. Drinking water. The temperature of 37.5 degrees, ka-shelf without stridor and wheeze, no diarrhea. Respiratory rate 31 in a minute. Physician-out on the child white patches in the throat and an increase in cervical lymph nodes. He drank the water offered. The child does not letargichen in mind. Categorize symptoms Vanya and determine treatment.

Task 5. Mary, four years complaining about a sore throat and fever up to 38 degrees. She weighs 17 kg. She has no general danger signs. The doctor examined his throat and found white patches in the throat, swollen neck lymph nodes. Mary is not lethargic, and in the mind. It is not painful irritable and restless. When she was offered water, Mayan drink it. Classify the signs of pain in the throat and determine treatment.

Task 6. Rita 14 months. She weighs 12 kg. Rita's mother said the child's cough and pain in the mountains of Les continued five days. Rita is no general danger signs. She does not have diarrhea and difficult-tion of respiration, the rate of 1 min-36. Medical practice and suggested drinking a girl, she saw him-you. Classify the signs of Rita and write them in a form to record, identify the medication.

Task 7. Iskander 2 years. It weighs 14 kg. His mother brought him to the clinic because he had a sore throat when swallowing. On examination he had no signs of danger. Sick the second day. He did not letargichen in mind. The child is not painful irritated and restless. Iskander drinks offered drink. On examination revealed white patches in the throat, there is an increase, and bo-leznennost cervical lymph nodes. Classify the signs of the disease and determine treatment.

Task 8. Karine 3 years. It weighs 12.8 kg. Her mother brought her to the clinic because she had on, celebrated on cough and sore throat. The child has no general danger signs. In the words of my mother, I have Karina sick day 3. She does not have diarrhea. On examination, the girl's temperature is 38 degrees, the doctor did not found signs of danger. Suggested the girl had drunk the water. Classify the signs of the disease and determine treatment.

Task 9. Renate 10 months. It weighs 9.5 kg. He was now brought to the clinic because her mother noticed that he began to give up drinking, hot to the touch. Renata has no other common signs of danger. The child does not letargichen in mind. He was moody, did not vomit. When he was offered water, he refuses. Diarrhea, cough was not. Categorize signs Rena-ta and determine treatment.

Task 10. Serik sick for 6 days. Today it was brought to the clinic because he had a convulsion, were, repeated vomiting. My mother said that during the five days the child was treated at the pain in the mountain. Serik 8 months old, weighs 9 kg. He was conscious, but letargichen. When viewed from sluggish. The physician has determined there is a Serik diarrhea and cough. When he was offered water, reaching for Serik bu-tylkoy, but can not drink. Classify and identify signs of Serik treatment.

Standards of Responses:

1. Streptococcal pharyngitis

2. Nestreptokokkovy pharyngitis

3.Abstsess pharynx

4.Streptokokkovy pharyngitis, intramuscularly Bitsillin-1, paracetamol, throat Mitigating domestic funds.

5.Streptokokkovy pharyngitis, intramuscularly Bitsillin-1, paracetamol, throat Mitigating domestic funds.

6.Nestreptokokkovy pharyngitis, throat Mitigating household tools

7.Streptokokkovy pharyngitis, intramuscularly Bitsillin-1, paracetamol, throat Mitigating domestic funds.

8.Nestreptokokkovy pharyngitis, throat Mitigating domestic funds.

9.Abstsess throat. Intramuscularly Bitsillin-1, paracetamol, urgently admitted to inpatient-Onar

10. Abscess of the throat. Intramuscularly Bitsillin-1, paracetamol, urgently admitted to a hundred-tsionar.

**Lesson 14.**

**Initial tests on the topic: Assessment and classification of problems in the ears.**

**I - option:**

1. Problems with the ears, measured by symptom:

A) The increase in ear limfauzlov

B) Swelling of the necks

C) Pain in the ear limfauzlov

D) Discharge from ear

E) The absence of swelling behind the ear

2. Boy 10 - years, arrives in the emergency room with t 38,2 C. Sick for 5 days. In the Child on the left marked painful swelling behind the ear. Classify the problem with the ears of IMCI:

A) Chronic ear infection

B) Acute ear infection

C) mastoiditis

D) erased an ear infection

E) No ear infections

3. IMCI, if the child has a painful swelling behind the ear, they are:

A) Acute ear infection

B) Increased nuchal lifauzlov

C) mastoiditis

D) Chronic ear infection

E) No ear infections

4. The girl goes to hospital with t 38,8 C. Sick for 7 days. Ear pain (sharp on both sides) and the child's visible purulent discharge from the ear. Classify the problem with the ears of IMCI:

A) Chronic ear infection

B) Acute ear infection

C) mastoiditis

D) erased an ear infection

E) No ear infections

5. Problems with the ears, measured by symptom:

A) Increased nuchal limfauzlov

B) The increase in ear limfauzlov

C) Pain in the ear limfauzlov

D) Swelling behind the ear

E) The absence of swelling behind the ear

6. According to the classification of problems with his ears (IMCI) is an acute ear infection, ear pain if the last:

A) Less than 14 days

B) Less than 17 days

C) Less than 21 days

D) Less than 30 days

E) Less than 35 days

7. IMCI, if a child has an ear infection, it may be the cause:

A) pharyngitis

B) conjunctivitis

C) Hearing loss

D) Pneumonia

E) stridor

8. IMCI is not an ear infection if:

A) Pain in the ear lasts a day

B) Pain in the ear last 3 days

C) Pain behind the ear

D) Swelling behind the ear

E) Pain in the ear Out date

9. IMCI chronic ear infection, if the pus from the ear last:

A) Less than 3 days

B) Less than 5 days

C) Less than 7 days

D) Less than 14 days

E) Less than 21 days

10. IMCI, if a child has an ear infection, it may be the cause:

A) pharyngitis

B) conjunctivitis

C) mastoiditis

D) Pneumonia

E) stridor

**Initial tests on the topic:**

**Assessment and classification of problems in the ears.**

**Option 2:**

1. Problems with the ears, measured by symptom:

A) Increased nuchal limfauzlov

B) Sore neck limfauzlov

C) Pain in the ear limfauzlov

D) Reduction of hearing

E) The absence of swelling behind the ear

2. A boy of 3 years, arrives in the emergency room with t 38,0 C. Sick for 15 days. In the Child can be seen purulent discharge from the ear and hearing loss is noted on the left. Classified ruyte problems with the ears of IMCI:

A) Chronic ear infection

B) Acute ear infection

C) mastoiditis

D) erased an ear infection

E) No ear infections

3. IMCI, if a child has pus in the ear of more than 14 days are:

A) Acute ear infection

B) The prolonged ear infection

C) mastoiditis

D) Chronic ear infection

E) erased an ear infection

4. Girl of the 7th year goes to the hospital with t 38,8 C. Sick for 3 days. The child has the right marked painful swelling behind the ear. Classify the problem with the ears of IMCI:

A) Chronic ear infection

B) Acute ear infection

C) mastoiditis

D) erased an ear infection

E) No ear infections

5. Problems with the ears, measured by symptom (especially in infants)

A) The increase in ear limfauzlov

B) Sore neck limfauzlov

C) Pain in the ear limfauzlov

D) Swelling may be above the ear

E) The absence of swelling behind the ear

6. According to the classification of problems with his ears (IMCI) is an acute ear infection, if the pus from the ear last:

A) More than 7 days

B) More than 17 days

C) More than 21 days

D) More than 30 days

E) More than 35 days

7. IMCI, if a child has an ear infection, it may be the cause:

A) pharyngitis

B) conjunctivitis

C) Deafness

D) Pneumonia

E) stridor

8. IMCI is not an ear infection if:

A) serous discharge from the ear

B) Purulent discharge from the ear

C) Visible discharge from the ear Out date

D) There is a painful swelling behind the ear

E) There is increasing body temperature

9. IMCI, if a child has pus in the ear less than 14 days are:

A) Acute ear infection

B) The prolonged ear infection

C) mastoiditis

D) Chronic ear infection

E) erased an ear infection

10. IMCI, if a child has an ear infection, it may be the cause:

A) pharyngitis

B) conjunctivitis

C) Meningitis

D) Pneumonia

E) stridor

Standards of Responses:

To control the source of the topic:

Assessment and classification of problems in the ears.

I - option:

1D

2C

3C

4B

5D

6A

7C

8E

9E

10C

2 - Option

1D

2A

3D

4C

5D

6A

7C

8C

9A

10C

**Objectives for the final control on the topic:**

**Assessment and classification of problems in the ears.**

**(Clinical case studies):**

A. Ivan discharge from the ears continued for 2 days. Isolation of a purulent character. It is painful, but irritating. His father and mother also find that Ivan is a pain in the ear. An objective examination, the doctor is not revealed swelling of the ears.

Evaluate signs of problems with the ears of Ivan and classify them into the form for records.

2. Dina earache lasts for 3 days. The body temperature of 38.4 C. She does not have a selection of his ears. The child does not letargichen in mind. She is irritable and restless. An objective examination, the doctor is not revealed swelling of the ears.

Evaluate signs of problems with their ears Dina and classify them in the form for records.

3. In Gaul the selection of the ears lasts 15 days. The body temperature of 38.0 C. She is morbidly irritable and restless. Her father and mother find that the last 3 days Gaul says SNI-tion on the left ear.

Evaluate signs of problems with his ears in Gaul, and classify them in the form for records.

4. The 2-year-old Vanya's ear pain lasts for 7 days. The child does not letargichen and consciousness research institutes. His father and mother said that the child's last two days there is pain and puhanie-behind the ears on the right. He painfully irritated and restless.

Evaluate signs of problems with their ears Vanya and classify them in the form for records.

5.Marine 3 years. She weighs 13 kg. The body temperature of 37.5 C. Her mother brought her to the hospital because Marina hot to the touch the last 2 days. The child was crying last night and complained of pain in the ear. OBJECTIVE: purulent discharge from the ear and swelling behind the ear - no.

Evaluate signs of problems with their ears at the Marina and classify them in a form for records.

6. Rita five years. Rita's mother said that the baby cried almost all night with pain in the ear. According to his mother, purulent discharge from the ear of Rita kept appearing and disappearing for about a year. On examination revealed purulent discharge from the ear of the child.

Evaluate signs of problems with their ears from Rita and classify them in the form for records.

7. Iskander 2 years. It weighs 15 kg. His mother brought him to the surgery because of Iskander-ryachaya to touch the past 2 days. He has no signs of danger. Iskander is not letargichen in mind. The child is not painful irritated and restless. Objectively, it does not have: ear pain, discharge from the ear and swelling behind the ear.

Evaluate signs of problems with their ears at the Iskandar and classify them in the form for records.

8. Karine 3 years. It weighs 12.8 kg. Her mother brought her to the clinic because she had a body temperature of 38.8 C. The child has no general danger signs. In the words of the mother pain in the ear with Karina continues for more than 2 weeks. Kareena is constantly crying during the examination, even a mother can not calm her down. The doctor examined the child's ears and found a painful swelling behind the ears.

Evaluate signs of problems with their ears with Karina and classify them in the form for records.

9. Renata 2.5 years. It weighs 14 kg. He was now brought to the clinic because her mother noticed a la the selection of the ear. Pain in the ear, it takes 6 days. Renata has no general signs of threats posed. The child does not letargichen in mind. He was moody at the time of inspection. On examination, the child's ears are not detected swelling behind the ears.

Evaluate signs of problems with their ears with Renata and classify them in the form for records.

10. Dima is sick for 6 days. Today it was brought to the clinic because he had the pus-ing a selection from the ears. My mother said that the selection appeared two days ago. He is conscious, not le-targichen. On examination, restless. The doctor determined Dima purulent discharge from right ear and a painful swelling behind the ear on the right.

Evaluate signs of problems with their ears, Dima and classify them in the form for records.

Standards of Responses:

Objectives for the final control on the topic:

Assessment and classification of problems in the ears.

(Clinical case studies):

1. Acute ear infection.

2. Acute ear infection.

3. Chronic ear infection.

4. Mastoiditis

5. Acute ear infection

6. Chronic ear infection.

7. No ear infections.

8. Mastoiditis.

9. Acute ear infection.

10. Acute ear infection. Mastoiditis.

**Lesson 15**

**Initial tests on the topic: Assessment and classification of problems in the ears.**

**. I - option:**

1 Problems with the ears, measured by symptom:

A) Increased nuchal limfauzlov

B) Sore neck limfauzlov

C) Pain in the ear limfauzlov

D) Reduction of hearing

E) The absence of swelling behind the ear

2. A boy of 3 years, arrives in the emergency room with t 38,0 C. Sick for 15 days. The child can see pus discharge from the ear and hearing loss is noted on the left. Classify the problem with the ears of IMCI:

A) Chronic ear infection

B) Acute ear infection

C) mastoiditis

D) erased an ear infection

E) No ear infections

3. IMCI, if a child has pus in the ear of more than 14 days are:

A) Acute ear infection

B) The prolonged ear infection

C) mastoiditis

D) Chronic ear infection

E) erased an ear infection

4. Girl of the 7th year goes to the hospital with t 38,8 C. Sick for 3 days. At the right of the child noted a painful swelling behind the ear. Classify prob-lems with the ears of IMCI:

A) Chronic ear infection

B) Acute ear infection

C) mastoiditis

D) erased an ear infection

E) No ear infections

Five. Problems with the ears, measured by symptom (especially in infants)

A) The increase in ear limfauzlov

B) Sore neck limfauzlov

C) Pain in the ear limfauzlov

D) Swelling may be above the ear

E) The absence of swelling behind the ear

6. According to the classification of problems with his ears (IMCI) is an acute ear infection, if the pus from the ear last:

A) More than 7 days

B) More than 17 days

C) More than 21 days

D) More than 30 days

E) More than 35 days

7. IMCI, if a child has an ear infection, it may be the cause:

A) pharyngitis

B) conjunctivitis

C) Deafness

D) Pneumonia

E) stridor

8. IMCI is not an ear infection if:

A) serous discharge from the ear

B) Purulent discharge from the ear

C) Visible discharge from the ear Out date

D) There is a painful swelling behind the ear

E) There is increasing body temperature

9. IMCI, if a child has pus in the ear less than 14 days are:

A) Acute ear infection

B) The prolonged ear infection

C) mastoiditis

D) Chronic ear infection

E) erased an ear infection

10. IMCI, if a child has an ear infection, it may be the cause:

A) pharyngitis

B) conjunctivitis

C) Meningitis

D) Pneumonia

E) stridor

.

**Initial tests on the topic:**

**Assessment and classification of problems in the ears.**

**I I-option:**

1Problems with the ears, measured by symptom:

A) The increase in ear limfauzlov

B) Swelling of the necks

C) Pain in the ear limfauzlov

D) Discharge from ear

E) The absence of swelling behind the ear

2. Boy 10 - years, arrives in the emergency room with t 38,2 C. Sick for 5 days. The child says a painful swelling on the left behind the ear. Classified ruyte problems with the ears of IMCI:

A) Chronic ear infection

B) Acute ear infection

C) mastoiditis

D) erased an ear infection

E) No ear infections

3. IMCI, if the child has a painful swelling behind the ear, they are:

A) Acute ear infection

B) Increased nuchal lifauzlov

C) mastoiditis

D) Chronic ear infection

E) No ear infections

4. The girl goes to hospital with t 38,8 C. Sick for 7 days. Ear pain (sharp on both sides) and the child's visible purulent discharge from the ear. Classical fitsiruyte ear problems IMCI:

A) Chronic ear infection

B) Acute ear infection

C) mastoiditis

D) erased an ear infection

E) No ear infections

5. Problems with the ears, measured by symptom:

A) Increased nuchal limfauzlov

B) The increase in ear limfauzlov

C) Pain in the ear limfauzlov

D) Swelling behind the ear

E) The absence of swelling behind the ear

6. According to the classification of problems with his ears (IMCI) is an acute ear infection, ear pain if the last:

A) Less than 14 days

B) Less than 17 days

C) Less than 21 days

D) Less than 30 days

E) Less than 35 days

7. IMCI, if a child has an ear infection, it may be the cause:

A) pharyngitis

B) conjunctivitis

C) Hearing loss

D) Pneumonia

E) stridor

8. IMCI is not an ear infection if:

A) Pain in the ear lasts a day

B) Pain in the ear last 3 days

C) Pain behind the ear

D) Swelling behind the ear

E) Pain in the ear Out date

9. IMCI chronic ear infection, if the pus from the ear last:

A) Less than 3 days

B) Less than 5 days

C) Less than 7 days

D) Less than 14 days

E) Less than 21 days

10. IMCI, if a child has an ear infection, it may be the cause:

A) pharyngitis

B) conjunctivitis

C) mastoiditis

D) Pneumonia

E) stridor

**Standards of Responses:**

**To control the source of the topic: Assessment and classification of problems in the ears.**

**I - option:**

1D

2A

3D

4C

5D

6A

7C

8C

9A

10C

**II-option:**

1D

2C

3C

4B

5D

6A

7C

8E

9E

10C

**Final control of**

**Definition of treatment for ear problems**

A. Alie 5 years. Rita's mother said that the baby cried almost all night with pain in the ear. According to his mother, purulent discharge from the ear of Rita kept appearing and disappearing for about a year. On examination revealed purulent discharge from the ear of the child.

Evaluate signs of problems with their ears from Rita and classify them in the form for records.

A.Ostraya ear infection

B. The increase in ear limfauzlov

V. mastoiditis

G. No ear infections

D.Hronicheskaya ear infection

Two. Sanjar 1.5 years. It weighs 15 kg. His mother brought him to the surgery because of Iskander-ryachaya to touch the past 2 days. He has no signs of danger. Iskander is not letargichen in mind. The child is not painful irritated and restless. Objectively, it does not have: pain in the ear, discharge from the ear and swelling behind the ear.

Evaluate signs of problems with their ears at the Iskandar and classify them in the form for records.

A.Ostraya ear infection

B.Uvelichenie for ear limfauzlov

V. mastoiditis

G. No ear infections

D. Chronic ear infection

3.Shure 2 years. It weighs 12.8 kg. Her mother brought her to the clinic because she had a body temperature of 38.8 C. The child has no general danger signs. In the words of the mother pain in the ear with Karina is continuing for more than 2 weeks. Kareena is constantly crying during the examination, even a mother can not calm her down. The doctor examined the child's ears and found a painful swelling behind the ears.

Evaluate signs of problems with their ears with Karina and classify them in the form for records.

A. Acute ear infection

B.Uvelichenie for ear limfauzlov

V.Mastoidit

G.Net ear infection

D.Hronicheskaya ear infection

4. Iskander 2 years. It weighs 15 kg. His mother brought him to the surgery because of Iskander-ryachaya to touch the past 2 days. He has no signs of danger. Iskander is not letargichen in mind. The child is not painful irritated and restless. Objectively, it does not have: pain in the ear, discharge from the ear and swelling behind the ear.

Evaluate signs of problems with their ears at the Iskandar and classify them in the form for records.

A.Ostraya ear infection

B.Uvelichenie for ear limfauzlov

V. mastoiditis

G.. No ear infections

D.Hronicheskaya ear infection

5.Malchik 4 years goes to the emergency room with t 38,0 C. Sick for 15 days. The child can see pus discharge from the ear and hearing loss is noted on the left. Classify the problem with the ears of IMCI:

A.Hronicheskaya ear infection

B.Ostraya ear infection

V. mastoiditis

G.Stertaya ear infection

D. There is no ear infection

6. IMCI is not an ear infection if:

A serous discharge from the ear

B.Gnoynye discharge from the ear

V. Visible discharge from the ear missing

G. There is a painful swelling behind the ear

D. There is increase in body temperature

7. . On IMCI, if the child has a painful swelling behind the ear, they are:

A. Acute ear infection

B.Uvelichenie occipital lifauzlov

V. mastoiditis

G. Chronic ear infection

D. There is no ear infection

Eight. IMCI is not an ear infection if:

A. Pain in the ear lasts a day

B.Boli in the ear last 3 days

V. pain behind the ear

G. Swelling behind the ear

D. Pain in the ear Out date

9.Faridu 6 months have brought to the vaccine in the clinic. My mother thinks it healthy. In wasps, the doctor discovered Motrya discharge from left ear. My mother said that discharge from the ear is not permanent and lasts about a month and the child is not worried. The conclusion of the doctor:

A chronic ear infection, it is possible to vaccinate

B. Acute ear infection, it is impossible to vaccinate

V. Mastoiditis, it is impossible to vaccinate

G.. Chronic ear infection, it is impossible to vaccinate

D. No ear infection, it is possible to vaccinate

10. Farid 6 months have brought to the vaccine in the clinic. My mother thinks it healthy. On examination, the doctor discovered a discharge from his left ear. My mother said that discharge from the ear, not constants are and continue for about a month and the child does not bespokoitNaznacheniya doctor:

A. Assign outpatient antibiotic

B. Compulsory admission to hospital

V. It is desirable to admission to hospital

G. Do not prescribe an antibiotic

D. Symptomatic treatment

**Standards replies**

**Final control of**

**Definition of treatment for ear problems**

1 – D 2 – G 3 – V 4 – G 5 – A 6 – V 7 – V 8 – D 9 – A 10 - B

**CONTROLLING AND MEASURING FACILITIES OF STUDENT’S INDEPENDENT WORK**

**1. Topic**: Obstructive bronchitis.

**Source Control on the topic:**

**Obstructive bronchitis**

**I - version of**

1. A boy of 3 years, arrives in the emergency room with shortness of breath, coughing. The physician must evaluate IMCI:

A) How long does a cough or difficulty breathing

B) Rapid breathing

С) compromise of the lower chest

D) Stridor at rest, wheeze

E) All of the above

2. A sign of "chest indrawing" IMCI program - is:

A. All of the chest wall during inspiration is drawn;

B. Lower chest wall retracts when the child breathes in;

C. When you inhale the entire wall of the chest and abdomen expands;

D. Lower chest wall retracts when the child breathes;

E. drawn only intercostal spaces;

3. If a child during the inspection no signs of pneumonia or very severe disease, but have a cough and a temperature of 37.4, according to the IMCI exposed category:

A) Bronchitis

B) laryngotracheitis

C) SARS

D) no pneumonia, cough or colds

E) Tracheitis

4. The child is 9 months. Respiratory rate for 1 minute at rest 52. The second day of coughs, sneezes, t 37,7 s. He has fast breathing. What numbers can also talk about the shortness of breath (according to the IMCI program):

A) 49

B) 36

C) 57

D) 30

E) 43

5. Udevochki during the inspection determined the frequency of breathing for a minute - 45. Age 2.5 years, there is a cough. What are the indicators of respiratory frequency talk about shortness of breath:

A) 49

B) 29

C) 36

D) 39

E) 30

6. A child nine months, suffering from the third day. Cough, runny nose, poor suckling. At night, it was shortness of breath. Respiratory rate - 48. What are the indicators of respiratory rate can talk about shortness of breath:

A) 50

B) 45

C) 49

D) 46

E) 38

7. A child 6 months, during the inspection revealed shortness of breath at rest, nasal congestion, nor-mal temperature and wheezing (astmoidnymi) breathing, ie, expiratory dyspnea. The physician classified this state as IMCI Program wheeze, no pneumonia. What should be done in the first place according to the IMCI program?

A. Salbutamol aerosol - 3 cycles with an interval of 20 minutes through a spacer

B. Eufillin in / tively three times at intervals of 20 min

C. Salbutamol aerosol to enter a child every 20 min through a spacer

D. Eufillin-dose and age to make the drainage massage

E. Prednisolone D. - age dose intramuscularly

8. child 8 months, 1 day of illness. Cough dry, barking. The frequency breath - 57. What are the indicators of respiratory frequency talk about shortness of breath on the Programme of IMCI:

A) 49

B) 35

C) 61

D) 45

E) 38

9. In the IMCI program in calculating the frequency of breathing is necessary to observe the following rules:

A) Read the last 15 seconds x 4

B) Attach a stethoscope and count for 30 seconds x 2

C) Read a 1, the main condition - the child must be calm

D) can be calculated phonendoscope, the "eyes" for 1, as long as the child was alone

E) Read for 10 seconds x 6

10. Girl goes 1.5 years. Shortness of breath. What should be done on the IMCI program to hear the wheeze or obstruction:

A) Attach a stethoscope - to auscultation

B) When a child asleep, to auscultation

C) Bring the child's ear to his mouth, as whistle may be slightly visible

D) Assess breathing at a distance

E) The calculation of respiration in the active state

**Source Control on the topic:**

**Obstructive bronchitis.**

**2 - variant**

1. What are bronchodilators used in the IMCI wheeze:

A) Soda inhalation

B) Inhalation of prednisolone

C) Salbutamol

D) Ambrosan

E) Ingalatsiya with min. water

2. In the waiting room a child 2 years old with difficulty breathing. He has stridor at rest. What is the classification of IMCI avmi will be selected:

A) O. Laringotrahiet

B) The Croup

C) Severe pneumonia or very severe disease

D) Foreign body

E) Asthma

3. The child is 10 months wheeze. The temperature of 37.8. Unproductive cough, bad drinks. Respiratory rate 58. Which category of IMCI will be chosen by you:

A) Pneumonia

B) there is no pneumonia. Wheeze

C) Severe Pneumonia

D) Asthma

E) severe pneumonia

4. The child in the waiting room gave a breath astalinom. After 20 minutes have passed uchaschennon breath.The number of breath - 36. Age - 1.5 years. Temperature - 37.2 s. Which category you have chosen to IMCI:

A) Cough or cold

B) Pneumonia

C) SARS

D) Obstructive Bronchitis

E) No Pneumonia. Wheeze

5. A child of 3 years is a wheeze, retractable bottom of the chest, the temperature of - 37.8 s. Unproductive cough. Which category you have chosen to IMCI:

A) Pneumonia

B) Asthma

C) Severe pneumonia or very severe disease

D) Obstructive bronchitis, SGL-II level

E) All of the above

6. The child did not sleep at night, bothered by a dry cough, seen it has stridor at rest, the bottom of the retraction of the chest. Age - 3goda. Your tactic of IMCI:

A) observation at home, do a / m prednisolone

B) Emergency hospitalization in a hospital

C) antibiotics, making inhalation if there is no effect to the hospital

D) Antibiotics domshnih conditions

E) Foot baths

7. What a breath quickened for a child is 10 months. In the IMCI program:

A) 45

B) 38

C) 48

D) 36

E) 54

8. The child is 8 months old. Mother complains that the child is coughing more than a month. The district ne-diatreme examined the child and found no signs of pneumonia or very severe disease. He put the diagnosis of common cold, acute bronchitis. What his subsequent tactics?

A. Soften the throat and relieve cough, follow-up visit after 5 days;

B. Refer to the survey;

C. Assign an antibiotic, to soften the throat, relieve cough;

D. Mitigate the throat and relieve cough, follow-up visit after 2 days;

E. Refer to the medical spa;

9. What is your breath quickened for a child 4.5 years of IMCI:

A) 43

B) 38

C) 35

D) 37

E) 32

10. Patient 4 months classified IMCI program as "no pneumonia. A cough or a cold." What treatment should he appoint a local doctor?

A. Refer to the hospital;

B. Assign an immunomodulator, cough syrup, desensitization, the mother explained how to call an ambulance;

C. To facilitate cough with inhaled over potatoes; appoint cough syrup;

D. antibiotics, inhalation via a nebulizer, the mother explained how to do the inhalation;

E. To facilitate the cough with a safe product; explain the mother when to return nemed-slowly;

**Standards for the primary control on the theme: Obstructive bronchitis.**

**Option 1**

1-E, 2 - B 3 - D, 4 - C, 5 - A 6-A, 7-A, 8 - B, 9 - D, 10 - C

**Option 2**

1-C, 2 - C, 3-A, 4-E, 5 - C, 6 - C, 7 - E, 8 – B, 9 - A, 10 - E

**The final control on the theme: Obstructive bronchitis.**

1.Rebenku 2 years. Following the assessment, revealed rapid breathing and indrawing of the lower rib cage during inspiration.

Your actions:

A.naznachit amoxicillin and treated at home.

B.Srochnaya hospitalization.

C.Ponablyudat 6 hours, then re-evaluate.

D.Dat first dose of appropriate antibiotics and hospitalization.

E.Smyagchit throat and to cough with a safe means and hospitalized

2.U child 3.5 years in history have atopic dermatitis. Ill with colds, there was a wheeze. What is the treatment must be assigned?

A.Antibakterialny drug.

B. Salbutamol aerosol

C.Oblegchat cough with a safe means.

D.Isklyuchit home steam inhalation.

E.Vse specified above.

3. The child is 1 year. After inspection revealed - respiratory rate 60 per minute and lower retraction cha-STI chest during inspiration. Your actions?

A. Humidified oxygen supply.

B. Ambrobene inside

C. Plenty of warm drinks

D. Heat foot baths

E. Salbutamol aerosol

4. The child has obstructive bronchitis. There is a dry paroxysmal cough. Your destination?

A. Creon

B. Bronholitin

C. Sinekod

D. Ambroxol

E. Atsetittsistein

5. The child has obstructive bronchitis. There is a frequent cough with a discharge of mucus viscosity Coy. Your destination?

A. Creon

B. Bronholitin

C. Sinekod

D. Ambroxol

E. Acetylcysteine

6. The child has obstructive bronchitis. There is a purulent character of the sputum. Alternatively, what preparation do you recommend?

A. Penicillin

B. Cephalosporins

C. Macrolides

D. Biseptol

E Fluoroquinolones

7. In an outpatient setting most effective in the treatment for mild bronchial obstruction are?

A. Beclason Eco-

B. Pulmicort

C. Fliksotid

D. Sodium cromoglycate

E. nedocromil sodium

8. Under steady-state conditions, the most effective in the treatment with medium-severe forms of bronchial obstruction are?

A. Eco-Beclason

B. Pulmicort

C. Fliksotid

D. Sodium cromoglycate

E. nedocromil sodium

9. For obstructive syndrome is characterized by the following features

A. Expiratory dyspnea

B. Swelling of the chest

C. Pronounced toxicity

D. Dry wheezing

E. Breathing with the auxiliary muscles

10. Bronchial obstruction in young children due to the following

AFIs, EXCEPT

A. Narrow paths vozduhonostnyh

B. looseness and hydrophilic bronchial mucosa

C. The presence of cell metoplazii restnitchatom in the epithelium

D. slope of bronchial mucosa to edema and hypersecretion

E. The development of transient bronchial hyperreactivity

**Standards of Responses:**

1.B

2.B

3.ABCE

4.B

5.ADE

6.BCE

7.ABC

8.DE

9. ABDE

10. C

**Topic number 2.**

**1.Tema: Pneumonia in children.**

**Source Control on the topic:**

**Pneumonia in children.**

**Option number 1**

1. What a breath quickened for a child is 4 months. The BPI BDV (3 replies):

A) 50

B) 61

C) 48

D) 36

E) 54

2. What a breath quickened for a child is 3 years for IV BDV (3 replies):

A) 45

B) 36

C) 39

D) 53

E) 40

3. What is your breath quickened for a child 5 years of BDV IV (2 answers):

A) 43

B) 38

C) 35

D) 40

E) 32

4. What a breath quickened for a child is 8 months. The BPI BDV (4 responses):

A) 67

B) 45

C) 54

D) 59

E) 50

5. Which drug is administered to children with the category of "pneumonia"

A. Azithromycin

B. Gentamicin

C. Amoxiclav

D. Amoxicillin,

E. Sumamed

6. Shortness of breath per minute in children aged 12 months to 5 years is:

A. 30 or more

B. 40 or more

C. 50 or more

D. 60 or more

E. 45 or more

7. Indrawing of the lower rib cage during inspiration - is the next category:

A. Severe pneumonia or very severe disease

B. Pneumonia

C. Pneumonia not. Cough or cold

D. Severe Pneumonia

8. A child 6 months., Sick day 2. Acutely ill: the temperature of 37,8 C, runny nose, cough, 4 gb cough more frequent, there was rapid breathing-58 alone, weakened breathing, wheezing krepitiruyuschie-yuschie. What kind of category IV pneumonia BDV have to think. Your diagnosis:

A. Pneumonia

B. No pneumonia: cough or cold

C. Severe pneumonia or very severe disease

D. Severe Pneumonia

9. The child 3.5 years of a history of atopic dermatitis. Ill with colds, there was a wheeze. What is the treatment to be assigned, if after evaluation of state of the selected category of "pneumonia"?

A. antibacterial

B. Salbutamol aerosol

C. Facilitate the cough with a safe means of

D. Delete the home steam inhalation

E. All of the above

10. Girl 3 years old comes to the emergency room with shortness of breath, coughing. The physician should assess for IV BDV:

A) How long does a cough or difficulty breathing

B) Rapid breathing

C) compromise of the lower chest

D) Stridor at rest, wheeze

E) All of the above

**Standards for the primary control on the topic:**

**Pneumonia in children.**

**Option number 1**

1. = A, B, E

2. = A, D, E

3. = A, D

4. = A, B, D, E

5. = D

6. = B

7. = D

8. = A

9. = E

10. = E

**Source Control on the topic:**

**Pneumonia in children.**

**Option number 2**

1. What a breath quickened for a child is 10 months. The BPI BDV (3 replies):

A) 52

B) 60

C) 48

D) 36

E) 54

2. What is your breath quickened for a child 2 years of BDV IV (3 replies):

A) 45

B) 36

C) 39

D) 53

E) 40

3. What is your breath quickened for a child 1.5 years of BDV IV (2 answers):

A) 43

B) 38

C) 35

D) 40

E) 32

4. What a breath quickened for a child is 5 months. The BPI BDV (4 responses):

A) 67

B) 45

C) 54

D) 59

E) 50

5. A child 6 months. noted a cough, fever to 38.3, shortness of breath - 70 in 1 minute, marked tachycardia, indrawing of the lower rib cage, acrocyanosis. A month ago, had seizures. What kind of category IV pneumonia BDV to think?

A.Ochen severe pneumonia or very severe disease

B. Severe pneumonia

C. Pneumonia

D. No pneumonia: cough or cold

6. The child second year of life is marked indrawing of the chest. What kind of category IV BDV to think?:

A. No pneumonia: cough or cold

B. Pneumonia

C. Severe pneumonia or very severe disease

D. Severe Pneumonia

7. A girl of 4 years. Following the assessment identified - rapid breathing and indrawing of the lower rib cage during inspiration.

Your actions:

A. appoint amoxicillin and treated at home.

B. Emergency hospitalization.

C. Observe 6 hours, then re-evaluate.

D. Give the first dose of appropriate antibiotics and hospitalization.

E. Mitigate the throat and to cough with a safe means and hospitalized

8. A child 10 months., Sick day 2. Acutely ill: the temperature of 37,8 C, runny nose, cough, 4 gb cough more frequent, there was rapid breathing-58 alone, weakened breathing, wheezing krepitiruyuschie-yuschie. What kind of category IV pneumonia BDV have to think. Your diagnosis:

A. Pneumonia

B. No pneumonia: cough or cold

C. Severe pneumonia or very severe disease

DG. Severe Pneumonia

9. The boy received two years in a hospital: from t 37,6 C, runny nose and cough. Auscultatory hard breathing and wheezing. What kind of pneumonia on the program category IV BDV have to think

A. No pneumonia: cough or cold

B. Pneumonia

C. Severe pneumonia or very severe disease

D. Severe Pneumonia

10. What a breath quickened for a child is 12 months and 1 day of IV BDV (2 answers):

A) 43

B) 38

C) 35

D) 40

E) 32

**Standards of responses to the primary control on the topic:**

**Pneumonia in children.**

**Option number 2**

1. = A, B, E

2. = A, D, E

3. = A, D

4. = A, B, D, E

5. = A

6. = D

7. = D

8. = A

9. = A

10. = A, D

**The final control on the topic: Pneumonia in children.**

Task 1.A child 10 months.observed severe respiratory distress - a syndrome, rapid breathing, increased body temperature to 39.7 C, the bottom of the retraction of the chest, cyanosis - is:

A. No pneumonia: cough or cold

B. Pneumonia

C. Severe pneumonia or very severe disease

D. Severe Pneumonia

Task 2.

Shortness of breath per minute in children aged 12 months to 5 years is:

A. 30 or more

B. 40 or more

C. 50 or more

D. 60 or more

E. 45 or more

Task 3. Indrawing of the lower rib cage during inspiration - is the next category:

A. Severe pneumonia or very severe disease

B. Pneumonia

C. Pneumonia not. Cough or cold

D. Severe Pneumonia

Task 4. The child is 2 years. Following the assessment identified - rapid breathing and indrawing of the lower rib cage during inspiration.

Your actions:

A. appoint amoxicillin and treated at home.

B. Emergency hospitalization.

C. Observe 6 hours, then re-evaluate.

D. Give the first dose of appropriate antibiotics and hospitalization.

E. Mitigate the throat and to cough with a safe means and hospitalized

Task 5. . A child 10 months.temperature is 37.8. BH -58. Which category of IV BDV selected:

A. Pneumonia.

B. No Pneumonia: Cough or cold

C. Severe pneumonia.

D. Very severe pneumonia

Task 6. The child enters the hospital: a t 38,0 C, conjunctivitis, runny nose and cough. Auscultatory hard breathing and wheezing. What sign is necessary to consider the problem of "cough and shortness of breath" (Program IV BDV):

A. Rhinitis

B. Fever

C. Cough

D. conjunctivitis

E. The hard breathing

Task 7. Girl 3 years old comes to the emergency room with shortness of breath, coughing.

The physician should assess for signs of IV BDV all except:

A. How long does a cough or difficulty breathing

B. Rapid breathing

C. indrawing of the lower rib cage

D. Stridor at rest, wheeze

E. Moist, productive cough

Task 8. The girl goes to hospital with t 37,8 C, conjunctivitis, runny nose and cough. Auscultatory hard breathing and wheezing. What sign is necessary to consider the problem of "cough and shortness of breath" (Program IV BDV):

A. Rhinitis

B. Fever

C. Cough

D. conjunctivitis

E. The hard breathing

Task 9.Girl 2.5 months.coughing for 3 days. Low-grade temperature. Auskulta-tively dry rales are heard. Breathing is not speeded up. Which of the following disease-vany most likely?

A. Pneumonia.

B. No Pneumonia: Cough or cold

C. Severe pneumonia.

D. Very severe pneumonia

Task 10. Three year old child in two weeks bothered cough, temperature subfeb-sterile, rhinitis, there is shortness of breath - 47 in 1 minute, indrawing of the lower rib cage. Which of the following diseases is most likely in this case:

A. Pneumonia.

B. No Pneumonia: Cough or cold

C. Severe pneumonia.

D. Very severe pneumonia

**Standards of responses to the final inspection on the topic: Pneumonia in children:**

1 - C

2 - B

3 - D

4 - D

5 - A

6 - E

7 - E

8 - C

9 - B

10 – C

**LESSON 3**

**1. Topic: Types of fever curves**

**Source Control on the topic:**

**Types of fever curves**

**Option number 1**

1. Continue fever - a protective-adaptive reaction in response to the impact of the exogenous or endogenous:

A glycogen

B. pyrogens

C. adaptogens

D. Ferramonov

E. Vitamin

2. Low-grade fever - a rise in body temperature in the range (degrees-is this purpose):

A. 36,5-37,0;

B. 37,5-38,5;

C. 37,0-39,0;

D. 37,0-38,0;

E. 39,0-41,0;

3. Giperpereticheskaya fever - a rise in body temperature in the range (degrees Celsius):

A. 36,5-37,0;

B. 37,5-38,5;

C. 37,0-39,0;

D. 37,0-38,0;

E. more than 41.0;

4. At a constant fever, the difference between the daily morning and evening temperature does not exceed

A 0.1 degree Celsius;

B. 1 degree Celsius;

C. 2 degrees Celsius;

D. 3 degrees Celsius;

E. 4 degrees Celsius;

5. Intermittent fever - is:

A period of sharp increases in temperature to high numbers, which are characterized with periods of normal temperature;

B. a gradual increase in temperature, and then its gradual decline;

C. a permanent increase in temperature in the morning;

D. permanent increase in temperature in the evening;

E. in the normalization of the temperature level drops below 36.0;

6. Intermittent fever is typical of the disease:

A. Measles

B. Influenza

C. Malaria

D. Tuberculosis

E. Sepsis

7. Undulating fever, typical of the disease:

A. Malaria

B. Parainfluenza

C. relapsing fever

D. Tuberculosis

E. Brucellosis

8. Acute onset of the disease, when hyperthermia reaches the maximum. figures for several hours, owls, it is pathognomonic for:

A staphylococcal pharyngitis;

B meningococcal disease;

C. erysipelas;

D. adenoviral infection;

E. rubella infection;

9. What are the clinical and laboratory signs necessary for the diagnosis of malaria is exhibiting:

A. Fever, anemia;

B. Exhaustion, anemia, and fever;

C. The fever, shock, finding petechiae;

D. fever, anemia, detection of Plasmodium;

E. Fever, anemia, enlargement of the spleen;

10. What kind of research should always be assigned when the patient is infectious, horadke, continuing more than 5 days:

A. Blood on blood cultures, a drop of thick, p-th Vidal;

B. Blood on the immunoassay, polymerase chain reaction;

C. Blood on blood count, total protein;

D. Blood on the serologic and biochemical analysis;

E. Blood on the p-th-Bunelya Paul, a smear of blood on the diplococci;

**Standards of Responses:**

1-B

2-D

3-E

4-B

5-A

6-C

7-E

8-B

9-D

10-A

**Source Control on the topic:**

**Types of fever curves**

**Option number 2**

1. Continue: the metabolic products of microorganisms or their toxins to the body are:

A. endogenous pyrogenic

B. exogenous pyrogenic

C. transitory substances

D. endogenous metabolites

E. synthetic stimulants

2. What is accompanied by a fever in addition to hyperthermia:

A quickening of the pulse

B. increase of breath

C. increased metabolism

D. emergence of common symptoms of intoxication

E. all of the above

3. In typhoid fever, pronounced against the background of a typical symptom is:

A. Bradycardia

B. tachycardia;

C. respiratory arrhythmia;

D. bradipnoe;

E. tachypnea;

4. Fever is considered acute if the duration of fever does not exceed:

A. 1 week;

B. 2 weeks;

C. 3 weeks;

D. 4 weeks;

E. one month;

5. Febrile fever - a rise in body temperature in the range (degrees Celsius):

A. 36,5-37,0;

B. 37,5-38,5;

C. 37,0-39,0;

D. 37,0-38,0;

E. 39,0-41,0;

6. Hectic fever - a rise in body temperature in the range (degrees Celsius):

A. 36,5-37,0;

B. 37,5-38,5;

C. 37,0-38,5;

D. 38,0-40,0;

E. more than 41.0;

7. At a constant fever, the difference between the daily morning and evening temperature does not exceed:

A 0.1 degree Celsius;

B. 1 degree Celsius;

C. 2 degrees Celsius;

D. 3 degrees Celsius;

E. 4 degrees Celsius;

8. Intermittent fever - is:

A period of sharp increases in temperature to high numbers, which are characterized with periods of normal temperature;

B. a gradual increase in temperature, and then its gradual decline;

C. a permanent increase in temperature in the morning;

D. permanent increase in temperature in the evening;

E. in the normalization of the temperature level drops below 36.0;

9. Fever is considered chronic if the duration of fever, accounting for em:

A. More than a week;

B. More than two weeks;

C. more than 3 weeks;

D. More than 4 weeks;

E. More than one month;

10.Kakoe condition of these is often a cause of chronic infectious-ray fever:

A. SARS;

B. influenza;

C. mumps;

D. tuberculosis;

E. Viral Hepatitis;

**Standards of responses on the topic: Types of fever curves**:

1-B

2-E

3-A

4-B

5-D

6-D

7-B

8-A

9-B

10-D

**The final control on the topic:**

**Types of fever curves**

Objective number one

Asem 13 months. It weighs 10.5 kg. Her body temperature 37.8 ° C. Her mother said Asem 2 days of hot to the touch within 2 days. The child did not have measles for 3 months. Asem has no neck stiffness, there are no signs indicating measles.

Classify the child's symptoms:

A. Possible bacterial infection;

B. Prolonged fever;

C. Uncomplicated fever;

D. Very heavy febrile illness;

E. Severe complicated measles;

Problem number 2

What kind of treatment the physician should appoint Asem during its illness:

A rush to the hospital;

B. Writing age dose of paracetamol directly into the clinic;

C. Make / m antibiotic, wipe the child;

D. Paracetamol only assign a fever of 38.5 C or higher;

E. Give the dose of aspirin and sent to the hospital;

Problem number 3

When his mother Asem should urgently return to the doctor immediately:

A. Whenever it wants;

B. The condition is not deteriorating, fever, decreased, are reluctant to drink;

C. Condition worsens, fever is not reduced, can not drink;

D. For routine inspection;

E. For the immunization;

Problem number 4

Raushan 12 years old, fell ill shortly after the holiday in Thailand. Suddenly there was feeling cold, accompanied by muscle pain. An hour later replaced by a feeling of chills, fever. The temperature of 39oS, an hour later replaced by the heat pouring sweat. The temperature dropped to 36.6 ° C without any fever. Parents are blamed on the state of acclimatization. The next day, the situation repeated itself, taken to the hospital.

What the analysis will confirm the clinical diagnosis in this patient:

A general analysis of the blood;

B. Blood on revmoproby;

C. Blood on the Wassermann reaction;

D. Blood on the "thick drop"

E. Blood on the reaction of Paul-Bunelya

Problem number 5

Dime 2 years 2 months. His body temperature is 38.8 ° C. According to the mother's child-rit temperature for 6 days. He has no neck stiffness. Dima generalized rash, he has a runny nose, red eyes. He has no purulent discharge from the eyes, no mouth ulcers.

Classify fever Dima modulo IMCI:

A. Uncomplicated fever

B. Possible bacterial infection;

C. Prolonged fever;

D. Very heavy febrile illness;

E. Prolonged fever, measles;

Objective number 6

After inspection of Dima in the clinic, the local doctor made the following appointments:

A. I left to be treated at home;

B. Planning and sent to the hospital;

C. urgently sent to the hospital;

D. Sent to a sanatorium;

E. Sent to the dispensary;

Objective number 7

After inspection of Dima in the clinic, the local doctor made the following appointments:

A. Appointed antibiotk / m;

B. prescribed antibiotics by mouth;

C. Appointed paracetamol and vitamin A;

D. No appointed paracetamol and vitamin A;

E. Appointed human immunoglobulin;

**Standards of responses to the final inspection on the topic: Types of fever curves**

1 - C

2 - D

3 - C

4 - D

5 - E

6 - A

7 – C

**Topic number 4**

**1. Topic: Invasive diarrhea in children. Salmonellosis**

**Source Control on the topic:**

**"Salmonellosis"**

**Option number 1**

1. A child 4 years of ill typical form of salmonella. Describe the nature of the chair.

A meager beskalovy, with blood

B. rich, yellow-orange, undigested

C + frequent, profuse, fetid with the "greens"

D. as "pea puree"

E. watery, colorless gas with a

2. Nosocomial Salmonella infection most commonly caused by:

A. S. heіdelberg

B. S. sholerae suіs

C. S. newport

D. + S. typhymurіum

E. S. enterіtіdіs

3. Mitya N. 10 months. contracted sharply. Temperature 37.80 C, vomiting, a time, liquid stools, with mucus, green 4 times a day. In coprogram: white blood cells in large quantities. Which drug should be administered in the early days of the disease?

A + Rehydron

B + Intestibakteriofag

C. allohol

D. Interferon / m

E. dexamethazone

4. Kohl S. 5 months. admitted to the hospital on the first day of the disease with complaints higher in the temperature up to 380S, 2-fold vomiting, loose stools up to 15 times a day, in some portions of blood in the form of streaks. Confirm the etiology of the disease:

A. coprogram

B. CBC

C. tank.blood cultures

D. helminth eggs in feces

E. + tank.culture of feces

5. Anne, a year, was in the somatic compartment with a diagnosis of bilateral lobular pneumonia. The ward had a child with salmonellosis. On the eighth day of hospitalization with-standing the child deteriorated, increased T to 380S, vomiting 10 times, loose stools 2 times. O ka-com disease should think about?

A. stafilakokkovy meningitis

B. Meningococcal meningitis

C. + Salmonella

D. flu syndrome meningism

E. Food poisoning

6. Julia A., age 5, was in the somatic compartment with a diagnosis of bilateral pneumonia-hand pockets. The ward was ill with salmonellosis. On the eighth day of illness the child's condition had deteriorated to the increased T 390S, vomiting 10 times, loose stools up to 12 times. The most likely route of infection the patient:

A. Food

B. Water

C + pin

D. parenteral

E. airborne

7. In kindergarten ill multiple children. In the hospital the patient received four years with complaints of vomiting, T 38.50, weakness, pale skin, diarrhea yellow-green with slime, green, blood. Sigma sealed. Between what diseases should make a differential diagnosis:

A + Shigellosis

B + Salmonellosis

C. Rotavirus

D. Campylobacteriosis

E. Dysbacteriosis

8. A child 2 months. illness began with the appearance of acute watery stools with a large number of units of mucus and streaks of blood, up to 17 times a day. Low 380S, vomiting 2 times. Reduced skin turgor, expressed zhazhda.Kakie changes you expect to get in the analyzes?

A + in the general blood test - leukocytosis, neytrofillez, high ESR

B. in the general analysis of blood - leukopenia, relative lymphocytosis

C. + in coprogram - mucus + + + + leukocytes in a large number of erythrocytes 5.7

D. in the biochemical analysis of blood - hyperbilirubinemia, ALT 7.5, ACT 4.5 mm / l

E. in the tank.sowing - sowing of Vibrio cholerae.

9. A child 6 months, breast-vkarmlivanii, ill 14.02. Low 380S, vomiting, more-whether in the stomach or flooded, "frothy" stool (with a lot of gas). In the throat, mild diffuse hyperemia Nye, non-permanent dry rales in the lungs.Decreased urination. Large fontanelle sinks, thirst. Body weight of 7kg.

What determines the severity of the syndrome?

A. Hypertension

B + Dehydration

C + Local symptoms (bloating, abdominal pain) and symptoms of intoxication

D. Acute renal failure

E. Acute hepatic failure

10. A child 6 months, breast-fed, ill 14.02. Temperature 37.50 C, single vomiting, abdominal pain, watered, "frothy" stool (with a lot of ha-call). In mild diffuse hyperemia of the throat. Decreased urination.Thirst. Body weight 7kg.V any child needs therapy?

A. Antibiotics

B. cholagogue

C + Rehydration

D. + smectite

E. Dehydration

**Standards of Responses:**

1. = C

2. = D

3. = A, B

4. = E

5. = C

6. = C

7. = A, B

8. = A, C

9. = B, C

10. = C, D

**Source Control on the topic:**

**"Salmonellosis"**

**Option number 2**

1. A child 5 years old, a day after eating duck eggs "in a soft-boiled" until 390S fever, repeated vomiting, frequent stools color "swamp slime." Your pre-positive diagnosis?

A. Staphylococcal gastroenteritis

B. escherichiosis enterotoxigenic

C + Salmonella gastroenterocolitis

D. Koli-Proteaceae gastroenteritis

E. Rotavirus

2. The child of two years for six days increased the temperature to 38 - 38.50 C, a chair 7-8 times a day, with lots of rich and green slime, and in some portions - krovi.Pechen veins and spleen were increased by 2 cm What is the diagnosis most likely?

A. Dysentery

B + Salmonellosis

C. escherichiosis

D. Staphylococcal enteritis

E. Viral Diarrhea

3. A child 5 months. vododefitsitnoe diagnosed with dehydration. Which nizheperechis-represented symptoms you will find on examination?

A. Kernig symptom

B + Thirst

C + dryness of mucous

D. Cold extremities

E. Bulging fontanelle

4. The child suffered an early age with clinical salmonellosis recovery. A monitoring study of selected Salmonella. Your advice:

A. Conduct a course of chloramphenicol / m

B. Repeat bakterologicheskie research

C. urgently admitted to hospital infection

D. Schedule + Salmonella bacteriophage, and then repeat bacteriological surveys tion

E. The observation before onset of clinical symptoms

5. A child 6 months (weight of 7kg.) Is ill with diarrhea, dehydration, no.Received treatment at home. Determine the amount of oral saline (for the WHO recommendations)

A 50 ml. after each stool

B. 500 ml. for 4-6 hours

C. 350 ml. for 4-6 hours

D. Drink at the request of

E. Rehydration is not required

6. The child has an acute intestinal infection, the second day of illness, there are symptoms of distal colitis. To clarify the etiology of diarrhea is necessary to:

A. Microscopy of stool

B + Bak.posev feces

C. Sigmoidoscopy

D. Ultrasonography of the abdomen

E. Blood culture in the bile broth

7. Preschooler carries ARI. On the 4th day of the disease has increased over the temperature, there was a watery unformed stools, six times a day. Tongue coated, the abdomen is soft, rumbling along the intestine, dehydration, no. Put diagnosis:

A. Campylobacteriosis

B. Amebiasis

C. Shigellosis

D. ARI + + secretory diarrhea

E. Salmonellosis

8. The child is 3 years, 2 days of illness diagnosed as "acute respiratory secretory diarrhea +". State is not severe, dehydration is not. The child must be assigned:

A. Table 4

B. Antibiotics

C + Smecta

D. + interferon drops in the nose

E. + Rehydron

9. The boy is 5 years old diagnosed with "salmonella, gastro-intestinal form, a mild form." Salmonella isolated from the feces tifimurium. The child is living in good housing and living conditions. The child should be treated:

A. The Department of intestinal infectious diseases hospital

B. The office cubicles Hospital for Infectious Diseases

C. In the home

D. Paragraph oral rehydration

E. In the intensive care unit

10. Primary school-age boy is sick with a mild form of salmonella isolated from the feces-Niemi tifimurium salmonella. For the treatment should be appointed:

A. Erythromycin

B. Penicillin

C + Salmonella bacteriophage

D. allohol

E. Chloramphenicol / m

**Standards of Responses:**

1. = C

2. = B

3. = B, C

4. = D

5. = A

6. = B

7. = D

8. = A, B, D, E

9. = C

10. = C

**The final control on the topic:**

**"Salmonellosis"**

Task 1.

The 2-year-old Arman diarrhea and was hospitalized for severe forms of salmonellosis. At home there are three children. Your action in the hearth.

Monitoring should continue for the hearth

Task 2.

At Myra diarrhea lasts 3 days. Receives antibiotic therapy for Salma-nelleza, confirmed by bacteriological. Control bacteriological examination when spending?

Task 3.

A child five months before the increased T 380S, repeated vomiting after drinking, a chair for a day 8 times brownish-green liquid, with mucus and blood-streaked. Restlessness, thirst, dry lips are bright, sunken fontanelle.

Your provisional diagnosis and plan of survey

Task 4.

Anna, 5 months, T 380S, repeated vomiting after feeding and drinking. A chair for a day 8 times as a "swamp slime." Restlessness, thirst.Lips bright, sunken fontanelle. Cardiac in-muffled, tachycardia, urine output decreased.

Define dehydration.

Task 5.

The child was diagnosed five months, "Salmonella, gastro-intestinal form, moderate dehydration."

Along with rehydration assign that child. +

Task 6.

A child 10 years have come from abroad. 3rd day of illness. Low 36,00 C, coma, raw reflections are depressed, wide eyes, sunken eyes, facial features are sharp, dry mucous membranes, turning cold-tion and the marbling of the skin. Thready pulse, heart sounds muffled, anuria, the chair without an account, penalty-sty, with white flakes.

Your diagnosis:

Objective number 7.

Baby 4 months.contracted sharply with increasing T up to 380C. Repeated vomiting after eating and drinking. A chair for a day 8 times, thin, brown-green color as a "swamp slime." On examination, - a state of heavy-Loe, restless, expressed zhazhda. Skin pale, periorbital cyanosis. Lips yar-tions, dry. Large sunken fontanelle. Cardiac sounds are muffled. The abdomen is moderately distended, growling-tion along the small intestine.

Your diagnosis:

Objective number 8.

A child 8 years desperately ill with a T-390S, repeated vomiting. The disease occurred in 5 hours after eating meat pies. Came loose stools with mucus is green four times, the pain in the abdomen. On examination: a serious condition, plagued, retching. Pale, and acrocyanosis. Finiteness, nose, ears - cold. Muffled heart sounds, pulse 142 per minute, filling and low voltage. Abdomen swollen, painful along the large intestine. The anus is closed. Oliguria. A chair as a "swamp slime."

Place a diagnosis.

The task number 9.

In kindergarten at the same time in different groups of 20 children fell ill. All children have to increase the service temperature, vomiting 1-2 times, loose stools with mucus, blood and herbs. In surveys SRI half of the children found Sh. Sonneі.

What is the route of infection and determine treatment.

Objective number 10.

Julia A., 1 year, was in the somatic compartment with a diagnosis of bilateral lobular pneumonia, Monia. The ward was ill with salmonellosis. On the eighth day of hospital stay state of the child deteriorated, increased T to 390S, vomiting 10 times, 3 times the loose stools. Pneumonia was arrested.

How to deal with the patient?

**Standards replies**

**Final inspection by topic:**

**"Salmonellosis"**

1.7 days

2. After 3 days after antibiotic therapy

3. Salmonellosis, a survey: bak.posev feces.

4. Dehydration is a moderate

5. Antibiotic therapy

6. OCI, salmonellosis, a form of tifopodobnaya

7. Salmonellosis

8. salmonellosis

9. food, Salmonella bacteriophage

10. transferred to the intestinal compartment, antibiotic therapy, Salmonella bacteriophage

**Subject number 5**

**1. Topic:Invasive diarrhea. Shigellosis.**

**Tests on the source control: shigellosis.**

**I-Option**

1.Preimuschestvenny transmission of Shigella flexneri:

A. Your contact and household

B. Food

C.Transplantsentarny

D. Airborne

E. Transmissible

2.Perechislite symptoms of distal colitis (3):

A spasm of pain, and Sigma

B. The pain around the abdomen

C. Liquid watery stools

D. Lean chair with blood

E. Tenesmus

3. Hemogram in shigellosis:

A. Leukopenia, lymphocytosis, elevated erythrocyte sedimentation rate

B. Leukocytosis with neutrophilia, elevated erythrocyte sedimentation rate

C. Leukocytosis with lymphocytosis, elevated erythrocyte sedimentation rate

D. Limfomonotsitoz, atypical mononuclear cells

E. Anemia, thrombocytopenia, leucopenia

4.Vypadenie rectal mucosa more often the case with:

A. Salmonellosis

B. Shigellosis

C. Cholera

D. Rotavirus gastroenteritis

E. EVI DS

5. Which antibiotic is prescribed for the treatment of shigellosis in children:

A. Penicillin

B. Kanamycin

C. Ftorhinalon

D. Summamed

E. The antibiotic is not assigned

6. The method of rapid diagnosis of shigellosis:

A bacteriological

B. Serological

C. scatological

D. Rektoromanoskopichesky

E.Fluorestsentny

7. The most common shigella sick children:

A. Up to 6 months

B. 1-2 years

C. 2-7 years

D.8-14

E. 6-12 months

8. There are Shigella toxin:

A. Grigoriev-Shiga

B. Flexner

C. Zone

D. Schmitz, Fittings

E. from Newcastle

9. Deleted forms characteristic of shigellosis (2 answers):

A.Neprodolzhitelnaya intoxication

B. Lack of toxicity

C. a liquid stool, mucus 2-3 days

D. Chair in the form of rectal spit 1-2 times a day

E. Spasm of the sigmoid colon

10. The center of shigellosis in the case of hospitalization observed:

A. 7 days

B. 3 days

C. 21 days

D. 24

E. There has been no

**Tests on the source control: shigellosis.**

**Option II-**

1. Shigella are:

A. Simbioidnoy flora

B. Optional flora

C. pathogens

D. The normal flora

E. Conditionally pathogenic flora

2. What is the incubation period of shigellosis:

A.1-7 days

B. 1-21 days

C. 11-21 days

D. 5-45 days

E. 1-3days

3. For shigellosis is characterized by:

A gradual start, watery diarrhea, frequent vomiting

B. Acute onset, fetid diarrhea, vomiting

C. Acute onset, vomiting 2-3 times a chair with mucus and blood

D. Sharp has begun, repeated vomiting, watery stools

E. The gradual beginning, pain in the right iliac region, vomiting

4. A large number of leukocytes in the stool indicates:

A. Inflammatory changes in the large intestine

B. Sight pathogen

C. dysbacteriosis

D. The severity of acute intestinal

5. Clinical features of shigellosis among children 1 year of life (3):

A chair in a kind of "rectal spit"

B. The blood in the stool, and rarely appears after 3-4 days of onset of disease

C. Concerns the child crying, facial flushing during defecation

D. Tenesmus

E. Relaxation of sphincter of any

6. The main route of infection in shigellosis Sonne:

A contact-household

B. Water

C. Food

D. Parenteral

E. Transmissible

7. Rising incidence of shigellosis accounts for (2):

A. Summer

B. Fall

C. Spring

D. Winter

8. The diagnosis of asymptomatic forms of shigellosis is set on the basis of:

A chair of pathological

B. Discharges of fecal shigella

C. Weak abdominal pain

D. Availability of contact with sick shigellosis

E. Inflammatory blood

9. For intussusception in contrast to the characteristic of shigellosis (3 replies):

A. Sudden onset of

B. Heat

C. Availability of intussusceptum

D. The admixture of red blood

E. Spasm of the sigmoid colon

10. The child, shigellosis patients, palpation of the abdomen revealed:

A positive symptom Padalka

B. spastic sigmoid colon

C. Growth of mesenteric lymph nodes

D. Spills tenderness throughout the abdomen

E. Hepato-and splenomegaly

**Standards of responses to the primary control on the theme: shigellosis.**

**I-II-Option Option**

1 – C 1 – B

2 – ADE 2 – A

3 – B 3 – C

4 – C 4 – A

5 – B 5 – BCE

6 – B 6 – C

7 – C 7 – AB

8 – A 8 – B

9 – BC 9 – ACD

10 – A 10 – B

**The final control on the theme: Shigellosis in children**

1. A boy of 3 years of ill acute: twice had vomiting, 37.9 t C, were abdominal pain, and then teaching-style chair, on the nature of which brought the child to the doctor a relative, could not say anything. The child examined on day 2 of the disease: stomach in, palpable painful spasm of sigma-Naja, anus pliable, chair lean in the form of lumps of mucus streaked with blood.

A.Postavte diagnosis.

B. In order to clarify the etiology of the disease should spend?

C. What kind of research method can be used as a rapid diagnostic

2. A child of 4 months, became ill with acute increase in temperature up to 38C. Repeated vomiting after a meal, a chair for the day 8 times the liquid, streaked with blood. When viewed in a serious condition, restless, pronounced thirst. Skin pale, periorbital cyanosis.Lips bright, dry.Pain-xoy sunken fontanelle. Cardiac sounds are muffled. The abdomen is moderately distended, rumbling along the thin who intestine.

A. Put a diagnosis.

B. Specify the severity of the state

C. What is the product of the following best shows the

3. The child is 4 years of good living conditions on the basis of clinical, epidemiological and bacteriological data diagnosed with "shigellosis, gastro-intestinal form of light." A child can be treated at home.

A. When the tank to start the control examination?

B. What is the antibiotic appropriate to assign

C. How many days of watching a hotbed of shigellosis if the patient is hospitalized?

4. The group was formed of a kindergarten center shigellosis. An examination of the contact of the child 5 years of fecal selected shtgellez Flexner. The boy has a satisfactory condition, no complaints, but we know that a day ago he once had loose stools.

A. What is the symptom can be identified by careful examination of a targeted child

B. Clinical management of

C. Tactics Survey

5. A child 5 years of ill sharply with increasing temperature up to 38C, abdominal pain, nausea. A few hours later came loose stools a greenish color with a lot of mucus. After 5-6 bowel movements a chair was beskalovym: mucus, blood streaks, joined by tenesmus. Zapvshy Stomach, pain in the left iliac region, palpable spasm sigma. The anus is relaxed, the skin around it is irritated.

A. Put a diagnosis.

B. What is the problem can not solve kaprologicheskoe study

C. Clinical management and inspection

**Subject number 6**

**1. Title:Cholera in children**

**Source Control on the topic:**

**Cholera in children**

**option number one**

1. How do you know the pandemic of cholera?

A - 6

B - 4

C - 8

D - 7

E - 9

2. In what diseases covered by the International Health Regulations? (3 holes).

A - Plague

B - tularemia

C the - Cholera

D - Dysentery

E - yellow fever

3. On examination the patient at home with the AEI doctor suggested cholera (skim for clinical data, the epidemic anamnesis). His actions, where to send the patient? (3 holes).

And - in a hospital provisionally;

B - Observatory;

C the - in the insulator

D - to leave the house

E - in a general ward.

4. Selective media for cholera are? (2 answers)

A - Wednesday Ploskireva;

B - alkaline agar, pH-7 ,6-9, 2

C - Beef broth;

D - 1% peptone water

E - Wednesday Endo

5. Characteristic changes in cholera jab:

A - leukocytosis moderate neytrofillez, increased erythrocyte sedimentation rate.

B - leukocytosis, lymphocytosis, lower ESR.

C - leukopenia, lymphocytosis. Increased erythrocyte sedimentation rate.

D - monocytosis, atypical mononuclear cells.

E - leucopenia, anisocytosis.

6. The nature of stool in cholera;

A - lean with slime from the green

B - Rectal Spit (slime green, blood, pus)

C - dark green with slime, abundant

D - profuse watery as "rice broth"

E - yellow watery

7. Cholera occurs mainly on the type;

A - gastroenterocolitis;

B - gastroenteritis;

C - gastritis.

D - enterocolitis

E - distal colitis

8. Describe what is not typical of cholera?

A - vomiting

B - watery stools;

C - dehydration;

D - Rectal Spit

E - seizures

9. The diagnosis of cholera is placed, taking into account all of these EXCEPT:

A - a characteristic clinical picture,

B - epidemiological situation

C - the bacteriological examination of feces,

D - serological survey methods of urine.

E - biochemical examination of blood.

10. Characteristically cholera, EXCEPT?

A - severe weakness, weakness

B - profuse diarrhea

C - painful bowel movements,

D - pain in stomach

E - repeated vomiting

11. At what weight deficit develops algid?

A - 3-5%

B - 6 -7%

C - 8-12%

D - 13-14%

**Source Control on the topic:**

**Cholera.**

**Option number 2**

1. After many hours with cholera can occur decompensated form exsicosis?

A - 1-2 hours

B - up to 12 hours

C - 24h

D - more than 24 hours per day of illness.

E - More than 28-30 hours

2. The term medical monitoring of former officials in contact with cholera patients.

A - 10 days

B - 2days

C - 5 days

D - 8 days

3. What are the tactics of infusion therapy in the first hour of administration. Entered into / from the cal-tively spontaneous amount of liquid?

A - 40% of the liquid;

B-- 30% of the liquid;

C - 10% of the liquid;

D - 50% of the liquid.

4. When cholera is not observed (2 holes.)

A - vomiting

B - watery stools

C - "Rectal Spit

D - Dehydration

E - loss of rectal mucosa.

5. The primary goal of therapy in cholera (2 holes.)

A - make up for losses of fluid and electrolytes

B - Inhibition of reproduction of Vibrio cholerae

C - The fight with hyperthermia

D. - Relief of abdominal pain

E. - The improvement in blood count.

6. The leading method of treatment for cholera are (2 holes.)

A. - Parenteral and oral rehydration

B - antibacterial therapy.

C-hormonal therapy

D-vitamin.

E-antihistamine therapy

7. Oral rehydration is carried out at the rate of cholera;

A - 50 ml / kg

B - 75 ml / kg

C - 100 ml / kg

D - 125 ml / kg

E - 150

8. In the biochemical analysis of blood for cholera is characterized by (3-hole.)

A - hyperbilirubinemia

B -hypernatremia

C -hyponatremia in-

D -chloropenia

E -hypocapnia.

9. The causative agents of cholera (2 holes.)

A - Flexner bacillus,

B - Lefllera coli,

C - Vibrio cholerae 01 classical biovar

D - El Tor biovar

E - coli sonnei.

10. Antibiotics are administered when a cholera (3 holes.)

A - penicillin,

B - sumamed,

C - fluoroquinolones,

D - chloramphenicol,

E - sifloks

**The final control on the theme: Cholera.**

1. The boy is 10 years old, sick two days in the outbreak of cholera. T-37, frequent watery diarrhea 10-15 times a yellow th, odorless, abdominal pain net.Rvota first day 3-4 times without nausea, headache bol.Slizistye dry, dry tongue, decreased urine output. Identify

the degree of dehydration?

A. No dehydration.

B dehydration. 1-degree

C. 11-degree dehydration

D. Dehydration 111 - degree

E. neurotoxicosis

2. How do you know the pandemic of cholera?

A - 6

B - 4

C - 8

D - 7

E - 9

3. The sources of infection with cholera are 2 holes.

A. Rodents.

B. Mosquitoes

C. Patients with cholera.

D. Vibrionositeli

E. Convalescents.

4. Which infectious diseases are considered TELO 3 answers

A. Salmonellosis.

B. Plague

C. Iersenioz

D. Cholera

E. Yellow fever.

5. Post to WHO in the event of cholera in the country should be sent?

A. Within 24 hours of

B. After bacteriological confirmation;

C. After the detection chamber.

D. After 48 hours of

E. After the abolition of the hearth.

6. In what seasons of the year mainly recorded incidence of cholera? 2 holes.

A. Spring.

B. Summer.

C. autumn.

D. Winter.

E. At any time of the year

7.Devochka 7 years, desperately ill with a complaint: profuse diarrhea, repeated vomiting when viewed from a doctor in a serious condition, pale, dull, dry mucous membranes, tongue dry enough urinates, his voice hoarse-shy, facial features are sharp temp. of body lowered, turgor and elasticity decreased stool bezkalovy frequent watery as "rice broth" without zapaha.Postvate diagnosis. Your actions?2 holes.

A - cholera, immediately admitted to provisionally hospital (Hospital for Infectious Diseases;

B - cholera, ekst.izveschenie pass in the SES.

C. - Acute salmonellosis, a severe form, hospitalized in the infectious diseases hospital.

D -. OCI to start oral rehydration, watch.

E. - Rotavirus gastroenteritis, severe, oral rehydration therapy, infusion therapy directed to patient care,

8. Features of cholera in children under 1 year: 4 holes.

A - Gradual start.

B - Rough start.

C - profuse diarrhea.

D - Violation of consciousness, seizures.

E - Violations of renal function does not happen.

9. What are some diseases carried out a differential diagnosis of cholera?

A - escherichiosis.

B -.Dysentery.

C - Rotavirus gastroenteritis.

D - Salmonellosis.

E - Poison Mushrooms.

10. After contact with cholera patients, how to deal with family members, of which the OCI. Soslu bait-patient enjoyed. shared toilet. healthy person in the seat at a given angular momentum. students do practical work 3 answers

A - provisionally admitted to hospital

B - The Observatory;

C - in isolation;

D. - In the general ward;

E - Do not be observed.

**The standards for initial response monitoring**

**on "Cholera."**

**1 - Option**

1.D

2 ACE

3.ABC

4.BD

5.C

6.D

7.B

8.D

9.E

10.D

**Option 2**

1. B

2. C

3. D

4. C

5. AB

6. AB

7. B

8. CDE

9. CD

10. CD

**Standards for the final control responses.**

1. C

2. D

3. CD

4. BDE

5. A

6. BC

7. AB

8. BCD

9. ACD

10. ABC

**Topic number 7**

**1. Subject: escherichiosis children.**

**Tests for source control.**

**Subject: Esherihioznaya infection / EI /**

**I variant.**

1.Po antigenic structure of the groups are divided on how much EI? / 1 /

A 2 oz.

B. 3g.

C. 4 oz.

D. 5 gr.

E. 6 oz.

2.What time, children often suffer from EI? / 1 /

A. Spring.

B. Winter.

C. autumn.

D.Letom.

E.Vesnoy and summer.

3.What strains of the following applies to EPKP? / 2 /

A. 0157.

B. 0127.

C. 0151.

D. 0128.

E. 01.

4.Kakie following strains were related to EIKP? / 2 /

A. 027.

B. 0144.

C. 06.

D. 0151.

E. 075.

5.What sections of the intestine is affected by EPKP? / 1 /

A. Tolstoy intestine.

B. Thin section of the intestine.

C. 12 duodenal intestine.

D. sigmoid intestine.

E.Tolstye and small intestine.

6.B How old were the most frequent EPKP? / 1 /

A. In adults.

B. Adolescents.

C. In young children and babies.

D. For children aged 1-3 years.

E. The children of early school age.

7.Prodolzhitelnost incubation at EPKP? / 1 /

A. From 1-2 hours to 3 days.

B. 3 - 5 days.

C. 2 - 7 days.

D. 7 - 10 days.

E. 5 - 8 days.

8.Perechislite main characteristic symptoms EPKP? / 2 /

A. Infrequent, persistent vomiting.

B. Copious, watery, yellow-orange chair, with a small admixture of mucus.

C. Frequent, persistent vomiting.

D. Rich, watery, yellow-orange chair, mixed with blood.

E. Short-term, lasting 1-2 days fever.

9.Kakie of these drugs is prescribed for mild EPKP? / 4 /

A. Antibiotics.

B. Enzyme preparations.

C. Oral rehydration therapy.

D. Bifidumbacterin.

E. Intestinal chelators.

10. Enter the main route of infection for EPKP? / 1 /

A. Air and dust.

B. Airborne.

C. Food.

D. Contact-consumer.

E. Water.

**Tests for source control.**

**Subject: Esherihioznaya infection / EI /**

**II variant.**

1.How strains of the following applies to ETKP? / 2 /

A. 032.

B. 0148.

C. 0159.

D. 025.

E. 0135.

2.How following strains belongs to the EGE? / 1 /

A. 025.

B. 028.

C. 06.

D. 0148.

E. 0157.

3.What sections of the intestine is affected by EIKP? / 1 /

A. Tolstoy intestine.

B. Thin section of the intestine.

C. 12 duodenal intestine.

D. sigmoid intestine.

E.Tolstye and small intestine.

4.Osnovnoy route of infection in ETE? / 1 /

A. Air and dust.

B. Airborne.

C. Food.

D. Contact-consumer.

E. Water.

5.What sections of the intestine is affected by ETE? / 1 /

A. Tolstoy intestine.

B. Thin section of the intestine.

C. 12 duodenal intestine.

D. sigmoid intestine.

E.Tolstye and small intestine.

6.Prodolzhitelnost incubation at ETE? / 1 /

A. From 1-2 hours to 1-2 days.

B. 3 - 5 days.

C. 2 - 7 days.

D. 7 - 10 days.

E. 5 - 8 days.

7.Perechislite main characteristic symptoms ETE? / 3 /

A.Temperatura normal.

B. Gastroenteritis.

C. Watery diarrhea without pathological impurities.

D. Sigmoid colon spasm.

E. gaping anus.

8. Which of the following medications are not prescribed for ETE? / 1 /

A. Antibiotics.

B. Enzyme preparations.

C. Oral rehydration therapy.

D. Bifidumbacterin.

E. Intestinal chelators.

F. Intravenous rehydration.

9.Osnovnoy route of infection in the EIE? / 1 /

A. Air and dust.

B. Airborne.

C. Food.

D. Contact-consumer.

E. Water.

10.Osnovnye clinical signs of EGE? / 3 /

A. Gastroenteritis.

B. Gemokolit.

C. Hemolytic-uremic syndrome / syndrome Gasser /.

D. thrombocytopenic purpura.

E. Myocarditis.

**The standards answer the original control**

**on the tests' Esherihioznoy infections "**

I variant

1. C

2. D.

3. CD.

4. CD.

5. B.

6. C.

7. E.

8. AB.

9. BCDE.

10. D.

Variant II

1. BC

2. E.

3. A.

4. C.

5. B.

6. A.

7. ABC

8. A.

9. C.

10. BCD.

**Situational problems**

**for the final control on "escherichiosis"**

Objective number one.

Girl 2 years 4 mes.Postupila to the hospital on the 2nd day of illness with directing a diagnosis of "Kee-muscular disease." The disease started acutely with fever up to 37,5 ° C, WBM, you're up to 3 times, non-localized abdominal pain. After 6 hours of onset of the disease appeared copious watery stools with a little whitish lumps of mucus and clear up to 8 times.

An. vitae: born from the first pregnancy and delivery weighing 3400, the newborn period was uneventful features, up to 6 months of age are breastfed, twice suffered from SARS, vaccinated by age.

Epidemic anamnesis. Visits the nursery, where several children are sick simultaneously with similar clinical symptoms, the family are all healthy.

On admission to hospital the state of moderate severity. The body temperature of 38 ° C. Moderate but marked intoxication symptoms: fatigue, sleep disturbance, loss of appetite, pale skin, shadows around the eyes, tongue coated and dry.

The mucous membrane of the mouth moist. Tissue turgor reduced.

Breathing in the lungs puerilnoe, no wheezing.Cardiac rhythmic, systolic murmur at the apex of the heart. Heart rate - 140 per minute, pulse satisfactory filling and strain, the rhythm is correct.

Abdomen soft, deep palpation is not available, swollen with gases. The liver appears below the costal arch by 3.5 cm, palpable edge of the spleen.

Chair up to 12 times a day, copious, watery, yellow-green, frothy, with a small whitish lumps of PWM and transparent mucus, undigested, with a sharp acidic odor.

Over the next four days - the state remains moderate, the body temperature within the limits of low-grade, occasionally vomiting was observed (up to 2-3 times a day, usually associated with food intake), chair 8-12 times a day the same consistency.

From the 5th to the 7th day of illness was noted the positive dynamics of clinical symptoms, body temperature returned to normal, the symptoms of intoxication disappeared, stool frequency decreased to 2-3 times per day and improved his character (mushy, without pathological impurities).

On the 8th day of the disease - a condition is satisfactory and the child was discharged from the inpatient-Onar under the supervision of the district pediatrician.

Results of laboratory studies on admission to hospital:

Total blood. HB - 120 g / l, erythrocyte-3x10 / l, WBC 8.7 x 10 / l, p / - 12%, with / I - 38%, lymphocytes 36%, 12% monocytes, eosinophils 2%, ESR - 12 mm / h.

Bacteriological examination of feces in the quiche.group: isolated E. Coli-O55: K59.

The reaction of latex agglutination with the rotavirus antigen - negative.

**Assignment:**

1.Postavte clinical diagnosis based on the results of laboratory studies.

2.Na the basis of which the clinical symptoms (before the results

Bacteriological studies of feces) could think of escherichiosis?

3.What is necessary to conduct additional studies to refine the diagnosis and justify treatment?

Problem number 2.

Girl 2 years 4 months.admitted to the hospital on the 2nd day of illness with directing a diagnosis of "Kee-muscular disease." The disease started acutely with fever up to 37,5 ° C, WBM, you're up to 3 times, non-localized abdominal pain. After 6 hours of onset of the disease appeared copious watery stools with a little whitish lumps of mucus and clear up to 8 times.

An. vitae: born from the first pregnancy and delivery weighing 3400, the newborn period was uneventful features, up to 6 months of age are breastfed, twice suffered from SARS, vaccinated by age.

Epidemic anamnesis. Visits the nursery, where several children are sick simultaneously with similar clinical symptoms, the family are all healthy.

On admission to hospital the state of moderate severity. The body temperature of 38 ° C. Moderate but marked intoxication symptoms: fatigue, sleep disturbance, loss of appetite, pale skin, shadows around the eyes, tongue coated and dry.

The mucous membrane of the mouth moist. Tissue turgor reduced.

Breathing in the lungs puerilnoe, no wheezing.Cardiac rhythmic, systolic murmur at the apex of the heart. Heart rate - 120 per minute, pulse satisfactory filling and strain, the rhythm is correct.

Abdomen soft, deep palpation is not available, swollen with gases. The liver appears below the costal arch by 2.5 cm, palpable edge of the spleen.

Chair up to 12 times a day, copious, watery, yellow-green, frothy, with a small whitish lumps of PWM and transparent mucus, undigested, with a sharp acidic odor.

Over the next four days - the state remains moderate, the body temperature within the limits of low-grade, occasionally vomiting was observed (up to 2-3 times a day, usually associated with food intake), chair 8-12 times a day the same consistency.

From the 5th to the 7th day of illness was noted the positive dynamics of clinical symptoms, body temperature returned to normal, the symptoms of intoxication disappeared, stool frequency decreased to 2-3 times per day and improved his character (mushy, without pathological impurities).

On the 8th day of the disease - a condition is satisfactory and the child was discharged from the inpatient-Onar under the supervision of the district pediatrician.

Results of laboratory studies on admission to hospital:

Total blood. HB - 120 g / l, erythrocyte-3x10 / l, WBC 8.7 x 10 / l, p / - 12%, with / I - 38%, lymphocytes 36%, 12% monocytes, eosinophils 2%, ESR - 12 mm / h.

Bacteriological examination of feces in the quiche.group: isolated E. Coli-O55: K59.

The reaction of latex agglutination with the rotavirus antigen - negative.

**Assignment:**

1.Perechislite principles of therapy: the requirements, the calculation of food and oral rehydration therapy, etc. with an indication of a drug and dosing regimen.

2.How control measures necessary to conduct a focus of infection (nursery).

Problem number 3.

The boy is 5 months on artificial feeding. Admitted to the hospital on the 4th day of illness in severe acute sostoyanii.Zabolevanie began to frequent his chair up to 5 times a day (cue the liquid, watery, yellowish-orange color with a touch of a small amount of mucus and green-no), regurgitation, worsening appetita.Na the second day of increased body temperature to 37,5 °, was 2 times vomiting, liquid stool, undigested to 6 times a day. In the days that shook the child continued fever, vomiting and regurgitation (up to 3-4 times per day) were, there were dry merging zistyh shells, sharp abdominal distension. Chair up to 15 times a day (liquid, nepereva-renny, watery foam with a small amount of mucus and green).

There is pallor of the skin and the "marble pattern", turgor decreased, facial features sharpen-HN. Breathing puerilnoe to 40 per minute. Cardiac sounds are muffled.

Abdomen greatly distended with gases, rumble in all departments.

Urinary output is reduced. No meningeal symptoms.

Laboratory data.

Fecal coliform: E. Coli O127.

Coprogram: consistency - fluid, the response - slightly alkaline, sterkobilina (-), biliru-bin (+) muscle fibers (-), neutral fat (+), fatty acid (+ +), soap (+), starch (+ +) iodophilic flora (+) -10-12 leukocytes in p / s, red blood cells (-), yeast-like fungi (+).

Complete blood count: Hb - 134 g / l, er - 4,0 • 10 / l, Lake - 9,0 • 10 / l; p/ya-2% s / I - 50%, E-2% L-40%, m - 6%, ESR - 12 mm / h.

Phragmites: a comprehensive shigelleznym Sonne and Flexner and salmonella diagnosis-Mami - negative.

**Assignment:**

1.Postavte clinical diagnosis of the syndrome, indicating that determines the severity of Zabo-Levani.

2.How laboratory results confirm the etiology of the disease?

3.Nazovite possible source of infection and route of infection.

Objective number 4. The boy is 5 months on artificial feeding. Enrolled in the steady-state drug on day 4 of illness in severe acute sostoyanii.Zabolevanie began to frequent his chair up to 5 times a day (thin, watery, yellowish-orange color with a touch of a small amount of mucus and green), regurgitation, worsening appetita.Na second day increased body temperature to 37,5 °, was 2 times vomiting, liquid stool, undigested to 6 times a day. In the following days, the child continued fever, vomiting and regurgitation (up to 3-4 times per day) were, there were dry mucous membranes, rapid bloating. Chair up to 15 times a day (liquid, undigested, watery foam with a small amount of mucus and green).

There is pallor of the skin and the "marble pattern", turgor decreased, facial features sharpen-HN. Breathing puerilnoe to 40 per minute. Cardiac sounds are muffled. Abdomen greatly distended gas-mi, in all hum otdelah.Diurez reduced. No meningeal symptoms.

Laboratory data.

Fecal coliform: E. Coli O127.

Coprogram: consistency - fluid, the response - slightly alkaline, sterkobilina (-), biliru-bin (+) muscle fibers (-), neutral fat (+), fatty acid (+ +), soap (+), starch (+ +) iodophilic flora (+) -10-12 leukocytes in p / s, red blood cells (-), yeast-like fungi (+).

Complete blood count: Hb - 134 g / l, er - 4,0 • 10 / l, Lake - 9,0 • 10 / l; p/ya-2% s / I - 50%, E-2% L-40%, m - 6%, ESR - 12 mm / h.

Phragmites: a comprehensive shigelleznym Sonne and Flexner and salmonella diagnosis-Mami - negative.

**Assignment:**

1.Printsipy therapy.

2.Protivoepidemicheskie activities in the focus of infection and the prospects for immunization with the disease in children.

Objective number 5.Girl 3 years 4 months.admitted to the hospital on the 2nd day of illness with directing a diagnosis of "intestinal infection". The disease started acutely with fever up to 37,5 ° C, vomiting, up to 3 times, non-localized abdominal pain. After 6 hours of onset of the disease appeared abundant, watery stools with a little whitish lumps, and a transparent slime up to 8 times.

An. vitae: born from the first pregnancy and delivery weighing 3400, the newborn period was uneventful features, up to 6 months of age are breastfed, twice suffered from SARS, vaccinated by age.

Epidemic anamnesis. Visits the nursery, where several children are sick simultaneously with similar clinical symptoms, the family are all healthy.

On admission to hospital the state of moderate severity. The body temperature of 38 ° C. Moderate but marked intoxication symptoms: fatigue, sleep disturbance, loss of appetite, pale skin, shadows around the eyes, tongue coated, suhoy.Slizistaya shell mouth RH Nye. Tension in the lung tissue snizhen.Dyhanie puerilnoe, no wheezing.Cardiac rhythmic in kind, systolic murmur at the apex of the heart. Heart rate - 120 per minute, pulse-tion satisfactory filling and strain, the rhythm is correct. The abdomen is soft, not available deep-dissipation fingers, swollen with gases. The liver appears below the costal arch by 2.5 cm, palpable edge of the spleen. Chair up to 12 times a day, copious, watery, yellow-green, frothy, with a little whitish lumps and clear mucus, undigested, with a sharp acidic odor. Over the next four days - the state remains moderate, the body temperature within subfebrile, occasionally vomiting was observed (up to 2-3 times a day, usually associated with food intake), chair 8-12 times a day earlier konsistentsii.S 5 - th to 7 th day of illness was noted the positive dynamics of clinical symptoms, body temperature returned to normal, the symptoms of intoxication disappeared, stool frequency decreased to 2-3 times per day and improved his character (mushy, without pathological impurities). On the 8th day of illness - satisfactory condition and the child was discharged from the hospital under the supervision of the district pediatrician. Results of laboratory studies on admission to hospital:

Total blood. HB - 120 g / l, erythrocyte-3x10 / l, WBC 8.7 x 10 / l, p / - 12%, with / I - 38%, lymphocytes 36%, 12% monocytes, eosinophils 2%, ESR - 12 mm / h.

Bacteriological examination of feces in the quiche.group: isolated E. Coli-O55: K59.

**Assignment:**

1.Postavte clinical diagnosis according to the classification and justify.

2.Provedite differential diagnosis.

The problem is 6.Malchik 6 months on artificial feeding. Admitted to the hospital on the 4th day of illness in severe acute sostoyanii.Zabolevanie began to frequent his chair up to 5 times a day (thin, watery, yellowish-orange color with a touch of a small amount of mucus and green), regurgitation, poor appetite.

On the second day increased the body temperature to 37,5 °, was 2 times vomiting, liquid stool, non-digested up to 6 times a day. In the following days, the child continued fever, vomiting, and sry-givaniya (up to 3-4 times per day) were, there were dry mucous membranes, rapid-ment vzdu abdomen. Chair up to 15 times a day (liquid, undigested, watery foam with a small amount of mucus and green).

There is pallor of the skin and the "marble pattern", turgor decreased, facial features sharpen-HN. Breathing puerilnoe to 40 per minute. Cardiac sounds are muffled.

Abdomen greatly distended with gases, rumble in all departments.

Urinary output is reduced. No meningeal symptoms.

Laboratory data.

Fecal coliform: E. Coli O127.

Coprogram: consistency - fluid, the response - slightly alkaline, sterkobilina (-), biliru-bin (+) muscle fibers (-), neutral fat (+), fatty acid (+ +), soap (+), starch (+ +) iodophilic flora (+) -10-12 leukocytes in p / s, red blood cells (-), yeast-like fungi (+).

Complete blood count: Hb - 134 g / l, er - 4,0 • 10 / l, Lake - 9,0 • 10 / l; p/ya-2% s / I - 50%, E-2% L-40%, m - 6%, ESR - 12 mm / h.

Phragmites: a comprehensive shigelleznym Sonne and Flexner and salmonella diagnosis-Mami - negative.

**Assignment:**

1.Postavte clinical diagnosis according to the classification and justify.

2.Provedite differential diagnosis.

Task 4 7.Rebenku goda.Zabolel acute temperature to 39 º C, vomiting 2 times, the liquid watery stools with a small amount of mucus in 10.8 raz.Postupil hospital for the third day of illness in a state of moderate severity. Temperature 37,7 º C, a pale, listless and blue under the eyes, tongue coated gray patina, was vomiting, abdominal pain, stomach swollen, sluggish peristalsis, liver and spleen were not uvelichena.Iz epidemic anamnesis it is known that a group of kindergarten, is attending the patient during the week registered several cases of intestinal infection caused by a pathogen O157.

**Assignment:**

1.Postavte preliminary diagnosis and justify.

2.Podtverzhdenie diagnosis.

Task 8. My child is 3 goda.Zabolel acute temperature to 39 º C, vomiting 2 times, the liquid watery stools with a small amount of mucus over 10 raz.Postupil to the hospital on the 2nd day of illness in a state of moderate severity. Temperature 37,8 º C, a pale, listless and blue under the eyes, tongue coated gray patina, was vomiting, abdominal pain, stomach swollen, sluggish peristalsis, liver and spleen were not enlarged.

Of the epidemic anamnesis it is known that in a group of kindergarten attended by the patient during the week registered several cases of intestinal infection caused by the pathogen O157.

**Assignment:**

1.Postavte and justify the clinical diagnosis.

2.Provedite differential diagnosis.

Task 9. The child 1g.2 mes.Postupil to the hospital with complaints of diarrhea, lethargy, decreased appetita.Iz history of the disease is known that he was sick about 2 weeks, when there was a loose stool up to 5 times a day with mucus and greens. After 5 days, the chair of participation to 25 per day & D mixed with blood / veins /. Outpatient received: polymyxin B, gentamicin, V / m, 5 days. Chair to normal, but the child became lethargic, blednym.V clinic passed CBC: gem.-52 g / l., Er.-1, 8 • 10 / l., ESR-56 mm per hour. Bacteriological examination of feces - O157.Sostoyanie difficult patient.Sudden paleness of the skin. In the lungs, breathing hard. Ch.d-30 min. Cardiac rhythmic, muffled, systolic murmur. Pulse 130 min. The abdomen is moderately distended. Liver-2 one time see the chair is decorated. One day is allocated 95 mm mochi.Obschy a blood test at the hospital: platelets - 105,0 • 10 / l., Reticulocytes promil.An-110. Urine: ud. Weight-1010, B-0, 43 g / l, WBC-3-5 in n sp., Er.-unmodified, cover the entire field of view, the cylinder-units., Zernistye.Mochevina-23, 6 mmol / l., about. protein-53, 6 g / l., creatinine, 285 mmol / l., vol. Bilirubin-56, 4 mmol / l. / All indirect /.

**Assignment:**

1.Vash diagnosis and justify.

2.Protivoepidemicheskie activities in the focus of infection.

Task 10. The child 1g.2 mes.Postupil to the hospital with complaints of diarrhea, lethargy, decreased appetita.Iz history of the disease is known that he was sick about 2 weeks, when there was a loose stool up to 5 times a day with mucus and greens. After 5 days, the chair of participation to 25 per day & D mixed with blood / veins /. Outpatient received: polymyxin B, gentamicin, V / m, 5 days. Chair to normal, but the child became lethargic, blednym.V clinic passed CBC: gem.-52 g / l., Er.-1, 8 • 10 / l., ESR-56 mm per hour. Bacteriological examination of feces - O157.

The patient's condition serious.Sudden paleness of the skin. In the lungs, breathing hard. Ch.d-30 min. Cardiac rhythmic, muffled, systolic murmur. Pulse 130 min. The abdomen is moderately distended. Liver-2 one time see the chair is decorated. One day is allocated 95 mm mochi.Obschy a blood test at the hospital: platelets - 105,0 • 10 / l., Reticulocytes, 110 ppm.

AN. Urine: ud. Weight-1010, B-0, 43 g / l, WBC-3-5 in n sp., Er.-unmodified, cover the entire field of view, the cylinder-units., Zernistye.Mochevina-23, 6 mmol / l., about. protein-53, 6 g / l., creatinine, 285 mmol / l., vol. Bilirubin-56, 4 mmol / l. / All indirect /.

**Assignment:**

1.Obosnuyte clinical diagnosis.

2.Provedite differential diagnosis.

**Standards of responses to case studies**

**for the final control on "escherichiosis"**

Objective number one

1.Klinichesky diagnosis of enteropathogenic escherichiosis (O55: K59), gastroenteritis, srednetyazhe-lai form an acute course.

2.Simptomy: acute onset, fever, infrequent vomiting, abdominal pain, fluid-cue abundant watery stools mixed with small amounts of clear mucus, wind, symptoms of dehydration.

3.Dopolnitelnye survey: a) coprogram (to justify fermentoterapii) and b) the biochemistry of blood (CBS, electrolytes, hematocrit), c) serological test for the presence of specific antibodies in paired sera.

Problem number 2

1.Printsipy therapy:

A) Diet:

a) the discharge in the diet at 30% of the daily requirement (700 ml / day);

b) the fractional dose-feeding (100 ml of yogurt in 3 hours, or medical and preventive food).

B) Oral rehydration therapy:

a) The daily volume of fluid, including meals (700 ml) is equal to = 2400 ml. If you were to become the child's body weight 14-15 kg and the mass deficit in clinical manifestations exsicosis about 6-7%, in Stage 1 to = 900 ml, 2 nd at the rate of 80-100 ml / kg = 1500 mL of fluid;

b) glucose-saline solutions (Rehydron, glyukosolan, etc.) should be 50% (850 ml) of the amount of fluid required for oral rehydration.

B) Fermentoterapiya: mezim fort in ½ table. 3 times a day or pancreatin;

D) Causal therapy: a) 1 Probifor powder (every 3 hours during feeding) three times a day, 2-3 days of treatment, or sorbents (smectite, enterosgel, filtrum) or Oral-nye drugs "start" therapy ( nevigramon, ertsefuril, etc.).

E) Symptomatic: a) antiemetics (tserukal, riabal, etc.), and b) antidiarrheal agents (chelators, imodium), c) reduction of pain syndrome (chelators, myotropic antispasmodics, defoamers), d) antipyretic (paracetamol, etc.).

2.Protivoepidemicheskie activities: a) isolation of the patient, and b) an emergency notice to the SES, and c) final disinfection, d) medical supervision of a hotbed of 7 days, and e) bacteriological fecal coliform and E. coli all contact, including catering staff and food.

Problem number 3

1.Klinichesky diagnosis of enteropathogenic escherichiosis (O127), gastroenteritis, severe form of toxemia exsicosis II degree, soledefitsitny type of dehydration.

2.Diagnoz confirms seeding E. Coli - O127 in the bacteriological examination of feces on the intestinal group.

3.Put infection, probably the food, the use of infant formula.

Problem number 4

A. Principles of therapy:

A) Diet:

a) the discharge in the diet for 50% of the daily requirement;

b) the fractional dose-feeding (adaptirovanyye mixture of 30-40 ml every 2 hours).

B) rehydration therapy: the rate of V = N + D + C, where V - the daily volume of fluid If required the child, N - physiological needs of the child in the liquid, D - deficiency of liquid, C - continued abnormal losses.

When the amount of II degree of dehydration in / drip of fluid injected is 40-50% of daily volume.The ratio of colloids and crystalloids - 1:1.

Taking into account the type of hypotonic dehydration, clearly marked hemodynamic disorders in order to restore the bcc as a starting solution to use colloidal solution (reopolyglukine, albumin).

B) fermentoterapiya.

D) causal treatment: a) sorbents (smectite, enterosgel, filtrum), the combined anti-biotikoterapiya: Fortum 100 thousand / kg body weight, 3 p., V / m, amikacin 20 mg / kg of body weight four times.

E) symptomatic: a) antiemetics (tserukal, riabal, etc.), and b) antidiarrheal agents (chelators, imodium).

2.Protivoepidemicheskie activities: a) isolation of the patient, and b) an emergency notice to the SES, and c) final disinfection, and d) medical supervision of a hotbed of 7 days.

Problem number 5

1.Klinichesky diagnosis of enteropathogenic escherichiosis (O55: K59), gastroenteritis, srednetyazhe-lai form an acute course.

2. Rotavirus gastroenteritis. Enterovirus gastroenteritis.Typhoid fever.Cholera.Shigel-climbing.

Objective number 6

1.Klinichesky diagnosis of enteropathogenic escherichiosis (O127), gastroenteritis, severe form of toxemia exsicosis II degree, soledefitsitny type of dehydration.

2.Rotavirusny gastroenteritis. Enterovirus gastroenteritis.Yersiniosis.Cholera.Salmonellosis.

Objective number 7

1.Enterogemorragichesky escherichiosis / 0157 / gastroenteriticheskaya form, for acute, mild severity.

2.Bakteriologicheskoe study / seeding feces, vomit, stomach wash treatment on ordinary nutrient media /.

Objective number 8

1.Enterogemorragichesky escherichiosis / 0157 / gastroenteriticheskaya form during acute, moderate.

2.Salmonellez. Shigellosis.Rotavirus gastroenteritis. Intestinal infection caused by staphylococci.

The task number 9

1.Enterogemorragichesky escherichiosis with gemolitikouremicheskim syndrome.

2.Protivoepidemicheskie activities: a) isolation of the patient, and b) an emergency notice to the SES, and c) final disinfection, d) medical supervision of a hotbed of 7 days, and e) bacteriological fecal coliform and E. coli all contact, including catering staff and food.

Objective number 10

1.Enterogemorragichesky escherichiosis / 0157 / gemolitikouremicheskim syndrome, a severe form, acute course.

2.Salmonellez. Shigellosis.Rotavirus gastroenteritis. Intestinal infection caused by staphylococci. Yersiniosis.

**Subject number 8**

**1. Topic: Secretory diarrhea. Rotavirus gastroenteritis**

**The original version on**

**Secretory diarrhea**

**Option 1**

1. Enteropathogenic escherichiosis characteristic (2)

A. Vomiting, regurgitation from the first day of illness

B. Connection of vomiting, regurgitation with 2-3 days of illness

C. Frequent vomiting within 1 2 days

D. Do not frequent, prolonged vomiting, but

2. Escherichiosis caused by Escherichia enteroinvazivnymi, similar to the clinic:

A shigellosis

B. salmonellosis

C. yersiniosis

D. rotavirus

E. cholera

3. Escherichiosis caused by enterotoxigenic Escherichia, proceed by type:

A. acute gastroenerokolita

B. Cholera

C. Ulcerative colitis

D. yersiniosis

E. shigellosis

4. The characteristic symptoms of rotavirus gastroenteritis are all of the following except:

A. Fever, often subferilnoy

B. Repeated vomiting

C. Frequent copious watery stools

D. exsicosis 1-2 degrees

E. loose stools with mucus and blood

5. Chair for rotavirus has a characteristic appearance

A watery "bitter" bezkalovy, yellow

B. Lean, bezkalovy of muddy mucus streaked with blood, pus

C. Stool color "swamp slime"

D. watery type "rice broth"

E. In the form of a "pea puree"

6. For rotavirus diarrhea is not characteristic

A rich liquid stool

B. Flatulence, rumbling in the abdomen

C. Lack of pathological impurities in the stool

D. Invasion of the pathogen in the intestinal wall

E.Fermentativnaya nedostachnost

7. Vibirion cholera persists in food

A. 8:00

B. 5 days

C. 1 week

D. 1 month

E. 1 year

8. In severe cholera is developing

A. ITSH

B. neurotoxicosis

C. hypovolemic shock

D. ICE - syndrome

E. Hyperthermia

9. The nature of stool in cholera:

A.Normalny

B. Slimy

C. Bloody

D. Type "rice broth"

E. Slizisto - purulent

10. Last time in Kazakhstan in cholera apply:

A. Tetracycline

B. Levomitsitin

C. Sifloks

D. Polymyxin

E.ampitsilin

**The original version on**

**Secretory diarrhea**

**Option 2**

1. Chair for rotavirus has a characteristic appearance

A watery "bitter" bezkalovy, yellow

B. Lean, bezkalovy of muddy mucus streaked with blood, pus

C. Stool color "swamp slime"

D. watery type "rice broth"

E. In the form of a "pea puree"

2.Vibirion cholera persists in food

A. 8:00

B. 5 days

C. 1 week

D. 1 month

E. 1 year

3. The characteristic symptoms of rotavirus gastroenteritis are all of the following except

A. Fever, often subfebrile

B. Repeated vomiting

C. Frequent copious watery stools

D. exsicosis 1-2 degrees

E. loose stools with mucus and blood

4. Last time in Kazakhstan are used in cholera

A tetracycline

B. levomitsitin

C. sifloks

D. polymyxin

E.ampitsilin

5. The nature of stool in cholera

A.normalny

B. mucosal

C. bloody

D. Type "rice broth"

E.slizisto - purulent

6. Enteropathogenic escherichiosis characteristic (2)

A. Vomiting, regurgitation from the first day of illness

B. Connection of vomiting, regurgitation with 2-3 days of illness

C. Frequent vomiting within 1 2 days

D. Do not frequent, prolonged vomiting, but

7. In severe cholera is developing

A. ITSH

B. neurotoxicosis

C. hypovolemic shock

D. ICE - syndrome

E. Hyperthermia

8.Esherihiozy caused by Escherichia enteroinvazivnymi, similar to the clinic:

A shigellosis

B. salmonellosis

C. yersiniosis

D. rotavirus

E. cholera

9. Escherichiosis caused by enterotoxigenic Escherichia, proceed by type:

A. acute gastroenterocolitis

B. Cholera

C. Ulcerative colitis

10. For rotavirus diarrhea is not characteristic

A rich liquid stool

B. Flatulence, rumbling in the abdomen

C. Lack of pathological impurities in the stool

D. Invasion of the pathogen in the intestinal wall

E.Fermentativnaya failure

**The final control.**

**Secretory diarrhea**

1.U baby 4 months during the week of low-grade fever, infrequent regurgitation, Su-host the lips, tongue, occasionally disturbing. Urinating enough.Abdomen swollen. Chair to 8 times per day. Orange-colored stools. Mucus in the form of transparent lumps.

Place a presumptive diagnosis

A. Shigellosis

B. escherichiosis

C. Salmonellosis

D. Viral diarrhea

E.Amebiaz

2. The boy 1 year 4 months on the 4th day of illness noted infrequent vomiting, watery stools. Slightly sunken eyes, there are tears, lips and tongue dry, skin fold is straightened slowly, the pulse satisfactory. Restless. Put a preliminary diagnosis

A shigellosis

B. proteose

C. Invasive diarrhea

D. Rotavirus

E.Sekretornaya diarrhea

3. The child is 6 months. Low-grade fever, serous discharge from the nose, flushing of the-wa, single vomiting, frequent copious watery stools. Lips dry, sunken fontanelle is not. The mother was "ARI" bryzzhuschim with liquid stool. Put a diagnosis

A. escherichiosis

B. Adenovirus infection

C. Rotavirus

D.salmonellez

E. Campylobacteriosis

4. A boy of 6 months secretory diarrhea of ​​unknown etiology with compensated exsicosis

In the therapy should not be included:

A.Kislomolochnye products

B.Regidratatsiyu

C. Antibiotics

D.Smektu

E.Eubiotiki

5.Rebenok 12 years has been for several months with her parents in Afghanistan. The next day, after returning, the boy came loose stool fecal character, and by 2:00 the chair was a colorless, watery with flakes in appearance resembles a liquid-HYDRATED seethe rice, and odorless. After 6:00 joined vomiting, thirst, but water is drunk at once causes vomiting. Called the doctor on duty from child health clinics. Put a diagnosis

A. Cholera

B. Botulism - gastroenteriticheskaya form

C. escherichiosis

D. Rotavirus gastroenteritis

E. Salmonellosis

6. A child 12 years has been for several months with her parents in Afghanistan. The day after the return of the boy came loose stool fecal character, and by 2:00 the chair was a colorless, watery with flakes in appearance resembles a liquid-HYDRATED seethe rice, and odorless. After 6:00 joined vomiting, thirst, but water is drunk at once causes vomiting. Called the doctor on duty from child health clinics. How to Apply

A. Assign oral rehydration at home

B. Refer to the hospital in the intestinal compartment

C. Invite a consultation in the intestinal compartment

D. Refer to the consultation in the emergency room Infectious Diseases Hospital

E. Arrange immediate hospitalization of the child in the boxing department of infectious hospital

7. A child 12 years has been for several months with her parents in Afghanistan. The day after the return of the boy came loose stool fecal character, and by 2:00 the chair was a colorless, watery with flakes in appearance resembles a liquid-HYDRATED seethe rice, and odorless. After 6:00 joined vomiting, thirst, but water is drunk at once causes vomiting. Called the doctor on duty from child health clinics. Which drug is indicated for the treatment of:

A. Ampicillin

B. Sifloks

C. Furozalidon

D. Gramurin

E. baktisubtil

8. A child 3 years old, became ill within 3 days after his arrival from India. The disease began with the appearance of loose stool brown enteritnogo first character, then became incessant and non-arbitrary up to 20-30 times. Diarrhea

was not accompanied by abdominal pain and tenesmus. The body temperature remained normal. On the 2nd day of illness to join diarrhea vomiting, which was not accompanied by nausea, thirst.Examined by a district doctor, a serious condition. In consciousness, decreased blood pressure, dry merging zistyh membranes, thirst. Pulse weak filling and stress.Shortness of breath, cyanosis of the skin-blood. Rare tonic spasms of the muscles of limbs, eyes and cheeks sunken, tongue dry, merge zistaya mouth is dry. Voice hoarseness, temperature is normal. The skin is cold, turgor and elasticity of the tissues are reduced. Skinfold is not straightened. The fingers of the hands and feet and look like wrinkled "washerwoman's hands", the abdomen is soft, sunken, liver and spleen were not enlarged. Two days before the illness the child was eating mushrooms, unwashed apples and cucumbers. Put a preliminary diagnosis.

A.Holera severe

B. Salmonellosis

C.Ostraya dysentery

D. Esherihioznaya infection

E. Rotavirus gastroenteritis

F. G poisoning fungi and pesticides

9. A child 3 years old, became ill within 3 days after his arrival from India. The disease began with the appearance of loose stool brown enteritnogo first character, then became incessant and non-arbitrary up to 20-30 times. Diarrhea was not accompanied by abdominal pain and tenesmus. The body temperature remained normal. On the 2nd day of illness to join diarrhea vomiting, which are not is accompanied by nausea, thirst. Examined by a district doctor, a serious condition. In consciousness, decreased blood pressure, dry mucous membranes, thirst. Pulse weak filling, and voltage.Shortness of breath, cyanosis of the skin. Rare tonic spasms of the muscles of limbs, eyes and cheeks sunken, tongue dry, mucous membrane of the mouth is dry. Voice hoarseness, temperature is normal. The skin is cold, turgor and elasticity of the tissues are reduced. Skinfold is not straightened. Fingers ki-Stein wrinkled hands and feet and look like the "hand of laundresses' abdomen is soft, sunken, liver and spleen were not enlarged. Two days before the illness the child was eating mushrooms, unwashed yab-loka, and cucumbers. How is the patient's admission to hospital with cholera:

A.Sobstvennym transport parents

B. Call the transportation

C. Share of public transport

10. A child 6 months of secretory diarrhea. Body Weight - 7kg. There is a thirst, decreased urine output

Determine in which rehydration is the need to:

A. Vypoit 700 ml of OCP in 4 hours

BS fed to 50 ml of OCP after each stool

C. Vypoit 500 ml of OCP 4:00

D. In the Enter / drip 500 ml Ringer's solution

E. Vypoit 300 ml of OCP in 4 hours

**Standards related to:**

**Secretory diarrhea**

**Source control.**

Option 1 Option 2

1 – AD A

2 – A B

3 – B E

4 – E C

5 – A D

6 – D AD

7 – B C

8 – C A

9 – D B

10 – C D

**Final control of**

1 – B

2 – E

3 – C

4 – C

5 – A

6 – E

7 – B

8 – A

9 – B

10 - C

**Subject number 9**

**1.Tema:diphtheria among children.**

**Source Control on "Diphtheria in Children"**

**Option 1**

1. The causative agent of diphtheria:

A paramyxovirus

B. Stick Leffler

C. Stick Bordet-Zhang

D. Chlamydia

2. The localized form of oropharyngeal diphtheria is characterized by:

A. The films only on the tonsils

B. The films only on the tonsils and the ear

C. low-grade fever

D. Temperature above 38 º C

E. Severe pain in the throat

3.For myocarditis is characterized by:

A. Heat

B. Pain in the Heart

C.Poterya consciousness

D. Autism

E.Zhidky chair

4. Diphtheritic film:

A tonsillectomy is easily removed from the

B. triturated between the spatulas

C. Do not bleed when removing

D. Deleted hard, insoluble

E. crumble when removing

5. Losses IX and X pairs of cranial nerves is manifested in the form:

A paresis of the muscles of the neck

B. snuffles, choke

C. Dysarthria

D. Aphonia

6. In the treatment of patients with localized oropharyngeal diphtheria should:

A. Apply 100 thousand AU PDS

B. can be treated without the PDS

C. Enter a single dose of 20 thousand. AE

D. Enter the ADS

E. DTP

7. Transmission of diphtheria:

A fecal-oral

B. The air-drop

C. A household items

D. In the third person

E. Water

8. At 3-4 days of diphtheria of the nose says:

A. Moisture, bloody crusts in the nasal vestibule

B. One-way process

C. Purulent discharge from the nose

D. Abundant serous discharge

E.Nosovoe breathing is not difficult

9. Soft tissue swelling is observed in the oropharynx:

A localized diphtheria

B. Interim diphtheria

C. toxic

D. Laryngeal Diphtheria

E. Diphtheria nose + larynx

10. The most frequent localization is the process of diphtheria:

A throat

B. Skin

C. oropharynx

D. Nose

E. Eyes

**Source Control on "Diphtheria in Children"**

**Option 2**

1.Vozbuditel diphtheria:

A. Bloch type gravis

B. intermedius type BC

C. Bloch-type mitis

D. Bloch any type of toxigenic

E. Mycoplasma

2. Raids on the tonsils after 12 hours of onset of toxic forms of diphtheria is characterized by the following:

A Gentle arachnoid

B. Dense fibrinous

C.Zhelto-green color

D. crumble when trying to remove them

E. Do not be removed with a spatula

3.For the early diagnosis of diphtheria is used:

A reaction of agglutination

B. Quantification of antitoxin in the blood of Jensen

C. Smear of the oropharynx in BC

D. RPGA

E. Complete blood count

4. A likely sign of diphtheria in the later stages of the disease:

A. nephrosis

B. Myocarditis

C. polyradiculitis

D. polyradiculitis, myocarditis

E. myocarditis, nephrosis

5. For the diagnosis of laryngeal diphtheria is most important:

A. aphonia

B. stenotic breathing

C. Severe intoxication

D. Aphonia, stenotic breathing

E. Aphonia expressed intoxication

6. The incubation period for diphtheria:

A. 5:00

B. 2-10 days

C. 12-14 days

D. 21 days

E. 14-21 days

7. The symptoms of diphtheria croup includes everything except:

A. Shortness of breath

B. Cough

C. hoarseness

D. Participation of the auxiliary muscles

E. Pain in the abdomen

8. In the differential diagnosis between paratonzillitom and toxic form of diphtheria-theory in favor of the latter shows that

A fever

B. sharp pain on swallowing

C. trismus

D. regional lymphadenitis

E. swelling neck tissue, fibrinous raids on the tonsils

9.Pri suspected diphtheria should adhere to the following position (relative to the pro-diphtheria serum PDS):

A.PDS should be administered immediately upon suspicion of diagnosis

B. PDS not only introduces children to the values ​​of grafted

C. Introduction of the PDS is not shown

D. You must enter the following clarifications

E. timing the introduction of the PDS are not

10. For specific prevention of diphtheria include:

A. Isolation of patients

B. Bacteriological examination of the contact

C. Identification and treatment of carriers

D. Vaccination with DTP

E. Disinfection of utensils

**The final control on the theme: "Diphtheria in Children"**

1.U Katie, 3 years, 2 days of illness the temperature of 38,5 º C, malaise, weakness, sore throat. In mild throat congestion arches, the tonsils, grayish, thick film, bad shooting, are a spatula, when removing the bleed. Put diagnosis:

A lacunar tonsillitis

B. Follicular tonsillitis

C. Necrotic angina

D. Diphtheria oropharynx, localized form

E. Diphtheria oropharynx, toxic form of

2. A child 6 years, 3 days of illness. His condition was grave. Swelling of the cervical tissue reaches the clavicle. In the throat bright redness, tonsils, arches, swollen tongue.On the tonsils dense film-type "plus-web", removable hard at trying to remove the blood flow chat. Put diagnosis:

A. Necrotic angina

B. Diphtheria toxic oropharynx

C. quinsy

D. Diphtheria oropharynx intermediate

E. Paratonzilyarny abscess

3.U girl suffered a "sore throat" after 2 weeks revealed paresis of the soft palate, poperhi-tion, nasal voice. Put diagnosis:

A. Polimielit, bulbar form

B. Botulism

C. Postdefteriyny paralysis of the soft palate

D. Encephalitis

E. Foreign body airway

4. Boy, 7, 9 th day of illness. His condition was grave, pale, adinamichen. In the swollen tonsils, ear remnants of gray dense plaque-type "plus-cloth." Cardiac deaf.Reduced blood pressure, liver 2 cm, and abdominal pain.Swelling of the neck below the klyutchitsy. Put the diagram prognosis:

A. Diphtheria oropharynx, toxic myocarditis

B. Diphtheria oropharynx, toxic

C. Diphtheria oropharynx, localized, congenital heart disease

D. Diphtheria oropharynx, toxic + ITSH

E. Diphtheria oropharynx, toxic hepatitis +

5. Boy, 4.5 months. Contracted gradually, the temperature of 37,5 º C, dry cough, hoarse voice. At the 3rd day of illness with cough, shortness of silent compromise of the jugular fossa, epigastrium. The sister had a sore throat a week ago. Put diagnosis:

A. Diphtheria oropharynx, localized form

B. Flu with croup syndrome

C. Diphtheria laryngeal stenosis of the II degree

D. parainfluenza, croup syndrome

E. Paratonsillar abscess

6. The child is 10 months, within 2 days had low-grade fever, dry cough. On the 3rd day of illness sluggish, inspiratory dyspnea, aphonia, silent cough. In the lungs, breathing hard. Your a prior diagnosis

A. Influenza

B. Adenovirus infection

C. Parainfluenza

D. Pneumonia

E. Respiratory diphtheria

7. The child has respiratory diphtheria. Aphonia, silent cough, stenotic dy-damping during sleep. Sometimes the child is torn, tachycardia, cyanosis around the mouth. Determine the degree of stenosis:

A first

B. second

C.Asfiksiya

D. 3-D

E. The transition from second to third

8. Child 9 years 8.U carries diphtheria, complicated nephrosis. What changes are found in the urine:

A red blood cells, sugar

B. Protein

C.sahar

D. White blood cells in small amounts, hyaline cylinders

E. granular cylinders

9. Early toxic diphtheria with myocarditis appears

A. 2 weeks

B. 2-3 days

C. After 5.9 days

D. In the first day

E. in 14 days

10. The final response indicating the toxicity and biochemical variants isolated korinobaktery in diphtheria is given by:

A. 24 hours

B. 12:00

C. 5 days

D. 48-72 hours

E. a week

**Standards.**

**Source Control on "Diphtheria in Children"**

**1-Var. 2-Var.**

1 – B D

2 – A A

3 – D B

4 – D D

5 – B D

6 – C B

7 – B E

8 – A E

9 – C A

10 – C D

**FINAL CONTROL on "Diphtheria in Children"**

1-D

2-B

3-C

4-A

5-C

6-E

7-B

8-D

9-C

10-D

**Subject number 10**

**1.Tema: Measles in children.**

**Source Control on "Measles in children"**

**Option 1**

1.Patognomotichnym for measles:

A.Triada Stimpson

B.Preenantema Peten

C.Pyatna Belsky, Filatov, Koplik

D.Pyatna Herman

E.Vse listed

2.Vysypanie with measles occur:

AV first day of illness

B.Na 2-3 days of illness

C.Na 4-5 days of illness

D.Na 6th day of illness

E.Vysypanie is not a constant symptom

3.Syp with measles:

A.Sklonna to the formation of necrosis

B.Ischezayut completely

C.Ostavlyaet krupnoplastinchatye scheluschenie

D.Ostavlyaet pigmentation

E.Nagnaivaetsya and leaves klrochki

4.In the prodromal stage of measles in a child:

A.Vysokoe fever, cough, runny nose, konyuiktivit

B.Subfebrilnaya fever, cough, vomiting, rash

C.Plenchaty konyuiktivit, cough, runny nose

D.Syp behind the ears, cough, runny nose

E.Normalnaya fever, weakness, anorexia

5.Dlya measles rash is characterized by:

A.Melkotochechnaya with concentration in the natural folds of skin on the background giperemirevannom

B.Pustuleznaya

C.Zvezdchataya, hemorrhagic

D.Vezikuleznaya

E.Pyatnisto - papular with a tendency to merge in the background of unchanged skin

6.Bolnoy measles is contagious:

A. Up to 5 days from onset

B. Up to 3 days from the onset

C. Up to 10 days of illness

D. Up to 21 days of illness

E. Up to 30 days of illness

7. Quarantine imposed by measles

A. At the 21-day

B. On the 14th day

C. On the 10th day

D. At the 30th day of

E. Not superimposed

8 For mitegirovannoy measles is characterized by:

A. Stages of rash marked

B. Phasing is no rash, pale, small

C. Severe catarrhal conditions

D. The presence of cell-Belsky Filatova

E. Increase the occipital lymph nodes

9 Pigmentation in measles observed in the first place:

A. On the face

B. In the trunk

C. Finite

D. simultaneously everywhere

E. On the face and torso

10 Measles differs from the presence of enterovirus infection:

A. Expression of catarrhal symptoms, stages rashes, spots, Belsky - Filatova

B. Weak catarrhal, one-time skin rash

C. Growth of all groups of lymph nodes

D. The presence of hepatosplenomegaly

E. Herpetic angina

**Source Control on the topic:**

**"Measles in children"**

**Option 2**

1.Syp pours with measles:

A.Odnomomentno

B.Etapno face, and then the trunk and limbs

C.Vokrug joints

D. natural folds of the skin

E.Na scalp, face, legs, torso

2.Pyatna Belsky - Filatova:

A.Patognomotichny symptom of measles

B.Nablyudaetsya with rubella

C. There is varicella

D.Mozhet accompany scarlet fever

E.Pokazatel gravity

3.For the time the rash of measles is characterized by:

A.Vysokoe temperature spotty rash stage care - papular

B.Temperatura normal spotty rash simultaneously pours - papular

C. Punctate V.Syp with concentration in the natural folds

D.Syp melkopyatnistaya, simultaneously with condensation on the extensor

E.Syp stellate on the buttocks

4.Oslozhnenie measles in infants:

A.Nagnoenie rash

B.Pnevmoniya, otitis

C.Gastroenterokolit

D.Toksichesky myocarditis

E.Meningoentsefalit

5.Mitigirovannaya measles occurs in children receiving:

A.Immunoglobulin, blood, plasma

B.Poluchivshih dexamethazone

C. A received antibiotics

D. received vitamins

E. vaccinated

6. The differential diagnosis of measles during the eruption is conducted by:

A rubella

B. Stevens-Johnson Syndrome

C. enterovirus exanthema

D. An allergic rash.

E. For all the above

7. Patients with uncomplicated measles are contagious:

A. Up to 3 days after rash

B. Up to 5 days after rash

C. Up to 21 days after rash

D. Up to 10 days after rash

E. Up to 30 days after rash

8.Period rash in measles starts at:

A. 2-3 days of illness

B. 4-5 days of illness

C. 6-7 days of illness

D. In the first days of illness

E. In the second week of illness

9. Immunization with measles is carried out:

A 0-3 day of life

B. 2 month

C.4 month

D 8 a month

E. 12 months

10. The patient with uncomplicated measles is isolated to:

A. At 5 days after rash

B. At 10 days after rash

C. At 21 days after the rash

D. At 3 days after rash

E. Do not isolated

**The final control on the theme: "Measles in children"**

1.Devochka 5 liters. on the second day of a typical measles unconscious, had seizures. Wheezing breath-ing, heart sounds muffled pulse of soft parts. Dilated meningealnye signs are negative. Place the diagnosis?

A. Measles + meningococcal infection

B. Measles Encephalitis

C. Measles + brain hemorrhage

D. Measles + surround the process of

E. Measles severe

2. Katie U 3 liters per second day of illness t - 38.5 cough, runny nose, conjunctivitis. In the throat - a bright hyper-mia, spilled. Mucus is cloudy cheeks, friable, edematous, there are spots Belsky - Filatov is not the cheeks. Place the diagnosis?

A catarrhal form of flu

B. Adenovirus infection, conjunctivitis

C. Thrush

D. Measles prodrome

E. Pertussis

3. Katya 7 l, 4 t 39 days of illness, cough, runny nose, conjunctivitis. In the throat - a bright redness, mucus-pack of the cheeks loose, muddy. Behind the ears, face spotty - papular rash. Place the diagnosis?

A. Skariatipa

B. Measles is a typical

C. Rubella

D. Enterovirus infection

E. Adenovirus infection

4. The child on the 4th day of illness suspected measles. On the face of the pink spotted - papular rash on the mucosa of the oropharynx enanthema. The appearance of any symptoms confirms the diagnosis of measles.

A. The increase in lymph node

B. The disappearance of the rash

C. Distribution of the rash on the trunk and then out on a limb

D. The appearance of herpetic blisters in the throat

E. The appearance of plaque on the tonsils

5. In the hospital delivered a child 9 l, bezsoznaniya. Hyperthermia, the houses were cramping, and vomiting. On the skin of brown - brown pigmentation, light defurfuration. Meningeal signs pc. 9 days ago, a child suffered a "SARS" and "allergic rash". Place the diagnosis?

A. Meningococcal infections. Meningoencephalitis

B. Krasnuschii encephalitis

C. Measles period of pigmentation, encephalitis

D. Windy smallpox, tserebelit

E. Enterovirus infections, meningitis

6. The child suffered a measles. On the 7th day of illness the temperature of 400, loss of consciousness, convulsions, pu-gidnost neck nape. Place the diagnosis?

A. Measles complicated by meningoencephalitis

B. Measles complicated by encephalitis

C. Measles + Meningokokkovoya infection

D. Measles + Toxic Flu

E. Measles + enterovirus meningitis

7. A child 10 months on the 8th day of illness of measles increased cough, shortness of T-390. In the lungs - shortening Rocen-sound on the left lower corner of the shoulder, breathing hard, finely constant wheezing. What are complications?

A. Pleurisy

B. Bronchopneumonia

C. Bronchitis

D.Laringotraheit

E. Pneumothorax

8. A child with acute dysentery on day 3 of hospitalization T 390, coughing, runny nose, conjunctival-vit, refers to the buccal mucosa detected spots Belsky - Filatov. What disease has joined?

A. Rubella

B. Windy pox

C. Influenza

D. Measles

E. Adenoviral infections

9. The child has received gamma globulin on exposure to measles within 15 days of T 370, slight cough, runny nose. On the second day of spotty rash appeared simultaneously on the face, trunk, extremities, mucous muddy cheeks. Place the diagnosis?

A. Rubella

B. Scarlet fever

C. Measles

D. Enterovirus infection

E. Windy pox

10. In the hospital, who delivered a child 2y.o. two weeks ago suffered a respiratory viral infection. On examination: to-knowing there is no tonic-clonic seizures nature, skin pigmentation, no big defurfuration. Meningeal signs do not. Place the diagnosis?

A. Influenza complicated by encephalitis

B. Measles Encephalitis

C. Meningococcal disease

D. Pneumococcal encephalitis

E.Krasnushny encephalitis

**Source Control Standards on "Measles in children"**

Option – 1 Option - 2

1 – C B

2 – C A

3 – D A

4 – D B

5 – E A

6 – A E

7 – A E

8 – B B

9 – A E

10 – A A

**Standards of situational problems on "Measles in children"**

1.B

2.D

3.B

4.C

5.C

6.A

7.B

8.D

9.C

10.B

**Subject number 11**

**1. Subject** malaria in children.

**Source Control on "Malaria"**

**1variant**

1. The malaria parasite belongs to the class:

A simple

B. Bacteria

C. Viruses

D. Rickettsia

E. Mushrooms

2. The causative agents of malaria is

A plasmodium

B. Virions

C. Cocci

D. Chlamydia

E. Candida

3.Istochnik infection with malaria:

A sick person

B. Sheep

C. camels

D. Fish

E. Amphibians

4. Carriers of the malaria parasite are:

A. Lice

B. Bender

C.Blohi

D. Mosquitoes

E. Flies

5. Seasonality in malaria:

A. Fall-Winter

B. The spring-summer

C. The summer-autumn

D. Winter

E. Summer

6. The main symptom of malaria:

A. Cough

B. Fever

C. Lymphadenitis

D. exanthema

E. Runny nose

7. A typical febrile reaction in malaria

A Hectic

B. intermittent

C. Low-grade

D. continuo

E. undulating

8. For an attack of malaria with increasing T is characterized by:

A chill, then sweat

B. Feelings are not violated

C. The gradual rise during the day, reducing the T without sweating

D.Obilnoe sweating

E. The growth of T for several hours, decreased during the day

9. The main clinical manifestations of malaria:

A.Lihoradka, gepatolienalny syndrome

B.Kataralny Fever Syndrome

C.Diareyny syndrome

D. gepatolienalny syndrome, lymphadenitis

E. neuropathy Fever

10. In infants malaria occurs:

A. with periods of high fever, sweating;

B. no periodicity, sweats are not typical

C amended the oropharynx

D. hepatomegaly, poliadeniya

E. with abundant exanthema

**Source Control on "Malaria"**

**Option 2**

1. The malaria parasite belongs to the class:

A simple

B. Bacteria

C. Viruses

D. Rickettsia

E. Mushrooms

2. The causative agents of malaria is

A.Plazmodii

B.Viriony

C.Kokki

D.Hlamidii

E. Candida

3. The source of infection with malaria:

A.bolnoy people

B.korovy

C.gryzuny

D.ryby

E.lyagushki

4.Perenoschikami malaria parasite are:

A cat

B.Kleschi

C.Komary

D.tarakany

E.Muhi

5. Seasonality in malaria:

A.Osennyaya

B.Vesennyaya

C.Letne-fall

D.Zimnyaya

E.Letnyaya

6 A characteristic symptom of malaria:

A. Diarrhea

B. Fever

C. Angina

D. exanthema

E. Runny nose

7. character of the temperature of the reaction in malaria

A.Gekticheskaya

B.Intermitiruyuschaya

C.Subfebrilnaya

D.Kontinua

E.Unduliruyuschaya

8. During the period of increasing T is observed in malaria:

A.Oznob then pototdelenie

B.Samochuvstvie not violated

C.Postepeny rise during the day

D.Snizhenie T without sweating

E. The rapid increase in T during the day

9. major clinical manifestations of malaria:

A.Lihoradka, gepatolienalny syndrome

B.Kataralny Fever Syndrome

C.Diareyny syndrome

D.gepatolienalny syndrome, lymphadenitis

E. neuropathy Fever

10. The most severe course of malaria, says:

A.pri falciparum malaria;

B. when a four-malaria;

C. falciparum malaria;

D. malaria ovale;

E. severe does not happen.

**The final control on "Malaria"**

1.Malchik 6 years old came with his parents from Africa. After 8 days of fever up to 40C, which is observed every day in the morning. The diagnosis of "malaria" was put up on the basis of:

A. an increase in the liver, spleen

B. epidemiological history

C. fever, profuse sweating

D. satisfactory state of health after a bout of

E. all of the above

2. Saul, a 6-year-old suffered a tropical malaria, complicated algidom. The basis for the diagnosis of "The malaria algid" was:

A. collaptoid state

B. meningeal symptoms

C. shortness

D. temperatures above 40 degrees

E. high blood pressure

3. A child 10 years with a diagnosis of "malaria" in the two weeks of the disease symptoms:, disturbance of consciousness, convulsions, meningeal symptoms. The most likely diagnosis

A.Malyariyny algid

B.Malyariynaya coma

C.Gnoyny meningitis

D.Pechenochnaya failure

E. Psychosis

4. Marat 11-year-old carries a malignant form of malaria, what complications can be expected:

A rupture of the spleen, algid

B. Pneumonia

C. dacryocystitis

D. pleurisy

E. cystitis.

5. a girl of 8 years after his arrival from Afghanistan with her parents became ill. Was diagnosed "Malaria". The clinical picture of malaria attack took place three stages: chills, fever, sweats. What form of malaria occurs with the above stages:

A three-day malaria

B. 4-day malaria

C. tropical

D. ovale malaria

E. a form of malaria is not important.

6. A child of 5 years from the feverish reaction to increasing T up to 38 a day. Consciousness is not lost. No jaundice. Anemia is not. The positive result of a blood smear for malaria.

Identify the treatment strategy on the recommendations of IMCI

A. metragil,

B. Hingamin

C. rifampicin

D. intron

E. ceftriaxone

7.rebenok 8 years 20 days ago with my parents came from Thailand. During the week of, celebrated on the rise in temperature to 39 C, a day in the morning. The rise of T is accompanied by fever, profuse sweating decrease in T. After reducing the T-samochuv good consequence. What research should be done first

A thick drop of blood,

B. Tank culture of feces

C. stool microscopy

D. chest radiograph

E.obschy analizmochi

8. Girl 9 years 20 days ago, arrived with his parents from Thailand. During the week of, celebrated on the rise in temperature to 39 C, a day in the morning. The rise of T is accompanied by chills, decreased sweating. Most likely a preliminary diagnosis?

A malaria

B. Hemorrhagic Fever

C. Typhoid fever

D. Brucellosis

E. Flu

9. The boy 6 years old came with his parents from Africa. After 9 days of fever up to 40C, which was marked by 2days in the morning. The rise of T is accompanied by chills, decreased sweating. The increase in liver and spleen. Choose the most effective drug etiotropic

A ceftriaxone

B. primaquine

C. rifampicin

D. Acyclovir

E. quinacrine

10. Bulat 6 - years with his parents go to Africa. Assign the chemoprophylaxis of malaria.

A. metragil,

B. fansidar

C. rifampicin

D. sumamed

E. makmirror

**Standards replies**

**Source Control on "Malaria"**

1variant 1 – A 2 – A 3 – A 4 – C 5 – C 6 – B 7 – B 8 – A 9 – A 10 – B

2variant 1- A 2 – A 3 – A 4 – C 5 – C 6 – B 7 – B 8 – A 9 – A 10 - C

**Tasks on "Malaria"**

1 – E 2 – D 3 – B 4 – A 5 – D 6 – B 7 – A 8 – A 9 – B 10 – B

**Theme № 12**

**1.Tema:** Diseases that occur with the rash syndrome in children. Enterovirus infection.

**Source Control**

** Option 1**

 1. Which group is the causative agent of EVI?

 A togavirusam

 B arbovirus

 C. picornaviruses

 D. miksovirusam

 E. Herpesvirus



 2.The source of infection for EVI (2 holes).

 A.bolnye EVI

 B carriers EVI

 C. animals

 D. Clamp

 E. flies



 3.Transfer mechanism for EVI (3 holes).

 A airborne

 B. fecal-oral

 C. household contact and

 D. trassissivny

 E. transplacental



 4. Basically, the incubation period for EVI is:

 A 2-10 days

 B. 14 days

 C. 21 days

D.  20 to 180 days

 E. more than 6 months.



 5. Indicate the form of EVI (2 holes).

 A Localized or isolated

 B combined or combined

 C. toxic forms of

 D. septic forms

 E. hemorrhagic form



 6. Indicate the form of EVI, accompanied by damage to the nervous system. (3 holes.)

 A serous meningitis

 B. herpangina

 C. poliomielitopodobnaya Form

 D. epidemic myalgia

 E. entsefalomiokardit newborn



 7. Musculoskeletal diagnostic criteria for EVI everything EXCEPT ::

 A Rush

 B. defeat of the gastrointestinal tract

 C. exanthema

 D. nervous system

 E. damage bones and joints



 8. What features are typical for enterovirus exanthems (three holes).

 A maculopapular rash

 B more often on the neck and abdomen

 C. temperature increased

 D. temperature decreases

 E. eruption ends with peeling



 9. What features are typical for herpes sore? (3 holes).

 A is often combined with other forms of EVI

 B. Rush

 C. bubbles on the front shackle, uvula, tonsils

 D. herpetic elements on the skin

 E. herpetic keratokonyunktivit



 10. Mortality observed in the EVF:

 A with serous meningitis

 B at entsefalomiokardite

 C. in all forms of

 D. in combined forms

 E.is not observed

**Source Control**

** Option 2**



 1.Pathogen EVI (2 holes).

 A Coxsackie virus

 B arboviruses

 C.virus Epstein-Barr virus

 D. Herpes simplex virus

 E. ECHO virus



 2.Transmission EVI (3 holes).

 A gemokontaktny

 B. trasmissivny

 C. aerogenic

 D. nutritional

 E. Vertical



 3. In utero EVI primarily affected (3 holes).

 A Heart

 B. brain

 C. Liver

 D. gut

 E. muscle



 4. The most frequently suffer from EVI:

 A adult

 B male

 C. Women

 D. newborn

 E. kids from 2-4 to 10 years



 5. Entrance gate with EVI: (3 holes).

 A damaged skin

 B intestinal mucosa

 C. mucosa of the pharynx

 D. airways

 E. embryo



 6. EVI is a feature of the pathogenesis of defeat:

 A CNS

 BS muscle

 C. Heart

 D. Liver

 E. damage many organs and systems



 7. In the hemogram with EVI

 A leukocytosis, neytrofillez, high ESR

 B. leukopenia, lymphocytosis, moderate ESR

 C. leukocytosis, lymphocytosis, normal or reduced ESR

 D. leukocytosis, increased red blood cell and hemoglobin

 E. hemogram without pathology

.

 8. The most common eye disease in the EVF:

 A conjunctivitis

 B. keratitis

 C. sclerites

 D. uveitis

 E. eye disease are not marked



 9. The differential diagnosis of EVI is conducted: (2otv.)

 A with ARI

 B with CROs

 C. exanthematous infections with

 D. with meningitis and encephalitis

 E. all the above listed



 10. In the treatment of uncomplicated forms EVI use (2 holes).

 A. antivirals

 B. sulphonamides

 C. Antibiotics

 D. symptomatic agents

 E. bacteriophages



 **The final control**

** Option 1**

 1. A newborn baby Apgar score 3 points. There is a failure of the heart, brain, an enlarged liver. My mother during the second half of pregnancy suffered a mild SARS, accompanied by diarrhea. In the hemogram showed no pathology. Put a preliminary diagnosis:

 A IUI, EVI

 B. IUI, rubella

 C. IUI, listeriosis

 D. IUI, CMV

 E. malformations as a result of suffering a flu.



 2. A child 3 years old fell ill acutely with increasing temperature, 38 degrees, a single vomiting, loose stool up to 5 times a day. On the 4th day of low grade fever, feel better, but there was a maculopapular rash on the abdomen. Put a preliminary diagnosis:

 A + AII allergic rash

 B. scarlatina

 C. Measles

 D. Rubella

 E. EVI, the combined form of gastro-intestinal + rash



 3. A child 5 years of ill sharply with increasing temperature of 39 degrees, a single vomiting, loose stool up to 5 times a day. In the throat to the ear, tonsils have blisters. Which diseases should be carried out differential diagnosis?

 A herpes infection, stomatitis

 B. EVI, the combined form of gastro-intestinal + + herpangina

 C. measles, during the prodrome

 D. fungal stomatitis

 E. all the above listed



 4. A child 5 years of ill sharply with increasing temperature of 39 degrees, a single vomiting, loose stool up to 5 times a day. In the throat to the ear, tonsils have blisters. What changes in the hemogram can be?

 A leukocytosis, neytrofillez, high ESR

 B. leukopenia, lymphocytosis, moderate ESR

 C. leukocytosis, lymphocytosis, normal or reduced ESR

 D. leukocytosis, increased red blood cell and hemoglobin

 E. hemogram without pathology



 5. A child 5 years of ill sharply with increasing temperature of 39 degrees, a single vomiting, loose stool up to 5 times a day. In the throat to the ear, tonsils have blisters. Assign therapy (2 holes).

 A. antivirals

 B. sulphonamides

 C. Antibiotics

 D. symptomatic agents

 E. Bacteriophage

 6. The girl is sick EVI 3 years. On the 3rd day of illness marked burning and itching of both eyes, redness of the sclera, the iris is darker. What kind of eye disease is most common in the EVI?

 A conjunctivitis

 B. keratitis

 C. sclerites

 D. uveitis

 E. eye disease are not marked



 7. A child 5 years of ill sharply with increasing temperature of 39 degrees, repeated vomiting, headache. When viewed from a stiff neck, positive Kernig's symptoms. In the throat to the ear, tonsils have blisters. Put on the classification of the diagnosis:

 A meningitis + sore throat

 B. herpes infection: meningitis, stomatitis

 C. EVI, the combined form of meningitis + herpangina

 D. EVI, serous meningitis

 E. meningococcal infection, nasopharyngitis, meningitis



 8. A child 7 years of ill sharply with increasing temperature is 38 degrees, dyspeptic symptoms, repeated vomiting, diarrhea. On the 7th day of illness against a background of normalization of temperature ceased to rely on the legs, sensitivity is not compromised. Marked hypotonia of the muscles, reflexes, higher-HN. Anamnesis revealed that the child instill in age. Put a preliminary diagnosis:

 A polio, spinal form of

 B. poliomielitopodobnaya form of EVI

 C. Oki, complicated by arthritis

 D. polyradiculitis

 E. myelitis



 9. The child has a severe form of EVI. Indicate the severity of the disease indicators (4 holes).

 A intoxication symptoms

 B degree of CNS

 C. severity and prevalence of muscle pain

 D. degree of damage of the cardiovascular system

 E. degree of dehydration



 10. In a group of kindergarten suspected outbreak of EVI. Specify the supporting-diagnostic symptoms of the disease (4 holes).

 A epidemic increase in incidence of EVI

 B spring and summer

 C. fever lasting two-wave

 D. Polymorphism of clinical manifestations

 E. is always a defeat of the gastrointestinal tract



 **The final control**

** Option 2**



 1.A newborn baby Apgar score - 3 points. My mother during the second half of pregnancy suffered EVI. The defeat of what is possible in a child?

 A Heart

 B. Brain

 C. Liver

 D. Lung

 E. intestine.



 2. A child 3 years old fell ill acutely with increasing temperature, 38 degrees, light catarrhal symptoms, loose stools up to 5 times a day. On the 4th day of low grade fever, feel better, but there was a maculopapular rash on the abdomen. Put a preliminary diagnosis:

 A + SARS allergic rash

 B. ARI + + AII allergic rash

 C. Measles

 D. Rubella

 E. EVI, the combined entity: respiratory, gastrointestinal, rash +



 3. . A child 5 years of ill sharply with increasing temperature of 39 degrees, a single vomiting, loose stool up to 5 times a day. In the throat to the ear, tonsils have blisters. Put a preliminary diagnosis:

 A herpes infection, stomatitis

 B viral sore throat

 C. measles, during the prodrome

 D. fungal stomatitis

 E. EVI, the combined form of gastro-intestinal + herpangina



 4. A child 5 years of ill sharply with increasing temperature of 38 degrees, repeated vomiting, headache. When viewed from a stiff neck, positive Kernig's symptoms. In the throat to the ear, tonsils have blisters. What is the primary event to be sick?

 A OAK

 B. to take swabs from the nasopharynx to the meningococcus

 C. endolyumbalno puncture

 D. reduce the temperature

 E blood for enteroviruses



 5. A child 5 years of ill sharply with increasing temperature of 38 degrees, repeated vomiting, headache. When viewed from a stiff neck, positive Kernig's symptoms. In the throat to the ear, tonsils have blisters. What changes will the cerebrospinal fluid program for this disease?

 A neytrofiony pleocytosis

 B lymphocytic pleocytosis

 C. Mixed pleocytosis

 D. reducing sugar

 E. high levels of protein

 6. A child 5 years of ill sharply with increasing temperature of 38 degrees, repeated vomiting, headache. When viewed from a stiff neck, positive Kernig's symptoms. In the throat to the ear, tonsils have blisters. What changes in the hemogram can be?

 A leukocytosis, neytrofillez, high ESR

 B. leukopenia, lymphocytosis, moderate ESR

 C. leukocytosis, lymphocytosis, normal or reduced ESR

 D. leukocytosis, increased red blood cell and hemoglobin

 E. hemogram without pathology



 7. A child 7 years of ill sharply with increasing temperature is 38 degrees, dyspeptic symptoms, repeated vomiting, diarrhea. On the 7th day of illness against a background of normalization of temperature ceased to rely on the legs, sensitivity is not compromised. Marked hypotonia of the muscles, reflexes, higher-HN. Anamnesis revealed that the child immunized by age. Which diseases should conduct a differential diagnosis? (3 holes).

 A polio, spinal form of

 B. poliomielitopodobnaya form of EVI

 C. meningococcal infection meningokoktsemiya

 D. polyradiculitis

 E. Oki



 8. A child of 4 years, fell ill with acute increase in temperature of 38 degrees, began to complain of muscle pain in the chest, legs. In the throat to the ear, tonsils have blisters. On the 4th day of illness appeared rash. Put on the classification of the diagnosis:

 A.EVI, Combined form: epidemisemkaya myalgia, herpes sore throat, rash

 B. EVI, an isolated form: epidemic myalgia

 C. EVI, an isolated entity: herpangina

 D. EVI, an isolated form: rash

 E. EVI, poliomielitopodobnaya form



 9. A child of 4 years, fell ill with acute increase in temperature of 38 degrees, began to complain of muscle pain in the chest, legs. In the throat to the ear, tonsils have blisters. On the 4th day of illness appeared rash. What examinations will confirm the diagnosis:

 A KLA, OAM

 B. swabs from nogoglotki for enteroviruses

 C. seeding fecal enteroviruses

 D. swab from the oropharynx to the BC

 E. study of blood on the CRP



 10. In kindergarten, some children become ill EVI, Enter events in the outbreak:

 A.provesti active immunization

 B type-specific immunoglobulin

 C. Active immunization is not carried out

 D. to current disinfection

 E. to a final disinfection

** Standards Source Control**

Option 1

1 – C 2 – AB 3 – ABE 4 – A 5 – AB 6 – ACE 7 – E 8 – ABD 9 – ABCD 10 – B

Option 2

1 – AE 2 – CDE 3 – ABC 4 – E 5 – BCE 6 – E 7 – B 8 – D 9 – E 10 – AD

**Standards of the final control**

Option 1

1 – A 2 – E 3 – E 4 – B 5 – AD 6 – D 7 – C 8 – B 9 – ABCD 10 - ABCD

Option 2

1 – ABC 2 – E 3 – E 4 – C 5 – C 6 – B 7 – ABD 8 – A 9 – BC 10 – C

**Theme № 13**

**Source Control**

**Option 1**

1 To which group is the causative agent of rubella?

A. enteroviruses

B arbovirus

C. togavirusam

D. paramyxovirus

E. Herpesvirus

2. The mechanism of transfer for rubella (3-hole.)

A. airborne

B. fecal-oral

C. Household contact-

D. gemokontaktny

E. transplacental

3. Entrance gate with rubella (2 holes).

A skin

B. upper respiratory tract

C. lower respiratory tract

D. embryo

E. gastro-intestinal tract

4. The rash of rubella appears (2 holes)

A. Stages of rash

B. simultaneously

C. on the first day of the disease

D. at 3-4 days of illness

E. on the 5th day of illness

5. For the typical form is characterized by a rash of rubella

A. Punctate

B. vesicular

B. melkopyatnistaya

G. hemorrhagic "stellate"

D. maculopapular

6. The rash of scarlet fever (2 holes).

A. Punctate

B. Background on the unmodified skin

C. melkopyatnistaya

D. Background to the hyperemic skin

E. maculopapular

7. List of the disease, which is necessary to differentiate rubella:

A. allergic rash

B. Measles

C. meningokoktsemiya

D. scarlet fever

E. all listed

8. In the hemogram with rubella are observed:

A. leukopenia, lymphocytosis, increased erythrocyte sedimentation rate

B. leukocytosis, lymphocytosis, ESR does not change or decreased

C. leukocytosis, neytrofillez, increased erythrocyte sedimentation rate

D. hemogram is not changed

E. leukopenia, plasma cells, lymphocytosis, increased erythrocyte sedimentation rate

9. In the treatment of rubella use (2 holes).

A. Antibiotics

B. antivirals

C. prednisolone

D. symptomatic agents

E. Multivitamins

10. Specific prevention of rubella is conducted by: (3 holes).

A vaccine "Priorix"

B vaccine «MMR-P"

C. DTP

D. spetsificheskm immunrglobulinom

E. vaccine "Rudivaks"

**Source Control**

**Option 2**

1. Which group of infections is rubella?

A. anthroponosis

B. a blood infection

C. anthropozoonosis

D. sapronoznoy infection

E, genital infections

2. Rubella can be (2 holes).

A. purchased

B vaccination

C. congenital

D. Measles

E. scarlatinal

3 Frequency of rubella

A year

B. one year

C. 3-5 years

D. periodicity is not observed

E. 15 years

4. The rash of rubella is primarily:

A skin extensor

B. on the skin flexor

C. on his face

D. to belly

E. on the scalp

5. The rash of rubella appears (2 holes)

A. Stages of rash

B. simultaneously

C. on the first day of the disease

D. at 3-4 days of illness

E. on the 5th day of illness

6. For the typical form is characterized by a rash of rubella

A. Punctate

B. vesicular

C. melkopyatnistaya

D. hemorrhagic "stellate"

E. maculopapular

7 For the pathognomonic symptom of rubella is characterized by:

A. Filatova

B. Belsky-spots, Koplik Filatova

C. Stimpson triad

D. Konchalovsky

E. an increase in neck lymph nodes and zadnesheynyh

8. For acquired rubella syndrome is characterized by: (3 holes).

A. exanthema

B. lymphadenopathy

C. catarrhal

D. hepatosplenomegaly

E. diarrheal

9. Immunity after rubella:

A congenital

B. post-vaccination

C. lifetime

D. Type-specific

E. antitoxic

10. The triad of congenital rubella with Greg includes: (3 holes).

A deaf

B. cataract

C. heart defects

D. CNS

E. liver damage

**Final control of**

**Option 1**

1. Which group of infections is rubella?

A. anthroponosis

B. a blood infection

C. anthropozoonosis

D. sapronoznoy infection

E, genital infections

2. Rubella can be (2 holes).

A. purchased

B vaccination

C. congenital

D. Measles

E. scarlatinal

3 Frequency of rubella

A year

B. one year

C. 3-5 years

D. periodicity is not observed

E. 15 years

4. The rash of rubella is primarily:

A skin extensor

B. on the skin flexor

C. on his face

D. to belly

E. on the scalp

5. The rash of rubella appears (2 holes)

A. Stages of rash

B. simultaneously

C. on the first day of the disease

D. at 3-4 days of illness

E. on the 5th day of illness

6. For the typical form is characterized by a rash of rubella

A. Punctate

B. vesicular

C. melkopyatnistaya

D. hemorrhagic "stellate"

E. maculopapular

7 For the pathognomonic symptom of rubella is characterized by:

A. Filatova

B. Belsky-spots, Koplik Filatova

C. Stimpson triad

D. Konchalovsky

E. an increase in neck lymph nodes and zadnesheynyh

8. For acquired rubella syndrome is characterized by: (3 holes).

A. exanthema

B. lymphadenopathy

C. catarrhal

D. hepatosplenomegaly

E. diarrheal

9. Immunity after rubella:

A congenital

B. post-vaccination

C. lifetime

D. Type-specific

E. antitoxic

10. The triad of congenital rubella with Greg includes: (3 holes).

A deaf

B. cataract

C. heart defects

D. CNS

E. liver damage

**Final control of**

**Option 2**

1. A child 3 years of low-grade fever, mild catarrhal conditions, the background of unchanged skin rash appeared melkopyatnistaya, located mainly on the extensor. Palpable occipital lymph nodes. Put diagnosis:

A. allergic rash

B. Measles

C. meningokoktsemiya

D. scarlet fever

E. rubella

2. The woman suffered rubella during pregnancy. What consequences might have given birth to a child-shegosya?

A deaf

B. cataracts

C. heart defects

D. CNS

E. all of the above

3. A child 4 years of ill rubella. What is the pathognomonic symptom to confirm this diagnosis?:

A. Filatova

B. Belsky-spots, Koplik Filatova

C. Stimpson triad

D. Konchalovsky

E. an increase in neck lymph nodes and zadnesheynyh

4. My mother first trimester of pregnancy. In the family of a child is ill rubella.

What is the tactic of a family doctor?

A fixed-term abortion

B. emergency abortion if the mother falls ill rubella

C does not have an abortion if the mother suffered from rubella before

D. urgently an active immunization against rubella

E. in the events does not require

5. A child 10 months of low-grade fever, health does not suffer, there are light-ka taralnye effects on the background of unchanged skin rash appeared melkopyatnistaya, located mainly on the extensor. Palpable occipital lymph nodes. Assign treatment: (2 holes).

A. Antibiotics

B. antivirals

C. vitamins

D. symptomatic agents

E. treatment does not require

6. .A child 5 years of hearth rubella. Contracted sharply with increasing temperature up to subfebril-GOVERNMENTAL figures, catarrhal symptoms, in the evening there was small-spotted rash. He suffers from allergies. Laboratory confirmation of the disease (3 holes).

A. In the KLA raise plasma cells

B. serological examination of blood

C. ELISA method

D. immunological analysis

E. PCR

7. A child 3 years of low-grade fever, mild catarrhal conditions, the background of unchanged skin rash appeared melkopyatnistaya, located mainly on the extensor. Palpable occipital lymph nodes.

Indicate the possible complications of this disease:

A. meningoencephalitis

B. Arthritis

C. thrombocytopenic purpura

D. pneumonia

E. otitis

8. A child 3 years of low-grade fever, mild catarrhal conditions, the background of unchanged skin rash appeared melkopyatnistaya, located mainly on the extensor. Palpable occipital lymph nodes.

For how long should isolate the child?

A. Insulation shall not be

B. to 5 days from the onset of the disease

C. East to the disappearance of the rash

D. cherez10 days

E. 22 days

9. Teenage girl from the source of rubella. Contracted sharply with increasing temperature up to subfebrile figures, catarrhal symptoms, in the evening there was small-spotted rash. Country makes allergies. The appearance of any symptoms will help in diagnosis?

A landmark distribution of the rash

B. an increase in neck lymph nodes and zadnesheynyh

C. appearance of flaking

D. enlargement of the liver

E. presence of plasma cells in the hemogram

10. In a pregnant woman, the child fell ill rubella. What is this disease is dangerous for her?

A. is not dangerous

B. teratogenic effect of the virus to the fetus

C. the development of severe disease

D. development of severe complications

E. if you hold her vaccinations, it is not dangerous

**Source control**

Option 1

1 – C 2 – ACE 3 – BD 4 – BC 5 – C 6 – BC 7 – E 8 – E 9 – BD 10 - AB

Option 2

1 – A 2 – AC 3 – C 4 – A 5 – BC 6 – C 7 – E 8 – ABC 9 – C 10 - ABC

**Final control**

Option 1

1 – ABC 2 – E 3 – B 4 – E 5 – A 6 – ABCD 7 – E 8 – BD 9 – C 10 - ABE

Option 2

1 – E 2 – E 3 – E 4 – BC 5 – BD 6 – ABCE 7 – ABC 8 – B 9 – BE 10 – B

**Theme № 14**

**Source Control**

**Option 1**

1 To which group is the causative agent of scarlet fever?

A virus

B. simplest

C fungi

D. cocci

E. sticks

2. The source of infection in scarlet fever

A patient is a streptococcal infection

B. sick with scarlet fever

C. Birds

D. Animals

E. Clamp

3. Entrance gate with scarlet fever (three holes).

A wound surface

B. Burn the surface of

C. airways

D. tonsils, pharynx

E. gastro-intestinal tract

4. Specify the language in scarlet fever (2 holes).

A coated

B. Geographic

C. Raspberry

D. funginozny

E. was not changed

5. What are the symptoms of scarlet fever is accompanied by? (3 holes).

A sore throat

B. Regional limfoadenit

C. catarrhal symptoms

D. Punctate rash

E. gepatolienalny syndrome

6. When scarlet fever rash on the nasolabial triangle

A missing

B. appears in a day of illness

C. appears on the 2nd day of illness

D. densely located

E. pigmented finishes

7. Peeling is observed at

A scarlet fever

B. rubella

C. EVI

D. varicella

E. varicella

8. When scarlet fever rash is the nature of

A. Punctate

B. maculopapular

C. roseolous

D. Small-spotted

E. Vesicular

9. Scarlet fever is characterized by the absence of zoonotic infections (2 holes).

A gastro-intestinal disorders

B. gepatolienalnogo syndrome

C. Joint lesions

D. intoxication

E. exanthema

10. In the treatment of septic scarlet fever form is used (3 holes).

A two antibiotics

B. Heparin

C. prednisolone

D. antitoxic serum

E. intravenous detoxification

**Source Control**

**Option 2**

1. Which group of infections include scarlet fever?

A. anthroponosis

B. a blood infection

C. anthropozoonosis

D. sapronoznoy infection

E, genital infections

2. The preferential seasonality of scarlet fever (2 holes).

A) Winter

B) Spring

C) summer

D) fall

E) all year round

3. Mechanisms of transmission of scarlet fever (2 holes).

A. airborne

B. fecal-oral

C. Household contact-

D. gemokontaktny

E. sexual

4. The rash of scarlet fever appears (3 holes)

A. 1-2 days of illness

B. simultaneously

C. stages

D. at 3-4 days of illness

E. Background to the hyperemic skin

5. Miliary rash occurs when:

A chicken pox

B. Measles

C. rubella

D. scarlet fever

E. EVI DS

6. Krupnoplastinchatoe scaling is observed when:

A measles

B. scarlatina

C. varicella

D. enterovirus infection

E. meningokoktsemii

7. The rash of scarlet fever (2 holes).

A. Punctate

B. Background on the unmodified skin

C. melkopyatnistaya

D. Background to the hyperemic skin

E. maculopapular

8. List of the disease, which is necessary to differentiate scarlet fever:

A. allergic rash

B. Measles

C. meningokoktsemiya

D. Rubella

E. all listed

9. To atypical forms of scarlet fever include: (3 holes).

A. ekstrabukkalnaya

B. hypertoxic

C. haemorrhagic

D. toxic

E. septic

10. In the treatment of toxic forms of scarlet fever are used (3 holes).

A. Penicillin

B. sulfonamides

C. prednisolone

D. antitoxic serum

E. intravenous detoxification

**Final control of**

**Option 1**

1. A child 5 years of ill sharply with increasing T, sore throat, by the end of the day throughout the body in the hyperon-remirovannom background skin rash appeared Punctate. What language is possible at this Zabo-Levani?

A thickened, teeth imprints

B. unremarkable

C. Dry, rough

D. Raspberry, papillary

E. cracked

2. The patient in the burns unit at the 4 day visit gave rise to 39 degrees T, las Punctate appearance of a rash on hyperemic background. No sore throat. Determine the form of the disease:

A. ekstrabukkalnaya

B. septic

C. toxic

D. hypertoxic

E. erased

3. A child 5 years of ill toxic form of scarlet fever. What is the symptom of scarlet fever, the severity of state of not determine:

A profuse rash

B. cramps

C. muted tones of the heart

D. BP reduction

E. increase in liver

4. A boy of 9 years. 3 days ago injured his leg while working in the country. Around the wound a thick rash on Punctate erythematous background, spread to the face, trunk, and limbs. Zev is clean. Your diagnosis:

A wound erysipelas

B. scarlet fever, a form of ekstrabukkalnaya

C. Wound tetanus

D. yersiniosis

5. The child is ill with scarlet fever, septic form. Specify the index of severity: (2 holes).

A phlegmonous adenitis

B. menigoentsefalichesky syndrome

B. an increase in liver

G. necrotic angina

D. simpatikoparez

6. The boy is sick with scarlet fever three years. Assign the most effective treatment for preperat:

A tetracycline

B. streptomycin

C. Lincomycin

D. Penicillin

E. amphotericin

7. A child 6 years of ill middle-severe scarlet fever. What are the indicators of haemogram?

A. leukopenia, lymphocytosis, increased erythrocyte sedimentation rate

B. leukocytosis, lymphocytosis, ESR does not change or decreased

C. leukocytosis, neytrofillez, increased erythrocyte sedimentation rate

D. hemogram is not changed

E. leukopenia, neytrofillez, increased erythrocyte sedimentation rate

8. A child 3 years of ill acutely with increasing T up to 40 degrees, convulsions, by the end of the day around those-rays on the skin appeared hyperemic background Punctate hemorrhagic rash with elementary components. On day 2 appeared necrotic angina.and phlegmonous adenitis. Place a diagnosis on classification:

A scarlet fever, a form of ekstrabukkalnaya

B. scarlet fever, a typical medium-severe

C. scarlet fever, severe toxic form of

D. scarlet fever, severe form of septic

E. scarlet fever, severe form of toxic-septic

9. A child 10 months. disease started acutely with high fever, cough, runny nose, ap-tion on the oral mucosa and eye blistering, ulcers, necrosis. The rash appeared on day 4 preferentially localized on the hands, feet, stages absent. A few hours later a rash developed on the site of various forms bubbles. The child suffers from allergies. Put a preliminary diagnosis:

A scarlet fever, a severe form of the typical

B. scarlet fever, a form of hypertoxic

C. Measles + herpes infection

D. Stevens-Johnson syndrome

E. Lyell's syndrome

10. The child suffered a severe form of scarlet fever, at what time it is subject to exclusion?

A. up to 5 days of rash,

B. 10 days after the onset of the disease

C. 10 days from start of rash

D. to 22 days from the onset of the disease

E. for 7 days

**Final control of**

**Option 2**

1. A child 5 years of ill sharply with increasing T, sore throat, by the end of the day throughout the body in the hyperon-remirovannom background skin rash appeared Punctate. What language is possible at this Zabo-Levani?

A thickened, teeth imprints

B. unremarkable

C. Dry, rough

D. Raspberry, papillary

E. cracked

2. A child 5 years of ill sharply with increasing T, sore throat, by the end of the day throughout the body in the hyperon-remirovannom background skin rash appeared Punctate. Suspected scarlet fever. What are the symp-toms will confirm the disease? (2 holes).

A sore throat

B. regionarny limfoadenit

C. gepatolienalny syndrome

D. diarrheal syndrome

E. Stages of rash

3. A boy of 9 years. 3 days ago injured his leg while working in the country. Around the wound a thick rash on Punctate erythematous background, spread to the face, trunk, and limbs. Zev is clean. Your diagnosis:

A wound erysipelas

B. scarlet fever, a form of atypical ekstrabukkalnaya

C. Wound tetanus

D. yersiniosis

E. rubella

4. Child 8 years old were treated with 3 days at the "scarlet fever", and on the 4th day of illness T 38,7 º, on the face, finiteness, the body is bright red maculopapular rash, skin background is not changed. Phenomena la kunarnoy angina.Increased to beans of all lymph nodes.Moderate gepatolienalny syndrome. Chair diluted. Preliminary diagnosis:

A scarlet fever, a severe form of

B. infectious mononucleosis

C. hepatitis B + symptom of Gianotti-Krost

D. yersiniosis

E. Rubella Salmonellosis +

5. The patient in the burns unit at the 4 day visit gave rise to 39 degrees T, las Punctate appearance of a rash on hyperemic background. No sore throat. Determine the form of the disease:

A. ekstrabukkalnaya

B. septic

C. toxic

D. hypertoxic

E. erased

6. The child is ill with scarlet fever. Specify the musculoskeletal diagnostic criteria for the diagnosis (3 holes).

A fever

B. catarrhal symptoms

C. meningoentsefalichesky syndrome

D. angina

E. exanthema

7. A child suspected scarlet fever. What symptoms will confirm this diagnosis?:

A. Filatov, a symptom

B. Belsky, Filatov, Koplik

C. Stimpson triad

D. Konchalovsky

E. Ortner

8. A child 2 years of suspected scarlet fever. The differential diagnosis is carried out with:

A.koryu

B.iersiniozom

C. an allergic rash.

D. rubella

E. with the above listed diseases

9 ..A child 5 years of ill toxic form of scarlet fever. What is the symptom of scarlet fever determines the severity of the condition is NOT:

A profuse rash

B. cramps

C. muted tones of the heart

D. BP reduction

E. increase in liver

10. In kindergarten cases of scarlet fever. Specify control measures (4 holes).

A. Isolation of patients in 10 days

B. Emergency delivery notices to the SES

C. Inspection of contact in 7 days

D. Quarantine on a group

E. quarantine on nursery

**Source control**

Option 1

1 – D 2 – AB 3 – ABD 4 – AC 5 – ABD 6 – A 7 – A 8 – A 9 – AB 10 - ABE

Option 2

1 – A 2 – AD 3 – AC 4 – ABE 5 – D 6 – B 7 – AD 8 – E 9 – ABC 10 - ACE

**Final control**

Option 1

1 – D 2 – A 3 – E 4 – B 5 – AD 6 – D 7 – C 8 – E 9 – D 10 - B

Option 2

1 – D 2 – AB 3 – B 4 – D 5 – A 6 – ADE 7 – A 8 – E 9 – E 10 – ABCD

**Subject number 15**

**Source control to engage in: disease, occurring with lymphadenopathy.**

**Option 1.**

1. Infectious mononucleosis is characterized by:

A generalized lymphadenopathy,

B. Fever,

C. tonsillitis,

D. Hepatosplenomegaly

E. All of the above

2.Vhodnye gates with infectious mononucleosis are:

A pharyngeal ring, gastro - intestinal tract,

B. Airway

C. Skin

D. Mucous eye

E. lymph nodes.

3. The main route of infection in infectious mononucleosis:

A. Contact,

B. fecal-oral,

C. Airborne,

D. the within,

E. All of the above.

4. Lymphadenopathy is typical for the following infections:

A. Leptospirosis,

B. Infectious mononucleosis

C. Listeriosis,

D. Leukemia,

E. All the above infections.

5. The causative agent of infectious mononucleosis is

A. Epstein - Bar,

B. Herpes simplex virus,

C. The virus cytomegalovirus infection

D. The virus herpes zoster,

E. Enteroviruses.

6.Inkubatsionny period for infectious mononucleosis:

A. 5 to 7 days

B. From 30 to 50 days

C. 1 to 3 days

D. 3 to 45sutok and more

E. 14 days.

7. For laboratory diagnosis of infectious mononucleosis

use the following methods:

A. The reaction of Hoff-Bauer

B. Paul Reaction-Bunnelya

C. Total blood

D. Bacteriological analysis of blood

E. Enzyme immunoassay

8. For infectious mononucleosis is characterized by:

A. Fever, gepatolienalny syndrome, sore throat, lymphadenopathy, atypical mononuclear cells in the blood,

B. Tonsillitis, diarrhea, fever, hepatitis,

C. Poliadenopatiya, nephritis, carditis, arthritis,

D. Rush, gepatolienalny syndrome, hepatitis, nephritis

E. lymphadenopathy, sore throat, liver failure

9. What changes in the hemogram nablyudayutsya with infectious mononucleosis

A. Leukopenia, lymphocytosis, atypical mononuclear cells,

B. Leukopenia, lymphocytosis, atypical mononuclear cells, increased erythrocyte sedimentation rate

C. leukocytosis, lymphocytosis, atypical mononuclear cells, increased erythrocyte sedimentation rate

D. leukocytosis, lymphocytosis, elevated or normal ESR

E. Lymphocytosis, elevated or normal ESR

10. The special features of lymphadenopathy in infectious mononucleosis include all of the above, except:

A. The most frequent lesion neck, and submandibular lymph nodes zadnesheynyh;

B. The symmetry of the enlarged lymph nodes;

C. Lymph nodes are dense to the touch and painless;

D. Mobility of the lymph nodes is preserved;

E. Lymph nodes are soldered to the subcutaneous tissue.

**Source control to engage in: disease, occurring with lymphadenopathy.**

**Option 2.**

1. Infectious mononucleosis is caused by:

A. Bacteria,

B viruses,

C. The simplest,

D. herpesvirus,

E. Mushrooms.

2. Epstein-Barr virus causes:

A. Infectious mononucleosis,

B. Gerpevirusnuyu infection

C. Viral Hepatitis,

D. cytomegalovirus infection.

E. Listeriosis.

3. The source of infection for iinfektsionnom mononucleosis are:

A person

B. Wild animals,

C. Bird,

D. Insects

E. Rodents.

4. Gateway in infectious mononucleosis:

A pharyngeal ring, gastrointestinal tract,

B. The skin, mucous oropharynx,

C. nasopharynx, skin, mucous eyes,

D. Upper respiratory tract,

E. The skin, upper respiratory tract.

5. Clinical manifestations of infectious mononucleosis:

A. Hepatitis, diarrhea, anemia

B. Fever, lymphadenopathy, hepatosplenomegaly, tonsillitis,

C. Reduction of blood pressure, diarrhea mixed with blood

D. necrotizing tonsillitis, "raspberry" tongue, flushing of the neck, palms

E. Enteritis, colitis, nephritis.

6. The special features of lymphadenopathy in infectious mononucleosis include all re-numerical, except for:

A. The most frequent lesion neck, and submandibular lymph nodes zadnesheynyh;

B. The symmetry of the enlarged lymph nodes;

C. Lymph nodes are dense to the touch and painless;

D. Mobility of the lymph nodes is preserved;

E. Lymph nodes are soldered to the subcutaneous tissue.

7. To treat a severe form of mononucleosis include:

A. Antibacterial, symptomatic therapy, dehydration therapy;

B. hyposensitizing and glucocorticosteroid medications;

C. dehydration therapy;

D. Glucocorticosteroids and dehydration therapy;

E. Vitamin, Diet

8. What changes in the hemogram be observed in the initial period for infectious mononucleosis-rated?

A leukocytosis, lymphocytosis, monocytosis, atypical mononuclear cells, accelerated ESR

B. Leukopenia, lymphocytosis, monocytosis, trobopeniya,

C. Leukopenia, lymphocytosis, monocytosis, atypical mononuclear cells.

D. Lykotsitoz, lymphocytosis, normal erythrocyte sedimentation rate,

E. lymphocytosis, elevated or normal ESR.

9. When the disease is infectious mononucleosis is necessary to study

blood for antibodies to HIV:

A. In the acute phase of illness

B. In the acute phase and during rekonvalistsentsii

C. All study blood for antibodies to HIV

D. After 3 and 6 months after illness

E. During the period rekonvalistsentsii

10. The diagnosis of mononucleosis iinfektsionny is made by:

A. Clinical Data

B. Epidemiological history,

C.Izmeneniya in the peripheral blood picture, atypical mononuclear cells,

D. A positive agglutination, ELISA method.

E.Vsego listed.

**Reference. Source control**

1 option

1 – E 2 – A 3 – A 4 – E 5 – A 6 – B 7 – B 8 – A 9 – C 10 - E

2 option

1 – D 2 – A 3 – A 4 – B 5 – E 6 – A 7 – A 8 – A 9 – D 10 – E

**The final control to engage in: disease, occurring with lymphadenopathy.**

**Option 1.**

1. Infectious mononucleosis is:

A. Filatov's disease,

B. monocytic angina,

C.Idiopaticheskaya limfoblastoz yellow,

D.Ostry limfoblastoz benign,

E.Vse above listed diseases.

2. Iinfektsionny mononucleosis must be differentiated:

A.Tsitomegalovirusnaya infection

B. pseudotuberculosis

C. Viral Hepatitis

D. Leukemia

E. All of the above diseases

3. The main symptoms of mononucleosis are at iinfektsionnom:

A. Fever, hepatomegaly, poliadeniya, lesions in the oropharynx, atypical mononuclear cells.

B. myalgia and anorexia, conjunctivitis, gepatoslenomegaliya,

C. stomatitis, conjunctivitis, poliadeniya, the defeat of the oropharynx.

D.Gepatoslenomegaliya, poliadeniya, the defeat of the oropharynx.

E.Uvelicheniya liver and spleen, sore throat, difficulty in nasal breathing

4. By the nature of the source of infection iinfektsionny mononucleosis belongs to:

A. anthroponotic infections

B. Zooantroponoznym infections

C. zoonotic infections

D. Protozooznym infections

E. Sapronoznym infections.

5.Istochnikom infection in iinfektsionnom mononucleosis are:

A Man

B. Wild animals

C. Bird

D. Insects

E. Rodents.

6. The incubation period for mononucleosis iinfektsionnom:

A. 5 to 7 days,

B. 3 to 45 days or more,

C. 1 to 3 days

D. 2 to 12 days

E. Ot15 days to 2 months.

7. Early symptoms of mononucleosis iinfektsionnom:

A. Fever, neck limfoadenit, sore throat, difficulty in nasal breathing

B. myalgia and anorexia, conjunctivitis, gepatoslenomegaliya,

C. stomatitis, conjunctivitis, gepatoslenomegaliya, poliadeniya

D.Gepatoslenomegaliya, poliadeniya, the defeat of the oropharynx.

E.Uvelicheniya liver and spleen, sore throat, difficulty in nasal breathing

8. The diagnosis of mononucleosis iinfektsionny is made by:

A medical history, clinics, blood - the atypical mononuclear cells, ELISA - method.

B. Epidemiological history, clinic, ELISA - method.

C. Changes in the peripheral blood picture, atypical mononuclear cells,

D. A positive agglutination, ELISA method.

E. All the above items

9. Gateway in infectious mononucleosis:

A. The skin, mucous oropharynx,

B. Mucous oropharynx, nasopharynx, gastrointestinal tract,

C. nasopharynx, skin, upper respiratory tract,

D. Upper respiratory tract,

E.Verhnie respiratory tract, skin.

10. The prognosis of infectious mononukleozea:

A. Vyzdoroalenie 50% of cases,

B. Weather is not favorable,

C. Forecast favorable vyzdoroalenie 80% for 2-3 weeks

D. Improvement in the condition

E. Vyzdoroalenie 70% of cases.

**The final control to engage in: disease, occurring with lymphadenopathy.**

**Option 2.**

1. The causative agent of infectious mononucleosis are:

A. Epstein - Bar,

B. Herpes simplex virus,

C. The virus cytomegalovirus,

D. The virus herpes zoster,

E. Enteroviruses.

2. Clinical manifestations in iinfektsionnom mononucleosis:

A. Fever, sore throat, gepatoslenomegaliya, poliadeniya, nasal congestion,

B. lymphadenopathy, sore throat, hepatitis, myocarditis,

C. Angina, conjunctivitis, aphthae, ulceration,

D. Rash, sore throat, meningitis, limfoadenit,

E. Conjunctivitis, aphthae, ulceration, limfoadenit, gastroenteritis.

3. In general blood tests for mononucleosis iinfektsionnom:

A. Leukopenia, eozinofeliya

B. Accelerated erythrocyte sedimentation rate, increased number of neutrophils

C. rooted ESR, leukocytosis, eosinophilia

D. Leukocytosis, atypical mononuclear cells, accelerated ESR

E. leukocytosis, lymphocytosis, monocytosis, atypical mononuclear cells, accelerated ESR

4. For the characteristic lesion of infectious mononucleosis:

A. oropharynx, lymph nodes, liver, spleen, changes in blood picture,

B. Skin, gastrointestinal tract, lymph nodes

C. Cardiovascular System, kidney,

D. Musculoskeletal system, liver, kidney,

E. lymph nodes, skin, spleen, changes in blood counts.

5. When iinfektsionnom mononucleosis conducted following treatment:

A. Antiviral, desensibiliruyuschaya,

B. Antibiotic therapy immunokoregiruyuschaya,

C. Antifungal therapy, antiviral,

D. Vitamin, antibiotic therapy,

E. antihistamine therapy, antiviral.

6. Incubation period for mononucleosis iinfektsionnom:

A.Ot 2 to 12 days

B. From 7 to 14 days

C. 1 to 3 days

D. 3 to 45 days or more

E. 15 to 60 days

7. The diagnosis of infectious mononucleosis is made by:

A case history, epidemic anamnesis, clinical picture, the KLA, ELISA,

B. Medical history, clinical, and PCR

C Clinic, serological

D. Clinics, KLA PCR epidemic anamnesis, clinical

E. ELISA KLA. epidemic anamnesis, clinical

8. Lymphadenopathy is defined by:

A dysentery,

B. Flu,

C. rotavirus,

D. infectious mononucleosis,

E. For all the above mentioned diseases.

9. Complications of infectious mononucleosis:

A. Massive liver necrosis,

B. Pancreatitis, myocarditis, pericarditis,

C. myocarditis, peritonzility, masteidity,

D. Sinusitis, inflammation of the lymph nodes,

E. All of the above diseases.

10. The prognosis of infectious mononukleozea:

A. Improvement in the condition

B. Weather is not favorable, vyzdoroalenie 80% for 2-3 weeks

C. forecast favorable

D. Vyzdoroalenie 50% of cases,

E. Vyzdoroalenie 70% of cases.

**Reference. The final control to engage in: disease, occurring with lymphadenopathy.**

1 option

1 – E 2 – E 3 – A 4 – A 5 – A 6 – B 7 – A 8 – A 9 – B 10 - C

2 option

1 – A 2 – A 3 – E 4 – A 5 – B 6 – B 7 – A 8 – D 9 – E 10 - B

**СONTROLLING AND MEASURING FACILITIES OF STUDENT’S INDEPENDENT WORK UNDER TUTOR’S SUPERVISION**

**LESSON 1**

**1.1.Tema 1. Credit 1:** Assessment of general danger signs.

**source control**

**option 1**

1. On IMCI program we can consider the following problems in a child under 5 years (3 responses):

A) Lymphadenopathy

B) Pain in throat

C) Problems with the ears

D) Diarrhea

E) icteric syndrome

2. Child 1 year goes to the hospital in serious condition. IMCI presence of any general danger signs, we check it? (4 responses):

A) Cyanosis - yes or no

B) Does drinking or suckling

C) Have the cramps

D) Letargichen or unconscious

E) Is there any vomiting after eating or drinking

3. Which of the following states the child is an indication for hospitalization

A white coating in the throat

B. Increasing the cervical lymph nodes

C. Can not drink

D. Poor appetite

E. painful irritability

4.Kakoy of these signs is the basis for an urgent return of the pain-tion to a medical facility?

1. loss of appetite

2. morbid irritability

3. low-grade fever

4. convulsions

5. cough

5.Rebenok sick for 6 days. Letargichen. Sunken eyes. Stool thin, watery, mucus, no blood. Drinks with avidity. Skinfold crushes slowly Please sign of danger:

1. Sunken eyes.

2. Diarrhea.

3. Skinfold crushes slowly.

4. Drinks with avidity.

5. Letargichen.

6.Rebenok with the classification of "very severe febrile disease" needs to be a destination:

1. Aspirin at home.

2. Emergency hospitalization, paracetamol.

3. Treated in the clinic.

4. Give paracetamol, followed by visit in 2 days.

5. Treatment with oral antibiotics at home.

7.K danger signs are:

1. Vomiting after any food, drink.

2. Diarrhea.

3. Cough.

4. Low.

5. Rash.

8.Priznak risk for SARS:

1. indrawing of the chest during inspiration

2. dry cough

3. temperature of 38 grams

4. diarrhea

5. sore throat when swallowing

9. Which of the following problems are considered in children under 5 years of IMCI:

A) Diarrhea

B) cough and shortness of breath

C) The rash

D) Arthralgia, myalgia

E) Pain in the throat

10. In IMCI we can consider the following problems in a child under 5 years (3 responses):

A) Lymphadenopathy

B) Pain in throat

C) Problems with the ears

D) Diarrhea

E) icteric syndrome

**source control**

**Option 2**

1.Po IMCI program we can consider the following problems in a child under 5 years old (2 answers):

A) Lymphadenopathy

B), asthenia

B) Problems with the ears

D) Diarrhea

D) Gepatosplanomegaliya

Two. Child 1 year goes to the hospital in serious condition. IMCI presence of any general danger signs, we check it? (3 replies):

A) Cyanosis - yes or no

B) Does drinking or suckling

B) Consciousness - yes or no

D) Letargichen or unconscious

D) Is there any vomiting after eating or drinking

Three. Which of the following states the child is an indication for hospitalization

A.Uchaschennoe breath

B. Increasing the cervical lymph nodes

VA. Can not drink

G. loose stools

D. Painful irritability

4.Kakoy of these signs is the basis for an urgent return of the pain-tion to a medical facility?

A poor appetite

B morbid irritability

B. Temperature

G. cramps

D. Cough

5.Rebenok sick for 6 days. Letargichen. Sunken eyes. Stool thin, watery, mucus, no blood. Drinks with avidity. Skinfold crushes slowly Please sign of danger:

A sunken eyes.

BI. Diarrhea.

B. Skin fold crushes slowly.

Mr. Drinks with avidity.

D. Letargichen.

6.Rebenok with the classification of "very severe febrile disease" needs to be a destination:

A. Aspirin at home.

B. Emergency hospitalization, paracetamol.

B. Treat the clinic.

G. Give acetaminophen with subsequent visit after 2 days.

D.Lechenie oral antibiotics at home.

7.K danger signs are:

A. Vomiting after any food, drink.

B.Silnaya diarrhea.

B. Cough.

G.povtornaya vomiting.

D. Seizures in history

8.Priznak risk for SARS:

A retraction of the chest during inspiration

B.suhoy cough

B. temperature of 38 grams

G.diareya

D. pain in the throat when swallowing

9. Which of the following problems are considered in children under 5 years of IMCI Programme: (3 holes)

A) Diarrhea

B) cough and shortness of breath

B) The rash

D) Arthralgia, myalgia

A) Pain in the throat

10. In IMCI we can consider the following problems in a child under 5 years (3 responses):

A) Lymphadenopathy

B) Pain in throat

B) Problems with the ears

D) Diarrhea

D) icteric syndrome

**Final control of**

**Option 2**

1.Perechislite signs of danger, always determined at the outpatient reception at each of the first child from 2mes up to 5 years:

And not to drink or breastfeed, frequent vomiting, convulsions during this illness, letargichen or unconscious

B is not able to drink or breastfeed, fever, vomiting, cramps

As can drink or breastfeed, fever, vomiting, letargichen

G Cramps in the history of frequent vomiting, convulsions during this illness, letargichen or unconscious

• Do not to drink or breastfeed, vomiting after every meal or drink, convulsions during this illness, letargichen or unconscious

Two. Child 1 year goes to the hospital in serious condition. IMCI presence of any general danger signs, we check it? (3 replies):

A) Cyanosis - yes or no

B) Does drinking or suckling

B) Appetite - yes or no

D) Letargichen or unconscious

D) Is there any vomiting after eating or drinking

Three. Which of the following states the child is an indication for hospitalization

A.Uchaschennoe breath

B. Increasing the cervical lymph nodes

VA. Letargichen

G. loose stools

D. Painful irritability

4.Kakoy of these signs is the basis for an urgent return of the pain-tion to a medical facility?

A poor appetite

B morbid irritability

B. Temperature

G. seizures 1 month ago

D. refused to drink water and take the breast

5.Rebenok sick for 6 days. Lethargic, sunken eyes. Stool thin, watery, mucus, no blood. Drinks with avidity, but tears. Skinfold crushes slowly Please sign of danger: Once every meal is also vomiting.

A sunken eyes.

BI. Severe dehydration

B. Skin fold crushes slowly.

G. vomiting after every meal or drink

D. Letargichen.

6.Rebenok, which found at least one danger sign needs to be a destination:

A causal therapy.

B. Emergency hospitalization

B. Treat the clinic.

G. Treat day care

D.Lechenie parenteral antibiotics at home.

7.K danger signs are:

A. anacatharsis

B.Silnaya diarrhea.

B. Not able to drink or breastfeed

G. Repeated vomiting.

D. Seizures in history

8.Priznak risk for SARS:

A retraction of the chest during inspiration

B.suhoy cough

B. temperature of 39 grams

G.diareya

D. pain in the throat when swallowing

9. Which of the following problems are considered in children under 5 years of IMCI Programme: (3 holes)

A) Hepatitis

B) cough and shortness of breath

B) The rash

D) Arthralgia, myalgia

D) the state immunization

10. In IMCI we can consider the following problems in a child under 5 years (3 responses):

A) Lymphadenopathy

B) Eating disorders

B) Problems with the ears

D) Diarrhea

D) icteric syndrome

**1.Tema 2. Credit 1. Emergency care for wheeze.**

**Source Control**

**Subject: Emergency care for wheeze**

**Option 1**

1.How most characteristic symptom of whooping cough in children 1 month of age:

A cough with reprises

B. Apnea

V. cough with vomiting

G. shortness of mixed character

J. Hyperthermia

Two. At what viral infections do not develop symptoms of croup:

A. parainfluenza

B. adenoviral

B. enterovirus

G. Measles

D. Flu

Three. The severity of pertussis is defined by (4 responses):

A. at the height of the convulsive period

B. the number of reprises and apnea

B. the number of cough and their duration

G. to increase liver

AD by age of child

4. The main causes of hemodynamic disturbances in the CNS in whooping cough (4 responses):

A violation of the respiratory rhythm, changes in the lungs.

B. blood clotting.

B. violation of the permeability of the vascular wall.

D. increase in blood pressure due to vasospasm.

D. venous congestion, worse when coughing.

5.What product you want to assign a child a year with a diagnosis of whooping cough is a typical, catarrhal period:

A. tusupreks

B. bromhexine

B. ampicillin

G. inhalation with soda

D. Pavlov medicine

6. In respiratory syncytial infection is a typical manifestation:

A. Bronchitis

B. rhinitis

B. nasopharyngitis

G. keratokonyunktivit

D. bronchiolitis

7. What a breath quickened for a child is 10 months. The IMCI (3 replies):

50 A.

B.61

48 V.

36 G.

D. 54

8. What is your breath quickened for a child 2 years of BDV IV (3 replies):

45 A.

B. 36

39 V.

53 G.

D. 40

9. What is your breath quickened for a child 4.5 years of BDV IV (2 answers):

43 A.

B. 38

35 V.

40 G.

D. 32

10. What a breath quickened for a child is 6 months. The BPI BDV (4 responses):

67 A.

B.45

54 V.

59 G.

D. 50

**Source control. Option 2**

**Subject: Urgent help with wheeze**

A. To confirm the diagnosis of "Whooping cough" is necessary to:

A chest X-ray

B. laryngoscopy

B. virological study

G. bacteriological examination of mucus from the nose and throat

D. sputum microscopy

Two. For croup syndrome is characterized by:

A "barking cough" hoarseness

B., and patchy infiltrative shadows in the lung

V. slight cough

G. hyperemia and granularity of the posterior pharyngeal wall

D. fine moist rales in the lungs

Three. The predominance of catarrhal symptoms of intoxication, typical:

A rhinovirus infection

B. adenoviral

Influenza B.

Respiratory syncytial G.

D. parainfluenza

4. Tropism of respiratory syncytial virus is primarily to:

A laryngeal

B. tracheal

B. bronchioles

G. pharynx

D. alveoli

Five. As an anti-epidemic measures for SARS should be:

A. to carry out frequent airing

B. wet cleaning with dez.rastvorami

B. kvartsevanie classrooms, offices

G. Children, teachers-leukocyte interferon in the nose

D. all of the measures

6.How data allow us to think of whooping cough in the first place?

A long-term contact with coughing patients

B. normal temperature

B. increased frequency of cough

G. cyanosis after coughing person

D. all of the data

7. What a breath quickened for a child is 9 months. The BPI BDV (3 replies):

A) 50

B) 61

B) 48

D) 36

D) 54

Eight. What a breath quickened for a child is 3 years for IV BDV (3 replies):

A) 45

B) 36

B) 39

D) 53

D) 40

9. What a breath quickened for a child is 4 - years of BDV IV (2 answers):

A) 43

B) 38

B) 35

D) 40

D) 32

10. What a breath quickened for a child is 5 months. The BPI BDV (4 responses):

A) 67

B) 45

B) 54

D) 59

D) 50

**Final control of**

**Subject: Urgent help with wheeze**

1.Rebenok 2 years ill a few days, the temperature, rare cough, rhinitis. The evening was getting worse restless, hoarse voice, cough frequent, "barking." Breathing noisy, breathing can be heard in the distance. Cyanosis nasolabial triangle, accommodating places retraction of the chest on inspiration. Pulse 160 beats / min Which diagnosis is most likely?

A. Asthma

B. Bronchitis

B. Pneumonia

G. Foreign body

D. SARS. Croup syndrome, III degree

2.Rebenok 1.5 months., Full-term, sick for 2 weeks. Diagnosed with whooping cough, severe, spasmodic period of apnea. Your tactics are:

A. Hospitalization in Children siatsionar

B. Admission to the emergency room and giving humidified oxygen.

B. Hospitalization in the ICU, and Children's Hospital transfer to mechanical ventilation when indicated.

G. Hospitalization in Children Hospital ICU

D. Leave the home under the supervision of the district pediatrician

Three. A child 11 months, brings the flu. On the 6th day the temperature to 39 degrees, anxiety, worse mood, repeated vomiting, then seizures, loss of consciousness. In the hemogram Copen-ley, lymphocytosis, increased erythrocyte sedimentation rate. In likvorogramme cells 120 cells 100%.

Put the most likely diagnosis:

A. Influenza, neurotoxicosis

B. Influenza complicated by meningoencephalitis

B. Influenza + hypertension-hydrocephalic syndrome

H. influenza, complicated by meningitis

D. Influenza complicated by encephalitis

4.Rebenok 6 months., Sick day 2. Acutely ill: the temperature of 37,8 C, runny nose, cough, 2 gb paroxysmal cough has appeared expiratory dyspnea - 54 alone box sound, breathing hard, wet and dry weight of different-sized rales.

Your diagnosis:

A. Pneumonia

B. Mycoplasma infection

V. Acute Bronchitis

G. Acute obstructive bronchitis

D. PC-infection, acute bronchiolitis.

5.Rebenok 1god1mes., Suddenly fell ill during the night. There were hoarse voice, coarse "barking" ka-cough, inspiratory dyspnea with perioral cyanosis, retraction yielding seats of the chest alone. Your tactics are:

AA Alkaline drinking, inhalation minutes. water, leave the house.

B. Direct laryngoscopy followed by intubation in the ICU unit

B. Prednisolone / m and urgent hospitalization in a hospital.

G. Villa aerosol bronchodilator at home

6.Rebenok 3 years became ill 18 days ago. Suspected whooping cough. Been exposed to whooping cough patients in the family. What are the indicators of blood speak in favor of pertussis? (3 holes).

A normal ESR

B. Leukocytosis

B. Lymphocytosis

Leukopenia G.

D. Eosinophilia

7. A child 2 years noyayu came barking cough, hoarseness, shortness of breath with long. What is the most likely diagnosis?

A. acute pneumonia

B. Acute Bronchitis

B. Asthma

G. SARS, croup syndrome

D. acute tonsillitis

Eight. Which of these activities clamp right thing to do with the croup syndrome, 1-2 tbsp. in-home child is 4 years old (4 replies) ::

A. Prednisolone

B. Drink plenty of warm

V. Alkaline steam inhalation

G. mucolytic agents

D. salbutamol

9. Which of the following EVENTS AT THE RIGHT obstructive bronchitis in NOM 1 YEAR OF THE CHILD (4 replies):

A. antihistamines

B. mucolytic agents

W. Banks

G. drainage massage

Humidified oxygen D.

10. A child 10 months. There is a wheeze. Temperature 37.8. BH -58. Which category of IV BDV selected:

A. Pneumonia. Wheeze.

B. Pneumonia not. Wheeze.

B. Severe pneumonia.

G. Asthma.

D. Pneumonia is not heavy.

**Lesson 3.**

**Source Control on the topic:**

**The differential diagnosis of diseases with impaired respiration.**

**Option number 1**

1. What a breath quickened for a child is 4 months. The BPI BDV (3 replies):

A) 50

B) 61

C) 48

D) 36

E) 54

2. What a breath quickened for a child is 3 years for IV BDV (3 replies):

A) 45

B) 36

C) 39

D) 53

E) 40

3. What is your breath quickened for a child 5 years of BDV IV (2 answers):

A) 43

B) 38

C) 35

D) 40

E) 32

4. What a breath quickened for a child is 8 months. The BPI BDV (4 responses):

A) 67

B) 45

C) 54

D) 59

E) 50

5. Which drug is administered to children with the category of "pneumonia"

A. Azithromycin

B. Gentamicin

C. Amoxiclav

D. Amoxicillin, G.

E. Sumamed

6. Shortness of breath per minute in children aged 12 months to 5 years is:

A. 30 or more

B. 40 or more

C. 50 or more

D. 60 or more

E. 45 or more

7. Indrawing of the lower rib cage during inspiration - is the next category:

A. Severe pneumonia or very severe disease

B. Pneumonia

C. Pneumonia not. Cough or cold

D. Severe Pneumonia

8. A child 6 months., Sick day 2. Acutely ill: the temperature of 37,8 C, runny nose, cough, 4 gb cough more frequent, there was rapid breathing-58 alone, weakened breathing, wheezing krepitiruyuschie-yuschie. What kind of category IV pneumonia BDV have to think. Your diagnosis:

A. Pneumonia

B. No pneumonia: cough or cold

C. Severe pneumonia or very severe disease

D. Severe Pneumonia

9. The child 3.5 years of a history of atopic dermatitis. Ill with colds, there was a wheeze. What is the treatment to be assigned, if after evaluation of state of the selected category of "pneumonia"?

A. antibacterial

B. Salbutamol aerosol

C. Facilitate the cough with a safe means of

D. Delete the home steam inhalation

E. All of the above

10. Girl 3 years old comes to the emergency room with shortness of breath, coughing. The physician should assess for IV BDV:

A) How long does a cough or difficulty breathing

B) Rapid breathing

C) compromise of the lower chest

D) Stridor at rest, wheeze

E) All of the above

**Standards for the primary control on the topic:**

**Pneumonia in children.**

**Option number 1**

1ABE

2ADE

3AD

4ACDE

5D

6B

7D

8A

9E

10E

**Source Control on the topic:**

**The differential diagnosis of diseases with impaired respiration.**

**Option number 2**

1. What a breath quickened for a child is 10 months. The BPI BDV (3 replies):

A) 50

B) 61

C) 48

D) 36

E) 54

2. What is your breath quickened for a child 4 years of BDV IV (3 replies):

A) 45

B) 36

C) 39

D) 53

E) 40

3. What is your breath quickened for a child 3.5 years of BDV IV (2 answers):

A) 43

B) 38

C) 35

D) 40

E) 32

4. What a breath quickened for a child is 4 months. The BPI BDV (4 responses):

A) 67

B) 45

C) 54

D) 59

E) 50

5. A child 6 months. noted a cough, fever to 38.3, shortness of breath - 70 in 1 minute, marked tachycardia, indrawing of the lower rib cage, acrocyanosis: can not drink. What kind of category IV pneumonia BDV to think?

A.Ochen severe pneumonia or very severe disease

B. Severe pneumonia

C. Pneumonia

D. No pneumonia: cough or cold

6. The child first year of life is marked indrawing of the chest. What kind of category IV BDV to think?:

A. No pneumonia: cough or cold

B. Pneumonia

C. Severe pneumonia or very severe disease

D. Severe Pneumonia

7. The child is 2 years. Following the assessment identified - rapid breathing and indrawing of the lower rib cage during inspiration.

Your actions:

A. appoint amoxicillin and treated at home.

B. Emergency hospitalization.

C. Observe 6 hours, then re-evaluate.

D. Give the first dose of appropriate antibiotics and hospitalization.

E. Mitigate the throat and to cough with a safe means and hospitalized

8. A child 6 months., Sick day 2. Acutely ill: the temperature of 37,8 C, runny nose, cough, 4 gb cough more frequent, there was rapid breathing-58 alone, weakened breathing, wheezing krepitiruyuschie-yuschie. What kind of category IV pneumonia BDV have to think. Your diagnosis:

A. Pneumonia

B. No pneumonia: cough or cold

C. Severe pneumonia or very severe disease

D. Severe Pneumonia

9. 4 years old boy goes to the hospital: a t 37,6 C, runny nose and cough. Auscultatory hard breathing and wheezing. What kind of pneumonia on the program category IV BDV have to think

A. No pneumonia: cough or cold

B. Pneumonia

C. Severe pneumonia or very severe disease

D. Severe Pneumonia

10. What is your breath quickened for a child 5 years of BDV IV (2 answers):

A) 43

B) 38

C) 35

D) 40

E) 32

**Standards of responses to the primary control on the topic:**

**The differential diagnosis of diseases with impaired respiration.**

**Option number 2**

1ABE

2ADE

3AD

4ACDE

5A

6D

7D

8A

9A

10AD

**The final control on the topic:**

**The differential diagnosis of diseases with impaired respiration.**

Task 1. A child 10 months. observed severe acute respiratory distress - syndrome, speeded-ing breath, increased body temperature to 39.7 C, the bottom of the retraction of the chest, cyanosis - is:

A. No pneumonia: cough or cold

B. Pneumonia

C. Severe pneumonia or very severe disease

D. Severe Pneumonia

E. Tracheobronchitis

Task 2.

Shortness of breath per minute in children aged 12 months to 5 years is:

A. 30 or more

B. 40 or more

C. 50 or more

D. 60 or more

E. 45 or more

Task 3. Indrawing of the lower rib cage during inspiration - is the next category:

A. Severe pneumonia or very severe disease

B. Pneumonia

C. Pneumonia not. Cough or cold

D. Severe Pneumonia

Task 4. The child is 2 years. Following the assessment identified - rapid breathing and indrawing of the lower rib cage during inspiration.

Your actions:

A. appoint amoxicillin and treated at home.

B. Emergency hospitalization.

C. Observe 6 hours, then re-evaluate.

D. Give the first dose of appropriate antibiotics and hospitalization.

E. Mitigate the throat and to cough with a safe means and hospitalized

Task 5. . A child 10 months. temperature is 37.8. BH -58. Which category of IV BDV selected:

A. Pneumonia.

B. No Pneumonia: Cough or cold

C. Severe pneumonia.

D. Very severe pneumonia

Task 6. The child enters the hospital: a t 38,0 C, conjunctivitis, runny nose and cough. Auscultatory hard breathing and wheezing. What sign is necessary to consider the problem of "cough and shortness of breath" (Program IV BDV):

A. Rhinitis

B. Fever

C. Cough

D. conjunctivitis

E. The hard breathing

Task 7. Girl 3 years old comes to the emergency room with shortness of breath, coughing.

The physician should assess for signs of IV BDV all except:

A. How long does a cough or difficulty breathing

B. Rapid breathing

C. indrawing of the lower rib cage

D. Stridor at rest, wheeze

E. Moist, productive cough

Task 8. The girl goes to hospital with t 37,8 C, conjunctivitis, runny nose and cough. Auscultatory hard breathing and wheezing. What sign is necessary to consider the problem of "cough and shortness of breath" (Program IV BDV):

A. Rhinitis

B. Fever

C. Cough

D. conjunctivitis

E. The hard breathing

Task 9. Girl 2.5 months. coughing for 3 days. Low-grade temperature. Auskulta-tively dry rales are heard. Breathing is not speeded up. Which of the following disease-vany most likely?

A. Pneumonia.

B. No Pneumonia: Cough or cold

C. Severe pneumonia.

D. Very severe pneumonia

Task 10. Three year old child in two weeks bothered cough, temperature subfeb-sterile, rhinitis, there is shortness of breath - 47 in 1 minute, indrawing of the lower rib cage. Which of the following diseases is most likely in this case:

A. Pneumonia.

B. No Pneumonia: Cough or cold

C. Severe pneumonia.

D. Very severe pneumonia

**Standards of responses to the final control:**

**The differential diagnosis of diseases with impaired respiration.**

1C

2B

3D

4D

5A

6E

7E

8C

9B

10C

**Lesson 6**

**1.Tema 6**.**Differentsialny diagnosis of diseases with invasive diarrhea (shigellosis)**

**Tests on the source control: shigellosis.**

**I-Option**

1. The predominant mode of transmission of Shigella flexneri:

A. Your contact and household

B. Food

V.Transplantsentarny

G. Airborne

D. Transmissible

2. List the symptoms of distal colitis (3):

A spasm of pain, and Sigma

B. The pain around the abdomen

V. Liquid watery stools

G. Lean chair with blood

D. Tenesmus

3. Hemogram in shigellosis:

A. Leukopenia, lymphocytosis, elevated erythrocyte sedimentation rate

B. Leukocytosis with neutrophilia, elevated erythrocyte sedimentation rate

V. Leukocytosis with lymphocytosis, elevated erythrocyte sedimentation rate

G. Limfomonotsitoz, atypical mononuclear cells

D. Anemia, thrombocytopenia, leucopenia

4.Vypadenie rectal mucosa more often the case with:

A. Salmonellosis

B. Shigellosis

V. Cholera

G.Rotavirus gastroenteritis G.

D. EVI DS

5. Which antibiotic is prescribed for the treatment of shigellosis in children:

A. Penicillin

B. Kanamycin

V. Ftorhinalon

G. Summamed

D. The antibiotic is not assigned

6. The method of rapid diagnosis of shigellosis:

A bacteriological

B. Serological

V. scatological

G. Rektoromanoskopichesky

D.Fluorestsentny

7. The most common shigella sick children:

A. Up to 6 months

B. 1-2 years

V. 2-7 years

G.8-14

D. 6-12 months

8. There are Shigella toxin:

A. Grigoriev-Shiga

B. Flexner

V. Zone B.

G. Schmitz, Fittings

D. from Newcastle

9. Deleted forms characteristic of shigellosis (2 answers):

A.Neprodolzhitelnaya intoxication

B. Lack of toxicity

V. a liquid stool, mucus 2-3 days

G. Chair in the form of rectal spit 1-2 times a day

D. Spasm of the sigmoid colon D.

10. The center of shigellosis in the case of hospitalization observed:

A. 7 days

B. 3 days

V. 21 days

G. 24 G.

D. There has been no

**Tests on the source control: shigellosis.**

**Option II-**

1. Shigella are:

A. Simbioidnoy flora

B. Optional flora

V. pathogens

G. The normal flora

D. Conditionally pathogenic flora

2. What is the incubation period of shigellosis:

A.1-7 days

B. 1-21 days

V. 11-21 days

G. 5-45 days

D. 1-3days

3. For shigellosis is characterized by:

A gradual start, watery diarrhea, frequent vomiting

B. Acute onset, fetid diarrhea, vomiting

V. Acute onset, vomiting 2-3 times a chair with mucus and blood

G. Mr. Sharp has begun, repeated vomiting, watery stools

D. The gradual beginning, pain in the right iliac region, vomiting

4. A large number of leukocytes in the stool indicates:

A. Inflammatory changes in the large intestine

B. Sight pathogen

V. dysbacteriosis

G. The severity of acute intestinal

5. Clinical features of shigellosis among children 1 year of life (3):

A chair in a kind of "rectal spit"

B. The blood in the stool, and rarely appears after 3-4 days of onset of disease

V. Concerns the child crying, facial flushing during defecation

G. Tenesmus

D. Relaxation of sphincter of any

6. The main route of infection in shigellosis Sonne:

A contact-household

B. Water

V. Food

G. Parenteral

D. Transmissible

7. Rising incidence of shigellosis accounts for (2):

A. Summer

B. Fall

V. Spring

G. Winter

8. The diagnosis of asymptomatic forms of shigellosis is set on the basis of:

A chair of pathological

B. Discharges of fecal shigella

V. Weak abdominal pain

G. Availability of contact with sick shigellosis

D. Inflammatory blood

9. For intussusception in contrast to the characteristic of shigellosis (3 replies):

A. Sudden onset of

B. Heat

V. Availability of intussusceptum

G. The admixture of red blood

D. Spasm of the sigmoid colon

10. The child, shigellosis patients, palpation of the abdomen revealed:

A positive symptom Padalka

B. spastic sigmoid colon

V. Growth of mesenteric lymph nodes

G. Spills tenderness throughout the abdomen

D. Hepato-and splenomegaly

Standards of responses to the primary control on the theme: shigellosis.

1-Option 2-Option

1 B 1 -B

2 AGD 2 - A

3 B 3 - D

4 V 4 - A

5 B 5 - BVD

6 B 6 - VD

7 A 7 - AB

8 A 8 - B

9 BV 9 - AUG

10 A 10 B

**The final control on the theme: Shigellosis in children**

1. A boy of 3 years of ill acute: twice had vomiting, 37.9 t C, were abdominal pain, and then teaching-style chair, on the nature of which brought the child to the doctor a relative, could not say anything. The child examined on day 2 of the disease: stomach in, palpable painful spasm of sigma-Naja, anus pliable, chair lean in the form of lumps of mucus streaked with blood.

A.Postavte diagnosis.

B. In order to clarify the etiology of the disease should spend?

C. What kind of research method can be used as a rapid diagnostic

2. A child of 4 months, became ill with acute increase in temperature up to 38C. Repeated vomiting after a meal, a chair for the day 8 times the liquid, streaked with blood. When viewed in a serious condition, restless, pronounced thirst. Skin pale, periorbital cyanosis. Lips bright, dry. Pain-xoy sunken fontanelle. Cardiac sounds are muffled. The abdomen is moderately distended, rumbling along the thin who intestine.

A. Put a diagnosis.

B. Specify the severity of the state

C. What is the product of the following best shows the

3. The child is 4 years of good living conditions on the basis of clinical, epidemiological and bacteriological data diagnosed with "shigellosis, gastro-intestinal form of light." A child can be treated at home.

A. When the tank to start the control examination?

B. What is the antibiotic appropriate to assign

Q. How many days of watching a hotbed of shigellosis if the patient is hospitalized?

4. The group was formed of a kindergarten center shigellosis. An examination of the contact of the child 5 years of fecal selected shtgellez Flexner. The boy has a satisfactory condition, no complaints, but we know that a day ago he once had loose stools.A. What is the symptom can be identified by careful examination of a targeted child

B. Clinical management of

C. Tactics Survey

5. A child 5 years of ill sharply with increasing temperature up to 38C, abdominal pain, nausea. A few hours later came loose stools a greenish color with a lot of mucus. After 5-6 bowel movements a chair was beskalovym: mucus, blood streaks, joined by tenesmus. Zapvshy Stomach, pain in the left iliac region, proschuovaetsya spasm sigma. The anus is relaxed, the skin around it is irritated.

A. Put a diagnosis.

B. What is the problem can not solve the scatological study

C. Clinical management and inspection

6.Rebenok 8 years desperately ill with a T-390S, repeated vomiting. The disease occurred after 5 pm, following consumption of meat pies. Came loose stools with mucus is green four times, the pain in the abdomen. On examination: a serious condition, plagued, retching. Pale, and acrocyanosis. Limbs, nose, ears - cold. Muffled heart sounds, pulse 142 per minute, filling and low voltage. Abdomen swollen, painful along the large intestine. The anus is closed. Oliguria. A chair as a "swamp slime."

Place a diagnosis.

7. At Myra diarrhea lasts 3 days. Receives antibiotic therapy for Salma-nelleza, confirmed by bacteriological. Control bacteriological examination when spending?

8. The 2-year-old Arman diarrhea and was hospitalized for severe forms of salmonellosis. At home there are three children. Your action in the hearth.

Monitoring should continue for the hearth + 7 days

9. Julia A., 1 year, was in the somatic compartment with a diagnosis of bilateral lobular pneumonia. The ward was ill with salmonellosis. On the eighth day of hospitalization the child's condition deteriorated, increased T to 390S, vomiting 10 times, 3 times the loose stools. Pneumonia was arrested.

How to deal with the patient?

+ Translate in the intestinal compartment, antibiotic therapy,

Salmonella bacteriophage

10. In kindergarten at the same time in different groups of 20 children fell ill. All children have fever, vomiting 1-2 times, loose stools with mucus, blood and herbs. In surveys vanii-half of the children found Sh. Sonneі.

What is the route of infection and determine treatment.

**1.Tema 7**. **The differential diagnosis of diseases with secretory diarrhea.**

**Source Control**

**Secretory diarrhea**

**Option 1**

1.For rotavirus gastroenteritis is characterized by a chair:

A. kashetseobrazny chair

B. in the form of rectal spit

VA issued

G. copious watery

D. gemokolit

2.When secretory diarrhea stools:

A. with a touch of green

B. with a mixture of muddy slime

V mixed with blood

G. impurities without pathological

D. beskalovy chair

3.Pri examination at home sick with cholera suggested OCI doctor (at clinically data epidemic anamnesis). His actions, where to send the patient? (3 holes).

AAnd - in a hospital provisionally;

B - Observatory;

V - In the - in the insulator

G - to leave the house

D - in a general ward.

4. Selective media for cholera are? (2 answers)

A - Wednesday Ploskireva;

B - alkaline agar, pH-7 ,6-9, 2

V - Beef broth;

G - 1% peptone water

D - Wednesday Endo

5. Characteristic changes in cholera jab:

A - leukocytosis moderate neytrofillez, increased erythrocyte sedimentation rate.

B - leukocytosis, lymphocytosis, lower ESR.

V - leukopenia, lymphocytosis. Increased erythrocyte sedimentation rate.

G - monocytosis, atypical mononuclear cells.

D - leucopenia, anisocytosis.

6. The nature of stool in cholera;

A - lean with slime from the green

B - Rectal Spit (slime green, blood, pus)

V - dark green with slime, abundant

G - profuse watery as "rice broth"

D - yellow watery

7. Cholera occurs mainly on the type;

A - gastroenterocolitis;

B - gastroenteritis;

V - gastritis.

G - enterocolitis

D - distal colitis

8. Describe what is not typical for hsekretornoy diarrhea?

A - vomiting

B - watery stools;

V - dehydration;

D - Rectal Spit

A - seizures

9. The diagnosis of cholera is placed, taking into account all of these EXCEPT:

A - a characteristic clinical picture,

B - epidemiological situation

V - the bacteriological examination of feces,

G - serological survey methods of urine.

D - biochemical examination of blood.

10. Characteristically cholera, EXCEPT?

A - severe weakness, weakness

B - profuse diarrhea

V - painful bowel movements,

G - pain in stomach

D - repeated vomiting

11. At what weight deficit develops algid?

A - 3-5%

B - 6 -7%

V - 8-12%

G - 13-14%

**Source Control on the topic:**

**Secretory diarrhea**

**Option number 2**

1. After many hours with cholera can occur decompensated form exsicosis?

A - 1-2 hours

B - up to 12 hours

V - 24h

G - more than 24 hours per day of illness.

D - More than 28-30 hours

2. The term medical monitoring of former officials in contact with cholera patients.

A - 10 days

B - 2days

V - 5 days

G - 8 days

3. What are the tactics of infusion therapy in the first hour of administration. Entered into / from the cal-tively spontaneous amount of liquid?

A - 40% of the liquid;

B-- 30% of the liquid;

V - 10% of the liquid;

G - 50% of the liquid.

4. When cholera is not observed (2 holes.)

A - vomiting

B - watery stools

V - "Rectal Spit

G - Dehydration

D - loss of rectal mucosa.

5. The primary goal of therapy in cholera (2 holes.)

A - make up for losses of fluid and electrolytes

B - Inhibition of reproduction of Vibrio cholerae

V - The fight with hyperthermia

G. - Relief of abdominal pain

D. - The improvement in blood count.

6. The leading method of treatment for cholera are (2 holes.)

A. - Parenteral and oral rehydration

B - antibacterial therapy.

V - hormonal therapy

G - vitamin.

D-antihistamine therapy

7. Oral rehydration is carried out at the rate of cholera;

A - 50 ml / kg

B - 75 ml / kg

V - 100 ml / kg

G - 125 ml / kg

D - 150

8. In the biochemical analysis of blood for cholera is characterized by (3-hole.)

A - hyperbilirubinemia

B-hypernatremia

V - hyponatremia in-

G - Mr. chloropenia

D - hypocapnia.

9. The causative agents of cholera (2 holes.)

A - Flexner bacillus,

B - Lefllera coli,

V - Vibrio cholerae 01 classical biovar

G - El Tor biovar

D - coli sonnei.

10. Antibiotics are administered when a cholera (3 holes.)

A - penicillin,

B - sumamed,

V - fluoroquinolones,

G - chloramphenicol,

D - sifloks

**The final control on the topic:**

**Secretory diarrhea**

1. The boy is 10 years old, sick two days in the outbreak of cholera. T-37, frequent watery diarrhea 10-15 times a yellow th, odorless, abdominal pain net.Rvota first day 3-4 times without nausea, headache bol.Slizistye dry, dry tongue, decreased urine output. Identify

the degree of dehydration?

A. No dehydration.

B dehydration. 1-degree

V. 11-degree dehydration

G. Dehydration 111 - degree

D. neurotoxicosis

2. How do you know the pandemic of cholera?

A - 6

B - 4

V - 8

G - 7

D - 9

3. The sources of infection with cholera are 2 holes.

A. Rodents.

B. Mosquitoes

V. Patients with cholera.

G. Vibrionositeli

D. Convalescents.

4. Which infectious diseases are considered TELO 3 answers

A. Salmonellosis.

B. Plague

V. Iersenioz

G. Cholera

D. Yellow fever.

Five. Post to WHO in the event of cholera in the country should be sent?

A. Within 24 hours of

B. After bacteriological confirmation;

V. After the detection chamber.

G. After 48 hours of

D. After the abolition of the hearth.

6. In what seasons of the year mainly recorded incidence of cholera? 2 holes.

A. Spring.

B. Summer.

V. autumn.

G. Mr. Winter.

D. At any time of the year

7. A girl seven years old, desperately ill with a complaint: profuse diarrhea, repeated vomiting when viewed from a doctor in a serious condition, pale, dull, dry mucous membranes, tongue, dry little urinating, hoarse voice, facial features are sharp temp. of body lowered, turgor and elasticity decreased bezkalovy frequent watery stool in the the form of "rice broth" with no reserves, ha.Postvate diagnosis. Your actions? 2 holes.

A - cholera, immediately admitted to provisionally hospital (Hospital for Infectious Diseases;

B - cholera, ekst.izveschenie pass in the SES.

V. - Acute salmonellosis, a severe form, hospitalized in the infectious diseases hospital.

G -. OCI to start oral rehydration, watch.

D. - Rotavirus gastroenteritis, severe, oral rehydration therapy, infusion therapy directed to patient care,

8. Features of cholera in children under 1 year: 4 holes.

A - Gradual start.

B - Rough start.

V - profuse diarrhea.

G - Violation of consciousness, seizures.

D - Violations of renal function does not happen.

9. What are some diseases carried out a differential diagnosis of cholera?

A - escherichiosis.

B -. Dysentery.

V - Rotavirus gastroenteritis.

G - Salmonellosis.

D - Poison Mushrooms.

10. After contact with cholera patients, how to deal with family members, of which the OCI. Soslu bait-patient enjoyed. shared toilet. healthy person in the seat at a given angular momentum. students do practical work 3 answers

A - provisionally admitted to hospital

B - The Observatory;

V - in isolation;

G. - In the general ward;

D - Do not be observed.

**Standards replies**

**for source control on**

**"Secretory diarrhea".**

**Option 1**

1 - A.

2 - V.

3 - . a, b, c

4. b, d

5 - V

6. B

7. b

8 G

9. D.

10. G.

11. V

**Option 2**

1. b

2 V

3. G.

4. V

5. a, b

6. a, b

7. b

8. c, d, e

9. c, d

10. c, e

**Standards for the final control responses.**

1 V

2 G.

3. c, d

4. b, d, e

5. BV

6. b, c

7. a, b

8. b, c, d

9. a, c, d

10. a, b, c

**1.Tema 9. Prehospital and hospital care to patients of meningitis**

**Source Control "neural"**

**Option 1**

1. When meningococcal meningococci can be isolated from:

a) CSF

b) blood

c) The washings from the nasopharynx

d) skin necrosis

e) from all of the above materials

2. In 8 year old child diagnosed with polio, spinal form. What clinical signs should be observed:

a) the hypertonic

b) hyporeflexia

c) Hypotension

d) hypertrophy

e) malnutrition

a, b, d

b, c, d

b, c, d

c, e

b

3. For the spinal form of poliomyelitis, characterized by two holes:

a) asymmetric, mosaic distribution of paresis

b) a distal type of paralysis

c) The central type of paralysis

d) symmetry of paralysis

e) violation of the sensitivity

4. For enterovirus infection is characterized by failure:

a) The meninges

b) the skin

c) myocardial

d) pharyngeal mucosa

e) Many organs and systems

5. For serous meningitis, enteroviral etiology characterized by:

a) a protein, sugar and chlorides normal, lymphocytic pleocytosis

b) a high protein, neutrophilic pleocytosis

c) a sharp decline in sugar, mixed pleocytosis

d) cerebrospinal fluid is not changed

e) a significant increase in protein, cell count of 10 cells

6. A child of 2 years admitted to the infectious diseases hospital in serious condition: Menin-gokokkovaya infection meningokokktsemiya, ITSH II class., Which is unacceptable in the treatment of:

a) intravenous prednisolone

b) intravenous chloramphenicol

c) fresh frozen plasma

d) intravenously reopolyglukine

e) penicillin / m

7. Quarantine of contacts of meningococcal infection is superimposed on the:

a) 5 days after isolation of the patient

b) 35 days after the isolation of the patient

c) is not imposed

d) for 10 days from the date of isolation of the patient

e) 12 days after the isolation of the patient

8. The introduction of penicillin in meningococcal meningitis is carried out at the rate of:

a) 50 tons per kg / body weight

b) 100 tons per kg / body weight

c) 150 tons per kg / body weight

d) 300-500 m per kg / body weight

e) 25 tons per kg / body weight

9. What are the long-term effects are possible with a 5-month-old baby who had undergone severe shape of the meningococcal meningoencephalitis:

a) epilepsy, hydrocephalus, vegetative-vascular dystonia

b) microcephaly

c) chronic renal failure

d) the consequences will not be

e) a secondary immunodeficiency state

10. A girl of 3 years on the 4th day of illness appeared asymmetry face, nasolabial fold flattening incomplete closing of eyelids. Taste saved. Violations of pain sensitivity does not. Dia-prognosis' Polio, Pontinha form. " Outcome of the disease can be / 3 of the answer /

A. Recovery

B. Distortion, deformation, contraction, lameness

V.Letalny result from paralysis of the respiratory and vasomotor centers

G.Miokardit

D.Ostraya renal failure

**Source Control "neural"**

**Option 2**

1. The most commonly occurs in the form of polio:

a) The spinal form of

b) the bulbar form

c) Pontino form

d) the meningeal form

e) subclinical

2. Pontinha form of poliomyelitis differs from neuritis of the facial nerve - 2otv.:

a) lacrimation on the affected side

b) smoothed nasolabial triangle

c) changes in taste sensitivity

d) preservation of taste sensitivity

e) lack of tearing

3. When polio affected:

a) The roots of the spinal cord

b) the motor neurons of the spinal cord and brain

c) the myelin sheath of nerve

d) the cerebral cortex

e) synaptic impulses for

4. Specify a therapy for serous meningitis of enterovirus etiology:

a) The antibacterial

b) the hormone

a) Symptomatic

d) in the treatment requires no

e) The herbal medicine

5. At 3-year-old baby temperature 39,0  C, examination revealed hyperemia of the mucous oropharynx, neck stiffness. Immediate action should include:

A lumbar puncture

B. X-ray of the cervical spine

V. Direct hemagglutination reaction

G. culture from the oropharynx

D. determining the number of white blood cells

6. The criterion for the abolition of antibiotics for meningococcal meningitis is:

a) complete reorganization of the CSF

b) the disappearance of the CSF neutrophil

c) cell count below 100 cells, lymphocytic

d) cell count below 40 cells of lymphocytic

e) clinical recovery

7. For the characteristic rash meningokokkemii all except:

a) The combination of hemorrhagic and spotted elements

b) have the form of irregular hemorrhages stars

c) the size of the elements of an eruption of 3-5 mm

d) the first rash appears on the scalp

e) The rash tends to merge and necrosis

8. The main index to the use of chloramphenicol succinate in the treatment of generalized forms of meningococcal disease are:

a) meningokoktsemiya

b) meningitis

c) cough

d) the presence of liquid stool

e) an unfavorable premorbid background

9. On the 2nd day of illness in a child of T-39, headache, abdominal pain, redness in the throat, the shackle small vesicles with a positive Kernig-We, Brudzinskogo. His mother suffered gerpanginu.

A.Meningokokkovaya infection - meningitis

B. flu, a form of toxic

V.Adenovirusnaya infection with signs of meningism

G.Enterovirusnaya infection - serous meningitis

D.ORZ + TB meningitis

10. The boy had close contact with his brother, ill with serous meningitis. The baby-linen Postavy preliminary diagnosis of enterovirus exanthems. To confirm this diagnosis ka-something research shows?

A KLA

B. The study of cerebrospinal fluid

V. Paired sera for antibodies to enteroviruses

G. Bakposev mucus from the nasopharynx

D. All of these studies

**Standards to the source control on the theme: neural**

**I variant II variant**

1 D 1 A

2 D 2 E

3 A, B, 3 B

4 D 4 D

5 A 5 A

6 D V6

7 D 7 G

8 G 8 A

9 A 9 D

10 A, B, 10

**Final control of the "neural":**

**Option 1**

1) The diagnosis of "polyradiculitis." The sensitivity is reduced by the type of gloves and stockings, symmetrically reduced tendon reflexes. Gait gentle "shuffling." Select the scheme survey / 2 response /

A consulting neurologist, bioassays in animals, bak.posev wash water

B.OAK, consulting neurologist, OAM, coprogram

V.Konsultatsiya neurologist, electromyography

G. faeces, swabs positive for poliovirus, enteroviruses

D.Konsultatsiya surgeon, KLA, radiography of the lower extremities

2) A child 10 months. suddenly became ill at 10 h, T-39S, anxiety, 3-fold vomiting. Hyperesthesia, rash does not. Large fontanelle 1.0 x0, 5 protrudes, pulsing. In consciousness, convulsive readiness. In the situation of forced bed. Pronounced neck stiffness, a symptom Lessazha. The treatment plan:

A.Levomitsetin 50 mg / kg - 4 times, prednisone 2-3 mg / kg

B. Penicillin 300 thousand / kg / m² every 4 hours

V. Dehydration, detoxification

G.Protivovirusnye drugs, steroids, diuretics

D.Otvlekayuschaya therapy, aminophylline

3) The child is 8 years from the source of enterovirus infection was diagnosed polio. Laboratory studies have allowed the diagnosis of enterovirus infection poliomielitopodobnuyu form. What are the symptoms of the disease characterized? / 2 response /

A. Mild catarrhal conditions

B.Spasticheskie paralysis

V.Vyrazhennye catarrhal conditions

G.Vyalye paralyzes and pareses

D. None of the above

4) A child 2 years, started badly, double-humped temperature, meningeal syndrome. In the CSF lymphocytic pletsitoz. Information on vaccinations not. Suspected polio. Specify the form of the disease / an answer /

A form of Pontinha

B Bulbar form of B.

V . spinal form of

G Meningeal form of G.

D. inaprantnaya form

5) Choose the analysis and / or / the most typical symptoms for a child 6 years old with lightning form meningokokktsemii:

A.Dve weeks ago marked a pronounced conjunctivitis, rhinitis, cough. Today, T -38.0 C, second-headache, vomiting, stiff neck.

B.Opredelyayutsya papular, hemorrhagic elements on their feet. Two days before the rash were localized las symmetrical only around the ankles and knees. Mucous shell of intact T-37, 5C, pulse 120 beats per minute. BP 100/60 mm Hg

V.Poslednie 6 days coughing stuffy nose. 3 hours ago there was a T-39 8C in the skin of buttocks and right thigh single irregularly shaped hemorrhagic elements, large patches. Pulse 140 per minute. -60/10 Mm Hg blood pressure Meningeal signs are negative.G.Purpura poyvilas against the backdrop of the current acute destructive pneumonia. Shortness of breath up to 52 per minute, pulse of -132, AD-90/60 mm Hg

D. Two weeks ago, have been inoculated. At the moment there is gangrene of the tips of the fingers-ant, tongue, ears. Meningeal simpotmy missing. Severe intoxication.

6) patient with meningococcal disease meningokoktsemiey, fulminant, ITSH 3 tbsp. must be assigned - 3 holes.

A. The oxygen through a tube, chloramphenicol 100 mg / kg per day, prednisone 3-5 mg / kg

B. catheterization vein, venesection

V. Fresh frozen plasma 10 mg / kg, prednisolone 10-30 mg / kg, protease inhibitors

G. prednisolone 5-10 mg / kg, chloramphenicol 60 mg / kg

D. Chloramphenicol 100 mg / kg / in

7) indication for lumbar puncture and CSF study is all of the above, except:

a) repeated seizures

b) the appearance of purpura, without meningeal symptoms

c) the rise in temperature and repeated vomiting in a patient nasopharyngitis

d) the appearance of symptoms of meningeal

e) a bulging fontanelle

8) At the outbreak of meningococcal infection control measures carried out following

A.Podacha emergency notices to patients and suspects

B. Submission of notices of emergency patients only.

V. Contacts are not subject to inspection.

G.Kontaktnye school-age children are allowed in the team after a single bacteriological examination, pre-schoolers 2-fold.

D.Zaklyuchitelnaya disinfection is performed.

9) A boy of 2 years acute ill. Increased body temperature to 38.8 C. There was repeated vomiting. On examination revealed neck stiffness, positive symptom Kearney God. Suspected meningococcal meningitis. Performed a lumbar puncture. Which of the following changes in the CSF are most likely to speak in favor of a presumptive diagnosis?

A cell count 1032, 87% neutrophils

B.Limfotsitarny pleocytosis

V.nalichie fibrinous film

G.nizkoe sugar

D. Protein 0.33 g / l

10) A child 4 years of ill sharply, rising to 39.2 T, disturbed sleep, decreased appetite, slight nasal discharge. By the end of the day there were abdominal pain, loose stools. Today the fourth day of bolez-no. The child is marked asymmetry of the face, sgazhennost nasolabial folds, incomplete closing of eyelids. Taste qualities preserved. Violation of pain sensitivity does not. Your diagnosis:

A.Nevrit facial nerve

B. Poliomyelitis Pontinha form

V. Polio, spinal form of

G.Ostraya viral infection + DCI

D. Acute viral infection is infected with polio

**Final control of the "neural":**

**Option 2**

1) A child of 4 years, complaints of pain in the legs. Suffered a history of ARI, there was a 2-fold liquid-ski chair, low-grade fever, weakness, sweating. On the 5th day of illness was prihramy-Vat. OBJECTIVE: bad on his feet, decreased tendon reflexes.

Your presumptive diagnosis: / 1 response /

A.Poliomielit, Pontinha form

B. Poliomyelitis, spinal form of

V.Poliradikulonevrit

G.Poperechny myelitis

D.Vozmozhno injury

2) the patient was 5 years old. Ill with acute T 38.5 C, headache, repeated vomiting does not bring about, alleviate the. Inhibited, drowsiness, does not respond to questions, anisocoria. Hemorrhagic starry rash all over his body. Neck stiffness, Kernig's sign, the upper Brudzinskogo. Your diagnosis:

A.Meningokokkovaya infection, generalized form. Meningokokktsemiya.

B. Meningococcal disease, a generalized form of meningitis.

V. Meningococcal disease, generalized form, meningoencephalitis.

G. Meningococcal disease, generalized form meningokokktsemiya, meningitis.

D. Meningococcal disease, generalized form meningokokktsemiya, meningoencephalitis.

3) A child 6 years of age found hypotonia, hypotrophy of lower limbs, asymmetry of the lesion. Clinical diagnosis: polio, spinal form. What research confirms the diagnosis? / 2 response /

A. Coprogram

B.Bakteriologichesky stool culture

V.Virusologicheskoe study stool, cerebrospinal fluid, blood, nasopharyngeal wash.

G.Serologicheskie response in paired sera

D. Bacteriological culture of urine

4) The child, with 1.5 g-Thus "Meningococcal disease and meningitis," a picture of bacterial en-dotoksinovogo shock. Specify the necessary arrangements - 4 holes.

A. prednisone 10 mg / kg, and hydrocortisone 15 mg / kg / in

B.Serdechnye drugs (dopamine 0.05%)

V. Fresh-frozen plasma with heparin and kontrikalom

G.Levomitsetin

D.Infuzionnaya therapy (reopolyglukine, albumin, glucose-salt p-ry)

5) The child is 4 years old enrolled in the direction of child health clinics with pre-

diagnosis of polio? On the basis of clinical and laboratory data were confirmed diagnosis of poliomyelitis, bulbar form. What preventive measures should be / 3 of the answer /

A. Isolation of the patient to the hospital for 40 days

B. The final disinfection

V.Karantin not imposed on the contact

G.Karantin superimposed on time 15-20 days

D.Dezinfektsii not enough to check the premises.

6) A girl of 4 years, fell ill with acute rise in temperature to 39.2, impaired mucus, reducing up-Petit, slight discharge from the nose. By the end of the day there were abdominal pain, loose stools. Today the fourth day of illness. The child is marked asymmetry of the face, nasolabial fold flattening, the incomplete closing of eyelids. Taste qualities preserved. Violations of pain sensitivity does not. Put the correct diagnosis.

And Neuritis of the facial nerve

B. Poliomyelitis Pontinha form

B. Oki

G.Ostraya viral infection

D.nositelstvo polio virus + DCI

7) The child is 6 years old fell ill acutely, T-39, 0C, antipyretics were given short-term effect. After a few hours from the onset of the skin rash appeared plentiful. Postavy county-diagnosed meningococcal disease, generalized form, meningokokktsemiya. Give of characteristic rash. / 3 of the answer /

A.Raspolozhena throughout the body

B.Preimuschestvenna located on the legs and buttocks.

V.Nepravilnaya form with haemorrhagic elements.

G.Otdelnye elements in the form of vesicles.

D.Otdelnye elements in the form of necrosis.

8) The patient was 9 years old with meningococcal disease meningokokktsemiey, fulminant, ITSH-III must be assigned - 3 holes.:

A.penitsillin / m 100 mg / kg, prednisolone 3-5 mg / kg

B. Penicillin V / m 300 mg / kg, prednisolone 3-5 mg / kg

V.Svezhezamorozhennaya plasma is 10 mg / kg, and protease inhibitors

G.Levomitsetin 100 mg / kg

D. dexamethazone 10-30 mg / kg

9) At the outbreak of meningococcal disease carry out the following control measures / 2 response /:

A.Podacha emergency notification to the patients and suspects

B. Filing a notice only in emergency cases.

V. Contacts are not subject to inspection.

G.Kontaktnye school-age children are allowed in the team after a single bacteriological examination, pre-schoolers 2-fold.

D.Zaklyuchitelnaya disinfection is performed.

10) A child 3 years of age diagnosed with generalized form of meningococcal disease - meningitis, the second day of illness. Select the appropriate antibiotic.

A.Penitsillin

B.Kanamitsin

V. Sifloks

G.Levomitsetin 500 thousand units / kg

D. Gentamicin

**Standards for the final control**

**Also: neural**

**I variant II variant**

A. GB 1. B

2. B 2. A

3. AG 3. GS

4. D 4. Abc

5. V 5. ABC

6. ABC 6. B

7. A 7. BVD

8. GD 8. BV

9. A 9. DG

10. B 10 V

**1.Tema 11. The differential diagnosis of diseases with vesicular rash.**

**Subject: Diseases that occur with the syndrome of vesicular rash**

**Source Control**

**Option 1**

1. For vetryanochnogo element is characterized by:

A) bundle, towering above the surface of the skin

B) The multi-chamber vial with a transparent content

V) a hemorrhagic element

G) single-chamber vial with a transparent content Based on the neinfiltrirovannom

D) urticaria without specific localization

2. On examination, five year old child on the skin in the region VI mezhreberyao bnaruzheny bubble filled with clear content with a tendency to influence, the temperature of 37.5 ^ 0C. What is the likely diagnosis?

A) strofulyus

B) chicken pox

V) herpes zoster

G) Herpes Simplex

D) enterovirus infection

3. A child 8 years old admitted to the hospital for 3 gb in serious condition. On examination: Nye pronounced intoxication, hyperthermia, multiple small vesicles at the tip and edges of the lan-ka, as well as the buccal mucosa and lips. Severe salivation. There is also a rash on the face, in the interdigital spaces of hands and feet. The phenomena of gastroenteritis. From the history is well known, that the child regularly drink raw milk from a neighbor's cow. Diagnosis:

A Herpetic stomatitis

B Chickenpox

V pasteurellosis

G Foot and mouth disease

D Enterovirusnaya infection

4. Girl 7 years now sick with chickenpox. How many days should not attend school (with a favorable course of illness):

A) to recover

B) up to 5 days from the start of the rash

V) up to 5 days from the last eruption

G) to rejection crusts

D) to the exclusion of crusts

5. The patient was 14 years, complaints of headache, weakness .. Clustered on the trunk of bubbles with a transparent content on infiltrated the base. Put predvori-tion diagnosis?

A), chicken pox

B) herpes zoster

V) streptoderma

G) disease, Stevens-Johnson

D), exfoliative dermatitis

6.For catarrhal period of measles is characterized by:

a) low-grade temperature, dry cough, intoxication, rhinitis, conjunctivitis, laryngitis

b) high temperature, rash stage care, catarrhal symptoms

c) fever, cough, runny nose, diarrhea symptom

d) the normal temperature, dry cough, with its increase in night-time

e) a high temperature, watery eyes, muscle pain, catarrhal symptoms

7. Mitigirovannaya measles in children receiving:

a) The immunoglobulin

b) vaccination

c) Hormones

d) Antibiotics

e) in any of the above conditions

8. A child 5 years of observed temperatures. Cough, rhinitis. Finding out what the symptom was confirmed by the diagnosis of measles?

a) a symptom of Ortner

b) a symptom Filatova

c) a symptom-Belsky Filatova

d) an increase in neck lymph nodes

d) the appearance of the rash

9. Phases of the rash is characteristic:

a) Measles

b) Rubella

c) the scarlet fever

d) varicella

e) enterovirus infection

10. Congenital rubella is characterized by:

a) cataracts

b) deafness

c) heart defects

d) a, b, c

e) a, c

STANDARTS

1 – A 2 – G 3 – B 4 – G 5 – ABVG 6 – V 7 – A 8 – V 9 – A 10 – G

**Source Control**

**Option 2**

1. The rash in measles occur:

a) in the first day

b) 2-3 days

c) 4-5 days of illness

d) 6-7 days of illness

e) at any time

2. The diagnosis of measles is on the basis of:

a) enantemy, spots Belsky, Filatov.

b) the phasing of the rash.

c) complications.

d) pronounced catarrhal symptoms.

e) polymorphism rash.

3. For rubella rash is characterized by:

a) Punctate

b) a maculopapular

c) melkopitnistaya

d) vesicular

e) hemorrhagic

4. The rash of rubella is: (3 answers)

a) throughout the body with concentration on the extensor

b) the nasolabial triangle free of rash

c) on the extremities

d) only on the face

e) on the lateral surfaces of the abdomen, chest

5. For scarlet fever is characterized by: (3 answers)

a) white dermographism.

b) red dermographism.

c) the appearance of the rash by 1-2 days of illness.

d) the appearance of the rash by 5-6 days of illness.

e) angina.

6. The incubation period of scarlet fever (1 answer)

a) 2-7 days

b) 14-16 days

c) 12-21 days

d) 21-30 days

e) 35-45 days

7. For the typical chickenpox rash:

a) maculopapular

b) Punctate background on the hyperemic

c) urticarial

d) stellate haemorrhagic

e) on the vesicular neinfiltrirovannom background polymorphic.

8 To include congenital varicella has arisen in the newborn

a) up to 11 days of life

b) up to 15 days

c) up to 21 days

d) up to 11-23 days

e) all of the above

9. The rise of infections occurring in meningokkokovoy

a) Summer

b) Fall

a) Spring

d) Winter-Spring

e) does not depend on the season.

10. The rash is located at meningokkoktsemii:

a) uniformly throughout the body

b) the type of 'hood', 'socks', 'gloves'.

c) primarily on the face

d) on the extensor

e) the benefit of the legs and buttock

**Subject: Diseases that occur with the syndrome of vesicular rash**

**Standards of the original control.**

Option 2

1. V

2. A, B, G

3. V

4. A

5. A, V, D

6. A

7. D

8. A

9. G

10. D

**Subject: Diseases that occur with the syndrome of vesicular rash**

**Final control of**

The clinical situation is number 1

A child 5 years, within 3 days of T to 38,5 ° C, runny nose, cough, conjunctivitis. On the 4th day, was on the face, behind the ears and a maculopapular rash. At the mouth whitish points surrounded by flushing rim.

Set and justify the diagnosis.

To clarify the diagnosis, assign additional study.

Assign and justify the treatment.

Possible outcomes of the disease.

The clinical situation is number 2

In DKIB enrolled children 7 years old, bezsoznaniya, T - 39 ° C, repeated vomiting, seizures. On the skin - brown pigmentation, light defurfuration. Stiff neck muscles. 12 days ago suffered a "SARS".

Set and justify the diagnosis.

What laboratory studies should be to?

Assign and justify the treatment.

Possible options for the forecast.

The clinical situation is number 3

A child of 3 l. on the 2nd day of illness the T-37, 5 ° C, cough, runny nose, mild redness in the throat. On the back and torso, on the extensor surfaces of hands neobilnoe melkopyatnistaya rash unchanged against the skin, enlarged occipital lymph nodes.

1. Set and justify the diagnosis

2. Determine the severity of the disease.

3. Assign and justify the treatment.

1. Define the terms of contagion.

The clinical situation is number 4

A child 7 years of ill rubella. His mother's pregnancy is 7-8 weeks, before rubella mother was ill. What should be advised to the mother?

Enter immunoglobulin and to continue the pregnancy.

Urgent to prevent the introduction of Viferon - 1.

Terminate the pregnancy.

Urgently vaccinated against rubella.

Pregnancy and save nothing.

The clinical situation is number 5

Kate is sick 5-year 2-day T - 39 ° C, sore throat, 2-fold vomiting, on the trunk, extremities, and on the cheeks to plenty Punctate background hyperemic rash, nasolabial triangle bleden. In the throat - delimited hyperemia, the gaps - purulent plaque.

1. Set and justify the diagnosis.

2. What laboratory studies should be to?

3. Assign and justify the treatment.

1. Possible options for the forecast.

The clinical situation is number 6

A girl three years old, was in contact with a sick sister scarlet fever. On examination, T - 40 ° C, profuse rash Punctate hyperemic background, pale nasolabial triangle. Zev "burning" brightly hyperemic tonsils, nekrotichechkie raids on the tonsils, enlarged submandibular lymph nodes.

1. Set and justify the diagnosis

2. To clarify the diagnosis, assign additional laboratory study.

3. Assign and justify the treatment.

1. Possible options for the forecast.

The clinical situation is number 7

Kate three years. Contracted sharply with the lifting of temperature 38,5 ° C, malaise. Towards evening on the trunk, face appeared limit a single maculopapular elements. By morning, they turned into veziku-ly. Similar items appeared on the scalp.

1. Set and justify the diagnosis.

2. Determine the severity of the disease.

3. Assign and justify the treatment.

4. After some time, her brother was sick?

The clinical situation is number 8

In Viti 8 years old, appeared schatkaya walk, could not stand it neviyatnaya, complained of a headache. There is a slight neck stiffness. 2 weeks ago, a child suffered a mild form of chickenpox.

1. Set and justify the diagnosis.

2. To clarify the diagnosis, assign additional study.

3. Assign and justify the treatment.

4. Enter the dates of follow-up.

The clinical situation is number 9

Kolya 5 years, there was a sudden headache, 2 - fold vomiting, T - 39 ° C and chills. After 8 hours on the thighs, legs, buttocks appeared hemorrhagic single elements. Meningo-cial characters there.

1. Set and justify the diagnosis.

2. To clarify the diagnosis, assign additional laboratory study.

3. Assign and justify the treatment.

4. The outcomes of the disease.

The clinical situation is number 10

After 5 hours of onset of illness in a child 4 liters. Hyperthermia, pallor, haemorrhagic rash on the buttocks, the trunk, face, lips cyanotic, tachycardia, blood pressure normal, breathing speeded up. No meningeal signs.

1. Set and justify the diagnosis.

2. Where should the patient be treated?

3. Assign and justify the treatment.

4.The outcomes of the disease.

The clinical situation is number 11

The boy's 12 years in 3 hours after the onset of severe headache began vomiting, delirium, fever, T - 39,5 ° C. Consciousness is confused, his face is asymmetrical, anisocoria, anizorefleksiya. In the cerebrospinal fluid of a high neutrophil cell count, in the CBC - leukocytosis, neutrophilia, ESR - 30 mm / h.

1. Set and justify the diagnosis.

2. To clarify the diagnosis, assign additional laboratory study.

3. Assign and justify the treatment.

4.Clinical examination the patient

Clinical situation № 12

A child 11 months. At the 8 - day measles disease increased cough, shortness of breath, weakness, shortening percussion below the corners of the blades. On both sides breathing hard, moist rales meleopuzyrchatye standing on both sides.

1. Set and justify the diagnosis.

2. To clarify the diagnosis, assign additional study.

3. Assign and justify the treatment.

4. Recommendations at discharge from hospital.

Clinical situation № 13

A child 3 years old to 10 - day stay in the burns unit increased T - 39 ° C, vomiting, burns near the area appeared Punctate background hyperemic rash, which spread of the countries on the trunk, and limbs. Zev is clean.

1. Set and justify the diagnosis.

2. To clarify the diagnosis, assign additional study.

3. Assign and justify the treatment.

4.What activities are conducted in the burn ward?

**The standards of the Final Control**

The standard for a number of clinical situation № 1

Measles, a typical, mid-weight form.

Serological method - RN, RAC, HAI, Phragmites.

Nonspecific Method: hemogram

Symptomatic therapy: at a temperature above 38,5 ° C -

paracetamol, antihistamines: diphenhydramine, tavegil, fenkarol.

Drink plenty of water, toilet eyes, 10% p / p albutsid 3 times in the eye, or 1% p / p levomitsitina, nasal drops - nazivin, protargol, vit. C, A, B group. Gargling with herbal extracts.

4. Recovery, at least the appearance of complications.

The standard for the clinical situation number 2

Measles complicated by encephalitis.

Spinal punktsiyut, hemogram and blood - paired serum HAI.

Detoxification, dehydration, dexamethazone, neyrometabolity and vitamins.

Recovery, 25% lethality, loss of memory and intellect, the development of epilepsy, paralysis-cha.

The standard for the clinical situation number 3

Rubella is typical.

Mild form.

Drinking plenty of fluids, symptomatic therapy - in the nose nazivin, protorgol, coughing - Ambroxol, medicine with marshmallow root, licorice and vitamins.

Patient contagious after 5 days of the rash.

The standard for the clinical situation number 4

Terminate a pregnancy after serological examination at intervals of 10 - 20 days before you, the phenomenon of asymptomatic infection.

The standard for the clinical situation number 5

Scarlet fever is a typical, mid-weight form.

Buck. culture swab of the throat to strep gr. A.

Determine the titer of antistreptolysin, antistreptokinazy.

3. Penicillin V / m 150-200 thousand units per 1 kg of body weight, 7-10

days.

Symptomatic treatment: paracetamol.

4. Recovery, the appearance of pus and allergic complications.

The standard for the clinical situation № 6

1. Sarlatina toxic - septic form.

2. Throat swab for strep gr. A hemogram, coagulogram.

3. Penicillin V / m 500-700 thousand units per 1 kg of body weight, 7-10

days, dexamethazone, suprastin, infusion therapy and antipyretics - paratseta-say, a multivitamin.

4. Recovery, the possibility of the appearance of complications of allergic and septic severe weather.

The standard for the clinical situation number 7

1. Windy, smallpox, typical.

2. Middle-form.

3. Symptomatic treatment - acetaminophen antipyretic agent, processing elements rash p / p of brilliant green, or 2% p / p of potassium permanganate, the layering of secondary-term infection - antibiotics.

4.Vyzdorovlenie, but can be later olozhnenie infectious - allergic genesis

5.Ne earlier than 11 days.

The standard for the clinical situation number 8

Windy smallpox, meningoencephalitis.

Lumbar puncture, hemogram.

Acyclovir is a rate of 15-20 mg / kg, detoxification therapy, nootropics, viferon

Observation of a neurologist once a year.

The standard for the clinical situation number 9

1. Meningococcal infection, generalized form - meningokoktsemiya.

2. Bakterilogichesky: seeding of the pharyngeal mucus and blood.

3. Smear: detection of meningococcus in the smear of pharyngeal mucus and "thick blood". Serological (Phragmites, RSA, PTA), hemogram, coagulogram.

4. Prednisolone 2 mg / kg, chloramphenicol succinate 25 mg / kg, detoxification, dehydration therapy and antipyretics, correction of the CBS-symptomatic ones rapiya.

5. Recovery, possible complications: ITSH, O - NGM

The standard for the clinical situation № 10

Meningococcal infection, fulminant form

meningokoktsemiya complicated ITSH Ι Art.

Should be treated in the ICU.

Prednisolone 5 mg / kg + hydrocortisone 20 mg / kg, chloramphenicol succinate 25 mg / kg single dose, detoxification, OGM dehydration therapy, correction of CBS immunotherapy.

Recovery, death during the development of ITSH ΙI - IΙΙ Art.

The standard for the clinical situation № 11

Meningococcal infection - meningoencephalitis.

2. Bacteriological - sowing of mucus from the nasopharynx, blood,

CSF at the meningococcus.

Smear - "thick drop" of blood on the

meningococcus.

3. Penicillin is the rate of one million. thousand units / kg of body weight.

detoxification, dehydration therapy, anti-

ICE - syndrome, correction of CBS nootropiny (cavinton).

4. Clinical examination perenesschih meningococcal

meningoencephalitis two years.

The standard for the clinical situation № 12

Measles complicated by two - sided bronchopneumonia, MD IΙ.

R - graphy of the chest. Buck. planting makroty flora.

Cephalosporin + aminoglycosides, symptomatic therapy, immunotherapy (viferon).

Care, nutrition, protected from infection with SARS.

The standard for the clinical situation № 13

Scarlet fever, ekstrabukkalnaya form.

Bacteriology: culture from a wound on the streptococcus

grams. A hemogram.

Penicillin 4 months. , Desensitizing therapy.

Isolation of the patient for 10 days, to increase orders. epidemiological. mode in the office.

**LESSON 12**

**1.Tema 12**. **The differential diagnosis of diseases that occur with the syndrome, maculopapular rash**

**Source Control**

**Subject differential diagnosis of diseases with vesicular exanthema**

**Option 1**

1. The diagnosis of measles is on the basis of: (3 answers)

a) spots Belsky, Filatov, enantemy

b) the phasing of the rash

a) polymorphism rash

d) catarrhal syndrome

e) complications

2. For measles is characterized by:

a) a maculopapular rash with a tendency to merge.

b) vesicular

c) gemorrogicheskaya stellate

d) Punctate

e) the urticaria

3. Patognomichny symptom of rubella:

a) Spot-Belsky Filatova

b) an increase in neck lymph nodes

c) a symptom Mursona

d) a pale nasolabial triangle

e) symptom Stimpson

4. In congenital rubella the most frequently observed (3 answers)

a) heart defect

b) the cataract

c) deafness

d) diarrhea, hepatomegaly

e) hydrocephalus

5. Clinical symptoms of scarlet fever are: (3 answers)

a) angina

b) the temperature

c) The rash

d) diarrhea

e) arthralgia

6. When scarlet fever rash:

a) Punctate

b) melkopyatnistaya

c) stellate

d) a maculopapular

e) The vesicular

7. To atypical forms of chicken pox include: (1 answer)

a) generalized (visceral)

b) hemorrhagic

c) a rudimentary

d) gangrenosum

e) all of the above

8. The rash is varicella

a) mainly on the extensor

b) on the flexor surfaces

c) throughout the body and scalp

d) mainly on the buttocks and thighs

d) only on the chest and abdomen

9. The nature of the rash when meningokkoktsemii (1Replies)

a) urticaria

b) Punctate

c) vesicular

d) hemorrhagic, stellate

e) with necrosis in the center

10. The drug of choice in the treatment of ITSH are:

a) Penicillin

b) levometsitin-sodium succinate

c) gentamicin

d) Rocephin

e) the kanamycin

**Reference:** 1-abd). 2-a). 3-b). 4-abc). 5-abc). 6-a). 7-e). 8-c.) 9-de). 10-a).

**Source Control**

**Option 2**

1. Rubella relates to:

a) The vaccine-preventable diseases

b) uncontrolled infection

c) the highly contagious infection

d) a, c

e) b, c

2. Spot-Belsky Filatov with measles can be found at:

a) The period of catarrhal

b) the period of eruption

c) the period of pigmentation

d) in the catarrhal period and in early lesions

e) in the incubation period

3. Pigmentation of measles rash appears in:

a) The period of catarrhal

b) the period of eruption

c) the period of extinction

d) there is no

e) during all periods of sickness

4. Complications of measles in young children is -

A Festering rash, erysipelas

B. Pneumonia, otitis

B. gastroenterocolitis

G. Early toxic myocarditis

D. Meningoencephalitis

5. Encephalitis in measles, as a rule, there is at what age:

a) 1-2 years

b) 3-5 years

c) 5-8 years

d) 8-10 years

e) in newborns

6. Measles immunization is carried out:

a) for 3-5 days of life

b) in 2 months.

c) at 6 months.

g) in 8 months.

g) in 12 months.

7. For measles is characterized by:

a) Punctate rash

b) a maculopapular rash

c) the haemorrhagic rash

d) vesicular rash

e) roseolous rash

8. The period of eruption in measles starts at:

a) 2-3 days of illness

b) 4-5 days of illness

a) 6-7 days of illness

d) the first day of illness

e) the second week of illness

9. Patients with isolated rubella:

a) at home for 5 days after rash

b) in the hospital for 14 days

c) the house for 21 days

d) can not be isolated at all

e) to the 7th day of illness in the box office

10. The child suffered a measles. On the 7th day of illness a fever - 40  C, convulsions, loss of-knowledge. Put diagnosis:

a) measles, severe, complicated by meningitis

b) Measles complicated by encephalitis

c) Measles complicated by meningitis

g) measles, meningococcal infection +

e) + measles toxic form of influenza

**Reference:** 1 -). 2 -). 3 -). 4 -). 5 -). 6 -). 7 -). 8-). 9 -). 10 -)

**Final control of**

**The differential diagnosis of vesicular diseases with exanthema**

**Option 1**

1. A girl 4 years 2 days of illness the temperature of -37,8 º, cough, runny nose, slight photophobia. The skin is clean, pale. Hyperemic conjunctiva, oral mucosa dull, congestion-centered, loose against the molars - small whitish points on the soft palate enanthema. Place a diagnosis.

A. Adenovirus infection

B. Herpetic stomatitis

V. Prodromus measles

G. Enterovirus infection

D. Parainfluenza

2. Girl 5 years old on day 6 of disease typical of measles suddenly lost consciousness, was ship-horns. Stertorous breath, muffled heart sounds, pulse soft and frequent. Acrocyanosis. Pupils extension-Rena. No meningeal signs. Put diagnosis:

A + Measles Meningococcal disease

B. Measles Encephalitis

V. Measles + brain hemorrhage

G. Measles + surround the process of

D. Measles, a severe form.

3. A child of preschool age ill with acute increase in temperature to 38 C, runny nose, conjunctivitis. On the 4th day of illness on the face of a rash maculopapular character. At the oral mucosa in the molar teeth found grayish-whitish point size of a ma-kovoe grains surrounded by a red halo.

A. Put diagnosis:

A. Adenovirus infection

B. Enterovirus Infection

V. Measles

G. Rubella

D. yersiniosis

4. The appearance of any symptoms on the day of the disease clinically confirm your initial diagnosis?

A. The increase in lymph node

B. The disappearance of the rash

V. Redistribution of rash on the trunk, arms

G. The appearance of herpes elements in the throat

D. The appearance of the films on conjunctivitis

5. For how long a child should be isolated?

A. Up to 5 days from onset

B. Up to five of the top of the rash

V. Prior to the complete disappearance of the rash

G. Up to 14 days from the onset of the disease

D. Isolation is not required

6. In the hospital delivered a child 10 years old, who an hour ago there were seizures. 9 days ago suffered a respiratory viral infection with a rash. Now the skin is defurfuration and areas of pigment-tion. Put a preliminary diagnosis:

A. Meningococcal disease, meningoencephalitis

B. rubella complicated by encephalitis

V. Measles complicated by encephalitis

G. Enterovirus infection: meningitis, rash +

D. Scarlet fever, toxic form, the reaction entsefalicheskaya

7. In the hospital delivered a child 10 years old, who has developed a few hours ago, hyperthermia, and then there were seizures. The child is unconscious, no meningeal signs. On the skin a brownish-brown pigmentation, slight peeling-pityroid. It is known that ill nine days ago, was a catarrh of the upper respiratory tract, and within three days, poured red rash, starting with the person. In the past two days, the rash was brown, the temperature - subfebrile. He was treated symptomatically.

Put diagnosis:

A. Meningococcal disease, meningoencephalitis

B. Rubella, encephalitis

V. Measles, a period of pigmentation, meningoencephalitis

G. Enterovirus rash, serous meningitis

D. Measles, + pigmentation during meningococcal meningitis

8. In the hospital delivered a child 10 years old, who has developed a few hours ago giperter-mia, and then there were seizures. The child is unconscious, no meningeal signs. On the skin a brownish-brown pigmentation, slight peeling-pityroid. It is known that ill nine days ago, was a catarrh of the upper respiratory tract, and within three days, poured red rash, starting with the person. In the past two days, the rash was brown, the temperature - subfebrile. He was treated symptomatically. What kind of research will help clarify the neurological pathology?

A skull X-rays in two projections

B. Spinal puncture and cerebrospinal fluid study

V. Computed tomography

G. KLA with reticulocyte count

D. The study of paired sera

9. In the hospital delivered a child 10 years old, who has developed a few hours ago giperter-mia, and then there were seizures. The child is unconscious, no meningeal signs. On the skin a brownish-brown pigmentation, slight peeling-pityroid. It is known that ill nine days ago, was a catarrh of the upper respiratory tract, and within three days, poured red rash, starting with the person. In the past two days, the rash was brown, the temperature - subfebrile. He was treated symptomatically. What drugs are not required to treat the first day:

A detoxification

B. Glucocorticoids

V. Anticonvulsants

G. Lidaza

D. Ascorbic Acid

10. A child 3 months. 3 days marked by low-grade fever, lethargy, coughing, serous-mucous nasal discharge, mild conjunctivitis. On the 4th day the symptoms increased, and T to 39 º, on the face appeared pink maculopapular rash, which is a 5 day spread to the trunk, the next day and on the limbs. During the 10 days prior to the onset of the disease had contact with a relative who had a cough, and "allergic" rash. The child's mother did not hurt children's infections. Put diagnosis:

A. Adenovirus infection

B. Measles

V. yersiniosis

G. ARI + allergic rash

D. Enterovirus Infection

**1.Tema 13**. The differential diagnosis of diseases with lymphadenopathy syndrome.

**2.purpose:** To familiarize participants with the diagnosis and treatment of zoonotic infections

**3 .. Learning Objectives**

1. Learn how to diagnose the disease with lymphadenopathy

2. Learn how to make a plan of examination and treatment

3. Learn how to carry out anti-epidemic measures in the outbreak of zoonoses

**4. Type of course:** Work in small groups, discussions, case studies, presentations, analysis of case-patients or archival history, self-Supervision of patients with histories of educational design

**5.Zadaniya on the topic:**

1. Support diagnostic and differential diagnostic features of diseases with lymphatic foadenopatiey (epid.anamnez, clinic)

2. The criteria of severity.

3. The criteria for diagnosis - laboratory and instrumental

4. The main diseases that need to perform a differential diagnosis.

5. The principles of therapy. Indications for hospitalization. Immunity.

6. Control measures in the outbreak of lymphadenopathy

**6. Handout:** slides and tables maculopapular rash, a block of information maculopapular exanthema exanthema, CD-ROM atlas of "Guidelines for Infectious Diseases", educational history, multimedia presentation, the work at the bedside in the core compartment.

**7.Literatura:**

**Summary:**

1. Infectious diseases in children. Timchenko VN St. Petersburg. 2008, 583 p.

2. Infectious diseases and vaccination in children. Uchaikin VF, Nisevich N., Sham, OV-Sheva Moscow. The textbook for high schools. , 2006. 688s.

3. Infectious diseases in children. (Diagnostics, control measures), ed. Kuttykuzhanovoy GG 160s.

MORE:

1.Infektsionnye disease in children. Ed. EN Simovyan. Rostov-on-Don. Phoenix, 2007. 763s

2.V.P. Timchenko et al, "Diagnosis, differential diagnosis and treatment of children's in-ductive." Saint-Petersburg. 2004

3. Internet.http :/ / www.doctor.ru / medinfo

**8. Control**

**Source control to engage in "Zoonotic disease"**

**Option 1**

1. Infant for the first time in a pediatric clinic vaccinated against pertussis, diphtheria, post-nyaka of age:

a) 3 months

b) in the hospital

c) 2.5 months.

d) 2 months

e) the 1st month.

2. The first booster dose of BCG conducted in the aged:

a) 1 year

b) 2 years

c) 5 years

d) 6 years

e) 12 years

3. The second booster dose of diphtheria is carried out at the age of:

a) 18 months

b) 2 years

c) 5 years

d) 6 years

e) 12 years

4. The patient has listeriosis notes:

a) fever, headache and muscle aches, sore throat, poliadeniya, hepatomegaly

b) cough runny nose, conjunctivitis, membranous, poliadeniya

c) fever, vomiting, cough, runny watery stools

d) vomiting, convulsions, delirium

e) severe intoxication, cough, runny nose, rash gradually

5. The diagnosis of congenital listeriosis is based on:

a) personal history (miscarriage, stillbirth)

b) rash on the skin and mucous

c) dyspnea, cyanosis, seizures

d) hypotension, hepatosplenomegaly

e) all of the above symptoms

6. Absolute confirmation of brucellosis is the isolation of Brucella

a) Blood

b) urine

c) sputum

d) joint fluid, bone marrow punctate and lymph node

e) all of the above

7. The source of infection for pasteurellosis is not:

a) sheep and cattle

b) cats and dogs

c) rats, mice

d) a person

e) a + b + a

8. The place of primary replication of Pasteurella are:

a) The skin and mucous tract

b) the meninges

c) the liver, spleen

d) the central nervous system

e) the cardiovascular system

9. In cutaneous form of pasteurellosis says:

a) a painful red spot or papule - infiltrated hemorrhagic content, ulcers rarely

b) The vesicles on the skin intact

c) an ulcer with black crust

d) Bull on the basis infiltrated with a distinct boundary

e) the scab

10. For pasteurellosis - septic form is characterized by:

a) high fever

b) the polymorphism of the rash

c) lung. CNS

d) of the gastrointestinal tract

e) the failure of many organs and systems

**Source control to engage in "Zoonotic disease"**

**Option 2**

1. The diagnosis of listeriosis is on the basis of:

a) clinical

b) epidemiological

c) laboratory

d) a + b

e) all of the above

2. Bacteriological analysis shall be with pasteurellosis:

a) the contents of papules, vesicles, ulcers

b) lymph node punctate

c) blood

d) sputum

e) all of the above

3. Ways to brucellosis infection

a) The nutritional

b) contact

c) spray

d) a + b

e) all of the

4. For lesions characteristic of brucellosis:

a) the nervous system

b) the skin, gastrointestinal tract

c) the urogenital system, cardiovascular system

d) the musculoskeletal system

e) the failure of many organs and systems

5. Feature of brucellosis in young children is:

a) The skin lesions

b) lymph node

c) the musculoskeletal system

d) absence of fever

e) the catarrhal conditions, diarrhea, hepatosplenomegaly

6. In order to produce the Listeria isolation tank culture:

a) Blood

b) The feces

c) urine

d) throat swab and nasal

e) all of the above

7. The interval between the DTP in a child 1 year of life is:

a) 2 weeks

b) 1 month

c) 1.5 months

d) 2 months

e) 3 months

8. The first booster dose of DTP is held in the aged:

a) 8 months

b) 10 months

c) 12 months

d) 18 months

e) 24 months

9. The first vaccine for polio held in the aged:

a) 0 - 4 days of life

b) the 10th day of life

c) the 1st month of life

d) the 2nd month of life

10. A third booster dose of diphtheria is carried out at the age of:

a) 18 months

b) 2 years

c) 5 years

d) 6 years

e) 12 years

**The final control to engage in "Zoonotic disease"**

1. A child 10 years from rural areas to hospital billed diagnosis of Brucellosis. The reaction to Wright Heddlsona positive. What treatment is important in the acute stage of the disease:

a) Antibiotics - doksotsiklin, rifampin, and others levomitsitin

b) dehydration

c) hormones

d) physical therapy

e) Vitamins

2. A girl 13 years after treatment in a hospital on the basis of clinical and epidemiological data and laboratory diagnosis of chronic brucellosis, the phase of exacerbation. What changes are characteristic of a general analysis of blood

a) hypochromic anemia, reticulocytosis, leukopenia, eosinopenia, lymphocytosis, elevated erythrocyte sedimentation rate

b) The hyperchromic anemia, leukocytosis, elevated erythrocyte sedimentation rate

c) The hyperchromic anemia, leukocytosis, lymphocytosis

d) hyperleukocytosis, lymphocytosis, ESR - the norm

e) leukopenia, neutrophilia

3. A child 6 years old, entered the hospital for 3 gb in serious condition. The disease began with a stop-ro raise the temperature up to 400C, headache, pains in the abdomen. On examination, - listless, on the skin maculopapular rash with skin itching, generalized lymphadenopathy with lymph node tenderness on palpation, muffled heart sounds, arthritis, ankle joints, hepatosplenomegaly, diarrhea, 2 times a day. What is the most likely diagnosis is:

A) pasteurellosis

B) yersiniosis

V) listeriosis

G) Brucellosis

D) SLE

4. A child 4 years old admitted to the hospital for 3 gb The disease started acutely with increasing the temperature to 39 C, headache, malaise, unilateral conjunctivitis. On examination - increase in morbidity and parotid and submandibular l / have the right to "beans" on the left to "second-roshiny." Right palpebral fissure is narrowed, swollen eyelids, sealed, at the corner of my eyes - my-purulent discharge, the conjunctiva - bright follicles. Houses are hamsters. Put a preliminary diagnosis:

A) pasteurellosis

B) yersiniosis

V) listeriosis

G) Brucellosis

D) SLE

5. The boy is 6 years old on December 12 had been vaccinated against measles. December 20 at the child-las raise the temperature to 37.6, at once appeared is soft melkopyatnistaya rash, nasal discharge - non-excessive mucous discharge. Contact with infectious patients is not installed. Put a preliminary diagnosis:

A), measles, subclinical form of

B), measles, mitigirovannaya form

V) a reaction to the vaccine

G) enterovirus infection

D) SARS, allergic dermatitis

6. A child 14 years of age receiving treatment for acute brucellosis. The diagnosis was confirmed serolo-cally and bacteriologically .. sore knees and ankles. Which of the following symptoms are not typical for brucellosis:

a) painful infiltrates around the joints

b) morning stiffness

c) painful infiltrates in the muscle

d) bursitis, tendovaginitis

e) a preferential loss of large joints of lower limbs

7. A child 8 years old, who receives treatment for leptospirosis in a hospital, the survey is conducted. In the acute period of the pathogen can be detected:

a) in stool microscopy

b) in the blood smear

c) for microscopy a drop of blood in a dark field microscope

d) none of these methods

e) all of these methods

8. A child 14 years of age from rural areas, where there is a swampy place, goes to the hospital. You are shown bacteriologically, clinically leptospirosis. Which diseases should be pro-to the differential diagnosis:

a) sepsis

b) infectious mononucleosis

c) listeriosis

d) viral hepatitis

e) all of the above

9. A child 4 years old admitted to the hospital for 3 gb The disease started acutely with increasing the temperature to 39 C, headache, malaise, unilateral conjunctivitis. On examination - increase in morbidity and parotid and submandibular l / have the right to "beans" on the left to "second-roshiny." Right palpebral fissure is narrowed, swollen eyelids, sealed, at the corner of my eyes - my-purulent discharge, the conjunctiva - bright follicles. Houses are hamsters.

a) adenoviral infection

b) infectious mononucleosis

c) listeriosis

d) leukemia

e) stafilodermiya

10. The boy is 6 years old on December 12 had been vaccinated against measles. December 20 at the child-silas temperature increase to 37.6, at once appeared is soft melkopyatnistaya rash, nasal discharge - non-excessive mucous discharge. Contact with infectious patients is not installed. What are the pro-tivoepidemicheskie measures should be:

A) isolate the patient in a box meltserovsky

B) hospitalized in the Department of SARS

V) hospitalized in the Department of Allergology

G) an outpatient appoint a desensitizing therapy

**Standards of the original control to engage in "Zoonotic disease"**

**Option 1**

A. G. 6. G.

2.g 7. G.

3.g 8. ABC

4.a 9. ABC

5.d 10. D.

**Standards of the original control to engage in "Zoonotic disease"**

**Option 2**

A. b 6. D.

2. d 7. D.

3. d 8. G.

4. d 9. G.

5. d 10. A

**The standards of the final control to engage in "Zoonotic disease"**

Option 1

1.a 2.a 3.b 4.B 5.B 6.B 7V 8.d 9.B 10.g

**1. Tema14**. **The differential diagnosis of diseases with the syndrome of angina.**

**Source Control on the topic:**

**" The differential diagnosis of diseases with the syndrome of angina."**

**Option 1**

1. The causative agent of diphtheria:

A paramyxovirus

B. Stick Leffler

V. Stick Bordet-Zhang

G. Chlamydia

2. The localized form of oropharyngeal diphtheria is characterized by:

A. The films only on the tonsils

B. The films only on the tonsils and the ear

V. low-grade fever

G. Temperature above 38 º C

D. Severe pain in the throat

3.For myocarditis is characterized by:

A. Heat

B. Pain in the Heart

V.Poterya consciousness

G. Autism

D.Zhidky chair

4. Diphtheritic film:

A tonsillectomy is easily removed from the

B. triturated between the spatulas

B. Do not bleed when removing

G. Deleted hard, insoluble

D. crumble when removing

5. Losses IX and X pairs of cranial nerves is manifested in the form:

A paresis of the muscles of the neck

B. snuffles, choke

V. Dysarthria

G. Aphonia

6. In the treatment of patients with localized oropharyngeal diphtheria should:

A. Apply 100 thousand AU PDS

B. can be treated without the PDS

V. Enter a single dose of 20 thousand. AE

G. Enter the ADS

D. DTP

7. Transmission of diphtheria:

A fecal-oral

B. The air-drop

V. A household items

G. In the third person

D. Water

8. At 3-4 days of diphtheria of the nose says:

A. Moisture, bloody crusts in the nasal vestibule

B. One-way process

V. Purulent discharge from the nose

G. Abundant serous discharge

D.Nosovoe breathing is not difficult

9. Soft tissue swelling is observed in the oropharynx:

A localized diphtheria

B. Interim diphtheria

V. toxic

G. Laryngeal Diphtheria

D. Diphtheria nose + larynx

10. The most frequent localization is the process of diphtheria:

A throat

B. Skin

V. oropharynx

G. Nose

D. Eyes

**Source Control on "Dif.diagnoz disease with angina syndrome"**

**Option 2**

1.Vozbuditel diphtheria:

A. Bloch type gravis

B. intermedius type BC

V. Bloch-type mitis

G. Bloch any type of toxigenic

D. Mycoplasma

2. Raids on the tonsils after 12 hours of onset of toxic forms of diphtheria is characterized by the following:

A Gentle arachnoid

B. Dense fibrinous

V.Zhelto-green color

G. crumble when trying to remove them

D. Do not be removed with a spatula

3.For the early diagnosis of diphtheria is used:

A reaction of agglutination

B. Quantification of antitoxin in the blood of Jensen

V. Smear of the oropharynx in BC

G. RPGA

D. Complete blood count

4. A likely sign of diphtheria in the later stages of the disease:

A. nephrosis

B. Myocarditis

V. polyradiculitis

G. polyradiculitis, myocarditis

D. myocarditis, nephrosis

5. For the diagnosis of laryngeal diphtheria is most important:

A. aphonia

B. stenotic breathing

V. Severe intoxication

G. Aphonia, stenotic breathing

D. Aphonia expressed intoxication

6. The incubation period for diphtheria:

A. 5:00

B. 2-10 days

V. 12-14 days

G. 21 days

D. 14-21 days

7. The symptoms of diphtheria croup includes everything except:

A. Shortness of breath

B. Cough

V. hoarseness

G. Participation of the auxiliary muscles

D. Pain in the abdomen

8. In the differential diagnosis between paratonzillitom and toxic form of diphtheria-theory in favor of the latter shows that

A fever

B. sharp pain on swallowing

V. trismus

G. regional lymphadenitis

D. swelling neck tissue, fibrinous raids on the tonsils

9.Pri suspected diphtheria should adhere to the following position (relative to the pro-diphtheria serum PDS):

A.PDS should be administered immediately upon suspicion of diagnosis

B. PDS not only introduces children to the values ​​of grafted

V. Introduction of the PDS is not shown

G. You must enter the following clarifications

D. timing the introduction of the PDS are not

10. For specific prevention of diphtheria include:

A. Isolation of patients

B. Bacteriological examination of the contact

V. Identification and treatment of carriers

G. Vaccination with DTP

D. Disinfection of utensils

**The final control on the theme: "Dif.diagnoz disease with angina syndrome"**

1.U Katie, 3 years, 2 days of illness the temperature of 38,5 º C, malaise, weakness, sore throat. In mild throat congestion arches, the tonsils, grayish, thick film, bad shooting, are a spatula, when removing the bleed. Put diagnosis:

A lacunar tonsillitis

B. Follicular tonsillitis

V. Necrotic angina

G. Diphtheria oropharynx, localized form

D. Diphtheria oropharynx, toxic form of

2. A child 6 years, 3 days of illness. His condition was grave. Swelling of the cervical tissue reaches the clavicle. In the throat bright redness, tonsils, arches, swollen tongue. On the tonsils dense film-type "plus-web", removable hard at trying to remove the blood flow chat. Put diagnosis:

A. Necrotic angina

B. Diphtheria toxic oropharynx

B. quinsy

G. Diphtheria oropharynx intermediate

D. Paratonzilyarny abscess

3.U girl suffered a "sore throat" after 2 weeks revealed paresis of the soft palate, poperhi-tion, nasal voice. Put diagnosis:

A. Polimielit, bulbar form

B. Botulism

V. Postdefteriyny paralysis of the soft palate

G. Encephalitis

D. Foreign body airway

4. Boy, 7, 9 th day of illness. His condition was grave, pale, adinamichen. In the swollen tonsils, ear remnants of gray dense plaque-type "plus-cloth." Cardiac deaf. Reduced blood pressure, liver 2 cm, and abdominal pain. Swelling of the neck below the klyutchitsy. Put the diagram prognosis:

A. Diphtheria oropharynx, toxic myocarditis

B. Diphtheria oropharynx, toxic

V. Diphtheria oropharynx, localized, congenital heart disease

G. Diphtheria oropharynx, toxic + ITSH

D. Diphtheria oropharynx, toxic hepatitis +

5. Boy, 4.5 months. Contracted gradually, the temperature of 37,5 º C, dry cough, hoarse voice. At the 3rd day of illness with cough, shortness of silent compromise of the jugular fossa, epigastrium. The sister had a sore throat a week ago. Put diagnosis:

A. Diphtheria oropharynx, localized form

B. Flu with croup syndrome

V. Diphtheria laryngeal stenosis of the II degree

G. parainfluenza, croup syndrome

D. Paratonsillar abscess

6. The child is 10 months, within 2 days had low-grade fever, dry cough. On the 3rd day of illness sluggish, inspiratory dyspnea, aphonia, silent cough. In the lungs, breathing hard. Your a prior diagnosis

A. Influenza A.

B. Adenovirus infection

V. Parainfluenza

G. Pneumonia

D. Respiratory diphtheria

7. The child has respiratory diphtheria. Aphonia, silent cough, stenotic dy-damping during sleep. Sometimes the child is torn, tachycardia, cyanosis around the mouth. Determine the degree of stenosis:

A first

B. second

V.Asfiksiya

G. 3-D

D. The transition from second to third

8. Child 9 years 8.U carries diphtheria, complicated nephrosis. What changes are found in the urine:

A red blood cells, sugar

B. Protein

V.sahar

G. White blood cells in small amounts, hyaline cylinders

D. granular cylinders

9. Early toxic diphtheria with myocarditis appears

A. 2 weeks

B. 2-3 days

V. After 5.9 days

G. In the first day

D. in 14 days

10. The final response indicating the toxicity and biochemical variants isolated korinobaktery in diphtheria is given by:

A. 24 hours

B. 12:00

V. 5 days

G. 48-72 hours

D. a week

**Standards.**

**Source Control on "Dif.diagnoz disease with angina syndrome"**

**1-Var. 2-Var.**

1-B 1-G

2-A 2 - A

3-D 3-D

4-D 4 - D

5-B 5-G

6-B 6-B

7-B 7-A

8 -A 8 - D

9-D 9-A

10 – V 10-G

**FINAL CONTROL on the topic: "Dif.diagnoz disease with angina syndrome"**

1-D

2-B

3-V

4-A

5-V

6-A

7-B

**Landmark control of a number**

**forelective "IMCI"**

**Option number 1**

1. Signs of danger include:

A. Seizures, letargichen or unconscious.

B. The rise in temperature.

C. Cough.

D. Diarrhea.

E. Rash.

2. A child with cough or difficult breathing is assessed:

A. Stridor at rest, wheeze.

B. Cyanosis nasolabial triangle.

C. Tachycardia.

D. Bradycardia.

3. When the return to a medical facility, with the appearance of the following symptoms (3):

A. Not able to drink or breastfeed

B. The child improved

C. The child's condition worsens

D. Develops a fever

E. The body temperature is normal

4. What a breath quickened for a child is 10 months. The BPI BDV (3 replies):

A) 50

B) 61

C) 48

D) 36

E) 54

5. What is your breath quickened for a child 2 years of BDV IV (3 replies):

A) 45

B) 36

C) 39

D) 53

E) 40

6. In setting up the classification of "throat abscess" which patients are subject to mandatory state-capitalization in the hospital?

A. If a child does not drink

B. If he has signs of dehydration

C. If it has white patches in throat

D. If he has bacteriological confirmation

E. if it increased the neck lymph nodes

7. Which of the following signs is grounds for immediate return of the patient in a medical facility?

A. poor appetite

B. morbid irritability

C. low-grade fever

D. cramps

E. cough

8. Which drug is administered to children with the category of "pneumonia" in primary care:

A. Azithromycin

B. Gentamicin

C. Amoxiclav

D.Amoxicillin

E. Sumamed

9 ..the bottom of the retraction of the chest during inhalation is the next category:

A. Severe pneumonia or very severe disease

B. Pneumonia

C. Pneumonia not. Cough or cold

D. ARI

E. Bronchitis

10. Girl 3 years old comes to the emergency room with shortness of breath, coughing. The physician should assess for IV BDV:

A) How long does a cough or difficulty breathing

B) Rapid breathing

C) compromise of the lower chest

D) Stridor at rest, wheeze

E) All of the above

**The standard answer**

**Landmark control of a number**

**Option 1**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| A | A | A,C,D | A,C,E | A,D,E | A | D | C | A | E |

**Landmark control of a number**

**forelectiveu "IMCI"**

**Option 2**

1. Child with a cough for 30 days or more should be evaluated with (3-hole.)

A. TB specialist.

B. pulmonologist.

C. infectious diseases.

D. neurologist.

E. nephrologist.

2. 4 years old boy goes to the hospital: a t 37,6 C, conjunctivitis, runny nose and cough. Auscultatory hard breathing and wheezing. What sign is necessary to consider the problem of "cough and shortness of breath" (Program IV BDV):

A) Runny nose

B) The Fever

C) Cough

D) conjunctivitis

E) Rigid breath

3. Stenosis of the larynx is more common in children:

A) in newborn

B) from 0 to 6 months

C) from 6 months to 2 years

D) in all age groups

E) from 3 to 7 years

4. . In the IMCI program as a symptom of danger of these signs is the basis for vaniem-term return of the patient in a medical facility?

A. poor appetite

B. uvlichennye limaticheskie cervical nodes

C. the morbid irritability

D. cramps

E. cough

5. For croup syndrome is characterized by:

A. "barking cough" hoarseness

B. patchy infiltrative shadows in the lung

C. slight cough

D. hyperemia and granularity of the posterior pharyngeal wall

E. fine moist rales in the lungs

6. Which drug is administered to children with the category of "pneumonia"

A. metragil

B. Gentamicin

C. Amoxiclav

D.Amoxicillin

E. tsiprolet

7. For obstructive syndrome is characterized by the following features: (4 answers)

A. expiratory dyspnea

B. Swelling of the chest

C. pronounced intoxication

D. Dry wheezing

E. Breathing with the auxiliary muscles.

8. Which of the following problems are considered in children under 5 years of IMCI (3):

A) Diarrhea

B) cough and shortness of breath

C) The rash

D) Arthralgia, myalgia

E) Pain in the throat

9.B waiting room of a boy 2 years old doctor determines rapid breathing and chest indrawing at rest. As this condition is classified according to the IMCI program:

A) Pneumonia, ODN II-setpeni

B) Severe pneumonia or very severe disease

C) Discharge pneumonia, ODN-III degree, severity of

D) Acute obstructive bronchitis, SGL-II level

E) Very severe pneumonia

10. There is a retraction of the lower chest in a child 1.5 years. Respiratory rate 38. What is the correct diagnosis for IMCI classification:

A) Severe Pneumonia

B) SARS, SGL-II level

C) Severe pneumonia or very severe disease

D) O.bronhit, ODN I.

E) All the answers are correct

**The standard answer**

**Landmark control of a number**

**Option 2**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| A,B,C | C | C | D | A | D | A,B,D,E | A,B,E | B | C |

**Control of landmark number 2**

**Option 1**

1.Child3 years, you must assign treatments to the classification of very serious febrile illness, with a low risk of malaria:

A. prednisone i/ m

B.paracetamol +antibacterial

C.the antibiotics per os

D. piracetam per os

E. parenteral antibiotics

2.Inchild 4 years of fever for 3 days. Pronounced symptoms of colds. For the follow-up report when the mother's return to the re-examination:

A. after 7 days

B. after 2days

C.1 day after

D. after 5 days

E. after 3 days

3. Child 4 years sick typical form of salmonella. Describe the nature of the chair.

A. meager beskalovy, with blood

B. rich, yellow-orange, undigested

C. frequent, copious, fetid with the "greens"

D. as "pea puree"

E. watery, colorless gas with a

4. Child 3 months to 5 kg., Sick of secretory diarrhea. On examination, restless, drinks greedily, dry mouth and tongue, skin fold quickly straightened, his eyes slightly sunken. According to the WHO program for control of diarrheal diseases he was appointed Rehydron. Select the correct answers:

A. 75ml \ kg for 4 hours

B. 50ml \ kg for 4 hours

C.100ml \ kg for 4 hours

D. 30ml \ kg for 4 hours

E. 45ml \ kg for 4 hours

5. Child 3 months with a mass of 4 kg is sick with diarrhea. When viewed letargichen, sluggish, skin warehouse-ka is not straightened, anuria, does not drink. Identify tactics according to the WHO doctor:

A. the start of the intravenous fiz.rastvora rascheta75ml \ kg

B.start intravenous fiz.rastvora rate of 100 ml \ kg

C.start intravenous fiz.rastvora rate of 150 ml \ kg

D.to start intravenous fiz.rastvora rate of 80 ml \ kg

E.start intravenous fiz.rastvora rate of 5 - ml \ kg

F. Rhinitis.

6. According to plan a child up to 2 years, how much fluid to give, in addition to the usual quantitative stvu?

A. Up to 2 years 100 - 150 ml after each loose stool

B. Up to 2 years of 50 - 200 ml after each loose stool

C. Prior 2 years 100 - 200 ml after each loose stool

D. Prior 2 years of 50 - 100 ml after each loose stool

E. Up to 2 years of 80 - 120 ml after each loose stool

7. The reaction of the skin fold is checked:

A. At the hands.

B. At the foot at the ankle

C. Between the navel and the side wall of the abdomen.

D. On the cheeks.

E. On the buttocks.

8. In setting up the classification of dysentery which patients are subject to compulsory admission to hospital?

A. If he has symptoms of mild dehydration

B. If he has signs of severe dehydration

C. if he has signs of dehydration

D. if he has a bacteriological confirmation

E. if he loose stools with blood

9. Rita 14 months. Rita's mother said the child's diarrhea lasts 3 weeks. Rita is no general danger signs. In the chair is no blood. Child painful irritated during the inspection. Her eyes are not sunken. She drank greedily. Skinfold crushes immediately.

Rita classify the disease:

A protracted diarrhea

B. The prolonged diarrhea, severe dehydration

C. Prolonged diarrhea, mild dehydration

D. Prolonged diarrhea, dehydration is not

E. Severe protracted diarrhea

10.Boy 2 years. Fever is the 6th day, reduce paratsetmolom, rises again. What is the diagnosis in the child's IMCI program:

A) Uncomplicated fever

B) Possible bacterial infection

C) Prolonged fever

D) Typhoid fever

E) zoonotic infections

**The standard answer**

**Control of landmark number 2**

**Option 1**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| B | B | C | A | B | D | C | B | D | C |

**Control of landmark number 2**

**Option 2**

A. And according to plan, children 2 years and older, how much fluid to give, in addition to the usual quantitative ?

A. 2 years and older 100 - 150 ml after each loose stool

B. 2 years and older 150 - 200 ml after each loose stool

C. 2 years and older 100 - 200 ml after each loose stool

D. 2 years and older 150 - 250 mL after each loose stool

E. 2 years and older 100 - 300 ml after each loose stool

2. What is Plan B for the treatment of diarrhea?

A. Treat protracted diarrhea

B. Treat dysentery

C. Treat diarrhea at home

D. Treat Mild Dehydration with ORS

E. Treat Severe Dehydration Quickly

3. Child 1 year, with a mass of 10 kg., Fever for 2 days, body temperature 38.5 C. On-znachte fur coat paracetamol:

A 2-3 ml \ kg

B 5-7 ml \ kg

C the 10-15 ml \ kg

D 1-2 ml \ kg

E 25-30 ml \ kg

4. babies fever continued every day for 7 days. Your actions:

A. assign treatment at home

B. antibiotics and treated at home

C. Assign a dosage of acetaminophen in the age

D. refer the child to the hospital for an examination

E. Investigate outpatient

5.Klinicheskie features of shigellosis among children 1 year of life (3):

A chair in a kind of "rectal spit"

B. The blood in the stool, and rarely appears after 3-4 days of onset of disease

C. Concerns the child crying, facial flushing during defecation

D. Tenesmus

E. Relaxation of sphincter of any

6.How research must necessarily be assigned to patients during infection, dashing Radko, continuing more than 5 days:

A. Blood on blood cultures, a drop of thick, p-th Vidal;

B. Blood on the immunoassay, polymerase chain reaction;

C. Blood on blood count, total protein;

D. Blood on the serologic and biochemical analysis;

E. Blood on the p-th-Bunelya Paul, a smear of blood on the diplococci;

7. The main clinical manifestations of malaria:

A. Lihoradka, gepatolienalny syndrome

B. Kataralny Fever Syndrome

C. Diareyny syndrome

D. gepatolienalny syndrome, lymphadenitis

E. neuropathy Fever

8. The girl second day is marked fever. The doctor put the category on IMCI - uncomplicated fever. What is the drug recommended by IMCI for fever:

A) Aspirin

B) Nimez

C) Tylenol

D) Paracetamol

E) Trombo - Ass

9. What is the air - droplet infection is included in the IMCI algorithm for the passage of "fever":

A) Rubella

B) Scarlet fever

C) Varicella

D) Measles

E) Mumps infection

10. Child 1 year goes to the hospital in serious condition. IMCI presence of any general danger signs, we check it? (4 responses):

A) Cyanosis - yes or no

B) Does drinking or suckling

C) Have the cramps

D) Letargichen or unconscious

E) Is there any vomiting after eating or drinking

**The standard answer**

**Control of landmark number 2**

**Option 2**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| C | E | D | E | B,C,E | A | A | D | D | B,C,D,E |

**Landmark control of number 3**

**Option 1.**

1.Patognomotichnym for measles:

A.Triada Stimpson

B.Preenantema Peten

C.Pyatna Belsky, Filatov, Koplik

D.Pyatna Herman

E.Vse listed

2. Problems with the ears, measured by symptom (especially in infants)

A) The increase in ear limfauzlov

B) Sore neck limfauzlov

C) Pain in the ear limfauzlov

D) Swelling may be above the ear

E) The absence of swelling behind the ear

3. According to the classification of problems with his ears (IMCI) is an acute ear infection, if the pus from the ear last:

A) More than 7 days

B) More than 14 days

C) More than 21 days

D) More than 30 days

E) More than 35 days

4. IMCI chronic ear infection, if the pus from the ear last:

A) Less than 3 days

B) Less than 5 days

C) Less than 7 days

D) Less than 14 days

E) Less than 21 days

5. IMCI, if a child has an ear infection, it may be the cause:

A) pharyngitis

B) conjunctivitis

C) mastoiditis

D) Pneumonia

E) stridor

6. A child 5 years weighing 20 kg, the disease is classified as a "throat abscess." What is the tactics of the patient on the IMCI program?

A. urgently admitted to hospital

B. intramuscularly Bitsillin-1, paracetamol, urgently admitted to hospital

C. the IM-1 Bitsillin

D. 1 Bitsillin intramuscular paracetamol, throat Mitigating home means

E. home means the throat Mitigating

7.children 2 years of IMCI classified streptococcal pharyngitis. Assign treatment:

A. cotrimoxazole

B. amoxicillin

C. Vitamin A

D. bitsillin - 1

E. penicillin

8. A child two years of IMCI classified mastoiditis. Give the first dose of antibacterial-tion of the drug:

A. cotrimoxazole

B. amoxicillin

C. Vitamin A

D. Vitamin C

E. penicillin

9. children 2 years of IMCI classified acute ear infection. Assign treatment:

A. cotrimoxazole

B. amoxicillin

C. Vitamin A

D. Vitamin C

E. penicillin

10. Ivan discharge from the ears continued for 2 days. Isolation of a purulent character.He bolez-Nenno annoyed. His father and mother also find that Ivan is a pain in the ear. An objective examination, the doctor is not revealed swelling of the ears.

Evaluate signs of problems with the ears of Ivan and classify them into the form for records.

A. Pharyngitis

B. Chronic ear infection

C. Mastoiditis

D. Acute ear infection

E. Increase zadnesheynyh limphatyc nodes

**The standard answer**

**Control of landmark number 3**

**Option 1**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| C | D | B | E | C | B | B | B | B | D |

**Landmark control of number 3**

**Option 2**

1. Dina earache lasts for 3 days. The body temperature of 38.4 C. She does not have a selection of his ears. The child does not letargichen in mind. She is irritable and restless. An objective examination, the doctor is not revealed swelling of the ears.

Evaluate signs of problems with their ears Dina and classify them in the form for records.

1. the increase in occipital limfauzlov

B.The increase in BTE B limfauzlov

C. mastoiditis

D. Acute ear infection

E. chronic ear infection

2.U Gaul selection from ear continues for 15 days. The body temperature of 38.0 C. She is morbidly irritable and restless. Her father and mother find that the last 3 days Gaul says SNI-tion on the left ear.

Evaluate signs of problems with his ears in Gaul, and classify them in the form for records.

A.the increase in occipital limfauzlov

B. Increase in ear limfauzlov

C. mastoiditis

D. Acute ear infection

E. chronic ear infection

3. The 2-year-old Vanya's ear pain lasts for 7 days. The child does not letargichen and consciousness research institutes. His father and mother said that the child's last two days there is pain and puhanie-behind the ears on the right. He painfully irritated and restless.

Evaluate signs of problems with their ears Vanya and classify them in the form for records.

A. the increase in occipital limfauzlov

B. Increase in ear limfauzlov

C. mastoiditis

D. Acute ear infection

E. chronic ear infection

4.Iskanderu 2 years. It weighs 15 kg. His mother brought him to the surgery because Iskander hot to the touch the last 2 days. He has no signs of danger. Iskander is not letargichen in mind. The child is not painful irritated and restless. Objectively, it does not have: pain in the ear, discharge from the ear and swelling behind the ear.

Evaluate signs of problems with their ears at the Iskandar and classify them in the form for records.

A. sharp ear infection

B. Increase in ear limfauzlov

C. mastoiditis

D. No ear infections

E. chronic ear infection

5. A child 4 years of malaise, chilliness, low-grade temperature, difficult breathing through the nose-tion, maceration of the skin under the nose, at first serous-hemorrhagic discharge from one nostril, then - from the other. In the nose ulcers, erosions. The disease occurs more than 10 days. A preliminary diagnosis:

A. Parainfluenza

B. Diphtheria of the nose

C. Rhinovirus infection

D. nasal foreign body

E. Allergic rhinitis

6.K. 2 years. High: 37 ° C. In the words of Mother temperature was observed for 7 days, was not measured, but the child was hot to the touch. During the 3-meyatsev measles and there was no neck stiffness fever myshts.Klassifitsiruyte:

A. Very heavy febrile illness.

B. Prolonged fever.

C.Neoslozhnennaya fever.

D.Vozmozhna bacterial infection.

E. Temperature normal for this age.

7.Devochka 6-year-old complains of sore throat, there is an increase of cervical lymph nodes, white patches in the throat. Drinks well. Classify a sore throat:

A. Abscess of the pharynx.

B. Streptococcal pharyngitis.

C. Do not strep throat.

D. Diphtheria oropharynx.

E.Gribkovaya angina.

8. The boy is 4 years old, weight 13 kg. Temperature 38.5 a. Pain in the throat. Keeps 2 days, crying, do not drink, no vomiting. Classify a sore throat:

A. Abscess of the pharynx.

B. Streptococcal pharyngitis.

C. Do not strep throat.

D. Diphtheria oropharynx.

E. Fungal sore throat.

9. Classify the problem with the ears of the IMCI program. All answers are correct, EXCEPT:

A. mastoiditis.

B. Acute ear infection.

C. Chronic ear infection.

D. No ear infections

E. Eustace.

10. Signs of danger include:

A.Sudorogi, letargichen or unconscious.

B. The rise of the heat.

C. Cough.

D.Diareya.

E.Syp.

**The standard answer**

**Control of landmark number 3**

**Option 2**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| D | E | C | D | B | C | B | A | E | A |

**Landmark control 1 of legal competency**

**optionI**

1. What are regulations for the active prevention of infectious diseases in children.

A) № 535 "On the prevention of polio,"

B) № 661 "Sanitary requirements for the organization and holding of sanitary-epidemiological (preventive) measures for patients with viral hepatitis

C) PMTCT of HIV infection

D) Standards for determining high-risk infections

E) "On measures to improve vaccination against infectious diseases"

2. The introduction of integrirovannoego management of childhood illness is reflected in the order

A) № 264

B) № 656

C) № 479

D) № 2136

E) № 661

3. The volume of guaranteed health care is carried out in accordance

A) Program IMCI

B) PMTCT of HIV infection

C) Standards for determination of especially dangerous infections

D) Approval of the list of guaranteed free medical care

E) Rules of Registration and registration of infectious and parasitic diseases in the population

4. Indications for hospitalization of children with respiratory disorders are defined in the following documents:

A) Order "On the implementation of IMCI and early childhood development in the Republic of Ka-khstan"

B) of the Rules of Registration and registration of infectious and parasitic diseases in the population

C) Approval of the list of guaranteed free medical care

D) PMTCT of HIV infection

E) Standards for determining high-risk infections

5. The citizens of the RK are entitled to free medical care. What are the normative docu-ment

A) № 2295

B) № 113

C) № 566

D) № 479

E) № 2136

**Standards:**

**Option number 1**

1) E

2) A

3) D

4) B

5) A

**Landmark control 1 of legal competency**

**option II**

1. Soglastno what normative document is provided a guaranteed volume of free-term care

A) № 2295

B) № 113

C) № 566

D) № 479

E) № 2136

2.Do what age is the method of assessment and classification of IMCI:

A) up to 1 year

B) up to 2 years

C) up to 5 years

D) up to 10 years

E) up to 14 years

3. Order № 946/326 of 12/10/2002 regulates:

A. Measures for the prevention of measles in the ROK

B. On the lower incidence of diphtheria in the ROK

C. The veterinary-sanitary and sanitary-epidemiological rules for the prevention in the fight against communicable diseases common to humans and animals (brucellosis)

D. Prevention of listeriosis in the ROK

E. Calendar of vaccinations in the ROK.

4. Integrated Management of Childhood Illness - is:

A. WHO / UNICEF strategy to reduce morbidity and mortality;

B. Order of the Ministry of Health and ultrasound on the organization of children's health facilities

C. WHO's training program for the public and health professionals

D. Strategy deformed Development Bank

E. Scientific monograph of the leading scientists and pediatricians

5. What is the order of the methodology implemented in the standard IMCI case management of children in the Republic of Kazakhstan

A) № 264

B) № 656

C) № 479

D) № 2136

E) № 661

**Standards:**

**Option number 2**

1) A

2)C

3) D

4) A

5) B

**Landmark control of legal competency number 2**

**option I**

1. The volume of guaranteed health care is carried out in accordance

A) Program IMCI

B) PMTCT of HIV infection

C) Standards for determination of especially dangerous infections

D) Approval of the list of guaranteed free medical care

E) Rules of Registration and registration of infectious and parasitic diseases in the population

2. The principles of organization to help children with infectious diseases identified

A) PMTCT of HIV infection

B) Registration Rules and registration of infectious and parasitic diseases in the population

C) the IMCI

D) Standards for determining high-risk infections

E) "On measures to improve vaccination against infectious

Diseases "

3.Prikaz № 656 obliges doctors to apply IMCI methods for:

A. Making a child in kindergarten

B. Making a child in a hospital

C. When you contact the child for honey. Through to the pediatrician

D. When you contact the registry

E. On discharge from hospital

4. Clinical management of children with infectious diarrhea defined in the following documents:

A) Program IMCI

B) of the Rules of Registration and registration of infectious and parasitic diseases in the population

C) Approval of the list of guaranteed free medical care

D) PMTCT of HIV infection

E) Standards for determining high-risk infections

5. Normative documents for the diagnosis, treatment of meningococcal disease

A) № 2295

B) № 113

C) № 566

D) № 479

E) № 264

**Landmark control 2 of legal competency**

**option II**

1. What document defines the amount of guaranteed health care

A) Program IMCI

B) PMTCT of HIV infection

C) Standards for determination of especially dangerous infections

D) Approval of the list of guaranteed free medical care

E) Rules of Registration and registration of infectious and parasitic diseases in the population

2.Strategy based IMCI:

A. on the opinion of renowned scientists

B. on the experimental data

C. on evidence-based medicine

D. Documents on the MH RK

E. Based on the books of Pediatrics

3. The standards of examination and treatment of children at the level of outpatient care are defined in any document

A) PMTCT of HIV infection

B) Registration Rules and registration of infectious and parasitic diseases in the population

C) Order number 656

D) Standards for determining high-risk infections

E) "On measures to improve vaccination against infectious

Diseases "

4. Clinical management of children with infectious diarrhea defined in the following documents:

A) Program IMCI

B) of the Rules of Registration and registration of infectious and parasitic diseases in the population

C) Approval of the list of guaranteed free medical care

D) PMTCT of HIV infection

E) Standards for determining high-risk infections

5.Prdolzhitelnost quarantine surveillance at the source of infection in which Mengokokkovoy of document is determined by

A) № 2295

B) № 113

C) № 566

D) № 479

E) № 264

**Landmark control of legal competency number 3**

**Option 1**

1.Metody diagnosing diphtheria are defined in the regulations

A) № 2295

B) № 113

C) № 566

D) № 479

E) № 264

2. Recommendations for the active prevention of infectious diseases in children are in the normative document

A) № 535 "On the prevention of polio,"

B) № 661 "Sanitary requirements for the organization and holding of sanitary-epidemiological (preventive) measures for patients with viral hepatitis

C) PMTCT of HIV infection

D) Standards for determining high-risk infections

E) "On measures to improve vaccination against infectious diseases"

3.Prikaz "On the implementation of the program IVDBV" what the purpose of:

A) increase the birth rate of children

B) decrease in birth rate of children

C) reduce the incidence of young children

D) reduction in mortality and morbidity in young children

E) to improve the quality of life

4.GrazhdaneRK are entitled to free medical care. What are the normative docu-ment

A) № 2295

B) № 113

C) № 566

D) № 479

E) № 2136

5.Diagnostika and treatment of airborne infection are reflected in the order

A) № 264

B) № 566

C) № 479

D) № 2136

E) № 661

**Landmark control of legal competency number 3**

**Option 2**

1. Which document are defined category of persons subject to mandatory testing for diphtheria

A) № 2295

B) № 113

C) № 566

D) № 479

E) № 264

2.Natsionalny immunization schedule which is included in the document:

A) № 535 "On the prevention of polio,"

B) № 661 "Sanitary requirements for the organization and holding of sanitary-epidemiological (preventive) measures for patients with viral hepatitis

C) PMTCT of HIV infection

D) Standards for determining high-risk infections

E) "On measures to improve vaccination against infectious diseases"

3.Oblast of IMCI in accordance with the order, are:

A) Children's outpatient services and family

B) Children's outpatient and inpatient services

C) Children's outpatient services

D) Children's outpatient, hospital services and family

E) Child-patient service

4.Tsel IMCI strategy:

A reduction in mortality up to 1 year

B. reducing death and disability for children under 5 years

C. improvement of mental and physical development of children under 5 years

D. reducing mortality and morbidity in children under 5 years

E. reduction in mortality, morbidity, improved mental and physical development of children under 5 years

5.What order to determine the standards of care airborne infections:

A) № 264

B) № 566

C) № 479

D) № 2136

E) № 661

**Landmark control 1 of self-development**

**Option 1**

1.How medication administered to children with the category of "pneumonia"

A. Azithromycin

B. Gentamicin

C. Amoxiclav

D.Amoxicillin

E. Sumamed

2.Uchaschennoe breath per minute in children aged 12 months to 5 years is:

A. 30 or more

B. 40 or more

C. 50 or more

D. 60 or more

E. 45 or more

3. Indrawing of the lower rib cage during inspiration - is the next category:

A. Severe pneumonia or very severe disease

B. Pneumonia

C. Pneumonia not. Cough or cold

D. Severe Pneumonia

4 Children 6 months., Sick day 2. Acutely ill: the temperature of 37,8 C, runny nose, cough, 4 gb cough more frequent, there was rapid breathing-58 alone, weakened breathing, wheezing krepitiruyuschie-yuschie. What kind of category IV pneumonia BDV have to think. Your diagnosis:

A. Pneumonia

B. No pneumonia: cough or cold

C. Severe pneumonia or very severe disease

D. Severe Pneumonia

5. The child 3.5 years of a history of atopic dermatitis. Ill with colds, there was a wheeze. What is the treatment to be assigned, if after evaluation of state of the selected category of "pneumonia"?

A. antibacterial

B. Salbutamol aerosol

C. Facilitate the cough with a safe means of

D. Delete the home steam inhalation

E. All of the above

6. Girl 3 years old comes to the emergency room with shortness of breath, coughing. The physician should assess for IV BDV:

A) How long does a cough or difficulty breathing

B) Rapid breathing

C) compromise of the lower chest

D) Stridor at rest, wheeze

E) All of the above

7. Signs of danger include:

A. Seizures, letargichen or unconscious.

B. The rise in temperature.

C. Cough.

D. Diarrhea.

E. Rash.

8.In child with cough or difficult breathing is assessed:

A. Stridor at rest, wheeze.

B. Cyanosis nasolabial triangle.

C. Tachycardia.

D. Bradycardia.

9.Girl 2.5 months. coughing for 3 days. Low-grade temperature.Auscultatory you slushivayutsya-dry rales. Breathing is not speeded up. Which of the following diseases is most likely?

A. Pneumonia.

B. No Pneumonia: Cough or cold

C. Severe pneumonia.

D. Very severe pneumonia

10. Three year old child in two weeks bothered cough, low-grade temperature, rhinitis, there is shortness of breath - 47 in 1 minute, indrawing of the lower rib cage. Which of the following diseases is most likely in this case:

A. Pneumonia.

B. No Pneumonia: Cough or cold

C. Severe pneumonia.

D. Very severe pneumonia

**Landmark control 1 of self-development**

**Option 2**

1. When the return to a medical facility, with the appearance of the following:

A. Not able to drink or breastfeed

B. The child's condition improves

C. The child's condition worsens

D. Develops a fever

E. The body temperature is normal

2.How breathing is quickened for a child 10 months. The BPI BDV (3 replies):

A) 50

B) 61

C) 48

D) 36

E) 54

3.What is the breath quickened for a child 2 years of BDV IV (3 replies):

A) 45

B) 36

C) 39

D) 53

E) 40

4.Kakoy medication administered to children with the category of "pneumonia"

A. Azithromycin

B. Gentamicin

C. Amoxiclav

D.Amoxicillin

E. Sumamed

5. Indrawing of the lower rib cage during inspiration is the next category:

A. Severe pneumonia or very severe disease

B. Pneumonia

C. Pneumonia not. Cough or cold

D. ARI

6.In child 4 years of fever for 3 days. Pronounced symptoms of colds. For the follow-up report when the mother's return to the re-examination:

A. after 7 days

B. after 2days

C. after1 day

D. after5 days

E. after 3 days

7. Girl 3 years old comes to the emergency room with shortness of breath, coughing. The physician should assess for IV BDV:

A) How long does a cough or difficulty breathing

B) Rapid breathing

C) compromise of the lower chest

D) Stridor at rest, wheeze

E) All of the above

8. Child with a cough for 30 days or more should be evaluated with (3-hole.)

A. TB specialist.

B. pulmonologist.

C. infectious diseases.

D. neurologist.

E. nephrologist.

9. For croup syndrome is characterized by:

A "barking cough" hoarseness

B. patchy infiltrative shadows in the lung

C. slight cough

D. hyperemia and granularity of the posterior pharyngeal wall

E. fine moist rales in the lungs

10. Stenosis of the larynx is more common in children:

A) in newborn

B) from 0 to 6 months

C) from 6 months to 2 years

D) in all age groups

E) from 3 to 7 years

**Landmark Control of self-development number 2**

**Option 1**

1. Child 3 months to 5 kg., Sick of secretory diarrhea. On examination, restless, drinks greedily, dry mouth and tongue, skin fold quickly straightened, his eyes slightly sunken. According to the WHO program for control of diarrheal diseases he was appointed Rehydron. Select the correct answers:

A. 75ml \ kg for 4 hours

B. 50ml \ kg for 4 hours

C.100ml \ kg for 4 hours

D. 30ml \ kg for 4 hours

E. 45ml \ kg for 4 hours

2. A child 4 years of ill typical form of salmonella. Describe the nature of the chair.

A. meager beskalovy, with blood

B. rich, yellow-orange, undigested

+C.frequent, profuse, fetid with the "greens"

D. as "pea puree"

E. watery, colorless gas with a

3. Mitya N. 10 months. contracted sharply. Temperature 37.80 C, vomiting, a time, liquid stools, with mucus, green, New York 4 times a day. In coprogram: white blood cells in large quantities. Which drug should be administered in the early days of the disease?

+A.Rehydron

B. Intestibakteriofag

C. allohol

D. Interferon / m

E. dexamethasone

4.Kolya S. 5 months. admitted to the hospital on the first day of the disease with complaints of fever to the 380S, 2-fold vomiting, loose stools up to 15 times a day, in some portions of blood in the form of streaks. Confirm the etiology of the disease:

A. coprogram

B. CBC

C. tank.blood cultures

D. helminth eggs in feces

+E. tank. culture of feces

5. Julia A., age 5, was in the somatic compartment with a diagnosis of bilateral lobular pneumonia. The ward was ill with salmonellosis. On the eighth day of illness the child's condition had deteriorated to the increased T 390S, vomiting 10 times, loose stools up to 12 times. The most likely route of infection the patient:

A. Food

B. Water

+C.pin

D. parenteral

E. airborne

6. A child 6 months, breast-vkarmlivanii, ill 14.02. Low 380S, vomiting, abdominal pain, watered, "frothy" stool (with a lot of gas). In mild diffuse hyperemia of the throat, fickle dry rales in the lungs. Decreased urination. Large fontanelle sinks, thirst. Body weight of 7kg.

What sindromyopredelyaet severity of the condition? (2otv)

A. Hypertension

+B.Dehydration

+C.Local symptoms (bloating, abdominal pain) and symptoms of intoxication

D. Acute renal failure

E. Acute hepatic failure

7.Child 6 months, breast-fed, ill 14.02. Temperature 37.50 C, single-fold vomiting, abdominal pain, watered, "frothy" stool (with a lot of gas). In mild diffuse hyperemia of the throat. Decreased urination.Thirst. Body weight 7kg.V any child needs therapy? (2otv)

A. antibiotic

B. cholagogue

+C.Rehydration

+D.smectite

E. Dehydration

8. The child of two years for six days increased the temperature to 38 - 38.50 C, a chair 7-8 times a day, with lots of rich and green slime, and in some portions - blood-streaked vi.Pechen and spleen were increased by 2 cm What is the most likely diagnosis?

A. Dysentery

+BSalmonellosis

C. escherichiosis

D. Staphylococcal enteritis

E. Viral Diarrhea

9.babies 5 months. vododefitsitnoe diagnosed with dehydration. Which nizheperechis-represented symptoms you will find on examination?

A. Kernig symptom

B + Thirst

C + dryness of mucous

D. Cold extremities

E.Bulgingfontanelle

10. A child 6 months (weight of 7kg.) Is ill with diarrhea, dehydration, no.Received treatment at home. Determine the amount of oral saline (for the WHO recommendations)

A 50 ml. after each stool

B. 500 ml. for 4-6 hours

C. 350 ml. for 4-6 hours

D.Drink at the request

E. Rehydration is not required

**Landmark control of self-development number 2**

**Option 2**

1. The child has an acute intestinal infection, the second day of illness, there are symptoms of distal colitis. To clarify the etiology of diarrhea is necessary to:

A. Microscopy of stool

B + Bak.posev feces

C. Sigmoidoscopy

D. Ultrasonography of the abdomen

E. Blood culture in the bile broth

2. Preschooler carries ARI. On the 4th day of onset of fever again, there was a watery unformed stools, six times a day. Tongue coated, the abdomen is soft, rumbling along the intestine, dehydration, no. Put diagnosis:

A. Campylobacteriosis

B. Amebiasis

C. Shigellosis

D. +ARI + secretory diarrhea

E. Salmonellosis

3.Rebenku 3 years, 2 days of illness diagnosed as "acute respiratory secretory diarrhea +". The condition is not severe, dehydration is not. The child must be assigned:

+A.Table 4

B. Antibiotics

C. + Smecta

D. + interferon drops in the nose

E. + Rehydron

4.Malchiku 5-year-old diagnosed with "salmonella, gastro-intestinal form, shape of the light." Salmonella isolated from the feces tifimurium. The child is living in good housing and living conditions. The child should be treated:

A. The Department of intestinal infectious diseases hospital

B. The office cubicles Hospital for Infectious Diseases

+ C. In the home

D. Paragraph oral rehydration

E. In the intensive care unit

5. The 2-year-old Arman diarrhea and was hospitalized for severe forms of salmonellosis. At home there are three children. Your action in the hearth.

Monitoring should continue for the hearth + 7 days

6. Loss of rectal mucosa more often the case with:

A. Salmonellosis

B. Shigellosis

C. Cholera

D.Rotavirus gastroenteritis

E. EVI

7. Which antibiotic is prescribed for the treatment of shigellosis in children in the IMCI program:

A. Penicillin

B. Kanamycin

C. Ftorhinalon

D. Summamed

E. The antibiotic is not assigned

8. The method of rapid diagnosis of shigellosis:

A bacteriological

B. Serological

C. scatological

D. Rektoromanoskopichesky

E.Fluorestsentny

9. There are Shigella toxin:

A. Grigoriev-Shiga

B. Flexner

C.Zone

D. Schmitz, Fittings

E. from Newcastle

10. Deleted forms characteristic of shigellosis (2 answers):

A.Neprodolzhitelnaya intoxication

B. Lack of toxicity

C. a liquid stool, mucus 2-3 days

D. Chair in the form of rectal spit 1-2 times a day

E.Spasm of the sigmoid colon

**Landmark controls of self-development number 3**

**Option 1**

1. In setting up the classification of dysentery which patients are subject to compulsory admission to hospital?

A. If he has symptoms of mild dehydration

B. If he has signs of severe dehydration

C. If he does not have signs of dehydration

D. if he has a bacteriological confirmation

E. if he loose stools with blood

2. My child is 3 years old, you must assign treatments to the classification of very serious febrile illness, with a low risk of malaria:

A. prednisone / m

B. paracetamol +antibacterial

C. the antibiotics per os

D. piracetam per os

E. parenteral antibiotics

3.U child 4 years of fever for 3 days. Pronounced symptoms of colds. For the follow-up report when the mother's return to the re-examination:

A.after 7 days

B. after 2days

C. 1 day after

D. after 5 days

E. after 3 days

4. A child 4 years of ill typical form of salmonella. Describe the nature of the chair.

A meager beskalovy, with blood

B. rich, yellow-orange, undigested

C + frequent, profuse, fetid with the "greens"

D. as "pea puree"

E. watery, colorless gas with a

5.Ukazhite the main route of infection for EPKP? / 1 /

A. Air and dust.

B. Airborne.

C. Food.

D. Contact-consumer.

E. Water.

6.Patognomotichnym for measles:

A.TriadaStimpson

B.PreenantemaPeten

C.PyatnaBelsky, Filatov, Koplik

D.Pyatna Herman

E.Vse listed

7. Reaction skinfold checked:

A. At the hands.

B. At the feet.

C. Between the navel and the side wall of the abdomen.

D. On the cheeks.

E. On the buttocks.

8. In setting up the classification of dysentery which patients are subject to compulsory admission to hospital?

A. If he has symptoms of mild dehydration

B. If he has signs of severe dehydration

C. If he does not have signs of dehydration

D. if he has a bacteriological confirmation

E. if he loose stools with blood

9 child 6 years, 3 days of illness. His condition was grave. Swelling of the cervical tissue reaches the clavicle. In the throat bright redness, tonsils, arches, swollen tongue.On the tonsils dense film-type "plus-web", removable hard at trying to remove the blood flow chat. Put diagnosis:

A. Necrotic angina

B. Diphtheria toxic oropharynx

C. quinsy

D. Diphtheria oropharynx intermediate

E. Paratonzilyarny abscess

10. IMCI, if a child has an ear infection, it may be the cause:

A) pharyngitis

B) conjunctivitis

C) mastoiditis

D) Pneumonia

E) stridor

**Landmark controls of self-development number 3**

**Option 2**

1.U children 5 years and weighing 20 kg, the disease is classified as a "throat abscess." What is the tactics of the patient on the IMCI program?

A. urgently admitted to hospital

B. intramuscularly Bitsillin-1, paracetamol, urgently admitted to hospital

C. the IM-1 Bitsillin

D. 1 Bitsillin intramuscular paracetamol, throat Mitigating home means

E. home means the throat Mitigating

2. In the IMCI program as a symptom of danger of these signs is the basis-The basis for an urgent return the patient to a medical facility?

A. poor appetite

B. enlarged cervical nodes limaticheskie

C. the morbid irritability

D. cramps

E. cough

3.U baby fever continued every day for 7 days. Your actions:

A. assign treatment at home

B. antibiotics and treated at home

C. Assign a dosage of acetaminophen in the age

D. refer the child to the hospital for an examination

E. Investigate outpatient

4. Clinical features of shigellosis among children 1 year of life (3):

A chair in a kind of "rectal spit"

B. The blood in the stool, and rarely appears after 3-4 days of onset of disease

C. Concerns the child crying, facial flushing during defecation

D. Tenesmus

E. Relaxation of sphincter of any

5.What research must necessarily be assigned to patients during infection, dashing Radko, continuing more than 5 days:

A. Blood on blood cultures, a drop of thick, p-th Vidal;

B. Blood on the immunoassay, polymerase chain reaction;

C. Blood on blood count, total protein;

D. Blood on the serologic and biochemical analysis;

E. Blood on the p-th-Bunelya Paul, a smear of blood on the diplococci;

6.Osnovnye clinical manifestations of malaria:

A. Lihoradka, gepatolienalny syndrome

B. Kataralny Fever Syndrome

C. Diareyny syndrome

D. gepatolienalny syndrome, lymphadenitis

E. neuropathy Fever

7.Dlya obstructive syndrome is characterized by the following features: (4 answers)

A. expiratory dyspnea

B. Swelling ggudnoy cells

C. pronounced intoxication

D. Dry wheezing

8. The girl, suffered a "sore throat" after 2 weeks revealed paresis of the soft palate, choking, nasal voice. Put diagnosis:

A. Polimielit, bulbar form

B. Botulism

C. Postdefteriyny paralysis of the soft palate

D. Encephalitis

E. Foreign body airway

9.Malchik, 7, 9 th day of illness. His condition was grave, pale, adinamichen. In the swollen tonsils, linah, shackle remains gray dense plaque-type "plus-cloth." Cardiac deaf.Reduced blood pressure, liver 2 cm, and abdominal pain.Swelling of the neck below the klyutchitsy. Put diagnosis:

A. Diphtheria oropharynx, toxic myocarditis

B. Diphtheria oropharynx, toxic

C. Diphtheria oropharynx, localized, congenital heart disease

D. Diphtheria oropharynx, toxic + ITSH

10. In the hospital delivered a child 9 l, bezsoznaniya. Hyperthermia, the houses were cramping, and vomiting. On the skin of brown - brown pigmentation, light defurfuration. Meningeal signs pc. 9 days ago, a child suffered a "SARS" and "allergic rash". Place the diagnosis?

A. Meningococcal infections. Meningoencephalitis

B. Krasnuschii encephalitis

C. Measles period of pigmentation, encephalitis

D. Windy smallpox, tserebelit

E. Enterovirus infections, meningitis