

# FELLOWSHIP EXAM JULY 2012 PAPER 2

All questions carry equal marks

Answer any 5

Duration 3 hours

1. **A neonate is referred to your hospital with history of birth asphyxia.** How will you evaluate eligibility of this neonate for therapeutic hypothermia? If found eligible, how will you manage this baby?

2 **A term male infants presented at 4 hours** of birth with multi-focal clonic seizures. It was born to a primi mother by emergency LSCS due maternal Eclampsia. Did not cry at birth and was resuscitated with tube and bag for 10min.

- a. What are reasons for seizures in this newborn? (5)
- b. What evaluation is required in this newborn for the diagnosis, management and prognostication? (5)
- c. How can we improve the outcome (immediate and long term) of this newborn? (5)
- d. What are the prognostic factors that determine of long term outcomes in this newborn(5)

3 **neonate weighing 1050 g** born at 28 weeks of gestation is admitted to your NICU. You are concerned about possibility of development of nosocomial infection in this baby. What are evidence-based preventive strategies which can decrease probability of development of nosocomial infections in your NICU?

4 **A preterm, 30 weeks, 1.4kg at birth is discharged on day 30 of life with a discharge weight of 1.45kg.**

- a. How do we monitor the growth this infant post-natal (5)
- b. How do we evaluate the reasons for failure to thrive in this newborn? (5)
- c. What preventive measures are required to prevent this postnatal malnutrition? (5)
- D What is catch-up growth? What is fetal origin of adult disease? (5)

5 A pregnant mother with Rh negative is booked at 12 weeks of gestation in your hospital. She had two previous pregnancies and did not receive Anti-D in these pregnancies. Last baby was born 2 years back and needed exchange transfusion for management of hyperbilirubinemia. How will you plan management of fetus and neonate for this pregnancy?

6 A 34 weeks, 2.1kg, admitted to NICU for respiratory distress. On day 4 admission, is noted to have cold peripheries, off color, prolonged CFT?.

- a. What is the most probable cause of this deterioration? How will establish the diagnosis in the newborn? (4)
- b. What supportive and specific treatment in this newborn? (4)
- c. What adjunctive therapies may be of use in this newborn? (4)
- d. How to initiate, upgrade and downgrade antibiotic usage in this newborn? (4)
- e. What is CLABSI? What preventive measures would decrease CLASBI in newborns? (4)