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| 38 | A | B | C | D | E |
| 39 | A | B | C | D | E |

PRACTICE QUESTIONS

Dubai Health Authority (DHA)

# PEDSC

Consultant Pediatrics

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

# Before you begin

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## What this is

9 practice questions for Dubai Health Authority (DHA) PEDSC , each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

## If something looks wrong

Send us three things and we will check it:

- the exam code, PEDSC
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

**QUESTION 1**

SINGLE CHOICE

A term newborn develops tachypnea, grunting, and nasal flaring within the first 6 hours of life. Chest X-ray shows hyperinflation, prominent perihilar vascular markings, and fluid in the fissures. Which is the most likely diagnosis?

- ☐ A Respiratory distress syndrome (hyaline membrane disease)
- ☒ B Transient tachypnea of the newborn (TTN)
- ☐ C Meconium aspiration syndrome
- ☐ D Neonatal pneumonia

**ANSWER B**

**WHY** The presentation (term infant, early tachypnea, hyperinflation and fluid in fissures on CXR) is classic for transient tachypnea of the newborn, caused by delayed clearance of fetal lung fluid. RDS typically occurs in preterm infants with reticulogranular (ground-glass) CXR findings and air bronchograms. Meconium aspiration shows patchy infiltrates and hyperinflation in post-term infants with meconium-stained fluid. Neonatal pneumonia usually shows focal infiltrates and may have sepsis features.

**QUESTION 2** SINGLE CHOICE

A 4-year-old child presents with pallor, fatigue, and pica. Laboratory studies show: hemoglobin 7.5 g/dL, MCV 62 fL, MCH 20 pg, serum ferritin 8 ng/mL, and low serum iron with high TIBC. What is the most appropriate initial management?

- ☐ A Intramuscular iron dextran
- ☒ B Oral ferrous sulfate (3–6 mg/kg/day of elemental iron)
- ☐ C Folic acid supplementation
- ☐ D Packed red blood cell transfusion

**ANSWER B**

**WHY** The findings are diagnostic of iron deficiency anemia (microcytic, hypochromic anemia with low ferritin, low serum iron, high TIBC, and pica). The first-line treatment is oral elemental iron at 3–6 mg/kg/day. Intramuscular iron is reserved for cases of intolerance to oral iron or malabsorption. Folic acid treats folate deficiency (macrocytic anemia). Transfusion is reserved for severe symptomatic anemia or hemodynamic instability.

**QUESTION 3** SINGLE CHOICE

According to stepwise management of pediatric asthma, a child who has daytime symptoms more than once a week but not daily, nocturnal awakenings 3–4 times per month, and FEV1  $\geq 80\%$  predicted is classified as:

- ☐ A Intermittent asthma (Step 1)
- ☒ B Mild persistent asthma (Step 2)
- ☐ C Moderate persistent asthma (Step 3)
- ☐ D Severe persistent asthma (Step 4–5)

**ANSWER B**

**WHY** Symptoms  $> 1$  day/week but not daily, nocturnal awakenings 3–4 times/month, and FEV1  $\geq 80\%$  correspond to mild persistent asthma (Step 2) per GINA-based classification. Intermittent is  $\leq 2$  days/week with no nocturnal symptoms. Moderate persistent involves daily symptoms and FEV1 60–80%. Severe persistent has symptoms throughout the day with FEV1  $< 60\%$ .

**QUESTION 4**

SINGLE CHOICE

A 9-year-old presents with polyuria, polydipsia, and weight loss. Random blood glucose is 350 mg/dL and HbA1c is 10.5%. Venous pH is 7.18 and bicarbonate is 9 mmol/L. What is the most appropriate immediate priority?

- ☐ A Start subcutaneous basal-bolus insulin and discharge with diabetes education
- ☒ B Initiate IV fluid resuscitation and IV regular insulin infusion for diabetic ketoacidosis
- ☐ C Begin metformin and recheck glucose in 1 week
- ☐ D Give oral glucose to rule out reactive hyperglycemia

**ANSWER B**

**WHY** The patient has diabetic ketoacidosis (DKA): hyperglycemia, metabolic acidosis (pH 7.18, HCO<sub>3</sub> 9), and classic symptoms of new-onset type 1 diabetes. Immediate management includes fluid resuscitation and IV regular insulin infusion, with monitoring for cerebral edema. Subcutaneous insulin is inappropriate during DKA. Metformin is used in type 2 diabetes. Oral glucose would worsen the hyperglycemia and is contraindicated.

**QUESTION 5**

SINGLE CHOICE

A previously healthy 18-month-old has a generalized tonic-clonic seizure lasting 4 minutes during a febrile illness. Examination and neurological status are normal. Which statement is correct?

- ☐ A Lumbar puncture is mandatory for all children under 12 months with first febrile seizure
- ☐ B EEG and neuroimaging are routinely recommended after a first simple febrile seizure
- ☐ C Long-term anticonvulsant therapy is indicated to prevent recurrence
- ☒ D The risk of developing epilepsy is slightly higher than in the general population but remains low

**ANSWER D**

**WHY** Simple febrile seizures have only a modestly increased risk of subsequent epilepsy (~1–2%) compared with the general population. AAP guidance recommends considering lumbar puncture in infants <12 months when clinical signs of meningitis are absent (and strongly when signs are present or in unimmunized children). EEG and neuroimaging are not routinely indicated in simple febrile seizures. Long-term anticonvulsants are not used for simple febrile seizures.

**QUESTION 6**

SINGLE CHOICE

A 2-year-old with viral gastroenteritis has mild-to-moderate dehydration. Which is the most appropriate first-line rehydration strategy?

- ☐ A IV normal saline bolus of 20 mL/kg
- ☒ B Oral rehydration solution (ORS) containing 75 mEq/L sodium given over 4–6 hours
- ☐ C Plain water with added sugar
- ☐ D Half-strength formula via nasogastric tube

**ANSWER B**

**WHY** For mild-to-moderate dehydration in children with gastroenteritis, oral rehydration solution (ORS) with appropriate sodium content (50–75 mEq/L) is the first-line treatment as recommended by WHO and AAP. IV fluids are reserved for severe dehydration or failure of oral rehydration. Plain water with sugar is inappropriate (incorrect sodium/glucose ratio). Half-strength formula is not a standard rehydration method.

**QUESTION 7**

SINGLE CHOICE

A 10-month-old is brought with a subdural hematoma and retinal hemorrhages. The parent gives a history of a minor fall from a sofa. Which is the most appropriate next step?

- ☐ A Discharge after reassuring the parent, as the history is consistent with the injury
- ☒ B Order a skeletal survey, coagulation workup, ophthalmology evaluation, and report to child protection services
- ☐ C Wait for the parent to disclose more information before reporting
- ☐ D Perform only a coagulation profile to rule out bleeding disorders

**ANSWER B**

**WHY** The classic triad of subdural hematoma, retinal hemorrhages, and inconsistent history in an infant is highly suggestive of abusive head trauma. A skeletal survey, coagulation workup, and ophthalmology evaluation should be performed, and the case must be reported to child protection authorities. Discharge based on the parental history alone is unsafe. Mandatory reporting laws in the UAE and elsewhere require notification whenever non-accidental injury is suspected.

**QUESTION 8**

SINGLE CHOICE

According to the UAE national immunization schedule for children, which vaccine is routinely given at birth?

- ☐ A MMR
- ☒ B Hepatitis B (first dose)
- ☐ C Varicella
- ☐ D Tdap

**ANSWER B**

**WHY** The UAE national immunization schedule includes Hepatitis B vaccine as a birth dose, along with BCG (for citizens/at risk) and oral polio. MMR is given at 12 months. Varicella is given at 12 months. Tdap (as part of DTaP) is given in infancy starting at 2 months.

**QUESTION 9**

## MULTIPLE CHOICE

A 15-month-old boy is brought for routine follow-up. His weight has dropped from the 25th percentile at 6 months to the 5th percentile, while length has remained at the 10th percentile. He feeds mainly on cow's milk (about 1 L/day) and has had 3–4 loose stools per day for the past 2 months. Examination shows mild pallor and wasted muscle bulk. Which of the following are appropriate steps in the evaluation and management? (Choose two.)

- ☒ **A** Obtain a complete blood count, serum ferritin, and total iron-binding capacity to evaluate for iron-deficiency anemia
- ☐ **B** Continue the current feeding pattern of cow's milk 1 L/day as it provides adequate iron and calories for his age
- ☐ **C** Perform a sweat chloride test as part of the initial work-up given the chronic diarrhoea
- ☒ **D** Counsel the family to limit cow's milk to less than 500 mL/day and increase iron-rich complementary foods

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**ANSWER** **A · D**

**WHY** Excessive cow's milk intake (>500–700 mL/day) in toddlers is a classic cause of iron-deficiency anaemia and contributes to failure to thrive through displacement of iron-rich foods and occult GI blood loss. The two correct actions are laboratory evaluation for iron deficiency (A) and dietary counselling to limit cow's milk and add iron-rich complementary foods (D). Continuing the current feeding pattern (B) perpetuates the problem, and a sweat chloride test (C) is not indicated as a first-line investigation in this child whose main issue is nutritional, not cystic fibrosis.