FEDERAL STATE BUDGET EDUCATIONAL INSTITUTION OF HIGHER EDUCATION
"ROSTOV STATE MEDICAL UNIVERSITY" OF THE MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION

FACULTY OF TREATMENT AND PREVENTION

Assessment materials for

the discipline of pediatrics

Specialty 05/31/01. "Medicine"

2023

the ability to determine the patient's main pathological conditions, symptoms, disease syndromes, nosological forms in accordance with the International Statistical Classification of Diseases and Related Health Problems, X revision;

Name competencies	Types of assessment materials	number of tasks **for 1 competency**
PC - 6	Closed tasks	25 with sample answers
	Open type tasks: Situational tasks Addition tasks Interview Questions	75 with sample answers 30 with sample answers 15 with sample answers 30 with sample answers

Closed tasks

Exercise 1.

Instructions: Choose several correct answers. The main

causes of iron deficiency in children:

a) pathology of pregnancy b)

hemolysis of erythrocytes

c) nutritional reasons d)

inhibition of hematopoiesis

Sample answer: a) pathology of pregnancy c) nutritional reasons

Task 2.

Instructions: Choose one correct answer.

The most intense accumulation of iron in the depot occurs a) in

the first 3 months of gestation

b) in the last 3 months of gestation

c) in the first 3 months of life

d) at 4-5 months of life

Sample answer: b) in the last 3 months of gestation

Task 3.

Instructions: Choose several correct answers.

Heme iron is part of a)

hemoglobin) ferritin

b) myoglobin e) cytochrome

c) transferrin

Sample answer: a, b, d

Task 4

Instructions: Select several correct answers. The most

common causes of iron deficiency in pregnant women: a)

vegetarian diet

b) frequent previous pregnancies

c) insufficient exposure to fresh air d) respiratory

infection

d) multiple births

Sample answer: a, b, d

Task 5.

Instructions: Choose one correct answer.

Maximum content of heme iron a) meat d)

apple

b) fish d) milk

V)buckwheat) grenades

Sample answer: a)

Task 6.

Instructions: Establish a correspondence between the hemoglobin level and the severity of anemia in young children.

1– light) 130 – 120 g/l

2 – averageheavinessb) 110 – 90 g/l

3 -heavyc) 90 – 80 g/l

d) 80 – 70 g/l

e) 70 – 60 g/l

Sample answer: 1-b, 2-c, d 3- d

Task 7.

Instructions: Choose one correct answer.

Inspiratory dyspnea is characteristic of a)

pneumonia

b) obstructive bronchitis

c) obstructive laryngotracheitis d)

exudative pleurisy

e) rhinitis

e) bronchial asthma

Sample answer: c) obstructive laryngitis

Task 8.

Instructions: choose one correct answer

The difference between crepitating rales and fine-bubbly moist rales in children: a)

are heard only on exhalation

b) are heard during inhalation and

exhalation; c) are heard only at the height of

inspiration

d) are heard regardless of the phases of breathing

Sample answer: c) are heard only at the height of inspiration

Task 9.

Instructions: Choose one correct answer. Features of

ECG in young children:

a) levogram

b) the width of the P wave is not more than 0.1

c) negative T wave in the first three chest leads d) S wave 2 times

larger than R in standard lead I Standard answer: a) levogram

Task 10.

Instructions: Choose one correct answer.

Formula for calculating the daily amount of urine in children over 1 year

of age a) nx 70(80)

b) 110-8n

c) 600+100(n+5)

d) 1500(ml) x S (m2)/ 1.73m2

Sample answer: d)

Task 11.

Instructions: Choose one correct answer

The Zimnitsky test allows you to evaluate the following kidney function: a)

filtration

b) secretory

c) concentration d)

reabsorption

Standard answer: c) concentration

Task 12

Instructions: Choose one correct answer:

For children with reduced weight and frequent stools, it is advisable to use it as a first complementary food.

assign:

a) porridge

b) vegetable puree

c) fruit puree d)

cottage cheese

Sample answer: b) vegetable puree

Task 13

Instructions: Choose one correct answer:

The reason for the increase in indirect bilirubin in the blood of newborns: a)

biliary atresia

b) Rother-Dubin disease

c) hemolytic disease of newborns d)

infectious hepatitis

Sample answer: c) hemolytic disease of the newborn

Task 14

Instructions: Choose one correct answer.

Is it possible to develop sepsis without a primary purulent focus: a)

impossible

b) possible with staphylococcal sepsis

c) possible in case of congenital neonatal sepsis

d) possible in case of abortive sepsis or in case of septicemia

Sample answer: a) impossible

Task 15

Instructions: Choose one correct answer. Signs of

subacute rickets:

a) predominance of osteomalacia processes

b) predominance of hyperplasia of osteoid tissue c)

pronounced autonomic disorders

d) pronounced changes in internal organs

Sample answer: b) predominance of hyperplasia of osteoid tissue

Task 16

Instructions: Select one correct answer Cause of

spasmophilia:

a) increased levels of parathyroid hormone

b) increased calcium levels in the blood

c) a pronounced decrease in the concentration of calcium in

the blood d) a pronounced decrease in the concentration of

potassium in the blood

Sample answer: c) marked decrease in calcium concentration in the blood

Task 17

Instructions: Choose one correct answer.

The most common type of disaccharidase deficiency in children: a) sucrase

b) maltase

c) isomaltase d)

lactase

Sample answer: d) lactase

Task 18

Establish the correspondence of the sum of points on the Tal scale to the degree of bronchial obstruction

Degree of obstruction Sum of

pointsL1R1: 0-1

L2R2: 2-4

L3R3: 5-8

R4: 9-12

Standard answer: L1 –R1, R2; L2–R3; L3–R4

Task 19

Instructions: Choose several correct answers. Causes of

iron deficiency in a newborn baby a) prematurity

b) late ligation of the umbilical

cord c) hypogalactia in the

mother

d) ARVI in the 1st half of pregnancy in the

mother e) gestosis in the second half of

pregnancy

e) pathology of the placenta

Standard answer: a) prematurity, b) late ligation of the umbilical cord, e) gestosis in the second half of pregnancy, f) pathology of the placenta

Task 20

Instructions: Choose one correct answer

Congenital heart disease accompanied by hypervolemia of the pulmonary circulation is:

a) coarctation of the

aorta b) tetralogy of

Fallot

c) pulmonary artery stenosis

d) ventricular septal defect

Sample answer: d) ventricular septal defect

Task 21

Instructions: establish the correct sequence of stages in the

pathogenesis of leukemia in children

1) metastasis

2) polyclonal tumor formation

3) monoclonal tumor formation

4) emergence of dominant subclones

5) the appearance of a mutated cell

Sample answer: 5,3,4,2,1

Task 22

Instructions: match.

Correlate periods of acute renal failure with clinical stagesPeriodStage

L1: 1period R1 – polyuric stage L2:

2period R2 – oligoanuric stage L3:

3periodR3 - initial stage

L4: 4periodR4 – stage of recovery

Response standard L1-R3, L2-R2, L3-R1, L4-R4

Task 23

Instructions: Choose one correct answer.

Characteristics of murmur in carditis with predominant damage to the aortic valve in children with acute rheumatic fever

a) gentle, short, unstable b) rough,

with the epicenter at the V point

c) high-frequency decreasing protodiastolic along the left edge of the sternum

d) drawn-out, blowing, associated with the first sound, persistent in dynamics and with changes in position, with a maximum at the apex of the heart

Sample answer: c) high-frequency decreasing protodiastolic along the left edge of the sternum

Task 24

Instructions: Choose one correct answer

Acute glomerulonephritis with nephritic syndrome has a combination of symptoms: a)

hypertension, hyperlipidemia, proteinuria

b) hypertension, hematuria, proteinuria

c) hyperlipidemia, leukocyturia, hematuria d)

leukocyturia, microhematuria, proteinuria

Sample answer: b) hypertension, hematuria, proteinuria

Task 25

Instructions: Specify the sequence of disturbances of consciousness depending on the

level of damage to the central nervous system:

1) excitation

2) stun

3) sopor

4) doubtfulness

5) coma

Sample answer: 1,2,4,3,5

Open type tasks Addition

tasks

Task 1. Instructions: insert one value.
The lower limit of normal (according to WHO recommendations) hemoglobin content "……" g/l in venous blood in children under 6 years of age
Standard answer 110 g/l

Task 2. Instructions: insert one value.
The maximum permissible daily amount of nutrition for children in the second half of the year is "……" ml
Correct answer: 1100 ml

Task 3. Instructions: insert one value.
The average daily protein requirement for children aged 4 to 6 months is
"……" g/kg
Correct answer: 2.6 g/kg

Task 4. Instructions: insert one value.
The average daily requirement for fats for children under 3 months is "……" g/kg
Correct answer: 6.5 mg/kg

Task 5. Instructions: insert one (range) of values.
The average daily requirement for carbohydrates for children of the first year is "
……..." g/kg
Correct answer: 12-14 g/kg

Task 6 Instructions: insert one value.
The daily energy requirement of a three year old child is
"……" kcal/kg weight
Correct answer: 105 kcal/kg

Task 7. Instructions: insert one value.
Minimum content of free ionized calcium
"……" mmol/l in the blood of infants
Correct answer: 1.2 mmol/l

Task 8. Instructions: insert a range of values.
Minimum phosphorus content "……" mmol/l in the blood of healthy infants
Correct answer: 1.3 – 2.3 mmol/l

Task 9. Instructions: insert one value
DAllergic bronchial asthma is characterized by a "……" type of allergic reaction
Correct answer: Type I allergic reactions

Task 10. Instructions: Insert one value.
Acute bronchiolitis most often complicates the course of respiratory infections in aged"" months
Correct answer: up to 6 months

Task 11 Instructions: insert one word.
Most often, bronchiolitis in children under 6 months develops against the background of a respiratory infection,called ""..... virus
Correct answer: respiratory syncytial virus

Task 12 Instructions: insert a few words
The main endogenous factors of aggression of the gastric mucosa include
"……..…)

Correct answer: Hydrochloric acid, pepsin, bile acids

Task 13. Instructions: insert one word.
H. pylori initially infects")..... stomach section
Correct answer: Antral

Task 14 Instructions: insert one word
The optimal option for a choleretic breakfast when studying gallbladder function is""
Correct answer: Chofitol

Task 15. Instructions: insert one word
Children with functional disorders of the biliary tract in the remission phase are classified as ""..... dispensary observation group
Correct answer: Second

Situational tasks

1. A 2-year-old child exhibits lethargy, immobility, pale skin and mucous membranes, and tachycardia against a background of normal body temperature. Name the syndrome that would correspond to these symptoms.

Sample answer: anemic

2. The child is 7 months old, born at 32 weeks of gestation, and is exclusively breastfed. Hemogram: red blood cells 3.3 x10*12/l, HB – 84 g/l, CP – 0.76, Hematocrit 26%, Leukocyte formula without deviations from the age norm. Formulate
diagnosis. Name the main 2 reasons for its development

Sample answer: 1. Hypochromic anemia of the 2nd degree, obviously iron deficiency. 2. Prematurity, improper feeding (3 complementary foods, including meat, were not introduced)

3. A child, 7 days old, was born from the first normal pregnancy, term birth with a weight of 3400. Upon discharge from the maternity hospital, the mother noticed that the child was sleeping all the time, while his limbs were in a bent position, when waking up before feeding chaotic movements of the arms and legs appear. Assess the condition of the newborn.

Standard answer: the child is healthy.

4. A child, 3 days old, was born with a weight of 2100 at a gestational age of 39 weeks. When examined, the child's position in the crib is with straightened limbs, eyes open, gaze motionless, the iris is partially blocked by the lower eyelid. The cry is weak, movements are rare, sluggish, sucks poorly, regurgitates. What could be the reason for this child's condition? Specify the leading syndromes.

Standard answer: intrauterine hypoxia, intracranial injury. Syndromes of hypoexcitability, movement disorders, autonomic-visceral

violations.

5. During a clinical examination in the clinic of a 3-month-old child, a 5th-year student made the following entry in the developmental history: “the child smiles, rests his legs well, follows objects, does not sit, does not speak.” Which part of the recording is inappropriate in this case?

Sample answer: Doesn't sit, doesn't speak

6. A healthy child sits well, walks, speaks a few words, knows the names of many objects, understands the prohibition, and begins to eat independently with a spoon. What age does this child's psychomotor development correspond to?

Correct answer: 12 months.

7. Upon discharge from the maternity hospital, the mother noticed a decrease in the newborn’s body weight after birth. How can I explain this to my mother?

Standard answer: borderline state of a newborn - physiological weight loss, should not exceed 5-8% of body weight at birth

8. The child is 7 months old. The child was born with a body weight of 3200 g, length - 50 cm, head circumference 34 cm, chest - 32 cm. At 7 months, the child has a body weight of 9800 g, length -68 cm, head circumference - 45 cm, chest - 48 cm. Assess physical child development.

Standard answer: Proper body weight 8100 g (5th corridor), body length 67 cm (4th corridor), head circumference – 4th corridor, chest circumference – 5th corridor. The level of physical development is average, harmonious.

9. On the 3rd day of life, a newborn child developed icterus of the skin and sclera. What condition can you think about?

Sample answer: Physiological jaundice of a newborn.

10. When examined by a doctor, a 3-year-old child with elevated temperature was found to have enlarged posterior cervical and occipital lymph nodes. What disease should you think about?

Sample answer: Rubella.

11. In a 7-year-old child, percussion of the spinous processes of the spine revealed dullness at the level of the 5th thoracic vertebra. What is the name of the symptom being tested?

in the described way, what does it indicate?

Sample answer: Koranyi's symptom, indicates an enlargement of the intrathoracic lymph nodes.

12. The child is 12 months old. Healthy. How many teeth should there be at this age? What is the formula for determining the number of baby teeth?

Sample answer: 8 teeth. formula: n-4, n is the child's age in months.

13. The baby is 1 month old. Borders of relative cardiac dullness: right - along the right parasternal line, upper - 2nd rib, left - 1.5 cm outward from the left midclavicular line. Evaluate the result

Sample answer: norm

14. The child is healthy. When examining his cardiovascular system, the following data were obtained: the borders of the heart: the right one between the parasternal line and the right edge of the sternum, the upper one - the 2nd intercostal space, the left one - 1 cm outward from the midclavicular line. Heart sounds are sonorous. Blood pressure - 90/45 mm Hg. Art. Pulse - 98 per minute. Please indicate the approximate age of the child examined.

Sample answer: About 5 years.

15. The baby is 2 weeks old. The mother turned to the local pediatrician with complaints about frequent urination in the child - up to 25 times a day. When examining the child, the doctor did not find any pathological symptoms. Assess the child's health.

Sample answer: the child is healthy

16. The baby is 1 month old. Over the past week, vomiting has appeared and worsened. "fountain" after almost every feeding; There is no bile in the vomit.
Temperature 36.7, stool once every 3 days. The child's weight is 18% lower; the subcutaneous fat layer is absent on the trunk and limbs. When palpating the abdomen in the epigastrium, gastric peristalsis is in the shape of an "hourglass". Your tactics and recommendations.

Standard answer: Congenital hypertrophic pyloric stenosis. Surgeon consultation, surgical treatment.

17. The mother contacted the doctor with a complaint that the child, 6 months after the introduction of the second complementary food in the form of semolina porridge, developed anxiety, bloating, and frequent loose stools. A similar phenomenon occurred in my older brother at the age of 6 months.

Possible reason for this phenomenon, recommendations

Sample answer: Celiac disease. Eliminate cereal porridges.

18. A one-month-old child underwent a blood test upon registration in the orphanage. The nurse, reviewing the results, emphasized the indicators of leukocytes (12x10*9/l) and lymphocytes (60%) as pathological. Is the nurse right?

Response standard: No, the indicators are normal for this age.

19. A 14-year-old teenager was diagnosed with gastric ulcer complicated by perforation. Determine your tactics

Sample answer: emergency surgery

20. A 13-year-old girl has been periodically complaining of a feeling of heaviness after eating, abdominal pain, and nausea for 10 days. Please indicate your preliminary diagnosis

Sample answer: Functional dyspepsia

21. A 9-year-old child was admitted to the clinic with his mother's complaints of changes in behavior, tearfulness, deterioration of handwriting, the appearance of violent movements, and grimacing, which arose 2 weeks after acute tonsillitis. Upon examination, there are no changes, with the exception of coordination tests, which he performs with difficulty and misses. Formulate a diagnosis and indicate the symptoms characteristic of this condition.

Standard answer: acute rheumatic fever: chorea, I degree of activity, NK0 (FC0). Symptom of "flabby shoulders", symptom of Filatov's eyes and tongue, Gordon's symptom, Cherny's symptom, "shirt" symptom.

22. Child 2 months Complaints of lethargy, excessive sweating, shortness of breath from the first days of life, poor weight gain. In the first trimester, the mother suffered from ARVI three times. At
examination: the child is lethargic, with perioral cyanosis when crying, RR 66 per minute, weakened on auscultation in the lower parts of the chest, fine wheezing there, the borders of the heart are expanded more to the left, heart sounds are muffled, arrhythmic, heart rate 180 per minute, the liver protrudes by 5 cm from under the edge of the costal arch. Your suspected diagnosis.

Sample answer: Early congenital non-rheumatic carditis, NC II.

23. A 2-year-old child was admitted with parental complaints of retarded physical development, fatigue, repeated pneumonia. The condition is serious, weight 9 kg, height 76 cm, parasternal cardiac hump, systolic tremor. The left border of the heart is 4 cm outward from the midclavicular line, a rough systolic-diastolic murmur is heard above the heart area with r.m in the second intercostal space on the left at the sternum and on the back, radiating to the vessels of the neck, the second sound above the pulmonary artery is intensified. Heart rate – 134, pulse fast and high, blood pressure 100/40 mm Hg. Your suspected diagnosis.

Sample answer: patent ductus arteriosus.

24. Calling a GP doctor to a 3 year old child. Complaints of severe hoarseness, barking cough, noisy breathing, nasal congestion, itchy eyes. The complaints arose suddenly against the background of complete health after playing with the cat. There is copious discharge from the nose, the voice is hoarse, there is no shortness of breath, breathing is puerile, heart rate 110 per minute, blood pressure 110/70 mm Hg. Your suspected diagnosis. Urgent actions.

Sample answer: allergic laryngeal edema (or allergic laryngitis). IM administration of drugs acting on H1 receptors (diphenhydramine, clemastine, chloropyramine) with the addition of glucocorticosteroids (methylprednisolone 1 mg/kg, or prednisolone 2-5 mg/kg, or hydrocortisone 25 mg IM or IV slowly, then inhaled budesonide 1000 mcg per inhalation.**

25. Masha K., 1 year 2 months, was admitted to the children's department on the 3rd day of acute respiratory viral infection with complaints of hoarseness, “barking” cough, difficulty breathing in a serious condition. Excited, perioral cyanosis with anxiety. Dysphonia, frequent, loud cough, “barking”, at rest inspiratory dyspnea is moderately pronounced, with anxiety there is a pronounced retraction of the intercostal spaces, jugular fossa, and epigastric region. RR 40/min. On auscultation, breathing is harsh, inhalation is prolonged, there is no wheezing. Formulate a diagnosis according to the classification. What syndrome determines the severity of a child’s condition?

Standard answer: obstructive laryngitis, moderate severity (subcompensation stage), 7 points on the Whatsley scale. Upper airway obstruction syndrome (respiratory distress syndrome)

26. Boy 7 years old. He became acutely ill, body temperature up to 40C, sore throat, refusal to eat, inspiratory shortness of breath, dysphonia, drooling. The condition is severe due to severe intoxication, speech is difficult, consciousness is confused. The skin is pale, perioral cyanosis. The voice is muffled, there is no cough or runny nose. Takes a forced position - sits straight, with an open mouth, leaning forward and stretching out the chin. There is severe inspiratory dyspnea, retraction of the jugular and supraclavicular fossae. On a lateral X-ray of the neck: swelling of the epiglottis and the area around it,
The epiglottis resembles the lateral view of the thumb. State the probable diagnosis.
Justify. What examinations do the child need to undergo?

Sample answer: acute epiglottitis. Complete blood count, C-reactive protein. At the same time, given the high probability of developing reflex laryngospasm when the child is restless, laboratory tests are recommended to be carried out no earlier than the doctor is convinced of their safety for the child (in some cases, only after tracheal intubation).

27. A 4-year-old boy was admitted to the hospital on the 3rd day of illness. Body temperature - 37.8C, serious condition, restless, tossing about, muffled voice, silent cough, hyperemic tonsils, grayish deposits that are difficult to remove; after
removing the surface of the tonsils bleeding. Breathing is noisy, cyanosis of the nasolabial triangle, inhalation is difficult and prolonged, retraction of the jugular fossa, epigastrium, and intercostal spaces is noted during inspiration, respiratory rate is 40 per minute. Diagnostic laryngoscopy: grayish films were found on the vocal folds and in the subglottic space.
white. Formulate a diagnosis and indicate urgent measures.
Sample answer: diphtheria of the larynx, stenotic stage. Administration of antitoxic diphtheria serum

28. A child, 2 months old, became acutely ill with a fever up to 37.8˚C, cough, and runny nose. Over the next 3 days, the condition worsened, the cough became paroxysmal, appetite decreased, and the patient became restless. Perioral cyanosis, acrocyanosis, oral crepitus, and retraction of the compliant areas of the chest were observed.
Breathing - 72 per minute. Percussion - boxed sound. On auscultation -
a lot of crepitating wheezing on both sides when exhaling. Your presumptive diagnosis.
Standard answer: acute bronchiolitis, DN 2-3 degrees

29. Boy Yu., 9 years old, became acutely ill. There was moderate malaise,
headache, profuse mucous discharge from the nose, dry, obsessive
cough, temperature 38.9. On examination: enlarged submandibular, posterior cervical
and anterior cervical lymph nodes, hard breathing, scattered intermittent dry and
moist rales of various sizes (mostly medium-bubbly), more on the right. After clearing the throat, the wheezing practically disappears. BH 22 per minute. Your diagnosis.
Is hospitalization indicated?
Sample answer: acute simple bronchitis, high probability of mycoplasma etiology. Hospitalization is not indicated.

30. A 12-year-old boy suffering from diabetes mellitus played football for a long time in the morning, after taking insulin and breakfast. He suddenly complained of a headache, feeling hot and sweating. Then trembling of the arms and legs appeared, the heartbeat increased, the child suddenly lost consciousness and clonic-tonic convulsions and trismus appeared. Questions: 1. What is your presumptive diagnosis? 2. What research needs to be done 3. Emergency treatment.

Sample answer: Diabetic hypoglycemic coma. Determination of blood glucose level – less than 2.6 mmol/l. Intravenous bolus injection of 20% glucose (dextrose) (2.0 ml/kg) or until the patient comes out of coma and the seizures stop.
If there is no effect, repeated administration of 40% glucose, intravenous administration of prednisolone at the rate of 2 mg/kg. If there is a delay in the start of the infusion or there is no response, glucagon (0.5-1 mg) is injected intramuscularly.

Interview Questions

1. Name the most common causes of iron deficiency in young children (1) and schoolchildren (2)

Sample answer: young children have insufficient iron depots in the antenatal period, nutritional deficiency, prematurity; in school-age children, chronic blood loss, nutritional deficiency, chronic colitis

2. Name the main clinical and anamnestic signs of sideropenic syndrome.

Standard answer: dystrophic changes in the skin and its appendages, muscle hypotonia, asthenovegetative syndrome, delayed physical and psychomotor development, frequent infectious diseases.

3. Compile a hemogram for a 10-month-old child suffering from grade 2 iron deficiency anemia

Standard answer: erythrocytes 3.4x10 *12/l, HB 82g/l, CP = 0.7, reticulocytes 0.8%, leukocytes 10x10*9/l, B-1%, E-2%, P/I nate -4%, S/I neutr – 26%, Lf 60%, M – 7%, ESR 9 mm/hour, anisocytosis, microcytosis

4. Name 6 main hematological signs and erythrocytogram changes characteristic of an iron deficiency state.

Standard answer: hypochromic anemia, decreased hematocrit level, decreased MCH, MCHC, MCV, increased RDW

5. Name 3-4 long-term consequences of IDA that allow us to consider this disease a medical and social problem

Sample answer: delayed physical and psychomotor development in early childhood, development of functional isolation syndrome in preschool age, decreased abilities in mathematics at school age and decreased intelligence in general

6. Name the diagnostic criteria that determine the health status of children and adolescents

Standard answer: features of ontogenesis, level of physical development and the degree of its harmony, level of neuropsychic development, level of body resistance, level of functional state of the main body systems, presence or absence of functional disorders and/or chronic diseases, congenital malformations

7. Describe the characteristics that allow a child to be classified into the third health group.

Sample answer: those suffering from chronic diseases in the stage of clinical remission, with rare exacerbations, with preserved or compensated functions of organs and systems, in the absence of complications of the underlying disease, and children with physical disabilities, consequences of injuries and operations, subject to compensation of the functions of organs and systems of the body. the degree of which does not limit the possibility of training or work

8. List the sequence of clinical and endoscopic stages of gastric ulcer and duodenal ulcer

Sample answer: Fresh ulcer, the beginning of epithelization of a peptic ulcer, healing of a peptic ulcer with severe gastroduodenitis, clinical and endoscopic remission

9. List the main reasons for the development of chronic gastritis in children.

Standard answer: infectious factor - H. pylori, drug factor - taking NSAIDs, etc., duodenogastric reflux, autoimmune factor

10. List the methods for diagnosing H. pylori that are non-invasive.

Standard answer: Breath urease test, serological test, PCR

stool, monoclonal antibody test in stool).

11. Specify the initial vegetative status for different types of biliary dysfunction

Sample answer: Vagotonia in the hypertonic-hyperkinetic form of biliary dysfunction, sympathicotonia in the hypotonic-hypokinetic form of biliary dysfunction

12. List the contraindications for performing dynamic tests with a choleretic breakfast.

Correct answer: Acute inflammation of the gallbladder, stones in the lumen of the gallbladder or in the ducts, gallbladder cysts.

13. Indicate the variants of histocompatibility antigens according to the HLA system, which are associated with different types of rheumatoid arthritis

Sample answer: early onset of oligoarthritis with eye damage in girls - HLA A2, juvenile spondyloarthritis in school-age and teenage boys - HLA B27

14. Specify the American College of Rheumatology criteria based on which the diagnosis of juvenile rheumatoid arthritis is established.

Sample answer: Onset before age 16 + involvement of one or more joints with swelling/effusion or two of the following: limited function, tenderness, increased local temperature

15. List the stages of a specific rheumatic process and indicate their duration.

Standard answer: mucoid swelling (2 weeks), fibrinoid degeneration (1.5 months), specific granulomatous inflammation (3-4 months), sclerotic stage.

16. List the four structural components that make up the tetralogy of Fallot.

Sample answer: pulmonary artery stenosis, aortic dextraposition, right ventricular myocardial hypertrophy, high membranous ventricular septal defect.

17. Indicate why the Wesley scale is used, what symptoms it includes, and how to interpret the result.

Sample answer: The Wesley scale is used to assess the severity of laryngeal stenosis in obstructive laryngitis. Includes: chest retraction, stridor, cyanosis, state of consciousness, difficulty breathing. With a total of up to 2 points - mild obstruction, 3-7 points - moderate, 8 points or more - severe obstruction.

18. List the symptoms of respiratory failure according to their severity

Standard answer: Grade I - Shortness of breath, tachycardia, flaring of the wings of the nose with significant physical exertion. Stage II - Shortness of breath, tachycardia with slight physical exertion. Slight cyanosis of the lips, perioral area, acrocyanosis. Inflating of the wings of the nose, retraction of the intercostal spaces and/or hypochondrium. Stage III - diffuse cyanosis of the skin and mucous membranes. Participation in the act of breathing of auxiliary muscles. IV stage - hypoxemic coma. There is no consciousness, breathing is arrhythmic, periodic, superficial.

19. Name 5 diseases with which a differential diagnosis should be made if obstructive laryngotracheitis of respiratory viral origin is suspected.

Sample answer: a) diphtheria b)epiglottitis) allergic swelling of the larynx d) foreign body e) laryngeal papillomatosis

20. Name the main clinical symptoms (6) of decompensated laryngeal stenosis.

Sample answer: a) Severe anxiety or adynamia b) Pale skin, cyanosis c) Severe dysphonia d) Barking cough infrequent, possibly silent e) Inspiratory shortness of breath at rest with retraction of the intercostal spaces and sternum f) Tachycardia, loss of pulse wave during inspiration

21. Specify the causes of death in obstructive laryngotracheitis.

Standard answer: a) asphyxia, b) hypoxic cerebral edema, c) pneumonia

22. Name 3 forms of bronchitis distinguished by the modern classification according to the current clinical recommendations of 2022

Standard answer: a) acute bronchitis, b) recurrent bronchitis, c) chronic bronchitis

23. Name the physical symptoms characteristic of bronchial obstruction syndrome

Standard answer: a) boxy tint of percussion sound, b) hard breathing with prolonged exhalation, c) an abundance of dry whistling and fine-bubbly moist rales

24. List the main (3) symptoms. characteristic of acute bronchiolitis: Standard answer: a) tachypnea, b) fine bubble moist bilateral rales, c) decreased oxygen saturation level

25. Name 3 ways that bacterial agents enter the lungs in descending order of their statistical significance:

Standard answer: 1) aspiration 2) aerobronchogenic 3) hematogenous

26. Specify the main diagnostic criteria (3) for typical pneumonia

Sample answer: a) intoxication syndrome, b) respiratory failure syndrome, c) local physical changes in the lungs

27. List the main laboratory indicators (3) confirming the bacterial etiology of typical pneumonia. State their intended outcome of the study.

Correct answer: a) general blood test - neutrophilic leukocytosis - above 15x10*9/l, b) "C"-reactive protein - above 30-40 mg/ml, c) PCT - procalcitonin test - above 2 ng/ml

28. Name the main clinical and physical signs of synpneumonic exudative pleurisy:

Sample answer: 1) clinical: severe intoxication syndrome, respiratory failure syndrome, painful cough, groaning breathing, lag of the affected side of the chest when breathing, forced posture, thickening of the skin fold in the axillary region (with costo-diaphragmatic pleurisy)

2) physical: massive shortening of percussion sound on the affected side with

spreading beyond the anatomical boundaries of the lung lobe, sharply weakened breathing, in the first days - pleural friction noise

29. Name the possible extrapulmonary metastatic and systemic complications (5) of typical severe pneumonia according to the classification according to clinical guidelines.

Standard answer: a) damage to the heart (endocarditis, myocarditis, pericarditis), b) damage to the nervous system (meningitis, brain abscess), c) damage to the joints (osteomyelitis, septic arthritis), d) infectious toxic shock (septic, systemic inflammatory syndrome), e) hemolytic-uremic syndrome

30. List the main risk factors for asthma in children of the first years of life (API).

Standard answer: more than 3-4 episodes of bronchial obstruction over the last year + 1 of the major criteria: asthma in one of the parents, atopic dermatitis, food allergy, sensitization to aeroallergens or 2 minor criteria: allergic rhinitis, sensitivity to food allergens, eosinophilia in the blood (> 4%), broncho-obstructive syndrome due to a viral infection other than RSV

PK-8
ability to determine patient management tactics
variousnosological forms;

Name competencies	Types of assessment materials	number of tasks **for 1 competency**
PC - 8	Closed tasks	25 with sample answers
	Open type tasks: Situational tasks Addition tasks Interview Questions	82 with sample answers 25 with sample answers 15 with sample answers 42 with sample answers

Closed-type tasks: TOTAL 25 tasks.

Exercise 1. Instructions: Choose one correct answer.
To perform an exchange transfusion operation for hemolytic disease of newborns according to the Rh factor, blood is used

a) O(I) Rh (-)

b) blood of the same group as the child's, Rh-negative c) blood

of the same group as the mother's, Rh-negative d) blood of the

same group as the child's, Rh-positive

Sample answer: b) blood of the same group as the child's, Rh-negative

Task 2.
Instructions: Choose one correct answer.
Average duration of prescription of therapeutic doses of vitamin D3 for vitamin D deficiency:
a) 2 weeks
b) 4 weeks
c) 8 weeks
Sample answer: b) 4 weeks

Task 3.
Instructions: Choose several correct answers.
Duration of taking iron supplements for iron deficiency anemia in children:
a) until hemoglobin levels normalize
b) more often until hemoglobin levels normalize and another 2 months c) until serum iron levels normalize
d) within 1 month
e) depends on the severity of anemia
Standard answer: b) more often until hemoglobin levels normalize and 2 moremonths,

d)depends on the severity of anemia

Task 4.
Instructions:Match the correspondence between groupsby name medicinaldrugs:

1. “salts containing 2-valent iron	And hemopher
	B dardiferon
	In sorbifer
	Ferrum-lek syrup
2. based on hydroxide polymaltose complex, containing 3-valent new iron	D maltofer
	E totem

Standard answer: 1 – A, B, C, E, 2 – D,

E Task 5.
Instructions: Choose several correct answers.
Emergency treatment for decompensated laryngeal stenosis includes: a) intravenous administration of glucocorticosteroids
b) oxygen therapy c) laryngeal intubation
d) antibacterial therapy e) inhalation of budesonide
e) infusion therapy
Sample answer: a, b, c, d

Task 6.

Instructions: Choose one correct answer.
Dose range of nebulized budesonide used for inhalation treatment obstructive laryngotracheitis according to clinical recommendations:
a) 1-2 mg per day b) 1-2 mg/kg
c) 0.15-0.4 mg/kg
Standard answer: a) 1-2 mg per day

Task 7.
Instructions: Choose one correct answer.
Intensive therapy for grade III bronchial obstruction in children includes: a) inhalation of ipratropium bromide
b) hydrocortisone parenterally
c) aminophylline intramuscularly + cordiamine intramuscularly; aminophylline i.v. + gentamicin i.m.
e) inhalation of salbutamol, budesonide + IV dexamethasone + oxygen therapy
Sample answer: e)

Task 8. Instructions: Choose one correct answer.
Initial antibacterial therapy for uncomplicated typical community-acquired pneumonia in children aged 1 to 5 years attending kindergarten is carried out on an outpatient basis using

a) amoclicillin-clavulanate b)

clarithromycin

c) amoxicillin d)

cefotaxime

e) gentamicin f)

oxacillin

Sample answer: a)

Task 9.

Instructions: Choose one correct answer.

For the treatment of atypical pneumonia in school-age children, a) ampicillin is most

effective

b) penicillin c)

oxacillin d)

azithromycin e)

cefotaxime

Sample answer: d)

Task 9.

Instructions: Choose one correct answer

The antibiotic most often prescribed for the treatment of acute rheumatic fever in hospitalized children

a) penicillin b)

flemoxin c)

gentamicin

d) chloramphenicol
Sample answer: a)

Task 10.
Instructions: Choose one correct answer:
A group of anti-inflammatory drugs, preferable for acute polysyndromic course of acute rheumatic fever in children
a) NSAIDs
b) corticosteroids c)
delagil
d) methotrexate
Sample answer: b)

Task 11
Instructions: Choose one correct answer:
The duration of the course of eradication therapy for Helicobacter pylori - associated gastritis is:
a) 3-5 days
b) 7-14 days
c) 20-30 days
d) 30-45 days
Sample answer: b)

Task 12
Instructions: Choose one correct answer:
Sanatorium-resort treatment for chronic gastritis is indicated in the presence of stable remission for
a) 2 months
b) 4 months
c) 6 months
d) 1 year
Sample answer: c)

Task 13
Instructions: Choose one correct answer:
Duration of clinical observation for acute gastric or duodenal ulcers in children
a) 1 year
b) 3 years
c) 5 years
d) for life

Sample answer: c)

Task 14
Instructions: choose one correct answer:
Dose of furosemide in the treatment of edema of renal origin: a) 0.3 mg/kg per day
b) 1-3 mg/kg per day c) 0.5 mg/kg per day d) 5-6 mg/kg per day
Standard answer: b)

Task 15
Instructions: choose one correct answer:
Water regimen recommended for pyelonephritis without renal dysfunction
a) fluid intake is severely limited
b) fluid intake is moderately limited
c) fluid intake within the limits of physiological need d) extended water regime
Sample answer: d)

Task 16
Instructions: choose one correct answer:
Indications for prescribing prednisolone for acute leukemia in children
a) suspicion of acute leukemia
b) after receiving a blood test c) after receiving a myelogram d) extensive leukemia clinic Sample answer: c)

Task 17
Instructions: choose one correct answer:
Hemodrug that should be administered for hemophilia A a) stem cells
b) factor VIII concentrate c) direct blood transfusion
d) blood transfusion for long-term storage
Sample answer: b)

Task 18
Instructions: choose the correct answer:
The mechanism of antipyretic action of non-steroidal anti-inflammatory drugs
a) inhibition of bradykinin synthesis
b) inhibition of interferon production c) increased synthesis of interleukin -1 d) increased synthesis of prostaglandins e) inhibition of cyclooxygenase Answer standard: e)

Task 19
Instructions: choose one correct answer:

Neurovegetative blockade includes the administration of a)
droperidol 0.25%
b) papaverine 2%
c) aspirin
d) ibuprofen
e) analgin 50%
Sample answer: a)

Task 20
Instructions: Choose 1 correct answer
The maximum permissible dose of diazepam for convulsive syndrome, administered over 8 hours a) 0.2 mg/kg
b) 0.4 mg/kg
c) 0.6 mg/kg
d) 0.8 mg/kg
e) 1.2 mg/kg
Sample answer: c)

Task 21
Instructions: Choose one correct answer Method
of administration of potassium chloride solution
a) subcutaneously
b) intravenous stream c)
intramuscular
d) intravenous drip
Sample answer: d)

Task 22
Instructions: Choose one correct answer
Emergency care for hypoglycemic coma should begin with intravenous administration
a) insulin
b) 20% glucose solution
c) 0.9% saline d) sodium bicarbonate
Sample answer: b)

Task 23
Instructions: Choose several correct answers. Treatment
methods for hemolytic disease of newborns

a) infusion therapy

b) exchange blood transfusion c)

phototherapy

e) hormonal therapy

Sample answer: a), b), c)

Task 24

Instructions: Choose several correct answers

Basic principles of treatment of iron deficiency anemia in children:

a) therapy is carried out with iron-containing drugs b) drugs are prescribed

enterally

c) blood transfusion is carried out when the hemoglobin level is below 100 g/l

d) therapy should not be stopped after normalization of hemoglobin levels e) iron

supplements are prescribed only parenterally

Sample answer: a), b), d)

Task 25

Instructions: Choose several correct answers

Name the main methods of respiratory support (oxygen therapy) for DN, used in the hospital for the treatment of pneumonia

a) through nasal catheters

b) using a mask

c) using a nebulizer d)

mechanical ventilation

e) using a high-flow oxygen therapy device. Standard answer:

a), b), d), e)

Open type tasks. Total 75 tasks Task 1.

Instructions: insert one value
The lower limit of normal (according to WHO recommendations) hemoglobin content "……" g/l in venous blood in children under 6 years of age
Standard answer 110 g/l

Task 2. Instructions: insert multiple values
The average daily dose of elemental iron for the treatment of iron deficiency anemia in young children is "……" mg/kg/day
Standard answer: 3-5 mg/kg/day

Task 3. Instructions: insert one word
The earliest sign of the effectiveness of ferrotherapy for iron deficiency anemia is an increasenumbers in..... hemogram
Sample answer: reticulocytes

Task 4. Instructions: Insert a few words
The criteria for adequate ferrotherapy for iron deficiency anemia after 1 month from its onset are an increase in hemoglobin levelsnag/l..... and hematocrit by ...%.
Standard answer: hemoglobin by 10 g/l, hematocrit by 3%.

Task 5. Instructions – insert one value
The daily preventive dose of vitamin D in children from 1 to 3 years old is "……" IU per day

Standard answer: 1500 IU

Task 6 Instructions: insert one value
Daily therapeutic dose of vitamin D for severe deficiency""..... ME
Standard answer: 4000 IU

Task 7 Instructions: Insert a range of values
The most effective single dose of dexamethasone for subcompensated laryngeal stenosis is""..... mg/kg
Standard answer: 0.4-0.6 mg/kg intravenously

Task 8. Instructions: insert a few words
A child suffering from acute lymphoblastic leukemia and receiving another course of polychemotherapy developed clinical symptoms of pneumonia after a respiratory viral infection. In this case, the most likely pathogens may be
"……." :
Sample answer: pneumocystis, mushrooms

Task 9. Instructions: insert multiple values
Metapneumonic pleurisy is called pleurisy that developsafter ""..... days after starting treatment for pneumonia
Standard response: 5-7 days

Task 10 Instructions: insert one value
The duration of articular syndrome in juvenile rheumatoid arthritis is more than""
..... weeks
Sample answer: 6

Task 11. Instructions: insert one word
The effectiveness of the selected antibacterial drug is determined by the dynamics
""..... syndrome
Sample answer: intoxication

Task 12. Instructions: insert a few words

The average course of treatment with non-steroidal anti-inflammatory drugs for a patient with acute rheumatic fever is"".....

Standard answer: 4-6 weeks

Task 13. Instructions: insert one word

If there is no response to 2nd line therapy, patients with persistent immune thrombocytopenia are recommended to use "……." to achieve the effect of therapy

Sample answer: Rituximab

Task 14. Instructions: insert one value

The recommended preventive dose of vitamin D for pregnant women is
"……." IU/day

Standard answer: 2000IU per day

Task 15. Instructions: insert one word

The drug of choice for the treatment of diagnosed juvenile rheumatoid arthritis is""

Sample answer: Methotrexate

Situational tasks.

1. A 6-month-old child has clinical manifestations of vitamin D-deficiency rickets, moderate-severe course, peak period, 25(OH)D3 level 15 ng/ml. Specify the dose, timing of administration and duration of vitamin D intake.

Standard answer: 3000 IU/day for 30 days, followed by determination of 25(OH)D3 levels. When it is normalized, switch to a prophylactic dose; if the level is reduced, continue treatment at a dose corresponding to the level of the vitamin in the blood.

2. A 5-year-old child has fever for 3 days, pharyngotonsillitis, enlarged cervical lymph nodes, follicular conjunctivitis.

What respiratory viral infection does this symptomatology correspond to? Specify treatment

Standard answer: adenoviral, symptomatic treatment

3. A 1.5 year old child has dysphonia, barking cough, adequate behavior, low-grade fever, silent breathing at rest, noisy breathing during physical activity

difficulty breathing with retraction of the jugular fossa.

What stage of laryngeal stenosis do the clinical symptoms correspond to? Specify initial therapy.

Sample answer: compensation stage. Administration of Budesonide suspension through a compressor nebulizer or mesh nebulizer at a daily dose of 2 mg. Starting inhalation is 1 mg (diluted in 2.0 ml saline), this dose is sufficient.

4. The child is 7 months old, premature, and is exclusively breastfed. Hemogram: red blood cells 3.3 x10 12/l, HB – 84 g/l, CP – 0.76, Hematocrit 26%, Leukocyte formula without deviations from the age norm.

1. Formulate a diagnosis
2. Name the main 2 reasons for its development

Standard answer: 1. Hypochromic anemia of the 2nd degree, obviously iron deficiency 2. Prematurity, improper feeding (3 complementary foods were not introduced, including meat)

5. A 12-year-old child was diagnosed with chronic gastroduodenitis in the active phase associated with duodenogastric reflux. Name the groups of drugs used in this situation

Sample answer: Prokinetics and cytoprotectors

6. An 8-month-old child showed the following changes in a general blood test:

Er. 2.8x10 12/l; Hb –72 g/l; Color – 0.77; Lake. –10x109/l; B.-1%; E. –2%; P/B – 5%; S/I. – 25%; Lf. – 60%; Mon. – 7%; ESR – 12mm/hour. Formulate a clinical diagnosis, determine the severity of the disease. Prescribe treatment.
Standard answer: Iron deficiency anemia, moderate severity. 1. Diet therapy (Introduction of meat products into the diet), iron supplements at a dose of 5 mg/kg/day under the control of CBC (hemoglobin, erythrocytes, reticulocytes) for 3-4 months.

7. An emergency medical team was called to a 10-month-old girl due to an increase in body temperature to 39.5°C and catarrhal symptoms in the nasopharynx. On examination, a short-term episode of seizures with a predominant clonic component was noted.
There are no meningeal signs. 1. Make a diagnosis. 2. Provide emergency assistance to the child.
Sample answer: 1. febrile convulsions. 2. Administration of diazepam 0.5%intravenously slowly at a dose of 0.5 mg per 1 kg of body weight with a maximum rate of 5 mg/min; paracetamol 10-15 mg/kg

8. An emergency medical team was called to a 1.5-year-old girl about an increase in temperature to 39.8, conjunctivitis, and a sore throat. On examination: The skin is hot, hyperemic, and moist. The mucous membrane of the oropharynx and the posterior wall of the pharynx are swollen and bright red. Nasal breathing is difficult. There are no changes in the internal organs. 1. Make a diagnosis. 2. Provide emergency assistance to the child.
Sample answer: ARVI: rhinitis. conjunctivitis, pharyngitis, pink fever. Orally paracetamol in a single dose of 10-15 mg/kg, ibuprofen 5-10 mg/kg. Physical cooling methods.

9. An emergency medical team was called to a 5-year-old boy due to an increase in body temperature to 40.2ºC and severe headache. On examination: the child is excited, consciousness is confused, chills. Breathing increased to 46 per minute, pulse 132 beats per minute. Skin pale, cold limbs with a marble pattern. There are no changes in the internal organs. There are no meningeal signs. Assess the condition and provide emergency assistance to the child.
Sample answer: Pale fever. Orally paracetamol in a single dose of 10-15 mg/kg, ibuprofen 5-10 mg/kg. Physical cooling methods: cold on the head, great vessels, heating pads on the palms and soles

10. A 14-year-old child suffering from a gastric ulcer suddenly developed pain in the epigastric region, weakness, dizziness, bloody vomiting and tarry stools. What can you think about?
Sample answer: complication of peptic ulcer in the form of gastrointestinal bleeding

11. A 12-year-old child suffering from a stomach ulcer suddenly developed sharp pain radiating to the back, vomiting that did not bring relief, and heartburn. What can you think about?
Sample answer: complication of peptic ulcer – penetration, most likely into the pancreas

12. A 15-year-old child suffering from gastric ulcer hassuddenly there was a sharp pain in the epigastrium and right hypochondrium, pulse 126 per minute, thread-like, nausea, vomiting. Upon percussion of the anterior abdominal wall, hepatic dullness disappears. A few hours later, the pain intensified; palpation revealed a board-shaped abdomen, a positive Shchetkin-Blumberg sign. What can you think about?

Sample answer: complication of peptic ulcer in the form of perforation with subsequent development of peritonitis.

13. A 4-year-old boy is admitted with complaints of pain and limited movement in the left knee joint (he fell off a scooter 2 hours ago). The joint is enlarged, hot, and painful. In the UBC, Hb is 105 g/l, RC is 3%, ESR is 15 mm/h, bleeding duration according to Duke is 2 minutes 30 seconds, according to Lee-White - more than 14 minutes.
1. Formulate a diagnosis; 2. Diagnostic plan; 3. Principles of conservative treatment
Response standard: 1. unspecified hemophilia, hemarthrosis of the left knee joint. 2. determination of APTT, level of activity of factors VIII and IX,

14. Boy 7 years old, second day of illness, fever 38.3, mucous discharge from the nose, pain in the chest, dry obsessive cough, pronounced catarrhal changes in the oropharynx, shortness of breath, no cyanosis, enlarged submandibular, posterior cervical and anterior cervical lymph nodes, hard breathing on auscultation, scattered
asymmetrical (more on the right) intermittent dry and variable wet rales, the number of which decreases significantly after coughing. Respiratory rate 22 per minute. Justify the preliminary diagnosis. Make a plan for examining the patient.
Is X-ray examination necessary in this case? Prescribe treatment. Standard answer: 1. acute simple bronchitis 2. CBC, PCR of an oropharyngeal smear to determine the DNA of chlamydia and mycoplasma pneumonia 3. No 4. Macrolides (azithromycin, clarithromycin) for 10-14 days, mucoactive drugs, probiotics for 14-21 days

15. A 14-year-old girl, 2 hours ago, after eating a salad with shrimp, developed severe itching of the skin, generalized urticarial rashes, swelling of the eyelids, upper lip, and hands. The girl's mother has bronchial asthma. The patient is hospitalized. What is your suspected diagnosis? Suggest a treatment plan. Sample answer: 1. acute urticaria. Angioedema. 2. Gastric lavage, cleansing enema. 3. Systemic antihistamines
(non-sedative, second generation) in a standard dose, 4. If there is no effect or symptoms of airway obstruction appear, intravenous bolus (preferred) or per os systemic glucocorticosteroids

(prednisolone 1-2 mg/kg/day) in a short course of 3-5 days, gradual withdrawal of the drug is not required. 5.It is recommended to perform emergency tracheal intubation or tracheostomy in case of a life-threatening situation with the development of angioedema in the larynx

16. You are visiting a 2 month old child. The girl was born full-term, from a physiological pregnancy, natural birth. Body weight at birth – 3000 g, length – 50 cm. Since birth he has been on an artificial
while breastfeeding, the mother is concerned about the baby's regurgitation after taking the formula (up to 2-3 times a day, not every day) in small portions and a tendency to constipation (stool every other day), feces without pathological impurities, and the presence of infant colic. At the time of examination, the girl's body weight was 4400 g, body length – 57 cm. Psychomotor development corresponds to her age.
Hereditary history of allergic diseases is not burdened. Rate
physical development of the child. Your presumptive diagnosis. Feeding recommendations

Response standard. Average physical development. Functional disorders of the gastrointestinal tract. Transfer the child to Comfort class formulas,
containing partially hydrolyzed protein, prebiotic, probiotic (for example, L. Reuteri), reduced lactose level, thickener.

17. The baby is 3 weeks old. Born at term with a weight of 3200.0 g, length 50 cm, he cried immediately. He was attached to the breast after 12 hours, sucked actively, gained 500.0 g in weight. 2 days ago he started vomiting like a fountain, the day before he began to regurgitate after almost every feeding, in a volume exceeding the amount of food eaten. up to periodically volume. 2nd
day there is stool retention. Appetite preserved. Your preliminary diagnosis. What additional research needs to be done? Medical tactics.
Response standard. Pyloric stenosis.The examination necessarily includes gastroscopy (examination of the stomach using a special probe), ultrasound and radiography of the stomach with contrast.Infusion therapy. Surgeon consultation. Surgical treatment

18. A 12-year-old boy went to the dentist to remove a tooth. There was a history of an allergic reaction to a rocephin injection.The patient was anesthetized with a lidocaine solution. After 3-5 minutes, the patient's condition worsened: cyanosis, profuse sweating, tachycardia, blood pressure dropped sharply; There was a tingling sensation, itching of the skin of the face, a feeling of fear, a feeling of heaviness behind the sternum and difficulty breathing.What is your suspected diagnosis? Urgent measures

Sample answer:anaphylactic shock. Administration of epinephrine at the rate of 0.01 mg/kg, maximum single dose of 0.3 mg. If there is no response to the first dose after at least 5 minutes, administer a second dose of epinephrine intramuscularly to achieve a clinical effect.If there is no effect from the intramuscular administration of epinephrine, administer it intravenously in a dilution of up to 1:10000 (1 ml of epinephrine solution per 10 ml of 0.9% sodium chloride solution).Lay him horizontally, slightly raise his legs, warm him up, clear his mouth of mucus, turn his head to the side. Humidified oxygen, measure blood pressure. Methylprednisolone 1 mg/kg, maximum 50 mg, or prednisolone 2-5 mg/kg, or hydrocortisone for children over 12 years old - 100 mg IM or IV slowly.Antihistamines for normalizing blood pressure: diphenhydramine 1% solution - 0.5 ml (suprastin 2% - 0.4 ml, pipolfen 2.5% - 0.5 ml).

19. A 7-year-old child is admitted with complaints of weakness, fatigue,
pallor for the last 3 months. Moderate condition. Skin

the integument is pale. Single elements of hemorrhagic rash. Lymph nodes
all groups – 1.5-2.5 cm, multiple, elastic, painless. Liver 3 cm, spleen 2 cm from under the costal margin. Hemogram: Erythr. – $2.5x10^{22}$/l, Hb - 75 g/l, Ht – 28%, CP – 0.9, Lake -$25x10^{9}$/l, E–0, B – 0%, S/ya -16%, Mon. – 2%, Lymph. – 42%,
Undifferentiated cells ("blasts") -40%, Thrombus – $50x10^{9}$/l, ESR – 45 mm/hour. What disease can you think about? Describe the possible elements of a hemorrhagic rash.
Purpose and stages of therapy
Sample answer: acute leukemia? The rash is spontaneous, polymorphic (from petechiae to ecchymoses), polychrome, without a favorite localization. The goal is complete eradication of blast cells, stages: induction of remission, consolidation of remission, maintenance therapy with cycles of reinduction of remission.

20. A 4-year-old girl is admitted to the hospital with complaints of bruises.
all over my body 3 days ago. massive nosebleed. On examination the condition is moderate. Lymph nodes are not enlarged. On the skin of the torso and limbs there is a hemorrhagic rash in the form of single petechiae in the elbows and multiple ecchymoses from 1 to 3 cm of varying degrees of maturity. From the internal organs – no visible pathology. Liver +0.5 cm, spleen +1.0 cm from under the costal arch. Try
"tourniquet", "pinch" is positive. Your presumptive diagnosis. Draw up a complete hemogram typical for a child of this age with this pathology.
Sample answer: immune thrombocytopenic purpura, wet form. Hb 76 g/l, Er-3.0x10*12g/l, Tr-20x10*9, Lake-6.4x10*9, Eoz-3%b, Pya-4%, Sya-24%, Lymph-63% , Mon-6%, ESR-25mm/h.

21. A 6-year-old child was delivered to the reception center by the SP team. From the anamnesis it is known
that the boy accidentally knocked over a pot of boiling water on himself. Objectively: the condition is serious. The skin of the abdomen and lower chest is hyperemic, swelling of the skin with detachment of the epidermis and the formation of blisters with a yellowish transparent liquid is detected.
Pain sensitivity is pronounced. Skin outside the burn surface
pale color. Blood pressure is reduced. Heart rate – 115 per minute. Your diagnosis. Calculate the total burn surface area. Urgent Care.
Standard answer: Burn disease, 2nd degree, burn area 18%. Assessing the adequacy of blood circulation (pulse, blood pressure, filling of the nail bed).
Pain relief (metamizole sodium 10 mg/kg, tramadol 2 mg/kg, ketamine 4 mg/kg IM or 2 mg/kg IV). Infusion therapy with saline solutions under the control of hourly diuresis (should be more than 1 ml/kg/hour)

22. A 12-year-old girl suffering from neurocirculatory dystonia quickly got out of bed in the morning and felt sudden weakness, dizziness, nausea, and tinnitus. There was a brief loss of consciousness. An objective examination revealed pallor of the skin and mucous membranes, cold sweat, rare shallow breathing, and a respiratory rate of 14 per minute. Heart sounds are muffled, the pulse is threadlike, heart rate is 60 per minute, after a few minutes it is 96 per minute. Blood pressure – 70/45 mmHg. What is the reason for this condition? Urgent actions.
Sample answer: fainting (orthostatic hypotension). Provide fresh air access, place in a horizontal position with legs raised, allow ammonia to inhale (from a cotton swab), 1% mesaton 0.1 ml/year IM or IV stream

23. There is a 6 year old child on the receiver. From the anamnesis it is
known that the boy and his family were relaxing in nature; about an hour
ago, finding myself without
parental supervision, the child ate several berries from a bush growing nearby, after which he became extremely restless, his face turned red,

coordination is impaired. Objectively: he is sharply excited, rushes about, screams, and breaks out of his mother's arms. The pupils are dilated. Coordination is impaired. The skin and mucous membranes are dry. The face is hyperemic. The sclera is injected. Body temperature - 38.0 degrees. Blood pressure - 120/70 mmHg. Art. Heart rate – 120 per minute. What condition should you think about? Your emergency treatment.
Sample answer: poisoning from poisonous plants (possibly henbane). Immediate hospitalization to the toxicology department, tube gastric lavage (amount of liquid 1 liter/year to clean water, but not more than 10 liters. Enterosorbent by tube after rinsing (hydrolytic lignin 1 tsp per year of life, smecta).

24. A 4-year-old child is admitted to reception. While relaxing with my parents at a local pond, I spent a long time in the open sun without a hat. Complaints of severe headache, vomiting, short-term loss of consciousness. Objectively: condition
severe, the child is conscious, lethargic. Body temperature 38.9 degrees. The skin is pale, dry, hot to the touch, acrocyanosis. Breathing is shallow, respiratory rate – 30 per minute. Pulse is threadlike, 120 per minute. What condition should you think about? Urgent Care.
Sample answer: Sunstroke, moderate severity. Physical cooling methods, place in a position with legs elevated, oxygenation with humidified oxygen (40-60% oxygen), infusion therapy of 0.9% sodium chloride solution at a dose of 20-30 ml/kg/hour, intravenous bolus of prednisolone 3-5 mg/kg (if there is no effect from the started therapy).

25. You are a SP doctor. Call to a 4 year old child. From the anamnesis it is known that the child is In the absence of his parents, he inserted a metal pin into an electrical outlet. Complaints of loss of consciousness within 1-2 minutes, burns on both hands. Objectively: the child is conscious. Blood pressure – 80/50 mm. rt. Art. Pulse 126/min, arrhythmia. The skin is pale, there are burns on both hands, with severe pain. Your diagnosis. Urgent actions.
Are there indications for hospitalization; if yes, which department?
Sample answer: electrical injury. Aseptic dressing on the surface of the skin with burns, IM 50% solution of metamizole sodium at the rate of 0.1 ml/year of life. Hospitalization is advisable, given the changes in the cardiovascular system, in the intensive care unit.

Interview Questions
1. Name the normal number of platelets in a general blood test and their number at which life-threatening hemorrhages may develop in patients with immune thrombocytopenic purpura.
Standard answer: 150 – 400 x10*9/l, less than 10-20 x 109/l

2. Classification of immune thrombocytopenic purpura (ITP)
Sample answer: By etiology: primary ITP, secondary ITP. According to the duration of the disease: Newly diagnosed ITP (disease lasting up to 3 months from the moment of diagnosis); Persistent (protracted) ITP - absence of spontaneous remission or failure to achieve a stable complete response to therapy between 3-12 months from the date of diagnosis; Chronic ITP is the persistence of thrombocytopenia for more than 12 months from the date of diagnosis.

3. Classification of immune thrombocytopenia according to the nature and severity of hemorrhagic syndrome (according to WHO and CTCAE classification):

Standard answer: 0 degree – absence of hemorrhagic syndrome; 1st degree – petechiae and ecchymoses; 2nd degree – minor blood loss; 3rd degree – major blood loss (bleeding requiring transfusion of blood components); 4th degree – threatening blood loss (bleeding in the brain and retina, bleeding that ends in death).

4. Immune thrombocytopenic purpura. Specify the criteria for making a diagnosis. Describe the rash
Sample answer:Isolated thrombocytopenia less than 100 x 10*9/l in a general (clinical) blood test; Hemorrhagic syndrome of varying severity during physical examination; exclusion of other conditions and diseases that cause thrombocytopenia. The rash is polymorphic (from petechiae to ecchymoses), polychrome, spontaneous, not prone to fusion.

5. Specify drugs used as bronchodilator therapy for obstructive bronchitis in young children.
Sample answer: a) fenoterol, b) ipratropium bromide, c) salbutamol

6. Name the 5 main indications for hospitalization for community-acquired typical pneumonia according to clinical guidelines.
Standard answer: a) Age up to 6 months, b) Severe symptoms of DN (Sp02 less than 92%), c) Complicated course (pleurisy, pulmonary destruction, systemic complications),
d) For social reasons (home care is not possible), e) Lack of effect from initial therapy started on an outpatient basis

7. Name the main methods (4) of respiratory support (oxygen therapy) used in a hospital for the treatment of pneumonia complicated by respiratory failure
Standard answer: a) through nasal catheters, b) using a mask, c) mechanical ventilation, e) using a high-flow oxygen therapy device

8. Specify the drug used for initial antibacterial therapy of uncomplicated typical community-acquired pneumonia in children from 1 to 5 years old attending kindergarten and its dose.
Standard answer: a) amoxicillin-clavulanate 90 mg/kg/day for amoxicillin

9. Specify the drugs that are most effective for the treatment of atypical pneumonia in school-age children.
Standard answer: a) azithromycin, b) clarithromycin

10. Indicate the most optimal route of administration of antibacterial drugs in the treatment of community-acquired uncomplicated and severe complicated pneumonia.

Standard answer: oral, intravenous

11. Specify the antibacterial drugs currently used to treat hospital-acquired pneumonia:
Sample answer: a) cefoperazone-sulbactam, b) meropenem, c) ceftaroline d) ceftazidime-avibactam e) tigecycline f) cefepime-sulbactam

12. Specify the mechanisms of action of non-steroidal anti-inflammatory drugs used in the treatment of rheumatoid arthritis
Standard answer: a) anti-inflammatory, b) analgesic, c) antipyretic

14. Specify the criteria for adequate ferrotherapy for iron deficiency anemia after 1 month and 3-4 months from its onset.
Standard answer: after 1 month - an increase in hemoglobin by 10 g/l, an increase in hematocrit by 3%, after 3-4 months the disappearance of clinical symptoms, normalization of erythrocytogram values, an increase in serum ferritin levels above 30 µg/l

15. List the indications for prescribing antipyretic drugs to children with ARVI.

Sample answer: Antipyretic drugs in healthy children ≥3 months of age are justified at temperatures above 39 - 39.5 ° C. For less severe fever (38-38.5°C), fever-reducing medications are indicated for children under 3 months of age, patients with chronic pathology, and for fever-related discomfort.

16. List anti-inflammatory drugs that are not recommended for antipyretic purposes in children with ARVI.
Sample answer: a) acetylsalicylic acid, b) nimesulide, c) metamizole sodium.

17. Specify indications for prophylaxis of MS infection and name the drug.

Sample answer: a) In children of the first year of life from risk groups (prematurity, bronchopulmonary dysplasia), b) In children under 2 years of age with hemodynamically significant congenital heart defects, palivizumab is administered to prevent RS viral infection in the autumn-winter season. dose 10-15 mg/kg 1 time per month

18. Specify indications for hospitalization of children with ARVI

Sample answer: children under 3 months with febrile fever, more than 38.5 C°, b) children of any age with life-threatening symptoms, c) children with complex febrile convulsions (lasting more than 15 minutes and/or repeating more than once within 24 hours, g) children with symptoms of respiratory failure

19. List the drugs recommended and contraindicated for dyspnea-cyanotic attacks in a patient with tetralogy of Fallot

Standard answer: emergency therapy: a) oxygen therapy b) promedol c) β-blockers d) rheopolyglucin intravenous drip. Contraindicated: a) cardiac glycosides b) diuretics

20. List the stages of management of a patient with acute rheumatic fever

Sample answer: a) inpatient b) sanatorium c) outpatient

21. Specify the drugs used as etiotropic therapy for a patient with acute rheumatic fever
Sample answer: a) benzylpenicillin b) amoxicillin c) amoxicillin clavulanate

22. Specify the drugs used as etiotropic therapy for a patient with acute rheumatic fever with penicillin intolerance.
Sample answer: a) macrolides b) cephalosporins

23. Specify the indications for the use of systemic glucocorticosteroids as pathogenetic therapy for a patient with acute rheumatic fever
Sample answer: a) high degree of activity of acute rheumatic fever b) pancarditis c) visceritis d) insufficient effect from the use of non-steroidal anti-inflammatory drugs

24. List the groups of drugs that need to be additionally prescribed to a patient with chorea.
Sample answer: a) nootropic drugs, b) sedatives c) drugs that improve cerebral blood flow d) benzodiazepine tranquilizers

25. Specify the principles of primary prevention of acute rheumatic fever. Sample answer: antibacterial therapy is justified in cases of GABHS carriage in**period of outbreak of acute rheumatic fever, post-streptococcal**
glomerulonephritis or invasive GABHS infections in a given region, if there is a history of acute rheumatic fever in the patient or his immediate family, when determining indications for tonsillectomy due to GABHS carriage

26. Specify the principles of secondary prevention of acute rheumatic fever
Sample answer: secondary prevention begins immediately after the end of etiotropic therapy, using long-acting penicillins. Patients who have had acute rheumatic fever without carditis (chorea, arthritis) - for 5 years, with carditis without the formation of a defect - for 10 years, in patients with carditis and the formation of a defect - for life.

27. List the groups of drugs included in the first line "triple"eradication therapy of chronic gastritis

Sample answer: a) proton pump inhibitors b) amoxicillin c) clarithromycin or metronidazole

28. List the indications for the use of a classic four-component regimen for eradication therapy of chronic gastritis

Standard answer: a) intolerance to β-lactam antibiotics b) ineffectiveness of standard triple therapy

29. List the groups of drugs included in the classical four-component therapy for chronic gastritis

Sample answer: a) bismuth preparations b) proton pump inhibitors c) tetracycline (allowed from 8 years of age) d) metronidazole

30. Specify the reasons for the ineffectiveness of eradication therapy for chronic gastritis.
Answer standard: a) incorrect choice of antibiotic b) non-compliance with the duration of treatment c) low doses of antibiotics d) intrafamilial circulation of H. pylori

31. Indications for hospitalization of a patient with duodenal ulcer.

Sample answer: a) with a newly discovered peptic ulcer in the acute stage b) with a complicated and often recurrent course of the disease; c) with significant severity or difficulty in relieving pain during a week of outpatient treatment. d) if it is impossible to organize treatment and self-control in outpatient studies.

32. List the drugs that increase the protective properties of the gastric mucosa (cytoprotectors)

Sample answer: a) sucralfate (Venter) b) synthetic analogues of prostaglandins (misoprostol - cytotec), c) colloidal bismuth subcitrate (de-nol) d) plant origin (liquiriton, allantoin)

33. Specify the groups of drugs that stimulate bile formation

Sample answer: a) preparations containing bile acids – cholenzyme, allochol b) preparations of chemical synthesis – nicodine, oxafenamide c) preparations

of plant origin – tincture of corn silk, tansy, holosas, hepabene, hofitol

34. Specify drugs related to cholekinetics Standard

answer: a) magnesium sulfate b) sorbitol c) xylitol

35. List the groups of drugs for basic therapy of bronchial asthma

***Reference*: a) inhaled glucocorticosteroids b) leukotriene receptor antagonists c) cromones d) biological therapy with monoclonal antibodies**

36. Name the indications for prescribing systemic glucocorticosteroids for immune thrombocytopenia.

Sample answer: a) extensive cutaneous hemorrhagic syndrome, especially on the face and upper body b) bleeding c) severe persistent thrombocytopenia

37. List the indications for starting treatment in patients with newly diagnosed ITP
Standard answer: a) hemorrhagic syndrome and platelets less than 30-50.0x109/l b) in the absence of hemorrhagic syndrome with thrombocytopenia <20.0x109/l

38. What are the indications for splenectomy in a child with immune thrombocytopenic purpura?
Standard answer: a) resistance to GCS (glucocorticosteroid) therapy, b) loss of response or complete response after 1st line therapy (GCS and IVIG (intravenous immunoglobulins)) c) severe exacerbations that are not controlled by 1st line drugs (GCS and IVIG) AND SO ON

39. List the indications for planned hospitalization of a patient with immune thrombocytopenic purpura
Standard: a) conservative therapy of GCS in high doses; b) surgical treatment of ITP (splenectomy); c) complications from the therapy; d) the presence of concomitant diseases aggravating the patient's condition; e) non-compliance by the patient with the treatment regimen in an outpatient setting.

40. List the drugs recommended as basic therapy for moderate-severe bronchial asthma
Standard answer: a) medium doses of inhaled glucocorticosteroids (200 - 400 mcg/day) or b) a combination of low doses of ICS with long-acting beta-2 agonists or c) a combination of low doses of ICS with leukotriene receptor antagonists

41. List the drugs recommended as basic therapy for severe bronchial asthma

Standard answer: a) high doses of inhaled glucocorticosteroids (from 600 mcg/day) or b) a combination of medium doses of inhaled corticosteroids with long-acting beta-2 agonists or leukotriene receptor antagonists, c) a combination of three drugs: inhaled corticosteroids + LABA + ALT or inhaled corticosteroids + LABA+LADAH, d) use of genetically engineered biological drugs against the background of ICS use

42. List the lines of treatment for chronic urticaria.

Sample answer: 1. First-line treatment for chronic urticaria - Systemic antihistamines (non-sedating, second generation) in a standard dose. If there is no effect, a 2-4 fold increase in the dose of antihistamines is recommended. 2.Second line of therapy -if symptoms persist for more than 2-4 weeks during treatment with increased doses of systemic antihistamines, add omalizumab (appears after 6 months). 3. Third-line therapy for chronic urticaria - Cyclosporine

CRITERIA for assessing competencies and rating scales

Grade "unsatisfactory" (not passed) or lack of competence	**Grade "satisfactory" (passed) or satisfactory (threshold) level of competence development**	**Grade "good" (passed) or sufficient level of mastery of competence**	**Grade "excellent" (passed) or high level of mastery of competence**
The student's inability to independently demonstrate knowledge when solving tasks, lack of independence in applying skills. Lack of confirmation of completed competence indicates negative results in mastering the academic discipline	The student demonstrates independence in applying knowledge, skills and abilities to solve educational tasks in full accordance with the model given by the teacher; for tasks the solution of which was shown by the teacher, it should be considered that competence formed at a satisfactory level.	The student demonstrates independen tapplication of knowledge, skills and abilities in solving tasks similar to the samples, which confirms the presence formed competence at a higher level. Availability of such sufficient competence	The student demonstrates the ability to fully independencein choosing a solution non-standard tasks within the discipline using knowledge, skills and abilities acquired both during the development given disciplines and related disciplines

		level testifiesabout a stable practical skill	competence should be considered formed at a high level.

Criteria for assessing test control:

percentage of correct answers	Marks
91-100	Great
81-90	Fine
70-80	satisfactorily
Less than 70	unsatisfactory

When grading tasks with multiple correct answers, one error is allowed.

Interview assessment criteria:

Mark	**Descriptors**		
	strength of knowledge	**the ability to explain (represent) the essence of phenomena, processes, and draw conclusions**	**logic and consistency of the answer**
Great	strength of knowledge, knowledge of the basic processes of the subject area being studied, the answer is distinguished by the depth and completeness of the topic; knowledge of terminological apparatus; logic and consistency of the answer	high ability to explain the essence, phenomena, processes, events, do conclusions and generalizations, give reasoned answers, give examples	high logic and subsequenceanswer
Fine	strong knowledge of the basic processes of the subject area being studied, distinguished by the depth and completeness of the topic; mastery of terminology apparatus; Fluency	the ability to explain the essence of phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples; however one or two inaccuracies in the answer are allowed	logic and consistency of the answer

	monologue speech, but one is allowed - two inaccuracies in the answer		
satisfyflax	satisfactory knowledge of the processes of the subject area being studied, the answer differs insufficient depth and completeness of the topic; knowledge of the basic issues of theory. Several are allowed errors in the content of the answer	satisfactorythe ability to give reasoned answers and give examples; well-developed analytical skills phenomena, processes. Several errors are allowed in content of the answer	satisfactorylogic and consistency of the answer
dissatisf ystrictly	poor knowledge of the subject area being studied, shallow coverage of the topic; poor knowledge of basic theoretical issues, poor skills in analyzing phenomena and processes. Serious mistakes are made in content of the answer	inability to give reasoned answers	lack of logic and consistency in the answer

Criteria for assessing situational tasks:

Mark	**Descriptors**			
	understand ing the problem	**analysis of the situation**	**situation solving skills**	**professional thinking**
Great	full understanding of the problem. All requirements for the task have been met	high ability to analyze the situation, draw conclusions	high ability to choose a method to solve a problem, confident situation solving skills	high level of professional thinking
Fine	full understanding of the problem. All requirements for the task completed	ability to analyze a situation, draw conclusions	ability to choose a method to solve a problem, confident solving skills situations	sufficient level of professional thinking. One or two inaccuracies in the answer are allowed
satisfy flax	partial understanding	satisfy linen	satisfactory new skills	sufficient level

	Problems. Most of the job requirements have been met.	ability to analyze a situation, draw conclusions	solving the situation, difficulties in choosing a method for solving the problem	professional thinking. More than two inaccuracies in the answer or an error in sequencessolutions
dissatisf ystrictly	misunderstan ding of the problem. Many requirement s requirements for the task were not completed. No answer. Did not have attempts to solve the problem	low ability to analyze the situation	insufficient situation-solving skills	absent