

National Board of Examinations

Question Paper Name :	DNB Family Medicine Paper3
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DNB Family Medicine Paper3

Group Number :	1
Group Id :	3271871431
Group Maximum Duration :	0
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Group Marks :	100
Is this Group for Examiner? :	No
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DNB Family Medicine Paper3

Section Id :	3271871434
Section Number :	1
Section type :	Offline

Mandatory or Optional :	Mandatory
Number of Questions to be attempted :	10
Section Marks :	100
Enable Mark as Answered Mark for Review and Clear Response :	Yes
Maximum Instruction Time :	0
Sub-Section Number :	1
Sub-Section Id :	3271871438
Question Shuffling Allowed :	No
Is Section Default? :	null

Question Number : 1 Question Id : 32718713392 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

Please write your answers in the answer booklet within the allotted pages as follows:-

Question Number	Answer to be attempted within	Question Number	Answer to be attempted within
Q. 1	Page 1-5	Q. 6	Page 26-30
Q. 2	Page 6-10	Q. 7	Page 31-35
Q. 3	Page 11-15	Q. 8	Page 36-40
Q. 4	Page 16-20	Q. 9	Page 41-45
Q. 5	Page 21-25	Q. 10	Page 46-50

1. Define low birth weight. Mention the causes of low birth weight. What are the various ways in which you can prevent low birth weight? [2+3+5]

Question Number : 2 Question Id : 32718713393 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

Baby born 17 hours ago, was found to be icteric on examination. Baby is feeding well:

- Explain the bilirubin metabolism. [3]
- Write briefly on pathophysiology of neonatal hyperbilirubinemia. [3]

c) How will you manage this baby? [4]

Question Number : 3 Question Id : 32718713394 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

Mrs. Rajani, primigravida, 38 weeks of gestation, admitted in the labor room of secondary care setting. She was induced for high blood pressure. Her BP at admission was recorded to be 164/112, Urine Albumin ++:

- a) Define preeclampsia and severe preeclampsia. [4]
- b) Discuss the management of this patient. [6]

Question Number : 4 Question Id : 32718713395 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

A multigravida delivered half an hour back. She was found to have a heavy gush of vaginal bleed:

- a) Define PPH. [2]
- b) What are the risk factors for PPH? [3]
- c) How will you manage this patient? [5]

Question Number : 5 Question Id : 32718713396 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

Pregnancy is one of the risk factors for UTI:

- a) Explain why a pregnant lady is at risk for UTI. [4]
- b) How would you manage a pregnant lady with UTI at various stages of pregnancy? [6]

Question Number : 6 Question Id : 32718713397 Question Type : SUBJECTIVE Consider As

Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

45-year-old Mrs. Geetha presented to outpatient department with history of heavy menstrual bleed for past 3 months during her cycles, occasionally she gave history of intermenstrual bleeding also:

- a) What are the causes of abnormal uterine bleeding? [2]
- b) What other history will you take and examination will you perform in Mrs. Geetha? [2]
- c) How will you manage Abnormal uterine bleed (Investigation and treatment)? [4]
- d) When will you refer her to a specialist? [2]

Question Number : 7 Question Id : 32718713398 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

9-months-old baby of Esther has presented in the OPD with history of 5 episodes of loose stools, associated with vomiting for one day. The child is weighing 6 kg, with the birth weight of 3.2 kg. Child is lethargic, with sunken eyes and low skin turgor. There was no urine output since today morning:

- a) What is the diagnosis? [3]
- b) How will you manage Baby of Esther? [4]
- c) What advise you will give to the mother at the time of discharge about the long-term plan of managing this child? [3]

Question Number : 8 Question Id : 32718713399 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

- a) The pathogenesis of Acute Rheumatic Fever. [2]
- b) The Criteria used for the diagnosis of Rheumatic Fever. [3]
- c) How will you treat a 13-year-old School going girl Lakshmi, who presented with Acute Rheumatic fever? [3]

d) How will you prevent the recurrence of this condition? [2]

Question Number : 9 Question Id : 32718713400 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

Mrs. Rubina G3P2L1IUD presented at 24 weeks of gestational age for follow up. Her Glucose tolerance test results were as follows: 106, 194 and 176mg% at fasting, 1 hour and 2 hours respectively. She gives history of having gestational diabetes toward the later part in previous pregnancy and was on medical nutrition therapy:

- a) What is a high risk pregnancy? [2]
- b) What other relevant history and risk factors you will explore? [3]
- c) How will you follow up and manage this lady? [5]

Question Number : 10 Question Id : 32718713401 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

A 5-year-old child was brought by his mother with cough, and mild fever for past 2 weeks. His weight is 13 kg (Birth wt-2.9kg). His father was treated for pulmonary TB 3 months back:

- a) Discuss diagnosis of TB in this child. [2]
- b) Discuss the treatment of pediatric TB as per National TB elimination program. [4]
- c) What measures could have prevented the child from being infected by his father? [2]
- d) What advice will you give to the anganwadi that the child is attending? [2]