

# National Board of Examinations

**Question Paper Name :** DNB Family Medicine Paper3  
**Subject Name :** DNB Family Medicine Paper3  
**Duration :** 180  
**Total Marks :** 100  
**Display Marks:** No

**Maximum Instruction Time :** 0

**Question Number : 1 Question Id : 32718733684 Consider As Subjective : Yes**

**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
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Q. 4	Page 16-20	Q. 9	Page 41-45
Q. 5	Page 21-25	Q. 10	Page 46-50

1. A 2-year-old boy was brought by his mother with complaints of fever, headache associated with vomiting for past 2 days. He is drowsy since this morning. On examination, he is febrile (103°F), conscious, lethargic and there was neck stiffness. There was no weakness in the extremities.

- What are your diagnosis and differential diagnoses? [2]
- What are the common organisms which cause the above condition? How will you manage this child in family practice? [5]
- What are the complications during the treatment that would need referral to the higher center? [3]

**Question Number : 2 Question Id : 32718733685 Consider As Subjective : Yes**

- What are the temporary methods of contraception available for a 23-year-old lady who had delivered the first child two weeks ago? How will you counsel the woman with different methods of contraception? [5]
- Relevance of Medical Termination of Pregnancy Act for the Family Physicians. [5]

**Question Number : 3 Question Id : 32718733686 Consider As Subjective : Yes**

A newborn baby of a diabetic mother was being observed in the nursery. The nurse noticed lip-smacking movements in the baby and informed you.

- What are the common causes and classification of neonatal seizures? [5]
- How will you evaluate and manage neonatal seizures? [5]

**Question Number : 4 Question Id : 32718733687 Consider As Subjective : Yes**

A 23-year-old G3P1L1 SB1 at 36 weeks of gestational age with previous spontaneous preterm birth at 34 weeks with previous small for gestational age has come for ANC follow-up.

- a) What are the risk factors for preterm birth? [3]
- b) Which are the factors classify a pregnancy as a high-risk pregnancy? [3]
- c) What are the routine investigations and recommended visits included in antenatal care in a low-risk and high-risk pregnancy? [4]

**Question Number : 5 Question Id : 32718733688 Consider As Subjective : Yes**

An 8-year-old child was brought with complaints of periorbital swelling noticed by the mother in the early mornings for past one week. The urine routine showed Albumin 4+ and no WBC or RBC.

- a) How will you evaluate this child? [3]
- b) How will you diagnose and manage Nephrotic syndrome? [5]
- c) What are the indications for referral to the specialist? [2]

**Question Number : 6 Question Id : 32718733689 Consider As Subjective : Yes**

A 23-year-old primigravida at 24 weeks of gestation has come for antenatal care. You find her to be pale, and her Hb is 7.5 gm%; she is not able to tolerate oral iron supplements:

- a) How will you administer parenteral iron therapy—dose, dilution, duration and frequency? [3]
- b) What are the complications of anemia in pregnancy and in labor? [3]
- c) How will you manage the labor in a woman with anemia complicating pregnancy? [4]

**Question Number : 7 Question Id : 32718733690 Consider As Subjective : Yes**

A 26-year-old G3P1L1A1 at 29+3 weeks of gestational age with a history of pre-eclampsia in previous pregnancy, is currently on Tab Labetalol 100 mg once daily presented with bleeding PV and leaking. Abdomen exam shows tense and tender uterus.

- a) What are the causes of bleeding PV after 20 weeks of gestational age? [3]
- b) What are the differential diagnosis for the patient in the above case scenario? [3]
- c) What are the investigation and management needed for this patient? [4]

**Question Number : 8 Question Id : 32718733691 Consider As Subjective : Yes**

An 9-month-old boy was brought by his mother for fever, cough and lethargy for two days, Baby's present weight is 6 kg. His birth weight was 3 kg. On examination, the child is febrile (100°F), lethargic, respiratory rate is 54 per minute and heart rate is 130 per minute. Auscultation reveals bilateral crackles in the chest.

- a) How do you classify malnutrition according to classification by Indian Association of Pediatrics? [2]
- b) What are the possible causes for malnutrition below one year of age? [2]
- c) Write in detail the immediate management, rehabilitation plan including diet and supplements and follow-up for this child. [6]

**Question Number : 9 Question Id : 32718733692 Consider As Subjective : Yes**

A 22-year-old lady underwent emergency caesarean section for fetal distress with thick meconium stained liquor. You are called for neonatal resuscitation.

- a) What neonatal resuscitation supplies and equipment will you be ready with? [2]
- b) The nurse is informing you that the baby is not establishing spontaneous breathing and heart rate is 80 beats per minute. How will you proceed with resuscitating this new-born? [4]
- c) Even after bag and mask ventilation for one minute, the heart rate is 60 per minute. What corrective steps will you do? [4]

**Question Number : 10 Question Id : 32718733693 Consider As Subjective : Yes**

A 6-year-old child is getting recurrent cough and wheeze for past two years. The symptoms are frequent during winters, almost one episode every month interfering with his scholastic performance. Since past two days, child is getting nocturnal cough associated with breathlessness. Since today morning, he is having dyspnea at rest. Examination reveal that he is anxious, respiratory rate is 28 per minute, able to speak sentences. He is afebrile, SpO<sub>2</sub> is 94% and chest indrawing is present. Auscultation reveals bilateral polyphonic wheeze.

- a) What are the possible differential diagnoses? [2]
- b) How will you manage this episode? [5]
- c) How will you prevent similar episodes happening in the future? [3]