

**NEONATOLOGY**  
**PAPER-III**

Time: 3 hours  
Max. Marks:100

NEONAT/J/20/19/III

**Important Instructions:**

- Attempt all questions in order.
- Each question carries 10 marks.
- Read the question carefully and answer to the point neatly and legibly.
- Do not leave any blank pages between two answers.
- Indicate the question number correctly for the answer in the margin space.
- Answer all the parts of a single question together.
- Start the answer to a question on a fresh page or leave adequate space between two answers.
- Draw table/diagrams/flowcharts wherever appropriate.

**Write short notes on:**

- Human milk oligosaccharides and their clinical significance. 5+5
  - Evaluation and management of persistent hypoglycemia.
- Good clinical practices that you would like to follow in Special Newborn Care Units. 10
- Supraventricular tachycardia in a neonate. 4+3+3
  - Enumerate echocardiographic criteria for a hemodynamically significant PDA.
  - The pharmacological management of hemodynamically significant PDA in a 1.2 kg preterm neonate.
- KDIGO criteria for acute kidney injury. 5+5
  - Management of the neonate with antenatally diagnosed hydronephrosis.
- A twenty-day old infant presents with increasing jaundice. Outline the causes, approach to diagnosis and management of this infant. 10
- Evidence for Magnesium Sulphate to the pregnant woman to improve neonatal outcomes. 5+5
  - Critical Congenital Heart Disease screening in neonates.
- Discuss 'Care bundles' for prevention of: 5+5
  - Central Line associated Blood Stream Infection.
  - Ventilator associated pneumonia.
- Minimally Invasive Surfactant Therapy. 4+6
  - Patient triggered ventilation.
- New born Hearing Screening protocol. 5+5
  - Evidence regarding use of Antenatal Steroids beyond 34 weeks' pregnancy.
- Mechanism of action, indications, evidence and protocol for administration of Inhaled Nitric oxide. 3+2+3+2

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