INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS
(IMCI)
KNOWLEDGE POST-TEST
With Answer Key

Trainee Name: ________________________  Code: ____________
Date: ______________  Training: □ Group 1  □ Group 2

IMCI KNOWLEDGE POST-TEST

1) What is the dose and schedule of amoxicillin (250 mg tablet) for a 5-week-old infant who weighs 3.5 kilograms and has local bacterial infection:

   a) ¼ tablet – 2 times a day – for 5 days
   b) ½ tablet – 3 times a day – for 5 days
   c) 1 teaspoon of syrup – 5 times a day – for 2 days
   d) 5 ml of syrup – 3 times a day – for 3 days

2) What is a child’s classification if he is 10 months old, has had a cough that lasted two days, has a breathing rate of 46 breaths per minute and chest indrawing?

   a) no pneumonia: cough or cold
   b) pneumonia
   c) severe pneumonia or very severe disease
   d) very severe febrile disease

3) What are the four main symptoms for which every sick child should be checked?:

   a) Malnutrition
   b) anaemia
   c) Cough, diarrhoea, malnutrition, ear problem
   d) cough, diarrhoea, fever, ear problem

4) Approximately 70% of all childhood deaths are associated with one or more of 5 conditions. Three of these conditions are diarrhoea, measles and malnutrition. The other two are:

   a) Acute respiratory infections, primarily pneumonia
   b) malaria
   c) Tuberculosis
   d) HIV&AIDS
   e) diabetes

5) A 3-year-old child has fever and diarrhoea. He has no danger signs and he does not have a cough or difficult breathing. The child has had diarrhoea for 2 weeks and there is no blood in stool. The child is restless and irritable, but is not drinking eagerly. His eyes
are not sunken. A skin pinch goes back slowly. He does not have an ear problem. The child’s diarrhoea should be classified as:

a) no dehydration  d) severe persistent diarrhoea
b) some dehydration  e) persistent diarrhoea
c) severe dehydration  f) dysentery

6) The IMCI clinical guidelines are designed for use with certain age groups. One group is 2 months up to 5 years. What is the other age group?

a) birth up to 5 years  d) 2 months up to 9 years
b) birth up to 2 months  e) 6 months up to 10 years
c) 2 months up to 1 year

7) A 2-year-old child has had diarrhoea for several days. He is not dehydrated, but the mother is alarmed because she saw blood in his stool this morning. Your treatment includes:

a) start antibiotic for dysentery and ORS in the clinic, re-assess in 4 hours, give the mother ORS to continue at home, advise on feeding and fluids, zinc supplement and tell her to return in 5 days
b) start antibiotic for cholera, advise on feeding and fluids and send home
c) start antibiotic for dysentery, give antibiotic to take home, advise on feeding and fluids, zinc supplement, and tell her to return in 2 days
d) start antibiotic for cholera, give vitamin A, give antibiotic to take home, advise on feeding and fluids and tell her to return in 3 days

8) Feeding should be assessed in a child who:

a) need urgent referral  d) is classified as having persistent diarrhoea
b) is less than 2 years old
c) is classified as having anaemia, very low weight and or growth faltering

9) When a mother is advised to return to a health worker for her child, it is necessary to tell her when to return for a follow-up visit and when to return immediately. When to return for a follow-up visit depends on the child’s classification; for example, in case of acute ear infection child needs to return in 5 days. The mother needs to return to the clinic immediately if her child:

a) is drinking eagerly  d) is coughing often
b) is not able to drink or breastfeed  e) has blood in stool
c) develops fever  f) becomes sicker
10) For each of the following cases, select Yes if urgent referral is needed or select No if urgent referral is not needed.

a) a 6-month-old boy does not have general danger signs. He is classified with: MASTOIDITIS, NO ANEMIA, NOT VERY LOW WEIGHT AND
Does he need an urgent referral?  _____Yes  _____No

b) a 7-month-old girl does not have general danger signs. She is classified with:
NO PNEUMONIA: COUGH OR COLD, NO DEHYDRATION, PERSISTENT DIARRHOEA, NO ANEMIA, NOT VERY LOW WEIGHT
Does she need an urgent referral?  _____Yes  _____No

c) a 9-month-old boy is lethargic. He is classified with:
SEVERE DEHYDRATION, NO ANEMIA, NOT VERY LOW WEIGHT
Your clinic can give IV fluids.
Does he need an urgent referral?  _____Yes  _____No

d) a 2-year-old girl does not have general danger signs. She is classified with:
SEVERE DEHYDRATION, SEVERE MALNUTRITION, and SEVERE ANEMIA
Your clinic can give IV fluids.
Does she need an urgent referral?  _____Yes  _____No

11) If a child has had ear pain and pus draining from the ear for 10 days, and no tender swelling behind the ear, you will classify this child as having:

a) acute ear infection  c) mastoiditis
b) chronic ear infection  d) not enough signs to classify this child

12) If a child has any of the five general danger signs, you should urgently refer him to hospital for treatment, These signs are:

a) not able to drink or breastfeed  d) vomiting everything
b) severe cough  e) lethargic or unconsciousness
c) convulsions during this illness  f) convulsing now

13) If a child less than 5 years of age and did not receive immunization for DPT-HB as recommended, it is necessary to:

a) increase the dose of the vaccine prescribed for that age
b) not immunize at all – because it is too late
c) immunize the child any time, and give the remaining doses 4 weeks apart

14) A follow-up visit in 5 days should take place if a child is classified as having which of the following condition(s):

a) pneumonia  e) very low weight-for-age and or growth faltering
b) measles  
f) feeding problem  
c) persistent diarrhoea  
g) acute ear infection  
d) pallor

15) To be classified as having MASTOIDITIS a child must have the following signs:

a) severe ear pain  
d) pus draining from both ears  
b) redness behind the ear  
e) tender swelling behind the ear  
c) pus draining from one of the ears

16) To be classified as having JAUNDICE a young infant must have the following signs:

a) yellow palms and soles if age is more than 24 hours  
d) pus draining from the eyes  
b) only yellow eyes and skin if age is more than 24 hours  
e) no signs suggesting jaundice  
c) Any jaundice if age less than 24 hours

17) What is the cut-off rate for fast breathing in a child who is 11 months old?

a) 60 breaths per minute or more  
c) 40 breaths per minute or more  
b) 50 breaths per minute or more  
d) 30 breaths per minute or more

18) A 14-month-old child with cough is brought to an outpatient clinic. You will assess this child for:

a) general danger signs  
e) immunization status  
b) common main symptoms such as cough or difficulty breathing, diarrhoea, fever and ear problems  
f) developmental milestones  
c) trauma  
d) malnutrition and anaemia

19) Choose the three best questions for checking the mother’s understanding about how to give an antibiotic:

a) How will you give the antibiotic?  
c) For how many days will you give antibiotic?  
b) Will you give the antibiotic three times per day?  
d) Do you understand how to give the antibiotic?

20) According to IMCI, a mother of a sick child should be counselled about what topics:

a) importance of the fluids and feeding  
e) her own health  
b) why she needs to come to clinic  
f) immunization  
c) when to immediately return to clinic  
g) when to return for a follow-up visit  
d) food and feeding problems
21) Complimentary foods should be started if the child:
a) shows interest in semisolid foods   d) does not appear hungry after breastfeeding
b) does not show interest in semisolid foods  e) is not gaining weight adequately
c) appears hungry after breastfeeding   f) is six months old

22) If a child has measles now or has had it within the last three months, and has fever and any general danger sign, he or she will be classified as having:

a) Uncomplicated malaria    c) very severe febrile disease or severe malaria
b) severe complicated measles  d) measles with eye or mouth complication

23) What are two signs that are used to classify severe malnutrition?

a) small arm circumference   d) severe dehydration
b) visible severe wasting  e) growth faltering
c) oedema of both feet

24) To classify the dehydration status of young infant with diarrhoea you will look:

a) at the general condition of the child (does the infant move when stimulated or does not move even when stimulated, restless and irritable)

b) for sunken eyes  e) for visible severe wasting
c) for oedema of both feet   f) for a swollen abdomen

d) if the young infant is drinking eagerly or poorly

25) A boy is 13 months old. He weighs 8 kg. His temperature is 37°C. His mother says he has had a dry cough for the last 3 weeks. He does not have any general danger signs. The breathing rate is 41 breaths per minute. There is no chest indrawing. You can hear wheezing noise when the child breathes out. There is no stridor when he is calm. The breathing per minute remained 41 after 3 cycles trial of an inhaled bronchodilator. There is no diarrhoea, fever or ear problem. He does not have visible severe wasting, there is no oedema of both feet and no growth faltering. His palms are very pale and appear almost white. The child should be classified as having:

a) pneumonia with wheezing   d) severe pneumonia with wheezing or very severe disease
b) severe anaemia  e) anaemia, very low weight and or growth faltering
c) no pneumonia: cough or cold and wheezing

26) Where can the IMCI case management guidelines be used?

a) in the inpatient ward of a hospital   d) at first-level health facilities
b) in a neonatal ward  e) at the household level
c) in the outpatient ward of a hospital
27) Which should be checked for malnutrition and anaemia?

a) only children with feeding problems  d) only children who are not breastfed
b) only children who are younger than 12 months old  e) only children with diarrhoea
c) all children brought to the clinic  f) only children with malaria

28) What is the dose and schedule of cotrimoxazole for a 2-year-old child who weighs 12 kilograms and is classified as having pneumonia?

<table>
<thead>
<tr>
<th>Option</th>
<th>Dose and Schedule</th>
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<tbody>
<tr>
<td>a)</td>
<td>1 adult tablet – 2 times a day – for 5 days</td>
</tr>
<tr>
<td>b)</td>
<td>1 paediatric tablet – 3 times a day– for 5 days</td>
</tr>
<tr>
<td>c)</td>
<td>4 paediatric tablets – 2 times a day– for 3 days</td>
</tr>
<tr>
<td>d)</td>
<td>1 teaspoon of syrup – 5 times a day – for 2 days</td>
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LA CLAVE ESTÁ MAL. LA A DEBERÍA SER, PERO POR 3 DÍAS, SALVO QUE SEA PARA INFECCIÓN AGUDA DEL NIÑO

29) A child with fever plus any general danger sign should be classified as:

a) uncomplicated malaria  d) very severe febrile disease or severe malaria
b) acute ear infection  e) mastoiditis
c) measles

30) If a caretaker brings an 18-month-old child with a cough to a health facility, what do you need to do?

a) ask the duration of the cough  f) take the child’s pulse rate
b) count the number of breaths in one minute  g) check for other main symptoms (e.g. fever, diarrhoea, ear problem)
c) look for chest indrawing  h) check for malnutrition and anaemia
d) check for sore throat  i) check the child’s immunization status
e) look and listen for stridor and wheeze  j) check for other problems

31) A boy is 20 months old. He has had fever for 5 days, cough for 3 days; he is able to drink, does not have convulsions, and is not lethargic or unconscious. His breathing rate is 51 per minute, there is no chest indrawing or stridor or wheeze. The boy does not have diarrhoea, but has generalized rash and a runny nose. There is no clouding of the cornea or mouth ulcers. The boy should be classified as having:

a) no pneumonia: cough or cold  e) uncomplicated malaria
b) pneumonia  f) measles
c) severe pneumonia or very severe disease  g) measles with eye or mouth complications
d) very severe febrile disease

32) A mother brought her 16-month-old child back to clinic after 2 days of ORS treatment for diarrhoea with no dehydration. The mother says that the child still has diarrhoea and now is coughing and has fever. What is the proper course of action?

a) immediately refer the child to hospital  e) assess and classify child’s cough and fever as in initial visit
b) reassess the child for diarrhoea  f) treat diarrhoea, it’s more important than cough
c) continue current treatment and ask mother to return later  g) assess and classify diarrhoea as if it is initial visit
d) disregard diarrhoea, treat cough

33) Which of the following statements are true?

a) a 3-month-old child should be exclusively breastfed
b) a 5-month-old child should be breastfed as often as s/he wants, day and night, at least 10 times in 24 hours
c) children should be given fewer feedings during illness
**Answer Key to Post-test**

1) a  
2) c  
3) d  
4) a, b  
5) b, d  
6) b  
7) c  
8) b, c, e  
9) b, c, f  
10) (a) Yes (b) No (c) No (d) Yes  
11) a  
12) a, c, d, e, f  
13) c  
14) c, f, g  
15) e  
16) b  
17) b  
18) a, b, d, e  
19) a, c  
20) a, c, e, g  
21) f  
22) b, c  
23) b, c  
24) a, b, d  
25) a, b  
26) c, d  
27) c  
28) a  
29) d  
30) a, b, c, e, g, h, i, j  
31) b, f  
32) b, e  
33) a, b