

The CPD programme for SAJCH is administered by Medical Practice Consulting.  
CPD questionnaires must be completed online at [www.mpconsulting.co.za](http://www.mpconsulting.co.za)

## True (T) or false (F):

### Regarding medication errors in paediatric wards

1. Most medicines used in paediatrics are used off-label.
2. Medication errors have a lower incidence than the correct administration of medicines in paediatric in-patients.
3. Medication errors were more common in surgical disciplines than in paediatric medical disciplines.

### Regarding the nutritional status of children in schools in Limpopo

4. Less than 50% of children aged 9 - 13 years ate breakfast five or more times a week.
5. Overall less than 10% of children aged 9 - 13 years were stunted (<-2SD).

### Regarding oral health promotion in KwaZulu-Natal

6. Cochrane reviews are inconclusive about the effectiveness of school-based oral health programmes.
7. Less than 40% of 6-year-old children have evidence of dental caries of their primary teeth.

### Regarding selenium status in HIV-positive children

8. Twice as many children with HIV infection had low selenium levels when compared with controls.
9. Selenium deficiency was associated with antiretroviral therapy in HIV-positive children.

### Regarding under-5 mortality and decision making in communities

10. Women empowerment plays no role in the uptake of antenatal care services by mothers in developing countries.
11. Women empowerment has been found to be an independent predictor of child mortality.

### Regarding breast development and menarche in Nigerian schoolgirls

12. Menarche usually occurs in early puberty.
13. The mean age of thelarche was 10.5 years.
14. The age of pubertal onset is similar in Nigerian girls to that of white American girls.

### Regarding strengthening of interventions to improve survival of severely malnourished children in SA hospitals

15. Severe acute malnutrition is defined as a weight for age z-score of <-3.
16. Using the WHO 10-step treatment guidelines, in-hospital mortality associated with severe acute malnutrition should be <15%.
17. The positive effect of interventions persisted after withdrawal of the interventions.

### Regarding the effect of HIV on mortality rates in severe acute malnutrition

18. Children with severe acute malnutrition are more likely to suffer from marasmus than kwashiorkor if they are HIV-infected.
19. Children with kwashiorkor were more likely to die than those with marasmus.
20. Lower respiratory tract infection increases the mortality of children with severe acute malnutrition.

A maximum of 3 CEUs will be awarded per correctly completed test.  
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After submission you can check the answers and print your certificate.  
Accreditation number: MDB015/172/02/2017 (Clinical)