higher education & training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

MARKING GUIDELINE

NATIONAL CERTIFICATE

MEDICAL PRACTICE N5
(First Paper)

5 JUNE 2019

This marking guideline consists of 7 pages.

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SECTION A

QUESTION 1

1.1	1.1.1	midstream		
	1.1.2	lumbar puncture		
	1.1.3	negative		
	1.1.4	finger prick		
	1.1.5	venipuncture		
	1.1.6	haemoglobin		
	1.1.7	hematocrit		
	1.1.8	inflammation		
	1.1.9	antihistamines		
	1.1.10	amniocentesis		
			(10 × 2)	(20)
1.2	1.2.1	True		
	1.2.2	False		
	1.2.3	True		
	1.2.4	False		
	1.2.5	False		
	1.2.6	False		
	1.2.7	True		
	1.2.8	False		
	1.2.9	True		
	1.2.10	True		
			(10 × 2)	(20)
				[40]

TOTAL SECTION A: 40

SECTION B

QUESTION 2

2.1
- Diagnosis
- Treatment, e.g. radiotherapy
- Location of foreign objects
- Dentistry (Any 3 × 1) (3)

2.2
- They have a very short wavelength and high energy.
- They cause ionisation.
- They react with photographic film in the same way as visible light, turning it black.
- They are absorbed/stopped by metal and bone.
- They are transmitted/pass through healthy body tissue. (Any 4 × 1) (4)

2.3
- Give them space by keeping others from crowding around them.
- Move any hazardous objects or furniture away from them.
- Cushion or put something soft under their head.
- Loosen clothing around their neck if you can do so safely.
- Do not put anything in their mouth.
- Do not try to hold them down.
- Take note of how long the seizure lasts.
- After the jerking stops, gently place them on their side to keep their airway clear.
- Do not give them anything to eat or drink until they have fully recovered.
- Do not leave them alone – stay with them until they have fully recovered.

(Any 8 × 1) (8)

2.4
- Effective
- Quick
- No degradation of media during sterilisation which means it can be used for thermally labile equipment
- No chemical residue
- Precise dosage
- Uniform dosage distribution
- Immediate availability of equipment after sterilisation (Any relevant 5 × 1) (5)

[20]

QUESTION 3

3.1
- Name, address and qualifications of the practitioner
- Name of the patient
- Employment number of the patient if applicable
- Date and time of the examination
- Whether the certificate is issued as a result of personal observations by the practitioner during examination or as a result of information received from the patient
- Description of the illness/disorder/malady in layman's terms only if informed consent has been granted by the patient
- Whether the patient is totally indisposed or whether the patient will be able to perform less strenuous tasks
- Exact dates/period of recommended sick leave
- Date of issue of the certificate
- Clear indication of the identity of the practitioner issuing the certificate – initials and surname in block letters with practitioner registration/practice number
- Legible signature of the practitioner (Any 7 × 1) (7)

3.2
- Call for emergency help.
- Assist her to get into a comfortable position.
- If in early stages, ask where she wants to be and make arrangements for transport.
- Provide support.
- Ask what you can do to help manage her pain, e.g. rubbing her back, preparing a warm bath, offering sips of water.
- Encourage her to use breathing techniques to breathe out slowly to reduce muscle tension and pain.

If labour has progressed to the second stage:
- Help her remove her clothes from her lower body.
- Ensure that a doctor/midwife/ambulance is on the way and follow any instructions they may give over the phone.
- Ensure that the environment is clean.
- Have a warm covering for mother and baby.
- Ensure that she is in a comfortable position.
- Provide support as she pushes.
- When the baby appears in the birth canal, carefully support the head and shoulders so that it does not fall. Do not apply pressure on the head or push or pull.
- If the cord if wrapped around the baby's neck, gently pull it over and ensure it does not strangulate the baby.
- There is no need to cut the cord.
- Carefully lift the baby over the mother's stomach and pass it to her.
- If the baby does not show any signs of movement or breathing, open the airway and check for obstruction. Provide infant CPR if needed.

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- Expect the placenta and other products of conception to follow.
- Gently massage below the navel to help with the mother's bleeding.
- Keep the mother and baby warm while waiting for the ambulance.

(Any relevant 8 × 1) (8)

3.3 Patients who have established good rapport with their doctors are more likely to feel comfortable in confiding and sharing sensitive information✓ more often,✓ which is helpful in making a more accurate diagnosis✓ and ensuring the best treatment.✓ A healthy relationship facilitates better communication,✓ health education,✓ and compliance✓ to treatment. (Any relevant 5 × 1) (5)

[20]

QUESTION 4

4.1
- Scissor
- Forceps
- Needle holder
- Disinfectant
- Blades
- Suture material
- Sterile dressings/bandages
- Sterile cotton wool
- Sterile swabs
- Drip
- Local anaesthetic
- Syringe
- Thin needles
- Kidney dishes
- Basin (Any relevant 7 × 1) (7)

4.2
- Call for emergency medical help immediately.
- Inject epinephrine/adrenaline in the thigh if available, e.g. EpiPen auto injector.
- Advise that medical attention is sought even if the epinephrine shot helps.
- Safely remove the allergy trigger.
- Check the pulse and breathing.
- Administer CPR if needed.
- Ensure that the person is in a comfortable position.
- Elevate the legs.
- Stay with the person until help arrives. (Any relevant 8 × 1) (8)

4.3
- Which tests need to be done and why
- How much the tests will cost
- What needs to be done before, during or after the test, e.g. fasting for a period
- How long it will take to get the results
- What results might mean for health and wellbeing, e.g. will medication be required
- How to proceed if results are abnormal
- Whether follow-up testing will be required (Any 5 × 1) (5)

[20]

QUESTION 5

5.1
- Orally (swallowing)
- Buccal administration (held inside cheek)
- Nasal administration (inhaling through nose)
- Inhalation (breathed in by mouth)
- Ophthalmic administration (eyes)
- Otic administration (ears)
- Sublabial administration (under lip)
- Sublingual administration (under tongue)
- Topical administration (applied to skin)
- Transdermal administration (through patches placed on skin)
- Enteral (directly into stomach or intestine)
- Vaginally (vagina)
- Rectally (rectum)
- Urethral suppositories (urethra)
- Parenteral/Injection
    - Subcutaneous (into fatty layer)
    - Intramuscular (into muscle)
    - Intradermal (into skin)
    - Intravenous (into vein)
- Intraosseous administration (soft bone marrow)
- Intrathecal administration (spinal cord)
- Intravesical administration (bladder) (Any 7 × 1) (7)

5.2 The medical secretary must ensure that:

- the correct holder is used for the specific sample;
- the correct amount is in the holder;
- all required information is attached to the holder, including:
  - the doctor's name;
  - the patient's name;
  - the date; and
  - tests required;
- additional information such as the patient's address and medical aid number accompany the sample on the appropriate separate form, where required;
- containers used for bacteriological inspection are sterile;
- samples reach the pathologist as soon as possible;
- samples are appropriately packed; and
- there is always a sufficient supply of sample containers.

(Any relevant 8 × 1) (8)

5.3

- Both antiseptics and disinfectants reduce and protect against the spread of pathogens.
- Antiseptics are used on living tissues and cells to prevent infection or sepsis.
- Antiseptics are not for use on inanimate/nonliving objects.
- Disinfectants are used to remove microorganisms which can infect nonliving surfaces or objects.
- Some disinfectants may be used on living tissue in dilute less concentrated forms.
- Disinfectants and some antiseptics are harmful if ingested.
- Disinfectants are stronger, harsher and more toxic than antiseptics.

(Any relevant 5 × 1) (5)
[20]

TOTAL SECTION B: 60
GRAND TOTAL: 100

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