

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201511A)

	True	False
1. Neonatal jaundice refers to a condition, caused by the accumulation of carotene or bilirubin in the skin, mucous membranes and sclerae, in which patients present with yellow colouration of the skin and whites of the eyes.	<input type="checkbox"/>	<input type="checkbox"/>
2. Neonatal jaundice refers to jaundice only in the first 14 days of life and not beyond.	<input type="checkbox"/>	<input type="checkbox"/>
3. Neonatal jaundice may be the result of blood group incompatibility, certain causes of haemolysis, infections, liver disease, bruising and metabolic disorders.	<input type="checkbox"/>	<input type="checkbox"/>
4. Glucose-6-phosphate dehydrogenase deficiency is one common cause of severe neonatal jaundice in Singapore.	<input type="checkbox"/>	<input type="checkbox"/>
5. Unconjugated bilirubin is metabolised in the liver to produce conjugated ('direct') bilirubin, which then passes into the gut and is largely excreted in stool.	<input type="checkbox"/>	<input type="checkbox"/>
6. Raised bilirubin levels in the body, or hyperbilirubinaemia, is common in the first week of life, affecting 10% of term babies and 50% of preterm babies.	<input type="checkbox"/>	<input type="checkbox"/>
7. Breast milk jaundice occurs after the first two weeks of life and may be due to metabolites contained in breast milk that reduce hepatic uptake of unconjugated bilirubin and increase enterohepatic reuptake.	<input type="checkbox"/>	<input type="checkbox"/>
8. Breast milk jaundice is the same as breastfeeding jaundice.	<input type="checkbox"/>	<input type="checkbox"/>
9. Most cases of neonatal jaundice are 'pathological', but often no underlying disease is found.	<input type="checkbox"/>	<input type="checkbox"/>
10. Hyperbilirubinaemia at very high levels can cross the blood-brain barrier and cause both short- and long-term neurological dysfunction (kernicterus or bilirubin encephalopathy).	<input type="checkbox"/>	<input type="checkbox"/>
11. Adequate formula feeding is approximately 150 kcal/kg/day or about 1–2 oz every 2–3 hours for an infant with average birth weight.	<input type="checkbox"/>	<input type="checkbox"/>
12. Routine supplementation with water is beneficial to prevent hyperbilirubinaemia for exclusively breastfed babies and to treat jaundice.	<input type="checkbox"/>	<input type="checkbox"/>
13. A clinical inspection for jaundice by a healthcare professional should be performed in bright and, preferably, natural light within the first 48 hours of life.	<input type="checkbox"/>	<input type="checkbox"/>
14. Neonatal jaundice occurring within 24 hours of life or a rise in total serum bilirubin level of more than 85 µmol/L (5 mg/dL) per day should be referred to a specialist for further management.	<input type="checkbox"/>	<input type="checkbox"/>
15. Only total serum bilirubin needs to be monitored in a term baby with jaundice beyond 14 days of life who is otherwise clinically well.	<input type="checkbox"/>	<input type="checkbox"/>
16. The definition of conjugated hyperbilirubinaemia may be based upon the absolute value of direct bilirubin (more than 35 µmol/L) or its relative value (more than 15% of total serum bilirubin).	<input type="checkbox"/>	<input type="checkbox"/>
17. Any review of babies with neonatal jaundice beyond 14 days of life must include an assessment of the baby's stool colour.	<input type="checkbox"/>	<input type="checkbox"/>
18. Using stool colour charts is unnecessary, as parents in Singapore can consistently differentiate pale stools from normal stools.	<input type="checkbox"/>	<input type="checkbox"/>
19. Opportunistic screening for prolonged jaundice at one month of life should be carried out by healthcare professionals.	<input type="checkbox"/>	<input type="checkbox"/>
20. Any baby with poor nutrition or a nonreassuring history should be referred early for assessment.	<input type="checkbox"/>	<input type="checkbox"/>

Doctor's particulars:

Name in full : _____
MCR number : _____ Specialty: _____
Email address : _____

SUBMISSION INSTRUCTIONS:

(1) Log on at the SMJ website: <http://www.sma.org.sg/publications/smjcurrentissue.aspx> and select the appropriate set of questions. (2) Provide your name, email address and MCR number. (3) Select your answers and click "Submit".

RESULTS:

(1) Answers will be published in the SMJ January 2016 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 4 January 2016. (3) Passing mark is 60%. No mark will be deducted for incorrect answers. (4) The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council. (5) One CME point is awarded for successful candidates.

Deadline for submission: (November 2015 SMJ 3B CME programme): 12 noon, 28 December 2015.