

NR 602 FINAL EXAM LATEST 2023 REAL EXAM (COMPLETE EXAM) QUESTIONS AND CORRECT ANSWERS|AGRADE

- A sexually active 18-years old presents with postcoital spotting, dysuria and a yellow discharge. On exam you find her cervix is erythematous and bleeds with contact. The most likely diagnosis is
 - Cervical cancer
 - **Chlamydia**
 - Primary syphilis
 - Tampon injury
- One of the leading causes of female infertility, Stein-Leventhal syndrome is
 - Pelvic inflammatory disease
 - **Polycystic ovary disease**
 - Multiple sex partners
 - Ectopic pregnancy syndrome
- HIV test is indicated for a (n)
 - 18-year-old female whose sex partner has a history of genital warts
 - 24-year-old female with current genital warts as adjunct to routine pap test
 - **30-year-old female with no history of genital warts as adjunct to routine pap test**
 - 67-year old female with new sex partner in past year who has history of genital warts
- Which of the following contraceptive methods would be best for a woman with sickle cell anemia?
 - Combination oral contraceptives
 - Transdermal contraceptive patch
 - **Progestin-only contraceptives**
 - Female condom
- A Patient taking metronidazole and cimetidine at the same time is at risk for:
 - **Bothersome side effect from the metronidazole**
 - Decreased effectiveness of cimetidine
 - Renal impairment
 - Severe disulfiram type reaction
- A 58-year old woman complain of severe vulvular pruritis. On examination of the vulva, you note thinning of the epidermis and loss of pigmentation, as well as maculopapular lesions. You suspect the diagnosis may be
 - **Lichen sclerosus**
 - Local allergic reaction
 - Lichen simplex chronicus

- Vulvodynia
- Measuring waist circumference is most appropriate when the client's BMI place her in

which of the following categories?

- Underweight
- Normal weight
- **Overweight**
- Extreme obesity
- The levonogestrel releasing IUC may be a better choice then the copper releasing IUC for a woman who:
 - Has never been pregnant
 - **Has dysmenorrhea**
 - Is currently breastfeeding
 - Is sure she does not want more children
- A 30-year old is seen in your office on day 18 of her cycle for her routine annual examination. She has no complaints. Pelvic exam reveals a 9-cm firm, pelvic mass anterior to the uterus. The most likely diagnosis is
 - **Benign cystic teratoma**
 - Ectopic pregnancy
 - Endometrioma
 - Follicular cyst
- First line treatment for polycystic ovary

syndrome is Bilateral oophorectomy

Beginning androgen therapies

A combination of diet modification, weight loss, and stress management

A laparotomy with a bilateral wedge resection

- A 45-year old female presents with complaint of lower abdominal pain with urinary urgency and frequency for the past three months. The pain is worse during sexual intercourse and relieved somewhat when she urinates. Physical exam reveals suprapubic tenderness as well as tenderness along the anterior vaginal wall and urethra. The remainder of her exam is normal. What diagnosis best fits these findings?

Chronic urinary tract infection

Interstitial cystitis/ painful bladder syndrome

Pelvic inflammatory
disease Pyelonephritis

- If you diagnose a cervical gonococcal infection, which other infection is probably present? Candidiasis
Syphilis

Trichomoniasis

Chlamydia

- A 24-year old female presents to your office with a request for combination contraceptives. Her current medications include a bronchodilator for **asthma**. Management for this client should include advising her that:

Combination oral contraceptives are not recommended for women with asthma

Combination oral contraceptives may potentiate the action of her

bronchodilator She should use a backup method if using the bronchodilator several days in a row Progestin-only contraceptive injections may reduce her asthma attacks

- The CDC recommendation for follow-up of a female treated for PID with a recommended outpatient regimen is:

Advise patient to return if pain and/or fever persists more than five

days **Re-examine patient within 72 hours after initiation of**

treatment Retest for chlamydia and gonorrhea in two weeks

See patient in one week for second dose ceftriaxone IM

- A 16-year old woman has not yet begun menstruating but does **have secondary sexual characteristics**. She is best described as having:

Asherman's syndrome

Oligomenorrhea

Primary amenorrhea

Secondary amenorrhea

- The glands located posteriorly on each side of the vaginal orifice are the:

Bartholin's glands

Bulbar glands Natorian glands

Skene's glands

- Typical characteristics of vulvodynia include:

- **Constant vulvar burning and discomfort**

- Inflammation of the vestibular glands

Thickened plaques on the vulva

Valvovaginal edema and erythema

- The most common type of invasive breast carcinoma is:

Infiltrating ductal

Medullary Lobular

Infiltrating papillary

- A dancer from an adult club down the street comes in for a **renewal of her birth** control pill prescription. She says everything is fine. On **exam, you** find grayish-white vaginal discharge, greenish cervical discharge, **and cervical** motion tenderness. All of the following are differential **diagnoses except?**

Gonorrhea

Interstitial cystitis Bacterial vaginosis

Chlamydia

- A 26-year old woman presents with multiple painless, umbilicated papules on her mons pubis. The most likely diagnosis is:

Condyloma acuminata

Condyloma lata

Lymphogranuloma venereum

Molluscum contagiosum

- A 26-year old female has a Pap test report of ASC-US. This is her first abnormal Pap test. Recommended first steps in follow-up would include:

Colposcopy within the next six months

Co-testing with Pap and HPV tests in one year

Reflex HPV now

Repeat Pap test alone in three years

- USPSTF recommendations for routine breast cancer screening include:

Biennial mammograms starting at age 50

Breast self-examination starting at age 21

Clinical breast examination annually starting at age 30

Discontinue mammograms at age 65

- A 22- year old female presents with complaint of malodorous vaginal discharge and vulvar itching. On examination, a watery, yellowish-green vaginal discharge is noted, along with vulvar and vaginal erythema. The most likely findings on a wet mount examination will be:

Clue cells

Lactobacilli

Pseudohyphae

Trichomonads

- The American cancer society recommends yearly mammogram screening beginning at age:

- 40

45

50

55

- According to USPSTF recommendations, an 80 year old female should get A clinical breast examination and screening mammogram annually

A clinical breast examination annually but no screening mammogram

Neither a clinical breast examination nor a screening mammogram