

NR 508 FINAL EXAM ||graded A

written by

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Question 1

2 / 2 pts

A patient who has diabetes reports intense discomfort when needing to void. A urinalysis is normal. To treat this, the primary care NP should consider prescribing:

flavoxate (Urispas).

bethanechol (Urecholine).

phenazopyridine (Pyridium).

oxybutynin chloride (Ditropan XL).

This patient is describing urge incontinence, or overactive bladder, which occurs when the detrusor muscle is hyperactive, causing an intense urge to void before the bladder is full. Urge incontinence is associated with many conditions, including diabetes. Oxybutynin chloride, which is an anticholinergic, acts to decrease detrusor overactivity and is indicated for treatment of urge incontinence. Flavoxate is used to treat dysuria associated with UTI. Bethanechol is indicated for urinary retention. Phenazopyridine is used to treat dysuria.

Question 2

2 / 2 pts

A patient reports difficulty returning to sleep after getting up to go to the bathroom every night. A physical examination and a sleep hygiene history are noncontributory. The primary care NP should prescribe:

zaleplon.

ZolpiMist.

ramelteon.



chloral hydrate.

ZolpiMist oral spray is useful for patients who have trouble returning to sleep in the middle of the night. Zaleplon and ramelteon are used for insomnia caused by difficulty with sleep onset. Chloral hydrate is not typically used as outpatient therapy.

Question 3

2 / 2 pts

A 5-year-old child who has no previous history of otitis media is seen in clinic with a temperature of 100° F. The primary care NP visualizes bilateral erythematous, nonbulging, intact tympanic membranes. The child is taking fluids well and is playing with toys in the examination room. The NP should:



prescribe azithromycin once daily for 5 days.



prescribe amoxicillin twice daily for 10 days.



prescribe amoxicillin-clavulanate twice daily for 10 days.



initiate antibiotic therapy if the child's condition worsens.

Signs and symptoms of otitis media that indicate a need for antibiotic treatment include otalgia, fever, otorrhea, or a bulging yellow or red tympanic membrane. This child has a low-grade fever, no history of otitis media, a nonbulging tympanic membrane, and no otorrhea, so watchful waiting is appropriate. When an antibiotic is started, amoxicillin is the drug of choice.

Question 4

2 / 2 pts

An 80-year-old patient with congestive heart failure has a viral upper respiratory infection. The patient asks the primary care NP about treating the fever, which is 38.5° C. The NP should:



recommend acetaminophen.



recommend high-dose acetaminophen.



tell the patient that antibiotics are needed with a fever that high.



tell the patient a fever less than 40° C does not need to be treated.

Patients with congestive heart failure may have tachycardia from fever that aggravates their symptoms, so fever should be treated. High doses should be given with caution in elderly patients because of possible decreased hepatic function. Antibiotics should not be given without evidence of bacterial infection.

Question 5

2 / 2 pts

A patient who takes levodopa and carbidopa for Parkinson's disease reports experiencing freezing episodes between doses. The primary care NP should consider using:



selegiline.



amantadine.



apomorphine.



modified-release levodopa.

Apomorphine injection is used for acute treatment of immobility known as "freezing."

Question 6

2 / 2 pts

A patient is being tapered from long-term therapy with prednisolone and reports weight loss and fatigue. The primary care NP should counsel this patient to:



consume foods high in vitamin D and calcium.



begin taking dexamethasone because it has longer effects.



expect these side effects to occur as the medication is tapered.



increase the dose of prednisolone to the most recent amount taken.

Sudden discontinuation or rapid tapering of glucocorticoids in patients who have developed adrenal suppression can precipitate symptoms of adrenal insufficiency, including nausea, weakness, depression, anorexia, myalgia, hypotension, and hypoglycemia. When patients experience these symptoms during a drug taper, the dose should be increased to the last dose. Vitamin D deficiency is common while taking glucocorticoids, but these are not symptoms of vitamin D deficiency. Changing to another glucocorticoid is not recommended. Patients should be taught to report the side effects so that action can be taken and should not be told that they are to be expected.

Question 7

2 / 2 pts

The primary care nurse practitioner (NP) sees a 50-year-old woman who reports frequent leakage of urine. The NP learns that this occurs when she laughs or sneezes. She also reports having an increased urge to void even when her bladder is not full. She is not taking any medications. The NP should:



perform a dipstick urinalysis.



prescribe desmopressin (DDAVP).



prescribe oxybutynin chloride (Ditropan XL).



teach exercises to strengthen the pelvic muscles.

A focused history with a careful physical examination is essential for determining the cause of incontinence. Urinalysis can rule out urinary tract infection (UTI), which can cause incontinence. Medications are prescribed after determining the cause, if any, and treating underlying conditions. Exercises to strengthen the pelvic muscles are part of treatment.

Question 8

2 / 2 pts

A 7-year-old patient who has severe asthma takes oral prednisone daily. At a well-child examination, the primary care NP notes a decrease in the child's linear growth rate. The NP should consult the child's asthma specialist about:



gradually tapering the child off the prednisone.



a referral for possible growth hormone therapy.



giving a double dose of prednisone every other day.



dividing the prednisone dose into twice-daily dosing.

Administration of a double dose of a glucocorticoid every other morning has been found to cause less suppression of the HPA axis and less growth suppression in children. Because the child has severe asthma, an oral steroid is necessary. Growth hormone therapy is not indicated. Twice-daily dosing would not change the HPA axis suppression.

Question 9

2 / 2 pts

A patient who is taking isoniazid and rifampin for latent TB is seen by the primary care NP for a routine follow-up visit. The patient reports having nausea, vomiting, and a decreased appetite. The NP should:



ask about alcohol intake.



suggest taking the medications with food.



reassure the patient that these side effects are common.



order liver and renal function tests and serum glucose.

Concomitant use of alcohol with isoniazid increases the risk of hepatitis. This patient shows signs of hepatitis, so the NP should ask about alcohol consumption. Isoniazid should be taken on an empty stomach.

Question 10

2 / 2 pts

A primary care NP sees a child with asthma to evaluate the child's response to the prescribed therapy. The child uses an ICS twice daily and an albuterol metered-dose inhaler as needed. The child's symptoms are well controlled. The NP notes slowing of the child's linear growth on a standardized growth chart. The NP should change this child's medication regimen to a:

combination ICS/LABA inhaler twice daily.

short-acting β_2 -agonist (SABA) with oral corticosteroids when symptomatic.

combination ipratropium/albuterol inhaler twice daily.

SABA as needed plus a leukotriene modifier once daily.

A leukotriene modifier may be used as an alternative to ICS for children who experience systemic side effects of the ICS. This child's symptoms are well controlled, so there is no need to step up therapy to include a LABA. Oral corticosteroids should be used only for severe exacerbations. Ipratropium and albuterol are used for severe exacerbations.

Question 11

2 / 2 pts

A patient is newly diagnosed with Alzheimer's disease stage 6 on the Global Deterioration Scale. The primary care NP should prescribe:

donepezil (Aricept).

rivastigmine (Exelon).

memantine (Namenda).

galantamine (Razadyne).

Patients with moderate to severe dementia (stages 5 to 7) may be started on memantine.

Question 12

2 / 2 pts

The primary care NP sees a 12-month-old infant who needs the MMR, Varivax, influenza, and hepatitis A vaccines. The child's mother tells the NP that she is pregnant. The NP should:



administer all of these vaccines today.



give the hepatitis A and influenza vaccines.



give the Varivax, hepatitis A, and influenza vaccines.



withhold all of these vaccines until after the baby is born.

Although live-virus vaccines should not be administered to mothers during pregnancy, they may be given to children whose mothers are pregnant.

Question 13

2 / 2 pts

A parent brings a 5-year-old child to a clinic for a hospital follow-up appointment. The child is taking a medication at a dose equal to an adult dose. The parent reports that the medication is not producing the desired effects. The NP should:



order renal function tests.



prescribe another medication to treat this child's symptoms.



discontinue the drug and observe the child for toxic side effects.



obtain a serum drug level and consider increasing the drug dose.

By a child's first birthday, the liver's metabolic capabilities are not only mature but also more vigorous than the adult liver, meaning that certain drugs may need to be given in higher doses or more often. It is prudent to obtain a serum drug level

and then consider increasing the dose to achieve the desired effect. Renal function tests are not indicated. Unless the child is experiencing toxic effects, the drug does not need to be discontinued.

Question 14

2 / 2 pts

An NP orders an inhaled corticosteroid 2 puffs twice daily and an albuterol metered-dose inhaler 2 puffs every 4 hours as needed for cough or wheezing for a 65-year-old patient with recent onset of reactive airways disease who reports symptoms occurring every 1 or 2 weeks. At a follow-up appointment several months later, the patient reports no change in frequency of symptoms. The NP's initial action should be to:



order spirometry to evaluate pulmonary function.



prescribe a systemic corticosteroid to help with symptoms.



ask the patient to describe how the medications are taken each day.



give the patient detailed information about the use of metered-dose inhalers.

It is essential to explore with the older patient what he or she is actually doing with regard to daily medication use and compare this against the "prescribed" medication regimen before ordering further tests, prescribing any increase in medications, or providing further education.

Question 15

2 / 2 pts

A patient is diagnosed with a condition that causes chronic pain. The primary care NP prescribes an opioid analgesic and should instruct the patient to:



wait until the pain is at a moderate level before taking the medication.



take the medication at regular intervals and not just when pain is present.



start the medication at higher doses initially and taper down gradually.



take the minimum amount needed even when pain is severe to avoid dependency.

Chronic pain requires routine administration of drugs, and patients should take analgesics routinely without waiting for increased pain.

Question 16

2 / 2 pts

A patient tells the primary care NP that he has difficulty getting and maintaining an erection. The NP's initial response should be to:

prescribe sildenafil (Viagra).

perform a medication history.

evaluate his cardiovascular status.

order a papaverine injection test to screen for erectile dysfunction.

Because the use of multiple medications is associated with a higher prevalence of erectile dysfunction, a medication history should be performed first to see if any medications have sexual side effects. A cardiovascular evaluation may be assessed next. Papaverine injection tests are useful screening tools after a thorough history has been performed. Medications are prescribed only after a diagnosis is determined and other causes have been ruled out.

Question 17

2 / 2 pts

A 55-year-old patient develops Parkinson's disease characterized by unilateral tremors only. The primary care NP will refer the patient to a neurologist and should expect initial treatment to be:

levodopa.

carbidopa.

pramipexole.