

## Lowdermilk: Maternity Nursing, 8th Edition

### Chapter 03: Common Concerns

#### Test Bank

#### MULTIPLE CHOICE

1. When assessing the patient for amenorrhea, the nurse should be aware that this may be caused by all conditions except:
  - a. Anatomic abnormalities.
  - b. Type 1 diabetes mellitus.
  - c. Lack of exercise.
  - d. Hysterectomy.

ANS: C

	Feedback
A	Anatomic abnormalities are a possible cause of amenorrhea.
B	Type 1 diabetes is a possible cause of amenorrhea.
C	Lack of exercise is not a cause of amenorrhea. Strenuous exercise may cause amenorrhea.
D	Hysterectomy is a possible cause of amenorrhea.

DIF: Cognitive Level: Comprehension REF: 61

OBJ: Client Needs: Health Promotion and Maintenance TOP: Nursing Process: Assessment

2. The nurse who is teaching a group of women about breast cancer would tell the women that:
  - a. Risk factors identify more than 50% of women who will develop breast cancer.
  - b. Nearly 90% of lumps found by women are malignant.
  - c. One in ten women in the United States will develop breast cancer in her lifetime.
  - d. The exact cause of breast cancer is unknown.

ANS: D

	Feedback
A	Risk factors help to identify fewer than 30% of women in whom breast cancer eventually will develop.
B	Women detect about 90% of all breast lumps. Of this 90%, only 20% to 25% are malignant.
C	One in eight women in the United States will develop breast cancer in her lifetime.
D	The exact cause of breast cancer is unknown.

DIF: Cognitive Level: Comprehension REF: 87

OBJ: Client Needs: Health Promotion and Maintenance TOP: Nursing Process: Assessment

3. When a nurse is counseling a woman for primary dysmenorrhea, which nonpharmacologic intervention would most likely be recommended?
- Increasing the intake of red meat and simple carbohydrates
  - Reducing the intake of diuretic foods such as peaches and asparagus
  - Temporarily substituting physical activity for a sedentary lifestyle
  - Using a heating pad on the abdomen to relieve cramping

ANS: D

	Feedback
A	Dietary changes such as eating less red meat may be recommended for women experiencing dysmenorrhea.
B	Increasing the intake of diuretics, including natural diuretics such as asparagus, cranberry juice, peaches, parsley, and watermelon, may help ease the symptoms associated with dysmenorrhea.
C	Exercise has been found to help relieve menstrual discomfort through increased vasodilation and subsequent decreased ischemia.
D	Heat minimizes cramping by increasing vasodilation and muscle relaxation and minimizing uterine ischemia.

DIF: Cognitive Level: Analysis REF: 63

OBJ: Client Needs: Physiologic Integrity TOP: Nursing Process: Planning

4. An essential component of counseling women regarding safe sex practices includes discussion regarding avoiding the exchange of body fluids. The physical barrier promoted for the prevention of sexually transmitted infections (STIs) and human immunodeficiency virus (HIV) is the condom. Nurses can help motivate patients to use condoms by initiating a discussion related to a number of aspects of condom use. The most important of these is:
- Strategies to enhance condom use.
  - Choice of colors and special features.
  - Leaving the decision up to the male partner.
  - Places to safely carry condoms.

ANS: A

	Feedback
A	When the nurse opens discussion on safe sex practices, it gives the woman permission to clear up any concerns or misapprehensions that she may have regarding condom use. The nurse can also suggest ways that the woman can enhance her condom negotiation and communications skills. These include role-

	playing, rehearsal, cultural barriers, and situations that put the woman at risk.
<b>B</b>	Although women can be taught the differences among condoms such as size ranges, where to purchase, and price, this is not as important as negotiating the use of safe sex practices.
<b>C</b>	Women must address the issue of condom use with every sexual contact. Some men need time to think about this. If they appear reluctant, the woman may want to reconsider the relationship.
<b>D</b>	Although not ideal, women may safely choose to carry condoms in shoes, wallets, or inside their bra. They should be taught to keep the condom away from heat. This information is important; however, it is not germane if the woman cannot even discuss strategies on how to enhance condom use.

DIF: Cognitive Level: Analysis REF: 72

OBJ: Client Needs: Health Promotion and Maintenance TOP: Nursing Process: Planning

5. A woman complains of severe abdominal and pelvic pain around the time of menstruation that has gotten worse over the last 5 years. She also complains of pain during intercourse and has tried unsuccessfully to get pregnant for the past 18 months. These symptoms are most likely related to:
- Endometriosis.
  - PMS.
  - Primary dysmenorrhea.
  - Secondary dysmenorrhea.

ANS: A

	<b>Feedback</b>
<b>A</b>	Symptoms of endometriosis can change over time and may not reflect the extent of the disease. Major symptoms include dysmenorrhea and deep pelvic dyspareunia (painful intercourse). Impaired fertility may result from adhesions caused by endometriosis.
<b>B</b>	Endometriosis is not a cause of PMS.
<b>C</b>	Although endometriosis may be associated with secondary dysmenorrhea, it is not a cause of primary dysmenorrhea.
<b>D</b>	Although endometriosis may be associated with secondary dysmenorrhea, this woman is complaining of dyspareunia and infertility.

DIF: Cognitive Level: Comprehension REF: 66, 67

OBJ: Client Needs: Health Promotion and Maintenance TOP: Nursing Process: Assessment

6. While interviewing a 31-year-old woman before her routine gynecologic examination, the nurse collects data about the woman's recent menstrual cycles. The nurse should collect additional information in regard to which statement?
- The woman says her menstrual flow lasts 5 to 6 days.

- b. She describes her flow as very heavy.
- c. She reports that she has had a small amount of spotting midway between her periods for the past 2 months.
- d. She says the length of her menstrual cycle varies from 26 to 29 days.

ANS: B

	Feedback
A	This is a normal finding.
B	Menorrhagia is defined as excessive menstrual bleeding, in either duration or amount. Heavy bleeding can have many causes. The amount of bleeding and its effect on daily activities should be evaluated.
C	Mitteltaining, a small amount of bleeding or spotting that occurs at the time of ovulation (14 days before onset of the next menses), is considered normal.
D	During her reproductive years, a woman may have physiologic variations in her menstrual cycle. Variations in the length of a menstrual cycle are considered normal.

DIF: Cognitive Level: Comprehension REF: 70

OBJ: Client Needs: Health Promotion and Maintenance TOP: Nursing Process: Assessment

7. A nurse practitioner performs a clinical breast examination on a woman diagnosed with fibroadenoma. The nurse knows that fibroadenoma is characterized by:
- a. Inflammation of the milk ducts and glands behind the nipples.
  - b. Thick, sticky discharge from the nipple of the affected breast.
  - c. Lumpiness in both breasts that develops 1 week before menstruation.
  - d. A single lump in one breast that can be expected to shrink as the woman ages.

ANS: D

	Feedback
A	This symptom is associated with mammary duct ectasia, not fibroadenoma.
B	This symptom is associated with galactorrhea, not fibroadenoma.
C	This symptom is associated with fibrocystic changes of the breast.
D	Fibroadenomas are characterized by discrete, usually solitary lumps smaller than 3 cm in diameter. Fibroadenomas increase in size during pregnancy and shrink as the woman ages.

DIF: Cognitive Level: Knowledge REF: 86

OBJ: Client Needs: Physiologic Integrity TOP: Nursing Process: Assessment

8. A 36-year-old woman has been diagnosed as having uterine fibroids. When planning care for this patient, the nurse should know that:
- a. Fibroids are malignant tumors of the uterus that require radiation or chemotherapy.

- b. Fibroids will increase in size during the perimenopausal period.
- c. Menorrhagia is a common finding.
- d. The woman is unlikely to become pregnant as long as the fibroids are in her uterus.

ANS: C

	Feedback
<b>A</b>	Fibroids are benign tumors of the smooth muscle of the uterus, and their etiology is unknown.
<b>B</b>	Fibroids are estrogen-sensitive and shrink as levels of estrogen decline.
<b>C</b>	The major symptoms associated with fibroids are menorrhagia and the physical effects produced by large myomas.
<b>D</b>	Fibroids occur in 25% of women of reproductive age and are seen more often in African-American women.

DIF: Cognitive Level: Comprehension REF: 68

OBJ: Client Needs: Health Promotion and Maintenance  
Planning

TOP: Nursing Process:

9. With regard to endometriosis, nurses should be aware that:
- a. It is characterized by the presence and growth of endometrial tissue inside the uterus.
  - b. It is found more often in African-American women than in Caucasian or Asian women.
  - c. It may worsen with repeated cycles or remain asymptomatic and disappear after menopause.
  - d. It is unlikely to affect sexual intercourse or fertility.

ANS: C

	Feedback
<b>A</b>	With endometriosis, the endometrial tissue is outside the uterus. Symptoms vary among women, ranging from nonexistent to incapacitating.
<b>B</b>	Endometriosis is found equally in Caucasian and African-American women and is slightly more prevalent in Asian women.
<b>C</b>	Symptoms vary among women, ranging from nonexistent to incapacitating.
<b>D</b>	Women can experience painful intercourse and impaired fertility.

DIF: Cognitive Level: Knowledge REF: 66, 67

OBJ: Client Needs: Health Promotion and Maintenance  
Assessment

TOP: Nursing Process:

10. With regard to dysfunctional uterine bleeding (DUB), the nurse should be aware that:
- a. It is most commonly caused by anovulation.
  - b. It most often occurs in middle age.

- c. The diagnosis of DUB should be the first considered for abnormal menstrual bleeding.
- d. The most effective medical treatment involves steroids.

ANS: A

	Feedback
<b>A</b>	Anovulation may occur because of hypothalamic dysfunction or polycystic ovary syndrome.
<b>B</b>	DUB most often occurs when the menstrual cycle is being established or when it draws to a close at menopause.
<b>C</b>	A diagnosis of DUB is made only after all other causes of abnormal menstrual bleeding have been ruled out.
<b>D</b>	The most effective medical treatment is oral or intravenous estrogen.

DIF: Cognitive Level: Knowledge REF: 69

OBJ: Client Needs: Health Promotion and Maintenance

TOP: Nursing Process:

Diagnosis

11. The two primary areas of risk for sexually transmitted infections (STIs) are:
- a. Sexual orientation and socioeconomic status.
  - b. Age and educational level.
  - c. Large number of sexual partners and race.
  - d. Risky sexual behaviors and inadequate preventive health behaviors.

ANS: D

	Feedback
<b>A</b>	Although low socioeconomic status may be a factor in avoiding purchasing barrier protection, sexual orientation does not put one at higher risk.
<b>B</b>	Younger individuals with less education may not be aware of proper prevention techniques; however, these are not the primary areas of risk for STIs.
<b>C</b>	Having a large number of sexual partners is certainly a risk-taking behavior, but race does not increase the risk for STIs.
<b>D</b>	Risky sexual behaviors and inadequate preventive health behaviors put a person at risk for acquiring or transmitting an STI.

DIF: Cognitive Level: Knowledge REF: 71, 72

OBJ: Client Needs: Health Promotion and Maintenance

TOP: Nursing Process:

Assessment

12. When evaluating a woman for sexually transmitted infections (STIs), the nurse should be aware that the most common bacterial sexually transmitted infection is:
- a. Gonorrhea.
  - b. Syphilis.
  - c. Chlamydia.

d. Candidiasis.

ANS: C

	Feedback
A	Gonorrhea and syphilis are bacterial STIs, but they are not the most common ones among American women. Candidiasis is caused by a fungus, not by bacteria.
B	Gonorrhea and syphilis are bacterial STIs, but they are not the most common ones among American women. Candidiasis is caused by a fungus, not by bacteria.
C	Chlamydia is the most common and fastest spreading STI among American women, with an estimated three million new cases each year.
D	Gonorrhea and syphilis are bacterial STIs, but they are not the most common ones among American women. Candidiasis is caused by a fungus, not by bacteria.

DIF: Cognitive Level: Knowledge REF: 73

OBJ: Client Needs: Health Promotion and Maintenance TOP: Nursing Process: Assessment

13. One of the alterations in cyclic bleeding that occurs between periods is called:

- a. Oligomenorrhea.
- b. Menorrhagia.
- c. Leiomyoma.
- d. Metrorrhagia.

ANS: D

	Feedback
A	Oligomenorrhea is infrequent or scanty menstruation.
B	Menorrhagia is excessive menstruation.
C	Leiomyoma is a common cause of excessive bleeding.
D	Metrorrhagia is bleeding between periods. It can be caused by progestin injections and implants.

DIF: Cognitive Level: Knowledge REF: 68

OBJ: Client Needs: Physiologic Integrity  
Process: Diagnosis

TOP: Nursing

14. The Centers for Disease Control and Prevention (CDC) recommends that HPV be treated with patient-applied:

- a. Miconazole ointment.
- b. Topical Podofilox 0.5% solution or gel.
- c. Penicillin given intramuscularly for two doses.
- d. Metronidazole by mouth.

ANS: B

	Feedback
A	Miconazole ointment is used to treat athlete's foot.
B	Available treatments are Imiquimod, Podophyllin, and Podofilox.
C	Penicillin IM is used to treat syphilis.
D	Metronidazole is used to treat bacterial vaginosis.

DIF: Cognitive Level: Knowledge REF: 76

OBJ: Client Needs: Physiologic Integrity

TOP: Nursing Process: Implementation

15. A woman has a thick, white, lumpy, cottage cheese-like discharge, with patches on her labia and in her vagina. She complains of intense pruritus. The nurse practitioner would order which preparation for treatment?
- Fluconazole
  - Tetracycline
  - Clindamycin
  - Acyclovir

ANS: A

	Feedback
A	Fluconazole, metronidazole, and clotrimazole are the drugs of choice to treat candidiasis.
B	Tetracycline is used to treat syphilis.
C	Clindamycin is used to treat bacterial vaginosis.
D	Acyclovir is used to treat genital herpes.

DIF: Cognitive Level: Comprehension REF: 83

OBJ: Client Needs: Physiologic Integrity

TOP: Nursing Process: Implementation

16. To detect the human immunodeficiency virus (HIV), most laboratory tests focus on:
- HIV virus.
  - HIV antibodies.
  - CD<sub>4</sub> counts.
  - CD<sub>8</sub> counts.

ANS: B

	Feedback
A	The screening tool used to detect HIV is the enzyme immunoassay, which tests for the presence of antibodies to the HIV virus. CD <sub>4</sub> counts are associated with the incidence of acquired immunodeficiency syndrome (AIDS) in HIV-infected individuals.



<b>B</b>	The screening tool used to detect HIV is the enzyme immunoassay, which tests for the presence of antibodies to the HIV virus.
<b>C</b>	The screening tool used to detect HIV is the enzyme immunoassay, which tests for the presence of antibodies to the HIV virus. CD4 counts are associated with the incidence of AIDS in HIV-infected individuals.
<b>D</b>	The screening tool used to detect HIV is the enzyme immunoassay, which tests for the presence of antibodies to the HIV virus. CD4 counts are associated with the incidence of AIDS in HIV-infected individuals.

DIF: Cognitive Level: Knowledge REF: 80

OBJ: Client Needs: Physiologic Integrity

TOP: Nursing

Process: Planning

17. On vaginal examination of a 30-year-old woman, the nurse documents the following findings: profuse, thin, grayish white vaginal discharge with a “fishy” odor; complaint of pruritus. On the basis of these findings, the nurse suspects that this woman has:
- Bacterial vaginosis (BV).
  - Candidiasis.
  - Trichomoniasis.
  - Gonorrhea.

ANS: A

	<b>Feedback</b>
<b>A</b>	Most women with BV complain of a characteristic “fishy odor.” The discharge usually is profuse, thin, and has a white, gray, or milky color. Some women also may have mild irritation or pruritus.
<b>B</b>	The discharge associated with candidiasis is thick, white, and lumpy and resembles cottage cheese.
<b>C</b>	Trichomoniasis may be asymptomatic, but women commonly have a characteristic yellowish to greenish, frothy, mucopurulent, copious, and malodorous discharge.
<b>D</b>	Women with gonorrhea are often asymptomatic. They may have a purulent endocervical discharge, but discharge usually is minimal or absent.

DIF: Cognitive Level: Comprehension REF: 82

OBJ: Client Needs: Health Promotion and Maintenance

TOP: Nursing Process:

Assessment

18. Which viral sexually transmitted infection is characterized by a primary infection followed by recurrent episodes?
- Herpes simplex virus (HSV)-2
  - Human papillomavirus (HPV)
  - Human immunodeficiency virus (HIV)
  - Cytomegalovirus (CMV)

ANS: A

	Feedback
<b>A</b>	The initial HSV genital infection is characterized by multiple painful lesions, fever, chills, malaise, and severe dysuria; it may last 2 to 3 weeks. Recurrent episodes of HSV infection commonly have only local symptoms that usually are less severe than those of the initial infection.
<b>B</b>	With HPV infection, lesions are a chronic problem.
<b>C</b>	HIV is a retrovirus. Seroconversion to HIV positivity usually occurs within 6 to 12 weeks after the virus has entered the body. Severe depression of the cellular immune system associated with HIV infection characterizes acquired immunodeficiency syndrome (AIDS). AIDS has no cure.
<b>D</b>	In most adults the onset of CMV infection is uncertain and asymptomatic. However, the disease may become a chronic, persistent infection.

DIF: Cognitive Level: Comprehension REF: 77

OBJ: Client Needs: Health Promotion and Maintenance  
Assessment

TOP: Nursing Process:

19. During her annual gynecologic checkup, a 17-year-old woman states that recently she has been experiencing cramping and pain during her menstrual periods. The nurse would document this complaint as:

- Amenorrhea.
- Dysmenorrhea.
- Dyspareunia.
- Premenstrual syndrome (PMS).

ANS: B

	Feedback
<b>A</b>	Amenorrhea is the absence of menstrual flow.
<b>B</b>	Dysmenorrhea is pain during or shortly before menstruation.
<b>C</b>	Dyspareunia is pain during intercourse.
<b>D</b>	PMS is a cluster of physical, psychologic, and behavioral symptoms that begin in the luteal phase of the menstrual cycle and resolve within a couple of days of the onset of menses.

DIF: Cognitive Level: Knowledge REF: 62

OBJ: Client Needs: Health Promotion and Maintenance  
Diagnosis

TOP: Nursing Process:

20. The nurse should know that once human immunodeficiency virus (HIV) enters the body, seroconversion to HIV positivity usually occurs within:

- 6 to 10 days.
- 2 to 4 weeks.
- 6 to 12 weeks.

d. 6 months.

ANS: C

	Feedback
A	Seroconversion to HIV positivity does not occur this quickly.
B	Seroconversion to HIV positivity usually occurs within 6 to 12 weeks after the virus has entered the body, not within 2 to 4 weeks.
C	Seroconversion to HIV positivity usually occurs within 6 to 12 weeks after the virus has entered the body.
D	Seroconversion to HIV positivity usually occurs much sooner than this. The correct timeframe is within 6 to 12 weeks after the virus has entered the body.

DIF: Cognitive Level: Knowledge REF: 80

OBJ: Client Needs: Physiologic Integrity

TOP: Nursing

Process: Assessment

21. Nafarelin (200 mcg bid per nasal spray) currently is used as a treatment for mild-to-severe endometriosis. The nurse should tell the woman taking this medication that the drug:
- Stimulates the secretion of gonadotropin-releasing hormone (GnRH), thereby stimulating ovarian activity.
  - Should be sprayed into one nostril every other day.
  - Should be injected into subcutaneous tissue BID.
  - Can cause her to experience some hot flashes and vaginal dryness.

ANS: D

	Feedback
A	Nafarelin is a GnRH agonist that suppresses the secretion of GnRH.
B	Nafarelin is administered twice daily by nasal spray.
C	Nafarelin is administered intranasally.
D	Nafarelin is a GnRH agonist, and its side effects are similar to those of menopause. The hypoestrogenism effect results in hot flashes and vaginal dryness.

DIF: Cognitive Level: Comprehension REF: 67

OBJ: Client Needs: Health Promotion and Maintenance

TOP: Nursing Process:

Planning

22. A 25-year-old single female comes to the gynecologist's office for a follow-up visit related to her abnormal Papanicolaou (Pap) test. The test revealed that the woman has human papillomavirus (HPV). The woman asks, "What is that? Can you get rid of it?" Your best response is:
- "It's just a little lump on your cervix. We can freeze it off."
  - "HPV stands for 'human papillomavirus.' It is a sexually transmitted infection

- (STI) that may lead to cervical cancer.”
- c. “HPV is a type of early human immunodeficiency virus (HIV). You will die from this.”
  - d. “You probably caught this from your current boyfriend. He should get tested for this.”

ANS: B

	Feedback
A	The health care team has a duty to provide proper information to the patient, including information related to STIs.
B	It is important to inform the woman about STIs and the risks involved with HPV.
C	HPV and HIV are both viruses that can be transmitted sexually, but they are not the same virus.
D	The onset of HPV can be insidious. Often STIs go unnoticed. Abnormal bleeding frequently is the initial symptom. The patient may have had HPV before her current boyfriend. You cannot make any deductions from this limited information.

DIF: Cognitive Level: Analysis REF: 77

OBJ: Client Needs: Health Promotion and Maintenance TOP: Nursing Process: Planning

23. Which statement about the various forms of hepatitis is accurate?
- a. A vaccine exists for hepatitis C but not for hepatitis B.
  - b. Hepatitis A is acquired by eating contaminated food or drinking polluted water.
  - c. Hepatitis B is less contagious than human immunodeficiency virus (HIV).
  - d. The incidence of hepatitis C is decreasing.

ANS: B

	Feedback
A	A vaccine exists for hepatitis B but not for hepatitis C.
B	Contaminated milk and shellfish are common sources of infection with hepatitis A.
C	Hepatitis B is more contagious than HIV.
D	The incidence of hepatitis C is increasing.

DIF: Cognitive Level: Knowledge REF: 78

OBJ: Client Needs: Physiologic Integrity TOP: Nursing Process: Assessment

24. The nurse providing education regarding breast care should explain to the woman that fibrocystic changes in breasts are:
- a. A disease of the milk ducts and glands in the breasts.

- b. A premalignant disorder characterized by lumps found in the breast tissue.
- c. Lumpiness with pain and tenderness found in varying degrees in the breast tissue of healthy women during menstrual cycles.
- d. Lumpiness accompanied by tenderness after menses.

ANS: C

	Feedback
<b>A</b>	Fibrocystic changes are palpable thickenings in the breast.
<b>B</b>	Approximately 70% of fibrocystic changes are nonproliferative lesions, 26% are proliferative lesions without atypia, and the rest are proliferative lesions with atypical hyperplasia.
<b>C</b>	Fibrocystic changes are palpable thickenings in the breast usually associated with pain and tenderness. The pain and tenderness fluctuate with the menstrual cycle.
<b>D</b>	Fibrocystic changes are palpable thickenings in the breast usually associated with pain and tenderness. The pain and tenderness fluctuate with the menstrual cycle.

DIF: Cognitive Level: Knowledge REF: 84

OBJ: Client Needs: Health Promotion and Maintenance TOP: Nursing Process: Assessment

25. Which diagnostic test is used to confirm a suspected diagnosis of breast cancer?
- a. Mammogram
  - b. Ultrasound
  - c. Fine-needle aspiration (FNA)
  - d. CA 15-3

ANS: C

	Feedback
<b>A</b>	Mammography is a clinical screening tool that may aid in early detection of breast cancers.
<b>B</b>	Transillumination, thermography, and ultrasound breast imaging are being explored as methods of detecting early breast carcinoma.
<b>C</b>	When a suspicious mammogram is noted or a lump is detected, diagnosis is confirmed by FNA, core needle biopsy, or needle localization biopsy.
<b>D</b>	CA-15 is a serum tumor marker that is used to test for residual disease.

DIF: Cognitive Level: Knowledge REF: 89

OBJ: Client Needs: Physiologic Integrity  
Process: Diagnosis

TOP: Nursing

26. What important, immediate postoperative care practice should the nurse remember when caring for a woman who has had a mastectomy?

- a. The blood pressure (BP) cuff should not be applied to the affected arm.
- b. Venipuncture for blood work should be performed on the affected arm.
- c. The affected arm should be used for intravenous (IV) therapy.
- d. The affected arm should be held down close to the woman's side.

ANS: A

	Feedback
A	The affected arm should not be used for BP readings, IV therapy, or venipuncture.
B	The affected arm should not be used for BP readings, IV therapy, or venipuncture.
C	The affected arm should not be used for BP readings, IV therapy, or venipuncture.
D	The affected arm should be elevated with pillows above the level of the right atrium.

DIF: Cognitive Level: Application REF: 91

OBJ: Client Needs: Physiologic Integrity

TOP: Nursing Process: Implementation

27. Management of primary dysmenorrhea often requires a multifaceted approach. The nurse who provides care for a patient with this condition should be aware that the optimal pharmacologic therapy for pain relief is:
- a. Acetaminophen.
  - b. Oral contraceptives (OCPs).
  - c. Nonsteroidal antiinflammatory drugs (NSAIDs).
  - d. Aspirin.

ANS: C

	Feedback
A	Preparations containing acetaminophen are less effective for dysmenorrhea because they lack the antiprostaglandin properties of NSAIDs.
B	OCPs are a reasonable choice for women who also want birth control. The benefit of OCPs is the reduction of menstrual flow and irregularities. OCPs may be contraindicated for some women and have a number of potential side effects.
C	This pharmacologic agent has the strongest research results for pain relief. Often if one NSAID is not effective, another one will provide relief. Approximately 80% of women gain relief from these prostaglandin inhibitors.
D	NSAIDs are the drug of choice. If a woman is taking an NSAID, she should avoid taking aspirin.

DIF: Cognitive Level: Application REF: 63

OBJ: Client Needs: Physiologic Integrity

TOP: Nursing

Process: Planning

28. A woman has a breast mass that is not well-delineated and is nonpalpable, immobile, and nontender. This is most likely:
- Fibroadenoma.
  - Lipoma.
  - Intraductal papilloma.
  - Mammary duct ectasia.

ANS: C

	Feedback
<b>A</b>	Fibroadenoma is well-delineated, palpable, and movable.
<b>B</b>	Lipoma is palpable and movable.
<b>C</b>	Intraductal papilloma is the only benign breast mass that is nonpalpable.
<b>D</b>	Mammary duct ectasia is not well-delineated and is immobile, but it is palpable and painful.

DIF: Cognitive Level: Application REF: 86

OBJ: Client Needs: Physiologic Integrity

TOP: Nursing

Process: Diagnosis

### MULTIPLE RESPONSE

1. There is little consensus on the management of premenstrual dysphoric disorder (PMDD). However, nurses can advise women on several self-help modalities that often result in symptom improvement. The nurse knows that health teaching has been effective when the woman reports that she has adopted a number of lifestyle changes, including (choose all that apply):
- Regular exercise.
  - Improved nutrition.
  - A daily glass of wine.
  - Smoking cessation.
  - Oil of evening primrose.

ANS: A, B, D, E

	Feedback
<b>Correct</b>	These are accurate modalities that may provide significant symptom relief in 1 to 2 months. If there is no improvement after these changes have been made, the woman may need to begin pharmacologic therapy.
<b>Incorrect</b>	Women should decrease both their alcohol and caffeinated beverage consumption if they suffer from PMDD.

DIF: Cognitive Level: Analysis REF: 65, 66

OBJ: Client Needs: Physiologic Integrity

TOP: Nursing

Process: Evaluation

## **COMPLETION**

1. Any episode of vaginal bleeding that occurs at a time other than during menses is referred to as \_\_\_\_\_.

ANS:

Metrorrhagia

Defined as intermenstrual bleeding, metrorrhagia is also commonly referred to as *breakthrough bleeding* or *mittlestaining*. It can be a normal part of a woman's menstrual cycle if it occurs regularly, or it may be an indication of an underlying disease process that requires further investigation.

DIF: Cognitive Level: Knowledge      REF: 68

OBJ: Client Needs: Health Promotion and Maintenance      TOP: Nursing Process: Assessment