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Question: 991

In managing a patient with benign prostatic hyperplasia, which of the following medications would most directly improve sphincter mechanism function and urine flow?

- A. 5-alpha-reductase inhibitor
- B. Alpha-1 adrenergic blocker
- C. Anticholinergic agent
- D. Phosphodiesterase-5 inhibitor

Answer: B

Explanation: Alpha-1 adrenergic blockers directly relax the smooth muscle of the bladder neck and prostate, improving urine flow and sphincter function in patients with BPH.

Question: 992

A patient with chronic kidney disease is experiencing metabolic acidosis. Which of the following laboratory values would most likely be elevated in this condition?

- A. Serum bicarbonate
- B. Serum creatinine
- C. Serum pH
- D. Serum albumin

Answer: B

Explanation: In chronic kidney disease, serum creatinine levels are typically elevated due to impaired renal function. Metabolic acidosis often occurs as the kidneys lose their ability to excrete hydrogen ions and regenerate bicarbonate.

Question: 993

A nurse is preparing a patient for a cystoscopy. Which of the following explanations about the procedure is most appropriate to ensure shared decision-making?

- A. "We will insert a thin tube into your bladder to view any abnormalities, and you can discuss sedation options."
- B. "You will be unconscious during the procedure, and it will be over quickly."
- C. "This procedure is necessary to diagnose your condition."
- D. "It's a simple procedure; you need to trust the medical team."

Answer: A

Explanation: Providing a clear explanation of the procedure and options for sedation allows the patient to participate actively in the decision-making process.

Question: 994

In a patient with chronic urinary retention, which of the following findings on ultrasound would suggest a deteriorating detrusor muscle function?

- A. Increased bladder wall thickness
- B. Normal post-void residual
- C. Bladder capacity > 500 mL
- D. Presence of diverticula

Answer: D

Explanation: The presence of diverticula can indicate chronic detrusor underactivity and deteriorating function, as the bladder is unable to completely empty.

Question: 995

A 70-year-old female with urinary incontinence has a post-void residual (PVR) volume of 250 mL measured by bladder ultrasound. The urologist considers detrusor underactivity. Which PVR value threshold typically indicates significant incomplete bladder emptying requiring intervention?

- A. >50 mL
- B. >200 mL
- C. >100 mL
- D. >300 mL

Answer: B

Explanation: A PVR volume greater than 200 mL is generally considered significant, indicating incomplete bladder emptying that may require intervention, such as in detrusor underactivity.

Question: 996

A patient diagnosed with recurrent UTIs is prescribed ciprofloxacin. Which of the following laboratory tests should be monitored regularly due to the potential adverse effects of this medication?

- A. Serum creatinine levels
- B. Liver function tests
- C. Glucose levels
- D. Serum potassium levels

Answer: A

Explanation: Ciprofloxacin can affect renal function, and monitoring serum creatinine is essential to

ensure the patient's kidneys are functioning properly while on this medication.

Question: 997

A 40-year-old male presents with acute right flank pain, nausea, and vomiting. A CT scan confirms a 5-mm distal ureteral stone with no hydronephrosis. Urinalysis shows a pH of 6.5 and no infection. His serum uric acid is 8.5 mg/dL (normal 3.5–7.2 mg/dL). What is the most appropriate initial management to facilitate stone passage and prevent recurrence?

- A. Start allopurinol and IV fluids
- B. Prescribe tamsulosin and increase fluid intake
- C. Administer potassium citrate and ESWL
- D. Initiate sodium bicarbonate and ureteroscopy

Answer: B

Explanation: A 5-mm distal ureteral stone has a high chance of spontaneous passage. Tamsulosin (medical expulsive therapy) and increased fluid intake facilitate passage. Elevated uric acid suggests a uric acid stone, but allopurinol is for long-term prevention, not acute management. Potassium citrate and sodium bicarbonate are for dissolution, not passage, and ESWL or ureteroscopy is unnecessary for small stones.

Question: 998

In a patient with congestive heart failure, you note an increase in aldosterone levels. What is the primary physiological effect of aldosterone on renal function?

- A. Decreases sodium reabsorption
- B. Enhances urea reabsorption
- C. Inhibits water reabsorption
- D. Increases potassium secretion

Answer: D

Explanation: Aldosterone primarily increases sodium reabsorption and promotes potassium secretion in the distal nephron, thus affecting fluid balance and blood pressure.

Question: 999

A nurse is caring for a patient who has been diagnosed with chronic kidney disease and is experiencing symptoms of hyperkalemia. Which dietary modification should be recommended to help manage potassium levels?

- A. Increase intake of bananas and oranges

- B. Limit consumption of leafy green vegetables
- C. Encourage the consumption of dairy products
- D. Avoid high-potassium foods such as tomatoes and potatoes

Answer: D

Explanation: Patients with hyperkalemia should avoid high-potassium foods, such as tomatoes and potatoes, to help manage potassium levels and prevent cardiac complications associated with elevated potassium.

Question: 1000

A nurse is evaluating a patient's creatinine clearance. The results reveal a clearance rate of 50 mL/min. What does this suggest about the patient's renal function?

- A. Normal renal function
- B. Severe renal impairment
- C. Mild renal impairment
- D. End-stage renal disease

Answer: C

Explanation: A creatinine clearance of 50 mL/min indicates mild renal impairment, as normal values typically range from 90 to 120 mL/min.

Question: 1001

A nurse is educating a patient about the renin-angiotensin-aldosterone system (RAAS) in the context of hypertension. The patient has a renal artery stenosis, affecting nephron function. Which nephron structure releases renin in response to decreased perfusion, and what is its anatomical location?

- A. Macula densa, distal convoluted tubule
- B. Podocytes, glomerular capillaries
- C. Juxtaglomerular cells, afferent arteriole
- D. Principal cells, collecting duct

Answer: C

Explanation: Juxtaglomerular cells, located in the wall of the afferent arteriole, release renin in response to decreased renal perfusion, as seen in renal artery stenosis. Renin activates the RAAS, increasing blood pressure via angiotensin II and aldosterone.

Question: 1002

A 72-year-old female is diagnosed with stage IV bladder cancer. Which of the following factors is most critical in determining her prognosis?

- A. Age at diagnosis
- B. Presence of comorbid conditions
- C. Response to chemotherapy
- D. Extent of metastatic disease

Answer: D

Explanation: The extent of metastatic disease is a critical prognostic factor in stage IV bladder cancer, significantly influencing treatment options and survival rates.

Question: 1003

A nurse is reviewing a patient's urinalysis results showing protein levels of 1.2 g/dL. Which condition does this finding most likely suggest?

- A. Normal urine
- B. Diabetic nephropathy
- C. Urinary tract infection
- D. Nephrotic syndrome

Answer: B

Explanation: Protein levels of 1.2 g/dL in the urine suggest proteinuria, which can indicate diabetic nephropathy in patients with a history of diabetes, as it reflects kidney damage.

Question: 1004

A nurse is preparing to administer a dose of methotrexate for bladder cancer. Which laboratory value must be monitored prior to administration to prevent potential toxicity?

- A. Complete blood count (CBC)
- B. Serum creatinine
- C. Serum albumin
- D. Liver function tests

Answer: A

Explanation: Methotrexate can cause bone marrow suppression, so monitoring the complete blood count is essential to avoid complications.

Question: 1005

A 45-year-old female is diagnosed with diabetes insipidus. Which laboratory finding would you expect to

confirm this diagnosis?

- A. Low urine osmolality
- B. High urine specific gravity
- C. Low serum sodium
- D. High serum osmolality

Answer: D

Explanation: In diabetes insipidus, the kidneys are unable to concentrate urine, resulting in low urine osmolality and high serum osmolality due to excessive water loss.

Question: 1006

A 60-year-old female patient with bladder cancer faces a decision between radical cystectomy with ileal conduit and bladder-sparing chemoradiation. The nurse facilitates a shared decision-making session, presenting data: cystectomy offers a 65% 5-year survival rate but requires stoma care, while chemoradiation offers a 50% survival rate with preserved bladder function. The patient prioritizes maintaining body image. Which option best reflects her values in the decision-making process?

- A. Proceed with radical cystectomy to maximize survival
- B. Defer the decision to her oncologist without further discussion
- C. Choose chemoradiation to preserve bladder function and body image
- D. Request a second opinion before considering either option

Answer: C

Explanation: Shared decision-making prioritizes patient values, here centered on body image. Chemoradiation aligns with preserving bladder function and avoiding a stoma, which supports her preference. Cystectomy prioritizes survival over body image, deferring to the oncologist undermines autonomy, and a second opinion delays decision-making without addressing her stated priority.

Question: 1007

In shared decision-making for a patient considering treatment options for prostate cancer, which of the following is the most appropriate first step for the nurse?

- A. Presenting all treatment options with their risks and benefits
- B. Recommending a specific treatment based on clinical guidelines
- C. Asking the patient about his preferences and values
- D. Encouraging the patient to consult with family members before making a decision

Answer: C

Explanation: Understanding the patient's preferences and values is essential in shared decision-making, ensuring that the treatment plan aligns with their goals.

Question: 1008

A 64-year-old male patient with heart failure is prescribed furosemide, a loop diuretic. His laboratory results show a serum sodium of 138 mEq/L and a urine osmolality of 200 mOsm/kg. The nurse assesses the impact of furosemide on urine formation. How does furosemide primarily alter the hormonal regulation of urine formation?

- A. Inhibits ADH-mediated water reabsorption in the collecting duct
- B. Blocks aldosterone-mediated sodium reabsorption in the distal tubule
- C. Disrupts the countercurrent multiplier in the loop of Henle
- D. Enhances renin secretion from the juxtaglomerular cells

Answer: C

Explanation: Furosemide inhibits the Na-K-2Cl cotransporter in the loop of Henle, disrupting the countercurrent multiplier system that establishes the medullary osmotic gradient. This reduces urine concentration, explaining the low urine osmolality. Furosemide does not directly affect ADH, aldosterone, or renin.

Question: 1009

A 50-year-old female patient with a history of recurrent UTIs presents with dysuria, urgency, and suprapubic pain. Her urinalysis shows pyuria, bacteriuria, and positive nitrites. A urine culture grows *Escherichia coli* sensitive to fosfomycin. The physician prescribes a single dose of fosfomycin. Which of the following is a key advantage of this treatment?

- A. Minimal risk of resistance development
- B. Broad-spectrum coverage
- C. High prostate penetration
- D. Short treatment duration

Answer: D

Explanation: Fosfomycin's single-dose regimen is a key advantage for uncomplicated cystitis, improving patient compliance. It has a moderate resistance profile, is not broad-spectrum, and has poor prostate penetration, making it unsuitable for prostatitis.

Question: 1010

A 55-year-old female patient with a history of recurrent urinary tract infections undergoes ureteroscopy to investigate a suspected ureteral stricture. The procedure reveals a narrowed segment in the distal ureter. The urologist decides to place a ureteral stent. Which of the following parameters should the nurse monitor post-procedure to detect potential complications such as stent migration or obstruction?

- A. Serum creatinine levels every 12 hours

- B. Abdominal X-ray to confirm stent position
- C. Blood pressure and heart rate every 4 hours
- D. Urine output and presence of hematuria

Answer: D

Explanation: Monitoring urine output and checking for hematuria are critical post-ureteroscopy to assess for complications like stent migration, obstruction, or perforation. Reduced urine output or persistent hematuria may indicate obstruction or stent dysfunction. Serum creatinine levels are not typically monitored every 12 hours unless there is evidence of renal impairment. Vital signs are important but less specific for stent-related issues. An abdominal X-ray may be used to confirm stent placement but is not a routine monitoring parameter.

Question: 1011

A 64-year-old female patient with a history of urge incontinence undergoes pelvic floor therapy with biofeedback. The nurse records a maximum contraction strength of 18 cmH₂O for 2 seconds, compared to a target of 45 cmH₂O for 8 seconds. The patient reports frequent leakage during urgency episodes. What is the most effective nursing intervention to improve therapy outcomes?

- A. Teach the patient to perform Kegel exercises without biofeedback
- B. Increase the biofeedback sensor sensitivity
- C. Combine biofeedback with bladder training techniques
- D. Recommend a trial of anticholinergic medication

Answer: C

Explanation: The patient's weak (18 cmH₂O) and short (2-second) contractions indicate poor pelvic floor strength, and frequent leakage suggests detrusor overactivity. Combining biofeedback with bladder training (e.g., scheduled voiding) addresses both muscle weakness and urgency, improving continence. Kegels without biofeedback risk improper technique, and adjusting sensor sensitivity does not enhance strength. Anticholinergics are a medical intervention, not a nursing therapy adjustment.

Question: 1012

A 63-year-old male with NMIBC on BCG develops fever (101°F) and myalgia after his sixth dose. Urine culture is negative. Per the 2023 AUA guidelines, what is the most appropriate management?

- A. Continue BCG and start NSAIDs
- B. Administer ciprofloxacin
- C. Switch to mitomycin-C
- D. Hold BCG and start antitubercular therapy

Answer: D

Explanation: Fever and myalgia suggest systemic BCG infection. The 2023 AUA guidelines recommend holding BCG and starting antitubercular therapy (isoniazid, rifampin, ethambutol). NSAIDs do not address infection. Mitomycin-C is for BCG-unresponsive disease. Ciprofloxacin is inappropriate without bacterial infection.

Question: 1013

In patients with benign prostatic hyperplasia, which of the following pathophysiological changes is primarily responsible for the development of lower urinary tract symptoms (LUTS)?

- A. Increased bladder compliance
- B. Prostate enlargement causing urethral compression
- C. Decreased bladder contractility
- D. Increased detrusor muscle hypertrophy

Answer: B

Explanation: Prostate enlargement in BPH leads to urethral compression, which is the primary mechanism causing LUTS, including difficulty initiating urination and weak urinary stream.

Question: 1014

A 55-year-old female patient with a history of recurrent UTIs presents with nocturia and urgency. Her bladder diary shows 5–6 nighttime voids with volumes of 120–180 mL. Urinalysis is normal, and PVR is 40 mL. The provider prescribes pelvic floor physical therapy. What is the most appropriate nursing action to support this treatment?

- A. Schedule a follow-up urodynamic study in 3 months
- B. Instruct the patient to reduce fluid intake after 6 PM
- C. Teach the patient Kegel exercises to strengthen pelvic floor muscles
- D. Educate the patient on bladder retraining techniques

Answer: C

Explanation: Pelvic floor physical therapy for nocturia and urgency aims to strengthen pelvic floor muscles to improve bladder control. Teaching Kegel exercises is a key nursing intervention to support this therapy, as it directly enhances muscle strength. Reducing fluid intake, urodynamic studies, and bladder retraining are supportive but not the primary intervention for physical therapy.

Question: 1015

In the context of urinary tract infections, which of the following factors is most likely to contribute to the development of antibiotic-resistant strains of *Escherichia coli*?

- A. Increased vitamin D levels

- B. Low dietary fiber intake
- C. Prolonged hospitalization
- D. Regular physical exercise

Answer: C

Explanation: Prolonged hospitalization is a significant risk factor for the development of antibiotic-resistant strains of bacteria, including *Escherichia coli*, due to increased exposure to antibiotics and the selective pressure they create in healthcare settings.

Question: 1016

A 68-year-old male with lower urinary tract symptoms undergoes cystometry. The bladder is filled at 30 mL/min, and the detrusor pressure rises from 5 cm H₂O at 100 mL to 25 cm H₂O at 300 mL. What is the bladder compliance, and is it normal?

- A. 20 mL/cm H₂O, normal
- B. 10 mL/cm H₂O, normal
- C. 10 mL/cm H₂O, decreased
- D. 20 mL/cm H₂O, decreased

Answer: C

Explanation: Bladder compliance is calculated as $\Delta V / \Delta P = (300 \text{ mL} - 100 \text{ mL}) / (25 \text{ cm H}_2\text{O} - 5 \text{ cm H}_2\text{O}) = 200 \text{ mL} / 20 \text{ cm H}_2\text{O} = 10 \text{ mL/cm H}_2\text{O}$. Normal compliance is $>20 \text{ mL/cm H}_2\text{O}$. A value of 10 mL/cm H₂O indicates decreased compliance, suggesting a stiff bladder, possibly due to fibrosis or chronic obstruction.

Question: 1017

A urologic nurse is evaluating the effectiveness of a new catheterization technique aimed at reducing CAUTIs. What measurement should the nurse prioritize to assess this intervention's success?

- A. The total number of catheters used in the unit
- B. The incidence rate of CAUTIs before and after technique implementation
- C. The average length of time catheters are in place
- D. The percentage of staff trained in the new technique

Answer: B

Explanation: Assessing the incidence rate of CAUTIs before and after technique implementation directly measures the effectiveness of the intervention in reducing infections.

Question: 1018

A patient undergoing a ureteroscopy develops a fever and chills. Which complication should the nurse

consider as the most likely cause?

- A. Bladder perforation
- B. Urinary tract infection
- C. Stone migration
- D. Hemorrhage

Answer: B

Explanation: The development of fever and chills post-procedure is suggestive of a urinary tract infection, a common complication following ureteroscopy.

Question: 1019

A 67-year-old male with BPH presents with worsening LUTS and a recent episode of acute urinary retention requiring catheterization. His PVR is 220 mL, and prostate volume is 70 mL. He is allergic to sulfa drugs. What is the most appropriate surgical intervention for his condition?

- A. Transurethral resection of the prostate (TURP)
- B. Open prostatectomy
- C. Urethral stent placement
- D. Laser enucleation of the prostate (HoLEP)

Answer: D

Explanation: For a large prostate (>60 mL) and recurrent retention, HoLEP is preferred due to lower bleeding risk and efficacy in sulfa-allergic patients (unlike some TURP irrigation solutions). Open prostatectomy is more invasive, TURP carries higher bleeding risk, and stents are for poor surgical candidates.

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