

CHAPTER 15
REPRODUCTIVE PROBLEMS

- 1. While working in a long-term-care (LTC) facility, you are assessing a client with a history of benign prostatic hypertrophy (BPH). Which information will require the most immediate action?**
 - a. Client tells you that he always has trouble starting his urinary stream.
 - b. Client's chart shows an elevated prostate-specific antigen (PSA) level.
 - c. Client is restless and his bladder is palpable above the symphysis pubis.
 - d. Client says he has not voided since having a glass of juice 4 hours ago.

- 2. While performing a breast examination on a 22-year-old client, you obtain all of these data. Which information is of most concern?**
 - a. Both breasts have many nodules in the upper, outer quadrants.
 - b. Client complains of bilateral breast tenderness with palpation.
 - c. The breast on the right side is slightly larger than the left breast.
 - d. An irregularly shaped, nontender lump is palpable in the left breast.

- 3. After having a modified radical mastectomy, a client is transferred to the post-anesthesia care unit (PACU). All for these actions are included in the routine post-operative care for clients who have had this procedure. Which is best to delegate to an experienced LPN?**
 - a. Monitor client's dressing for any signs of bleeding.
 - b. Document the initial assessment on client's chart.
 - c. Call client's status report to the charge nurse on the surgical unit.
 - d. Teach client about the importance of using pain medication as needed.

- 4. While working on the hospital surgical unit, you are assigned to care for a client who has had a right breast lumpectomy and axillary lymph node dissection. Which task included in this client's care can you delegate to a nursing assistant?**
 - a. Teach the client why blood pressure measurements are taken on the left arm.
 - b. Elevate the client's arm on two pillows to promote lymphatic drainage.
 - c. Assess the client's arm for lymphedema.
 - d. Wrap the client's right arm with elastic bandages.

- 5. You obtain all of these assessment data about your client with continuous bladder irrigation (CBI) after a transurethral resection of the prostate (TURP). Which information indicates the most immediate need for nursing intervention?**
 - a. The client states he feels a continuous urge to void.
 - b. The catheter drainage is light pink with occasional clots.
 - c. The catheter is pulled taut and taped to the client's thigh.
 - d. The client complains of painful bladder spasms.

- 6. A 67-year-old client with incomplete bladder emptying caused by BPH has a new prescription for tamsulosin (Flomax). Which statement about tamsulosin is most important to include when teaching this client?**
 - a. "This medication will improve your symptoms by shrinking the prostate."
 - b. "The force of your urinary stream will probably increase."

- c. "Your blood pressure will decrease as a result of taking this medication."
 - d. "You should avoid making sudden changes in position."
- 7. While working on the surgical unit, you are assigned to care for a client who has just returned to the surgical unit after a TURP. You assess the client and obtain these data. Which finding will require the most immediate action?**
- a. Client's blood pressure reading is 153/88.
 - b. Client's catheter is draining bright red blood.
 - c. Client is not wearing anti-embolism hose.
 - d. Client is complaining of abdominal cramping.
- 8. After a radical prostatectomy, a client is to be discharged with a retention catheter. He has prescriptions for hydrocodone/ acetaminophen 5 mg/ 500 mg (Vicodin) and sulfamethoxazole-trimethoprim (Septra). Which nursing action included in the client discharge plan is best to delegate to an experienced LPN working with you?**
- a. Reinforce the need to check his temperature daily.
 - b. Demonstrate how to clean around his urinary meatus.
 - c. Document a discharge assessment in the client's chart.
 - d. Instruct the client about the need to use stool softeners.
- 9. The day after having a radical prostatectomy, your client has many blood clots in the urinary catheter and states he has frequent bladder spasms. You notice occasional urine leakage around the catheter at the urinary meatus. The client says that his right calf is sore and complains that he feels short of breath. Which action will you take first?**
- a. Irrigate the catheter with 50 mL of sterile saline.
 - b. Administer oxybutynin (Ditropan) 5 mg orally.
 - c. Dorsiflex the foot to check for Homan's sign.
 - d. Obtain an oxygen saturation using pulse oximetry.
- 10. After arriving for your shift in the emergency department (ED), you receive change-of-shift report about all of these clients. Which one do you need to assess first?**
- a. A 19-year-old client with scrotal swelling and severe pain that has not decreased with elevation of the scrotum
 - b. A 25-year-old client who has a painless indurated lesion on the glans penis
 - c. A 44-year-old client with an elevated temperature, chills, and back pain associated with recurrent prostatitis
 - d. A 77-year-old client with abdominal pain and acute bladder distention
- 11. A 79-year-old client who has just returned to the surgical unit following a TURP complains of acute abdominal pain caused by bladder spasms. All of these orders are listed on the client's chart. In what order will you accomplish these actions?**
- a. Administer acetaminophen/oxycodone 325 mg/5 mg (Percocet) 2 tablets.
 - b. Irrigate retention catheter with 30 – 50 mL of sterile normal saline.
 - c. Infuse 500 mL of 5% dextrose in lactated Ringer's solution over 2 hours.

d. Encourage client's oral fluid intake to at least 2500 – 3000 mL daily.

12. You have obtained these data about a 68-year-old client who is ready for discharge from the ED and has a new prescription for nitroglycerin (Nitro-Stat) 0.4 mg sublingual. Which information about the client has the most immediate implications for client teaching?

- a. The client has benign prostatic hypertrophy and some urinary hesitancy.
- b. The client's father and two brothers all have had myocardial infarctions.
- c. The client uses sildenafil (Viagra) several times weekly for erectile dysfunction.
- d. The client is unable to remember when he first experienced chest pain.

13. You are caring for a 21-year-old client who had a left orchiectomy for testicular cancer on the previous day. Which nursing activities associated with his care will be best to delegate to a new LPN you are orienting to the surgical unit?

- a. Answer the client's questions about the use of chemotherapy and radiation for testicular cancer.
- b. Administer narcotic analgesic medications to the client for pain.
- c. Teach the client how to perform testicular self-examination on the remaining testicle.
- d. Assess the client's knowledge level about the use of sperm banking.

14. You are working as a team with an experienced nursing assistant. Considering your client's needs for frequent assessments, monitoring, and teaching, which client is most appropriate to assign to the nursing assistant?

- a. A 34-year-old client who has just been admitted with epididymitis and an elevated temperature and needs assessment
- b. A 43-year-old client who needs discharge teaching after having surgery to remove a stage II ovarian cancer
- c. A 50-year-old client who has orders to ambulate in the hallway 2 days after having an abdominal hysterectomy
- d. A 79-year-old client who is receiving continuous bladder irrigation after a transurethral resection of the prostate

15. You have just received change-of-shift report about your assigned clients. In what order will you assess these clients?

- a. A 22-year-old client who has questions about how to care for the drains placed in her breast reconstruction incision
- b. An anxious 44-year-old client who is scheduled to be discharged today after having a total vaginal hysterectomy
- c. A 69-year-old client who is complaining of level 5 pain (0 – 10 scale) after having a perineal prostatectomy 2 days ago
- d. A usually oriented 78-year-old client who has new-onset confusion after having a bilateral orchiectomy the previous day

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16. After a client has had a needle biopsy of the prostate gland using the transrectal approach, which statement is essential to include in the client teaching plan?

- a. "The doctor will call you about the test results in a day or two."
- b. "Serious infections frequently occur as a complication of this test."

- c. "You will need to call the doctor if you have a fever or chills."
- d. "It is normal to have rectal bleeding for a few days after the test."

17. You are working in the PACU caring for a 32-year-old client who has just arrived after having a dilation and curettage (D & C) to evaluate infertility. Which assessment data are of most concern?

- a. Blood pressure 162/90
- b. Perineal pad saturated after first 30 minutes
- c. O₂ saturation 91% - 95%
- d. Sharp, continuous level 8/10 abdominal pain

18. When developing the plan of care for a home health client who has been discharged after a radical prostatectomy, which activities will you delegate to the home health aide? (Choose all that apply.)

- a. Monitor the client for symptoms of urinary tract infection.
- b. Help the client to connect the catheter to the leg bag.
- c. Assess the client's incision for appropriate wound healing.
- d. Assist the client to ambulate for increasing distances.
- e. Help the client shower at least every other day.

19. You are working in the ED when a client with possible toxic shock syndrome (TSS) is admitted. The physician has given all of these orders. Which one will you implement first?

- a. Remove client's tampon.
- b. Obtain blood cultures from two sites.
- c. Give O₂ at 6 L/minute.
- d. Infuse nafcillin (Unipen) 500 mg IV.

20. When assessing a client with cervical cancer who had a total abdominal hysterectomy yesterday, you obtain the following data. Which information has the most immediate implications for planning the client's care?

- a. Fine crackles are audible at the lung bases.
- b. Client's right calf is swollen and tender.
- c. Client is using the PCA every 15 minutes.
- d. Urine in the collection bag is amber and clear.

21. You observe a student nurse accomplishing all of these activities while caring for a client who has an intracavitary radioactive implant in place to treat cervical cancer. Which action requires that you intervene immediately?

- a. The student stands next to the client for 5 minutes while assisting with her bath.
- b. The student asks the client how she feels about losing her child-bearing ability.
- c. The student assists the client to the bedside commode for a bowel movement.
- d. The student offers to get the client whether she would like to eat or drink.

- 22. A 59-year-old woman who had a total abdominal hysterectomy and bilateral salpingo-oophorectomy 3 days ago is complaining of flank pain and a burning sensation with urination. Her total urine output during the previous 8 hours was 210 mL. The client's temperature is 101.3° F. You call the physician to report this information and receive these orders. Which will you implement first?**
- Insert straight catheter PRN for output less than 300 mL/8 hours.
 - Administer acetaminophen (Tylenol) 650 mg orally.
 - Send urine specimen to laboratory for culture and sensitivity.
 - Administer ceftizoxime (Cefizox) 1 g IV every 12 hours.
- 23. An 86-year-old woman had an anterior and posterior colporrhaphy (A and P repair) several days ago. The client has been unwilling to ambulate or cough effectively. Her retention catheter was discontinued 8 hours ago. Which information obtained during your assessment has the most immediate implications for her care?**
- Oral temperature is 100.7° F.
 - Abdomen is firm and tender to palpation above the symphysis pubis.
 - Breath sounds are decreased with fine crackles audible at both bases.
 - Apical pulse is 86 and slightly irregular.
- 24. While you are orienting a new RN to the medical-surgical unit, you observe the orientee accomplishing all of the following actions while caring for a client with severe pelvic inflammatory disease (PID), who has been admitted to the hospital for administration of IV antibiotics. Which one will require that you intervene most quickly?**
- The new RN tells the client she should avoid using tampons in the future.
 - The new RN offers the client an ice pack to decrease her abdominal pain.
 - The new RN positions the client flat in bed while helping her take a bath.
 - The new RN teaches the client she should not have intercourse for 2 months.
- 25. You are administering vancomycin (Vancocin) 500 mg IV to a client with PID when you notice that the client's neck and face are becoming flushed. Which action should you take next?**
- Discontinue the vancomycin.
 - Slow the rate of the medication infusion.
 - Obtain an order for an antihistamine.
 - Check the client's temperature.
- 26. Three days after having a pelvic exenteration procedure, a client suddenly complains of a "giving" sensation along her abdominal incision. You check under the dressing and find that the wound edges are open and loops of intestines are protruding. Which action should you take first?**
- Call the client's surgeon and report that wound evisceration has occurred.
 - Cover the wound with saline-soaked dressings.
 - Don sterile gloves and gently replace the intestine back in the wound.
 - Check the client's blood pressure and heart rate

27.A client with stage IV ovarian cancer and recurrent ascites is admitted to the medical unit for a paracentesis. Which nursing actions included in the plan of care will you delegate to an LPN who has worked on the medical unit for several years?

- a. Obtain a paracentesis tray from the central supply area.
- b. Complete the short-stay client admission form.
- c. Take vital signs every 15 minutes after the procedure.
- d. Provide discharge instructions after the procedure.

RATIONALE REPRODUCTIVE PROBLEMS

- 1. Answer C** – A palpable bladder and restlessness are indicators of bladder distention, which would require action (such as insertion of a catheter) in order to empty the bladder. The other data would be consistent with the client's diagnosis of BPH. More detailed assessment may be indicated, but no immediate action is needed. **Focus:** Prioritization
- 2. Answer D** – Irregularly shaped and nontender lumps are consistent with a diagnosis of breast cancer, so this client needs immediate referral for diagnostic tests such as mammography or ultrasound. The other information is not unusual and does not indicate the need for immediate action. **Focus:** Prioritization
- 3. Answer A** – An LPN/LVN working in a PACU would be expected to check dressings for bleeding and alert RN staff members if bleeding occurred. The other tasks are more appropriate for nursing staff with RN level education and licensure.
- 4. Answer B** – Positioning the client's arm is a task that a nursing assistant who works on a surgical unit would be educated to do. Client teaching and assessment are RN level skills. Elastic bandages are not usually used in the immediate post-operative period because they inhibit collateral lymphatic drainage. **Focus:** Delegation
- 5. Answer D** – The bladder spasms may indicate that blood clots are obstructing the catheter, which would indicate the need for irrigation of the catheter with 30 – 50 mL of saline using a piston syringe. The other data would all be normal after a TURP, but the client may need some teaching about the usual post-TURP symptoms and care. **Focus:** Prioritization
- 6. Answer D** – Because tamsulosin blocks alpha receptors in the peripheral arterial system, the most significant side effects are orthostatic hypotension and dizziness. To avoid falls, it is important that the client change position slowly. The other information is also accurate and may be included in client teaching, but is not as important as decreasing the risk for falls. **Focus:** Prioritization
- 7. Answer B** – Hemorrhage is a major complication after TURP and should be reported to the surgeon immediately. The other assessment data also indicate a need for nursing action, but not as urgently. **Focus:** Prioritization
- 8. Answer A** – Reinforcement of previous teaching is an expected role of the LPN. Planning/implementing client initial teaching and documentation of a client's discharge assessment should be accomplished by experienced RN staff members. **Focus:** Delegation
- 9. Answer D** - It is important to assess oxygenation because the client's shortness of breath may indicate a pulmonary embolus, a serious complication of TURP. Dorsiflexion of the foot should not be done if a deep vein thrombosis is suspected, since this may dislodge thrombus. The other activities are appropriate, but are not as high a priority as ensuring that oxygenation is adequate. **Focus:** Prioritization

- 10. Answer A** - This client has symptoms of testicular torsion, an emergency which needs immediate assessment and intervention, since it can lead to testicular ischemia and necrosis within a few hours. The other client also have symptoms of acute problems (primary syphilis, acute bacterial prostatitis, and prostatic hypertrophy and urinary retention), which also need rapid assessment and intervention. **Focus:** Prioritization
- 11. Answer B, A, C, D** – Bladder spasms are usually caused by the presence of clots obstructing the catheter, so irrigation should be the first action taken. Administration of analgesics may help to reduce spasm. Administration of a bolus of IV fluids is commonly used in the immediate post-operative period to help maintain fluid intake and increase urinary flow. Oral fluid intake should be encouraged once you are sure that the client is not nauseated and has adequate bowel tones. **Focus:** Prioritization
- 12. Answer C** – Sildenafil is a potent vasodilator and has caused cardiac arrest in clients who were also taking nitrates such as nitroglycerin. The other client data indicate the need for further assessment and/ or teaching, but it is essential for the client who uses nitrates to avoid concurrent use of sildenafil. **Focus:** Prioritization
- 13. Answer B** – Administration of narcotics and the associated client monitoring are included in LPN education and scope of practice. Assessments and teaching are more complex skills that require RN-level education and will be best accomplished by an RN with experience caring for clients with this diagnosis. **Focus:** Delegation
- 14. Answer C** – Safe ambulation of clients is included in nursing assistant education, and an experienced nursing assistant would be expected to accomplish this task. The other clients will need assessments and/or teaching by an RN. **Focus:** Assignment
- 15. Answer D, C, B, A** – The bilateral orchiectomy client needs immediate assessment, since confusion may be an indicator of serious post-operative complications such as hemorrhage, infection, or pulmonary embolism. The client who had a perineal prostatectomy should be assessed next, since pain medication may be needed to allow him to perform essential post-operative activities such as deep breathing, coughing, and ambulating. The vaginal hysterectomy client's anxiety needs further assessment next. Although the breast implant client has questions about care of the drains at the surgical site, there is nothing in the report indicating that these need to be addressed immediately. **Focus:** Prioritization
- 16. Answer C** – Although sepsis is a rare complication of transrectal prostate biopsy, it is important that the client receive teaching about checking his temperature and calling the physician for any fever or other signs of systemic infection. It is important the client understand that the test results will not be notified about the results. Transient rectal bleeding may occur after the biopsy, but bleeding that lasts for more than a few hours indicates that there may have been rectal trauma. **Focus:** Prioritization

- 17. Answer D** – Cramping or aching abdominal pain is common after D & C; however, sharp, continuous pain may indicate uterine perforation, which would require immediate notification of the physician. The other data indicate a need for ongoing assessment or interventions. Transient blood pressure elevation may occur due to the stress response after surgery. Bleeding following the procedure is expected, but should decrease over the first 2 hours. And while the oxygen saturation is not at an unsafe level, interventions to improve the saturation should be accomplished. **Focus:** Prioritization
- 18. Answer B, D, E** – Assisting with catheter care, ambulation, and hygiene is included in home health aide education and would be expected activities for this staff member. Client assessment and teaching are the responsibility of RN members of the home health team. **Focus:** Delegation
- 19. Answer A** – Because the most likely source of the bacteria causing the TSS is the client's tampon, it is essential to remove it first. The other actions should be implemented in the following order: administer oxygen (essential to maximize O₂ delivery to tissues), obtain blood cultures (best obtained prior to initiating antibiotic therapy to obtain accurate culture and susceptibility results), and infuse nafcillin (rapid initiation of antibiotic therapy will decrease bacterial release of toxins). **Focus:** Prioritization
- 20. Answer B** – Right calf swelling indicates the possible presence of deep vein thrombosis. This will change the plan of care, since the client should be placed on bedrest, while the usual plan is to ambulate the client as soon as possible after surgery. The other data indicate the need for common post-operative nursing actions such as having the client cough, assessing her pain, and increasing her fluid intake. **Focus:** Prioritization
- 21. Answer C** – Clients with intracavitary implants are kept in bed during the treatment to avoid dislodgement of the implant. The other actions may also require you to intervene by providing guidance to the student. Minimal time should be spent close to clients who are receiving internal radiation, asking the client about her reaction to losing child-bearing abilities may be inappropriate at this time, and clients are frequently placed on low-residue diets to decrease bowel distention while implants are in place. **Focus:** Prioritization
- 22. Answer A** – The client has symptoms of a urinary tract infection. Inserting a straight catheter will enable you to obtain an uncontaminated urine specimen for culture and susceptibility testing before the antibiotic is started. In addition, the client is probably not emptying her bladder fully because of the painful urination. The antibiotic should be initiated as rapidly as possible once the urine specimen is obtained. Administration of acetaminophen is the lowest priority, because the client's temperature is not dangerously elevated. **Focus:** Prioritization
- 23. Answer B** – After an A and P repair, it is essential that the bladder be empty to avoid putting pressure on the suture lines. The abdominal firmness and tenderness indicate that the client's bladder is distended. The physician should be notified and an order for catheterization obtained. The other data also indicate a need for further assessment of her cardiac status and actions such as having the client cough and deep breathe, but are not such immediate concerns. **Focus:** Prioritization

- 24. Answer C** – The client should be positioned in a semi-Fowler’s position to minimize the risk of abscess development higher in the abdomen. The other actions also require correction, but not as rapidly. Tampon use is not contraindicated after an episode of PID, although some sources recommend not using tampons during the acute infection. Heat application to the abdomen and pelvis is used for pain relief. Intercourse is safe a few weeks after effective treatment for PID. **Focus:** Prioritization
- 25. Answer B** – “Red man syndrome” occurs when vancomycin is infused too quickly. Because the client needs the medication to treat PID, the vancomycin should not be discontinued. Antihistamines may help decrease the flushing but vancomycin should be administered over at least 60 minutes. **Focus:** Prioritization
- 26. Answer D** – Wound dehiscence or evisceration may cause shock, so the first action should be to assess the client’s blood pressure and heart rate. The next action should be to ensure that the abdominal contents remain moist by covering the wound and loops of intestine with dressings soaked with sterile normal saline. The physician should be notified. The nurse should not attempt to replace any eviscerated organs back into the abdominal cavity. **Focus:** Prioritization
- 27. Answer C** – LPN/LVN education includes vital signs monitoring; an experienced LPN/LVN would also know to report changes in vital signs to the RN. The paracentesis tray could be obtained by a nursing assistant or unit clerk. Client admission assessment and teaching require RN-level education and experience, although part of the data gathering may be done by the LPN/LVN. **Focus:** Delegation