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Certified Urologic Nurse Practitioner (CUNP)

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Question: 1000

A 29-year-old male presents with penile discharge. Nucleic acid amplification testing reveals Chlamydia trachomatis. Which of the following should be included in his treatment regimen?

- A. Azithromycin
- B. Ceftriaxone
- C. Doxycycline
- D. Metronidazole

Answer: A

Explanation: Azithromycin is effective for treating uncomplicated Chlamydia infections.

Question: 1001

A 65-year-old male presents with difficulty urinating and a history of recurrent urinary tract infections. A CT scan reveals a 2 cm prostate mass. What is the most appropriate next step in management?

- A. Watchful waiting
- B. Referral for radiation therapy
- C. Initiation of 5-alpha reductase inhibitors
- D. Prostate biopsy

Answer: D

Explanation: Given the prostate mass and urinary symptoms, a biopsy is necessary to determine if the mass is malignant, guiding further management.

Question: 1002

During a case discussion regarding a patient with prostate cancer, what is the most effective way for a urologic nurse practitioner to present their findings?

- A. By solely focusing on their diagnostic conclusions
- B. By avoiding discussion of the patient's psychosocial aspects
- C. By presenting data in a disorganized manner

D. By integrating clinical findings with patient-reported outcomes and preferences

Answer: D

Explanation: Integrating clinical findings with patient-reported outcomes and preferences allows for a more patient-centered approach that can influence treatment decisions.

Question: 1003

A 60-year-old male presents with erectile dysfunction and has a history of coronary artery disease. Which of the following medications is contraindicated for him?

- A. Nitrates
- B. Tadalafil
- C. Sildenafil
- D. Vardenafil

Answer: A

Explanation: Nitrates are contraindicated in patients taking phosphodiesterase inhibitors due to the risk of severe hypotension.

Question: 1004

A 4-year-old girl presents with enuresis and abdominal pain. Upon further evaluation, a renal ultrasound shows hydronephrosis. What is the most likely cause of her enuresis?

- A. Bladder overactivity due to pain
- B. Obstructive uropathy due to a structural anomaly
- C. Psychosocial factors due to pain
- D. Neurological cause related to hydronephrosis

Answer: B

Explanation: Hydronephrosis suggests an obstructive uropathy, which can lead to urinary retention and subsequently cause enuresis.

Question: 1005

A 42-year-old male presents with sudden onset flank pain and hematuria after lifting heavy weights. A CT scan shows a renal hematoma but no laceration. What is the most appropriate management for this patient?

- A. Bed rest and observation
- B. Immediate nephrectomy
- C. Angiographic embolization

D. Open surgical intervention

Answer: A

Explanation: In cases of renal hematoma without laceration and with stable vital signs, bed rest and observation are typically sufficient for management.

Question: 1006

In discussions about palliative care options for a patient with advanced urological disease, what should a urologic nurse practitioner prioritize?

- A. Focusing only on curative options
- B. Deferring to oncologists without input from the patient
- C. Ensuring that all team members are aware of the treatment options
- D. Understanding the patient's values and preferences for end-of-life care

Answer: D

Explanation: Understanding the patient's values and preferences is crucial in guiding palliative care discussions and ensuring that their needs are met during treatment.

Question: 1007

Which of the following factors is a significant prognostic indicator for patients with non-muscle invasive bladder cancer following TURBT?

- A. Tumor grade and number of lesions
- B. Patient age at diagnosis
- C. Presence of hematuria at presentation
- D. History of smoking

Answer: A

Explanation: Tumor grade and the number of lesions are significant prognostic factors that help predict recurrence and progression in non-muscle invasive bladder cancer.

Question: 1008

A 62-year-old female patient presents with urinary urgency, frequency, and pelvic pain. She reports that symptoms worsen during her menstrual cycle. What diagnosis should be considered?

- A. Radiation-induced cystitis
- B. Acute cystitis
- C. Interstitial cystitis
- D. Chronic pyelonephritis

Answer: C

Explanation: The cyclical nature of symptoms in relation to the menstrual cycle is suggestive of interstitial cystitis, often exacerbated by hormonal changes.

Question: 1009

A patient presents to the clinic with prolonged erections and is diagnosed with ischemic priapism. What is the most appropriate immediate treatment?

- A. Apply cold compresses
- B. Perform cavernosal aspiration
- C. Initiate oral PDE5 inhibitors
- D. Administer systemic anticoagulation

Answer: B

Explanation: Cavernosal aspiration is a critical intervention for ischemic priapism to relieve the prolonged erection and prevent complications, often leading to tissue damage.

Question: 1010

For a patient who has undergone a ureteroscopy, which of the following post-operative assessments should the nurse prioritize to identify potential complications early?

- A. Assessing urine output and color
- B. Monitoring vital signs every four hours
- C. Evaluating the surgical site for drainage
- D. Checking the patient's pain level regularly

Answer: A

Explanation: Assessing urine output and color post-ureteroscopy is critical to detect any potential complications such as obstruction or bleeding.

Question: 1011

A 50-year-old male with persistent hematuria undergoes a workup. A renal biopsy reveals dysplasia. What does this finding suggest?

- A. Benign process
- B. Infection
- C. Increased cancer risk
- D. Inflammatory condition

Answer: C

Explanation: Dysplasia in a renal biopsy is indicative of a precancerous process, suggesting an increased risk for renal cell carcinoma.

Question: 1012

A 34-year-old male presents with acute flank pain and is found to have a 5 mm stone in the renal pelvis. He reports nausea and vomiting. What is the most appropriate acute management for this patient?

- A. Ureteroscopy
- B. Extracorporeal shock wave lithotripsy (ESWL)
- C. Immediate nephrectomy
- D. Pain management and hydration

Answer: D

Explanation: In acute management, pain control and hydration are essential for facilitating stone passage; ESWL or ureteroscopy can be considered if symptoms persist or worsen.

Question: 1013

A 59-year-old male presents with urinary urgency and frequency. An ultrasound reveals a 70-gram prostate. What is the best first-line treatment option?

- A. Watchful waiting
- B. 5-alpha-reductase inhibitors
- C. Alpha-blockers
- D. Surgical intervention

Answer: C

Explanation: Alpha-blockers are the first-line treatment for managing urinary symptoms in patients with BPH, providing quick symptom relief.

Question: 1014

In a situation where a urologic nurse practitioner is asked for a second opinion on a patient diagnosed with complex urolithiasis, which approach should they adopt?

- A. They should immediately suggest surgical intervention.
- B. They should rely solely on the previous physician's notes.
- C. They should thoroughly review imaging studies and the patient's symptoms.
- D. They should ask the patient to wait for further testing before giving an opinion.

Answer: C

Explanation: A thorough review of imaging studies and the patient's symptoms is essential for forming an informed and accurate second opinion.

Question: 1015

During a well-child visit, a 4-year-old girl exhibits signs of urinary incontinence and recurrent UTIs. Upon further evaluation, VUR is diagnosed. Which of the following is a potential long-term consequence of untreated VUR?

- A. Acute kidney injury
- B. Development of hypertension
- C. Enuresis
- D. Progressive renal damage

Answer: D

Explanation: Untreated VUR can lead to progressive renal damage due to recurrent infections and reflux nephropathy, potentially resulting in long-term renal impairment.

Question: 1016

During a routine follow-up, a 70-year-old male with BPH reports worsening urinary stream and increased nocturia. A post-void residual volume is measured at 600 mL. What intervention should be considered next?

- A. Observation and lifestyle modifications
- B. Initiation of combination therapy with alpha-blockers and 5-alpha reductase inhibitors
- C. Surgical intervention
- D. Urodynamic studies

Answer: B

Explanation: Given the significant post-void residual volume, combination therapy can help manage severe symptoms and improve urinary flow.

Question: 1017

In a scenario where a patient with a complex medical history presents with urological issues, what is the best approach for the urologic nurse practitioner?

- A. To focus on the current urological symptoms without considering the medical history
- B. To immediately refer the patient to another specialist without assessment
- C. To rely on previous notes without verifying the current status
- D. To conduct a holistic assessment that integrates the patient's entire medical history

Answer: D

Explanation: A holistic assessment that considers the entire medical history is vital for understanding the context of the urological issues and guiding appropriate treatment.

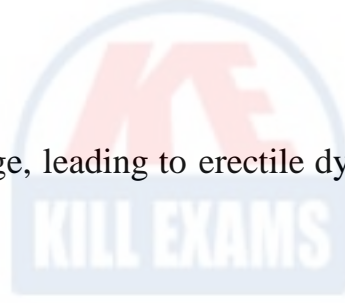
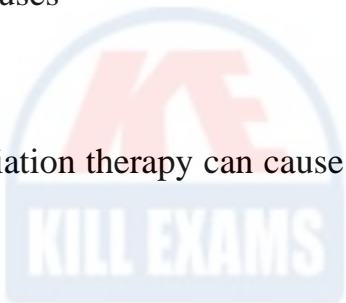
Question: 1018

A 52-year-old male presents with erectile dysfunction and a history of prostate cancer treated with radiation. Which of the following is the most likely cause of his erectile dysfunction?

- A. Psychological factors
- B. Vascular damage from radiation
- C. Hormonal therapy
- D. Neurogenic causes

Answer: B

Explanation: Radiation therapy can cause vascular damage, leading to erectile dysfunction in prostate cancer survivors.



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