

# *Nursing*

*NCC-WHNP-BC  
Women's Health Care Nurse Practitioner*



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# Latest Version: 6.0

## Question: 1

Which of the following drugs should be prescribed to treat a urinary tract infection in a pregnant patient?

- A. Nitrofurantoin (Macrobid), 100 mg daily for 7 days
- B. Cephalexin (Keflex), 500 mg twice daily for 7-10 days
- C. Both of the above
- D. Neither of the above

**Answer: C**

Explanation:

Both nitrofurantoin (Macrobid) and cephalexin (Keflex) are appropriate for the management of urinary tract infections in pregnant patients, pending the results of a urine culture. Both drugs are category B drugs.

## Question: 2

When should category D drugs should be prescribed for pregnant patients?

- A. Never
- B. Only in life-threatening situations
- C. At the request of the patient for management of pregnancy symptoms
- D. At any time during pregnancy

**Answer: B**

Explanation:

Category D drugs have been shown to have risks to the fetus when administered during pregnancy. They should only be used when the benefits of using the drug far outweigh the risks to the fetus, such as life-threatening situations.

## Question: 3

A young woman comes to see the nurse practitioner (NP) after having a positive pregnancy test at home. She is currently taking levothyroxine (Synthroid) for hypothyroidism, loratadine (Claritin) for allergies, and atorvastatin (Lipitor) for high cholesterol. How should the NP advise the patient after the pregnancy is confirmed?

- A. Continue taking all drugs as prescribed.

- B. Stop taking all of the medication and see her prescribing physician for pregnancy-safe alternatives.
- C. Continue taking levothyroxine and atorvastatin, but find an alternative for loratadine.
- D. Continue taking levothyroxine and loratadine, but find an alternative for atorvastatin.

**Answer: D**

Explanation:

Levothyroxine (Synthroid) and loratadine (Claritin) are both category B drugs and are safe in pregnancy. Atorvastatin (Lipitor) is a category X drug and should never be prescribed to a pregnant woman.

### Question: 4

A young woman presents to the nurse practitioner (NP) complaining of missed periods. On examination, the NP notices facial acne and hair growth on the patient's chest, face, and back. The patient is most likely suffering from which of the following conditions?

- A. Polycystic ovary syndrome
- B. Endometriosis
- C. Pregnancy
- D. Hypothalamic amenorrhea

**Answer: A**

Explanation:

Polycystic ovary syndrome is a condition classified by irregular or absent periods and also signs of elevated androgen levels, like acne and abnormal hair growth. Neither pregnancy nor hypothalamic amenorrhea would cause acne and hair growth on the chest, face, or back. Endometriosis causes severe abdominal and pelvic pain during a woman's period.

### Question: 5

A female patient presents with a small, ulcerated lesion on the genitals. She complains that the lesion is very painful and mentions that she recently had a few days of flu-like symptoms. Which of the following medications is the nurse practitioner most likely to prescribe?

- A. Penicillin G
- B. Ceftriaxone (Rocephin),
- C. Azithromycin (Zithromax)
- D. Acyclovir (Zovirax)

**Answer: D**

Explanation:

The lesion on the genitals of the woman described in the question is most likely caused by

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the herpesvirus, the treatment for which is acyclovir, valacyclovir, or famciclovir. Diagnosis is made on the basis of the medical history and physical examination. Ceftriaxone (Rocephin) and azithromycin (Zithromax) are used to treat gonorrhea and chlamydia, respectively. Penicillin G is used to treat syphilis. Syphilitic lesions are often painless, and the generalized, flu-like symptoms occur in secondary syphilis, after the lesion has healed.

### Question: 6

Primary dysmenorrhea is usually associated with

- A. nothing in particular as it occurs independently of any other gynecological disorders.
- B. endometriosis.
- C. pelvic inflammatory disease.
- D. ovarian cysts.

**Answer: A**

Explanation:

Primary dysmenorrhea, or pain during a menstrual period, is not associated with any underlying condition. Secondary dysmenorrhea is linked to any pelvic disorder, such as pelvic inflammatory disease, endometriosis, and ovarian cysts, among other conditions.

### Question: 7

A pedunculated fibroid has which of the following characteristics?

- A. It is most often found bulging through the uterine wall.
- B. It is likely to be seen within the uterine cavity.
- C. It may be situated on the broad ligament.
- D. It hangs on a small stalk attached to the uterus.

**Answer: D**

Explanation:

A pedunculated fibroid hangs on a small stalk attached to the uterus. Subserosal fibroids extend through the uterine wall. Submucosal fibroids are found in the uterine cavity, and intraligamentous fibroids are found on the broad ligament.

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