Nursing

WOCNCB-CCCN
Certified Continence Care Nurse

Latest Version: 6.0

Question: 1

Which of the following is a bladder irritant?

A. watermelon
B. milk
C. c, artificial sweetener (aspartame, saccharine)
D. beef

Answer: C

Explanation:
Artificial sweeteners (aspartame, saccharine) are bladder irritants. Other bladder irritants include
• Caffeine, which occurs naturally in coffee beans, tea leaves, and cocoa beans, is added to many soft drinks, and is found in chocolate drinks, candy, and many drugs (Excedrin@, Anacin@, Fiorinal@), by increasing detrusor muscle contractions, resulting in urinary urgency and frequency.
• Citrus foods, such as orange juice, and many other highly acidic fruits.
• Spicy foods, such as Mexican or Chinese food, horseradish, and chili peppers.

Question: 2

The "knack" is

A. a method to prevent fecal incontinence.
B. a method to strengthen pelvic floor muscles.
C. a method to prevent urge incontinence.
D. a method to prevent stress incontinence.

Answer: D

Explanation:
"The knack," a preventive use of Kegel exercises, is using precisely-timed muscle contractions to prevent stress incontinence. It is "the knack" of squeezing up before bearing down. Women learn to contract the pelvic floor muscles right before and during events that usually cause stress incontinence. For example, if a woman feels a cough or sneeze coming, she immediately contracts the pelvic floor muscles and holds until the stress event is over. This contraction augments support of the proximal urethra, reducing the amount of displacement that usually takes place with compromised muscle support, thereby preventing incontinence.

Question: 3

The "quick flicks" method treats urinary incontinence by

A. improving contractility.
B. improving endurance.
C. improving sensory awareness.
D. reducing muscle spasms.

Answer: A

Explanation:
"Quick flicks" help to treat urinary incontinence by increasing contractility. This procedure utilizes Kegel (pelvic floor) exercises. The patient rapidly contracts and relaxes the pelvic floor muscles, usually in sets of 10 or 20, repeated 10 times, so each set includes up to 200 quick flicks. "Slow squeeze," contracting over a count of 2 to 4, holding for 3 to 4 seconds, and then relaxing is used to increase endurance. Most people with incontinence should do both types of exercises.

Question: 4

Which of the following is MOST important in controlling constipation?

A. taking daily stool softener
B. increasing exercise
C. increasing dietary fiber and fluids
D. taking laxatives

Answer: C

Explanation:
The most important factor in decreasing constipation is to increase dietary fiber and fluids. Exercise also helps to reduce constipation by increasing motility, but some people may be physically limited in their ability to exercise. Stool softeners may also help reduce constipation, but are not a substitute for dietary management. Laxatives should be avoided, as overuse may result in a cycle of constipation and diarrhea.

Question: 5

Incontinence of liquid stool and engorged hemorrhoids are MOST indicative of

A. constipation.
B. diarrhea.
C. fecal impaction.
D. rectal cancer.

Answer: C

Explanation:
Liquid stool often leaks around a fecal impaction, resulting in incontinence. The pressure of the stool often causes hemorrhoids to become engorged. Fecal impaction occurs when the hard stool moves into the rectum and becomes a large, dense, immovable mass that cannot be evacuated, even with straining, usually as a result of chronic constipation. In addition to abdominal cramps and distention, the person may feel intense rectal pressure and pain, accompanied by a sense of urgency to defecate. Nausea and vomiting may also occur.

Question: 6

Which of the following is a good source of soluble fiber?

A. oat bran
B. seeds
C. skins of fruits
D. bananas

Answer: D

Explanation:
Food sources of soluble fiber include bananas, starches (potatoes, bread), cheese, dried beans, nuts, apples, oranges, and oatmeal. Soluble fiber dissolves in liquids to form a gel-like substance. This is one reason liquids are so important in conjunction with fiber in the diet. Soluble fiber slows the movement of stool through the gastrointestinal system. Insoluble fiber changes little with the digestive process and increases the speed of stool through the colon, so too much can result in diarrhea. Food sources of insoluble fiber include seeds, skins of fruits and vegetables, and nuts. Oat bran contains both soluble and insoluble fiber.

Question: 7

When is the best time for scheduled defecation?

A. 20 to 30 minutes before a meal
B. 20 to 30 minutes after a meal
C. first thing in the morning
D. last thing at night

Answer: B

Explanation:
Defecation should be scheduled for 20 to 30 minutes after a meal, when there is increased motility. Scheduled defecation is usually at the same time daily, but for some people it is done only

3 to 4 times weekly, depending on individual bowel habits. Stimulation is necessary. Drinking a cup of hot liquid may work, but initially many require rectal stimulation with a gloved finger. Some people require rectal suppositories, such as glycerin, but stimulus suppositories or enemas should be avoided if possible. The patient should be sitting upright with knees elevated slightly, if possible, and leaning forvvard during defecation.

Question: 8

A woman with a coccygeal ulcer has occasional urinary incontinence but has no urinary infection. Which should be the INITIAL step in controlling her incontinence?

A. limited fluid intake
B. insertion of Foley catheter
C. anticholinergic medication (such as oxybutynin)
D. scheduled urination

Answer: D

Explanation:
The initial step in controlling occasional urinary incontinence is scheduled urination, in which the patient is asked to urinate at scheduled intervals. Fluids should not be limited, as dehydration can impair wound healing. Foley catheters should be avoided if at all possible because they pose considerable risk of urinary and systemic infections. Anticholinergic medications can be used if other efforts fail and if incontinence is due to muscle spasms.

Question: 9

Black tarry stools may be caused by

A. Rifadin ®.
B. Pepto-Bismol ®.
C. Kaopectate.
D. Beta-carotene.

Answer: B

Explanation:
Black, tarry stools may occur from digested blood from the upper gastrointestinal tract or from iron supplements, black dye (licorice), or Pepto-Bismol®. Clay-colored stools may indicate lack of suffi cient bile or use of antidiarrheals, such as Kaopectatee. Orange stools may be caused by medications (Rifadine, Rimactane®) or beta-carotene in pills or foods, such as apricots, carrots, sweet potatoes, pumpkin, and mangoes. Green stools may be caused by leafry vegetables or green dye in foods. With diarrhea, it's possible that the bile didn't break down when the stool moved quickly through the colon, causing a green color. Bright yellow stools may indicate bile obstruction.

Question: 10

With nocturnal enuresis, which medication can be taken at bedtime by a female patient to reduce urinary production?

A. oxybutynin
B. imipramine
C. desmopressin
D. tamsulosin

Answer: C

Explanation:
Desmopressin® at bedtime reduces urinary production for 5 to 6 hours. Antidepressants, such as Imipramine, relax the bladder and tighten the urethral sphincter, and anticholinergics (such as oxybutynin) reduce instability of the detrusor muscle. Tamsulosin (Flomax') may reduce nocturnal enuresis in males with benign prostatic hypertrophy. Other treatments for nocturnal enuresis include behavior modifications such as bladder training, scheduled urination, fluid restriction, and dietary modifications. Conditioning therapy with enuresis alarms may be helpful, especially for primary nocturnal enuresis.

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