Import Settings:

Base Settings: Brownstone Default

Information Field: Complexity

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Highest Answer Letter: D

Multiple Keywords in Same Paragraph: No

**Chapter: Gynecologic Emergencies - Gynecologic Emergencies - TBNK**

**Multiple Choice**

1. The MOST common cause of amenorrhea is:

A) stress.

B) pregnancy.

C) menopause.

D) hormone therapy.

Ans: B

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Gynecologic Emergencies

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2. The region of sexual stimulation in a female is the:

A) hymen.

B) clitoris.

C) urethra.

D) vestibule.

Ans: B

Complexity: Easy

Ahead: Anatomy and Physiology Review

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3. Which of the following conditions, if it remains undetected until puberty, can result in acute pain, severe constipation, and low back pain at the onset of menses?

A) Ovarian cyst

B) Endometriosis

C) Ectopic pregnancy

D) Imperforate hymen

Ans: D

Complexity: Moderate

Ahead: Anatomy and Physiology Review

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4. In the average female, the menstrual cycle lasts \_\_\_ days.

A) 21

B) 24

C) 28

D) 35

Ans: C

Complexity: Easy

Ahead: Anatomy and Physiology Review

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Feedback: Anatomy and Physiology Review, page 1239

5. During normal menstruation, approximately \_\_\_\_ to \_\_\_\_ mL of blood is discharged from the vagina.

A) 25, 65

B) 50, 75

C) 65, 80

D) 75, 100

Ans: A

Complexity: Easy

Ahead: Anatomy and Physiology Review

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Feedback: Anatomy and Physiology Review, page 1239

6. Mittelschmerz is defined as:

A) a sudden premature cessation of menses.

B) two consecutively missed menstrual periods.

C) pain in the middle of the menstrual cycle.

D) pain that occurs outside the menstrual cycle.

Ans: C

Complexity: Easy

Ahead: Anatomy and Physiology Review

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Feedback: Anatomy and Physiology Review, page 1239

7. The onset of menses is called:

A) menorrhea.

B) menarche.

C) menopause.

D) the climacteric.

Ans: B

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Gynecologic Emergencies

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Feedback: Anatomy and Physiology Review, page 1239

8. Which of the following statements regarding endometritis is correct?

A) Untreated endometritis may result in septic shock.

B) Endometritis is defined as an enlargement of the uterus.

C) Endometritis is most commonly caused by an intrauterine device.

D) Endometritis results when endometrial tissue grows outside the uterus.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Gynecologic Emergencies

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9. In contrast to endometritis, endometriosis:

A) may present without abdominal pain.

B) is an inflammation of the uterine lining.

C) generally causes light menstrual periods.

D) is often the result of gynecologic surgery.

Ans: A

Complexity: Moderate

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10. Pelvic inflammatory disease commonly affects all of the following organs, EXCEPT the:

A) uterus.

B) ovaries.

C) urinary bladder.

D) fallopian tubes.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Gynecologic Emergencies

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Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1242

11. Pelvic inflammatory disease MOST commonly affects:

A) the external genitalia.

B) sexually active women.

C) postmenopausal women.

D) women over 30 years of age.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

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12. Which of the following is a potential complication of pelvic inflammatory disease?

A) Uterine rupture

B) Ectopic pregnancy

C) Respiratory failure

D) Urinary tract infection

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

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13. Risk factors for pelvic inflammatory disease include all of the following, EXCEPT:

A) monogamy.

B) an intrauterine device.

C) heterosexual sex with multiple partners.

D) 20- to 24-year-old age group.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

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14. The *Candida albicans* fungus is the causative agent in:

A) bacterial vaginosis.

B) gardnerella vaginitis.

C) vaginal yeast infections.

D) gonorrhea and chlamydia.

Ans: C

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

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15. Which of the following statements regarding ectopic pregnancy is MOST correct?

A) Ectopic pregnancy occurs when a fertilized egg implants in a fallopian tube.

B) Most ectopic pregnancies present with symptoms during the second trimester.

C) Use of an intrauterine device is the most common cause of an ectopic pregnancy.

D) In ectopic pregnancy, a fertilized egg implants somewhere other than the uterus.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Gynecologic Emergencies

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Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, pages 1246–1247

16. Implantation of a fertilized egg within a fallopian tube:

A) produces atypical signs of pregnancy.

B) can cause severe intra-abdominal hemorrhage.

C) represents only 3% of all ectopic pregnancies.

D) is usually detected after the 20th week of pregnancy.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

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17. A ruptured ovarian cyst typically presents with:

A) a sudden onset of abdominal pain that can be related to the menstrual cycle.

B) chronic waxing and waning abdominal cramping between menstrual periods.

C) dull or aching epigastric pain that radiates to the shoulders or lower back.

D) a sudden onset of upper abdominal pain and nausea without vomiting.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

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18. If a young female with a known history of gonorrhea presents with abdominal pain, nausea and vomiting, and bleeding between periods:

A) you should suspect disseminated gonococcemia.

B) one of her ovaries is probably grossly enlarged.

C) it is likely that she has an ectopic pregnancy.

D) she most likely has pelvic inflammatory disease.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Gynecologic Emergencies

Pages: 1242–1243

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, pages 1242–1243

19. When conducting the scene size-up of a call involving a gynecologic emergency, it is MOST important to:

A) assess for danger because any scene should be considered volatile.

B) quickly ascertain if the patient's problem is medical or trauma in nature.

C) take standard precautions because many of these calls involve a lot of blood.

D) quickly assess the need for additional resources and summon them early.

Ans: A

Complexity: Moderate

Ahead: Patient Assessment

Subject: Gynecologic Emergencies

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Feedback: Patient Assessment, page 1240

20. Which of the following questions is the MOST important to ask when obtaining a patient's gynecologic history?

A) “Do you have any abdominal pain?”

B) “When was your last sexual encounter?”

C) “When was your last menstrual period?”

D) “Is there a chance that you are pregnant?”

Ans: C

Complexity: Moderate

Ahead: Patient Assessment

Subject: Gynecologic Emergencies

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Feedback: Patient Assessment, page 1240

21. The MOST important aspect in the care of a woman with severe vaginal bleeding is:

A) controlling the vaginal bleeding.

B) administering crystalloid fluid boluses.

C) giving oxygen via nonrebreathing mask.

D) treating for shock and transporting rapidly.

Ans: D

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Gynecologic Emergencies

Page: 1242

Feedback: Emergency Medical Care, page 1242

22. Within a few days after having a miscarriage, a 33-year-old woman presents with malaise, fever, constipation, and pelvic pain. Her blood pressure is 124/84 mm Hg, pulse rate is 104 beats/min and strong, and respirations are 22 breaths/min and regular. You should be MOST suspicious for:

A) acute cystitis.

B) endometritis.

C) a ruptured ovarian cyst.

D) pelvic inflammatory disease.

Ans: B

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Gynecologic Emergencies

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Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1245

23. You are dispatched to a grocery store for a woman with severe abdominal pain. When you arrive, you find the patient lying on her side in the manager's office. She is confused, diaphoretic, and appears to be bleeding from her vagina. Her blood pressure is low, and her pulse and respiratory rates are elevated. You should:

A) administer 100% oxygen, elevate her legs 12 to 18 inches, keep her warm, establish vascular access and give a 500-mL fluid bolus, reassess her blood pressure, and transport at once with continuous monitoring en route to the hospital.

B) immediately place her in a supine position, firmly massage her uterine fundus to control the bleeding, establish two large-bore IV lines and run them wide open, transport at once, and apply high-flow oxygen en route to the hospital.

C) apply high-flow oxygen, visually inspect her vagina and cover it with sterile dressings, keep her warm, begin transport, establish at least one large-bore IV en route, and administer enough crystalloid fluid to maintain radial pulses.

D) assist her ventilations with a bag-mask device, carefully place a trauma dressing inside her vagina to control the bleeding, begin rapid transport, establish two large-bore IV lines en route, and administer 20-mL/kg fluid boluses as needed.

Ans: C

Complexity: Difficult

Ahead: Emergency Medical Care

Subject: Gynecologic Emergencies

Page: 1242

Feedback: Emergency Medical Care, page 1242

24. A 30-year-old woman complains of an “achy” pain to both lower abdominal quadrants, which she states is made worse by walking. She further tells you that she recently finished her menstrual period. She has a fever of 101.9°F. Her blood pressure is 122/62 mm Hg, pulse rate is 84 beats/min and strong, and respirations are 14 breaths/min and unlabored. After gathering the rest of her medical history, you should:

A) provide emotional support, make her as comfortable as possible, and safely transport her to an appropriate hospital.

B) advise her that she can probably go to the hospital via personal vehicle since she is not showing signs of shock.

C) visually inspect her vagina for bleeding or discharge, start an IV line and set it to keep the vein open, and transport.

D) establish vascular access and give her a 250-mL normal saline bolus, consider analgesia for her pain, and transport.

Ans: A

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Gynecologic Emergencies

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Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, pages 1242–1243

25. You are caring for a young woman with constant, diffuse abdominal pain, referred pain to both shoulders, and vaginal bleeding. She states that her last menstrual period was 2 months ago, but she adamantly denies being pregnant. Her blood pressure is 86/50 mm Hg, pulse rate is 120 beats/min and weak, and respirations are 24 breaths/min and regular. Which of the following interventions is NOT appropriate for this patient?

A) IV fluid boluses

B) Thermal management

C) Cardiac monitoring

D) Narcotic analgesia

Ans: D

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Gynecologic Emergencies

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Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, pages 1246–1248

26. You are dispatched to a residence for a 34-year-old woman who is “sick.” Upon your arrival, the patient greets you at the door. She tells you that she began experiencing a dull aching pain in the left lower quadrant of her abdomen. She further states that she recently had her menstrual period, which was accompanied by more pain than usual. Her vital signs are stable, she is conscious and alert, and she denies vaginal bleeding or fever. This patient MOST likely has:

A) an ectopic pregnancy.

B) a ruptured ovarian cyst.

C) a tubo-ovarian abscess.

D) pelvic inflammatory disease.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

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27. Law enforcement requests that you respond to a local apartment complex for a young woman who was sexually assaulted. When you arrive at the scene, you find the patient sitting on her couch, clearly upset. You see a small amount of blood on her shorts, near the groin area. What is your initial priority in the care of this patient?

A) Asking her if she recognized the perpetrator

B) Identifying and treating immediate life threats

C) Not allowing her to shower or use the restroom

D) Quickly assessing her blood pressure and pulse

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Gynecologic Emergencies

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Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, pages 1248–1249

28. You are caring for a 44-year-old woman who was sexually assaulted by several men. She is conscious but very quiet. Your partner, a female paramedic, quickly examines her and finds no immediate life-threatening injuries. The patient tells you that all she wants to do is go home and take a shower. After multiple attempts to convince the patient to consent to transport, you are unsuccessful. Your MOST appropriate action should be to:

A) ask the patient if there is a friend you can call with whom she can stay.

B) advise her that she cannot take a shower because her body is evidence.

C) explain the seriousness of the incident and have her sign a refusal form.

D) allow her to take a shower, but insist upon EMS transport to the hospital.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

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29. While caring for an unresponsive young woman who was apparently sexually assaulted, you note that her respirations are slow and shallow, her pulse is slow and weak, and her blood pressure is low. There is a small amount of dried blood on her thigh, but no grossly active bleeding. Immediate care for this patient involves:

A) establishing an IV line and administering 0.5 mg of atropine.

B) visualizing her vaginal area to assess for external bleeding.

C) maintaining her airway and providing ventilatory assistance.

D) elevating her lower extremities to improve her blood pressure.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

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30. A 29-year-old female was diagnosed with cystitis, but never had her antibiotic prescription filled. She presents today with fever, chills, and vomiting. What should you suspect?

A) Pyelonephritis

B) Bacterial vaginitis

C) Ruptured ovarian cyst

D) Pelvic inflammatory disease

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

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Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, pages 1243–1244

31. An obese 30-year-old female had two children within an 18-month time span. She presents with a feeling of “heaviness” in her pelvis and lower back pain. She states that the symptoms resolve slightly when she lies down. What should you suspect?

A) Endometritis

B) Endometriosis

C) Uterine prolapse

D) Ectopic pregnancy

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

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32. In an ectopic pregnancy, bleeding usually occurs:

A) before the onset of pain.

B) after the onset of pain.

C) only if a fallopian tube is involved.

D) after signs of shock have developed.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

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33. How should you transport a patient who has a beer bottle stuck in her vagina?

A) Supine with legs elevated

B) Left lateral recumbent position

C) Knees flexed, legs together

D) Right lateral recumbent position

Ans: C

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

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34. A patient was secretly given large doses of Xanax and Rohypnol before being sexually assaulted. The patient is unresponsive and has slow, shallow breathing. What additional assessment finding would you expect to encounter?

A) Bradycardia

B) Hypertension

C) Tachypnea

D) Tachycardia

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

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35. A young female with experienced trauma to her genitalia and has profuse vaginal bleeding. She is hypotensive, tachycardic, and tachypneic. You should:

A) administer an analgesic.

B) transport immediately.

C) place a trauma dressing into her vagina.

D) perform a quick internal exam to locate the bleeding.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

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36. In contrast to endometriosis, a patient with endometritis would be expected to present with:

A) painful intercourse.

B) escalating menstrual cramping.

C) a feeling of rectal pressure.

D) fever, chills, and vomiting.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

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37. A woman is diagnosed with a prolapsed uterus. Her cervix has dropped, but remains within the vagina. This is a \_\_\_\_\_\_\_ degree prolapse.

A) first

B) second

C) third

D) fourth

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

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