

Chapter 10: LGBTQ Patient Care: Care of Sexual and Gender Minority People
Buttaro: Primary Care: A Collaborative Practice, 6th Edition

MULTIPLE CHOICE

1. What is the focus of the Minority Stress Theory?
 - a. Clarifying the various terms used to describe the LGBTQ community
 - b. Understanding the health needs of select members of the sexual minority community
 - c. Helping health care providers eliminate biases in the care they provide to the members of the LGBTQ community
 - d. Facilitating the management of stress related to the lifestyle choices made by members of sexual minority populations.

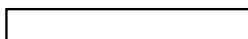
ANS: B

The focus of the Minority Stress Theory is to provide a framework to the understanding of the health disparities in the sexual and gender minority (SGM) communities. The theory may help achieve some aspect of the other options, but that is not its focus.

2. What is the medical diagnostic term used to identify transgender patients?
 - a. Gender dysphoria
 - b. Gender expression disorder
 - c. Gender identity disorder
 - d. Gender role unconformity

ANS: A

Gender dysphoria is the term used to identify transgender patients in order to justify the medical necessity of treatments for transgender patients. It replaces the previous “gender identity disorder” designation.



Chapter 11: Pregnancy, Prenatal Care, and Lactation
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MULTIPLE CHOICE

1. A woman who is currently pregnant reports that she has had three previous pregnancies: twins delivered at 35-weeks gestation (both living), one at 38-weeks gestation (living), and one miscarriage at 16-weeks gestation. How will this be recorded as her G/TPAL in her electronic medical record?
- G4P:1113
 - G4P:1213
 - G5P:1113
 - G5P:1213

ANS: A

Using the notation G (number of pregnancies), T (term deliveries), P (preterm deliveries), A (abortions—elective or spontaneous), and L (living children), this patient is G4P:1113. She is in her fourth pregnancy, so is G4. She has had one delivery at 38 weeks or more, one delivery (of twins) at less than 36 weeks gestation, one spontaneous abortion, and has three living children.

2. A pregnant woman who is overweight has no previous history of hypertension (HTN) or diabetes mellitus (DM). Her initial screening exam reveals a blood pressure of 140/90 and a fasting blood glucose of 128 mg/dL. What will the practitioner do?
- Initiate insulin therapy.
 - Monitor blood pressure and fasting blood glucose closely.
 - Prescribe an antihypertensive medication.
 - Refer the patient to a high-risk pregnancy specialist.

ANS: B

This woman, although she has no previous history of HTN or DM, is at elevated risk because of obesity. Her initial screening lab values are at the high end of normal, indicating potential development of gestational HTN and gestational DM. The initial response of the practitioner should be to monitor the patient closely and consider treatment at the first signs of development of these complications. Referral is warranted when these conditions become severe.

3. The mother of a 3-day-old newborn reports that her infant health care providers every 4 hours during the day and sleeps 6 hours at night. What will the provider recommend?
- Awakening the baby every 3 hours to health care provider
 - Continuing this schedule until the infant is 6 months old
 - Ensuring that her infant health care providers for 15 to 20 minutes each time
 - Pumping her breasts to maintain her milk supply

ANS: A

Newborn infants should health care provider 8 to 12 times daily and mothers should be encouraged to awaken a sleepy baby to health care provider every 2 to 3 hours or more often. The feedings will gradually space out as the infant is older.

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4. An infant who has just begun nursing develops hyperbilirubinemia. What will the provider tell the mother?
- To decrease the frequency of breastfeeding
 - To supplement feedings with extra water
 - To switch to formula until the bilirubin level drops
 - To use a breast pump to increase her milk supply

ANS: D

Infants with suboptimal breastfeeding can have starvation jaundice and mothers should be encouraged to increase the frequency of breastfeeding and should be offered a breast pump to increase milk supply. It is not recommended to supplement with water or sugar water or to switch to formula.

5. A mother who has been breastfeeding her infant for several weeks develops a fever, breast warmth, and breast tenderness. What will the provider recommend?
- Ice packs and decreased frequency of nursing
 - Ice packs and increased frequency of nursing
 - Warm packs and decreased frequency of nursing
 - Warm packs and increased frequency of nursing

ANS: D

This mother has symptoms of mastitis. She should be encouraged to use warm packs for comfort and to increase the frequency of nursing to relieve the pressure.

MULTIPLE RESPONSE

1. A pregnant woman reports not having had any vaccinations as a child but requests vaccines during her pregnancy. Which vaccines may be given? (*Select all that apply.*)
- Human papillomavirus (HPV)
 - Inactivated influenza
 - Live, attenuated influenza
 - Measles, mumps, and rubella (MMR)
 - Tetanus, diphtheria, and acellular pertussis (Tdap)
 - Varicella

ANS: A, B, E

Tdap is recommended to pregnant woman, optimally between 27- and 36-weeks gestation. Inactivated is strongly recommended and may be given at any point in the pregnancy. Hepatitis B is given to women at risk if needed. Live, attenuated influenza vaccine, MMR, and varicella vaccines are not recommended during pregnancy.

Chapter 12: Human Trafficking
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MULTIPLE CHOICE

1. An unaccompanied teenager is being treated in the emergency department for stomach pains. Which statement would alert the health care provider to the possibility that the patient may be a victim of human trafficking?
 - a. "I can't pay to see a doctor."
 - b. "I've never been to a hospital before."
 - c. "You are being very nice to me."
 - d. "Please, please, don't hurt me."

ANS: D

Victims of human trafficking may display a profound fearfulness during examination often focusing on being hurt. None of the other options provide such a trigger for suspicion since poverty and unfamiliarity with established health care providers is not uncommon.

2. A health care provider strongly suspects that the patient being treated for a laceration to the forehead may be a victim of human trafficking. What intervention should be implemented initially before proceeding with a complete screening?
 - a. Determine the patient's ability to consent to treatment.
 - b. Begin cleansing the wound in preparation for suturing.
 - c. Transfer the patient to a private treatment room.
 - d. Notify the police of the situation.

ANS: C

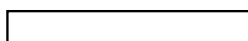
First and foremost, the provider will want to provide a private location and to make sure the patient is alone before asking any questions. The remaining options can wait to be initiated until privacy is provided.

MULTIPLE RESPONSE

1. What assessment data would trigger the health care provider's suspicion that the patient seen in the emergency department may be a victim of human trafficking? (*Select all that apply.*)
 - a. Provides details related to cause of injury
 - b. Appears to be illiterate
 - c. Has "\$50" tattooed on the left shoulder blade
 - d. Cannot provide a local address of residence
 - e. Looks much younger than state age of 21

ANS: B, C, D, E

Victims of sex trafficking may appear younger than their stated age, demonstrate learning disabilities, and have unusual tattoos. Often, the victim will not be able to provide their address, identification documents, and they can be unaware of their location or date. Such a patient is likely to present vague or inconsistent stories related to their illness or injury.



Chapter 13: Aging and Common Geriatric Syndromes

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MULTIPLE CHOICE

1. What intervention will the provider implement when prescribing medications to an 80-year-old patient?
 - a. Beginning with higher doses and decrease according to the patient's response
 - b. Consulting the Beers list to help identify potentially problematic drugs
 - c. Ensuring that the patient does not take more than five concurrent medications
 - d. Reviewing all patient medications at the annual health maintenance visit

ANS: B

The Beers list provides a list of potentially inappropriate medications in all patients aged 65 and older and helps minimize drug-related problems in this age group. Older patients should be started on lower doses with gradual increase of doses depending on response and side effects. Patients who take five or more drugs are at increased risk for problems of polypharmacy, but many will need to take more than five drugs; providers must monitor their response more closely. Medications should be reviewed at all visits, not just annually.

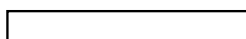
2. An 80-year-old woman who lives alone is noted to have a recent weight loss of 5 pounds. She appears somewhat confused, according to her daughter, who is concerned that she is developing dementia. The provider learns that the woman still drives, volunteers at the local hospital, and attends a book club with several friends once a month. What is the initial step in evaluating this patient?
 - a. Obtaining a CBC, serum electrolytes, BUN, and glucose
 - b. Ordering a CBC, serum ferritin, and TIBC
 - c. Referring the patient to a dietician for nutritional evaluation
 - d. Referring the patient to a neurologist for evaluation for AD

ANS: A

Patients with weight loss, confusion, and lethargy are often dehydrated and this should be evaluated by looking at Hgb and Hct, electrolytes, and BUN. This patient is currently leading an active life, so the likelihood that recent symptoms are related to AD, although this may be evaluated if dehydration is ruled out. Anemia would be a consideration when dehydration is ruled out. Referrals are not necessary unless initial evaluations suggest that malnutrition or AD is present.

MULTIPLE RESPONSE

1. The practitioner is establishing a plan for routine health maintenance for a new client who is 80 years old. The client has never smoked and has been in good health. What will the practitioner include in routine care for this patient? (*Select all that apply.*)
 - a. Annual hypertension screening
 - b. Baseline abdominal aorta ultrasound
 - c. Colonoscopy every 10 years
 - d. One-time hepatitis B vaccine
 - e. Pneumovax vaccine if not previously given
 - f. Yearly influenza vaccine



ANS: E, F

For older clients a one-time pneumovax is given after age 65. Influenza vaccine should be given every year. Hypertension screening should be performed at each office visit, not just annually. An abdominal aorta US is performed once for every smoking male. Colonoscopy is performed every 10 years after age 50, but not after age 74.

Chapter 14: Palliative Care

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MULTIPLE CHOICE

1. When should palliative care be initiated by a primary care provider?
 - a. After an ill patient asks for Hospice services
 - b. As part of routine health maintenance
 - c. When a patient is diagnosed with a serious disease
 - d. When an interdisciplinary team is formed to manage a disease

ANS: B

Palliative care support begins with an understanding of a patient's preferences and helping the patient to identify goals of care. Health care providers should initiate such discussions as a component of the initial history of adults regardless of age or health status. Palliative care services may be ordered when a patient is diagnosed with a serious disease; waiting until the patient asks for Hospice services or when an interdisciplinary team is formed increases the chances of providing end-of-life care that does not meet the patient's needs.

MULTIPLE RESPONSE

1. When using the "Five Wishes" approach to documenting patient preferences for end-of-life care, the provider will document which types of preferences? (*Select all that apply.*)
 - a. A directive to avoid calling 911 at the time of death
 - b. A specific list of treatments the patient does not want
 - c. How much information to give various family members
 - d. The level of sedation versus alertness the patient desires
 - e. The people designated to make care decisions for the patient

ANS: C, D, E

The Five Wishes approach addresses the type of care a patient wants as a disease progresses and is less defensive than the traditional advance directive which indicates the type of care a patient does not want. Calling 911 may be done without requiring resuscitation if the patient has an appropriate advanced directive in place.

2. A patient who is near death is exhibiting signs of agitation, anxiety, and intractable pain. When discussing palliative sedation with this patient's family, what will be discussed? (*Select all that apply.*)
 - a. The chance that refractory symptoms will be alleviated
 - b. The fact that this is an intervention of last resort
 - c. The likelihood that the patient will develop dependence on the drugs
 - d. The need for informed consent from the patient and family
 - e. The possibility that this measure may hasten death

ANS: B, D, E

Palliative sedation is used as a treatment of last resort for patients whose symptoms are intolerable or refractory. Patients, if possible, and family members must give informed consent. This treatment has the possibility of hastening death by inhibiting respirations. Symptoms will not be alleviated by using the measure. The chance of drug dependence is irrelevant in this situation.

Chapter 15: Acute, Chronic, Oncologic, and End-of-Life Pain Management in Primary Care

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MULTIPLE CHOICE

1. A patient who has chronic lower back pain reports increased difficulty sleeping unrelated to discomfort, along with a desire to quit working. What will the provider do?
 - a. Ask the patient about addiction issues.
 - b. Consult with a social worker.
 - c. Increase the dosage of prescribed pain medications.
 - d. Order radiographic studies of the lower spine.

ANS: B

Patients who exhibit poor sleep and poor coping may be developing mental defeat as a result of chronic pain and should be evaluated and treated early for this to prevent further disability and improve functionality. Substance abuse may be a part of mental defeat and should be evaluated based on assessment findings. Unless the symptoms are related to pain, increasing the dose of analgesics and ordering diagnostic studies are not indicated.

2. A patient with chronic leg pain describes the pain as “stabbing” and “throbbing.” This is characteristic of which type of pain?
 - a. Neuropathic pain
 - b. Referred pain
 - c. Somatic pain
 - d. Visceral pain

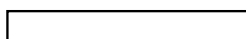
ANS: C

Somatic pain is caused by the activation of nociceptors in the peripheral tissues, including skin, bones, muscles, and soft tissue and is usually well-localized and characterized as stabbing, aching, or throbbing. Neuropathic pain occurs from injury to or disease of the nervous system and is described as burning, shooting, or tingling. Referred pain is a kind of visceral pain that is localized, but not attributable to the involved organ. Visceral pain is related to an organ and is often referred and poorly localized.

3. A patient is beginning treatment for chronic pain and is unable to tolerate nonsteroidal anti-inflammatory drugs. What will the provider prescribe for this patient?
 - a. A mixed opiate product
 - b. A pure opioid compound
 - c. A referral for a nerve block procedure
 - d. A selective serotonin reuptake inhibitor (SSRI)

ANS: D

Using the three-step analgesic ladder, the provider should use step 1 medications that include NSAIDs, tricyclic antidepressants, selective serotonin reuptake inhibitors, or anticonvulsants. Since the patient cannot tolerate NSAIDs, an SSRI is an appropriate choice. The next step if these fail is a mixed opioid product. The third step is a pure opioid product. If medication therapy fails, a referral for nerve block may be necessary.



Chapter 16: Wellness: An Integrated Perspective
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MULTIPLE CHOICE

1. An international traveler plans to travel to Kenya in sub-Saharan Africa. Which is an important disease precaution for this person?
 - a. Carrying chloroquine to take as needed
 - b. Starting prophylactic doxycycline before travel
 - c. Taking precautions against Chikungunya fever
 - d. Understanding how Ebola virus is transmitted

ANS: B

Malaria is a greater concern worldwide than Ebola virus and Chikungunya fever, although both are emerging diseases. Travelers should take antimalarial medications and, in this part of Africa, where there is widespread resistance to chloroquine, doxycycline is a better choice as prophylaxis. Even when chloroquine is appropriate, it must be taken prior to travel and not as needed. Chikungunya fever is a disease of the Western Hemisphere, especially in the Caribbean. Ebola virus is epidemic in western Africa and not in Kenya.

2. A patient who is planning international travel to a developing country asks the provider about vaccinations. Which is true about pretravel vaccines?
 - a. Country-specific guidelines are provided by individual embassies.
 - b. Malaria vaccine is the most important vaccine for worldwide travel.
 - c. Requirements should be reviewed at least 4 to 6 weeks prior to travel.
 - d. There are at least five required vaccines for entry into certain countries.

ANS: C

Patients seeking immunizations prior to international travel should have these reviewed at least 4 to 6 weeks prior so that antibody responses and completion of vaccine series may occur. Country-specific guidelines may be found on the CDC website. Malaria is not prevented by vaccine, but by prophylactic antimalarial drugs. There are only two vaccines that are required.

3. What is a goal of the *Healthy People* initiative?
 - a. To increase a patient's quality of life
 - b. To create physical environments that promote proper health
 - c. To achieve health equality by eliminating disparities
 - d. To provide free health care to those unable to pay for care
 - e. To promote healthy behaviors across all life stages

ANS: C

Overarching goals of the *Healthy People* initiative are to increase quality and length of life, free of preventable disease, disability, injury, and premature death; to achieve health equality by eliminating disparities; to create social and physical environments that promote proper health; and to promote increased quality of life, healthy development, and healthy behaviors across all life stages, all goals consistent with the definition of wellness. Free health care is not a stated goal of the initiative.