Practice Exam Questions

CCCN

Certified Continence Care Nurse

EXAMAIDES

PASS YOUR EXAM AT FIRST TRY

Total Question: 120 QAs

Question No: 1
Which is the BEST solution for chemical trauma in the perianal and genital area from incontinence of urine and feces in an 87-year-old patient?
A. apply moisture barrier paste
B. apply solid moisture barrier
C. apply skin barrier powder
D. leave skin open to the air
Answer: A
Explanation: Moisture-barrier pastes are ointments with powder added to improve absorption and make them more durable and solid, providing a thick skin barrier. Many are zinc oxide-based, making them somewhat difficult to remove. Mineral oil is often used to remove the paste. Some paste products now on the market are transparent so the skin can be monitored. Pastes are frequently used over denuded or excoriated tissue to absorb exudate and protect from drainage, urine, or feces, so they are used for both perianal and periwound tissues. Pastes are usually reapplied with each dressing/disposable diaper change without being completely removed.

Question No: 2
What percentage of the fluid does the colon absorb from the stool as the stool traverses the bowel?
A. 30%
B. 40%
C. 60%
d.90%
Answer: D
Explanation: About 3 to 4 pints of liquid, including digested food, bile, and digestive enzymes, travel through the small intestine to the colon each day. The colon absorbs more than 90% of the fluid as the s tool traverses the bowel. Undigested food takes only about 2 hours to reach the colon, but 2 to 5 days to reach the rectum, allowing time for reabsorption. The urge to defecate is caused when the stool travels from the sigmoid colon to the rectum. The rectosigmoid area provides storage. Eating stimulates contractions in the descending and rectosigmoid colon.

Question No: 3
Which of the following occurs during phase I (filling/ storing) of the urination process?
A. spinal nerves contract the detrusor muscles
B. spinal nerves relax internal sphincter muscles
C. neurotransmitters signal the detrusor muscles to relax
D. external sphincter muscles relax
Answer: C
Explanation: Phase I: Filling/storing is triggered by emptying the bladder. Neurotransmitters in the brain signal the detrusor muscle to relax and the bladder to expand, drawing urine from the kidney and ureters. When the bladder reaches capacity (8 to 16 ounces), nerves send a signal back to the brain.
Voluntarily tightening the external sphincter muscles retains the urine. Phase II: Emptying occurs when the

nervous system signals the voiding reflex, and spinal nerves contract the detrusor muscle and relax internal sphincter muscles, allowing urine to flow to the urethra. Relaxing external sphincter muscles allows urination.

Question No: 4
With the Bristol Stool Form, which of the following stool types is described as sausage shaped and lumpy with cracks on the surface?
A. type 1
B. type 2
C. type 3
D. type 4
Answer: C
Explanation: Type 3. The Bristol Stool Form is given to people keeping a bowel diary.
• Type 1 is separate small, hard lumps of stool that are difficult to pass
• Type 2 is sausage-shaped, lumpy stool
• Type 3 is sausage-shaped and lumpy, but with cracks on the surface
• Type 4 is long, smooth, soft, snake-like stool
• Type 5 is soft blobs of stool that are easily passed and have clear-cut edges
• Type 6 is mushy, fluffy pieces of stool with uneven ragged edges
• Type 7 is watery stool that is entirely liquid with no solid pieces

Question No: 5
Postinfectious irritable bowel syndrome (PI-IBS) is characterized most commonly by
A. fever.
B. altered bowel habits with chronic diarrhea.
C. constipation.
D. flu -like symptoms.
Answer: B
Explanation: Postinfectious irritable bowel syndrome is a chronic bowel inflammation that develops in some people after acute enteritis, characterized by altered bowel habits, usually with chronic diarrhea and abdominal pain. About 2/3 of those with IBS have predominately diarrhea, while a fourth alternate between constipation and diarrhea, and the remaining have primarily constipation.
Onset of symptoms is often abrupt. Symptoms often persist for years, with 40% still reporting symptoms after 6 years. Treatment is usually with antidiarrheals and a low fiber diet.

Question No: 6
Which of the following is a typical a symptom associated with rectoceles?
A. chronic constipation
B. chronic diarrhea
C. pulling sensation in pelvic area
D. vaginal discharge
Answer: A
Explanation: Rectoceles (rectal prolapses) can cause chronic constipation and difficulty in passing stool because of weakening of the muscles, contributing to fecal incontinence. Untreated, rectoceles can cause inflammation, ulceration, and fistula formation. Pessaries may reduce the prolapse. Surgical repair may not

correct all symptoms, especially underlying damage to the muscles, and can result in surgical trauma to the rectum or sphincters, adding to the risk of incontinence. Rectoceles occur when the muscles between the wall of the vagina and rectum weaken and the rectum prolapses or protrudes into the back wall of the vagina.

Question No: 7
The PRIMARY cause of fecal incontinence with anorectal fistulae is
A. pain.
B. inflammation and tissue damage.
C. loss of sensation.
D. leakage of stool from fistula.
Answer: B
Explanation: While some fecal material may leak through fistulae, the primary cause of fistula-associated incontinence is inflammation and tissue damage. Fistulas involving the anus, rectum, or vagina, and the perinea! tissue can result in damage to intestinal and pelvic floor muscles, nerves, and sphincters. Anorectal fistulas, the most common type, usually result from an abscess and may have one or more tunnels connecting the rectum and the skin around the anus. Fistulas may also result from trauma, disease, or radiation.

Question No: 8
Which of the following disorders can result in chronic constipation and incontinence because of damage to the myelin sheath and underlying nerve fibers in the brain, eyes, and spinal cord?
A. Amyotrophic lateral sclerosis (ALS)
B. Parkinson's disease (PD)
C. Muscular dystrophy (MD)
D. Multiple sclerosis (MS)
Answer: D
Explanation: With MS, the myelin sheath and underlying nerve fibers in the brain, eyes, and spinal cord are damaged or destroyed, sometimes affecting nerves that control bowel movements, causing constipation and fecal incontinence. With PD both voluntary and involuntary muscle control may be compromised, sometimes resulting in loss of sphincter control and fecal incontinence. MD is a group of genetic disorders that cause progressive weakening and atrophy of muscles. Fecal incontinence is a frequent problem with some types of MD: ALS affects the motor neurons, resulting in muscle atrophy and weakness, sometimes causing incontinence.

Question No: 9
The Q-tip test measures
A. strength of the pelvic floor muscles.
B. duration of bladder contractions.
C. length of urethra.
D. mobility and axis position of the urethra.
Answer: D
Explanation: Q-tip test measures mobility and axis position of the urethra to assess urinary incontinence in women.
Procedure:
• The patient lies in supine position.

• A cotton swab (Q-tip), sterile and lubricated with anesthetic gel, is inserted through the urethra to the bladder and then pulled back to the bladder neck.
• Supine, the patient strains as though urinating. The angle of the swab is measured when straining and again when resting.
• Standing, the patient again s trains, and the angles are measured.
• A positive result is a Q-tip angle of 30°or more at maximal straining, indicating urethral hypermobility.

Question No: 10
During the provocative stress test (urinary cough test), what position should the patient be placed in for the first part of the test?
A. supine position
B. standing with one leg on stool
C. prone
D. sitting
Answer: A
Explanation: Provocative stress maneuver (urinary cough test) is a noninvasive test to determine if coughing will cause urinary stress incontinence in women. The test is done with the woman in supine position. Follow this procedure.
• The patient, with a full bladder, lies in a supine position with legs apart and coughs multiple times. Leakage of urine confirms stress incontinence.
• The patient then stands with one leg on stool and holds a pad or paper towels over the perineum and coughs. A wet stain confirms stress incontinence.

Question No: 11
Which of the following is included on the mini-mental s tatus exam?
A. reading text and then summarizing
B. timed reading test
C. counting backward by 7s or spelling "world" backward
D. drawing the face of a clock with 12 numbers and hands indicating a specific time
Answer: C
Explanation: The mini-mental state exam (MMSE) requires the patient to carry out specified tasks.
• Counting backward from 100 by 7s or spelling "world" backward
• Remembering and later repeating the names of 3 common objects
• Naming items as the examiner points to them
• Providing the location of the examiner's office, including city, state, and street address
• Repeating common phrases
• Copying a picture of interlocking shapes
• Following simple 3-part instructions, such a picking up a piece of paper, folding it in half, and placing it on the floor

Question No: 12
Which test measures the pressure of the anal sphincter muscles, degree of rectal sensation, and neural reflexes?
A. anal wink
B. bulbocavernosus reflex

C. endoanal ultrasound
D. anal manometry
Answer: D
Explanation: Anal manometry measures the pressure of the sphincter muscles, the degree of sensation in the rectum, and whether the neural reflexes that control normal bowel movements are intact. Anal wink (anocutaneous reflex), reflexive contraction of the anus in response to gentle stroking or stimulation of the skin around the rectum, and bulbocavernosus reflex, reflexive contraction of the anus in response to natural or electrical stimulation of the bulbocavernosus muscle of the penis, are used to determine if there is an interruption or defect in the reflex arc. Endoanal ultrasound is used to diagnose perianal fistulas and abscesses and to assess sphincter damage.

Question No: 13
Which of the following groups of foods should be avoided to prevent gas with a colostomy?
A. cabbage, broccoli, kale, onions, turnips, brussel sprouts, asparagus, dried beans, fish, eggs, and strong cheeses
B. applesauce, bananas, cheese, creamy peanut butter, potatoes, r ice, pasta, marshmallows
C. apple juice, prune juice fresh fruit, raw vegetables, spicy foods, fried foods
D. dried fruits, fruits with skin, tree nuts, popcorn, whole corn, bean sprouts, celery, and large servings of raw fruits or vegetables
Answer: A
Explanation: Foods that cause gas include cabbage, broccoli, kale, onions, turnips, brussel sprouts, asparagus, dried beans, fish, eggs, and strong cheeses. Foods that cause diarrhea or loosening of stool include apple juice, prune juice, fresh fruit, raw vegetables, spicy foods, and fried foods. Foods that cause constipation or thickening of stool include applesauce, bananas, cheese, creamy peanut butter, potatoes, rice, pasta, and marshmallows. Foods that cause obstruction include dried fruits, fruits with skin, nuts, popcorn, whole corn, bean sprouts, celery, and large servings of raw fruits or vegetables.

Question No: 14
When patients keep a bladder diary, which description is estimated as equaling 30 to 60 mL volume of urinary incontinence?
A. slight spot of dampness in underwear
B. underwear wet
C. underwear soaked with over flow down legs
D. clothes soaked and overflow on floor or furniture
Answer: C
Explanation: Underwear soaked with overflow down legs is estimated to equal 30 to 60 mL volume of incontinence. A bladder diary is kept for 3 to 5 days and includes all urinations and incontinence.
• Time of urination.
• Amount of urination estimated (small, medium, or large) or measured.
• Fluid intake (amount and time).
• Estimate of incontinence (A small volume of less than 30 mL is enough to wet underwear. A moderate volume of 30 to 60 ml is enough to soak underwear with overflow down the legs.
A large volume of more than 60 mL is usually enough to soak clothes and run onto floor or furniture.)
• Characterization of incontinence by activity and sensation of urge.

Question No: 15
The patient is scheduled for anal sphincter electromyography. Which of the patient's medications should be stopped prior to the EMG?
A. stool softener
B. anticholinergic
C. antibiotic
D. warfarin
Answer: B
Explanation: Anal sphincter electromyography (EMG) assesses muscle contractions to determine if the sphincter muscles are contracting properly. Drugs such as muscle relaxants and both cholinergic and anticholinergic preparations can affect the outcome of the test. This is the procedure.
• With the patient lying on the left side, insert a small luhrirated sponge or plug electrode into the anal canal. Alternately, needle electrodes may be used.
• The patient must lie still during the procedure, or the results will be affected.
• The electrical activity of the anal sphincter muscles is recorded on a computer screen while the patient tightens the muscles, then relaxes them and pushes.

Question No: 16
The normal specific gravity of urine is
A. 1.000 to 1.010.
B. 1.010 to 1.015.
C. 1.015 to 1.025.
D. 1.025 to 1.035.
Answer: C
Explanation: The normal specific gravity of urine is 1.015 to 1.025 with a pH of 4.5 to 8 (average 5 to 6).
Urine should be pale yellow or amber, and clear or s lightly cloudy. Odor should be slight. Bacteria may give urine a foul odor, depending on the organism, and some foods, such as asparagus, may cause odor. Urine should be free of sediment, glucose, ketones, protein, blood, bilirubin, and nitrates. Urobilinogen ranges from 0.1 to 1 unit.

Question No: 17
When a person is doing a 24-hour pad test at home, which of the following is necessary?
A. sealing wet pads in plastic bags and storing
B. counting the number of pads used in a day
C. leaving the same pad in place for 24 hours
D. changing pads every 8 hours
Answer: A
Explanation: During a 24-hour pad test, the pads are weighed before use, and when damp, are sealed in plastic bags and stored. At the end of the 24-hour period, the pads are weighed to determine the total volume of urine lost through incontinence. A shorter version of the test requires the patient to drink 500 mL of liquid, apply a pre-weighed incontinence pad after a half hour, and then engage in some mild to moderate exercise or activity for an hour. Then the pad is weighed to determine the degree of incontinence.

Question No: 18
Which of the following tests assess bladder capacity and pressure, including how full the bladder is when the urge to urinate is felt?
A. electromyography
B. uroflowmetry
C. pressure flow study
D. cystometry
Answer: D
Explanation: Cystometry assesses bladder capacity and pressure, including how fu ll the bladder is when the urge to urinate is felt. Electromyography measures activity of the muscles in and around the urethral sphincter. Uroflowmetry measures the flow rate of urine, including the speed of urination and the volume. Pressure flow study measures the amount of bladder pressure that is needed to urinate and the flow rate at different pressures. Leak point pressure measures the bladder pressure at the point where leakage of urine occurs.

Question No: 19
A reduced Valsalva leak point pressure indicates
A. stress incontinence.
B. urge incontinence.
C. functional incontinence.
D. overflow incontinence.
Answer: A
Explanation: A reduced Valsalva leak point pressure indicates stress incontinence. Valsalva Leak point pressure (VLPP) measures the pressure at which bladder pressure overcomes urethral resistance without contraction of the detrusor muscle of the bladder wall. Use this procedure to check.
• Insert a 6 to 10 Fr. microtip pressure transducer catheter into the bladder.
• Insert rectal probe to monitor intraabdominal pressure.
• The patient sits or stands during the testing.
• Instill the bladder with saline or contrast material at 50 ml min to total of 200 ml.
• Ask patient (sitting or standing) to make a progressive Valsalva motion, bearing down with a closed glottis or coughing, until incontinence.

Question No: 20
When fitting a patient with a pessary for second-degree cystocele, which is correct?
A. the smallest possible pessary should be used
B. a finger should pass easily between the vaginal wall and the pessary
C. a finger should not be able to pass between the vaginal wall and the pessary.
D. should always begin with ring pessaries
Answer: B
Explanation: When fitting a pessary, a finger should be able to pass easily between the vaginal wall and the pessary. Pessaries are plastic or silicone removable prosthetic devices that are placed in the vagina for management of pelvic muscle support defects, such as cystocele and rectocele. Fitting a pessary may require trial and error to arrive at the correct size and style. The type of pessary is determined by the problem the pessary is intended to correct and the type of muscle weakness or prolapse present. The largest comfortable pessary is the optimum choice for effectiveness.

Question No: 21
Chronic pelvic pain syndrome results from
A. unknown etiology.
B. bacterial infection.
C. trauma.
D. viral infection.
Answer: A
Explanation: Chronic pelvic pain syndrome of unknown etiology (unknown cause or origin) is characterized by persistent or recurrent episodes of pelvic pain that is associated with urinary, sexual, bowel, or gynecological dysfunction, despite lack of evident infection or other pathology.
The pain must be continuous or recurrent for 6 months or more. In males, it is often associated with perinea! (including anal) and penile pain (often referred to as chronic prostatitis). The distribution and intensity of pain can vary considerably from one individual to another and may involve many different organs and structures.

Question No: 22
Which of the following medical treatments is used to reduce urinary frequency and incontinence in patients with multiple sclerosis?
A. prophylactic low dose antibiotics
B. diuretics (such as furosemide)
C. anticholinergics (such as oxybutynin or tolterodine)
D. muscle relaxers (such as baclofen)
Answer: C
Explanation: Anticholinergics, such as oxybutynin or tolterodine, reduce urinary frequency and incontinence is patients with MS. Almost all MS patients develop difficulty with urination, including frequency, urgency, and incontinence. Some may respond to dietary modification, including avoidance of caffeine or other substances that cause diuresis, such as tea and alcohol. Scheduled voiding may be helpful, but some patients must control incontinence with intermittent straight catheterization every few hours, especially as muscles become increasingly weak and spasticity increases with progression of the disease.

Question No: 23
The average age for menopause is
A. 50.
B. 49.
C. 53.
D. 51.
Answer: D
Explanation: The average age for menopause is 51. When menopause occurs, ovaries no longer produce eggs, ovulation and menstruation stop, and hormone levels of estrogen and progesterone fall.
Estrogen maintains the lining of the bladder and the urethra and stimulates the flow of blood to the pelvic area. As levels of estrogen begin to drop with menopause, the muscles are less well nourished and the lining of the bladder and urethra may become dry and irritated. The sphincter muscles may lose tone as well.

Question No: 24

Which of the following is the MOST significant factor in developing urinary incontinence?
A. obesity
B. diuretic use
C. his tory of human papillomavirus
D. history of oral contraceptive use
Answer: A
Explanation: Obesity is a primary factor in developing urinary incontinence because of increased stress on muscles, which causes them to weaken and stretch. The increased abdominal mass exerts direct pressure on the bladder. Diuretics may contribute to existing urinary dysfunction, because increased urinary flow stimulates bladder contractions. HPV may result in cervical cancer or genital warts. Oral contraceptives reduce the risk of stress and urgency incontinence as well as overactive bladder because the hormones have a protective effect.

Question No: 25
In a functional assessment, support from family or friends is evaluated as
A. nonfunction r elated.
B. psychological function.
C. sensory function.
D. social function.
Answer: D
Explanation: Social function includes support from family or friends, the need for a caregiver, financial resources, mistreatment or abuse, the ability to drive, and the presence of advance directives.
Psychological function includes anxiety, worry, grief, and depression. Those with depression may be at increased risk of physical disability or may neglect self-care. Sensory function includes presence of cataracts, glaucoma, myopia, presbyopia, astigmatism, macular degeneration, or eye disorders that make it difficult for people to read medication labels or perform self-care. Hearing should be evaluated in both ears for hearing deficits and waxy buildup in the ear canals.

Question No: 26
Which environmental factor may MOST likely contribute to incontinence in a patient with severe rheumatoid arthritis affecting the hips, knees, and ankles?
A. bathroom is on the second floor from kitchen and living room
B. throw rugs are in place in the hall leading to bathroom
C. hallway to bathroom is not lit
D. toilet is too low
Answer: A
Explanation: The environmental factor that may most contribute to incontinence in a person with reduced mobility is distance from the bathroom or difficult access to the bathroom, such as when the bathroom is on the second floor. In this case, a urinal (male) or a portable commode should be placed within easier access. Rugs in the hallway and poor lighting may slow the person and increase risk of falls. Toilets should be raised to the appropriate level for the person, with arm supports or grab rails, to facilitate getting on and off the toilet.

Question No: 27