

M_PTQ_SANEA (200+ Questions) - Quiz Questions with Answers

1.

When photographing injuries, at what angle should the camera be to the injury surface for the least distortion?

30 degrees.

45 degrees.

60 degrees.

90 degrees.

Explanation:

When photographing injuries, the camera should be held at a 90-degree angle to the injury surface because this angle causes the least distortion. Pictures should be taken with a forensic scale placed on the same surface level as the injury and then again without the scale because the scale may obscure some of the surrounding tissue, at three different angles (the rule of three's).

2.

What type of intervention may most benefit a nurse examiner suffering from secondary trauma?

Attending a support group.

Taking antidepressants.

Learning coping and resiliency skills.

Taking time off from work.

Explanation:

The type of intervention that may most benefit a nurse examiner suffering from secondary trauma is learning coping and resiliency skills. A formal program, such as the Accelerated Program for Compassion Fatigue has shown benefit for those with compassion fatigue as well as secondary trauma. The program includes training in resiliency skills and helps participants recognize and cope with negative thoughts.

3.

When documenting the patient's condition, which of the following descriptive terms is appropriate?

Depressed.

Anxious.

Tearful.

Upset.

Explanation:

When documenting the patient's condition, it is very important to use only objective observations (those that can be readily observed), such as "tearful," rather than subjective descriptions such as "depressed," "anxious," or "upset." The nurse examiner should describe

what the patient is doing (shaking, crying, wringing hands, staring at the ceiling, trembling) or saying ("I was raped," "I was assaulted") rather than interpreting what is observed or heard. The nurse examiner may need to clarify what the patient means by raped or assaulted to determine if the patient had vaginal, oral, and/or anal penetration.

4.

If, during the physical exam of a patient who reported being vaginally raped, the nurse examiner notes erythema, petechiae, and some bruising in the soft palate, what should the nurse examiner do?

Note these observations in the physical exam report only.

Tell the patient that it appears that she suffered oral assault.

Note these findings in the forensic report only.

Ask the patient if her mouth was penetrated by the perpetrator's penis.

Explanation:

If, During the physical exam of a patient who reported being vaginally raped, the nurse examiner notes erythema, petechiae, and bruising of the soft palate, the nurse examiner should ask the patient if her mouth was penetrated by the perpetrator's penis. Patients may be reluctant to talk about an oral assault, so the nurse examiner should ask in a matter of fact tone. Because oral sex is quite common, it is also possible that the injuries may have occurred earlier through consensual sex.

5.

If an adolescent victim of sexual assault begs for no one to tell her father because the father believes that the female is always responsible for rape, this suggests the father practices which of the following?

Religious beliefs.

Rape myth acceptance.

Misogyny.

Child abuse.

Explanation:

If an adolescent victim of sexual assault begs for no one to tell her father because he believes that the female is always responsible for rape, this suggests that the father practices rape myth acceptance (RMA). RMA may be practiced by both males and females but is more common in males and often is associated with very conservative and/or religious beliefs that place a strong emphasis on the subordinate role of females and the responsibility for females to remain modest and chaste. RMA is sometimes a factor in jury outcomes.

6.

If the sexual assault response team wants feedback from patients, what is the best approach?

Ask patients before discharge about the best way to contact them.

Automatically telephone all patients after discharge.

Send a survey to all victims by mail.

Give the patient a written survey at the end of the exams.

Explanation:

If the sexual assault response team wants feedback from patients, the best approach is to ask patients before discharge about the best way to contact them. Patients should not be asked to complete a survey at the time of the visit when the patients are stressed and anxious. The patients may feel they are being coerced into completing the survey favorably. If patients are victims of intimate partner violence, they may be fearful of any contact that their partner may intercept.

7.

According to the Survivors' Bill of Rights Act (2016), the evidence collection kit should be preserved for the maximum applicable statute of limitations or how many years?

10 years.

15 years.

20 years.

25 years.

Explanation:

According to the Survivors' Bill of Rights Act (2016), the evidence collection kit should be preserved for the maximum applicable statute of limitations or 20 years, whichever duration is shorter. Victims of sexual assault also have the right to have a forensic exam at no cost, to be notified when the evidence collection kit is destroyed and to be provided information about the results of the forensic examination. This federal act has served as a model for subsequent state laws and the act provides grants to states to develop policies for sexual assault survivors.

8.

What approximate percentage of sexual assaults involve intake of alcohol by the victim, perpetrator, or both?

30%.

50%.

60%.

75%.

Explanation:

Approximately 50% of sexual assaults involve intake of alcohol by the victim, perpetrator, or both, so drinking, especially to a state of intoxication, greatly increases the risk of assault. A perpetrator under the influence of alcohol is less likely to restrain impulses and more likely to become violent. Additionally, alcohol is often used as a vehicle for administration of date-rape drugs, such as Rohypnol, which can render a victim incapacitated and unable to fight back or to even remember the assault.

9.

Which of the following groups has the highest risk for sexual assault?

Gay males.

Lesbians.

Heterosexual females.

Bisexual females.

Explanation:

Bisexual females have the highest risk for sexual assault with 46% experiencing rape, compared to 13% of lesbians and 17% of heterosexual females. Additionally, bisexual females are also at increased risk (61%) of experiencing some type of sexual violence, abuse, or stalking by an intimate partner. Factors that may influence this increased risk include myths about the sexual availability of bisexual females, increased rates of drug/alcohol abuse, and bi-homophobia.

10.

If a Middle Eastern patient with genital injuries is wearing a *hijab* and the physician who will attend to the patient's injuries is a male, what is the nurse examiner's responsibility?

Ask the patient if she is comfortable with a male physician.

Assume the patient is comfortable with a male physician.

Advise the patient that the nurse examiner will be present with the physician.

Remind the patient that she has the right to refuse treatment.

Explanation:

If a Middle Eastern patient with genital injuries is wearing a hijab and the physician who will attend to the patient's injuries is a male, the nurse examiner's responsibility is to ask the patient if she is comfortable with a male physician. If she is not, then every effort should be made to find a female physician. If this is not possible, the nurse examiner should stay with the patient at all times and ensure that the patient is draped as much as possible to avoid unnecessary exposure.

11.

A 16-year-old victim of sex trafficking who was abducted and brought to the United States illegally and can provide information to authorities but is at great risk if sent back to her country of Guatemala, may be eligible for which type of visa?

U-visa.

B-2 visa.

R-visa.

T-visa.

Explanation:

A 16-year-old victim of sex trafficking who was abducted from Guatemala and brought to the United States illegally and can provide information to authorities but is at great risk if sent back to Guatemala may be eligible for a T-visa (Trafficking visa). The U-visa may be available for those who are victims of other types of crime. The nurse examiner should be aware of these types of visas and provide information to patients who may fit the criteria.

12.

Which of the following is the primary reason for avoiding the use of caretakers as interpreters for a disabled victim of sexual assault who lives in an assisted living facility?

The family member or caretaker may be the perpetrator.

The family/caretaker may lack adequate language skills.

The patient may be reluctant to talk in front of family/caretaker.

The family/caretaker may breach the patient's right to privacy.

Explanation:

The primary reason for avoiding the use of caretakers as interpreters for disabled victims of sexual assault is that the most common abusers of the disabled are family and caretakers because they have the most access. The patient may be afraid to report family or caretakers because of fear of retaliation or because the patient is dependent on them and rely on them for care. The nurse examiner should look for verbal and nonverbal clues that the patient is afraid of or under the control of a family member or caretaker.

13.

If, when conducting a physical examination of a 13-year-old girl, the nurse examiner notes that the patient's breasts and areola have begun to enlarge, and there is sparse dark hair evident along the labia majora, what Tanner stage should the nurse examiner classify the patient as?

II.

III.

IV.

V.

Explanation:

(Stage III). Tanner stages for females:

Stages of breast development

I. Only nipple raised above chest.

II. Breast budding.

III. Breast and areola enlarge.

IV. Areola enlarges and may form a secondary elevation.

V. Full breasts with pigmented areola and projecting nipples.

Stages of pubic hair

I. No pubic hair.

II. Soft downy hair along labia majora.

III. Sparse dark hair along the labia majora.

IV. Heavy coarse pubic hair about labia majora.

V. Adult distribution of pubic hair extending laterally and superiorly.

14.

Which of the following should not be present during the physical and forensic exam of a patient?

Law enforcement officer.

Advocate.

Interpreter.

Support person.

Explanation:

Law enforcement officers should not be present during the physical and forensic exam of a patient because they have no role in the examination or treatment. Those present should be limited to the nurse examiner, any additional consultants (such as a physician) needed, an advocate, interpreter (if needed), and the patient's support person of choice. The nurse examiner should ask the patient specifically about each person to ensure the patient wants the person to be present during the exam and should ask permission for consultants to come into the room during the exam.

15.

If a 19-year-old male patient self-identifies as homosexual and states he wants his partner to be present as his support person, but the patient's parents, who state they are paying the medical bills, demand that the patient's partner not visit, what should the nurse examiner do?

Allow the patient's partner to serve as support person.

Tell the patient's partner he may not see the patient.

Ask the parents to reconsider.

Refer the issue to the ethics committee.

Explanation:

Patients' rights and autonomy are tied to age and not economics. Regardless of who pays the medical bills, a 19-year-old is an adult by law and can make his own decisions, so his partner must be allowed to serve as support person. The parents do not have a legal right to interfere. The nurse must respect the individual's sexual identification and remain supportive and should

be knowledgeable about issues important to gay, lesbian, bisexual, and transgender patients. The rights and needs of partner should also be respected.

16.

When in relation to the forensic exam should photographs of injuries be taken?

During the collection of evidence.

Whenever convenient.

After the collection of evidence.

Before the collection of evidence.

Explanation:

Photographs of injuries should be taken before the collection of evidence as any manipulation of the injuries may change the appearance or interfere with the photograph. If medical interventions are needed, photographs should be taken both before and after the interventions. Additionally, all injuries must be noted in the narrative report and diagrammed as well as photographs are intended to support these reports not replace them.

17.

Which of the following is the most common biological specimen found during evidence collection?

Semen.

Urine.

Saliva.

Blood.

Explanation:

Semen is the most common biological specimen found during evidence collection followed by saliva. Semen may be collected intravaginally or extravaginally, often dried on the skin. Semen may also be collected from bedding and clothing. A Woods lamp or other alternate light source can be used to help to identify semen because it appears blue-green in color under fluorescent light.

18.

Which of the following is the most sensitive test for the presence of semen when sperm is not found?

Acid phosphatase.

P30 antigen (prostate specific antigen).

Alkaline phosphatase.

Creatinine.

Explanation:

P30 antigen test (AKA prostate specific antigen or PSA) is the most sensitive test for the presence of semen when sperm is not found. P30 is a presumptive test as is acid phosphatase, but the sensitivity of P30 is about 95% compared to 84% for acid phosphatase, and P30 has few

false positives or negatives. The P30 card contains antibodies which react with the antigens in a positive sample.

19.

If the victim of a sexual assault died on the way to the hospital, what should the nurse examiner do?

Complete the forensic exam before the victim is autopsied.

Complete the forensic exam after the victim is autopsied.

Carry out no forensic exam since the victim died.

Wait for instructions from the prosecutor.

Explanation:

If the victim of sexual assault died on the way to the hospital, the nurse examiner should complete the forensic exam before the victim is autopsied as the evidence may be critical in finding the victim's killer. The autopsy may destroy evidence and decrease the chance of obtaining sperm although sperm may survive longer in a dead body than in a live person because of the action of enzymes in degrading sperm. A thorough examination should include identifying extragenital injuries.

20.

When conducting the history and physical examination of a patient, what is the nurse examiner demonstrating if leaning forward when the patient is talking, nodding the head, occasionally making comments, and asking questions for clarification?

Assertive communication.

Passive communication

Active listening.

Passive listening.

Explanation:

If when conducting the history and physical examination of a patient, the nurse examiner leans forward when the patient is talking and nods the head, occasionally making comments and asking questions for clarification, this is an example of active listening. As part of active listening, the nurse examiner needs to direct attention to the patient and observe nonverbal behaviors, such as the patient's posture, eye contact, facial expression, and tone of voice.

21.

When first meeting a patient with moderate to severe dementia, which of the following is an appropriate greeting?

"What is your name?"

"How are you?"

"I'm so glad to meet you."

"Do you know why you're here?"

Explanation:

When first meeting a patient with moderate to severe dementia, an appropriate greeting is, "I'm so glad to meet you." The nurse examiner should avoid asking patients with moderate to severe

dementia questions because this may confuse them more, and they often don't know how to respond or simply respond negatively. For example, if the nurse examiner asks a client if she wants a drink of water, she may simply say "no" even if thirsty. The nurse examiner should try to put the patient at ease and provide information in clear simple sentences because the patient's ability to process information is impaired.

22.

What should the nurse examiner know about confidentiality rights of adolescents who are minors and have been sexually assaulted?

They have the same rights as adults.

They have limited rights.

They have no rights.

Rights vary by state.

Explanation:

The nurse examiner should know that confidentiality rights of minors who have been sexually assaulted vary from one state to another, so it is imperative that the nurse examiner know state laws. In some cases, parents or guardians must receive information about the results of examinations even though the adolescent can consent to or refuse the examination.

23.

What information can the nurse examiner divulge when contacting a victim advocate about a patient who experienced a sexual assault?

Presence of a patient.

Name and age of patient.

Name, age, and gender of patient.

Name, age, and circumstances of the assault.

Explanation:

The information that a nurse examiner can divulge when contacting a victim advocate about a patient who experienced a sexual assault is essentially the presence of a patient. No identifying information, such as the patient's name, can be provided because this is a violation of the patient's right to privacy. Once the advocate is present and the patient consents, then the nurse examiner may provide more information, such as the patient's name and the circumstances of the assault.

24.

When carrying out peer review, which of the following is the primary concern?

Determining to what degree outcomes have been satisfactory.

Identifying errors in care procedures or medical treatment.

Assessing whether protocols are followed correctly during the care of patients.

Ensuring that care is based on standards and typical of care provided by like practitioners.

Explanation:

When carrying out peer review, the primary concern is ensuring that care is based on standards and typical of care provided by like practitioners. Peer review is a process in which an intensive

review is carried out by like practitioners. With peer review, a ranking system may be utilized to indicate compliance with standards or a series of questions may be asked. Peer review may be used to review an individual or a group of individuals, such as those in a specific department.

25.

Which of the following provides the best information about genital injuries?

Visual examination.

Visual examination with staining.

Colposcopy.

Colposcopy with staining.

Explanation:

Colposcopy with staining (toluidine dye, fluorescein, or Gentian violet) provides the best information about genital injuries. The colposcope provides magnification, light, and (if a camera is attached), photography/videography. Colposcopy is generally considered the standard of care in sexual assault cases and may be used for genital, anal, or oral assaults. Videography can provide more information than standard photography.

26.

In evidence-based research, what does persistent erratic findings in tracking and trending suggest?

Changes in patient population requiring changes in processes of care.

Errors in statistical analysis of processes of care.

Normal day-to-day variations in processes of care.

Processes of care are not consistent or are inadequate.

Explanation:

While trends will show some normal variation, if the trend becomes erratic and measures are inconsistent, this suggests that the processes of care are not consistent or are inadequate. Tracking and trending is central to developing research-supported evidence-based practice and is part of continuous quality improvement. Once processes and outcomes measurements are selected, then at least one measure should be tracked for a number of periods of time, usually in increments of 4 weeks or quarterly. This tracking can be used to present graphical representation of results that will show trends.

27.

If nurse examiners working in 12 hospitals are assessed over a 2-year period for onset of symptoms of depression using four different assessment tools, administered quarterly, how would this type of research be categorized?

Retrospective cohort study.

Cross-sectional study.

Prospective cohort study.

Case control study.

Explanation:

Prospective cohort studies choose a group of individuals without a disorder (in this case depression), assess risk factors, and then follow the group over time to determine (prospect for) which ones develop the disorder. **Retrospective cohort studies** look at historical data after the fact. **Case control studies** compare those with a disease/disorder to a group (controls) without to determine if the affected group has characteristics that are different from the control group. **Cross-sectional studies** assess both disease and exposure at the same time in a target population, evaluating the presence of disease at a point in time.

28.

Which of the following types of assaults or injuries to adults is likely to trigger mandatory reporting in all states?

Rape.

Penetrating trauma (such as gunshot wounds).

Domestic violence.

Blunt trauma (such as from kicking).

Explanation:

In all states, penetrating injuries, such as gunshot wounds and knife wounds, to adults trigger mandatory reporting. In some states, rape and domestic violence must be reported, but this is not universal. Blunt trauma, such as kicking, may need to be reported, depending upon the extent of injury and the circumstances. Mandatory reporting requirements for children and vulnerable adults are more stringent.

29.

If a patient states, "This examination is too much trouble," which of the following is the best example of therapeutic communication?

"You may be right."

"You think the exam isn't going to make a difference?"

"You should trust the process."

"Don't worry. Everything will be fine."

Explanation:

"You think the exam isn't going to make a difference?" is a verbal expression of an implied message. The topic should be explored while allowing the patient to terminate the discussion without probing: "I'd like to hear how you feel about that." Agreeing with rather than accepting and responding to patient's statements can make it difficult for the patient to change his/her statement or opinion later. The nurse should avoid giving advice with "should" statements. Meaningless clichés, such as "Don't worry" can block effective communication.

30.

Which of the following comfort supplies should be readily available for patients?

Replacement clothing.

Religious texts (such as the *Bible* and *Quran*).

Small amounts of money.

Transportation vouchers.

Explanation:

Comfort supplies that should be readily available for patients include replacement clothing because the clothing is retained for evidence during the forensic exam. Other comfort supplies may include toiletries (toothpaste, toothbrush, mouthwash, soap), food, and drink as well as access to a telephone so that the patient can telephone a support person and showering facilities for after the forensic exam is completed because patients often feel the need to bathe.

31.

If a Native American patient is accompanied by her mother but asks for a female tribal healer to also be present during the examination, what is the correct response?

Assist the patient to contact the tribal healer.

Advise the patient that a support person is already present.

Ask the patient why she needs a tribal healer.

Suggest the tribal healer come after the exam is completed.

Explanation:

If a Native American patient is accompanied by her mother but asks for a female tribal healer to also be present during the examination, the correct response is to assist the patient to contact the tribal healer. If the tribal healer is unavailable for an extended time period, the nurse examiner should explain the implications of delaying the exam (degradation of samples) but should leave the decision up to the patient.

32.

When obtaining information from a patient about the sexual assault, which of the following is the best approach?

“Describe what happened to you.”

“Can you tell me what you recall about the assault?”

“Did you experience vaginal, oral, and/or anal penetration?”

“Do you feel like talking about the assault?”

Explanation:

When obtaining information from a patient about a sexual assault, the best approach is, “Can you tell me what you recall about the assault?” Statements that may be perceived as coercive, such as “Describe what happened to you” or that are leading, such as, “Did you experience vaginal, oral, and/or anal penetration?” should be avoided as the patient may be reluctant to share some information and saying “no” and later changing the statement may bring truthfulness into question.

33.

Which of the following is not generally included in a sexual assault evidence (rape) kit?

Comb.

Cotton swabs.

Wooden sticks (to scrape fingernails).

Toxicology screening strips.

Explanation:

Toxicology screening strips are not generally included in a sexual assault evidence (rape) kit although toxicology screening may be required. Rape kits may vary from one state or jurisdiction to another but usually include swabs, comb, tubes and other containers for samples, sheets of paper on which the patient disrobes, dental floss, slides, paper bags, envelopes, labels, documentation forms, and wooden sticks as well as instructions for the nurse examiner.

34.

Under which circumstances should an exam with an anoscope be carried out?

For male victims of sexual assault only.

For all patients who experienced anal penetration.

When visual examination shows anal injury.

For all patients who experienced sexual assault.

Explanation:

Exam with an anoscope is indicated for all patients (male and female) who experienced anal penetration by fingers, penis, or object. The anoscope is inserted a few inches into the anus so that internal injuries can be identified. In some cases, an anoscope exam is done as well as a colposcopy of the anus so that photographs can be taken of injuries.

35.

If a patient is hysterical after an assault and states repeatedly that she plans to kill herself, and the nurse examiner asks for a psychiatric consultation, what ethical principle is the nurse examiner demonstrating?

Autonomy.

Nonmaleficence.

Beneficence.

Justice.

Explanation:

If a patient is hysterical after an assault and states repeatedly that she plans to kill herself, and the nurse examiner asks for a psychiatric consultation, the ethical principle that the nurse examiner is demonstrating is beneficence. Beneficence requires that the nurse examiner work for the best interests of the patient, and this may include protecting the patient from harm, even if self-inflicted. In this case, beneficence overrides the patient's right to autonomy because the patient is in a situation of severe stress that may impair rational thought.

36.

If a patient who was sexually assaulted reports that she takes birth control pills, what additional information should the nurse examiner obtain?

If the patient missed any doses of the BC pills.

If the patient wants pregnancy prophylaxis as well.

When the patient experienced her last period.

If the patient used a second form of birth control.

Explanation:

If a patient who was sexually assaulted reports that she takes birth control pills, the additional information that the nurse examiner should obtain is whether the patient missed any doses of the birth control pills because this increases the risk of pregnancy. If the patient has missed doses, she should be offered pregnancy prophylaxis and warned that this may increase side effects, such as increased bleeding with the next period or spotting.

37.

How many sexual assaults typically go unreported?

1 out of 10.

1 out of 2.

2 out of 5.

3 out of 4.

Explanation:

Typically, about 3 out of 4 sexual assaults go unreported. Reasons for failure to report sexual assault include the belief that the police will do nothing, fear of retaliation, desire to protect the perpetrator, lack of understanding of the importance of reporting, and shame (including blaming self for the assault) or belief that the assault is too personal to report. Some are too embarrassed about sexual matters to report the assault.

38.

If 14-year-old agreed to sex with one male in order to be initiated into a gang but was then sexually assaulted by 5 gang members and was too afraid to resist, what should the nurse examiner do?

Report the sexual assaults to law enforcement.

Ask the patient if she wants to report the assaults to law enforcement.

Ask the parents if they want to report the assault to law enforcement.

Avoid contacting law enforcement because the patient agreed to have sex.

Explanation:

Whether or not a 14-year-old consented to sex with one boy or multiple, a 14-year-old is a minor and cannot consent; therefore, the nurse examiner should notify the police. Additionally, even if legal, agreeing to sex with one person does not automatically result in consent to having sex with multiple people. It is not uncommon for victims to be afraid to resist, but this does not imply consent.

39.

If a patient reports that she was sexually-assaulted during a physical examination by a well-known and well-respected physician who is on staff at the same hospital, what should the nurse examiner do?

Report the matter to the chief of medicine and seek advice.

Seek advice from the hospital's legal counsel regarding the patient's complaint.

Collect evidence and ask the patient if she wants to report to the police.

Tell the patient that she should seek help at another institution.

Explanation:

If a patient reports that she was sexually-assaulted during a physical examination by a well-known and well-respected physician who is on staff at the same hospital, the nurse examiner should follow routine procedures, including collecting evidence and asking the patient if she wants to report the assault to the police. If the physician is a close personal friend of the nurse examiner and the nurse examiner believes there may be a conflict of interest, then another nurse examiner may be needed to carry out the examination.

40.

If, in the waiting area where other patients are present, the triage nurse asks a patient who was sexually assaulted the reason for her visit, what does this exemplify?

Fact finding.

Carelessness.

Screening.

HIPAA violation.

Explanation:

If, in the waiting area where other patients are present, a triage nurse asks a patient who was sexually assaulted the reason for her visit, this is an example of a HIPAA violation. The patient's reason for seeking medical care is a confidential matter and cannot be shared with those who are unauthorized to receive the information. Asking for this information in public puts the patient in an uncomfortable situation. The only information that should be expressed within the hearing of others is the patient's name or unique identifier.

41.

If using the NIMH's Ask Suicide-Screening Tool and the patient reports a previous suicide attempt, what should the next questions be?

Why and when.

How and when.

When and where.

How and why.

Explanation:

If using the NIMH's Ask Suicide-Screening Tool (a free resource) and the patient reports a previous suicide attempt, the next questions should be "how?" and "when?" Tool:

- 1. In the last few weeks, have you wished you were dead?*
- 2. In the last few weeks, have you felt that you/your family would be better off if you were dead?*
- 3. In the past week, have you been having thoughts about killing yourself?*
- 4. Have you ever tried to kill yourself? If yes, How? When?*

If the patient responds "yes" to any of the questions, pose the next question:

- 5. Are you having thoughts of killing yourself right now? If yes, Describe. (Answering yes to this question should result in a full mental health exam).*

42.

If a patient was kicked by the perpetrator of a sexual assault and experienced a fracture of rib 9 on the left side, what underlying injury should be suspected?

Trauma to stomach.

Trauma to liver.

Trauma to spleen.

Trauma to the kidney.

Explanation:

If a patient was kicked by the perpetrator of a sexual assault and experienced a fracture of rib 9 on the left side, the underlying injury that may have occurred is trauma to the spleen. Victims of sexual assault often undergo additional injuries, including blunt trauma. The location of fractures can help to identify possible underlying trauma:

- *Upper 2 ribs: Injuries to trachea, bronchi, or great vessels.*
- *Right-sided, above rib 8: Trauma to liver.*
- *Left-sided above rib 8: Trauma to spleen.*

43.

If the nurse examiner suspects that a patient who is accompanied by an extremely protective “friend” is a victim of human trafficking, which of the following is likely the best initial resource?

National Human Trafficking Hotline.

Local law enforcement.

District Attorney.

Hospital attorney.

Explanation:

If the nurse examiner suspects that a patient who is accompanied by an extremely protective "friend" is a victim of human trafficking, the best initial resource is likely the National Human Trafficking Hotline, which is available 24 hours a day and is supported by the HHS. Victims of abuse can call the hotline, but it also serves as a resource for medical personnel to assist them in the steps to take if trafficking is suspected.

44.

Which of the following circumstances may influence the nurse examiner's decision about whether to collect evidence from a patient who reports a sexual assault?

An adolescent patient lied to her parents about where she was going.

A patient has a long history of arrests for prostitution and drug use.

A patient was recently released from prison after serving time for fraud.

The circumstances are irrelevant.

Explanation:

The nurse examiner should collect evidence in all cases where patients report assaults and should not let the circumstances of a case dictate whether to collect evidence or not. People may be guilty of lying or committing crimes (such as prostitution and fraud) and still be victims of sexual assault. The nurse examiner's responsibility is to document and obtain evidence, and law enforcement will determine the validity of the report.

45.

If the nurse examiner wants to influence others in an emergency department to change attitudes toward sexual assault patients, which of the following is the first step?

Provide incentives to change.

Suggest disciplinary actions for failure to change.

Outline the desired change.

Model the desired change.

Explanation:

If a nurse examiner wants to influence others in an emergency department to change attitudes toward sexual assault patients, the first step is to model the desired change. Nurse examiners are uniquely placed to influence others, and they often set the tone for the entire unit. A nurse examiner must organize the working environment to facilitate change and to encourage the direction of change. The nurse examiner must also communicate the need and rationale for change, stressing not only the advantages to the organization but to the individual.

46.

In trauma-informed care, what are the “three E’s” about which the nurse examiner should be aware?

Events, experience, and effects.

Evidence, encouragement, and expectation.

Embarrassment, emotion, and escape.

Education, engagement, and expectation.

Explanation:

In trauma-informed care, the “three E’s” about which the nurse examiner should be aware include:

- *Events: The events that resulted in trauma, such as the act of violence, and posed a risk of danger or harm to the individual.*
- *Experience: The person’s perspective on the event and whether the event is viewed as traumatizing.*
- *Effects: The immediate or long-term response to the events, such as retraumatization and difficulty coping, trusting, interacting with others, and carrying out responsibilities.*

47.

If a facility lacks a drying box and wet articles of clothing must be transported, what is the greatest duration they should be placed in a waterproof container for transport before drying?

<1 hour.

<2 hours.

<6 hours.

<12 hours.

Explanation:

If a facility lacks a drying box and wet articles of clothing must be placed in a waterproof container for transport before drying, the duration of time should be less than 2 hours because the items may become contaminated very quickly with mold and/or bacteria if the items remain wet. Once the items arrive at the laboratory, they must be dried immediately and placed in appropriate permanent paper packaging.

48.

If a patient has open bite wounds, which prophylaxis is recommended?

Irrigation of wounds only.

Topical mupirocin.

Amoxicillin-clavulanate 500 mg TID for 5 to 7 days.

Cephalexin 500 mg BID for 7 days.

Explanation:

If a patient has open bite wounds, the recommended prophylaxis is amoxicillin-clavulanate 500 mg TID for 5 to 7 days. Bites wounds have a high risk of infection. Topical antibiotics, such as mupirocin cannot provide adequate prophylaxis, and cephalexin cannot is ineffective against Pasteurella species. Post-exposure prophylaxis for HIV is not routinely recommended after bite wounds because transmission rates are low.

49.

After collecting blood samples on the blood collection card, what should the nurse examiner do next?

Air dry the card.

Label the evidence envelope.

Place in the evidence envelope.

Initial the card.

Explanation:

After collecting blood samples on the blood collection card, the nurse examiner should immediately air dry the card before it is packaged, placed in the evidence envelope, labeled, sealed, and initialed. The number of samples of blood may vary from one jurisdiction to another. Typically, 2 drops of blood are milked from a fingertip onto a circle on the card or onto multiple circles.

50.

Fingernail scrapings should be done within what time period after an assault?

12 hours.

24 hours.

48 hours.

72 hours.

Explanation:

Fingernail scraping should be done within 48 hours of an assault. A wooden toothpick or special wooden tool should be utilized for fingernail scraping with a different tool used for each finger and the scrapings and tool placed on white paper, which is folded about the scrapings and tool, and placed in an evidence envelope. In some jurisdictions, nails may be clipped and saved or a wet moistened swab may be used to swab underneath the nail.

51.

When a patient comes to the emergency department after a sexual assault, which of the following takes precedence?

Evidentiary needs.

Emotional needs.

Advocacy needs.

Acute medical needs.

Explanation:

When a patient comes to the emergency department after a sexual assault, acute medical needs take precedence over other needs, especially if injuries are serious or life-threatening. or serious. The patient should be triaged and treated for acute medical needs before non-acute injuries. The forensic exam should begin as soon as possible and may need to be carried out while the patient is still being stabilized in some circumstances because waiting may result in loss of evidence.

52.

If all of the patient's medical records have been subpoenaed by the defense attorney but the patient does not consent to that release, who makes the final decision about releasing the records?

The court.

Patient.

Nurse examiner.

Defense attorney.

Explanation:

If all of the patient's medical records have been subpoenaed by the defense attorney but the patient does not consent to that release, the court makes the final decision about releasing the records. Typically, only the forensic record is subpoenaed or supplied to law enforcement. The patient's other medical records are maintained separately from the forensic report.

53.

If, as part of quality improvement, the records of all sexual assault cases for a three-month period are to be copied and reviewed, what is required first?

The patients must give consent.

All identifying information must be removed.

Reviewers must pledge to maintain confidentiality.

Locked storage must be available for the records.

Explanation:

If, as part of quality improvement, the records of all sexual assault cases for a three-month period are to be copied and reviewed, all identifying information must be removed from the records. Eighteen types of identifiers include names, geographic information, zip codes, telephone numbers, license numbers, Social Security numbers, account numbers, Fax numbers, serial numbers of devices, email addresses, URLs, photographs with identifying images, and biometric identifiers.

54.

Why is it important to ask a victim of sexual assault about recent consensual sexual activity?

To eliminate consensual partners from the investigation.

To establish the patient's sexual history.

To determine if the patient is truthful.

To help to identify a possible perpetrator.

Explanation:

It is important to ask a victim of sexual assault about recent consensual sexual activity and to specifically ask if the activity involved vaginal, anal, or oral copulation because semen, micro-abrasions, or other injuries may be present from consensual sexual activity. Because DNA is so sensitive, sexual activity that occurred prior to the assault may provide DNA from consensual activity, so if this partner is not a suspect, then the person can be eliminated. In some cases, multiple DNA samples may be obtained.

55.

If drug-facilitated sexual assault is suspected, within how many hours of the assault should a toxicology sample be collected?

48 hours.

96 hours.

120 hours.

180 hours.

Explanation:

If drug-facilitated sexual assault is suspected, a toxicology sample should be collected within 120 hours although sooner is better because the length of time that drugs can be detected varies depending on many variables. The first urine sample after an assault should be collected if possible and a blood specimen obtained. If the patient has already urinated, then the number of urinations should be documented. If a patient who was drugged vomits, a sample (20 mL) of the vomitus should be forwarded to the lab for toxicology testing.

56.

Which of the following cultural groups is most likely to object to any cutting of hair for evidence?

Muslims.

Sikhs.

Native Americans.

Pacific Islanders.

Explanation:

The cultural group that is most likely to object to any cutting of the hair for evidence is Sikhs, who believe in the practice of kesh, which is allowing the hair on any part of the body to grow naturally. Sikhs believe that all hair on the body is God's creation and should not be cut out of respect, although not all Sikhs still follow this tradition. However, before any hair is clipped for evidence from any patient, the patient should always be asked for consent. Rastafarians also object to the cutting of hair.

57.

If a victim of sexual assault is brought to the hospital by police officers and the patient tells the nurse examiner that she threw her clothes in the waste basket in her home after the assault, what action should the nurse examiner take regarding the clothes?

No action is necessary.

Tell the police where the clothing is located.

Tell the patient to notify the police.

Ask the patient to take the clothing to the police.

Explanation:

If a victim of sexual assault is brought to the hospital by police officers and the patient tells the nurse examiner that she threw her clothes in the waste basket in her home after the assault, the action that the nurse examiner should take regarding the clothes is to tell the police where the clothing is located. It is then the police's responsibility to secure the clothing as evidence.

58.

If the nurse examiner notes a tear in the patient's undergarment, what should the nurse examiner do?

Assume the tear occurred during the sexual assault.

Cut around the tear and place the fabric in evidence.

Save the clothing without asking for information.

Ask the patient if the tear was there before the sexual assault.

Explanation:

If the nurse examiner notes a tear in the patient's undergarments, the nurse examiner should ask the patient if the tear was there before the sexual assault. The nurse examiner should avoid cutting through any holes or tears in the event clothing needs to be cut to be removed. All clothing that may have had contact with the perpetrator or may contain evidence should be collected and placed in separate evidence bags. Replacement clothes must be provided for the patient. Some patients, especially those who are homeless, may have no other clothing.

59.

Which of the following BEST conforms to the rules for informed consent regarding the sexual assault evaluation?

Informed consent for the examination and treatment allows the SANE to report the assault to authorities.

Informed consent for the examination and treatment includes the right to collect evidence.

Informed consent for the examination includes the right to document injuries through photography.

Informed consent must be given for each element of the assault evaluation.

Explanation:

A victim of sexual assault has the right to consent to or refuse each element of a sexual assault evaluation, so simply getting informed consent for the examination and collection of evidence is not sufficient. Elements include the medical examination and treatment of injuries, physical examination, collecting evidence, photo documenting injuries, reporting the crime to authorities,

and providing evidence to the authorities. However, some states may mandate the reporting of all sexual assaults to the authorities.

60.

Which of the following procedures is MOST correct for the removal of the assault victim's clothing during the examination?

All of the clothing should be placed in one large paper bag.

Each piece of clothing should be placed in a separate paper bag.

Clothing with stains or tears should be placed in one large paper bag.

Clothing with any potential evidence should be placed in one large paper bag.

Explanation:

The patient should remove the clothing if possible and place each piece of clothing in a separate paper bag. The SANE should wear disposable gloves when handling clothing, and clothing should be handled gently so that evidence, such as strands of hair or other materials, are not lost in transfer. A clean sheet or drape should be placed on the floor and collection paper over that so the patient can stand on the collection paper while removing clothing.

61.

For drug-facilitated rape, what is the maximum number of hours after ingestion that serum can be collected for testing to identify the drug?

24 hours.

48 hours.

72 hours.

96 hours.

Explanation:

Testing to determine which drug was used for drug-facilitated rape can be done up to 96 hours after ingestion because some drugs are detectable for extended periods after ingestion. A recent rape is one that has occurred within 72 hours, but many victims delay calling authorities or seeking medical help. Because drugs result in memory impairment and disorientation, patients may be very vague about what occurred during the sexual assault with partial memories or no memories at all.

62.

Which of the following is the BEST method to document the detailed history of a sexual assault provided by a patient?

Summarize the assault.

Provide a complete transcript.

Describe in detail using direct quotations.

Provide a timeline in outline form.

Explanation:

Documenting the assault should be done in detail with direct quotations. The SANE should employ wh- questions (who, which, what, when, where, and how) to elicit information. A summary may omit important details, and a complete transcript would require tape recording and transcription and may be confusing. Patients are usually very distressed and may not report the incident chronologically or may forget details and then remember later or make corrections to the account. The SANE should attempt to organize the patient's history chronologically and should include any corrections or inconsistencies as well.

63.

Which of the following is the BEST response to a victim of sexual assault who wants to shower prior to the physical examination?

"Showering may flush away evidence of the assault."

"You must wait until after the examination."

"Don't you want to help us find the person who did this to you?"

"It would be better to wait until after the examination."

Explanation:

"Showering may flush away evidence of the assault" provides a reason to avoid showering. Because of emotional distress, a patient may feel the urge to wash away any indications of the assault or memories, so providing clear information helps him/her to understand the need to wait until the examination and collection of evidence are complete. Reassuring the patient and telling him/her when it will be all right to shower can help relieve anxiety, and just the act of talking to the patient may help keep the focus off the desire to bathe.

64.

Which of the following are considered crime scenes for evaluation purposes after a sexual assault?

The place where the assault occurred.

The place where the assault occurred and the patient.

The patient.

The place the assault occurred and the place of examination.

Explanation:

The crime scenes associated with a sexual assault include the patient him- or herself (body, injuries, clothing, and emotional response) and the place the assault occurred because critical evidence may be obtained from both. The police or forensic investigators generally obtain evidence from the place the assault occurred. Ideally, investigators should be trained in collecting evidence of sexual assault. The SANE collects evidence from the examination of the patient.

65.

When collecting evidence, which of the following is the correct method to ensure the chain of custody is maintained?

Label each item/sample, seal in individual containers, and initial.

Ask assistants to label and seal the collected items/samples into individual containers.

Label each item/sample, seal in individual containers, and have the individual receiving the items initial.

Label each item/sample and seal into individual containers.

Explanation:

The SANE should label each item/sample, seal into a separate container, and initial to maintain the chain of custody. Items must be separated to avoid transfer of trace evidence from one sample or item to another. The SANE should avoid licking an envelope to seal it because this involves the transfer of DNA. Items should be collected in paper or glass but not plastic. While maintaining sterility is not necessary for collection of forensic samples, the SANE should wear gloves and avoid cross-contamination by changing gloves between different collection sites.

66.

Which of the following body parts are included in the genital examination of the male patient who was sexually assaulted?

Abdomen, buttocks (including anus), thighs, scrotum, testes, penis (including foreskin, shaft, urethral meatus, and glans).

Scrotum, testes, penis (including foreskin, shaft, urethral meatus, and glans).

Buttocks (including anus), scrotum, testes, and penis (including foreskin, shaft, urethral meatus, and glans).

Thighs, buttocks (including anus), scrotum, testes, and penis (including foreskin, shaft, urethral meatus, and glans).

Explanation:

The examination of the male patient should include the abdomen, buttocks (including anus), thighs, scrotum, testes, and penis (including foreskin, shaft, urethral meatus, and glans). The SANE should explain the procedure and carry out the examination in a matter-of-fact manner, examining for signs of injury and foreign materials, such as blood, dried semen, other

secretions, debris, and loose hairs. Additionally, the SANE should note if the patient is circumcised or uncircumcised.

67.

When conducting a physical examination, which area of the body should be avoided when using toluidine blue dye to identify lacerations?

Labia majora.

Labia minora.

Vagina.

Posterior fourchette.

Explanation:

Toluidine blue dye is used to identify superficial lacerations that may not be noticeable otherwise, but the vagina should be avoided. The SANE should apply the dye prior to internal examination (digital, speculum) to ensure that the injuries are not caused by the examination. Dye is applied with a cotton swab to the labia majora, labia minora, perineal and perianal areas, and to the posterior fourchette, which is most likely to show signs of trauma related to recent penetration.

68.

Sperm is rarely found in the oral cavity after how many hours?

96

72.

24.

6.

Explanation:

Sperm is rarely found in the oral cavity after 6 hours because of the action of bacteria and saliva on the sperm. If the patient brushes the teeth or uses mouthwash, this will effectively shorten the time as well. As evidence, only sperm collected in the mouth is proof of oral sexual assault although finding sperm in the patient's hair or on the face or neck is consistent with oral sexual assault.

69.

For photodocumentation, which of the following corresponds to the "rule of three"?

Take three photographs of each injury, each from different orientations.

Take two photographs of each injury, one with a scale and one without, from three different orientations.

Take three photographs of each injury with scales.

Take two photographs of each injury, one with a scale and one without.

Explanation:

The "rule of three" requires two photographs of each injury, one with a scale showing and another without the scale to show that it is not obscuring further injury, from three different

orientations. The skin is best photographed against a blue background. When photographing the full body, the patient should stand two feet away from the corner of the room and should turn the head to the side to show the face for photographs of the back. The patient must give consent for photodocumentation.

70.

Which of the following vaccinations is recommended for a patient who was sexually assaulted and not previously immunized?

Herpes.

Hepatitis B.

Hepatitis A.

Tetanus.

Explanation:

The hepatitis B vaccination is recommended for those sexually assaulted and not previously immunized because hepatitis B is readily transmitted by mucous membranes from unprotected sex with a person who is infected. IgM anti-HBc is present in acute infections or those that are recently acquired. Hepatitis B immune globulin (HBIG) may also be administered in conjunction with the vaccine to provide temporary (three to six months) protection. A three- to four-dose series of injections is required for the hepatitis vaccine.

71.

After a sexual assault, what is the maximum number of hours that emergency contraceptive pills (ECPs) may be used to prevent pregnancy?

72 hours.

96 hours.

120 hours.

24 hours.

Explanation:

Emergency contraceptive pills (ECPs) may be administered up to 120 hours after a sexual assault to prevent pregnancy, although their effectiveness decreases after 72 hours. Various drugs containing ethinyl estradiol and levonorgestrel are available and may require more than one dose. ECPs may prevent ovulation or prevent implantation of a fertilized ovum. If more than 72 hours has elapsed, then an intrauterine device (IUD) may be implanted up to 120 hours after the assault to prevent pregnancy.

72.

Which of the following drug regimens are the Centers for Disease Control (CDC)-recommended antibiotic prophylaxis to prevent sexually transmitted disease in a patient who was sexually assaulted?

One dose of ceftriaxone 250 mg IM PLUS one dose of metronidazole 2 g PO PLUS one dose of azithromycin 1 g PO or doxycycline 100 mg PO twice daily for 7 days.

One dose of ceftriaxone 125 mg IM plus one dose of metronidazole 2 g PO.

One dose of benzathine penicillin G 2.4 million units.

Doxycycline 100 mg orally twice daily for 14 days and tetracycline 500 mg four times daily for 14 days

Explanation:

The CDC recommends the following antibiotic prophylaxis: one dose of ceftriaxone 250 mg IM AND one dose of metronidazole 2 g PO AND one dose of azithromycin 1 g PO or doxycycline 100 mg PO twice daily for 7 days. Prophylaxis should be offered to the patient and administered during the examination. This regimen covers a broad spectrum of STDs. Patients should be counseled about the signs and symptoms of STDs as well as incubation periods.

73.

Which of the following techniques should be used when collecting a saliva swab for evidence under bite mark guidelines?

Use one dry swab only, but avoid air-drying.

Use one wet swab only, air-drying for 60 seconds after swabbing.

Use a wet swab followed by a dry swab, but avoid air-drying.

Use a wet swab followed by a dry swab, air-drying both for 60 seconds after swabbing.

Explanation:

A two-swab technique should be used to collect saliva according to bite mark guidelines. The first swab should be moistened with water, and the saliva is collected by rolling the tip of the swab over the skin in a circular motion and then allowing the swab to air dry for 60 seconds. The second swabbing is done in the same manner except the swab is dry. The second swab should also be air dried for 60 seconds, and both are placed together in a sealed envelope.

74.

When counseling a patient, which of the following information is correct regarding the risk of HIV transmission per each receptive vaginal exposure?

10% to 20%.

1% to 2%.

0.01% to 0.02%.

0.1% to 0.2%.

Explanation:

The risk of HIV transmission per each receptive vaginal exposure is 0.1% to 0.2%, while the risk to penile/anal exposure is 1% to 2%. Patients unsure of their HIV status should be referred for baseline testing and advised of testing regimens. Many factors must be considered when advising patients about HIV prophylaxis, including HIV prevalence and the amount of time since exposure. HIV prophylaxis has many side effects, and some patients may not be good candidates for compliance.

75.

Twenty hours after a drug-facilitated sexual assault, which of the following samples should be taken to assess for the type of drug used?

Blood (three full tubes prepared with sodium fluoride as a preservative).

100 ml of first-void (nonprepped) urine.

Blood (three full tubes prepared with sodium fluoride as a preservative) and 100 ml of first-void (nonprepped) urine.

Blood (one full tube prepared with sodium fluoride as a preservative) and 100 ml of midstream (prepped) urine.

Explanation:

For a drug-facilitated sexual assault that occurred within the previous 36 hours, the SANE should collect blood (three full tubes prepared with sodium fluoride as a preservative) and 100 ml of first-void (nonprepped) urine. After 36 hours, only the urine sample is collected. The blood sample (three full tubes prepared with sodium fluoride as a preservative) or the standard blood alcohol kit and the urine sample are also collected if the sexual abuse included ingestion of alcohol. Drugs commonly used for drug-facilitated sexual assault include Rohypnol, gamma-hydroxybutyric acid (GHB), and ketamine.

76.

What is the usual onset of action for the date-rape drug Rohypnol after ingestion?

5 minutes.

15 minutes.

30 minutes.

60 minutes.

Explanation:

The usual onset of action for Rohypnol is in 30 minutes with the effects persisting for several hours. The victim may act as someone who is drunk, slurring words, staggering, dizzy, sleepy, and nauseated. The victim may lose consciousness and have no recollection of the period

during which he or she was drugged. The onset of action for GHB is about 15 minutes and persists for 3 to 4 hours. The onset of action for ketamine is very rapid, within minutes.

77.

If a patient who was sexually assaulted does not recall the attack and presents with sensory distortions, hypertension, slurred speech, seizures, and numbness, which of the following is the most likely drug used to facilitate the assault?

Alcohol.

Ketamine.

GHB.

Rohypnol.

Explanation:

These symptoms are characteristic of ketamine ingestion. Ketamine is an anesthetic agent used primarily in veterinary medicine with a very rapid onset of action. Ketamine is produced in liquid and powder form. Victims may also report out-of-body experiences and may exhibit aggressive behavior under the influence of the drug. Motor function is impaired. In some cases, victims remain aware but cannot move or fight back to prevent the assault. In other cases, memory of the event is impaired.

78.

If a patient states that she scratched her attacker with her fingernails during a sexual assault, which of the following is the BEST method to obtain an adequate DNA sample?

Clip the nails.

Swab under the nails with a wet swab.

Scrape vigorously under the nails.

Scrape gently under the nails.

Explanation:

The best method of obtaining an adequate DNA sample from under the nails is to clip the nails, using care to clip close to the nail bed because this allows the laboratory to more easily obtain a DNA sample without contaminating it. The patient must give permission for the nail clipping. If scraping is done, it should be done gently in order to prevent contamination of the sample. Scraping should be done on one hand at a time over collection paper.

79.

If a patient is administered prophylaxis for sexually transmitted diseases, how long should the patient be advised to refrain from sexual contact?

2 days.

4 days.

7 days.

14 days.

Explanation:

If a patient is administered prophylaxis for sexually transmitted diseases, such as chlamydia and gonorrhea, the patient should be advised to refrain from sexual contact for seven days in

order to ensure that the STD, if present, is eradicated. Even without symptoms, a person who is infected may spread the infection to others. A condom may offer some protection, but it is not foolproof, so the partner is at risk.

80.

When collecting an item of clothing that is wet with semen and/or blood, which of the following is the correct procedure?

Place the wet clothing in a plastic bag and place that inside a paper bag.

Fold the wet area inward so it does not contaminate the paper bag.

Place the wet clothing in a plastic bag.

Air-dry the wet clothing in a secure area prior to placing it in a paper bag.

Explanation:

When collecting an item of clothing that is wet with semen, blood, secretions, or other materials, the clothing should be air dried prior to placing in the paper collection bag, using care during drying to prevent the wet area from contaminating other parts of the clothing. Placing wet clothing in a paper or plastic bag may result in putrefaction. Once the clothing is dry, paper should be placed over the stain and the clothing should be folded inward over the paper.

81.

Which of the following conditions is a sexual assault victim exhibiting when two years after the event she spends most of her time at home, fearful and hypervigilant, with the curtains drawn and all doors and windows locked?

Depression.

Post-traumatic stress disorder (PTSD).

Anxiety disorder.

Phobia.

Explanation:

These symptoms are consistent with post-traumatic stress disorder (PTSD). Patients may relive the experience through flashbacks, nightmares, and hallucinations and may exhibit avoidance behavior, such as remaining detached from others with decreased emotional responses. Another common manifestation is chronic hyperarousal, in which the person remains fearful, hypervigilant, and irritable. Insomnia and poor concentration are common. The onset of symptoms is commonly within three months of the triggering event, but in some cases, it may be delayed for months or years.

82.

Which of the following is MOST essential when presenting evidence in court before a jury?

Demonstrating that the evidence was obtained properly and the chain of custody was maintained.

Explaining the evidence in lay terms.

Providing technical details about the evidence.

Maintaining a professional appearance.

Explanation:

The most essential factor in presenting evidence is to demonstrate that it was obtained properly, following standard procedures, and that the chain of custody was maintained, because if these cannot be substantiated, then the evidence may be thrown out or questions about its accuracy may affect court decisions. The SANE should always maintain a professional appearance and may provide both technical and nontechnical explanations, depending on the focus of questioning, but the SANE should avoid overly technical jargon when possible.

83.

Which type of evidence is derived from a patient's medical records?

Testimonial.

Physical/real.

Hearsay.

Demonstrative.

Explanation:

Medical records are generally considered hearsay evidence because they often contain entries from multiple departments (admissions, ED, laboratory, unit) and individuals (physicians, nurses, technicians), and bringing all of the contributors to court is not feasible. However, the records may be admissible under the business record exemption or the official document exemption with a custodian as witness to explain the procedures for recordkeeping. It is especially important that all standard procedures for documenting and maintaining medical records be followed.

84.

Which of the following legal procedures authorizes disclosure of patient personal health information?

Subpoena.

Subpoena *duces tecum*.

Warrant.

Court order.

Explanation:

A court order authorizes disclosure of a patient's personal health information. In some cases, this court order may cover only restricted information rather than an entire health record. A subpoena is issued to advise a person that he or she must give testimony in court or in a deposition. A subpoena duces tecum is similar but requires the person to bring specific documents to court. A warrant authorizes a specific action, such as a search.

85.

How much time should the SANE plan for a sexual assault exam?

One to two hours.

Two to three hours.

Three to six hours.

Six to eight hours.

Explanation:

While the time needed for a comprehensive sexual assault exam may vary, the SANE should plan on three to six hours to complete the entire exam, including the time needed to obtain consent, explain procedures, obtain photodocumentation, obtain evidence, provide prophylaxis and information, and document findings. During the sexual assault exam, the SANE should offer to call the police—or inform the patient if the SANE is required by law to report the assault—and offer to contact a rape crisis center or hotline.

86.

Which of the following is the BEST procedure for obtaining control samples of pubic hair?

Comb the pubic hair and retain any hair that loosens.

Clip 24 full-length pubic hairs near the skin.

Clip 24 partial-length pubic hairs.

Pull 24 pubic hairs out by the roots.

Explanation:

The best procedure for obtaining control samples of pubic hair is to clip 24 full-length pubic hairs near the skin. For scalp hair, 50 should be obtained. Pulling the hair out is painful and unnecessary, because the root is not needed for the testing and pulling the hair out may add to the patient's trauma. Combing the pubic hair is done to find the hair of the perpetrator of the sexual assault. This should be done prior to obtaining the control samples, and the combed hair and control samples should be placed in separate, sealed envelopes.

87.

Which of the following symptoms may occur in the acute phase of rape trauma syndrome?

Numbness.

Panic attacks.

Minimization.

Flight.

Explanation:

In the acute phase of rape trauma syndrome, patients may experience fear, anger, numbness, confusion, hysteria, and anxiety. They may experience nausea and vomiting and have an obsessive need to bathe repeatedly. During the outward adjustment (long-term) phase, patients begin to reorganize and develop adaptive or maladaptive behaviors, including minimization (suggesting that everything is all right) and flight, which may involve changing appearance or address. Patients may develop panic attacks and mood swings as well as sleep disturbance, phobias, and flashbacks.

88.

In crisis intervention after a sexual assault on a homeless woman with a substance abuse problem, the initial intervention should be focused on which of the following?

All of the patient's problems.

The sexual assault incident alone.

The sexual assault and substance abuse.

The substance abuse.

Explanation:

Although many problems may be identified, the initial focus of crisis intervention should be on the sexual assault alone. The first step is a thorough evaluation and assessment of the problem and the triggering event (the sexual assault) as well as assessment of risks, such as suicide. A plan should be devised in collaboration with the individual, taking resources into consideration. Steps in intervention include:

- *Helping the individual to gain understanding about the cause of the crisis*
- *Encouraging the individual to freely express thoughts and feelings*
- *Teaching the individual different coping mechanisms and adaptive behaviors*
- *Encouraging social interaction*

89.

Which of the following statements is the BEST approach to use with a female patient who denies a sexual assault and refuses the sexual assault examination but exhibits bite marks and bruises suggestive of sexual assault?

"You can help to make sure other women are not assaulted."

"You could become pregnant or develop a sexually transmitted disease."

"I can provide you with medications to help prevent sexually transmitted diseases and pregnancy."

"I need to collect evidence as soon as possible after an assault."

Explanation:

The best approach to use with a patient who has suffered a probable sexual assault is to point out services that benefit the patient, such as prophylaxis to prevent STDs and pregnancy. In the

aftermath of an assault, patients are often frightened, confused, and concerned with themselves more than other potential victims, so pressuring them to protect others or trying to frighten them more by suggesting they might be pregnant or develop an STD is a negative approach that may be counterproductive.

90.

Which of the following sexual assault victims should be advised to have the human papillomavirus vaccinations?

All unvaccinated females up to age 45.

All unvaccinated females.

Vaccinated females 5 years or more post vaccination.

All unvaccinated females who deny a history of consensual sex.

Explanation:

Sexual assault females who are up to 45 years should receive the human papillomavirus vaccinations. Previously, the CDC and FDA recommended the vaccinations for only those 26 and younger, but they updated their recommendations recently because the vaccinations now guard against a wide range of HPV infections, and even those women exposed to some HPV infections may gain protection against other strains. HPV vaccines include:

- *Gardasil: Effective against HPV 6, 11, 16, and 18.*
- *Gardasil 9: Effective against HPV 6, 11, 16, 18, 31, 33, 45, 52, and 58*

91.

After completing a sexual assault examination on a patient who was raped and beaten by an intimate partner, which of the following concerns is primary?

Ensuring the patient's safety.

Contacting the authorities.

Referring the patient to a rape crisis center.

Arranging a follow-up visit.

Explanation:

A patient who is a victim of domestic violence has special safety concerns because she may return to the same home environment with the perpetrator, so ensuring her safety is the primary concern. Patients may be reluctant to report the abuse to the authorities, and regulations regarding mandatory reporting vary from state to state. The patient may have children in the home. She may need a number of different interventions, such as referral to a shelter, counseling, or social services.

92.

Which of the following is the BEST response during a court proceeding when the attorney for the defense asks if the SANE is a "victim advocate"?

"Yes."

"No."

"I advocate for all patients."

"I'm not sure what you mean."

Explanation:

This is a yes/no question, so the correct response is "No." While in fact a SANE may advocate for all patients in different ways, a victim advocate has a specific role separate from that of the SANE. A victim advocate may help the patient navigate the legal system as well as make referrals to community agencies and services that may benefit the patient. The victim advocate often accompanies a patient to legal proceedings to provide emotional support.

93.

Which of the following is the BEST response to a victim of sexual assault who agrees to a sexual assault exam but refuses to report the crime to the legal authorities in a state in which mandatory reporting is not required?

"If I complete the exam, you must report the assault."

"You don't have to report the assault if you don't want to."

"I understand how you feel."

"Let's complete the exam, and you can make a final decision about reporting later."

Explanation:

The best response to a patient who does not want to report an assault to legal authorities is to be supportive but leave open the possibility of reporting: "Let's complete the exam, and you can make a final decision about reporting later." While immediate reporting increases the chance of arresting the perpetrator, if the exam and evidence collection are complete, even delayed reporting is valuable. Additionally, patients who have completed the sexual assault exam are more likely to then report the assault. The sexual assault exam should be the first priority.

94.

Which of the following initial actions is MOST appropriate when a patient states that she believes she hears her rape perpetrator outside the exam room in the ED?

Contact security.

Open the door to check.

Contact the police.

Reassure the patient that the room is safe.

Explanation:

The SANE should immediately contact security because they should be able to provide a faster response than the police, and ensuring the safety of the patient is the primary consideration. Security personnel can evaluate the situation. While the patient may be incorrect, the perpetrator may follow the victim and attempt to attack her again or silence her or the examiner, so the SANE should not dismiss the concern or simply assume the patient is safe in the ED and should not open the door during the exam.

95.

Which of the following should be done for all female sexual assault patients of reproductive age?

Provide pregnancy prophylaxis.

Provide birth control information.

Ascertain use of birth control.

Conduct pregnancy testing.

Explanation:

All female sexual assault patients should have a baseline pregnancy test completed during the exam to determine if they are already pregnant, as this will affect decisions regarding prophylaxis. While the use of birth control can help to determine the risk of pregnancy, even the best birth control can fail and people are often inconsistent in use, especially with oral birth control pills. Some people are opposed to birth control or pregnancy prophylaxis because of religious or ethical beliefs.

96.

Which is the BEST option for a SANE that has been subpoenaed as a defense witness when the SANE believes the defendant to be guilty?

Refuse to testify.

Ask to be excused from testifying.

Testify honestly.

Ask the prosecuting attorney for assistance.

Explanation:

The SANE's responsibility in court matters is to testify honestly. The SANE represents what is true rather than taking the side of the prosecution or defense. A subpoena requires that the SANE testify, so refusing is not an option and asking to be excused or seeking help from the prosecuting attorney serves little purpose other than to establish bias. The SANE should review the medical record and findings and be prepared to present factual information about the sexual assault exam.

97.

Within how many maximum hours after ingestion of alcohol should blood be collected for blood alcohol (ethanol) testing?

6 hours.

12 hours.

24 hours.

48 hours.

Explanation:

Blood alcohol (ethanol) testing should be completed within 24 hours of ingestion, although levels peak at approximately 1 hour after ingestion, depending upon the person's metabolism and the amount of food in the stomach (food slows absorption). State laws vary regarding the levels considered impaired, but in most states a level of 100 mg/dl is considered impaired for driving. When levels rise to 300 mg/dl, patients may experience nausea, vomiting, loss of memory, hypothermia, and vision impairment. Levels of 400 to 700 mg/dl may result in coma or death due to ethanol toxicity.

98.

Which of the following is a component of victim-centered care?

Provide priority in emergency cases for sexual assault patients.

Involve support services upon completion of the exam.

Provide non-gender-specific responders.

Use a standardized exam process for all patients.

Explanation:

Victim-centered care includes providing priority to sexual assault patients in emergency care so they can be taken into an examining room immediately, ensuring their safety and privacy. Patients have the right to have someone present during the examination, and whenever possible they should be able to specify the gender of the responders. Services for the patient should be involved from the onset. In most cases of sexual assault against both males and females, the perpetrator is a male, so even male patients may feel more comfortable with a female examiner/responder. The SANE should adapt the exam process to the individual's needs.

99.

Which of the following pieces of personal information about the patient is it appropriate for the SANE to question during the sexual assault exam?

Sexual orientation.

Religion.

Previous assaults.

Age.

Explanation:

Patients have a right to keep private information private, so asking general information, such as age and specifics about the assault and injuries is appropriate, but the SANE should not ask questions about religious preference, gender identity, sexual orientation, and previous assaults because this information is not necessary to complete the exam. Additionally, the SANE should

avoid making and/or documenting assumptions about the patient. In all cases, patients can decide what information they want to share or withhold.

100.

Which of the following is the BEST response to a male patient who was rectally raped and reports shame over having experienced an erection during the assault?

“You have nothing to be ashamed of.”

“That’s not uncommon.”

“It’s normal for a male to become aroused during sexual activity.”

“Pressure on the prostate during an assault can result in an erection.”

Explanation:

During a rectal rape, pressure of the penetrating penis against the prostate may cause a physiological response that results in an erection and sometimes ejaculation. This is not the same as becoming aroused during sexual activity and cannot be consciously controlled. Providing the patient with a reason for the response in a professional nonjudgmental manner may help to allay anxiety, especially for those with concerns about sexual orientation. Males are often more reluctant than females to admit they were sexually assaulted, and many feel marked shame and embarrassment.

101.

Which of the following statements is true regarding a patient refusal to report a sexual assault to the police despite agreeing to a physical and forensic exam?

The chance that the perpetrator will attack again is high if not followed up by law enforcement.

If the patient does not want to file a report than the forensic exam is not necessary.

The patient must provide a reason for not wanting to report the assault to the police.

The assault can be reported later if the patient wants.

Explanation:

If a patient agrees to the physical and forensic exam but refuses to report the sexual assault to the police, the assault can be reported later if the patient wants. If the attack occurred in a jurisdiction that requires that sexual assaults be reported to law enforcement, the nurse examiner should advise the patient of this requirement although the patient is not required to actually discuss the attack with the police.

102.

Which of the following should be included in comfort supplies available for patients?

Antibiotic prophylaxis.

Replacement clothing.

Antidepressants.

Blankets.

Explanation:

The SANE should maintain comfort supplies for the patient. These can include replacement clothing, such as hospital scrubs, because it's not always possible for someone to bring clothing for the patient, and the clothing is generally collected as evidence. Other comfort

supplies include food and drink and access to a telephone so the patient can call friends or family for support. Toiletries, such as a comb, brush, toothpaste, and toothbrush are essential. When possible, the patient should be allowed to shower immediately after the exam, so towels, soap, and shampoo should also be available.

103.

Which of the following has the LOWEST priority in the care of a sexual assault patient?

Evidence collection

Safety

Trauma care

Acute injury

Explanation:

While evidence collection is one focus of the sexual assault exam, the first priorities should be to tend to acute injuries and provide adequate trauma care and ensure patient safety. If the patient has suffered injuries, the SANE should make every effort to prevent loss of potential evidence and should be actively involved in guiding other staff members. For example, the SANE may photograph lacerations before they are irrigated and sutured. If clothing must be removed, the SANE may collect the clothing at that time. Treatment of nonacute injuries should be delayed until after the sexual assault exam.

104.

When developing guidelines for evidence-based practice, which of the following is the weakest justification for establishing a procedure?

Evidence review.

Staff preference.

Policy considerations.

Expert judgment.

Explanation:

Staff preference is subjective and is the weakest justification for establishing a procedure. Evidence review includes review of literature, critical analysis of studies, and summarizing of results, including pooled meta-analysis. Expert judgment, recommendations based on personal experience from a number of experts, may be used, especially if there is inadequate evidence based on review, but this subjective evidence should be explicitly acknowledged. Policy considerations include cost-effectiveness, access to care, insurance coverage, availability of qualified staff, and legal implications.

105.

Which of the following choices for emergency contraception is likely to result in the MOST adverse effects, including nausea and vomiting?

Progestin-only pills.

Ulipristal acetate pills.

Combined estrogen/progestin pills.

Copper IUD.

Explanation:

Combined estrogen/progestin pills usually cause the most adverse effects, including nausea and vomiting. Meclizine (two 25 mg tablets) may reduce these adverse effects if taken an hour prior to taking combined pills. Progestin-only pills and those with ulipristal acetate have mild adverse effects and are usually well tolerated. Typical symptoms related to emergency contraception pills include mild nausea, abdominal cramping, headache, and breast tenderness. Some women may experience vaginal bleeding. The copper IUD may cause cramping for up to two weeks after insertion and increased menstrual cramps.

106.

Which of the following is the BEST method to ensure adequate follow-up care?

Ask the patient to call for an appointment.

Give family members or support persons information about appointment times.

Tell the patient about the care plan, expected outcomes, and appointment times.

Provide detailed documents about care, expected outcomes, and appointment times.

Explanation:

While the SANE should review the care plan, expected outcomes, and appointment times verbally with the patient, many patients are confused and have trouble processing information after an assault, so the best method to ensure adequate follow-up care is to provide documents that include instructions for caring for injuries, possible adverse effects, expected outcomes, referrals to support services, and any follow-up appointment times. The documents should also include contact telephone numbers for the SANE and victim advocates or other services.

107.

When documenting the patient's emotional status during the sexual assault examination, which of the following descriptions is MOST appropriate?

"Patient depressed and withdrawn."

"Patient extremely anxious and confused."

"Patient trembling, tearful, and holding her arms across her chest."

"Patient traumatized and exhibiting severe anxiety."

Explanation:

When describing the patient's emotional status, the SANE should use descriptive terms, such as "trembling, tearful, and holding her arms across her chest" and avoid diagnostic terms, such as "depression" and "anxiety" or general terms, such as "traumatized," which can be interpreted in different ways. The SANE should observe and document the patient's physical actions and reactions as well as the patient's words because recording this type of nonverbal expression may be important during court proceedings.

108.

Which of the following is the MOST important criterion for determining the degree of a patient's pain?

Patient report.

Physical indication, such as grimacing or guarding.

Moaning.

Patient history.

Explanation:

Patient report is the most important criterion for determining the degree of a patient's pain. People may perceive and express pain very differently, so the SANE should accept that the patient's pain is as reported. Patients may be so traumatized after a sexual assault that their reactions to pain are blunted. Some cultures encourage outward expressions of pain, while others do not. Various pain scales may be used, depending on the age and cognitive ability of the patient. The most commonly used scale for adolescents and adults is the 1-10 scale.

109.

Which of the following is the MOST important when preparing a homeless victim of sexual assault for discharge?

Specific directions for medication or treatments, including side effects.

Information sheets outlining signs for all risk factors.

List of safe shelters and assistance in applying for welfare assistance or Social Security.

Follow-up appointment dates, with physicians, labs, or other healthcare providers.

Explanation:

While all of these are important, patients who are homeless require further assistance with discharge, because compliance with treatment and follow-up appointments is poor in the homeless population. Interventions that are most important include:

- *Lists of safe shelters and places they can go to bathe, eat, and get mail.*

- Assistance in applying for welfare assistance or Social Security.

Discharge planning should begin on admission and must be a joint effort so that the transfer and discharge documents provide the information that the individual needs.

110.

A high level of acid phosphatase (ACP) derived from vaginal fluids indicates which of the following?

Seminal fluid in the vagina.

No seminal fluid in the vagina.

Motile sperm present in vagina.

Nonmotile sperm present in vagina.

Explanation:

Acid phosphatase (ACP) is found in both vaginal secretions and seminal fluid, but the levels are very low in vaginal secretions and high in seminal fluid, so a high level of ACP indicates recent sexual activity and the presence of seminal fluid. ACP does not indicate the absence or presence of sperm. If the perpetrator had a vasectomy or is a chronic alcoholic, seminal fluid may be present without sperm. A wet mount of vaginal secretions is done to ascertain the presence of sperm and to assess motility.

111.

Which body orifice/part is most likely to yield positive findings of sperm after a sexual assault?

Mouth.

Anus.

Skin.

Vagina.

Explanation:

Studies show that a positive finding of sperm is found in 1% of oral rapes (within three hours), 2% of anal rapes (within four hours), and 37% of vaginal rapes (most within five hours); thus, most positive findings are from the vagina. Lack of positive sperm findings does not mean that the rape did not occur. Many rapists are sexually dysfunctional and do not ejaculate sperm, and some wear condoms. Additionally, if patients defecate, urinate, brush teeth, douche, or bathe, they may wash away any sperm.

112.

What is the phenolphthalein test used for?

To differentiate human from non-human blood.

To detect the presence of blood.

To detect the presence of semen.

To detect the presence of saliva.

Explanation:

The phenolphthalein test is used to detect the presence of blood. Hemoglobin present in blood causes the chemicals in the phenolphthalein to oxidize, resulting in a change of color to pink (a

positive finding). HemaTrace™ is another test used to test for blood, but HemaTrace™ is used to differentiate human from non-human blood. Both the phenolphthalein test and HemaTrace™ are considered presumptive tests. DNA testing of a blood sample is often also carried out to determine if it is from the victim or perpetrator.

113.

If a patient appears intoxicated and is extremely sedated, amnesic, bradycardic, and hypotensive, with respiratory rate of 6 per minute, which of the following intoxicants should be suspected?

Methamphetamine.

Flunitrazepam (Rohypnol®).

Cocaine.

Alcohol.

Explanation:

If a patient appears intoxicated and is extremely sedated, amnesic, bradycardic, and hypotensive, with respiratory rate of 6 per minute, flunitrazepam (Rohypnol) should be suspected. These symptoms may indicate an overdose. An overdose of flunitrazepam is particularly dangerous if combined with alcohol or other drugs. Flumazenil may be administered as an antidote, but it is dangerous if the patient is a habitual user of flunitrazepam or has taken other drugs as well.

114.

Which of the following is the BEST response to a patient who suffered a sexual assault and refuses to have a sexual assault exam unless her sister is present despite advice against this?

"This may ruin your case if it goes to court."

"Your sister can be with you, but it's important for legal reasons that she not participate in the process in any way."

"We can delay the exam while you speak with your sister."

"It's a bad idea to have anyone else present during the exam."

Explanation:

Patients have the right to have another person present during the exam, although this may lead attorneys to suggest that the patient was influenced in making statements. However, once a patient has been advised about concerns related to someone present and insists, the patient and the observer should be told of the importance of the observer's avoiding any participation in the process, such as prompting the patient or answering questions. The observer's presence should be noted in the documentation.

115.

With strangulation, how long does pressure need to be applied to the carotid arteries before the victim loses consciousness?

5 seconds.

10 seconds.

20 seconds.

30 seconds.

Explanation:

With strangulation, a victim loses consciousness after about 10 seconds of pressure to the carotid arteries. Indications may include hoarse throat, dyspnea, difficulty swallowing, coughing, flushed face. Injured nose, petechiae/bleeding of ears, swollen mouth, and bruising and swelling about neck. Ligature or finger/fingernail marks may also be evident about the neck. Some may also exhibit behavioral changes, such as difficulty concentrating, combative behavior, PTSD, hallucinations, amnesia, loss of memory, headache, and dizziness.

116.

Which of the following head injuries is often associated with ecchymosis about the eyes (raccoon eyes) and behind the ear (Battle's sign)?

Concussion.

Contusion.

Skull fracture.

Acute epidural hemorrhage.

Explanation:

Skull fracture (typically a basal skull fracture) is often association with ecchymosis about the eyes (raccoon eyes) and behind the ear (Battle's sign) over the mastoid process. Patients may also exhibit leaking of cerebral spinal fluid from the nose or ear. If fractures are undisplaced and the scalp is intact, no surgical intervention is generally indicated. Displaced fractures are the greatest cause of concern because they may result in underlying brain injury.

117.

Which of the following wounds should be attended to prior to the formal physical and forensic exam?

Closed bite wound.

Superficial scratches on the hands and arms.

Three-centimeter laceration.

Facial swelling.

Explanation:

Open wounds, such as a three-centimeter laceration, should be attended to prior to the formal physical and forensic exam although the size and shape of the wound must be noted so that it can be properly documented, and if bleeding is not severe, photographs may be taken as well before treatment. Emergent wounds also include knife wounds and gunshot wounds because of the danger of internal bleeding and infection.

118.

For which patient are bedrails most indicated?

A patient who is frightened and crying.

A patient who is over 65 years of age.

A patient who is angry and belligerent.

A patient who is restless, confused and agitated.

Explanation:

Bedrails are most indicated for a patient who is restless, confused, and agitated because this patient is most at risk for falling from the examining table. Other patients who may need bedrails include those who are intoxicated or suffer from dementia. If a patient is angry and belligerent, bedrails may be inferred as an act of aggression. Patients should not be left unattended, especially any patient at risk of falling.

119.

Which of the following is an indication of suicidal ideation in the weeks after a sexual assault?

A patient states that she is constantly afraid of leaving her home.

A patient states she is giving away all of her belongings.

A patient expresses anger at the police for their handling of her case.

A patient asks for a referral to a therapist to help deal with the trauma.

Explanation:

An indication of suicidal ideation is when a patient states she is giving away all of her belongings. While there may be other reasons, this should be a red flag and indicates the need for further discussion and referral if indicated to a therapist for counselling. Patients may become withdrawn and depressed although once a patient decides to commit suicide, there may appear to be an improvement in mood, and this can be deceiving.

120.

How many “yes” answers constitute a positive finding on the Primary Care Post-Traumatic Stress Disorder (PC-PTSD screening tool), which consists of 4-questions?

One.

Two.

Three.

Four.

Explanation:

A positive finding on the Primary Care Post-Traumatic Stress Disorder (PC-PTSD screening tool), which consists of 4-questions, is three “yes” answers. The questions:

- Have you had nightmares about the event or thought about it even when you didn’t want to?*
- Have you tried hard not to think about the event or gone out of your way to avoid situations that remind you of it?*
- Have you been constantly on guard, watchful or easily startled?*
- Have you felt numb or detached from others, activities, or your surroundings?*

121.

When swabbing for a sexually transmitted disease culture from a female patient, from where should the nurse examiner take the sample?

Inside the urethra.

The walls of the vaginal vault.

The vaginal orifice.

The cervical os.

Explanation:

When swabbing for a sexually transmitted disease culture from a female patient, the nurse examiner should take the sample from the cervical os; therefore, a speculum exam is needed for the test. If the sample is taken from a male patient, it is taken from inside the urethra. Because the culture can take up to 72 hours to grow, and follow-up visits are often missed, cultures are often not taken and prophylaxis given instead.

122.

Which of the following is the first step in giving victims of sexual assault victim-centered care?

Giving patients priority when they come to the emergency department.

Telling patients that they don't need to be afraid.

Carrying out a thorough physical and forensic exam.

Ensuring that the patients feel safe during the exams.

Explanation:

The first step in giving victims of sexual assault victim-centered care is giving the patients priority when they come to the emergency department. Patients should not have to wait for care or be left unattended to cope on their own. Patients must be assured of privacy and safety and the exam adapted to the patients' needs and situations. Patients must be treated

empathetically and with respect for their wishes. Each step of the exam process should be explained.

123.

If a sexual assault patient states that she can't talk about the assault, which of the following is the best response?

"I need you to tell me what happened so I can help you."

"I understand how you feel, but this is really important."

"Can you just point out to me where you were injured?"

"Would you like me to leave you alone for a while until you are ready?"

Explanation:

If a sexual assault patient states that she can't talk about the assault, the best response is, "Can you just point out to me where you were injured." This respects the patient's wishes while encouraging the patient to participate in the exam. Once the patient feels more comfortable, she may be able to talk more about the assault. It's important to avoid exhaustive detailed questioning about the assault as this may be very stressful for the patient.

124.

Which of the following is a necessary component of informed consent prior to a procedure?

Names of assisting staff members.

Beginning and ending times.

Risks and benefits of procedure.

Facility statistics regarding procedure.

Explanation:

Patients should be apprised of all reasonable risks and any complications that might be life threatening or increase morbidity as well as benefits. The American Medical Association has established guidelines for informed consent:

- *Explanation of diagnosis.*
- *Nature of, and reason for, treatment or procedure.*
- *Risks and benefits.*
- *Alternative options (regardless of cost or insurance coverage).*
- *Risks and benefits of alternative options.*
- *Risks and benefits of not having a treatment or procedure.*
- *Providing informed consent is a requirement of all states.*

125.

Which of the following is an indication that a sexual assault was alcohol or drug-facilitated?

A patient has vaginal pain, bite marks, and tearing but is unsure if she was assaulted.

A patient is confused about the order of events during a sexual assault.

A patient refuses to talk about the sexual assault or to cooperate with the exam.

A patient can't stop trembling after admission to the emergency department.

Explanation:

If a patient has vaginal pain, bite marks, and tearing but is unsure if she was assaulted, this is likely an indication that the sexual assault was alcohol or drug-facilitated. Victims of sexual assault are often confused about the order of events during a sexual assault and may even contradict themselves at times. Additionally, they may later remember details that they didn't recall initially because of the stress of the assault. Trembling is a stress response.

126.

How long after a sexual assault can a patient be offered pregnancy prophylaxis?

24 hours.

48 hours.

3 days.

5 days.

Explanation:

A patient can be offered pregnancy prophylaxis for up to 5 days after a sexual assault. After 5 days, patients should be advised to return for pregnancy testing if the next menstrual period is missed. Pregnancy prophylaxis is contraindicated if the patient is already pregnant, and that may be the case if the patient delays coming for treatment. If the patient is pregnant at a later date, then the patient must make a decision about continuing the pregnancy.

127.

Which of the following is part of the Six-Item Cognitive Impairment Test (6CIT) used to assess patients?

Count backward from 20 to 1.

Count backward from 100 by 7's.

State the months of the year in order.

State your birthdate.

Explanation:

Counting backward from 20 to 1 is part of the Six-Item Cognitive Impairment Test (6CIT) used to assess patients. Items include:

- *What is the year?*
- *What is the month?*
- *Listen while I tell you a 5-part address and try to remember: ex. Jones, Mary. 17 Birch Place, St. Louis, MO.*
- *About what is the time? [Estimate should be within an hour.]*
- *Count backward from 20 to 1.*
- *Say the months of the year in reverse.*
- *Repeat the phrase that I asked you to remember.*

128.

According to the CDC, which of the following is a sexually transmitted disease that is one of the most frequently diagnosed STD's associated with sexual assault?

HIV.

Hepatitis B.

Gonorrhea.

Syphilis.

Explanation:

According to the CDC, gonorrhea, bacterial vaginosis, trichomonas, and chlamydia are the STDs most often associated with sexual assault. Patients are also at risk to a lesser degree of syphilis, chancroid, hepatitis B, and HIV as well as human papillomavirus. Testing is often deferred at the time of the assault in favor of administration of prophylaxis because a positive finding may indicate a previous infection, and infection resulting from the assault may show up later.

129.

If a patient were to test positive for pregnancy within two hours of a sexual assault, which of the following is the correct response?

Provide pregnancy prophylaxis.

Provide information about abortion services.

Withhold pregnancy prophylaxis.

Ask the patient if she wants pregnancy prophylaxis.

Explanation:

If a patient were to test positive for pregnancy within two hours of a sexual assault, the nurse examiner should withhold pregnancy prophylaxis because the patient was already pregnant at the time of the assault. Pregnancy tests are not generally positive until at least 7 days after

conception, and some tests aren't accurate until a week after a missed period. The patient should be told about the pregnancy and the fact that it was not associated with the assault.

130.

In which of the following situations should the victim of sexual assault receive a tetanus vaccination?

All victims.

All victims with breaks in the epidermis/mucosa and no history of vaccination within 10 years.

All victims with breaks in the epidermis/mucosa and no history of vaccination within 5 years.

No routine administration of tetanus vaccine is recommended.

Explanation:

All victims of sexual assault with breaks in the epidermis/mucosa and no history of tetanus vaccination in 10 years (or unknown status) should receive a tetanus injection (0.5 mL/IM). If the wound is at high risk (penetrating, dirty) and the patient has not received a tetanus immunization previously or had fewer than 3 doses the patient should also receive human tetanus immune globulin (HTIG) (250 IU/IM) in a separate site from the immunization. If the patient has never been vaccinated previously, then the patient should be referred for the additional four injections of the series. At least 2 doses four weeks apart are essential.

131.

If a male patient was sexually assaulted and has a tear on the visible line of tissue that extends from the anus to the scrotum, what is this tissue called?

Pectinate line.

Anal verge.

Perineal skin fold.

Median raphe.

Explanation:

If a male patient was sexually assaulted and has a tear on the visible line of tissue that extends from the anus to the scrotum, this tissue is called the median raphe. The distal end of the anal canal is the anal verge. The pectinate (AKA dentate) line separates the upper two thirds of the anal canal from the lower third. The perineal folds are the wrinkles in the skin that form when the anus contracts.

132.

Which of the following sexually transmitted diseases poses a special risk of ascending infection?

Chlamydia.

Chancroid.

Syphilis.

Bacterial vaginosis.

Explanation:

*Chlamydia, which results from infection with the bacterium *Chlamydia trachomatis*, is a sexually transmitted disease (STD) of special concern because it may result in ascending infections. Chlamydial infections can cause pelvic inflammatory disease and damage the reproductive*

system, resulting in increased risk of ectopic pregnancy and infertility. Symptoms include burning on urination and unusual vaginal discharge although many may be asymptomatic. If pregnant, chlamydia can be passed to the infant during birth. Gonorrhea also poses a risk of ascending infection.

133.

Which of the following medications/vaccinations may be indicated for male victims of sexual assault?

STD prophylaxis, hepatitis B, tetanus.

Hepatitis B only.

STD prophylaxis only.

Hepatitis and tetanus only.

Explanation:

Male victims of sexual assault should generally be treated the same as female victims and offered the same medications and vaccinations (except obviously for pregnancy prophylaxis) as female victims and should receive STD prophylaxis, hepatitis B, and tetanus as indicated. Male patients should also be provided information about the risk for contracting HIV and be offered HIV testing and the option of receiving post-exposure prophylaxis. Male patients should receive both a head-to-toe physical examination and a forensic examination.

134.

Which of the following should be completed first for a patient at risk for autonomic dysreflexia?

Application of Lidocaine to perineal area.

Insertion of catheter.

Swabbing of external genitalia for evidence.

Cleansing of perineal area.

Explanation:

Swabbing of external evidence should be completed first for a patient at risk for autonomic dysreflexia because the application of Lidocaine or cleansing for insertion of a catheter may result in the loss of evidence. In fact, in all cases, before other procedures that may disturb evidence are carried out, the evidence should be collected first if possible. A catheter may be inserted in order to empty the bladder prior to a speculum exam.

135.

If using toluidine blue dye to highlight injuries, which of the following should be avoided?

Labia minora.

Posterior fourchette.

Perianal area.

Mucosal tissue.

Explanation:

If using toluidine blue dye to highlight injuries, the mucosal tissue (vaginal vault) should be avoided. The dye (1% aqueous solution) is applied with a cotton swab to the external genitalia, including the labia minora, labia majora, posterior fourchette, and perianal area. Excess may be

blotted (avoid rubbing) with 1% acetic acid solution or lubricating jelly. Toluidine is not used for screening but makes existing injuries more visible. Not all jurisdictions approve of the use of toluidine dye.

136.

Which of the following is the primary purpose for carrying out a wet-mount examination of vaginal secretions?

To determine if the patient has HIV.

To determine if motile or nonmotile sperm are present.

To determine if the patient is pregnant.

To ensure accuracy in evidence collection.

Explanation:

The primary purpose for carrying out a wet-mount examination of vaginal secretions is to determine if motile or nonmotile sperm are present. Sperm rapidly become nonmotile over time (10 to 12 hours after ejaculation) and if removed from the vaginal/cervical area, so finding motile sperm can assist law enforcement in estimating the time of the sexual assault. Wet mount examination can also be carried out to identify STDs if testing is indicated. Some jurisdictions require wet-mount examinations while others do not.

137.

If a patient who reports being sexually assaulted appears calm and is smiling and laughing with the nurse examiner, what does this likely indicate?

That the patient is lying about the assault.

The patient has no stress related to the assault.

The patient is experiencing suicidal ideation.

This is the way the patient is reacting to stress.

Explanation:

If a patient who reports being sexually assaulted appears calm and is smiling and laughing with the nurse examiner, this likely indicates that this is the way the patient is reacting to stress. Patients may react very differently to similar situations. Some may be quite hysterical, some withdrawn and frightened, and others calm and undisturbed, but the external expression of emotions does not always match the internal feelings the patients are experiencing.

138.

If an interpreter is in the examining room during the physical and forensic examination, where in the room should the interpreter be stationed?

Directly across from the nurse examiner.

Near the patient's head.

Beside the nurse examiner.

Near the door.

Explanation:

If an interpreter is in the examining room during the physical and forensic examination, the interpreter should be stationed near the patient's head and appropriate draping should be

utilized to ensure that the patient's body is not exposed to the interpreter. The interpreter may need to observe the patient's facial expressions and mouth movements to correctly translate and interpret. The nurse examiner should address all questions and comments directly to the patient and not to the interpreter.

139.

When conducting a vaginal exam, where does the nurse examiner look to locate the posterior fourchette?

Inferior to the cervix.

Superior to the cervix.

Near the cervical os.

Inferior to the vaginal orifice where the labia majora and labia minora meet.

Explanation:

When conducting a vaginal exam, the nurse examiner locates the posterior fourchette in the area inferior to the vaginal orifice where the labia majora and labia minor meet. Injuries to the posterior fourchette, including tears, are commonly found with sexual assault but may also occur with consensual sex. The posterior fornix is inferior to the cervix in a recessed area that results from the protrusion of the rounded cervix into the vagina. Injuries are also common in the posterior fornix.

140.

If a patient is brought to the emergency department two days after a sexual assault, what color does the nurse examiner expect bruises to appear?

Red.

Yellowish brown to brown.

Blue/purple to black.

Green to yellow.

Explanation:

If a patient is brought to the emergency room two days after a sexual assault, bruises generally appear blue/purple to black. Initially, bruises appear red from blood pooling under the skin or may not even be evident immediately. After one or two days, the oxygen is depleted from the blood and the bruise appears blue to purple or black. Within 5 to 10 days, the hemoglobin breaks down and the bruise appears yellow to green and within 10 to 14 days it fades to yellow-brown or light brown.

141.

If a patient who was raped needs to urinate prior to the physical and forensic exam, what should the nurse examiner do?

Ask the patient to wait to urinate until after the exams are completed.

Provide the patient sterile gauze 4X4s to wipe before and after and include them in evidence.

Tell the patient to save the paper that she wipes with so it can be included in evidence.

Tell the patient to urinate but to avoid wiping the area after urination.

Explanation:

If a patient who was raped needs to urinate prior to the physical and forensic exam, the nurse should provide the patient with sterile 4 x 4 gauze pads and ask the patient to wipe the perineal area with one gauze pad before urinating, and to wipe again with the other after urinating and to return the gauze pads to the nurse examiner so they can be included in the evidence collection.

142.

If assessing a patient for intimate partner abuse within the past year with the HARK questions, which of the following is the H question?

Have you been humiliated or emotionally abused by your partner?

Has your partner intentionally hit or injured you?

Have you reached out for help?

Have you considered leaving your partner?

Explanation:

If assessing a patient for intimate partner abuse within the past year with the HARK questions, the H question is:

H Have you been humiliated/emotionally abused by your partner/ex-partner?

A Have you been afraid of your partner/ex-partner?

R Have you been raped or forced to have sexual activity by your partner/ex-partner?

K Have you been kicked, hit, slapped, or physically hurt by your partner/ex-partner?

143.

If a patient was forced to have oral sex, from where should oral specimens be obtained?

Lips, skin about the mouth, corners of mouth, and oral cavity.

Lips, saliva, and oral cavity.

Oral cavity and skin about the mouth.

Lips, tongue scrapings, and oral cavity.

Explanation:

If a patient was forced to have oral sex, oral specimens should be obtained from the lips, the skin around the mouth, the corners of the mouth, and the oral cavity. Once photodocumentation is completed and specimens are obtained, the patient should be provided materials for mouth hygiene. The examination of the mouth and oral cavity should be completed as soon as possible because the patient may feel nauseated and want to clean the mouth.

144.

If a patient was found wandering the streets wearing only a blouse, bra, and one sock and was given a blanket to wrap up in by first responders, what items should the nurse examiner collect as evidence?

Blouse and blanket.

Blouse and bra.

Blouse, bra, and sock.