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| Pharmacology in Sexual Health |
| Multiple Choice Questions    Answer Sheet |
| |  |  | | --- | --- | | Name |  | | Designation |  | | Contact Number |  | | Location |  | | Email |  | |

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# **Pharmacology in Sexual Health Multiple Choice Questions**



## Azithromycin

1. Azithromycin shows actions against which type of bacteria?

Gram negative aerobic bacteria

Gram positive aerobic bacteria

Both

Neither

2. The dose for treating uncomplicated chlamydia is:

1 g po stat

500 mg po bd

500 mg po stat

not used to treat chlamydia

3. The drugs that should not be given concomitantly with Azithromycin are:

Antacids and Efavirenz

Antacids and Ergot

Ergot and Silendafil

Efavirenz and Silendafil

4. The most common adverse effect with Azithromycin is?

Nausea and vomiting

Headache

Vaginitis

Skin rash

# **Ceftriaxone**



1. Ceftriaxone is used for the treatment of which infection in the sexual health setting?

Neisseria Gonorrhoea

Chlamydia trachomatis

Ureaplasma urealiticum

Treponema pallidum

2. Which *use of medications in pregnancy category* has ceftriaxone been assigned to?

A

B1

B3

D

3. What is the recommended dilutent for Ceftriaxone?

Water for injection

Normal saline

Lignocaine

Lignocaine with Adrenaline

4. The correct route of administration for Ceftriaxone in the sexual health setting is

Intravenous

Topical

Intramuscular

Oral

5. The use of Ceftriaxone is contraindicated in clients with an allergy to:

Erythromycin

Sulphur

Penicillin

Acyclovir

## Metronidazole



1. Advise the client while taking Metronidazole and for 48 hours after to avoid…



Sex

Smoking

Alcohol

Fatty foods

1. Metronidazole has many potential drug interactions. Which drug interaction is most likely to cause a psychotic reaction?

Lithium

Disulfiram

Phenytoin

Warfarin

1. What is the drug Metronidazole primarily used for treating in the sexual health setting?

Bacterial vaginosis and Trichomonas vaginalis

Bacterial vaginosis and non gonococcal urethritis

Trichomonas vaginalis and gonorrhoea

Chlamydia and bacterial vaginosis

1. Caution must be taken when using Metronidazole in pregnancy because it:

Induces vomiting

Crosses the placental barrier

Is teratogenic

Causes spontaneous abortion

## Hepatitis A and Hepatitis B vaccines



1. The preferred site for IMI administration for Hepatitis A and Hepatitis B vaccination in adults is:

Anticubital fossa

Deltoid

Gluteal

Anterior thigh

1. Anaphylaxis hypersensitivity reaction to the Hepatitis A and Hepatitis B vaccinations is reported in which percentage of cases?

43.2%



11.6%

<1%

Nil reported

1. The standard vaccination schedule for Hepatitis B is:

0,1,6 months

0,1,2 months

0,2,6 months

0,6,12 months

1. Hepatitis A and Hepatitis B vaccine must be stored and maintained at which temperature in order to maintain the cold chain?

0-5 degrees C



5 degrees C

2-8 degrees C

2-12 degrees C

1. The most common group of adverse effects to the Hepatitis A and Hepatitis B vaccines are:

Local injection site nodule formation, sweating, dysuria

Local injection site pain, local injection site erethyma and malaise

Local injection site pain, headache, dysuria

Generalised rash, raised temperature

## Podophyllotoxin



1. Podophyllotoxin can be used on external genital HPV lesions that are

<10sq cm in size

Keratinized

Located on mucous membranes

Not easily visualized

1. Podophyllotoxin topical treatment for external genital warts:

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|  | Can be used in pregnancy, it is important to treat genital warts before a vaginal delivery |
|  | Should not be used in women with inadequate contraception as effects on the foetus are not known |
|  | Is safe to use in the first trimester of pregnancy |
|  | Can be used on the vulva in pregnancy, but not intra-vaginally |

1. The over use of Podophyllotoxin results in:

Localised parasthesia

Erythema, pain and ulceration

Systemic pruritus

Itchy and dry flaky skin

1. The instructions for self application of Podophyllotoxin solution and cream preparations

are

Apply bd for 3/7, then 4/7 break

Apply daily for 4/7, then 3/7 break

Apply bd for 7/7, no break

Apply daily for 3/7, then 4/7 break

## Liquid Nitrogen (LN2)



1. LN2 works on genital warts by:

Burning the wart off the skin surface



Freezing/thawing the wart resulting in wart destruction

Raising the nitrogen levels in the skin resulting in wart destruction

All of the above

1. LN2 should be used on external genital HPV until there is whitening on the surrounding skin for:

1mm

2mm

3mm

4mm

1. Which of the following is not a common adverse effect of LN2?

Necrosis

Odema

Bleeding

Ulceration

1. What follow up instructions do you provide after a topical treatment of genital warts with LN2?

Bathing in salt water may promote skin healing.

Pick off the wart tissue in between LN2 treatments to promote faster healing

Use topical anesthesia post treatment

None of the above

## Levonorgestrel (The Emergency Pill)



1. The emergency pill is most effective when:

1.5mg is taken as a stat dose

Within 24 hours of unprotected sexual intercourse

When a women is not already pregnant

All of the above

1. Which is not a common side effect of the emergency pill?

Vomiting



Intermenstrual bleeding

Late onset of next period

Breast tenderness

1. How could a women access the emergency pill?

Prescription from a doctor

Over the counter at a chemist

From a designated doctor or nurse at a sexual health clinic

All of the above

1. The emergency pill can be taken up to how many hours after unprotected sexual intercourse?

12 hours

36 hours

72 hours

120 hours

1. Referring to the categorisation system for prescribing medicines in pregnancy, choose the correct answer.

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|  | Category X are drugs which have caused, are suspected to have caused or may be expected to cause an increased incidence of human fetal malformations or irreversible damage. |
|  | Category C are drugs which have such a high risk of causing permanent damage to the fetus that they should not be used in pregnancy. |
|  | Category B1 are drugs which have been taken by only a limited number of pregnant women and women of child-bearing age, without an increase in the frequency of malformation or other direct or indirect harmful effects on the human fetus having been observed. |
|  | Category A are drugs for which available data from animal studies show no evidence of an increase occurence of fetal damage. |

## Clotrimazole



1. Clotrimazole has the following action:

Anti-viral



Anti-parasitic

Anti-bacterial

Anti-fungal

1. What is the effect on latex when in contact with Clotrimazole?

Minimal effect



Increases the effectiveness

Reduces the effectiveness

Acts as a lubricant

1. The contraindications for use of Clotrimazole are:

Imidazole hypersensitivity

Danazol allergy

Penicillin hypersensitivity

Sulphur allergy

1. Clotrimazole treatment for vulvovaginal candidiasis is preferably applied:

Mane

bd

tds

Nocte

## Permethrin



1. Permethrin is commonly used to treat

Scabies and lice

Lice and shingles

Scabies and shingles

Shingles and balanitis

1. For optimal treatment apply Permethrin topically to

Affected areas stat

Whole of body stat

Affected areas of body for 7/7

Whole of body for 7/7

1. Which of the following is not a common adverse reaction to Permethrin?

Stinging

Tingling

Blistering

Burning

1. The schedule for Permethrin is

S2

S4

S8

Unscheduled

## Client Case Examples



1. A male client came to the clinic for an asymptomatic screen. One week later you get the results and call the client informing him of a positive urethral chlamydia infection. He attends your clinic for treatment. What is the most simple treatment for chlamydia infection?

Doxycycline orally 100mg for 7/7

Ceftriaxone IM 500mg stat

Penicillin orally 500mg bd for 5/7

Azithromycin 1 g oral stat

1. A male client who has sex with men presents with a thick yellow discharge for one week. You see gram negative intracellular diplococci on the gram stain and diagnose Neisseria Gonorrhoea. The standard treatment is Ceftriaxone 500mg IMI. Which antibiotic has a cross allergy with cephalosporins?

Aztreonam

Clindamycin

Penicillin

Sulfonamine

1. A 23 year old women comes to your clinic. She had a broken condom with a casual male partner last night. She is very worried about sexually transmitted infections and becoming pregnant. When taking her history you find out she is day 10 of a 28 day menstrual cycle. Where in the menstrual cycle can this client take the emergency pill?

Anytime

Only in the first 7 days of the cycle

Only when she is ovulating

If the next period is overdue

1. A female sex worker drops into the clinic complaining of a fishy smelling, watery discharge for 2/52. She uses 100% condoms at work and has not had any broken condoms. She has one regular male partner of 3 years who she doesn’t use condoms with. You perform a speculum examination and take samples for chlamydia, gonorrhoea, trichomonas and bacterial vaginosis testing. The vaginal discharge has a pH of 6 and on the gram stain you find clue cells. Your diagnosis is bacterial vaginosis and the recommended treatment is Metronidazole. When providing information about the medication the client informs you that she will be going to a wine festival on the weekend and will be drinking alcohol. What recommendation will you give to this client? *(more than one correct response may be provided)*

Not go to the wine festival and take the medication

Take the medication and go to the wine festival as planned.

Start the treatment after the wine festival

Not treat the bacterial vaginosis

1. A male client attends with dysuria for 3/7, no urethral discharge and no testicular pain. On examination you note a small amount of clear discharge and 10 polymorphs on gram stain. The other tests you perform are urine PCR for chlamydia and culture for gonorrhoea. In the area you are working Chalmydia is the most prevalent sexually transmitted infection. While awaiting the results your provisional diagnosis is non-specific urethritis (NSU). What treatment do you offer?

Azithromycin 1g po stat

Ceftriaxone 500 mg IMI stat

Azithromycin 1g po and Ceftriaxone 500mg IMI stat

Await results of chlamydia and gonorrhoea tests

1. A 30 year old female comes to you for contraceptive advice and is keen to commence Depo Provera injections. She is not keen to go back on OCP. What advice do you give this client?

There may be more than one correct answer.

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|  | An irregular bleeding pattern is common after the first injection. |
|  | Long term use can decrease bone density therefore advise client to increase calcium intake and exercise |
|  | Slow return to fertility after ceasing contraception - some women can remain amenorrhoeic for 12 months. |
|  | The injection should be administered every 12 weeks. |

1. The client returns for her 2nd Depo Provera injection two weeks late. She has been happy with this form of contraception and is keen to continue. What do you do?

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|  | Tell the client that she will have to wait for her period to recommence. |
|  | Administer the injection as it is unlikely the client will fall pregnant. |
|  | Check when the client was last sexually active and exclude pregnancy. Administer and advise the client to use condoms for 7 days and return in 4 weeks for a pregnancy test. |
|  | Advise the client to abstain from sex for 6 weeks then return for a pregnancy test and the contraceptive injection |

### Benzathine penicillin



1. Jarisch-Herxheimer reaction presents as a cluster of the following symptoms:

Skin rash, urticaria, chills & fever

Headache, arthralgia, malaise

Malaise, skin rash, nausea, vomiting

Chills, fever, arthralgia and headache

1. The standard treatment for secondary syphilis is

Benzathine penicillin 900 mg IMI stat

Benzathine penicillin 1.8 grams IMI stat

Benzathine penicillin 1.8 grams IMI three doses weekly

Benzathine penicillin 1g IMI daily for 10 days

*Nurses should check that the patient is not allergic to Penicillin. Observe patient for 20 mins post injection.*

### Standing Orders

1. Standing orders:

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|  | must be signed by a medical officer within 7 days of medication being administered. |
|  | must be signed by a medical officer within 24 hours of medication being administered |
|  | must be signed by a medical officer within 72 hours of medication being adminstered |
|  | do not require sign off as the nurse is considered competent to make the decision to adminster to medication. |

1. If a nurse omits to having their standing orders signed off, the next process is:

disciplinary action

fake the MO's signature as they would have signed it anyway

Discuss with the line manager and complete an IIMS report

Don't worry about it as it’s no big deal

1. Nurses that have been accredited to dispense standing orders can

Write prescriptions for simple antibiotics

Dispense a course of treatment

Administer stat medication only

Must still ring the doctor before administering medication

1. A telephone order can be obtained from a sexual health doctor for:

A course of PEP

A course of Metronidazole when treating PID

A single dose of any medication

All of the above

### Scheduled Drugs



1. How many drug schedules are listed under the NSW poisons regulations?

Schedule 1 to 9

Schedule 1 to 7

Schedule 1 to 6

Schedule 1 to 8

2. What schedule is clotrimazole?

Schedule 2

Schedule 3

Schedule 4

Schedule 8

### Medication Administration



1. What must a clinician document when giving an injection?



Medication and Batch number

Batch number and expiry date

Medication, batch number, expiry date and anatomical site injection given.

Medication, expiry data and anatomical site injection given.