

NCLEX Genitourinary Disorders Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

| | |
|------------------------------------|-----------|
| Copyright | 1 |
| Table of Contents | 2 |
| Introduction | 3 |
| How to Use This Guide | 4 |
| Questions | 5 |
| Answers | 9 |
| Explanations | 11 |
| Next Steps | 17 |

SAMPLE

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

SAMPLE

- 1. In a long-term care shift, which team member is primarily responsible for supervising treatments and coordinating care?**
 - A. Charge Nurse**
 - B. Licensed Practical Nurse**
 - C. Nursing Assistant**
 - D. Physician**

- 2. Gonorrhea infection in men is commonly associated with which symptom?**
 - A. Foul-smelling discharge from the penis**
 - B. Intermittent fever**
 - C. Frequent urination at night**
 - D. Absent sexual desire**

- 3. Discharge teaching for a client with an indwelling urinary catheter. Which action indicates that the teaching was successful?**
 - A. The client holds the drainage bag below the level of the bladder.**
 - B. The client keeps the bag on the floor beside the bed.**
 - C. The client disconnects the catheter to clean it daily.**
 - D. The client attaches the drainage bag to the bed rail.**

- 4. Which statement should be included in teaching about urinary tract infection prevention?**
 - A. Notify the physician if urinary urgency, burning, frequency, or difficulty occurs**
 - B. Avoid drinking fluids to reduce urinary frequency**
 - C. Stop taking antibiotics once symptoms improve**
 - D. Delay reporting urinary symptoms to the physician**

- 5. A client with chronic renal failure (CRF) is admitted to the urology unit. Which diagnostic test results are consistent with CRF?**
- A. Blood urea nitrogen (BUN) 100 mg/dl and serum creatinine 6.5 mg/dl.**
 - B. BUN 10 mg/dl and creatinine 0.8 mg/dl.**
 - C. BUN 40 mg/dl and creatinine 0.9 mg/dl.**
 - D. BUN 9 mg/dl and creatinine 0.7 mg/dl.**
- 6. Which statement best describes how to respond when a friend of a hospitalized patient asks why the patient is admitted?**
- A. Explain that confidentiality prevents sharing details.**
 - B. Provide the general diagnosis.**
 - C. Tell them the treatment plan.**
 - D. Assure them the patient is fine without details.**
- 7. In a cystostomy, where is the catheter placed?**
- A. Through the suprapubic area into the bladder**
 - B. Through the urethra**
 - C. Via the flank**
 - D. Through the umbilical region**
- 8. Which symptom is a common adverse effect of sulfamethoxazole therapy?**
- A. Diarrhea**
 - B. Rash**
 - C. Dizziness**
 - D. Hair loss**
- 9. A client with acute renal failure requires close monitoring. The nurse should be particularly alert for which complication?**
- A. Drug toxicity**
 - B. Hyperglycemia**
 - C. Excessive thirst**
 - D. Hypertension as the sole concern**

10. Which isolation precaution is indicated for a patient with a MRSA infection in a surgical wound?

- A. Contact isolation**
- B. Airborne isolation**
- C. Droplet isolation**
- D. Standard precautions**

SAMPLE

Answers

SAMPLE

1. A
2. A
3. A
4. A
5. A
6. A
7. A
8. A
9. A
10. A

SAMPLE

Explanations

SAMPLE

1. In a long-term care shift, which team member is primarily responsible for supervising treatments and coordinating care?

- A. Charge Nurse**
- B. Licensed Practical Nurse**
- C. Nursing Assistant**
- D. Physician**

The main concept here is the role that oversees day-to-day supervision and care coordination on a long-term care shift. The charge nurse is responsible for supervising treatments and coordinating care across the nursing staff during the shift. This person ensures that physician orders are implemented, treatments are carried out correctly, and residents' conditions are monitored and communicated to the rest of the team and to families as needed. The charge nurse assigns tasks to licensed and unlicensed staff, observes for changes in residents, and ensures accurate documentation and follow-up. Licensed practical nurses provide skilled nursing care under supervision and focus on direct patient care, often under the direction of a registered nurse or physician. Nursing assistants perform basic caregiving tasks and activities of daily living under supervision. The physician develops medical diagnoses and orders but does not handle daily unit-level supervision of staff during the shift.

2. Gonorrhea infection in men is commonly associated with which symptom?

- A. Foul-smelling discharge from the penis**
- B. Intermittent fever**
- C. Frequent urination at night**
- D. Absent sexual desire**

Gonorrhea in men most often presents with a purulent urethral discharge. Inflammation of the urethra leads to a thick, sometimes yellow-green discharge from the opening of the penis and may be accompanied by burning with urination. Fever is not a typical early symptom, nocturnal frequent urination isn't characteristic of this infection, and a change in sexual desire isn't caused by gonorrhea. If suspected, testing of urine or a urethral swab confirms the diagnosis and treatment should begin promptly, with attention to possible co-infection with chlamydia.

3. Discharge teaching for a client with an indwelling urinary catheter. Which action indicates that the teaching was successful?

- A. The client holds the drainage bag below the level of the bladder.**
- B. The client keeps the bag on the floor beside the bed.**
- C. The client disconnects the catheter to clean it daily.**
- D. The client attaches the drainage bag to the bed rail.**

Keeping the drainage bag below the level of the bladder is essential because it prevents backflow of urine into the bladder and helps maintain a closed, gravity-assisted drainage system. When the bag remains lower than the bladder, urine drains by gravity into the collection bag and is less likely to travel back up into the catheter or urinary tract, which lowers infection risk. It also reduces tension on the catheter and minimizes the chance of accidental dislodgement. Other actions violate safe catheter care. Placing the bag on the floor increases contamination risk and introduces pathogens. Disconnecting the catheter daily breaks the closed system, allowing microbes to enter and the system to become contaminated. Attaching the bag to the bed rail can pull on the tubing and disrupt flow or dislodge the catheter. Together, these inappropriate actions show a lack of understanding of how to maintain a sterile, continuous drainage pathway.

4. Which statement should be included in teaching about urinary tract infection prevention?

- A. Notify the physician if urinary urgency, burning, frequency, or difficulty occurs**
- B. Avoid drinking fluids to reduce urinary frequency**
- C. Stop taking antibiotics once symptoms improve**
- D. Delay reporting urinary symptoms to the physician**

Understanding how to educate patients about preventing urinary tract infections hinges on recognizing early signs and acting promptly. In this context, the best teaching point is to notify the physician if urinary symptoms such as urgency, burning, frequency, or difficulty occur. Prompt reporting allows for timely assessment, testing, and treatment if needed, which helps prevent the infection from worsening or spreading to the kidneys. It also supports appropriate antibiotic use and reduces the risk of complications.

Encouraging ample fluid intake is part of prevention, not avoidance—hydration helps flush bacteria from the urinary tract. Stopping antibiotics early is not safe; completing the prescribed course is essential to clear the infection and prevent resistance. Delaying reporting symptoms is dangerous because it postpones treatment and increases the risk of complications.

5. A client with chronic renal failure (CRF) is admitted to the urology unit. Which diagnostic test results are consistent with CRF?

- A. Blood urea nitrogen (BUN) 100 mg/dl and serum creatinine 6.5 mg/dl.**
- B. BUN 10 mg/dl and creatinine 0.8 mg/dl.**
- C. BUN 40 mg/dl and creatinine 0.9 mg/dl.**
- D. BUN 9 mg/dl and creatinine 0.7 mg/dl.**

When renal function declines, the kidneys can't clear waste products effectively, so nitrogenous wastes accumulate in the blood. In chronic kidney disease, the glomerular filtration rate drops, leading to rising serum creatinine and, often, rising BUN as well. The test result showing a BUN of 100 mg/dL and a creatinine of 6.5 mg/dL represents marked elevation of both waste products, indicating severely reduced kidney clearance consistent with chronic renal failure. BUN can be influenced by factors like protein intake and hydration, so it's less specific. Creatinine, produced at a relatively steady rate from muscle, is a more reliable indicator of GFR. The other value sets show either normal or only modest changes and don't reflect the sustained impairment of filtration seen in chronic renal failure.

6. Which statement best describes how to respond when a friend of a hospitalized patient asks why the patient is admitted?

- A. Explain that confidentiality prevents sharing details.**
- B. Provide the general diagnosis.**
- C. Tell them the treatment plan.**
- D. Assure them the patient is fine without details.**

Protecting patient privacy is essential. When someone who isn't the patient or an authorized representative asks why the patient is admitted, the nurse should withhold details and explain that information cannot be shared due to confidentiality and privacy rules. A respectful response is that you can't disclose medical information about the patient unless the patient or an authorized person has given permission. If the patient or their representative wants to share information, they can do so directly with the visitor or through the health care team. Providing a general diagnosis would reveal private information without consent, and telling about the treatment plan shares specifics that aren't appropriate without authorization. Saying the patient is fine without details can mislead or bypass the consent process. The appropriate approach centers on protecting privacy while offering to connect the visitor with the patient or care team for information they're authorized to receive.

7. In a cystostomy, where is the catheter placed?

- A. Through the suprapubic area into the bladder**
- B. Through the urethra**
- C. Via the flank**
- D. Through the umbilical region**

Cystostomy uses a suprapubic approach to drain the bladder. A catheter is placed through the lower abdomen, just above the pubic bone, into the bladder—bypassing the urethra. This suprapubic route is used when urethral catheterization isn't feasible due to obstruction, injury, or certain surgeries. It's not inserted through the urethra, via the flank, or through the umbilical region, which correspond to different procedures.

8. Which symptom is a common adverse effect of sulfamethoxazole therapy?

- A. Diarrhea**
- B. Rash**
- C. Dizziness**
- D. Hair loss**

Diarrhea is the most common adverse effect with sulfamethoxazole therapy because sulfonamides frequently irritate the GI tract and disrupt the normal intestinal flora, leading to loose stools. This antibiotic-associated diarrhea reflects both direct mucosal irritation and microbiome changes from the drug. Rash can occur as a hypersensitivity reaction, but it's less common than GI upset. Dizziness and hair loss are not typical adverse effects of sulfamethoxazole. If diarrhea is persistent or severe, monitor for dehydration and signs of antibiotic-associated colitis, and seek care if there are alarming symptoms.

9. A client with acute renal failure requires close monitoring. The nurse should be particularly alert for which complication?

- A. Drug toxicity**
- B. Hyperglycemia**
- C. Excessive thirst**
- D. Hypertension as the sole concern**

In acute renal failure, the kidneys lose their ability to excrete waste and many drugs or their metabolites. When drug clearance drops, levels in the blood rise, making toxicity much more likely. Medications that depend heavily on renal elimination or have narrow therapeutic ranges can quickly become toxic if dosing isn't adjusted for the reduced kidney function. That's why close monitoring for signs of drug toxicity is a primary nursing priority in this situation, along with adjusting doses based on renal function and using therapeutic drug monitoring when available. Hyperglycemia, excessive thirst, and hypertension can occur with kidney problems, but they are not the immediate safety risk tied to impaired drug elimination. The most pressing concern in acute renal failure regarding medication safety is the potential for drug accumulation and toxicity.

10. Which isolation precaution is indicated for a patient with a MRSA infection in a surgical wound?

- A. Contact isolation**
- B. Airborne isolation**
- C. Droplet isolation**
- D. Standard precautions**

MRSA is spread primarily through direct contact with infected wound drainage or with contaminated hands and surfaces. Because of this, preventing transmission relies on contact precautions: wear a gown and gloves whenever you touch the patient or the patient's surroundings, and perform thorough hand hygiene before and after contact. Use dedicated equipment for the patient when possible and place the patient in a private room (or with another patient with MRSA if cohorting is allowed). Standard precautions are applied to all patients, but MRSA wound infections require adding contact precautions to interrupt the main transmission route. Airborne precautions are for aerosols, and droplet precautions cover large respiratory droplets; neither is the primary route for MRSA wound spread, so they are not the primary protection here.

SAMPLE

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://nclexgenitourinarydisorders.examzify.com>

We wish you the very best on your exam journey. You've got this!

SAMPLE