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b. Prostatic hypertrophy. c. Acute glomerulonephritis. d. Sepsis.
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Which of the following symptoms do you expect to see in a patient diagnosed with acute pyelonephritis? A. Jaundice and flank pain B. Costovertebral angle tenderness and chills C. Burning sensation on urination D. Polyuria and nocturia
Answer: B. Costovertebral angle tenderness, flank pain, and chills are symptoms of acute pyelonephritis. Jaundice indicates gallbladder or liver obstruction. A burning sensation on urination is a sign of lower urinary tract infection.
You have a patient that might have a urinary tract infection (UTI). Which statement by the patient suggests that a UTI is likely? A. "I pee a lot." B. "It burns when I pee." C. I go hours without the urge to pee. D.
Which instructions do you include in the teaching care plan for a patient with cystitis receiving phenazopyridine (Pyridium). A. If the urine turns orange-red, call the doctor. B. Take phenazopyridine just before urination to relieve pain. C. Once painful urination is relieved, discontinue prescribed antibiotics.
Answer: D. Pyridium is taken to relieve dysuria because is provides an analgesic and anesthetic effect on the urinary tract mucosa. The patient can stop taking it after the dysuria is relieved. The urine may temporarily turn red or orange due to the dye in the drug. The drug isn't taken before voiding, and is usually taken 3 times a day for 2 days.
You have a patient that is receiving peritoneal dialysis. What should you do when you notice the return fluid is slowly draining? A. Check for kinks in the outflow tubing. B. Raise the drainage bag above the

level of the abdomen. C. Place the patient in a reverse Trendelenburg position. D. Ask the patient to cough.
Answer: A. Tubing problems are a common cause of outflow difficulties, check the tubing for kinks and ensure that all clamps are open. Other measures include having the patient change positions (moving side to side or sitting up), applying gentle pressure over the abdomen, or having a bowel movement.
What is the appropriate infusion time for the dialysate in your 38 y.o. patient with chronic renal failure? A. 15 minutes B. 30 minutes C. 1 hour D. 2 to 3 hours
A 30 y.o. female patient is undergoing hemodialysis with an internal arteriovenous fistula in place. What do you do to prevent complications associated with this device? A. Insert I.V. lines above the fistula. B. Avoid taking blood pressures in the arm with the fistula. C. Palpate pulses above the fistula. D. Report a bruit or thrill over the fistula to the doctor.
Your patient becomes restless and tells you she has a headache and feels nauseous during hemodialysis. Which complication do you suspect? A. Infection
Your patient is complaining of muscle cramps while undergoing hemodialysis. Which intervention is effective in relieving muscle cramps? A. Increase the rate of dialysis B. Infuse normal saline solution C. Administer a 5% dextrose solution D. Encourage active ROM exercises
Answer: B. Treatment includes administering normal saline or hypertonic normal saline solution because muscle cramps can occur when the sodium and water are removed to quickly during dialysis. Reducing the rate of dialysis, not increasing it, may alleviate muscle cramps.
Your patient with chronic renal failure reports pruritus. Which instruction should you include in this patient's teaching plan? A. Rub the skin vigorously with a towel B. Take frequent baths C. D. Keep fingernails short and clean
Answer: D. Calcium-phosphate deposits in the skin may cause pruritus. Scratching leads to excoriation and breaks in the skin that increase the patient's risk of infection. Keeping fingernails short and clean helps reduce the risk of infection.
Which intervention do you plan to include with a patient who has renal calculi? A. Maintain bed rest B. Increase dietary purines C. Restrict fluids D. Strain all urine
An 18 y.o. student is admitted with dark urine, fever, and flank pain and is diagnosed with acute glomerulonephritis. Which would most likely be in this student's health history? A. Renal calculi B. Renal trauma C. Recent sore throat D. Family history of acute glomerulonephritis
Answer: C. The most common form of acute glomerulonephritis is caused by goup A beta-hemolytic streptococcal infection elsewhere in the body.
Which drug is indicated for pain related to acute renal calculi? A. Narcotic analgesics B. Nonsteroidal anti-inflammatory drugs (NSAIDS) C. D. Salicylates
Answer: A. Narcotic analgesics are usually needed to relieve the severe pain of renal calculi. Muscle relaxants are typically used to treat skeletal muscle spasms. NSAIDS and salicylates are used for their anti-inflammatory and antipyretic properties and to treat less severe pain.
Which of the following causes the majority of UTI's in hospitalized patients? A. Lack of fluid intake B. Inadequate perineal care C. Invasive procedures D. Immunosuppression
Answer: C. Invasive procedures such as catheterization can introduce bacteria into the urinary tract. A lack of fluid intake could cause concentration of urine, but wouldn't necessarily cause infection.
Clinical manifestations of acute glomerulonephritis include which of the following? A. Chills and flank pain B. Oliguria and generalized edema C. Hematuria and proteinuria D. Dysuria and hypotension
C. Hematuria and proteinuria indicate acute glomerulonephritis. These finding result from increased permeability of the glomerular membrane due to the antigen-antibody reaction. Generalized edema is seen most often in nephrosis.
You expect a patient in the oliguric phase of renal failure to have a 24 hour urine output less than: A. 200ml B. 400ml C. 800ml
Answer: B. Oliguria is defined as urine output of less than 400ml/24hours.
The most common early sign of kidney disease is: A. Sodium retention B. Elevated BUN level C. Development of metabolic acidosis D. Inability to dilute or concentrate urine
Answer: B. Increased BUN is usually an early indicator of decreased renal function.
A patient is experiencing which type of incontinence if she experiences leaking urine when she coughs, sneezes, or lifts heavy objects? A. Overflow
Answer: C. Stress incontinence is an involuntary loss of a small amount of urine due to sudden increased intra-abdominal pressuer, such as with coughing or sneezing.
Immediately post-op after a prostatectomy, which complications requires priority assessment of your patient? A. Pneumonia B. Hemorrhage C. Urine retention Deep vein thrombosis

The most indicative test for prostate cancer is: A. A thorough digital rectal examination B. Magnetic resonance imaging (MRI) C. Excretory urography D. Prostate-specific antigen
Answer: D. Kidney damage is still a concern. Microavascular changes occur in both of the patient's kidneys as a complication of the diabetes. Diabetic nephropathy is the leading cause of end-stage renal disease. The kidneys continue to produce urine until the end stage. Nephropathy occurs even with insulin management.
A patient diagnosed with sepsis from a UTI is being discharged. What do you plan to include in her discharge teaching? Take cool baths B. Avoid tampon use C. Avoid sexual activity D. Drink 8 to 10 eight-oz glasses of water daily
Answer: D. Drinking 2-3L of water daily inhibits bacterial growth in the bladder and helps flush the bacteria from the bladder. The patient should be instructed to void after sexual activity.
You're planning your medication teaching for your patient with a UTI prescribed phenazopyridine (Pyridium). What do you include? A. "Your urine might turn bright orange." B. "You need to take this antibiotic for 7 days. C. "Take this drug between meals and at bedtime." D. "Don't take this drug if you're allergic to penicillin.
Which finding leads you to suspect acute glomerulonephritis in your 32 y.o. patient? A. Dysuria, frequency, and urgency B. Back pain, nausea, and vomiting C. Hypertension, oliguria, and fatigue D. Fever, chills, and right upper quadrant pain radiating to the back
What is the priority nursing diagnosis with your patient diagnosed with end-stage renal disease? A. Activity intolerance B. Fluid volume excess C. Knowledge deficit D. Pain
Answer: B. Fluid volume excess because the kidneys aren't removing fluid and wastes. The other diagnoses may apply, but they don't take priority.
A patient with ESRD has an arteriovenous fistula in the left arm for hemodialysis. Which intervention do you include in his plan of care? A. Apply pressure to the needle site upon discontinuing hemodialysis B. Keep the ehad of the bed elevated 45 degrees C. Place the left arm on an arm board for at least 30 minutes D. Keep the left arm dry
Answer: A. Apply pressure when discontinuing hemodialysis and after removing the venipuncture needle until all the bleeding has stopped. Bleeding may continue for 10 minutes in some patients.
Your 60 y.o. patient with pyelonephritis and possible septicemia has had five UTIs over the past two years. She is fatigued from lack of sleep, has lost weight, and urinates frequently even in the night. Her labs show: sodium, 154 mEq/L; osmolarity 340 mOsm/L; glucose, 127 mg/dl; and potassium, 3.9 mEq/L. Which nursing diagnosis is priority? A. Fluid volume deficit related to osmotic diuresis induced by hyponatremia B. Fluid volume deficit related to inability to conserve water C. Altered nutrition: Less than body requirements related to hypermetabolic state D. Altered nutrition: Less than body requirements related to catabolic effects of insulin deficiency
Which sign indicated the second phase of acute renal failure?
Answer: A. Daily doubling of the urine output indicates that the nephrons are healing. This means the patient is passing into the second phase (dieresis) of acute renal failure.
Your patient had surgery to form an arteriovenous fistula for hemodialysis. Which information is important for providing care for the patient? A. The patient shouldn't feel pain during initiation of dialysis B. The patient feels best immediately after the dialysis treatment C. Using a stethoscope for auscultating the fistula is contraindicated D. Taking a blood pressure reading on the affected arm can cause clotting of the fistula
A patient with diabetes mellitus and renal failure begins hemodialysis. Which diet is best on days between dialysis treatments?
Answer: B. The patient should follow a low-protein diet with a prescribed amount of water. The patient requires some protein to meet metabolic needs. Salt substitutes shouldn't be used without a doctor's order because it may contain potassium, which could make the patient hyperkalemic. Fluid and protein restrictions are needed.
After the first hemodialysis treatment, your patient develops a headache, hypertension, restlessness, mental confusion, nausea, and vomiting. Which condition is indicated? A. Disequilibrium syndrome B. C. Hypervolemia D. Peritonitis
Which action is most important during bladder training in a patient with a neurogenic bladder? A. Encourage the use of an indwelling urinary catheter B. Set up specific times to empty the bladder C. Encourage Kegel exercises D. Force fluids
A patient with diabetes has had many renal calculi over the past 20 years and now has chronic renal failure. Which substance must be reduced in this patient's diet? A. Carbohydrates B. Fats C. Protein D.
What is the best way to check for patency of the arteriovenous fistula for hemodialysis? A. Pinch the

fistula and note the speed of filling on release B. Use a needle and syringe to aspirate blood from the fistula C. Check for capillary refill of the nail beds on that extremity D. Palpate the fistula throughout its length to assess for a thrill

You have a paraplegic patient with renal calculi. Which factor contributes to the development of calculi? A. Increased calcium loss from the bones B. Decreased kidney function C. Decreased calcium intake D. High fluid intake

What is the most important nursing diagnosis for a patient in end-stage renal disease? A. Risk for injury B. Fluid volume excess C. Altered nutrition: less than body requirements D. Activity intolerance

Frequent PVCs are noted on the cardiac monitor of a patient with end-stage renal disease. The priority intervention is: A. Call the doctor immediately B. Give the patient IV lidocaine (Xylocaine) C. Prepare to defibrillate the patient D. Check the patient's latest potassium level

A patient who received a kidney transplant returns for a follow-up visit to the outpatient clinic and reports a lump in her breast. Transplant recipients are: A. At increased risk for cancer due to immunosuppression caused by cyclosporine (Neoral) B. Consumed with fear after the life-threatening experience of having a transplant C. At increased risk for tumors because of the kidney transplant D. At decreased risk for cancer, so the lump is most likely benign

You're developing a care plan with the nursing diagnosis risk for infection for your patient that received a kidney transplant. A goal for this patient is to: A. Remain afebrile and have negative cultures B. Resume normal fluid intake within 2 to 3 days C. Resume the patient's normal job within 2 to 3 weeks D. Try to discontinue cyclosporine (Neoral) as quickly as possible

You suspect kidney transplant rejection when the patient shows which symptoms? A. Pain in the incision, general malaise, and hypotension B. Pain in the incision, general malaise, and depression C. Fever, weight gain, and diminished urine output D. Diminished urine output and hypotension

Answer: C. Symptoms of rejection include fever, rapid weight gain, hypertension, pain over the graft site, peripheral edema, and diminished urine output.

Your patient returns from the operating room after abdominal aortic aneurysm repair. Which symptom is a sign of acute renal failure? A. Anuria B. Diarrhea C. Oliguria D. Vomiting

Answer: C. Urine output less than 50ml in 24 hours signifies oliguria, an early sign of renal failure. Anuria is uncommon except in obstructive renal disorders.

Which cause of hypertension is the most common in acute renal failure? A. Pulmonary edema B. Hypervolemia C. Hypovolemia D. Anemia

A patient returns from surgery with an indwelling urinary catheter in place and empty. Six hours later, the volume is 120ml. The drainage system has no obstructions. Which intervention has priority? A. Give a 500ml bolus of isotonic saline B. Evaluate the patient's circulation and vital signs C. Flush the urinary catheter with sterile water or saline D. Place the patient in the shock position, and notify the surgeon

You're preparing for urinary catheterization of a trauma patient and you observe bleeding at the urethral meatus. Which action has priority? A. Irrigate and clean the meatus before catheterization B. Check the discharge for occult blood before catheterization C. Heavily lubricate the catheter before insertion D. Delay catheterization and notify the doctor

Answer: D. Bleeding at the urethral meatus is evidence that the urethra is injured. Because catheterization can cause further harm, consult with the doctor.

What change indicates recovery in a patient with nephritic syndrome? A. Disappearance of protein from the urine B. Decrease in blood pressure to normal C. Increase in serum lipid levels D. Gain in body weight

Answer: A. With nephrotic syndrome, the glomerular basement membrane of the kidney becomes more porous, leading to loss of protein in the urine. As the patient recovers, less protein is found in the urine.

Which statement correctly distinguishes renal failure from prerenal failure? A. With prerenal failure, vasoactive substances such as dopamine (Intropin) increase blood pressure B. With prerenal failure, there is less response to such diuretics as furosemide (Lasix) C. With prerenal failure, an IV isotonic saline infusion increases urine output D. With prerenal failure, hemodialysis reduces the BUN level

Which criterion is required before a patient can be considered for continuous peritoneal dialysis? A. The patient must be hemodynamically stable B. The vascular access must have healed C. The patient must be in a home setting D. Hemodialysis must have failed

Answer: A. Hemodynamic stability must be established before continuous peritoneal dialysis can be started.

Polystyrene sulfonate (Kayexalate) is used in renal failure to: A. B. Reduce serum phosphate levels C. Exchange potassium for sodium D. Prevent constipation from sorbitol use

Answer: C. In renal failure, patients become hyperkalemic because they can't excrete potassium in the urine. Polystyrene sulfonate acts to excrete potassium by pulling potassium into the bowels and exchanging it for sodium.
Your patient has complaints of severe right-sided flank pain, nausea, vomiting and restlessness. He appears slightly pale and is diaphoretic. Vital signs are BP 140/90 mmHg, Pulse 118 beats/min., respirations 33 breaths/minute, and temperature, 98.0F. Which subjective data supports a diagnosis of renal calculi? A. Pain radiating to the right upper quadrant B. History of mild flu symptoms last week C. Dark-colored coffee-ground emesis D. Dark, scant urine output
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