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Question: 1

Which of the following interventions is appropriate for evaluating and treating the progression of chronic kidney disease?

- A. Prescribing angiotensin-converting enzyme (ACE) inhibitors.
- B. Administering erythropoietin-stimulating agents (ESAs).
- C. Implementing a low-protein diet.
- D. Monitoring blood glucose levels.

Answer: A

Explanation: Prescribing angiotensin-converting enzyme (ACE) inhibitors is an appropriate intervention for evaluating and treating the progression of chronic kidney disease (CKD). ACE inhibitors help to reduce proteinuria and blood pressure, which can slow the progression of CKD. Administering erythropoietin-stimulating agents (ESAs) is indicated for managing anemia associated with CKD. Implementing a low-protein diet and monitoring blood glucose levels are important aspects of CKD management but do not directly evaluate and treat its progression.

Question: 2

A patient with chronic kidney disease (CKD) is scheduled for a renal biopsy to evaluate the progression of the disease. Which of the following complications should the NP monitor for following the procedure?

- A. Hematuria.
- B. Hypertension.
- C. Hyperkalemia.
- D. Hypoglycemia.

Answer: A

Explanation: Following a renal biopsy, the NP should monitor for complications such as hematuria, which is the presence of blood in the urine. Hematuria is a common complication of renal biopsy and can range from mild to severe. Hypertension (B), hyperkalemia (C), and hypoglycemia (D) are not typically associated with renal biopsy complications.

Question: 3

A patient with end-stage renal disease (ESRD) is receiving hemodialysis. During hemodialysis, the NP notices that the patient develops hypotension. Which of the following interventions should the NP implement first?

- A. Decrease the ultrafiltration rate.
- B. Administer a bolus of intravenous fluids.
- C. Increase the dialysate sodium concentration.
- D. Administer a vasopressor medication.

Answer: A

Explanation: Hypotension is a common complication during hemodialysis and can be caused by rapid fluid removal (ultrafiltration) during the treatment. The initial intervention should be to decrease the ultrafiltration rate to slow down the fluid removal and prevent further drops in blood pressure. Administering a bolus of intravenous fluids (B) may be necessary if the hypotension persists despite reducing the ultrafiltration rate. Increasing the dialysate sodium concentration (C) can be considered in some cases, but it is not the first-line intervention for hypotension during hemodialysis. Administering a vasopressor medication (D) may be necessary in severe cases, but it is not the initial intervention and should be reserved for refractory hypotension.

Question: 4

A patient with chronic kidney disease (CKD) is at increased risk for cardiovascular disease. Which of the following interventions should the NP prioritize to reduce the patient's cardiovascular risk?

- A. Blood pressure control.
- B. Lipid-lowering therapy.
- C. Smoking cessation.
- D. Diabetes management.

Answer: A

Explanation: Blood pressure control is a critical intervention to reduce the cardiovascular risk in patients with CKD. Hypertension is a common comorbidity in CKD and a significant risk factor for cardiovascular disease. Therefore, achieving and maintaining optimal blood pressure control is a priority. Lipid-lowering therapy (B) may also be indicated if the patient has dyslipidemia. Smoking cessation (C) is important for overall cardiovascular health but is not specific to CKD. Diabetes management (D) is crucial for patients with CKD and coexisting diabetes, but it may not be applicable to all CKD patients.

Question: 5

Which formula is commonly used to estimate glomerular filtration rate (eGFR) in adults?

- A. Cockcroft-Gault equation.
- B. MDRD equation.
- C. Schwartz equation.
- D. DuBois formula.

Answer: B

Explanation: The Modification of Diet in Renal Disease (MDRD) equation is commonly used to estimate glomerular filtration rate (eGFR) in adults. The Cockcroft-Gault equation is used to estimate creatinine clearance, the Schwartz equation is used to estimate GFR in children, and the DuBois formula is used to estimate body surface area.

Question: 6

Which of the following equations is used to estimate the glomerular filtration rate (GFR) in adults?

- A. MDRD equation.
- B. Cockcroft-Gault equation.
- C. Schwartz equation.
- D. Modification of Diet in Renal Disease (MDRD) equation.

Answer: A

Explanation: The Modification of Diet in Renal Disease (MDRD) equation (A) is commonly used to estimate the glomerular filtration rate (GFR) in adults. The Cockcroft-Gault equation (B) is an alternative equation used to estimate creatinine clearance, which is often used in drug dosing calculations. The Schwartz equation (C) is used to estimate GFR in children.

Question: 7

A patient with end-stage renal disease (ESRD) is receiving hemodialysis. During the dialysis session, the patient's blood pressure drops significantly. What is the nurse-nurse practitioner's initial action?

- A. Administer a fluid bolus.
- B. Decrease the blood flow rate during dialysis.

- C. Initiate cardiopulmonary resuscitation (CPR).
- D. Discontinue the dialysis session.

Answer: B

Explanation: When a patient's blood pressure drops significantly during a hemodialysis session, the nurse-nurse practitioner's initial action should be to decrease the blood flow rate during dialysis. This can help stabilize the patient's blood pressure and prevent further complications. Administering a fluid bolus, initiating CPR, or discontinuing the dialysis session may be appropriate in certain situations but are not the initial actions in this case.

Question: 8

A patient with chronic kidney disease (CKD) has multiple risk factors for cardiovascular disease. Which of the following interventions is appropriate for this patient?

- A. Prescribing statins for dyslipidemia.
- B. Initiating antiplatelet therapy.
- C. Administering anticoagulants.
- D. Recommending coronary artery bypass graft (CABG) surgery.

Answer: A

Explanation: Prescribing statins for dyslipidemia is an appropriate intervention for a patient with chronic kidney disease (CKD) and multiple risk factors for cardiovascular disease. Statins help to reduce cholesterol levels and decrease the risk of cardiovascular events in CKD patients. Initiating antiplatelet therapy, administering anticoagulants, and recommending coronary artery bypass graft (CABG) surgery may be considered in specific cases but are not the initial interventions for CKD patients with multiple risk factors for cardiovascular disease.

Question: 9

When teaching a patient and their significant others about the multisystem effects of kidney disease, which of the following should be included?

- A. Neuropsychiatric manifestations.
- B. Dermatological changes.
- C. Gastrointestinal symptoms.
- D. Cardiac arrhythmias.

Answer: A

Explanation: When teaching a patient and their significant others about the multisystem effects of kidney disease, it is important to include information about neuropsychiatric manifestations, such as cognitive impairment, mood disorders, and peripheral neuropathy. Dermatological changes, gastrointestinal symptoms, and cardiac arrhythmias can also be associated with kidney disease, but neuropsychiatric manifestations are particularly important to address.

Question: 10

Determining the need for initiation of acute kidney replacement therapy involves assessing various factors. Which of the following is NOT a factor considered in this determination?

- A. Presence of hyperkalemia.
- B. Persistent oliguria.
- C. Rapidly deteriorating kidney function.
- D. Mild proteinuria.

Answer: D

Explanation: When determining the need for initiation of acute kidney replacement therapy, factors such as the presence of hyperkalemia (high potassium levels), persistent oliguria (low urine output), and rapidly deteriorating kidney function are considered. However, the presence of mild proteinuria alone is not typically a sole determinant for initiating acute kidney replacement therapy.

Question: 11

Which of the following laboratory findings would be consistent with acute kidney injury (AKI)?

- A. Serum creatinine level within the patient's baseline range.
- B. Blood urea nitrogen (BUN) level at the upper limit of normal.
- C. Urine output of 2,000 mL in 24 hours.
- D. Elevated levels of urinary sodium and potassium.

Answer: D

Explanation: Elevated levels of urinary sodium and potassium would be consistent with acute kidney injury (AKI). In AKI, the kidneys are unable to properly regulate the excretion of sodium and potassium, leading to their accumulation in the urine. Serum creatinine level above the patient's baseline range, an elevated blood urea nitrogen (BUN) level, and decreased urine output are typical findings in AKI.

Question: 12

When prescribing pharmacological agents for patients with kidney disease, which of the following factors is most important to consider?

- A. Disease etiology.
- B. Drug cost.

- C. Patient's age.
- D. Level of kidney function.

Answer: D

Explanation: When prescribing pharmacological agents for patients with kidney disease, the most important factor to consider is the level of kidney function. Medications must be adjusted or avoided in patients with impaired kidney function to prevent toxicity or adverse drug reactions. Disease etiology, drug cost, and patient's age are also important considerations but are secondary to the level of kidney function.

Question: 13

A patient was referred to the nephrology practice because of an acute rise in serum creatinine. One month ago, his creatinine was 1.3 mg/dL and today it is 4.0 mg/dL. To help establish a diagnosis, the NP should determine if the patient was prescribed which type of medication during the past month?

- A. A calcium channel blocker.
- B. An angiotensin-converting enzyme inhibitor.
- C. A macrolide antibiotic.
- D. A third-generation cephalosporin.

Answer: D

Explanation: A significant rise in serum creatinine levels can indicate acute kidney injury (AKI). One of the causes of AKI is drug-induced nephrotoxicity. Third-generation cephalosporins have been associated with nephrotoxic effects, and their use should be evaluated in patients with an acute rise in serum creatinine. Calcium channel blockers (A) and angiotensin-converting enzyme inhibitors (B) are not typically associated with nephrotoxicity. Macrolide antibiotics (C) generally do not cause significant nephrotoxic effects.

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