

Nursing

*NNCC-CNN-NP
Certified Nephrology Nurse - Nurse Practitioner*

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Question: 1

The dietitian is an integral part of the chronic kidney disease (CKD) treatment team. Patients with CKD, after consulting with a dietitian, may be instructed to limit which of the following substances in their diet?

- A. Phosphorus
- B. Calcium
- C. Iron
- D. A and B
- E. A, B, and C

Answer: D

Explanation:

Phosphorus, calcium, and potassium should be monitored in patients with chronic renal failure. Iron is important, as hemoglobin levels may drop if anemia is present, but it is not considered to have a major effect on kidney function.

Question: 2

Glomerulonephritis (GN) is a renal disease characterized by the inflammation of the small blood vessels, or glomeruli, of the kidneys, causing red blood cells and proteins to leak into the urine. Causes of GN include:

- A. A streptococcal infection of the throat.
- B. Lupus erythematosus.
- C. Goodpasture syndrome.
- D. All of the above.

Answer: D

Explanation:

A primary kidney disease (intrinsic) can cause glomerulonephritis (GN), or it may be a secondary complication of a systemic disease, infection, cancer, or drugs. The most common systemic diseases that have GN as a complication are lupus erythematosus, diabetes nephritis, or Goodpasture syndrome. Streptococcal infection may result in glomerular damage, not directly from the bacterial infection but indirectly from the increase in antibodies that deposit in the glomeruli. Antigen—antibody complexes block filtration in the glomeruli, and result in edema, hypertension, low serum albumin, hematuria, and decreased urinary output. It is important to determine the type and cause of GN to develop a successful treatment plan.

Question: 3

Glomerulosclerosis, the scarring of the glomeruli, the minute blood vessels in the kidney, is caused by:

- A. Diabetes and hypertension.
- B. Drug use and infection.
- C. A high-calcium diet.
- D. A and B.
- E. B and C.

Answer: D

Explanation:

Diabetes, hypertension, drug use, and infection all may cause glomerulosclerosis. A diet high in calcium is not a cause of this condition.

Question: 4

One of the signs of glomerulosclerosis is proteinuria, which occurs because the scarring of the glomeruli allows for protein to leak into the urine. The main sign of proteinuria is:

- A. Frothy urine.
- B. Cloudy urine.
- C. Edema of the abdomen and ankles.
- D. "Tea-colored" urine.

Answer: C

Explanation:

The main sign of glomerulosclerosis is proteinuria, which may cause no symptoms in the early stages. In later stages, swelling of the ankles and retention of fluid in the abdomen may occur.

Question: 5

The most common cause of chronic kidney failure in Western countries is diabetic nephropathy. Which of the following patients are at highest risk of developing diabetic nephropathy?

- A. Diabetics with poorly controlled blood sugar and cholesterol levels
- B. Diabetics with uncontrolled high blood pressure
- C. Diabetics with controlled blood sugar and cholesterol levels

- D. A and B
- E. B and C

Answer: D

Explanation:

Insulin dependent diabetics (type 1) and non-insulin dependent diabetics (type 2) with poorly controlled blood sugar levels, uncontrolled high blood pressure, and elevated cholesterol levels are at highest risk for developing diabetic nephropathy. Diabetics with well-controlled blood sugar and cholesterol levels are less likely to develop this condition.

Question: 6

Polycystic kidney disease (PKD) is the third leading cause of renal failure. It is a genetic disease, and both sexes are equally affected. Symptoms of PKD include which of the following?

- A. Flank or low-back pain, urinary tract infections, and hematuria
- B. Increase in abdominal girth and severe hypertension
- C. Kidney stones with accompanying pain
- D. A and B
- E. A, B, and C

Answer: E

Explanation:

Fluid-filled cysts replace normal kidney tissue, as these cysts grow; they crowd the healthy tissue until kidney function deteriorates. Symptoms may include flank or low-back pain, urinary tract infections, hematuria, severe hypertension, fatigue, nausea, kidney stones with accompanying pain, and an increase in abdominal girth. In addition to cysts in the kidneys, polycystic kidney disease (PKD) may cause cysts to form in the liver, pancreas, testes, ovaries, and spleen. Brain aneurysms have been found in approximately 10% of PKD cases.

Question: 7

In chronic kidney disease (CKD), the patient may develop anemia. Red blood cell production decreases, but the cells that do form are frequently abnormal. What are some of the causes of anemia in CKD?

- A. Diminished erythropoietin
- B. Inability to absorb and use iron
- C. Decreased life span of red blood cells
- D. Leukocyte abnormalities
- E. A, B, and C
- F. A, C, and D

Answer: E

Explanation:

One cause of anemia in these patients is diminished erythropoietin, a hormone that stimulates the production of blood cells by bone marrow. Another is the inability to absorb and use iron successfully. In addition, the life span of the red blood cell decreases. Platelet abnormalities, not leukocyte abnormalities, lead to bleeding from the gums, nose, gastrointestinal tract, uterus, and skin.

Question: 8

In the later stages of chronic kidney disease, the patient should be educated about the best way to proceed with treatment, including which of the following steps?

- A. Visit the nephrologist annually.
- B. Maintain a recommended diet, take prescribed medications, exercise regularly, and stop smoking.
- C. Closely monitor diabetes and high blood pressure.
- D. Do both B and C.
- E. Do all of the above.

Answer: D

Explanation:

To protect kidney health, it is important to take prescribed medicines, exercise regularly, stop smoking, and visit a nephrologist every 3—6 months for laboratory tests and physical evaluation. It is important also to follow the recommended diet and to adhere to the physician's advice regarding diabetes and hypertension. The nephrologists' goal is to maintain the health of the kidney for as long as possible.

Question: 9

Sleep problems may occur in patients with late stage chronic kidney disease. What are the usual reasons for restless sleep in this group?

- A. Restless leg syndrome
- B. Pruritus
- C. Migraine headaches
- D. A and B
- E. B and C

Answer: D

Explanation:

Restless leg syndrome, itching (pruritus), and muscle cramps may interrupt the sleep of patients in late stage chronic kidney disease. Migraine headaches are not a common cause of sleep disturbances in these patients.

Question: 10

Mild chronic kidney disease may be managed by thiazide diuretics. If the S_{cr} is over 1.8 mg/dL, what type of diuretic is preferred?

- A. Osmotic diuretic
- B. Loop diuretic
- C. Potassium-sparing diuretic
- D. Calcium-sparing diuretic

Answer: B

Explanation:

Thiazide diuretics are recommended for mild chronic kidney disease, when the S_{cr} is less than 1.8 mg/dL. For the S_{cr} that is 1.8 mg/dL or more, a loop diuretic is preferred. Blood pressure, creatinine, and potassium levels should be closely observed when the dosages of these medications are increased. In addition to this drug regime, a low-sodium diet plus the addition of diuretics enhance the antiproteinuric effects of the angiotensin-converting enzyme inhibitor/angiotensin receptor blocker therapy.

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