



**AMREF INTERNATIONAL UNIVERSITY  
SCHOOL OF MEDICAL SCIENCES  
DEPARTMENT OF NURSING & MIDWIFERY SCIENCES  
End of Semester December 2024 Examinations**

**COURSE CODE AND TITLE: ACN 129 Complementary Concepts in Critical Care Nursing**

**DATE: 14/4/2025**

Duration: 2 HOURS

Start: 9:00 AM

Finish: 11:00 PM

**INSTRUCTIONS**

1. This exam is out of 120 marks
2. This Examination comprises ONE Section. Section I: Multiple Choice Questions (120 marks)
3. Answer ALL Questions.
4. Do Not write anything on the question paper -use the back of your booklet for rough work if need be.

## **SECTION I: MULTIPLE CHOICE QUESTIONS-120 MARKS**

1. If oral is not possible, the alternative preferred route for administration of analgesics for palliative patients is;-
  - A. Intravenous
  - B. Intrathecal
  - C. Subcutaneous
  - D. Intramuscular
2. The principle that requires a nurse to act for the benefit of the patient at all time is;-
  - A. Autonomy
  - B. Beneficence
  - C. Non maleficence
  - D. Fidelity
3. The following is not a reason to limit patients care;-
  - A. Conserve energy
  - B. Conserve resources
  - C. To protect clinicians' integrity
  - D. Respect the wishes of the family
4. Pain caused by tissue damage or inflammation is;-
  - A. Nociplastic pain
  - B. Neuropathic pain
  - C. Nociceptive pain
  - D. Psychological pain
5. Pain assessment tool best suited for patients in the ICU is;-
  - A. Behavioral pain scale
  - B. N-PASS
  - C. Wong Baker FACES scale
  - D. FLACC
6. Best adjuvant analgesic for osteolytic bone pain is;-
  - A. Lidocaine
  - B. Zolendronic acid
  - C. Gabapentin
  - D. Amitriptyline
7. The act of being faithful and keeping ones promise in palliative care is:
  - A. Beneficence
  - B. Non-maleficence
  - C. Justice
  - D. Fidelity
8. A type of grief that is not acknowledged by the society is:
  - A. Disenfranchised
  - B. Complicated
  - C. Normal
  - D. Anticipatory grief

9. A grief reaction that is associated with change in the thought pattern of an individual is:
- A. Hypersensitivity
  - B. Breathlessness
  - C. Pre-occupation
  - D. Shock
10. A type of Cognitive behavioral therapy that addresses destructive thoughts through emotional regulation and mindfulness is:
- A. Cognitive therapy
  - B. Dialectal behavior therapy
  - C. Multimodal therapy
  - D. Rational emotional behavioral therapy
11. An instrument authorizing a person to act as an agent of the person granting it is:-
- A. Will
  - B. Trust
  - C. Power of attorney
  - D. Advancer directive
12. A written directive that only applies in decisions regarding medical care is:
- A. Advanced directive
  - B. Trust
  - C. Will
  - D. Power of attorney
13. A type of mercy killing that involves withdrawing medical treatment deliberately causing death is:-
- A. Active euthanasia
  - B. Voluntary
  - C. Involuntary
  - D. Passive euthanasia
14. Medical futility where a treatment where a patient is given treatment that has no physiologic rationale is:-
- A. Qualitative
  - B. Quantitative
  - C. Physiological
  - D. Imminent-demise futility
15. Most common gastrointestinal side effect of morphine therapy is:
- A. Sedation
  - B. Constipation
  - C. Diarrhea
  - D. Nausea and Vomiting
16. Safest opioid to be used in renal impairment is:
- A. Fentanyl
  - B. Morphine
  - C. Codeine
  - D. Hydromorphone

17. Most essential member of the palliative care team is;-
- A. Nurses and social workers
  - B. Doctors and spiritual leaders
  - C. Doctors and nurses
  - D. Nurses and nutritionist
18. Hospice care compares with palliative care because they both address;-
- A. Terminal illnesses, seek curative treatment
  - B. Focus on symptom management, aggressive treatment
  - C. Has terminal illness diagnoses, focuses on symptom management
  - D. Has no terminal illness focus, symptom management diagnoses
19. The goals of palliative care include the following, except;-
- A. Prolonging life as much as possible
  - B. Providing relief from painful symptoms
  - C. Supporting patient towards optimal living
  - D. Helping patient and family members experiencing anticipatory grieving
20. The most important aim of pain management in palliative care is;-
- A. Reduce emotional reactions to impending death
  - B. Prevent suffering
  - C. Enhance recovery
  - D. Reduce side effects of some interventions
21. Neuropathic pain is life limiting illness that can be managed by use of;
- A. Amitriptyline
  - B. Brufen
  - C. Carbamazepine
  - D. Gabapentine
22. The ethical framework of palliative care addresses:
- A. Autonomy, privacy, self-awareness
  - B. Confidentiality, justice, access
  - C. Consent, confidentiality, privacy
  - D. Self-awareness, beneficence, privacy
23. Palliative care of children differ from those of adults by;-
- A. Adults only need palliative care at the end-of-life
  - B. Adults need to make all the decisions for the child
  - C. Children are not 'small adults' as their developmental needs are different
  - D. Children can only receive palliative care in a hospital setting
24. Palliative sedation aims at:
- A. Symptoms management
  - B. Treatment of agitation
  - C. Reduce patient's awareness of distressing symptoms
  - D. Encourage safety and comfort
25. In regard to advanced directive;-
- A. It is normally written when the patient is already dead
  - B. An advanced directive is written by the health care provider

- C. Advanced directives only apply to decisions concerning financial and material decisions
- D. Advance directives are written by the patients themselves
26. According to Elizabeth Kubler Rose, the stages of grief follow each other in the following order;-
- A. Acceptance, anger, depression, denial, bargaining
- B. Denial, anger, bargaining, depression, acceptance
- C. Bargaining, depression, acceptance, anger, denial
- D. Anger, acceptance, denial, bargaining, depression
27. A patient in HDU facing laments and blames his God for allowing his suffering, This is classified as;-
- A. Denial
- B. Acceptance
- C. Bargaining
- D. Depression
28. The ethical principle that ensures that patients make their own choices about their care is;-
- A. Beneficence
- B. Non-maleficence
- C. Autonomy
- D. Culture
29. The mainstay of pain management at the end of life is:
- A. Radiotherapy
- B. Psychological interventions
- C. Pharmacotherapy
- D. Spinal intervention
30. Regarding Urinary Tract infections, the following will not increase the risk factor of UTI;-
- A. Pregnancy
- B. Diabetes mellitus
- C. Being female
- D. Catheterization
31. The incorrect statement regarding the investigation of UTI is;-
- A. The sensitivity of dipstick for nitrites is 96%.
- B. A positive dipstick for leucocyte esterase is 96% specific for  $>10 \text{ wbc/mm}^3$ .
- C. A bacterial culture with  $> 10^5$  has 95% probability of representing infection.
- D. Use of blood cultures in does not change management when urine culture is taken.
32. The incorrect statement regarding acute renal failure is;-
- A. In pre-renal failure the ratio of urea: creatinine is increased above normal.
- B. Post-renal obstruction is an uncommon cause of ARF.
- C. The most common cause of acute renal failure is acute tubulo interstitial nephritis.

- D. Urinalysis with microscopic hematuria, pyuria, and presence of granular, epithelial and RBC casts is consistent with acute glomerulonephritis.
33. Calcium is contraindicated with hyperkalemia in;-
- A. Rhabdomyolysis.
  - B. Nephrotoxic ATN.
  - C. Ischaemia ATN.
  - D. Acute glomerulonephritis
34. The following is not an absolute indication for dialysis in ARF;-
- A. Refractory hyperkalemia  $>6.5$  mmol/l.
  - B. Pulmonary oedema.
  - C. Uncontrollable acidosis.
  - D. Creatinine  $.1.0$  mmol/l.
35. The most common form of acute glomerulonephritis is;-
- A. Post streptococcal.
  - B. IgA nephropathy
  - C. Rapidly progressive glomerulonephritis
  - D. Membranous glomerulonephritis.
36. The false statement about nephrotic syndrome is;-
- A. It is characterised by  $> 3g$  proteinuria per day.
  - B. Associated with hyperlipidemia.
  - C. Membranous glomerulonephritis is the most common cause of primary nephrotic syndrome in adults.
  - D. Hypertension is characteristic.
37. The false finding in End Stage Renal Failure patients is;-
- A. Metastatic calcification.
  - B. Peripheral neuropathy
  - C. Hypophosphatemia
  - D. Peptic ulcer disease and GI bleeding.
38. The incorrect statement in renal transplant patients is;-
- A. Identical twin donor and recipient, require no immunosuppression..
  - B. Infection is the most common cause of morbidity and mortality in the early stages, with 80% developing infection in the first year.
  - C. Rejection of graft over 1 year post transplant indicated chronic rejection which results in progressive loss of renal function.
  - D. Cyclosporine toxicity rarely is a complication due to predictable levels.
39. The most likely organism to cause a Urinary Tract Infections is;-
- A. Staph saprophyticus
  - B. E. coli
  - C. Pseudomonas
  - D. Klebsiella
40. The recommended number of white cells on microscopy to make the diagnosis of a definite UTI is;-
- A. 1000 per  $mm^3$

- B. 10000
  - C. 50000
  - D. 100000
41. Regarding urinalysis which is incorrect;-
- A. The haematuria square will also be positive for myoglobinuria and haemoglobinuria
  - B. Pyuria is nearly always present in a uti
  - C. Nitrates are not seen if the urinary tract infection is caused by gm+ve or pseudomonas
  - D. Vitamin c gives many false positives – nitrites, bilirubin, ketonuria
42. If a patient presents with dysuria and 100-1000 WBC, The appropriate decision regarding antibiotic use is;-
- A. Start antibiotics
  - B. Stop antibiotics
  - C. Repeat culture in 2 weeks
  - D. Start antibiotics if results of the culture are positive
43. The group of people unlikely to need treatment for their asymptomatic bacteriuria- assuming their renal tracts are normal is;-
- A. Pregnant women
  - B. Young children
  - C. Non pregnant women
  - D. Men under 60 years of age
44. The imaging modality of choice in suspected renal haematuria is;-
- A. Intra Venous Pyelogram
  - B. CT scan
  - C. Angiography
  - D. Retrograde ureteroscopy
45. The statement that is incorrect regarding renal trauma is;-
- A. Blunt trauma with microscopic haematuria and no other signs of injury does not need imaging
  - B. Blunt trauma with microscopic haematuria and fracture 11/12 ribs and flank tenderness warrants imaging
  - C. A major renal injury cannot occur without macroscopic haematuria
  - D. Penetrating trauma in the region of the kidney with microscopic haematuria warrants imaging
46. The incorrect statement regarding bladder injury is;-
- A. They usually rupture intraperitoneally rather than extra peritoneal
  - B. They are usually associated with a pelvic fracture
  - C. Investigation of choice is retrograde cystogram
  - D. The rupture can be both intra and extraperitoneal
47. The most common cause of acute renal failure is;-
- A. Ischemic ATN
  - B. Nephrotoxic ATN

- C. Acute tubule interstitial nephritis  
D. Acute glomerulonephritis
48. Haematuria, hypertension, proteinuria and red cell casts in the urine are indicative of;-  
A. Nephrotic syndrome  
B. Hepatorenal syndrome  
C. Nephritic conditions  
D. Rhabdomyolysis
49. The percentage renal function that can be lost but still have a creatinine in the normal range is;-  
A. 20%  
B. 35%  
C. 50%  
D. 60%
50. These findings would not suggest Chronic Renal Failure as opposed to Acute Renal Failure;-  
A. Normochromic, normocytic anaemia  
B. Radiologic evidence of renal osteodystrophy  
C. Polyuria, nocturia  
D. 10cm size kidneys
51. The false feature of pre renal ARF is;-  
A. Decreased GFR  
B. High specific gravity  
C. Blood urea: creatinine ratio >100:1  
D. Urine osmolality<500
52. The following is not a principal of treatment in ATN due to rhabdomyolysis;-  
A. Correct hyperkalemia  
B. Give normal saline to correct hypovolemia  
C. Give frusemide or mannitol to encourage a diuresis  
D. Aim for PH<6
53. The true statement is;-  
A. Trials of high dose frusemide have not proven it to be of benefit in Acute Renal Failure, unless the patient is fluid overloaded  
B. Dopamine at 1-5mg/kg/min is only indicated where hypovolemia has been corrected but the patient is still oliguric despite the use of diuretics  
C. Both A and B are incorrect  
D. Both A and B are correct
54. The incorrect statement regarding post streptococcal Glomerulo Nephritis is;-  
A. It is seen especially in children  
B. It usually occurs 7-14 days post throat infections  
C. It usually occurs 7-14 days post skin infections  
D. Treatment of the primary illness with antibiotics will prevent glomerulonephritis

55. The most common cause of Chronic Renal Failure is;-
- A. Diabetes mellitus
  - B. Hypertension
  - C. Polycystic kidney disease
  - D. Analgesic nephropathy
56. The most common cause of death in patients with Chronic Renal Failure is;-
- A. Infection/sepsis
  - B. Cardiac causes
  - C. Cardiovascular accident
  - D. Self -withdrawal from dialysis
57. The biochemical abnormality not seen in Chronic Renal Failure is;-
- A. Hypocalcemia
  - B. Hyperphosphatemia
  - C. Increased erythropoietin
  - D. Anaemia
58. The following statements regarding the investigation and treatment of urinary tract infection is correct;-
- A. Asymptomatic bacteriuria in pregnancy does not require treatment
  - B. Leukocyte esterase is a sensitive test regardless of the absolute degree of pyuria
  - C. A single dose antibiotic regimen will adequately treat subclinical pyelonephritis
  - D. Norfloxacin is not recommended as a first line treatment for uncomplicated UTI in females
59. The commonest cause of acute glomerulonephritis is;-
- A. Berger's disease (IgA nephropathy)
  - B. Post streptococcal glomerulonephritis
  - C. Good pasture's syndrome (Anti-glomerular basement membrane disease)
  - D. Systemic Lupus Erythematosus
60. The following patients with pyelonephritis can be safely treated as an outpatient;-
- A. A 75-year-old diabetic female
  - B. A 20-year-old 20-week pregnant female with mild abdominal cramping
  - C. A 30-year-old female with persistent vomiting and fever
  - D. None of the above can be safely treated as outpatients
61. A chronic renal dialysis patient is brought to the ED in cardiac arrest. The MOST likely cause is;-
- A. Pericardial effusion
  - B. Hyperkalemia
  - C. Hypocalcemia
  - D. Post dialysis hypotension
62. All of the following substances cause urinary retention EXCEPT;-
- A. Methamphetamines
  - B. Ephedrine
  - C. Cogentin
  - D.  $\beta$ -blockers

63. All of the following are causes of post renal failure EXCEPT;-
- A. Bladder tumor
  - B. Neurogenic bladder
  - C. Urethral prolapse
  - D. Retroperitoneal fibrosis
64. A patient with type 1 diabetes has been prescribed rapid-acting insulin. The best time to administer this medication relative to meals is;-
- A. 2 hours after meals
  - B. 30 minutes before meals
  - C. At bedtime
  - D. Just before or immediately after meals
65. It is important to rotate insulin injection sites because;-
- A. To prevent the development of hypoglycemia
  - B. To enhance the speed of insulin absorption
  - C. To prevent lipodystrophy at injection sites
  - D. To avoid overdose
66. A patient on a long-acting insulin like glargine is experiencing frequent hypoglycemia at night. The possible solution is;-
- A. Administering glargine in the morning
  - B. Switching to rapid-acting insulin
  - C. Increasing bedtime snacks
  - D. Using intermediate-acting insulin instead
67. The following laboratory results indicates effective insulin therapy;-
- A. Random glucose of 220 mg/Dl
  - B. HbA1c of 6.2%
  - C. Fasting glucose of 140 mg/dL
  - D. Post-prandial glucose of 200 mg/dL
68. Insulin type that can be used intravenously during diabetic ketoacidosis (DKA);-
- A. Long-acting insulin
  - B. Intermediate-acting insulin
  - C. Rapid-acting insulin
  - D. Regular insulin
69. A patient accidentally injects 20 units of regular insulin instead of 10 units. The nurse's first action;-
- A. Call the healthcare provider immediately
  - B. Monitor blood glucose levels closely
  - C. Provide an additional dose of insulin
  - D. Restrict carbohydrate intake
70. The insulin is not effective when taken orally because;-
- A. It causes nausea and vomiting
  - B. It is metabolized by the stomach acid
  - C. It is rapidly degraded by liver enzymes
  - D. It causes allergic reactions

71. The rationale for using a combination of basal and bolus insulin in diabetes management is;-
- A. To prevent insulin resistance
  - B. To mimic the pancreas' natural insulin secretion
  - C. To reduce injection frequency
  - D. To eliminate the need for glucose monitoring
72. A patient on premixed insulin complains of post-lunch hyperglycemia, the best intervention is ;-
- A. Decrease the morning dose
  - B. Increase the morning dose
  - C. Add a lunchtime dose of rapid-acting insulin
  - D. Switch to basal insulin only
73. The factor that can increase the risk of hypoglycemia in patients taking insulin is;-
- A. Sedentary lifestyle
  - B. Alcohol consumption
  - C. Infection
  - D. Weight gain
74. The class of oral hypoglycemic agents that stimulates insulin release from beta cells is;-
- A. Biguanides
  - B. Sulfonylureas
  - C. Alpha-glucosidase inhibitors
  - D. SGLT2 inhibitors
75. A patient taking metformin reports muscle pain and fatigue. The serious complication indicated by this report is;-
- A. Hypoglycemia
  - B. Lactic acidosis
  - C. Renal failure
  - D. Liver dysfunction
76. The Oral hypoglycemic agent contraindicated in patients with heart failure is;-
- A. Sulfonylureas
  - B. Thiazolidinediones (TZDs)
  - C. Biguanides
  - D. Alpha-glucosidase inhibitors
77. Metformin should be withheld before and after contrast imaging studies;-
- A. To prevent hypoglycemia
  - B. To reduce the risk of lactic acidosis
  - C. To avoid renal impairment
  - D. To increase drug efficacy
78. A patient using sulfonylureas is experiencing recurrent hypoglycemia. The lifestyle adjustment that can help mitigate this is;-
- A. Skipping meals
  - B. Eating frequent small meals
  - C. Decreasing physical activity

- D. Consuming alcohol before meals
79. The mechanism that explains the action of SGLT2 inhibitors is;-
- A. Increasing insulin sensitivity in peripheral tissues
  - B. Delaying carbohydrate absorption in the intestines
  - C. Enhancing urinary glucose excretion
  - D. Stimulating pancreatic beta-cell function
80. The primary advantage of DPP-4 inhibitors over sulfonylureas is;-
- A. Lower risk of hypoglycemia
  - B. Faster onset of action
  - C. Increased weight loss
  - D. Enhanced absorption of glucose
81. A patient on metformin develops symptoms of shortness of breath and chest discomfort. The condition to be ruled out is;-
- A. Hypoglycemia
  - B. Lactic acidosis
  - C. Pulmonary embolism
  - D. Hyperglycemia
82. When prescribing alpha-glucosidase inhibitors, the dietary advice is;-
- A. Avoid high-protein meals
  - B. Take medication with the first bite of food
  - C. Restrict fat intake
  - D. Avoid alcohol completely
83. The oral hypoglycemic agent that can assist with weight loss in patients with type 2 diabetes is;-
- A. Biguanides
  - B. Thiazolidinediones
  - C. Sulfonylureas
  - D. SGLT2 inhibitors
84. The most appropriate time to take levothyroxine is;-
- A. Before bedtime with milk
  - B. Immediately after meals
  - C. Early morning on an empty stomach
  - D. With food to reduce gastric irritation
85. A patient on levothyroxine therapy reports palpitations and weight loss, because;-
- A. Overdosage of levothyroxine
  - B. Hypothyroidism relapse
  - C. Poor compliance with medication
  - D. Concurrent iron supplementation
86. Levothyroxine should not be taken with calcium or iron supplements;-
- A. It increases the risk of hyperthyroidism
  - B. It decreases drug absorption
  - C. It enhances drug metabolism
  - D. It delays onset of action

87. A patient misses a dose of levothyroxine. The best advice is;-
- A. Double the next dose
  - B. Skip the dose entirely
  - C. Take it as soon as remembered
  - D. Stop taking the medication
88. The expected change in TSH levels for a patient on adequate levothyroxine therapy is;-
- A. Elevated TSH
  - B. Suppressed TSH
  - C. Normalized TSH
  - D. TSH remains unchanged
89. The following would necessitate an increase in levothyroxine dose;-
- A. Pregnancy
  - B. Weight loss
  - C. Aging
  - D. Discontinuation of oral contraceptives
90. The priority nursing intervention for a patient with a nursing diagnosis of “altered tissue perfusion related to inadequate systemic circulation” in hypertensive emergency is:-
- A. Neurological care
  - B. Vasodilator therapy
  - C. Beta-blocker therapy
  - D. Oxygen therapy
91. Pheochromocytoma is an adrenal tumor that causes hypertension due to circulation of:-
- A. Enzymes
  - B. Catecholamine
  - C. Hormones
  - D. Glucocorticoids
92. The appropriate medical management for a patient with tetanus is:-
- A. Administration of sedatives and tetanus immunoglobulin
  - B. Administration of tetanus toxoid serum
  - C. Administration of Sedation and paralysis
  - D. Administration of barbiturates and antimicrobials

93. The enzyme responsible for degradation of acetylcholine effect is at presynaptic nerve ending include:-
- A. Acetylcholine inhibitors
  - B. Acetylcholinesterase
  - C. Choline polymerase
  - D. Anticholinesterase
94. The pharmacologic agent indicated to reverse muscle paralysis in Malathion poisoning is:-
- A. Panicronium
  - B. Pralidoxime
  - C. Neostigime
  - D. Succylcholine
95. The goal of management for a 22-year old client at 26 weeks gestation with eclampsia include:-
- A. Control hypertension and admit for close monitoring
  - B. Perform obstetric scan to verify fetal viability and start dexamethasone
  - C. Control hypertension, start magnesium sulphate and monitor closely
  - D. Control hypertension, start magnesium sulphate and deliver the fetus immediately
96. The priority interventions in management of severe sepsis include:
- A. Antibiotics and fluid therapy
  - B. Antibiotic therapy and inotropes
  - C. Colloid fluids and antibiotics
  - D. Crystalloid fluids and inotropes
97. The most appropriate intervention for a victim of tension pneumothorax include;
- A. Chest X-Ray
  - B. Oxygenation and ventilation
  - C. Needle decompression
  - D. Expert consultation
98. The cardinal features of disseminated intravascular coagulation include:-
- A. Prolonged clotting time and normal partial thromboplastin time
  - B. Excessive bleeding and delayed clotting time
  - C. Prolonged clotting time and adequate fibrin degradation factors

- D. Normal clotting time and depletion of fibrinogen
99. The following indicates that a patient with acute renal failure has prerenal oliguria ;
- A. Urine testing reveals a low specific gravity
  - B. The causative factor is malignant hypertension
  - C. Urine testing reveals a high sodium concentration
  - D. Reversal of the oliguria occurs with fluid replacement
100. Tubular damage is indicated in patient with acute renal failure by a urinalysis finding of;-
- A. Hematuria
  - B. Specific gravity fixed at 1.010
  - C. Urine sodium of 12 mEq/L
  - D. Osmolality of 100 mOsm/kg
101. Metabolic acidosis occurs in the oliguric phase of acute renal failure as a result of impaired ;-
- A. Ammonia synthesis
  - B. Excretion of sodium
  - C. Excretion of bicarbonate
  - D. Conservation of potassium
102. The following conditions causes an elevation of BUN and serum creatinine levels in a patient with acute renal failure ;-
- A. Massive trauma
  - B. Bladder obstruction
  - C. Decompensated heart failure
  - D. Acute glomerulonephritis
103. The following is an indicator that a patient with acute renal failure is in recovery phase;-
- A. A return to normal weight
  - B. A urine output of 3700 mL/day
  - C. Decreasing BUN and creatinine levels
  - D. Decreasing sodium and potassium levels

104. A patient with acute renal failure has a serum potassium level of 6.8 mEq/L and the following ABG results: pH 7.28, PaCO<sub>2</sub> 30, PaO<sub>2</sub> 86, HCO<sub>3</sub> 18. The treatment of the acid base problem would cause a decrease in the ;-
- A. PH
  - B. Potassium level
  - C. Bicarbonate level
  - D. Carbon dioxide level
105. The following tests indicates chronic kidney disease phase ;-
- A. The total daily urine output
  - B. The GFR
  - C. Serum creatinine and urea levels
  - D. The degree of altered mental status
106. The nurse identifies a nursing diagnosis of risk for injury: fracture related to alterations in calcium and phosphorus metabolism for a patient with chronic renal disease. The pathologic process directly related to the risk for fractures is
- A. Loss of aluminum through the impaired kidneys
  - B. Deposition of calcium phosphate in soft tissues of the body
  - C. Impaired vitamin D activation resulting in decreased absorption of calcium
  - D. Increased release of parathyroid hormone in response to decreased calcium levels
107. A patient with chronic renal insufficiency weighs 70 kg and has the following laboratory results: Creatinine clearance 18mL/min; potassium 6.8 mEq/L; BUN 75 mg/dL; serum creatinine 6.3 mg/dL. An appropriate dietary modification for the patient is ;-
- A. A protein restriction of 70 g/day
  - B. A potassium restriction of 2 to 3 g/day
  - C. A sodium restriction of 1000 mg/day
  - D. Unlimited intake of breads and cereals
108. The most appropriate snack for a patient with chronic renal disease is ;-
- A. Ground nuts
  - B. Ice cream
  - C. Cookies
  - D. Hard candy

109. During the nursing assessment of the patient with renal insufficiency, the nurse asks the patient specifically about a history of ;-
- A. Angina
  - B. Asthma
  - C. Hypertension
  - D. Rheumatoid arthritis
110. To prevent the most common serious complication of peritoneal dialysis (PD), it is important for the nurse to ;-
- A. Infuse the dialysate slowly
  - B. Use strict aseptic technique in the dialysis procedures
  - C. Have the patient empty the bowel before the inflow procedure
  - D. Reposition the patient frequently and promote deep breathing.
111. The composition of the peritoneal dialysate solution requires careful monitoring of the patient who also has ;-
- A. Diabetes
  - B. Liver failure
  - C. Heart failure
  - D. Chronic obstructive pulmonary disease
112. The nurse evaluates the patency of an AV graft by ;-
- A. Palpating for pulses distal to the graft site
  - B. Auscultating for the presence of a bruit at the site
  - C. Evaluating the color and temperature of the extremity
  - D. Assessing for the presence of numbness and tingling distal to the site
113. A patient returns from her initial hemodialysis treatment with nausea, confusion, twitching and jerking. The pathophysiologic mechanism of dialysis responsible for these manifestations is a
- A. Loss of blood into the dialyzer caused by heparin use
  - B. Rapid removal of vascular volume causing hypovolemia
  - C. High osmotic gradient in the brain causing cerebral edema
  - D. Neuromuscular hypersensitivity resulting from fluid and sodium loss
114. Contraindications to kidney transplantation include

- A. Hepatitis C infection
  - B. Coronary artery disease
  - C. Refractory hypertension
  - D. Extensive vascular disease
115. During the immediate postoperative care of the recipient of a kidney transplant, the nurse expects to ;-
- A. Regulate fluid intake hourly based on urine output
  - B. Find urine tinged drainage on the abdominal dressing
  - C. Medicate the patient frequently for incisional flank pain
  - D. Remove the Foley catheter to evaluate the ureteral implant
116. The Signs and symptoms of chronic rejection of the kidney are caused by;-
- A. Recurrence of the original kidney disease
  - B. Gradual occlusion of the renal blood vessels
  - C. T-cytotoxic cell attack on the foreign kidney
  - D. Destruction of kidney tissue by sensitized antibodies
117. The Signs and symptoms of acute rejection that the nurse should teach the patient to observe for include ;-
- A. Tachycardia and headache
  - B. Fever and painful transplant site
  - C. Severe hypotension and weight loss
  - D. Recurrent urinary tract infections and oral yeast infections
118. Statement regarding bladder injury that is incorrect is;-
- A. They usually rupture intraperitoneally rather than extraperitoneal
  - B. They are usually associated with a pelvic fracture
  - C. Investigation of choice is retrograde cystogram
  - D. The rupture can be both intra and extraperitoneal
119. The commonest renal causes of acute renal failure is;-
- A. Ischemia
  - B. Nephrotoxicity
  - C. Acute tubulointerstitial nephritis

D. Acute glomerulonephritis

120. Haematuria, hypertension, proteinuria and red cell casts in urine are indicative of:-

A. Nephrotic syndrome

B. Hepatorenal syndrome

C. Nephritic conditions

D. Rhabdomyolysis

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