



**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: 11/12/2024

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. The following statement by a critically ill patient demonstrates psychological distress;-
 - A. “My legs heart right here”
 - B. “I’m so worried about my wife”
 - C. “I don’t know how I will get to my appointment”
 - D. “Why did I get this disease”
2. The following question in pain assessment is important for a patient with rheumatoid arthritis affecting the hands and feet;-
 - A. Have you lost weight
 - B. How are you feeling overall?
 - C. Have you noticed a fever?
 - D. How does it affect your life?
3. Neuropathic pain is;-
 - A. A result of disorder nerve function
 - B. Rarely responsive to opioids
 - C. Due to direct stimulation of intact nociceptors
 - D. Usually treated with anti- inflammatory agents
4. The following is important in determining maximum dose of oral morphine during dose titration;-
 - A. Pain relief
 - B. Respiratory depression
 - C. Risk of overstepping regulatory limits
 - D. Strength of the pill
5. Pharmacologic tolerance develops to all the following side effect of opioids. EXCEPT;-
 - A. Sedation
 - B. Respiratory depression
 - C. Constipation
 - D. Nausea
6. All of the following are key elements of palliative care. EXCEPT
 - A. Pain and symptom management
 - B. Psychological and spiritual support
 - C. Getting the patient to be DNR
 - D. Coordination of care
7. The following is the single most important supplemental therapy to consider at time of starting patients on opioids;-
 - A. NSAIDS for adjuvant pain
 - B. Laxatives for constipation
 - C. Anti-depressants to supplement pain relief
 - D. Anti-emetic for nausea

8. A life-limiting condition is one that;-
- A. Can be cured immediately if treated correctly
 - B. Is life-threatening if not treated immediately
 - C. Will shorten the person's life span as there is no hope for a cure
 - D. Needs care and support at the end-of-life only
9. The goal of palliative care is;-
- A. Cure the condition
 - B. Hasten death
 - C. Maximize quality of life
 - D. Look after the doctors and nurses caring for the patient
10. The palliative care needs of children differ to those of adults;-
- 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
11. When should palliative care be offered;-
- A. When the doctor refers the child to a hospice
 - B. After the doctor has informed the family that curative treatment is no longer feasible
 - C. Alongside curative care from the time of diagnosis of a life-threatening or life-limiting illness
 - D. To children whose family can afford palliative care services
12. The most essential members of palliative care team are;-
- A. Nurse and social worker
 - B. Doctor and nurse
 - C. Doctors and spiritual carer
 - D. Nurse and nutritionist
13. Any form of loss may precipitate
- A. Bereavement
 - B. Grief
 - C. Mourning
 - D. Actual loss
14. Palliative care nurses' self-awareness may be most critical when dealing with
- A. Prognostic issues
 - B. Ethical issues
 - C. End of life issues
 - D. Loss of self-care ability

15. A person facing eminent death may cry often, become socially withdrawn, or become mute. This may be indicative of:
- A. Isolation
 - B. Bargaining
 - C. Anger
 - D. depression
16. Respite care is best suited for
- A. Informal care givers
 - B. Patients nearing death
 - C. Closest relative to terminally ill family member
 - D. Palliative care nurse
17. 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.
18. Palliative sedation aims at:-
- A. Symptoms management
 - B. Treatment of agitation
 - C. Reduce patient's awareness of distressing symptoms
 - D. Encourage safety and comfort
19. Do Not Resuscitate Order often accompany situations when the prognosis of the patient is approximately;-
- A. Between 6 and 12 months
 - B. Between 3 and 6 months
 - C. Less than 6 months
 - D. Less than 12 months
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. Goals of nutrition in palliative care include all the following except;
- A. Correct nutrition
 - B. Help recovery and healing
 - C. Improve quality of life
 - D. Improve the living state

22. The ethical framework of palliative care addresses the following;-
- A. Autonomy, privacy, self-awareness
 - B. Confidentiality, justice, access
 - C. Consent, confidentiality, privacy
 - D. Self-awareness, beneficence, privacy
23. The following statement is true about an 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
24. While taking care of a suffering palliative care patient, the patient and the health care provider agree to withdraw the ventilator to allow the patient to rest. The type of Euthanasia used in this case is;-
- A. Voluntary
 - B. Active
 - C. Involuntary
 - D. Passive
25. The following statement is true about grief and bereavement;-
- A. Grief is synonymous with mourning
 - B. Grief is the natural process one goes through to accept a major loss
 - C. Grief only occurs after the loss of a loved one
 - D. Grief is the anguish experienced after a significant loss
26. According to Elizabeth 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. As a palliative care nurses, you are taking care of a bereaved patient who keeps on lamenting to his god why the loss had to happen, which stage of grief the patient going through?
- A. Acceptance
 - B. Denial
 - C. Depression
 - D. Bargaining
 - E. Anger

28. The following is an extrinsic risk factor for development of pressure ulcers;-
- A. Extreme age
 - B. Skin shearing
 - C. Vascular diseases
 - D. Previous history of pressure damage
29. Pharmacologic tolerance develops to all of the following side effects of opioid analgesics, EXCEPT
- A. Constipation
 - B. Respiratory depression
 - C. Nausea
 - D. Sedation
30. The use of supplemental oxygen for the relief of dyspnea in palliative care
- A. is useful for all patients with dyspnea
 - B. is harmless
 - C. is not useful for patients with normal oxygen saturations
 - D. is useful only in COPD patients.
31. Vasopressin is a drug given to patient with: -
- A. Syndrome of inappropriate antidiuretic hormone secretion (SIADHs) with symptoms
 - B. Hypothyroidism without symptoms
 - C. Diabetes insipidus post treatment
 - D. Pheochromocytoma before treatment
32. The thymus gland is useful in
- A. The recruitment of t-cell as immature lymphocytes
 - B. The recruitment of t-cell as mature lymphocytes
 - C. Destruction of t-cells to avoid malignancy
 - D. Mopping up t-cells in the lymphatic fluid
33. Diabetes ketoacidosis is common in: -
- A. Young people with type 1 diabetes
 - B. Young people with type 2 diabetes
 - C. Older adults with type 1 diabetes
 - D. Older adults with type 2 diabetes

34. A patient taking levothyroxine should: -
- A. Take on tablet early in the morning before breakfast
 - B. Take two doses of the drug in case of a missed dose
 - C. Stop taking the drug after 3years after check up by the doctor
 - D. Expect the drug to start working after 48hours
35. The target gland for the hormone adrenocorticotrophic hormone is: -
- A. The cortex of the adrenal gland
 - B. The medullar of the adrenal gland
 - C. The bulb of adrenal gland
 - D. The middle portion of the adrenal gland
36. Luteinizing hormone in male is responsible for: -
- A. Sperm production via the Sartori cells
 - B. Sperm production via the Leydig cells
 - C. Testosterone hormone production via the Leydig cells
 - D. Directly influences the development of male Secondary sexual characteristics
37. Polyphagia is a symptom relating to: -
- A. Excess thirst
 - B. Excess hunger
 - C. Excess urination
 - D. Pain when swallowing
38. A patient with Addison disease is likely to have: -
- A. Hirsutism and high blood pressure
 - B. Moon face and truncal obesity
 - C. High glucose and high sodium level
 - D. High potassium above 5meq and hyperpigmentation

39. The Gland referred to as the master gland is: -
- A. The Hypothalamus
 - B. The Pituitary
 - C. The pancreases
 - D. The kidney
40. The purpose of testes descending into the scrotum in males is: -
- A. Because the spermatogenesis requires a lower temperature than the body temperature
 - B. The sperms production needs to take place in a pouch
 - C. Because sperms are stored in the scrotum
 - D. Because the inguinal canal closed after birth
41. The use of HCG in hypogonadism is: -
- A. It mimics the natural gonadotrophins
 - B. It is converted into synthetic luteinizing hormone
 - C. It is converted into follicle stimulating hormone
 - D. It is converted into estrogen hormone
42. The steroid hormones include: -
- A. Adrenaline and cortisol
 - B. Thyroid hormone and testosterone
 - C. Noradrenaline and parathyroid hormone
 - D. Cortisol and aldosterone
43. The hormones that affect milk production and milk letdown respectively are: -
- A. Oxytocin and prolactin
 - B. Prolactin and oxytocin
 - C. Aldosterone and cortisol
 - D. Androgen and cortisol

44. A patient suffering from hypoparathyroidism will present with: -
- A. Kidney stone and fractured bones
 - B. Constipation and history of osteoporosis
 - C. Hypercoagulability of blood and muscle dystrophy
 - D. Chvostek sign and trousseau's sign
45. A patient with pheochromocytoma will have: -
- A. High level adrenaline and low level of noradrenaline
 - B. High level of noradrenaline and low level of adrenaline
 - C. Normal adrenaline levels and reduced noradrenaline
 - D. High level of both adrenaline and noradrenaline
46. A patient with excess growth hormone before puberty is likely to suffer from: -
- A. Gigantism
 - B. Acromegaly
 - C. Dwarfism
 - D. Muscular atrophy
47. The following statements is true about the pancreas: -
- A. The delta cells in the pancreas produce glucagon
 - B. The beta cells in the pancreas produce somatostatin
 - C. The pancreas is both an exocrine and an endocrine gland
 - D. The pancreas is the storage site for glycogen
48. Low Calcitonin hormone result into: -
- A. Brittle bones
 - B. Muscle spasms
 - C. Abnormal rhythms in the heart
 - D. Palpitations due to increased heart rate

49. The hormone somatostatin influences the production of: -
- A. Pituitary hormone and oxytocin hormones
 - B. Growth hormone and thyroid hormone
 - C. The cortisol and aldosterone hormone
 - D. Insulin and glucagon hormone
50. Chronic kidney disease would lead to: -
- A. Anemia, low blood pressure and low calcium level
 - B. Polycythemia, high blood pressure and kidney stones
 - C. Thrombocytopenia, thalassemia and hypotension
 - D. Anemia, hypertension and low vitamin D reabsorption
51. Glucagon is produced in the pancreas by which cells?
- A. Alpha cells
 - B. Beta cells
 - C. Delta cells
 - D. F cells
52. Levels of which hormone are controlled by positive feedback?
- A. Growth hormone
 - B. Thyroid-stimulating hormone
 - C. Oxytocin
 - D. Insulin
53. This hormone acts on the intestines and causes increased calcium absorption:
- A. Calcitonin
 - B. Calcitriol
 - C. Thyroxine
 - D. Pancreatic polypeptide
54. The hormone that is secreted in response to high blood glucose is
- A. Insulin
 - B. Glucagon
 - C. Cortisol
 - D. Oxytocin

55. Somatostatin is secreted by:
- A. The pancreatic delta cells
 - B. The pancreatic polypeptide cells
 - C. The zonafasciculata
 - D. The posterior pituitary
56. A lack of or decrease in insulin hormone receptors on cells can result in:
- A. Diabetes insipidus
 - B. Type 1 diabetes mellitus
 - C. Type 2 diabetes mellitus
 - D. Juvenile diabetes
57. Ionized calcium:
- A. Forms 60% of total blood calcium
 - B. Cannot be filtered by the kidneys
 - C. Low levels stimulate calcitonin secretion
 - D. Levels in blood are increased by increase in H^+ concentration
58. Insulin can be described as:
- A. Gluconeogenic
 - B. Ketogenic
 - C. Protein anabolic
 - D. Diuretic
59. T3 is different from T4 in that:
- A. It binds to receptors located on cell membranes
 - B. Its concentration increases in starvation
 - C. Its volume of distribution is high
 - D. It increases the efficiency of energy utilization
60. The following hormone is not secreted by the adenohypophysis:-
- A. ADH
 - B. ACTH
 - C. TSH
 - D. FSH
61. All of the following are stimuli for growth hormone release except :
- A. Hypoglycemia
 - B. Stress
 - C. Obesity
 - D. Exercise
62. C-cells are present in :
- A. Thyroid gland
 - B. Adrenal cortex
 - C. Parathyroid gland
 - D. Pituitary gland

63. The following is not an action of thyroid hormone :
- A. Raises BMR
 - B. Increases cardiac output
 - C. Decreases cholesterol
 - D. Loss of libido
64. A patient with hypothyroidism is likely to have :
- A. Diarrhoea
 - B. Weight gain
 - C. Exophthalmos
 - D. Wet skin
65. Renal calculi is seen in :
- A. Hyperthyroidism
 - B. Hyperparathyroidism
 - C. Cushing's disease
 - D. Addison's disease
66. All are seen in Cushing's syndrome except :
- A. Truncal obesity
 - B. Hypertension
 - C. Hypoglycemia
 - D. Hirsutism
67. In Addison's disease, the following is seen :
- A. Hyperkalemia
 - B. Increase in ecf volume
 - C. Hyperglycemia
 - D. High blood pressure
68. Full development and function of the seminiferous tubules require
- A. Androgens and FSH.
 - B. Oxytocin.
 - C. FSH
 - D. LH
69. In primary survey, management of airway comprises of:-
- A. Oxygen therapy
 - B. Airway suctioning
 - C. Airway opening and cervical immobilization
 - D. Assess breathing and circulation

70. On assessment of a trauma victim, the nurses noted Paradoxical chest movement, this finding is suggestive of:-
- A. Rib fractures
 - B. Penetrating chest injury
 - C. Pneumothorax
 - D. Flail chest
71. The physiological alteration in shock states include:-
- A. Peripheral vasodilation
 - B. Tissue hypoperfusion
 - C. Hypermetabolic activation
 - D. Hypometabolic activation
72. The presence of Grey-Turner sign on frank abdomen is suggestive of:-
- A. Acute intestinal perforation
 - B. Abdominal wall haematoma
 - C. Diaphragmatic rupture
 - D. Retroperitoneal haemorrhage
73. The phase of disaster cycle characterized by education and sensitization is referred to as:-
- A. Mitigation phase
 - B. Preparedness phase
 - C. Response phase
 - D. Recovery phase
74. Priority intervention for a patient with anaphylaxis reaction include:-
- A. Position patient on sitting up position
 - B. Maintain patent airway
 - C. Assess for breathing
 - D. Administer epinephrine

75. In a multiple-trauma victim, one of the following assessment finding signals the most serious and life-threatening condition:-
- A. A deviated trachea
 - B. Gross deformity in a lower extremity
 - C. Decreased bowel sounds
 - D. Haematuria
76. Using Parkland's formula, calculate the fluid requirement for a patient with 20% partial thickness burns, weighing 75kg over the 1-24 hours.
- A. 3000mls
 - B. 1200mls
 - C. 600mls
 - D. 6000mls
77. Priority intervention for a victim with inhalational burns include:-
- A. Fluid therapy
 - B. Pain control
 - C. Airway management
 - D. Vital signs
78. A patient is brought to emergency department with history of opioid overdose. The appropriate reversal agent will include:-
- A. Naloxone
 - B. Phentolamine
 - C. Activated charcoal
 - D. Methadone

79. The primary investigation for a patient with suspected acute myocardial infarction include:-
- A. 12-Lead electrocardiogram
 - B. Urgent head CT-scan
 - C. Bedside electroencephalogram
 - D. Neurological examination
80. Prompt recognition and treatment of cardiopulmonary arrest is important due to the need to maintain oxygen supply to the ;-
- A. Heart
 - B. Brain
 - C. Lungs
 - D. Blood vessels
81. An unresponsive client is admitted to the emergency room with a history of poisoning. The client is semi-comatose and frothing, the first step in emergency treatment of the client would be:
- A. Checking the client's vital signs
 - B. Administering intravenous atropine
 - C. Check pupil size
 - D. Administering intravenous
82. Component of revised trauma score include:-
- A. Intracranial pressure
 - B. GCS score
 - C. Temperature
 - D. Mean arterial pressure
83. Determine the cerebral perfusion pressure (CPP) for the following patient's parameters: - Mean arterial pressure (MAP) 75mmHg and intracranial pressure (ICP) -10mmHg.
- A. 85 mmHg
 - B. 70mmHg
 - C. 60mmHg
 - D. 65mmHg

84. A 65-year-old patient arrived at the triage area with complaints of diaphoresis, dizziness, and left-sided chest pain. This appropriate category for this patient include:
- A. Non-urgent
 - B. Urgent
 - C. Emergent
 - D. High urgent
85. A 30-year-old man presents to the Emergency Department following a high speed motor vehicle accident. He has a Glasgow Coma Score of 7 and arrives with a cervical collar in situ and an 18 gauge intravenous cannula on his right hand. The priority intervention for this patient include:-
- A. Insert a large bore intravenous cannula
 - B. Perform a cervical spine X-ray
 - C. Perform a plain chest and pelvic X-ray
 - D. Secure the airway with an endotracheal tube
86. The type of shock associated with fracture of pelvis is:-
- A. Distributive
 - B. Hypovolemic
 - C. Obstructive
 - D. Cardiogenic
87. One of the following is a priority action while caring for a victim of sexual assault:-
- A. Provide emotional support and supportive communication
 - B. Assess immediate emotional state and physical injuries
 - C. Ensure that the “chain of custody” is maintained
 - D. Collect hair samples, saliva swabs, and scrapings beneath fingernails
88. The Nicotinic effect manifested in organophosphate poisoning include:-
- A. Miosis
 - B. Abdominal pains
 - C. Fasciculation
 - D. Bronchospasms
89. The neurotransmitters altered in status epilepticus include:-
- A. Dopamine and glutamate
 - B. Norepinephrine and GABA
 - C. Dopamine and serotonin
 - D. Glutamate and GABA

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 circulating of:-
- A. Enzymes
 - B. Catecholamine
 - C. Hormones
 - D. Glucocorticoids
92. The appropriate medical management for a patient of tetanus include:-
- 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 the 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, PaCO₂ 30, PaO₂ 86, HCO₃ 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