U2 Nephrology

U3 Сhronic kidney disease

 **#GFR: 68 ml/min/1.73m2 . What CKD stage is it?**

stage 1

+stage 2

stage 3

stage 4

stage 5

**#Indications for starting renal replacement therapy in a patient with chronic kidney disease stage 5**

GFR less than 20 ml/min.

GFR less than 15 ml/min.

+GFR less than 10 ml/min.

GFR less than 5 ml/min.

**#The renal protective effect have**

+ACE inhibitors

β-blockers

calcium channel blockers (CCB)

diuretics

**#In which of the following circumstances would the treatment of anaemia with erythropeitin still be expected to be effective?**

aluminium toxicity

folate deficiency

+hyperkalaemia

infection

iron deficiency

**#A patient with chronic kidney disease stage 4 have pain in the first metatarsophalangeal joint on the right, redness, swelling. Which of the following laboratory test is the most appropriate for this patient's condition?**

potassium 7.0 mmol/l

+uric acid 600 µmol/L

urea and 15.3 mmol/l

calcium 2.1 mmol/l

**#GFR: 10 ml/min/1.73m2 What CKD stage is it?**

stage 1

stage 2

stage 3

stage 4

+stage 5

**#The main cause of anemia in patients with chronic kidney disease:**

vitamin B12 deficiency

folic acid deficiency

+reduced production of erythropoietin

iron deficiency

**#The renal protective effect have**

calcium channel blockers (CCB)

\*blockers of the angiotensin II receptor (ARBS)

β-blockers

\*ACE inhibitors

diuretics

**#In asymptomatic chronic renal failure:**

there is increase in tubular excretion of urate

+serum ionised [calcium] is normal

serum [phosphate] characteristically increased before GFR falls to 30ml/min

decrease in blood pressure accompanied by increase in extracellular fluid

**#A 33 year old male is receiving regular haemodialysis is noted to have a plasma potassium of**

**6.9 mmol/L before a dialysis session. Although normally his potassium is less than 5.5 mmol/L. Which food combination from the dietary history would be most likely to cause the high potassium concentration?**

cereal, toast, biscuits.

filter coffee, tea, boiled potatoes.

milk, butter, plain yoghurt

milk, ham, chicken.

+tomato, potato crisps, banana.

**#GFR: 22 ml/min/1.73m2 . What CKD stage is it?**

stage 1

stage 2

stage 3

+stage 4

stage 5

**#Factors contributing to the Progression of CKD:**

Degree of hypertension

Severity of proteinuria

Hyperlipidemia

 Drugs (NSAID)

High protein diet

+All answers are correct

**#In patients with chronic renal failure, which of the following is the most important contributor to renal osteodystrophy?**

+Impaired renal production of 1,25-dihydroxyvitamin D3 [1,25(OH)2D3]

Hypocalcemia

Hypophosphatemia

Loss of vitamin D and calcium via dialysis

The use of calcitriol

**#A 67 year old man presents with sudden onset atrial fibrillation (ventricular rate of 150/minute). His serum creatinine concentration was 250 umol/L. What is the main factor that determines the choice of loading dose of digoxin in this patient?**

absorption

apparent volume of distribution

lipid solubility

plasma halflife

+renal clearance

**#GFR: 100 ml/min/1.73m2. What CKD stage is it?**

+stage 1

stage 2

stage 3

stage 4

stage 5

**#Are there pathognomonic clinical signs of chronic kidney disease 3-5 stages?**

Yes

+No

**#Insulin is used in CKD to:**

manage hypokalemia

manage hypophosphatemia

manage hyperphosphatemia

+manage hyperkalemia

**#Please mark an early sign of chronic renal failure (CRF):**

 metabolic acidosis

hypercalcemia

+nocturia

azotemia

reducing the size of the kidneys

**#A 66 year old man has developed chronic renal failure with a serum urea of 60 mmol/L and creatinine of 650 micromol/L. Auscultation of the chest reveals a friction rub over the cardiac apex. He is most likley to have a pericarditis that is termed?**

constrictive

+fibrinous

hemorrhagic

purulent

serous

**#A 55 year old male patient is diagnosed with chronic kidney disease. The patient's recent GFR was 25 mL/min. What stage of chronic kidney disease is this known as?**

stage 1

stage 3

 +stage 4

**#A patient with CKD has a low erythropoietin (EPO) level. The patient is at risk for?**

 hypercalcemia

 +anemia

blood clots

hyperkalemia

**#A 65 year old male patient has a glomerular filtration rate of 55 mL/min. The patient has a history of uncontrolled hypertension and coronary artery disease. You're assessing the new medication orders received for this patient. Which medication ordered by the physician will help treat the patient's hypertension along with providing a protective mechanism to the kidneys?**

+lisinopril

 metoprolol

amlodipine

verapamil

**#Which patient below is NOT at risk for developing chronic kidney disease?**

 A 58 year old female with uncontrolled hypertension.

 A 69 year old male with diabetes mellitus.

 +A 45 year old female with polycystic ovarian disease.

 A 78 year old female with an intrarenal injury.

**#A patient with Stage 5 CKD is experiencing extreme pruritus and has several areas of crystallized white deposits on the skin. As the nurse, you know this is due to excessive amounts of what substance found in the blood?**

calcium

+urea

phosphate

erythropoietin

**#Your patient with chronic kidney disease is scheduled for dialysis in the morning. While examining the patient's telemetry strip, you note tall peaked T-waves. You notify the physician who orders a STAT basic metabolic panel (BMP). What result from the BMP confirms the EKG abnormality?**

phosphate 3.2 mg/dl

calcium 9.3 mg/dl

magnesium 2.2 mg/dl

 +potassium 7.1 meq/l

**#You are providing education to a patient with CKD about calcium acetate. Which statement by the patient demonstrates they understood your teaching about this medication? Select-all-that-apply:**

 "This medication will help keep my calcium level normal."

\*"I will take this medication with meals or immediately after."

 "It is important I consume high amounts of oatmeal, poultry, fish, and dairy products while taking this medication."

\*"This medication will help prevent my phosphate level from increasing."

**#While assessing morning labs on your patient with CKD. You note the patient's phosphate level is 6.2 mg/dL. As the nurse, you expect to find the calcium level to be?**

elevated

+low

normal

same as the phosphate level

**#A patient with stage 4 chronic kidney disease asks what type of diet they should follow. You explain the patient should follow a:**

+low protein, low sodium, low potassium, low phosphate diet

high protein, low sodium, low potassium, high phosphate diet

low protein, high sodium, high potassium, high phosphate diet

low protein, low sodium, low potassium, high phosphate diet

**#The kidneys are responsible for performing all the following functions EXCEPT?**

 Activating Vitamin D

 Secreting Renin

Secreting Erythropoietin

+Maintaining cortisol production

**#Chronic kidney failure develops in chronic**

+glomerulonephritis

hepatitis

pancreatitis

cystitis

**#Symptoms typical of chronic kidney failure**

tachycardia, exophthalmia

lowering temperature and blood pressure

+nausea, vomiting

pain when urinating, abdominal pain

**#What are morphological changes observed then chronic kidney failure occurs?**

atrophy of the tubules

inflammation of the tubules

+ atrophy of the glomeruli

inflammation of the glomeruli

**#Fluctuation of relative urine density 1010-1012 in the Zimnitsky test is**

+hypoisosthenuria

nicturia

polyuria

proteinuria

**#The blood test shows in case of chronic renal failure**

increased protein

+increased creatinine

decreased creatinine

cholesterol reduction

**#What changes in urine can we see in the initial stage of chronic kidney failure?**

+polyuria, hypoisosthenuria

gross hematuria, cylindruria

leucocyturia, bacteriuria

polyuria, glucosuria

**#An increase in the level of nitrogenous wastes in the blood is**

hyperproteinemia

hypercholesterolemia

hyperbilirubinemia

+uremia

**#What smell is observed in the exhaled air in uremic coma?**

+ammonia

alcohol

acetone

rotten eggs

**#Nitrogenous wastes in the organism are formed during decomposition**

+proteins

vitamins

fat

carbohydrates

**#Nitrogen wastes are**

albumins, globulins

bilirubin, cholesterol

+creatinine, urea

glucose, lipoproteins

**#What foods are restricted in the diet for chronic kidney failure?**

+proteins

vitamins

fat

carbohydrates

**#What is procedure used for uremia?**

banks

mustard plasters

hot baths

+a cleansing enema

**#Signs that are not typical for patients with chronic renal failure in the initial stage:**

polyuria

 nycturia

 +fluctuation of urine density in the range of 1008-1020

hypostenuria

isostenuria

**#Signs that are carried information about the functional abilities of the kidney**

protein content in the urine

+reduced glomerular filtration rate

the increase of urea content

+elevated levels of creatinine in the blood plasma

**#The development of chronic kidney failure is most often caused by:**

+polycystic kidney disease

ethylene glycol poisoning

+glomerulonephritis

septic abortion

massive bleeding

**#Indications for urgent hemodialysis in chronic renal failure is:**

+hyperkalemia greater than 6.5 mmol / l

severe arterial hypertension

anemia

edema

**#Chronic glomerulonephritis in the stage of terminal chronic kidney failure is characterized by all of the above, except:**

anemia

+polyuria

arterial hypertension

hyperuricemia

**#The causes of chronic kidney failure are all except:**

chronic pyelonephritis

chronic glomerulonephritis

+acute intravascular hemolysis

kidney amyloidosis

**#The most reliable signs of chronic renal failure are:**

arterial hypertension

hyperkalemia

 +increased blood creatinine levels

oliguria

+anemia

**#All indicators are important to determine the severity of chronic kidney failure except:**

the level of blood creatinine

glomerular filtration rate

+severity of edematous syndrome

severity of anemia

**#Specify the earliest sign of chronic renal failure:**

metabolic acidosis

+nycturia

hyperkalemia

increased creatinine levels

reducing the size of the kidneys