U2 Nephrology

U3 Acute renal failure

**#Give the definition of oliguria**

+a condition in which urine output is less than 400 ml per day

a condition in which urine output is less than 200 ml per day

a condition in which urine output is less than 1000 ml per day

#**Which of the following abnormal laboratory results is most likely for acute renal failure?**

Decreased serum chloride level

Decreased serum potassium level

Decreased serum sodium level

+Elevated serum potassium level

Elevated serum sodium level

#**Oliguria more likely to be due to prerenal failure than intrinsic renal failure if:**

+urine free of red blood cells or casts

urine: plasma urea ratio <3

urine osmolality <350 mOsm/l

urinary sodium >10mM

**#Please mark the prerenal causes of acute renal failure**

Increasing cardiac output

+Dehydration

Hypervolaemia

+Vascular collapse

Hypertensive crisis

**#Can prerenal ARF transfer to renal ARF?**

+yes

no

**#Give the definition of anuria**

a condition in which urine output is less than 400 ml per day

a condition in which urine output is less than 200 ml per day

+a condition in which urine output is less than 100 ml per day

**#Which of the following forms of acute renal failure is a hypercatabolic?**

Medicinal

Post-renal

+In patients with prolonged compression syndrome

Prerenal

Hepato-renal syndrome

**#Please mark common complication of acute renal failure:**

Аrterial hypertension

Hypokalemia

+Acute Bacterial Infection

Congestive heart failure

Secondary hyperparathyroidism

**#A symptom of hyperkalemia in ARF is not associated with:**

bradycardia

hypotension

the extension of the QRS complex

+polyuria

coronary T-wave on an electrocardiogram

**#All the causes can lead to acute renal failure except:**

significant reduced perfusion of the renal vessels

obstruction of the urinary tract

the result of the heavy defeat of any department of the kidneys (acute tubular necrosis, acute glomerulonephritis)

+the gradual and irreversible destruction of nephrons

**#The most common causes of prerenal ARF?**

\*hypovolemia

nephrotoxic drugs

prostate cancer

\*low cardiac output

\*vasodilation

systemic diseases of connective tissue

crush syndrome

**#Acute renal failure may be distinguished from chronic renal failure by which of the following?**

an increased urinary Na excretion

left ventricular hypertrophy on the ECG

hypophosphataemia

+renal size on ultrasound scan

hyperkalaemia

**#A 65 year old man has complaints of decrease in amount of urine to 200 ml / C. he had prostate cancer for 10 years. On examination: percussion of the bladder-15 cm above the symphysis.Laboratory studies show creatinine blood 0,95 mmol/l, urea 28 mmol / l, potassium 6.5 mmol / L. What is the genesis of ARF?**

prerenal

renal

+postrenal

**#The patient with acute renal failure and absence of jaundice may be supposed**

mushroom poisoning

leptospirosis

+acute glomerulonephritis

**#Acute renal failure are caused the antibiotics group**

penicillins

macrolides

+tetracycline

aminoglycosides

cephalosporin

**#What symptom is not typical for acute renal failure:**

Acute onset

Oliguria

+The reduced size of the kidneys

hyperkalemia

Collapse

**#Morphological substrate of renal ARF often is:**

Cortical necrosis

+acute tubular necrosis

**#The cause of acute renal failure in shock is**

the influence of toxic substances

+drop in blood pressure

concomitant infections

formation of complexes antigen-antibody

**#Which of the following forms of acute renal failure is a hypercatabolic?**

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**#Please mark the prerenal cause of acute renal failure**

Increasing cardiac output

+Dehydration

Hypervolaemia

Hypertensive crisis

**#The cause of \_\_\_\_\_\_\_\_\_\_\_ failure is impaired blood supply to the kidney (Fluid Volume Deficit, hemorrhage, heart failure, shock)**

+prerenal

intrarenal

postrenal

perirenal

**#What electrolytes are in urine?**

Na

K

Cl

HCO3-

+All of the above

**#Which diagnostic test would be monitored to evaluate glomerulat filtration rateand renal function?**

sreum creatinine and bun

urinalysis

kidney biopsy

+creatinine clearance

**#Marina with acute renal failure moves into the diuretic phase after one week of therapy. During this phase the client must be assessed for signs of developing:**

+hypovolemia

renal failure

metabolic acidosis

hyperkalemia

**#true or false? Creatinine, phosphate, sulfates, and uric acid should not be present in urine because they signify renal failure.**

true

+false

**#The nurse is reviewing laboratory results on a client with acute renal failure. Which one of the following should be reported immediately?**

Blood urea nitrogen 50 mg/dl

Hemoglobin of 10.3 mg/dl

Venous blood pH 7.30

+Serum potassium 6 mEq/L

**#\_\_\_\_\_\_\_\_\_\_ in BUN/Creatinine ratio indicate fluid volume excess or malnutrition ?**

Increase

+Decrease

**#“urine in the blood”**

+uremia

uticaria

urethritis

urethrorrhea

**#During the \_\_\_\_\_\_\_\_\_ phase of Acute Renal Failure, Oliguria develops and the kidneys cannot efficiently eliminate metabolic wastes, water, electrolytes, and acids.**

+maintenance

initiation

recovery

**#The most serious electrolyte disorder associated with kidney disease is**

hypermagnesemia

hyponatremia

+hyperkalemia

metabolic acidosis

**#A client in acute renal failure is a candidate for continuous renal placement therapy (CRRT). The most common indication for use of CRRT is**

azotemia

pericarditis

hyperkalemia

+fluid overload

**#A history of infection specifically caused by group A beta-hemolytic streptococci is associated with which of the following disorders?**

+Acute glomerulonephritis

Acute renal failure

Chronic renal failure

Nephrotic syndrome

**#The risk for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is particularly high when ischemia and exposure to a nephrotoxin occur at the same time.**

+acute tubular necrosis or tubular necrosis

acute glomerulonephritis

chronic renal failure

UTI

**#Signs and symptoms of acute kidney rejection that the doctor should teach the patient to observe for include**

tachycardia and headache

+fever and painful transplant site

severe hypotension and weight loss

recurrent urinary tract infections and oral yeast infections

**#The client with renal failure should be on which type of diet?**

high protein, high carbohydrate, low calorie

+adequate calorie intake, high carbohydrate, limited protein

Limited protein, low carbohydrate, adequate calorie intake

Low calorie, limited protein, low carbohydrate

**#A client suffering from acute renal failure has an unexpected increase in urinary output to 150ml/hr. The doctor assesses that the client has entered the second phase of acute renal failure. Doctor`s actions throughout this phase include observation for signs and symptoms of**

Hypervolemia, hypokalemia, and hypernatremia.

Hypervolemia, hyperkalemia, and hypernatremia.

+Hypovolemia, wide fluctuations in serum sodium and potassium levels.

Hypovolemia, no fluctuation in serum sodium and potassium levels.

**#\_\_\_\_\_\_\_\_\_ is the most frequent complication during hemodialysis.**

+hypertension

bleeding

Infection

Dialysis dementia

**#After 1 week a client with acute renal failure moves, into the diuretic phase. During this phase the client must be carefully assessed for signs of:**

+Hypovolemia

Hyperkalemia

Metabolic acidosis

Chronic renal failure

**#What is the 1 cause of death when kidneys fail?**

+hyperkalemia

hypokalemia

hypernatremia

hyponatremia

# **\_\_\_\_\_\_\_\_\_ renal Failure is a rapid decline in renal function with an abrupt onset**

+acute

chronic

**#** **\_\_\_\_\_\_\_\_\_\_\_\_ is a treatment for renal failure in which blood id continuously circulated (artery to vein or vein to vein) and filtered, allowing excess water and solutes to empty into a collecting device. Fluid may be replaced with a balanced electrolyte solution as needed during treatment.**

Hemodialysis

Continuous ambulatory peritoneal dialysis

Continuous cyclic peritoneal dialysis

+Continuous Renal Replacement Therapy

**# \_\_\_\_\_\_\_\_\_\_ failure is caused by obstruction of urine flow. (urethral obstruction by enlarged prostate or tumor; ureteral or kidney pelvis obstruction by calculi)**

prerenal

intrarenal

+postrenal

perirenal

**#Agents that damage the kidney tissue are called:**

nephrons

+nephrotoxins

antibodies

enterotoxins

**#Which phase of Acute Renal Failure results in edema due to salt and water retention, hypertension, azotemia, hyperkalemia, muscle weakness, nausea, diarrhea, and high serum creatinine and BUN levels?**

initiation phase

+maintenance phase

recovery phase

intrarenal phase

**#A female client with acute renal failure is undergoing dialysis for the first time. The nurse in charge monitors the client closely for dialysis equilibrium syndrome, a complication that is most common during the first few dialysis sessions. Typically, dialysis equilibrium syndrome causes:**

+confusion, headache, and seizures.

acute bone pain and confusion.

weakness, tingling, and cardiac arrhythmias.

hypotension, tachycardia, and tachypnea.

**#How acidic is urine compared to blood?**

100 times more acidic

200 times less acidic

+1000 times more acidic

2000 times more acidic

**#Impaired metabolic processes such as Hyperkalemia, Acidosis, Hyperlipidemia, Hyperuricemia, and malnutrition are some effects of \_\_\_\_\_\_\_\_\_\_\_.**

hematuria

oliguria

+uremia

nephrotoxins

**# \_\_\_\_\_\_\_\_ failure is caused by Acute damage to renal tissue and nephrons or acute tubular necrosis: abrupt decline in tubular and glomerular function due to either prolonged ischemia and/or exposure to nephrotoxins. (Acute glomerulonephritis, malignant hypertension, ischemia; nephrotoxic drugs or substances; red blood cell destruction; muscle tissue breakdown due to trauma, heatstroke)**

Prerenal

+Intrarenal

Postrenal

Perirenal

**#Common early manifestation of kidney disease  are loss of concentration and dilute urine and loss of ability to concentrate and dilute urine .**

+True

False

**#A client with acute renal failure is aware that the most serious complication of this condition is:**

Constipation

Anemia

+Infection

Platelet dysfunction