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Acute Kidney Injury NCLEX Practice Questions

1. _____ is solely filtered from the bloodstream via the glomerulus and is NOT reabsorbed back into the bloodstream but is excreted through the urine.*

A. Urea

B. Creatinine

C. Potassium

D. Magnesium

2. A patient with acute renal injury has a GFR (glomerular filtration rate) of 40 mL/min. Which signs and symptoms below may this patient present with? Select all that apply:*

A. Hypervolemia

B. Hypokalemia- AKI causes HYPERkalemia

C. Increased BUN level

D. Decreased Creatinine level- would increase, not decrease

3. You're assessing morning lab values on a female patient who is recovering from a myocardial infarction. Which lab value below requires you to notify the physician?*

A. Potassium level 4.2 mEq/L

B. Creatinine clearance 35 mL/min

C. BUN 20 mg/dL

D. Blood pH 7.40

4. A 55-year-old male patient is admitted with a massive GI bleed. The patient is at risk for what type of acute kidney injury?*

A. Post-renal

B. Intra-renal

C. Pre-renal

D. Intrinsic renal

5. Select all the patients below that are at risk for acute intra-renal injury?*

A. A 45 year old male with a renal calculus.

B. A 65 year old male with benign prostatic hyperplasia.

C. A 25 year old female receiving chemotherapy.

D. A 36 year old female with renal artery stenosis.

E. A 6 year old male with acute glomerulonephritis.

F. An 87 year old male who is taking an aminoglycoside medication for an infection.

6. A patient with acute kidney injury has the following labs: GFR 92 mL/min, BUN 17 mg/dL, potassium 4.9 mEq/L, and creatinine 1 mg/dL. The patient's 24 hour urinary output is 1.75 Liters. Based on these findings, what stage of AKI is this patient in?*

- A. Initiation
- B. Diuresis
- C. Oliguric
- D. Recovery**

7. A 36-year-old male patient is diagnosed with acute kidney injury. The patient is voiding 4 L/day of urine. What complication can arise based on the stage of AKI this patient is in? Select all that apply:*

- A. Water intoxication
- B. Hypotension**
- C. Low urine specific gravity**
- D. Hypokalemia**
- E. Normal GFR

8. True or False: All patients with acute renal injury will progress through the oliguric stage of AKI but not all patients will progress through the diuresis stage.*

- True
- False**

9. Which patient below with acute kidney injury is in the oliguric stage of AKI:*

- A. A 56 year old male who has metabolic acidosis, decreased GFR, increased BUN/Creatinine, hyperkalemia, edema, and urinary output 350 mL/day.**
- B. A 45 year old female with metabolic alkalosis, hypokalemia, normal GFR, increased BUN/creatinine, edema, and urinary output 600 mL/day.
- C. A 39 year old male with metabolic acidosis, hyperkalemia, improving GFR, resolving edema, and urinary output 4 L/day.
- D. A 78 year old female with respiratory acidosis, increased GFR, decreased BUN/creatinine, hypokalemia, and urinary output 550 mL/day.

10. You're developing a nursing care plan for a patient in the diuresis stage of AKI. What nursing diagnosis would you include in the care plan?*

- A. Excess fluid volume
- B. Risk for electrolyte imbalance**
- C. Urinary retention
- D. Acute pain

11. While educating a group of nursing students about the stages of acute kidney injury, a student asks how long the oliguric stage lasts. You explain to the student this stage can last?*

- A. 1-2 weeks
- B. 1-3 days
- C. Few hours to 2 weeks**
- D. 12 months

12. A patient with AKI has a urinary output of 350 mL/day. In addition, morning labs showed an increased BUN and creatinine level along with potassium level of 6 mEq/L. What type of diet ordered by the physician is most appropriate for this patient?*

- A. Low-sodium, high-protein, and low-potassium
- B. High-protein, low-potassium, and low-sodium
- C. Low-protein, low-potassium, and low-sodium**
- D. High-protein and high-potassium

Define each of the labs below, list normal values, and the impact kidney injury has on their value.

Finding	Description	Normal Value	AKI	CKD
BUN	Measures the amount of urea nitrogen in the blood (p.134)	10-20 mg/dL	Increased	increased
Cr	Measures muscle metabolism waste	0.6-1.3 mg/dL	Increased	Increased
Hct	Measures the percentage of total blood volume made up of RBC (p. 405)	M: 42-52% F: 37-47% (p. 405)	Decreased	Decreased
Hgb	Measures % of RBC in the blood	M: 14-18 g/dL F: 12-16 g/dL	Decreased	Decreased
K+	Major cation within the cell (p. 595)	3.5-5 mEq/L	Increased	Increased
Ca+	Measures bone and cardiac function	8.6-10.2 mg/dL	Increased	Increased