Renal Disease and Failure Questions

1 . A common marker of chronic kidney disease (CKD) is

A) rash.

B) hematuria.

C) proteinuria.

D) bacteremia.

2 . The two leading causes of end-stage renal disease (ESRD) are

A) allergies and diabetes.

B) infection and diabetes.

C) diabetes and hypertension.

D) infection and hypertension.

3 . The leading genetic cause of ESRD in the United States is

A) diabetes.

B) Alport syndrome.

C) autosomal recessive polycystic kidney disease.

D) autosomal dominant polycystic kidney disease.

4 . What is the annual average percentage of acute kidney injury (AKI) in the Medicare population?

A) 4.7%

B) 15.2%

C) 30.8%

D) 50.1%

5 . The most common type of AKI according to pathophysiology is

A) diabetic.

B) prerenal.

C) postrenal.

D) intrarenal.

6 . Suspicion for mild renal disease should be based on

A) the presence of proteinuria.

B) clinical signs and symptoms.

C) patient physical examination.

D) recognition of the primary pathologic mechanism responsible for renal injury.

7 . The most important tool in monitoring patients with suspected and diagnosed renal failure is

A) dipstick urinalysis.

B) kidney ultrasound.

C) auscultation of lung sounds.

D) serum creatinine measurements.

8 . Intrarenal AKI may be recognized by a distinctive presentation of

A) orthostatic hypotension.

B) edema of the extremities.

C) very high urine osmolality.

D) brownish, muddy appearance of urine.

9 . Which of the following factors indicates an increased risk of advancement to higher stages of kidney disease?

A) Proteinuria

B) Increasing GFR

C) Older age at diagnosis

D) Hematuria of nonrenal origin

10 . For patients with stage 1 or 2 renal disease, cardiovascular risk should be assessed

A) monthly.

B) every six months.

C) annually.

D) every two years.

11 . The leading cause of death among patients with ESRD is

A) uremia.

B) anemia.

C) liver failure.

D) cardiovascular complications.

12 . The use of angiotensin-converting enzyme (ACE) inhibitors has been shown to be beneficial in patients with

A) lupus.

B) hypotension.

C) renal artery stenosis.

D) diabetic nephropathy.

13 . Patients with diabetes and CKD should have a low-density lipoprotein (LDL) goal of less than

A) 50 mg/dL.

B) 70 mg/dL.

C) 100 mg/dL.

D) 130 mg/dL.

14 . Patients with CKD should limit daily phosphorus intake to

A) 0.8–1.2 g.

B) 3–5 g.

C) 8–12 g.

D) less than 60 g.

15 . Which of the following medications require dosage adjustment in patients with renal failure?

A) Digoxin

B) Opioids

C) Antifungals

D) All of the above

16 . Stage 4 CKD may require the use of exogenous erythropoietin to manage

A) anemia.

B) neutropenia.

C) pancytopenia.

D) thrombocytopenia.

17 . ESRD is commonly defined as a glomerular filtration rate (GFR) less than

A) 15 mL/min/1.73 m2.

B) 25 mL/min/1.73 m2.

C) 35 mL/min/1.73 m2.

D) 45 mL/min/1.73 m2.

18 . For adults with ESRD who are receiving hemodialysis, the recommended maximum daily intake of protein is

A) 0.1–0.4 g/kg.

B) 0.6–0.8 g/kg.

C) 1.1–1.4 g/kg.

D) 11–14 g/kg.

19 . Hemodialysis can be provided via

A) arteriovenous graft.

B) arteriovenous fistula.

C) temporary venous catheter.

D) All of the above

20 . Patency of the arteriovenous fistula can be assessed by

A) palpating a thrill.

B) auscultating a bruit.

C) taking a blood pressure of the fistula.

D) Both A and B

21 . Which of the following is a contraindication to renal transplantation?

A) Hypertension

B) HIV infection

C) Metastatic cancer

D) Age older than 50 years

22 . In the United States, the median adult wait time for a cadaver kidney is

A) 1 year.

B) 2.3 years.

C) 4 years.

D) 10.6 years.

23 . Which of the following has been shown to help prevent contrast-induced nephropathy in patients with CKD?

A) Mannitol

B) Furosemide

C) ACE inhibitors

D) Sodium bicarbonate infusion

24 . The most common form of renal disease in patients with HIV is

A) nephropathy.

B) pre-eclampsia.

C) lupus nephritis.

D) glomerulonephritis.

25 . In a typical, uncomplicated pregnancy, which of the following renal changes occur?

A) Increased GFR

B) Decreased kidney size

C) Decreased renal plasma flow

D) Fewer urinary tract infections

26 . Pre-eclampsia is a syndrome of

A) late-term seizures.

B) hypotension and hematuria.

C) hypertension and proteinuria.

D) hyperglycemia and hemorrhage.

27 . In pregnancies after renal transplantation, fetal survival rates are

A) 25%.

B) 50%.

C) 75%.

D) 90%.

28 . When prescribing selective serotonin reuptake inhibitors to patients with CKD, the dose should

A) be increased.

B) be decreased.

C) remain the same.

D) be adjusted according to renal clearance.

29 . Chronic illness can be the source of ambiguous loss, which is defined as loss

A) of sense of self.

B) without accompanying grief, sorrow, or mourning.

C) experienced by those with no close relationship to the patient.

D) without the finality of death but also with no certainty of returning to previous levels of functioning.

30 . Hospice is generally approved for patients with ESRD who

A) are candidates for dialysis.

B) have a serum creatinine level less than 15 mg/dL.

C) have a creatinine clearance less than 15 mL/minute.

D) All of the above