GU Study Guide:

Creatinine Clearance Test-

- What is this for? What supplies are needed? How is this test preformed? What do I need to communicate with staff/patient?

Renal Biopsy

- Risks
- Patient teaching points
- Pre- and post-surgical teaching

UTI (Urethritis, Cystitis, Pyelonephritis) → Think 3 MUSKETEERS!

- Why is UTI more common in women than men?
- Caused mostly by what infection?
- Define/differentiate Cystitis, Urethritis, Pyelonephritis, and how this can lead to Urosepsis
- (Hint: pay attention to what S/S are different in each)
- Risk factors for developing UTI
- Management (to include medication)
- Patient teaching (be sure to include what preventative measures/personal hygiene can be taken)

Glomerulonephritis

- Define glomerulonephritis
- S/S and Clinical Manifestations of glomerulonephritis
    - HADSTREP
- Management

Urinary Tract Calculi/Urolithiasis/Kidney Stones → Think SNICKERS!

- Define Urolithiasis
- S/S of disease process (what is the patient's biggest complaint?)
- What diet considerations should be encouraged? /What should be avoided?
    - Diet is important!
- Treatment/management

Bladder Cancer

- Painless hematuria (this differs from kidney stones, where it can be painful!)
- Murphy drip/continuous bladder irrigation use
    - Need for strict I&Os

Renal Cancer

- Initially asymptomatic
- Classic triad

Incontinence

- Focus on Stress incontinence
    - What can we do to help strengthen the pelvic floor?
- Who is at risk?

Acute Kidney Injury → Think CRUNCH!

- Causes (there are 3- prerenal, intrarenal, and postrenal)
- Phases (focus on oliguric, diuretic, recovery)
- Precautions and patient teaching for prevention/ nephrotoxic drugs
- Management
- Onset/recovery time frame—patient teaching points
- Normal creatinine level

Chronic Kidney Disease/Chronic Renal Failure → Think REESES buttercup

- Progressive, **irreversible** loss of kidney function
- Most common causes diabetes and hypertension
- Stages of CRF
    - Staged by GFR values (GFR of 15 or less = end-stage renal disease)
- What is a normal GFR?
- Clinical manifestations- devastating effect on every body system
    - Edema, fluid imbalance, HTN, anemia, etc
- Goals of CKD/nursing management (nutritional therapy, drug therapy to manage hyperkalemia, hyperphosphatemia, and anemia)
    - Sodium polystyrene sulfonate (kayexalate)
    - Sevelamer hydrocholoride
    - Calcium carbonate (caltrate)
    - Erythropoietin/Epoetin Alfa
    - Lasix

- ESRD and treatment (focus on 2 major types of dialysis discussed and transplant)
    - Peritoneal dialysis vs hemodialysis (risks/precautions)
    - Peritoneal dialysis phases—
        - How to facilitate the drain phase?
    - Diet considerations with dialysis
        - What may be encouraged with peritoneal dialysis and hemodialysis?
        - What should be restricted?
    - Hemodialysis complications (hint: really think about fluid volume change and how this affects the BP)
    - Transplant precautions (hint: patient is on immunosuppressants)
    - Know S/S of rejection (Hyperacute, acute, chronic)
        - You will need to know rejection signs—look at pictogram on PPT

Benign Prostatic Hyperplasia (BPH) → Think BABY RUTH (smooth)

- Condition in which the prostate gland increases in size
- Outflow of urine from bladder to urethra is disrupted
- S/S of BPH
- Diagnostic studies (hint- what is a DRE and what is expected upon the exam?)
- PSA levels- may be slightly elevated
- Medication
    - Alpha-adrenergic blockers (a-adrenergic blockers)
        - Know medications for this class
        - *Remember, this class promotes smooth muscle relaxation and does NOT decrease the size of the prostate
            - Smooth muscle relaxation is caused from vasodilation
                - Think about what this will do to the patients BP!
    - 5-alpha reductase inhibitors (5a- reductase)
        - Know medications for this class
        - *Remember, this class does shrink the enlarged tissue
- TURP procedure – to include precautions, murphy drip (continuous bladder irrigation) expectations, post-op care, and patient teaching

Prostate Cancer → Think Butterfinger!

- S/S of prostate cancer (how does this differ from BPH?)
- Diagnostic studies (again, look at the DRE and how it differs from BPH)
- PSA levels (high or low?)
- Prognosis and treatment—is this easy to find/treat?

Erectile Dysfunction

- Treatment/management is in accordance with the cause of the problem
- Know you medication! – to include interactions and precautions
    - 5-PDE inhibitors
        - Do not give with nitrates! Why?
- Define and understand priapism
    - Treatment?

Testicular cancer

- Younger or older males? (generally)
- Painful or painless mass?
- Prognosis and treatment—is this easy to find/treat?
- Patient teaching— (think about family planning for these patients)