

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

- o HADSTREP

- Management (What can be expected)

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?
 - o Diet is important!- Know foods to avoid.
 - o We want to decrease foods high in oxalate, uric acid and salt.
Increase citric acid intake (lemons, grapefruits, oranges—hint: add these to water to stay hydrated and help break down renal calculi)
- Treatment/management

Bladder Cancer

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

Renal Cancer

- Initially asymptomatic
- Classic triad

Incontinence

- Focus on Stress incontinence
 - o What can we do/teach 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)
- S/S and lab values expected
- Precautions and patient teaching for prevention/ nephrotoxic drugs
- Management (what should we expect?)
- Onset/recovery time frame—patient teaching points
- Normal BUN level
- Normal creatinine level

Chronic Kidney Disease/Chronic Renal Failure

- Progressive, **irreversible** loss of kidney function
- Most common causes diabetes and hypertension
- Stages of CRF
 - o 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
 - o Edema, fluid imbalance, HTN, anemia, etc

- Goals of CKD/nursing management (nutritional therapy, drug therapy to manage hyperkalemia, hyperphosphatemia, and anemia)
 - o Sodium polystyrene sulfonate (kayexalate)
 - o Sevelamer hydrochloride
 - o Calcium carbonate (caltrate)
 - o Erythropoietin/Epoetin Alfa
 - o Lasix
- ESRD and treatment (focus on 2 major types of dialysis discussed and transplant)
 - o Peritoneal dialysis vs hemodialysis (risks/precautions)
 - o Peritoneal dialysis phases—
 - How to facilitate the drain phase?
 - o Diet considerations with dialysis
 - What may be encouraged with peritoneal dialysis and hemodialysis?
 - What should be restricted?
 - o Hemodialysis complications (hint: really think about fluid volume change and how this affects the BP)
 - o Transplant precautions (hint: patient is on immunosuppressants)
 - o 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
 - o 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
 - o Think about what this will do to the patients BP!
 - o 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 your medication! – to include interactions and precautions
 - o 5-PDE inhibitors
 - Do not give with nitrates! Why?
- Define and understand priapism
 - o 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)