

## Suggested Answers to Discussion Topics

### Chapter 26, Acute Renal Failure and Chronic Kidney Disease

Suggested Answers for Topics of Discussion	Learning Objective(s)
<p>1a. Students' answers should include the following:</p> <ul style="list-style-type: none"><li>• It is always important to ascertain what the client and his family already know about renal disease, how much they are capable of understanding its complexities, and what they need to know.</li><li>• Generally, renal diseases not only involve that system but impact on other as well (i.e., cardiovascular, endocrine, etc.).</li></ul> <p>Several different approaches could be taken, but starting with some basics, the client and his family should understand his current diagnosis of renal insufficiency, as a stage of renal failure.</p> <p>Given the client's history of diabetes and hypertension one can assume that these were precursors for his current health status.</p> <p>Equally his probable use of ACE inhibitors to treat his hypertension would also be contributory to the renal impairment, as ACE drugs in particular are nephrotoxic.</p> <p>Prior to developing renal insufficiency the client would have had diminished renal reserves and was probably very used to getting his BUN and creatinine levels done on a regular basis.</p> <p>Now with his renal insufficiency the client must be very diligent in ensuring that he monitors very carefully his HTN and diabetes and treats any insults promptly (i.e., infections, etc.).</p> <p>The client's GFR must be diminishing as the specialist has indicted that RF is imminent.</p> <p>The client and his family should now be made aware of what clinical manifestations to watch for in terms of end-stage RF.</p> <p>The importance of understanding how nitreous wastes accumulate in the blood and what this will mean if Ted and his family are NOT astute to the subtle changes of uremia. Also, the impact of uremia and how this will in turn alter his already existing diseases have to be stressed.</p> <p>1b. Students' answers should include the following:</p> <ul style="list-style-type: none"><li>• As with any chronic condition a great deal of teaching must be devoted to the complications and treatment options available.</li></ul>	<p>1, 4, 5, 6, 7, 8</p>

<p>And even though a chronic condition, many patients live very productive lives, given adequate education and support are provided.</p> <p>A team approach to care would be used with the client, as it will entail many members of the health team (dietician, nephrologist, etc.).</p> <p>Such session should be divided so as to not overwhelm the family and the client.</p> <p>After having had renal disease for a period of time the client and his family may already have some knowledge of some of the complication of RF (i.e., elimination of drugs and neural dysfunction).</p> <p>Disorders of acid base, CV, GI, and hematologic systems should be reviewed.</p> <p>Also, mineral and bone disorders as well as problems with the integument should be explained, and a general overview of sexual dysfunction must be explored.</p> <p>The general approaches to RF treatments are that of dialysis and transplantation.</p>	
<p>2a. Students' answers should include the following:</p> <p>The primary cause of the client's renal system response would be directly related to his anaphylaxis.</p> <p>Anaphylaxis is often a causative factor with prerenal disease.</p> <p>The client's current renal symptoms also put strong emphasis on prerenal involvement as well.</p> <p>A clear distinction should be made between prerenal, postrenal, and intrinsic renal failure to understand how the client's present case relates to acute renal failure.</p> <p>The influence of the vascular response, GFR, and blood flow of the renal system must all be reviewed to understand their causative relationship between anaphylactic shock and prerenal failure.</p> <p>Because of the client's age and early diagnosis one can assume that he would have a full recovery, as the major offense has been stabilized (anaphylaxis).</p> <p>Of course monitoring of his urine output, blood for renal panel, and urine tests for osmolarity and being aware of potential complications is warranted (i.e., tubular necrosis, infection, etc.).</p>	<p>2, 3</p>