PRACTICE QUESTION (SET-34)

1. During counseling a client who has undergone vasectomy, the nurse should advise him that:
   (a) Recanalization of the vas deferens is impossible
   (b) Some impotency is to be expected for several weeks
   (c) An unprotected coitus is possible within a week to 10 days
   (d) It requires at least 15 ejaculations to clear the tract of sperm
2. A client with chronic renal failure has an internal venous access for hemodialysis on her left forearm. The nurse protects this access by
   (a) Irrigate with heparin and normal saline once a shift to maintain patency
   (b) Apply warm moist packs to the area after she returns from hemodialysis
   (c) Do not use the left arm to take blood pressures
   (d) Keep the arm elevated above the level of the head
3. The physician has ordered estimation of serum blood urea nitrogen for a client in renal failure. The nurse understands this diagnostic test is to measure the
   (a) Coinnection of the urine osmolarity and electrolytes
   (b) Serum levels of the end products of protein metabolism
   (c) Ability of the kidney to concentrate the urine
   (d) Levels of C-reactive protein to determine inflammation
4. A client with acute renal failure becomes confused and irritable. The nurse understands that this bejhavior may be caused by
   (a) Hyperkalemia
   (b) Hypernatremia
   (c) An elevated BUN
   (d) Limited fluid intake
5. Which of the following diet is ideal for a client with renal calculi of calcium oxalate composition
   (a) Low in purines, alkaline ash
   (b) Low in methionine acid ash
   (c) Low in calcium and oxalate, acid ash
   (d) Low in calcium and oxalate, alkaline ash
6. The nurse knows that the goals of treatment for a client with chronic renal failure is to
   (a) Increase the urine output by increasing liver and renal perfusion
   (b) Prevent the loss of electrolytes across the basement membranes
   (c) Increase the concentration of electrolytes in the urine
   (d) Maintain the present renal function and decrease the workload on the kidneys
7. The most important nursing intervention for a 3 year old child with a diagnosis of nephrosis is
   (a) Encouraging fluids
   (b) Regulating the diet
   (c) Preventing infection
   (d) Maintaining bedrest
8. The nurse is estimating a client's postoperative drainage after a nephrectomy. The most inaccurate method would be by:
   (a) Weighing saturated dressings
   (b) Counting saturated 4 x 4 gauze pads
   (c) Wringing saturated 4 x 4 pads into a graduated container
   (d) Measuring drainage that has seeped through the dressing
9. A child is admitted with the diagnosis of glomerulonephritis. When performing a physical assessment, the nurse should expect to find
   (a) Anorexia, hematuria, proteinuria (1+) and decreased blood pressure
   (b) Normal blood pressure, anorexia, proteinuria (1+), and glycosuria (3+)
   (c) Lowered blood pressure, periorbital edema, proteinuria (1+), arid decreased specific gravity (1.001)
   (d) Moderately elevated blood pressure, periorbital edema, proteinuria (4+), and increased specific gravity (1.030)

10. An indwelling urinary catheter is removed from a client. Following which the client experiences difficulty in voiding. This is probably related to
    (a) Fluid imbalances
    (b) The client's recent sedentary lifestyle
    (c) An interruption in normal voiding habits
    (d) Nervous tension following the procedure
11. A child with nephritic syndrome who has a muddy, pale appearance complains of not wanting to eat and feeling tired. The nurse suspects that the child is
    (a) In impending renal failure
    (b) Being too active in school
    (c) Developing a viral infection
    (d) Not taking the ordered medication
12. The nurse notices a large amount of bright red blood coming through the dressing of a client on the fifth postoperative day following a pyelolithotomy. The nurse should immediately
    (a) Change the dressing
    (b) Apply direct pressure
    (c) Milk the nephrostomy tube
    (d) Note the amount and chart it
13. A client with renal adenocarcinoma has undergone pyelolithotomy and returns from the recovery room with a nephrostonmy tube and an indwelling catheter. The client's urinary output is 40 ml hr. The nurse should
    (a) Chart the findings
    (b) Encourage oral fluids
    (c) Milk the nephrostomy tube
    (d) Notify the physician immediately
14. A client in a nursing home is diagnosed with urethritis. Before initiating treatment order the nurse should plan to
    (a) Start a 24 hour urine collection
    (b) Administer an oil-retention enema
    (c) Prepare for urinary catheterization
    (d) Obtain urine specimen for culture and sensitivity
15. The most common cause of bladder infection in the client with a retention catheter contamination
    (a) Due to insertion technique
    (b) At the time of catheter removal
    (c) Of the urethral/catheter interface
    (d) Of the internal lumen of the catheter
16. The correct way of taping a retention catheter in a male client is
    (a) On the lower abdomen
    (b) On the umbilicus
    (c) Under the thigh
    (d) On the inner thigh
17. During peritoneal dialysis, the nurse continually evaluates the client for retention of dialysate. The retention of dialysate is indicated by
    (a) Fractional urine of ½ percent
    (b) Return of fecal material in the outflow
    (c) An increase in sodium transfer to serum
    (d) Outflow of less than 50 ml of inflow
18. When assessing a client during peritoneal dialysis the nurse observes that drainage of the dialysate from the peritoneal cavity has ceased before the require amount has drained out. The nurse should assist the client to
    (a) Drink 8 oz of water
    (b) Turn from side to side
    (c) Deep breathe and cough
    (d) Periodically rotate the catheter
19. The nurse is preparing a care plan for a client receiving dialysis. The nurse understands, the ---siological mechanism associated with peritoneal dialysis is that the
    (a) Peritoneum allows solutes in the dialysate to pass into the intravascular system
    (b) Peritoneum acts as a semipermeable membrane through which solutes move via diffusion and osmosis
    (c) Presence of excess metabolites causes increased penneability of the peritoneum and allows excess fluid to drain
    (d) Peritoneum permits diffusion of metabolites only from intravascular to interstitial spaces
20. A client is undergoing chronic peritoneal dialysis. The nurse will evaluate for the most significant complication, which is?
    (a) Pulmonary embolism
    (b) Hypotension

(c) Dyspnea
(d) Peritonitis

21. The client is unable to empty the bladder, immediately after removing an indwelling catheter. A drug used to relieve urinary retention is:
(a) Carbachol injection
(b) Neosporin GU irrigant
(c) Bethanechol chloride (urecholine)
(d) Pilocarpine hydrochloride (Pilocar)

22. The physician has ordered to collect 24 hour urine specimen of a client. After explaining the procedure to the client, the nurse collects the first specimen. This specimen is then
(a) Discarded, then the collection begins
(b) Saved as part of the 24 hour collection
(c) Tested, then discarded
(d) Placed in a separate container and later added to the collection

23. When a client has corrective surgery for a bladder laceration. The priority nursing intervention during this client's postoperative period would be:
(a) Turning and positioning
(b) Range of motion exercises
(c) Back care three times daily
(d) Placing side rails in up position

24. Which of the following condition is known to predispose to renal calculi formation?
(a) Polyuria
(b) Dehydration and immobility
(c) Glycosuria
(d) Presence of an indwelling Foley Catheter

25. It is possible to follow the course of prostatic cancer by monitoring the serum level of:
(a) Creatinine
(b) Blood urea nitrogen
(c) Non protein nitrogen
(d) Prostate-specific antigen (PSA)

26. A client has bladder cancer, for which a cystectomy and an ileal conduit are scheduled. Preoperatively the nurse plans to:
(a) Limit fluid intake for 24 hours
(b) Teach muscle-tightening exercises
(c) Teach the procedure for irrigation of the stoma
(d) Provide cleansing enemas and laxatives as ordered

27. A females have a higher risk of developing cystitis than does males. This is because of the
(a) Altered urinary pH
(b) Hormonal secretions
(c) Juxtaposition of the bladder
(d) Proximity of urethra and anus

28. A clients serum creatinine level is 7 mg/dL. This finding would lead the nurse to place, the highest priority on assessing.
(a) Temperature
(b) Intake and output
(c) Capillary refill
(d) Pupillary reflex

29. A client's urinary calculus is composed of uric acid. The nurse should instruct the client to avoid
(a) Milk and fruit
(b) Eggs and cheese
(c) Organ meats and extracts
(d) Red meats and vegetables

30. The nurse is infusing the dialysate fluid during peritoneal dialysis. A nursing action to make the client more comfortable at this time is to
(a) Increase the rate of flow
(b) Raise the head of the bed
(c) Turn the client from side to side
(d) Refrigerate the fluid prior to infusion

31. Prtitoneal dialysis is done to
(a) Reestablish kidney function
(b) Clean the peritoneal membrane
(c) Provide fluid for intracellular spaces
(d) Remove toxins and metabolic wastes

32. After a nephrectomy a client arrives in the post anesthesia unit with a plastic airway in pla--. When observing the client for signs of hemorrhage, the nurse must be certain to
(a) Turn the client to observe the dressings
(b) Keep the client's nail beds in view at all times
(c) Observe the client for hemoptysis when suctioning
(d) Report any increase in the client's blood pressure immediately

33. The instructions to the client, following a vasectomy will include
    (a) No sexual activity for 2 weeks
    (b) Application of ice for pain or swelling
    (c) Bedrest for several days
    (d) Returning for suture removal in 1 week
34. The nurse explains to the client that decreasing dietary oxalate intake can reduce the formation of calcium oxalate renal stones. The nurse understands that the client is prepared to make correct diet choices, when he tells the nurse he knows that foods to avoid on such a diet include:
    (a) Red meats, butter, cheese
    (b) Clot formation
    (c) Exsanguination
    (d) Sclerosis of vessels
35. For clients who require hemodialysis, the vein and artery are accessed by an external shunt. The most serious problem with an external shunt is:
    (a) Septicemia
    (b) Clot formation
    (c) Exsanguination
    (d) Sclerosis of vessels
36. A client has recurrent attacks of glomerulonephritis. The prevent recurrent attacks the nurse should instruct the client to
    (a) Take showers instead of tub baths
    (b) Avoid situations that involve physical activity
    (c) Continue the same restrictions on fluid intake
    (d) Seek early treatment for respiratory infections
37. A client with acute renal failure complains of tingling of the fingers and toes, and muscle switching. This is cause by
    (a) Acidosis
    (b) Calcium depletion
    (c) Potassium retention
    (d) Sodium chloride depletion
38. When assessing the urine of a client with a urinary tract infection, each specimen of urine should be assessed for
    (a) Clarity
    (b) Viscosity
    (c) Specific gravity
    (d) Sugar and acetone
39. A client with prostatic cancer requests the urinal at frequent intervals but either does not void or voids in very small amounts. This is most likely caused by
    (a) Edema
    (b) Dysuria
    (c) Retention
    (d) Suppression
40. A client who has just had a suprapubic prostatectomy accidentally pulls out the urethral catheter. The nurse should
    (a) Reinsert a new catheter
    (b) Notify the physician immediately
    (c) Check for bleeding by irrigating the suprapubic tube
    (d) Take no immediate action if the suprapubic tube is draining
41. A client has an arteriovenous shunt inserted for hemodialysis. When caring for this client the nurse should
    (a) Cover the entire cannula with an elastic bandage
    (b) Use strict aseptic technique when giving shunt care
    (c) Notify the physician if a bruit is heard in the cannula
    (d) Take the blood pressure every 4 hours from the arm that contains the shunt

ANSWERS

1	D	22	A
2	A	23	A
3	B	24	B
4	C	25	D
5	C	26	D
6	D	27	D
7	C	28	B
8	C	29	C
9	D	30	C
10	C	31	D
11	A	32	A
12	B	33	B
13	D	34	C
14	D	35	A
15	A	36	D
16	A	37	B
17	D	38	A
18	B	39	C
19	B	40	B
20	D	41	B
21	C		