

**UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
GENERAL NURSING DEPARTMENT
FINAL EXAMINATIONS, DECEMBER, 2018**

TITLE: NEPHROLOGY

CODE: GNS 471

TOTAL MARKS: 75

TOTAL TIME: 2 HOURS

INSTRUCTIONS:

- ANSWER ALL QUESTIONS IN YOUR ANSWER BOOKLET
- SECTION A CONSISTS OF MULTIPLE CHOICE QUESTIONS
- SECTION B CONSISTS OF ESSAY QUESTIONS

DO NOT OPEN THE QUESTION PAPER UNTIL YOU ARE TOLD TO DO SO BY THE INVIGILATOR!!!!!!

SECTION A

MULTIPLE CHOICE QUESTIONS

Choose the most correct answer

1. The amount of blood filtered in a glomeruli in a given time is called
 - a. Secretion
 - b. Excretion
 - c. Glomerular filtrate
 - d. Glomerular filtrate rate

2. In the proximal convoluted tubule about
 - a. 80% of electrolytes are reabsorbed
 - b. All proteins and glucose are reabsorbed
 - c. 80% of all hydrogen ions and creatinine are reabsorbed
 - d. All nutrients are reabsorbed

3. Other functions of the kidney includes
 - a. Erythropoietin production, metabolism and catabolism
 - b. Metabolism of vitamin D, regulation of blood pressure and synthesis of prostaglandins
 - c. Elimination of by products like faeces
 - d. Regulation of temperature

4. Chronic kidney disease is characterised by
 - a. Progressive irreversible destruction of the kidneys
 - b. A rapid decrease in urinary output with an elevated BUN
 - c. An increasing creatinine clearance with a decrease in urine output
 - d. Prostration, somnolence, coma and eventual death

5. Prerenal causes of ARF include
 - a. Prostate cancer and calculi formation
 - b. Hypovoleamia and myocardial infarction
 - c. Acute glomerulonephritis and neoplasm
 - d. Septic shock and nephrotoxic injury from drugs

6. During the oliguric phase of ARF, the nurse monitors the patient for
 - a. hypernatraemia and CNS depression
 - b. pulmonary oedema and ECG changes
 - c. Kussmaul respirations and hypertension
 - d. Urine with high specific gravity and low sodium concentration

7. If a patient is in the diuretic phase of ARF, the nurse must monitor for which serum electrolyte imbalances
 - a. Hyperkalemia and hyponatremia
 - b. Hyperkalemia and hypernatremia
 - c. Hypokalemia and hypernatremia
 - d. Hypokalemia and hypernatremia

8. A systematic effect of chronic kidney disease that is usually reversed by dialysis is
 - a. Anaemia
 - b. Hyperlipidemia
 - c. Psychologic changes
 - d. Nausea and vomiting

9. Measures indicated in the conservative therapy of chronic kidney diseases include
 - a. Decreased fluid intake, carbohydrates intake and protein intake
 - b. Increased fluid intake, decreased carbohydrate intake and protein intake
 - c. Decreased fluid intake and protein intake, increased carbohydrate intake
 - d. Decreased fluid and carbohydrate intake and increased protein intake

10. One of the major disadvantages of peritoneal dialysis is that:
 - a. Hypotension is constant problem because of continuous fluid removal
 - b. Blood loss can be extensive because of the use of heparin to keep the catheter patent
 - c. Solutes are removed more rapidly from the blood than from the CNS, causing equilibrium syndrome
 - d. High glucose concentration of the dialyses necessary for ultra filtration cause carbohydrate and lipid abnormalities

11. To assess the patency of the newly placed arteriovenous graft for dialysis, the nurse
 - a. Irrigate the graft daily with low-dose heparin
 - b. Monitor for any increase in the BP of the affected arm
 - c. Listen with a stethoscope over the graft for the presence of a bruit
 - d. Frequently monitor the pulses and neurovascular status distal to the graft

12. In assisting the patient to make a decision about receiving the treatment of a kidney transplant, the nurse informs the patient that
 - a. Successful kidney transplant usually provides better quality of life than that provided by dialysis
 - b. If rejection of the kidney transplant occurs, there is no further treatment
 - c. The immunosuppressant therapy that followed kidney transplant causes fatal malignancies in many patients
 - d. Haemodialysis replaces the normal functions of the kidney and patient do not have to live with continual fear of rejection

13. Following a kidney transplantation, the nurse teaches the patient that signs of rejection include
- Fever, weight loss, increased urine output and increased BP
 - Fever, weight gain, increased urinary output, increased BP
 - Fever, weight loss, increased urinary output and decreased BP
 - Fever, weight gain, decreased urinary output and increased BP
14. Most of the long-term problems of kidney transplant are a results of
- Chronic rejection
 - Immunosuppressive therapy
 - Recurrence of the original renal disease
 - Failure of the patient to follow the prescribed regimen
15. The most common diseases leading to renal failure in older people are
- Arthritis, malnutrition, hypertension
 - Anaemia and bone degenerative disorders
 - Hypertension
 - Hypertension and diabetes

SECTION B

Question 1

Describe the other functions of the Kidney and relate the factors that contribute to abnormalities in renal failure (10)

Question 2

Discuss the aetiology and pathophysiology of ARF (20)

Question 3

Mr Lusi, a 65 year old male patient admitted and already diagnosed with renal failure is one of your patients.

- Discuss the clinical manifestations he is likely to present with during the oliguric phase (10)
- Describe the drug therapy that will be prescribed for him (10)
- Discuss with him the nutritional therapy related to his condition giving the rationale (10)