International
DHA-Dialysis-Technologist
DHA Dialysis Technologist (RDTCH)

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Question: 1

The interventions that could be included as part of the interdisciplinary team nursing process would include all but which of the following?

A. The patient’s blood pressure needs to be monitored.
B. The level of activity would need to be monitored to help determine if the patient is experiencing fatigue.
C. The patient’s fluid intake would not need to be monitored.
D. The patient needs to perform frequent oral care.

Answer: C

Explanation:
The given question asks which of the listed interventions should not be part of the interdisciplinary team nursing process, essentially identifying an incorrect intervention within the context of patient care, particularly for a patient with chronic kidney failure.
To answer the question, let's analyze each of the interventions listed: 1. **Monitoring the patient’s blood pressure.** In patients with chronic kidney failure, blood pressure monitoring is crucial. Kidney function is closely linked with circulatory system performance, and hypertension is both a cause and a consequence of kidney disease. 2. **Monitoring the patient's fluid intake.** Proper fluid management is vital in chronic kidney disease to prevent fluid overload, which can exacerbate heart and lung issues and affect kidney function. 3. **Forming the plan of care by the interdisciplinary team.** This is essential as it ensures a holistic approach to patient care, integrating multiple perspectives from different healthcare professionals which is particularly necessary for complex conditions like chronic kidney failure. 4. **Monitoring the patient's level of activity and fatigue.** Fatigue is a common symptom in chronic kidney disease, and activity levels can impact overall health and wellness, necessitating careful monitoring. 5. **The patient performing frequent oral care.** Good oral hygiene is important for preventing infections, particularly in individuals with compromised health such as those with chronic kidney failure. 6. **Monitoring heart and lung sounds.** Given the fluid management issues and the potential for hypertension in kidney disease, monitoring heart and lung function is critical to detect complications early. 7. **Monitoring the patient's food intake.** Nutritional management is key in chronic kidney failure to control intake of potassium, phosphorus, and sodium, which can be harmful in excessive amounts when kidney function is impaired.
Among these interventions, the statement "The patient’s fluid intake would not need to be monitored" is incorrect and should not be included in the nursing process for a patient with chronic kidney failure. Monitoring fluid intake is indeed crucial to manage the balance of fluids, electrolytes, and the overall workload on the kidneys. Therefore, this is the intervention that "could be included as part of the interdisciplinary team nursing process would include all but which of the following?" The correct answer is that the patient’s fluid intake would not need to be monitored, as this is a necessary intervention to exclude from the list of inappropriate care actions.

Question: 2

Of the following causes, which could potentially cause the hemodialysis patient to be hypertensive during a treatment?

A. Disequilibrium syndrome
B. Anxiety
C. Both A and B
D. None of the above

Answer: C

Explanation:
Hypertension, or high blood pressure, during hemodialysis can be attributed to several factors. Two significant contributors include disequilibrium syndrome and anxiety, both of which can independently or concurrently influence blood pressure levels in patients undergoing treatment.
Disequilibrium Syndrome: This condition arises when there is a rapid decrease in the blood urea levels during hemodialysis. The swift removal of urea from the blood leads to an osmotic gradient between the blood and the brain cells (neurons). As a result, fluid shifts into the neurons to balance this gradient, causing cerebral edema (swelling of the brain), which can increase intracranial pressure and subsequently raise blood pressure. Symptoms of disequilibrium syndrome can include headache, nausea, vomiting, restlessness, and hypertension. Managing the rate of dialysis and adjusting the urea removal rate can help mitigate this risk.
Anxiety: The experience of undergoing hemodialysis can be stressful for patients. Anxiety related to the treatment itself, the environment, or concerns about health can activate the body's stress response. This response increases the production of stress hormones like adrenaline and cortisol, which can lead to vasoconstriction (narrowing of blood vessels) and an increase in heart rate, both of which contribute to elevated blood pressure. Providing psychological support and ensuring a comforting environment during dialysis can help alleviate anxiety and its cardiovascular impacts.
Additionally, other factors like **volume overload** can also play a crucial role in causing hypertension during hemodialysis. Volume overload often occurs due to excess fluid intake between dialysis sessions. This condition results in an increased blood volume, which the heart must work harder to pump, leading to higher blood pressure. Careful monitoring of fluid and sodium intake between treatments can help manage this issue.
In conclusion, both disequilibrium syndrome and anxiety are potential causes of hypertension during a hemodialysis treatment. Addressing these factors individually or in combination, along with managing fluid and sodium intake, is crucial for maintaining stable blood pressure levels during and after hemodialysis sessions. Thus, the correct answer to the question is "Both A and B," as both disequilibrium syndrome and anxiety can lead to hypertensive conditions during hemodialysis.

Question: 3

All of the following would be considered life options with renal rehabilitation except?

A. Employment

B. Encouragement
C. Implementation
D. Evaluation

Answer: C

Explanation:
*P Renal rehabilitation is a tailored health program intended for patients who are managing chronic kidney disease or recovering from acute kidney injury. The primary aim of renal rehabilitation is to improve the overall quality of life and daily functioning of individuals living with kidney issues. This includes a variety of interventions that focus on physical, emotional, and social health. *P When discussing life options associated with renal rehabilitation, we typically refer to actionable and supportive activities that directly impact the patient's lifestyle and well-being. These often include Encouragement, Education, Exercise, Employment, and Evaluation. Each of these components plays a critical role in the rehabilitation process: - **Encouragement** helps to boost morale and mental health, which is crucial for patients coping with the psychological burdens of kidney disease. - **Education** provides patients and their families with necessary information about kidney disease, treatment options, dietary recommendations, and management of symptoms. - **Exercise** is tailored to each patient's capabilities and aims to enhance physical fitness and overall health, which can deteriorate due to kidney disease. - **Employment** support helps patients in finding jobs or adjusting their current employment based on their health needs and capabilities. - **Evaluation** involves regular assessments by healthcare providers to track the progress of the patient's health and adjust treatments as needed. *P On the other hand, **Implementation** as mentioned in the options of the question does not fit into the category of life options in the context of renal rehabilitation. Implementation generally refers to the process of putting a plan or decision into effect. In medical or healthcare settings, this might relate to the broader application of policies, programs, or plans. While implementation is important in the overall management and setup of renal rehabilitation programs, it is not considered a direct life option for the patient. Rather, it is an administrative or procedural aspect handled by healthcare providers or institutions. *P Therefore, in the context of the given question, Implementation is correctly identified as not being a life option associated with renal rehabilitation. It does not directly contribute to the individual lifestyle or day-to-day management strategies that empower the patient, unlike the other options listed.

Question: 4

Reasons that a renal ultrasound might be ordered for a patient with nephrotic range proteinuria would not include?

A. To evaluate the size of the kidneys
B. To determine if there are any obstructions
C. To determine if the patient is consuming too much protein in their diet
D. To determine if the patient is experiencing hydronephrosis

Answer: C

Explanation:

In the context of nephrotic range proteinuria—where a patient is excreting an abnormally high amount of protein in their urine—a renal ultrasound is a diagnostic tool used to assess various structural and functional aspects of the kidneys. This type of ultrasound can help healthcare providers determine the underlying causes of the proteinuria by visualizing the kidneys in real-time. Some common reasons for ordering a renal ultrasound in this scenario include evaluating the size of the kidneys, checking for the presence of obstructions, assessing for hydronephrosis (swelling of a kidney due to a build-up of urine), and verifying the number of kidneys present. Each of these factors can contribute to or influence the severity of proteinuria.

However, one scenario that would not necessitate a renal ultrasound is determining if the patient is consuming too much protein in their diet. Dietary intake of protein, while relevant to overall kidney health, does not directly affect the structural and functional characteristics of the kidneys that an ultrasound would detect. Instead, dietary protein consumption is typically assessed through dietary history and consultation with a nutritionist or dietitian. Ultrasound technology does not provide information on dietary habits or the metabolic effects of dietary protein on the kidneys.

Thus, while a renal ultrasound is crucial for understanding physical abnormalities or changes in the kidneys that might be contributing to nephrotic range proteinuria, it does not offer insights into the patient's dietary patterns. This makes it an inappropriate tool for assessing dietary protein intake, highlighting the importance of using the right diagnostic approach to address specific clinical questions in patient care.

Question: 5

Starting in 2011, the Medicare program for ESRD (End-Stage Renal Disease) patients changed to making their payments in “bundles”. This is referred to as which of the following?

A. ESRD Prospective Payment System (PPS)
B. Medicare Payment Program
C. ESRD Protective Bundle
D. None of the above

Answer: A

Explanation:

In 2011, the Medicare program for End-Stage Renal Disease (ESRD) patients underwent significant changes with the introduction of the ESRD Prospective Payment System (PPS). This system, often referred to as “bundled payments”, marked a shift from the previous method of issuing separate payments for each service or supply to a more consolidated approach.

Under the ESRD PPS, payments to healthcare providers are made in a single lump sum that combines reimbursement for all services related to a patient’s dialysis care in one payment bundle. This includes the costs for dialysis treatments, drugs, and laboratory services that were previously billed separately. The aim is to simplify the payment system and encourage more efficient management of resources by healthcare providers.

The bundled payment is adjusted based on several patient-specific factors, including the patient’s age, body size (which correlates with height and weight), and the presence of additional medical conditions, which may complicate the management of ESRD. These adjustments are crucial to ensure that the payment reflects the expected cost of care, given the variability in patients’ health needs.

Furthermore, the ESRD PPS includes components for quality improvement, requiring facilities to meet certain performance standards as part of the Quality Incentive Program (QIP). This aims to improve the outcomes and quality of care for patients undergoing dialysis, and facilities that do not meet predefined performance standards may receive reduced payments.
Thus, the ESRD Prospective Payment System represents an effort to streamline Medicare payments, promote cost-effective care, and improve the quality of treatment for patients suffering from this severe and life-threatening kidney disease. This comprehensive approach reflects an ongoing shift towards value-based care models in the healthcare system.

Question: 6

Which of the following statements about kidney disease would be the most correct to teach patients?

A. Kidney disease is not treatable.
B. Kidney disease kills more individuals every year than prostate or breast cancer.
C. There are no risk factors for kidney disease.
D. The use of illicit drugs is the only risk factor for kidney disease.

Answer: B

Explanation:
When educating patients about kidney disease, it's crucial to provide accurate and comprehensive information about its prevalence, risk factors, and misconceptions. The statement that "Kidney disease kills more individuals every year than prostate or breast cancer" is the most correct choice among the options provided. Here's why this is significant and other statements are incorrect:
Firstly, it is a common misconception that kidney disease is less deadly compared to other diseases like prostate or breast cancer. However, statistics show that kidney disease is indeed a major cause of mortality, surpassing the death rates of these cancers. This comparison helps in highlighting the severity of kidney disease and the importance of recognizing its impact on public health.
The incorrect statement that "Kidney disease is not treatable" can be misleading. While chronic kidney disease (CKD) can be a progressive condition that may lead to end-stage renal disease, there are treatments available that can help manage the disease, slow its progression, and address the complications. Treatments might include medication, lifestyle changes, and in severe cases, dialysis or kidney transplantation.
Another incorrect statement is, "There are no risk factors for kidney disease." In fact, there are multiple well-established risk factors for developing kidney disease. These include hypertension (high blood pressure), diabetes, kidney stones, a family history of kidney disease, prolonged use of certain medications like NSAIDs (non-steroidal anti-inflammatory drugs), and being over the age of 60. Awareness of these risk factors is crucial for early detection and prevention strategies.
Lastly, the statement "The use of illicit drugs is the only risk factor for kidney disease" is also incorrect. While the use of certain illicit drugs can indeed be a risk factor for kidney damage, it is not the sole risk factor. Kidney disease has a multifactorial etiology, meaning that it can be caused by a combination of genetic and environmental factors including the ones previously listed.
In conclusion, when teaching patients about kidney disease, it is important to correct common misconceptions and provide a clear, factual overview of the disease's impact, treatability, and associated risk factors. This approach not only informs but also empowers patients to take proactive steps in managing their health.

Question: 7

With which of the following kidney problems would left ventricular hypertrophy more than likely be experienced?

A. Renal calculi
B. Renal stenosis
C. Nephrosclerosis
D. Glomerulonephritits

Answer: C

Explanation:
Left ventricular hypertrophy (LVH) is a condition where the muscle wall of the heart's left ventricle becomes thickened. This condition can develop in response to factors that demand the heart to work harder, such as high blood pressure. Among the kidney-related health issues presented—renal calculi, nephrosclerosis, renal stenosis, and glomerulonephritis—nephrosclerosis is most commonly associated with left ventricular hypertrophy.
Nephrosclerosis is a form of kidney damage caused by long-standing high blood pressure or diabetes. Over time, the blood vessels in the kidneys become hardened and narrowed, leading to reduced blood flow. This can cause the kidneys to be less efficient in filtering waste from the blood. The continuous state of reduced kidney function and the resultant chronic high blood pressure contribute to the heart working harder to pump blood, which can lead to left ventricular hypertrophy.
In contrast, renal calculi, or kidney stones, typically do not lead to LVH unless they cause chronic obstruction and secondary infection leading to chronic kidney disease (CKD). Similarly, renal stenosis, which involves narrowing of the arteries that supply the kidneys, can lead to high blood pressure and eventually to LVH, but nephrosclerosis is a more direct precursor of LVH due to its strong association with systemic hypertension.
Glomerulonephritis, an inflammation of the kidney's filtering units called glomeruli, can lead to acute or chronic kidney disease, which may subsequently result in high blood pressure. However, it is not as directly associated with LVH as nephrosclerosis, which has a more pronounced impact on systemic blood pressure over time.
Therefore, among the options given, nephrosclerosis is the condition most likely associated with left ventricular hypertrophy due to its direct link with chronic high blood pressure and the resultant strain on the heart. This makes it important to manage and treat high blood pressure effectively in patients with nephrosclerosis to prevent complications such as LVH.

Question: 8

During the two-step process of the nephrons, the filtered fluid passes through the tubule. At this time, which of the following occurs?

A. The waste that was removed is send back into the bloodstream.
B. The needed minerals are removed.
C. The waste that was removed is excreted and the needed minerals are sent back into the bloodstream.

D. None of the above

Answer: C

Explanation:
The nephrons, the functional units of the kidneys, play a crucial role in maintaining the body's internal balance of water and chemicals. The process by which nephrons filter blood and generate urine involves two primary steps: filtration and reabsorption along with secretion. Here's a more detailed explanation of these stages:
Filtration at the Glomerulus: The first step in the functioning of the nephron is filtration, which occurs in the glomerulus. The glomerulus is a network of capillaries that filters blood under pressure. It allows the passage of water, ions, and small molecules (like glucose and amino acids), while larger molecules and blood cells are retained. This filtration produces a fluid known as glomerular filtrate, which contains both waste products and substances that the body still needs.
Reabsorption and Secretion in the Tubule: After filtration, the fluid passes into the tubule system of the nephron, which includes the proximal tubule, loop of Henle, distal tubule, and collecting duct. As the filtrate moves through these segments, several processes occur: 1. **Reabsorption of Needed Substances**: Essential nutrients and a significant amount of water are reabsorbed back into the bloodstream. This reabsorption is critical for maintaining homeostasis by regulating blood pH, and electrolyte balance, and preventing dehydration. For example, sodium, potassium, bicarbonate, and glucose are selectively reabsorbed by the cells lining the tubule walls and returned to the blood. 2. **Secretion of Additional Wastes**: Some substances not filtered at the glomerulus are secreted into the tubule from the bloodstream. This includes additional wastes and excess ions like hydrogen and potassium, which help in further refining the composition of the blood.
Excretion of Waste: After reabsorption and secretion, the remaining fluid in the nephron tubules, now concentrated with waste products, flows into the collecting ducts. This fluid, known as urine, collects in the renal pelvis and is eventually excreted from the body through the ureters, bladder, and urethra.
Conclusion: The correct answer to the question posed is that during the passage of filtered fluid through the nephron tubules, waste products are excreted while essential minerals and other needed substances are selectively reabsorbed back into the bloodstream. This dual process ensures that the body retains nutrients necessary for its function while eliminating toxins and excess substances, thereby maintaining a stable internal environment.

Question: 9

In the management of intradialytic hyperkalemia, the dose of Fludrocortisone begins at ____mg and titrated to ____mg ?

A. 0.05mg: 0.1mg
B. 0.1mg: 0.2mg
C. 0.1mg: 0.3mg
D. 0.01mg: 0.1mg

Answer: C

Explanation:
In the management of intradialytic hyperkalemia, Fludrocortisone is initiated at a dose of 0.1 mg and can be titrated up to 0.3 mg. This dosing guideline is specifically tailored for managing elevated potassium levels during dialysis sessions, a common complication faced by patients undergoing hemodialysis.
Fludrocortisone is a synthetic corticosteroid with potent mineralocorticoid properties and some glucocorticoid activity. It primarily works by promoting sodium retention by the kidneys, thereby increasing water retention, which leads to an increase in blood volume and a subsequent decrease in potassium levels. This is vital in patients with hyperkalemia, as it helps to stabilize potassium levels during dialysis.
The correct answer for the dose adjustment of Fludrocortisone in the management of intradialytic hyperkalemia is therefore 0.1 mg to 0.3 mg. The other options listed, such as starting at 0.05 mg or titrating to 0.1 mg or 0.2 mg, do not align with the standard treatment protocols for this specific condition. The choice of starting at 0.1 mg and titrating up to 0.3 mg is based on clinical efficacy and safety data.
However, the use of Fludrocortisone comes with notable side effects, primarily fluid and sodium retention, which can be particularly challenging in patients with chronic kidney disease (CKD). These patients are often already at risk of fluid overload and hypertension due to their reduced kidney function. Therefore, careful monitoring and adjustment of the medication are crucial to avoid exacerbating these conditions.
In summary, while Fludrocortisone is effective in managing intradialytic hyperkalemia, its use must be carefully balanced against the potential risks, especially in CKD patients. The standard initial dose of 0.1 mg, titrating up to 0.3 mg, provides a framework for treatment but requires careful clinical judgment and monitoring to optimize patient outcomes while minimizing adverse effects.

Question: 10

The hemodialysis patient should be taught which of the following interventions for checking their grafts?

A. The patient should check their graft thrill at least once a day.
B. The nurse should check their thrill at least once a day.
C. There is no need to check the graft thrill.
D. None of the above

Answer: A

Explanation:
In hemodialysis, a graft is used as an artificial means to access the bloodstream, typically created by connecting an artery to a vein. It's vital for patients with such grafts to monitor them regularly to ensure their functionality and longevity. The correct method for checking a graft involves assessing the 'graft thrill,' which is a vibration felt over the graft site. This vibration is caused by the blood flowing through the graft, and it can be felt by placing a hand over the graft area.
Patients should be instructed to check the thrill of their graft at least once daily. This routine check is crucial because the presence and quality of the thrill are indicative of the graft's patency. A healthy, functioning graft will produce a consistent, palpable thrill. If a patient notices that the thrill has diminished, changed in character, or is absent, this could signal a serious issue, such as a clot or narrowing that could compromise the graft.

Immediate reporting of any changes in the thrill to healthcare providers is essential. Patients should be encouraged to contact their dialysis nurse or nephrologist without delay if they observe any alterations in the thrill. Early detection of potential problems can lead to prompt intervention, which might include medical or surgical correction, thereby preventing graft failure and ensuring the continued effectiveness of their dialysis treatment.

Educating patients on how to properly check their graft thrill, what to feel for, and the importance of daily checks empowers them to participate actively in their care. This proactive approach helps in maintaining the functionality of the graft, thereby aiding in effective dialysis treatments, and reduces complications related to graft failures. This education should be a routine part of the care and instruction provided to hemodialysis patients with grafts.

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