**GENITAL URINARY DISORDERS**

**MULTIPLE CHOICE QUESTIONS (MCQ)**

1. **The priority nursing intervention for a client in the Oliguric phase of Acute renal failure (ARF) is :**
	1. Increasing fluid intake
	2. Limiting food intake
	3. Limiting fluid intake
	4. Alternating loop diuretics with thiazides.
2. **The best way to detect fluid retention in a three year old child hospitalized with nephrotic syndrome is to:**
3. Have the child urinate in a bedpan
4. Measure the child’s abdominal girth daily.
5. Weigh the child at the same time everyday
6. Test the child’s urine for hematuria and proteinuria.

**3. A nursing diagnosis of impaired urinary elimination may be evidenced by:**

* 1. Recurrent urinary tract infections
	2. Request for a urinal or bed pan.
	3. Taking a lot of fluids.
	4. Not drinking enough fluids.

**4. Acute kidney injury may be prevented by:**

* 1. Treating systemic infections with tetracycline’s only.
	2. Administering potassium supplements.
	3. Providing high protein diet to patients at risks for kidney disease.
	4. Providing adequate hydration to patients at risk for dehydration.

**5. Yellow to milky urine signifies:**

1. Extremely concentrated urine
2. Infection
3. Dilute urine
4. Gross blood

**6. Hypokalemia can be caused by:**

1. Use of potassium sparing diuretics
2. Vomiting and gastric suctioning
3. Decreased renal excretion of potassium
4. Misuse of potassium supplements

**7. Metabolic disturbances in chronic renal failure include:**

1. Hyperglycaemia
2. Hypernatraemia
3. Anaemia
4. stomatitis

**8. The mucosa of the urinary bladder is made up of:**

1. Simple columnar epithelium
2. Transitional epithelium
3. Stratified savomous epithelium
4. Keratinired epitrichium

**9.The drug that acts by inhibiting the reabsorption of Na+ and Cl- in the loop of Henle and in both the distal and proximal renal tubules is :-**

1. Furosemide
2. Aldactone
3. Chlorothiazide
4. Amiloride

**10. Clinical progression of acute renal failure is:**

1. Recovery, diuretic, oliguric, initiation phase
2. Oliguric, initiation, diuretic, recovery phase
3. Diuretic, recovery, initiation, oliguric phase
4. Initiation, oliguric, diuretic, recovery phase

**11. Hypoalbuminemia in nephrotic syndrome causes:-**

1. Deactivation of Renin – angiotensin system.
2. Hypotension.
3. Increased oncotic pressure.
4. Generalized edema.

**12. An example of electrolyte change that occur in patients with acute renal failure is:**

1. Hyperkalemia
2. Hypophosphatemia
3. Hypercalcemia
4. Hyponatremic

**13. The most common micro-organism that causes urinary tract infections in females is:**

1. Chlamydia trachomatis
2. Entamoeba histolyticum
3. Staphylococcus Aureus
4. Escherichia Coli

**14. Calcium gluconate is administered to a patient with hyperkalemia in chronic renal failure to:**

1. Promote potassium transport into the cell
2. Promote excretion of potassium by the kidney
3. Reduce absorption of potassium by the gut
4. Counteract the action of potassium on the heart.

**15. The clinical features of nephrotic syndrome include:**

1. Non-pitting edema , headache , dizziness
2. High blood pressure, anemia, depletion of body fluids.
3. Marked proteinuria, hypoalbuminemia, pitting edema.
4. Depletion of body fluids, sacral edema, high blood pressure

**16. Dietary management of chronic glomerulonephritis include giving:**

1. Fatty diet
2. High carbohydrate diet
3. High sodium and calcium.
4. Giving diet rich in proteins

**17. Renal trauma manifestation of haemorrhage within the renal capsule is classified as:**

1. Sheltered kidney
2. Major laceration
3. Renal contusion
4. Vascular trauma

**18. The following is done to measure the effectiveness of renal function:**

1. Creatinine level
2. Blood urea nitrogen
3. Urine microscopy
4. Urine analysis

**19. The congenital anomaly that presents with urethral orifice at the ventral surface of the penis is known as:**

1. Epispadias
2. Hydrocele
3. Hypospadias
4. Phimosis

**20. A priority nursing diagnosis for a patient with acute urine retention:**

1. Knowledge deficit related to the treatment regimen
2. Activity intolerance related to the disease process.
3. Pain related to a full bladder.
4. Risk for infection related to urine stasis

**21. Immediate complications a patient may develop following prostatectomy include**:

1. Deep venous thrombosis, hemorrhage , pulmonary embolism
2. Cerebral vascular accident, infection, urine retention
3. Urethral stricture, cystitis, cerebral vascular accident.
4. Hypostatic pneumonia, cystitis, deep venous thrombosis.

**22. The normal urinary system consist of:**

1. Two kidneys, two ureters, one urethra, one ureter.
2. Two kidneys, one ureter, one bladder, one urethra.
3. Two kidneys, two ureters, one bladder, one urethra.
4. One kidney, two ureters, one bladder, one urethra.

**23. In renal failure diagnosis, creatinine clearance is usually:**

1. >120Umol/L
2. >100Umol/L
3. >80Umol/L
4. >60Umol/L

**24. The main goal of treatment for acute glomerulonephritis is to:**

1. Encourage activity.
2. Encourage high protein intake.
3. Maintain fluid balance.
4. Teach intermittent urinary catheterization.

**25. Signs and symptoms of lower urinary tract infection include**:

* + - 1. Supra-pubic discomfort , oedema , dysuria
			2. Urgency, headache, facial edema.
			3. Frequency, dysuria, oliguria.
			4. Urgency , frequency , dysuria

**26. Factors that predispose a child to a nephrotic syndrome include:**

1. Drug overdose, urinary tract infection.
2. Glomerulonephritis, diabetic neuropathy.
3. Glomerulonephritis , Burkitt’s tumor
4. Drug overdose, amyloidosis.

**27. Pre-renal causes of renal failure include:-**

1. Hypotension, kidney stones.
2. Kidney stones, pyelonephritis.
3. Liver failure , hypertension
4. Pyelonephritis , liver failure

**28. Nephrotic syndrome is a primary glomerular disease characterized by:**

1. Edema , Hematuria , proteinuria , Leukocytosis
2. Hyperlipidemia, edema, Hematuria, Leukocytosis.
3. Proteinuria, hypoalbuminemia, Hematuria, Leukocytosis.
4. Proteinuria, Hypoalbuminemia, Edema, Hyperlipidemia.

**29. The main cause of magnesium ammonium phosphate renal calculi is:**

1. Extremely concentrated urine.
2. Infection with urea splitting organisms.
3. Hypercalcemia.
4. Hyperuricosuria

**30. Pain due to a disorder in the prostate gland is felt on:-**

1. Supra pubic region.
2. Perineum and rectum.
3. Cost vertebral angle
4. Along the urethral meatus

**31. The following is a neurological complication in chronic renal failure:-**

1. Pericarditis.
2. Diarrhea.
3. Anaemia.
4. Peripheral neuropathy.

32. **Complications of neurogenic bladder includes:**

1. Prostatic hypertrophy; cystitis, urolithiasis.
2. Urolithiasis, prostatic hypertrophy, hydronephrosis.
3. Hydronephrosis; cystitis, prostatic hypertrophy.
4. Urolithiasis; cystitis; hydronephrosis

**33. The three principles on which hemodialysis is based on are:**

1. Diffusion; dialyzer; blood port.
2. Dialysate, dialyzer, blood port
3. Diffusion; dialyzer; ultrafiltration.
4. Osmosis; blood port; dialysate.

**34. A male patient who presents with vague discomfort, feeling fullness in the perineum and vague back pain could suffering from.**

1. Kidney disease
2. Urethral discharge.
3. Bladder disease.
4. Prostrate infection.

**35. Urine that is colorless or pale yellow could indicate:**

1. Excess fluid intake; diabetes insipidus
2. Dehydration; diabetes mellitus
3. Overhydrating; infection
4. Pyuria; dehydration.

**36. The development of renal calculi /kidney stones, and bone decalcification is characterized of:-**

1. Hyperparathyroidism
2. Hyperthyroidism
3. Hypoparathyroidism
4. Addison’s disease

**37. Angiography is an X-ray visualization of:-**

1. Specific vessels to determine necrosis in blood vessels.
2. Specific vessels to determine occlusion of a blood vessels.
3. Specific vessels to determine the location and extent of vascular narrowing and occlusion
4. Specific vessels to determine the narrowing of the heart vessels.

**38. A patient with chronic renal failure has a characteristic skin colour described as:-**

1. Dusky and yellow, complexion appears pale.
2. Dusky and pinkish complexion reddish.
3. Dusky and yellow, complexion bluish.
4. Dusky and yellow complexion pinkish

**39. Elevated potassium serum levels are termed as:-**

1. Hypernatremia
2. Hyperkalemia
3. Hypertoxaemia
4. Hyperlipidemia

**40. The excretion of excess body fluids from the renal system is influenced by two potent hormones:-**

1. Aldosterone and renin
2. Aldosterone and testerone.
3. Anti-diuretic and aldosterone.
4. Aldosterone and progesterone.

**SHORT ANSWER QUESTIONS (SAQ)**

1. Explain the three (3) stages in pathophysiology of chronic renal failure (6Marks)
2. State four (4) complications of hemodialysis. (4Marks)
3. State five (5) clinical manifestations of Acute glomerularnephritis (5marks)
4. Explain the three (3) stages in pathophysiology of acute renal failure (6marks)
5. Explain any five complications of a patient with chronic renal failure (5marks)
6. State the risk factors to bladder cancer (5marks)
7. State eight (8) functions of the kidneys (8marks)
8. List five (5) causes of urethra strictures (5marks)
9. State five (5) risk factors of urinary tract infections (5marks)
10. State the causes of transient incontinence.
11. Differentiate between aplastic and flaccid neurogenic bladder (2marks)
12. Formulate three (3) nursing diagnosis of a patient with Acute renal failure (3marks)
13. State five (5) causes of acute renal failure (5marks)
14. Outline specific investigations done to diagnose Benign Prostrate Hypertrophy.
15. Draw a well labelled diagram of the gross structure of a kidney (6marks)
16. Explain the pathophysiology of urine formation (6marks)
17. Outline the possible complications of cystitis (5marks)
18. State six (6) risk factors to pyelonephritis (6marks)
19. Describe the nursing care of a patient undergoing prostatectomy (8marks)
20. State (five) complications of chronic pyelonephritis (5marks)
21. Outline ( four) prevention measures to urine incontinence (4marks)
22. State (five) predisposing factors to urine retention (5marks)
23. Outline (five) causes / predisposing factors to renal calculi (5marks)
24. Outline three (3) methods of Renal replacement therapy (3marks)
25. Explain dialysis (1mark) ,outline the types of dialysis.
26. Outline five (5) health messages useful in prevention of prostate cancer.(5marks)
27. State six(6) health messages in prevention of urinary tract infections (6marks)
28. Outline the predisposing risk factors to cystitis (10marks)
29. Explain the principles of Hemodialysis (6marks)
30. Enlist the indications and contra-indications of Renal transplantation.(5marks)
31. State signs and symptoms of kidney transplant rejection (6marks)
32. State the complications of peritoneal dialysis (8marks)

**PART 111: LONG ANSWER QUESTIONS (LAQ)**

**1. Mr. Y is admitted to a medical ward with pyelonephritis:-**

1. Define pyelonephritis (1marks)
2. List (6) six clinical features Mr. Y may present with. (3marks)
3. Draw and label a diagram of the nephron (5marks)
4. Describe the specific management of Mr. Y until discharge (11marks)

**2. Baby X, 2 years old is admitted with acute glomerulonephritis**

1. State three (3) clinical manifestation of acute glomerulonephritis (3marks)
2. Draw a well labelled cross-section of the kidney. (5Marks)
3. Describe the pathophysiology of acute glomerulonephritis (5marks)
4. Describe the nursing management of baby X from admission until discharge

 (12marks)

1. **Mrs. Rey is admitted to a surgical ward with a kidney obstruction and is to undergo Nephrectomy:-**
2. Define nephrectomy (1mark)
3. State six (6) the indications of undergoing nephrectomy procedure (5marks)
4. Describe the pre-operative and post-operative care of a patient undergoing nephrectomy. (10marks)
5. Outline the specific care of Nephrostomy tube at home. (4marks)

 **4. Mr. Z is admitted with a diagnosis of Benign Prostrate Hypertrophy and after investigations a prostatectomy procedure is prescribed:-**

1. Define benign prostrate hypertrophy (1mark)
2. Define prostatectomy (1mark)
3. State five (5) indications of prostatectomy (5marks)
4. Describe the pre-operative preparation and post-operative care of Mr. Z (10marks)
5. Outline five (5) complications of prostatectomy procedure (5marks)