**GENITAL URINARY DISORDERS**

**MULTIPLE CHOICE QUESTIONS (MCQ)**

**1. 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.

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

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

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

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

**4. 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.

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

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

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

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

**7. 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

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

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

**10. 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

**11. 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

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

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

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

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

**14. 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.

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

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

**16. 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.

**17. 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.

**18. 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.

**19. 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.

**20. 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.

**21. 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.

**SHORT ANSWER QUESTIONS (SAQ)**

1. Outline the client education on care for percutaneous Nephrostomy tube at home. **(6Marks)**
2. Outline four (4) dietary recommendations for prevention of kidney stones.

 **(4Marks)**

1. State the six (6) functions of the kidneys **(6Marks)**
2. Outline the possible complications of cystitis (5marks)
3. State six (6) risk factors to pyelonephritis (6marks)
4. State (five) complications of chronic pyelonephritis (5marks)
5. Outline (five) causes / predisposing factors to renal calculi (5marks)
6. State (6) six health messages in prevention of urinary tract infections. (6marks)

**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. Describe the pathophysiology of acute glomerulonephritis (5marks)
3. Describe the nursing management of baby X from admission until discharge (12marks)

**3. Mrs. Rey is admitted to a surgical ward with a kidney obstruction and is to undergo Nephrectomy:-**

1. Define nephrectomy (1mark)
2. State six (6) the indications of undergoing nephrectomy procedure (5marks)
3. Describe the pre-operative and post-operative care of a patient undergoing nephrectomy. (10marks)
4. Outline the specific care of Nephrostomy tube at home. (4marks)