

# NEW GENERATION ATI ENGAGE ADULT MEDICAL SURGICAL RN 3.0. RN ALTERATIONS IN KIDNEY FUNCTION AND ELIMINATION ASSESSMENT RESULTS



Question: 1 of 30

CORRECT

Time Elapsed: 00:01:11



FLAG

A nurse is caring for an 88-year-old client in a senior living center.

Exhibit 1 Exhibit 2 Exhibit 3 Exhibit 4 Exhibit 5

## History and Physical

3 weeks ago:

History:

Hypertension, rheumatoid arthritis, type 2 diabetes mellitus, coronary artery disease, peripheral vascular disease, left hip arthroplasty

Physical:

Alert and oriented x4, cooperative. Generalized weakness, uses walker, gait steady. Respirations symmetrical and nonlabored, lung sounds clear bilaterally. +2 pedal pulses, S1 & S2 present, no murmur. Urine yellow and clear, incontinent. Denies pain. Bowel sounds present x4, abdomen soft and nontender.

After reviewing the client's electronic health record, determine which of the following information would demonstrate that the client's condition has improved.

Select all that apply.



- Alert and oriented x4
- No incontinence
- Temperature 36.9° C (98.4° F)
- No muscle weakness
- Urine yellow and clear
- Denies abdominal pain
- Absence of bacteria in urine culture

CORRECT

My Answer

When evaluating outcomes, the nurse should identify the findings that indicate improvement in the client's status or clinical manifestation to determine effectiveness of the interventions. The outcomes of alert and oriented x4, temperature 36.9° C (98.4° F), urine clear and yellow, denial of abdominal pain, and absence of bacteria in the urine culture all indicate effectiveness of the interventions.

CONTINUE

Question: 2 of 30

CORRECT

Time Elapsed: 00:05:02



FLAG

A nurse is assessing a client with acute kidney injury and developing fluid overload caused by long-term use of aminoglycosides.

Exhibit 1   Exhibit 2   Exhibit 3   Exhibit 4

**History and Physical**

Medical history: Type 2 diabetes mellitus, myocardial infarction, hypertension, osteoarthritis, glaucoma, and hypothyroidism

For each potential provider's prescription, click to specify if the potential prescription is anticipated, nonessential, or contraindicated for the client.



Potential Prescription	Anticipated	Nonessential	Contraindicated
Fluid restriction of 1 L/day	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurology consult	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Normal saline at 75 mL/hr IV	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
CT scan with contrast of kidneys	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Oxygen per nasal cannula at 2 L/min to keep oxygen saturation 95% and above	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Furosemide 40 mg IV	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bladder scan for residual urine after every void	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

CORRECT

My Answer

When generating solutions for a client who has acute kidney failure, the nurse should anticipate provider prescriptions related to fluid and electrolyte balance therapy including intravenous fluid replacement, fluid restriction, strict intake and output, laboratory and other diagnostic tests, drug therapy, renal replacement therapy, nutrition therapy, and other treatments related to the altered renal and elimination alterations.

The prescriptions of fluid restriction and furosemide are both anticipated to assist with the client's status of fluid overload. The prescription of oxygen therapy is anticipated because it will improve the oxygen saturation status of the client. The prescription of a CT scan with contrast of the kidney is contraindicated as the contrast dye is nephrotoxic and this diagnostic is not a priority at this time. The neurology consult is nonessential as the client's changes in orientation level is due to the fluid overload status. The bladder scan ordered is nonessential as the client is experiencing oliguria.

PREVIOUS

CONTINUE



Question: 3 of 30

Time Elapsed: 00:05:30



A nurse is caring for a client with a history of benign prostatic hypertrophy who has been admitted for a urinary tract infection. A student nurse asks what causes benign prostatic hypertrophy in men. The nurse should respond with which of the following statements?



- "It is an inherited disorder that causes fluid-filled cysts in the kidney that continue to grow and multiply eventually leading to renal failure."
- "It is caused by smooth muscle and epithelial cells multiplying at an uncontrolled rate within the transition zone."
- "It is caused by infections such as streptococcal bacteria, bacterial endocarditis, viral kidney infections, and HIV and leads to inflammation from antibodies to the bacteria build up in the glomeruli."
- "It is caused by plaque made of calcium in the interstitial tissue of the renal papilla which continues to grow, breaking through the membrane of the renal pelvis into the urine."





Question: 4 of 30

Time Elapsed: 00:05:46



An occupational nurse at a candy factory is developing a plan of care for clients who are experiencing incontinence that is affecting their job performance. Which of the following client statements would indicate an understanding of a contributing factor to their incontinence at work?



- "I probably have problems with incontinence due to exposure of some bacteria while packaging candy on the line."
- "I probably have problems with incontinence due to our strict break policy that they monitor very closely."
- "I probably have problems with incontinence because the water at work is disgusting and I don't drink enough."
- "I probably have problems with incontinence because I am constantly exposed to pesticides at work."





Question: 5 of 30

CORRECT

Time Elapsed: 00:06:13



FLAG

A nurse is admitting a client to the emergency department (ED) who reports a puffy face and malaise. The client states, "I finished taking amoxicillin for strep throat a few days ago." The nurse suspects the client may have acute glomerulonephritis. If the nurse is correct, which of the following other assessments findings should the nurse expect? (Select all that apply.)



- Elevated systolic blood pressure
- Fever
- Palpable kidney masses
- Diffuse abdominal pain
- Dark, frothy urine
- Decreased muscle strength

CORRECT My Answer

**Elevated systolic blood pressure is correct.** The nurse should obtain a blood pressure reading to determine if the client has hypertension. Hypertension is a clinical manifestation of glomerulonephritis.  
**Fever is correct.** The nurse should check the client's temperature to determine if the client has a fever. Fever is a clinical manifestation of glomerulonephritis.  
**Palpable kidney masses is incorrect.** The nurse should not expect palpation of the kidneys in the assessment to determine if the client has glomerulonephritis. A palpable kidney mass is a clinical manifestation of polycystic kidney disease.  
**Diffuse abdominal pain is correct.** The nurse should conduct an abdominal pain assessment to determine if the client has pain. Abdominal pain is a clinical manifestation of glomerulonephritis.  
**Dark, frothy urine is correct.** The nurse should assess the color of the of the client's urine. Dark urine is a clinical manifestation of glomerulonephritis.  
**Decreased muscle strength is correct.** The nurse should conduct a muscle strength assessment to determine if the client has muscle weakness. Muscle weakness is a clinical manifestation of glomerulonephritis.

PREVIOUS

CONTINUE



Question: 6 of 30

Time Elapsed: 00:06:31



A nurse manager on the urology unit is providing continuing education to nurses on the management of care of a client with benign prostatic hypertrophy (BPH). To promote an interprofessional treatment approach related to the psychosocial impact the disease has on the client, the nurse should request a referral for which of the following health care professionals?



Physical therapist

Psychiatrist

Social worker

Occupational therapist





Question: 7 of 30

CORRECT

Time Elapsed: 00:07:05



FLAG

A nurse is caring for a client newly diagnosed with benign prostatic hypertrophy (BPH). Which topics are important to include in the education about this disease? (Select all that apply.)



- Increasing exercise
- Tamsulosin use and adverse effects
- Urinary tract infection manifestations
- A diet low in calcium oxalate
- Trimethoprim/sulfamethoxazole use and adverse effects
- Urinary retention emergency

CORRECT My Answer

**Increasing exercise is correct.** Education on the lifestyle modification of increasing exercise should be included in the education to a client who has BPH as obesity is a risk factor for BPH.

**Tamsulosin use and adverse effects is correct.** Tamsulosin is used for BPH because it relaxes the smooth muscle in the prostate and bladder neck which allows urine to pass and decreases urine retention.

**Urinary tract infection manifestations is correct.** UTIs are a common complication of BPH due to urinary retention.

**A diet low in calcium oxalate is incorrect.** A diet high in calcium oxalate is a contributing factor to some types of renal calculi, not BPH.

**Trimethoprim/sulfamethoxazole use and adverse effects is incorrect.** Trimethoprim/sulfamethoxazole is a common antibiotic used for urinary tract infections.

**Urinary retention emergency is correct.** Urinary retention in clients who have BPH can lead to kidney damage and kidney failure.

PREVIOUS

CONTINUE



Question: 8 of 30

CORRECT

Time Elapsed: 00:07:26



FLAG

A nurse is conducting an admission assessment of a client with benign prostatic hypertrophy (BPH). The client states they avoid social events due to this condition. Which of the following client findings should the nurse expect to find in the assessment? (Select all that apply.)



- Inability to void
- Dysuria
- Urinary urgency
- Incontinence
- Urinary frequency
- Impotence

CORRECT My Answer

**Inability to void is correct.** This is a clinical manifestation of BPH.  
**Dysuria is correct.** This is a clinical manifestation of BPH.  
**Urinary urgency is correct.** This is a clinical manifestation of BPH.  
**Incontinence is incorrect.** This is not a clinical manifestation of BPH. Clients with BPH have difficulty initiating and retaining a urine stream but do not have incontinence.  
**Urinary frequency is correct.** This is a clinical manifestation of BPH.  
**Impotence is incorrect.** This is not a clinical manifestation of BPH.

PREVIOUS

CONTINUE





Question: 9 of 30

CORRECT

Time Elapsed: 00:07:46



FLAG

A nurse is planning a discharge teaching plan for a client with acute glomerulonephritis. Which of the following actions should the nurse include in the plan to reduce the development of complications? (Select all that apply.)



- Salt restriction
- Protein restriction
- Smoking cessation
- Regulation of hypertension
- Increased fluid intake
- Increased potassium intake

CORRECT My Answer

**Salt restriction is correct.** In acute disease salt should be restricted from the diet. Clients who have acute glomerulonephritis present with signs of fluid overload.  
**Protein restriction is correct.** If the disease has progressed, the client will be instructed to restrict sodium, potassium, and protein to slow the buildup of wastes and to decrease fluid volume overload.  
**Smoking cessation is correct.** Smoking cessation is necessary to reduce the aggravation of kidney disease.  
**Regulation of hypertension is correct.** Clients who have glomerulonephritis should be taught to control hypertension as it causes scarring of the glomeruli.  
**Increased fluid intake is incorrect.** Clients who have acute glomerulonephritis often present with manifestations of fluid overload due to the glomeruli not filtering as they should.  
**Increased potassium intake is incorrect.** As glomerulonephritis progresses, clients are placed on a diet that restricts sodium, potassium, and protein. Unless the client has a decreased potassium level, there is no reason to increase the client's intake.

PREVIOUS

CONTINUE



Question: 10 of 30

Time Elapsed: 00:07:59



A nurse is caring for a client diagnosed with bacterial meningitis and is receiving gentamicin. Morning laboratory results include the following: BUN 31 mg/dL, creatinine 1.8 mg/dL, and glomerular filtration rate 55 mL/min. Which of the following conditions does the client's laboratory results most likely indicate?



- A prerenal acute kidney injury
- A chronic kidney injury
- An intrarenal acute kidney injury
- A postrenal acute kidney injury

