Nursing

NNCC-CDN
Certified Dialysis Nurse Exam

Questions And Answers PDF Format:

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Version = **Product**

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Question: 1

The primary advantage of using a Y-set with preattached double-bag system rather than a straight set for peritoneal dialysis is

A. Ease of use
B. Cost savings
C. Decreased incidence of peritonitis
D. Time saving

Answer: A

Explanation:
A Y-set with preattached double bag system, like the standard Y-set, also requires a flush-before-fill step, but the purpose is only to flush out air: bacteria are not likely to invade the system since there is no connection between the transfer set and the solution bag. This system is the most commonly used and is easier to use than other systems.

Question: 2

When a nurse is removing the needle from a buttonhole access on a patient who is HIV positive, a large volume of venous blood sprays into the nurse's mouth and eyes. Post- exposure prophylaxis (PEP) should include

A. Basic 2 -drug PEP
B. Expanded 3 -drug PEP
C. Optional basic 2-drug PEP
D. Observation and follow-up testing only

Answer: B

Explanation:
If a nurse's mucous membranes are exposed to a large volume of blood from a patient who is positive for HIV, post-exposure prophylaxis (PEP) should include the expanded 3-drug PEP because of increased risk of infection. Ifthe volume were small, then the basic 2-drug PEP would be recommended. Nurses should be taught to use a 2-finger hold for removal of the needle from a buttonhole access because of the potential for blood spray.

Question: 3

When assessing an 80-year•old patient for kidney function, the nurse expects age-related changes to result in

A. Decreased kidney size, decreased creatinine clearance, and increased BUN and serum creatinine
B. Increased kidney size, increased creatinine clearance, and decreased BUN and serum creatinine
C. Decreased kidney size, decreased creatinine clearance, and decreased BUN and serum creatinine
D. Decreased kidney size, increased creatinine clearance, and increased BUN and serum Creatinine

Answer: A

Explanation:
The kidney becomes smaller in size and weight, and up to half of the glomeruli no longer function. Because of fewer functioning nephrons and decreased function in the loop of Henle and tubes, the creatinine clearance decreases and the BUN and serum creatinine increase. Urine is less concentrated because kidneys concentrate urine less efficiently.

Question: 4

Stage 3 chronic kidney disease is characterized by

A. eGFR 15-29 mL/min
B. eGFR 30-59 mL/min
C. eGFR 60-89 mL/min
D. eGFR mL/min

Answer: B

Explanation:
Stage 3 is common in older adults with other disorders, such as cardiovascular disease, and in those at increased risk of cardiovascular events, such as myocardial infarction or stroke. At this stage, creatinine is usually within normal limits. Many patients will stabilize at stage 3, but some will progress to ESKD. Indications that kidney disease is progressing include decreasing eGFR, proteinuria, and hematuria.

Question: 5

For elderly patients with chronic kidney disease who do not exhibit marked fluid overload, the need for dialysis may be delayed up to I year with

A. Protein restriction and ketoacids
B. Fluid and protein restrictions
C. Protein restrictions and loop diuretics

D. Fluid restriction and ketoacids

Answer: A

Explanation:
For these patients, the need for dialysis may be delayed up to 1 year with protein restriction (very low-protein diet with 0.3-0.6 g/kg/day) and ketoacids as well as essential amino acids to compensate for the low-protein diet. Studies have shown that patients have no long-term adverse effects from this regimen. Patients must be monitored carefully to ensure adherence to the dietary restrictions.

Question: 6

Ms. Patel has developed a pericatheter mass. The most common method to differentiate a hernia from a hematoma or seroma is to

A. Have the patient stand and bear down.
B. Evaluate through auscultation and palpation.
C. Examine with a CT scan.
D. Examine with an ultrasound.

Answer: D

Explanation:
Ultrasonography will show ifthe mass is fluid-filled. The ultrasound is relatively inexpensive and non-invasive. All different types of hernias (including ventral, pericatheter, umbilical, inguinal, and femoral hernia) are common with peritoneal dialysis, occurring in up to 20% of patients. Risk factors include use of high-volume dialysate, sitting, carrying out the Valsalva maneuver, obesity, and multiparity.

Question: 7

Once it is determined that Ms. Patel has a hernia, the patient is scheduled for CT with contrast. The patient has 2 L of dialysate containing 100 mL of contrast material (Omnipaque 300) instilled into the peritoneal cavity. After instillation, the patient should

A. Immediately have the CT without any wait time.
B. Walk about or remain active for 2 hours and then have the CT.
C. Carry out normal routines for 5 hours and then have the CT.
D. Lie in the supine position for 2 hours and then have the CT.

Answer: B

Explanation:
The patient should be advised to walk about or remain active for 2 hours because this helps

move the dye about freely in the peritoneal cavity and into the hernia. The CT scan is not always necessary, depending on the site of the hernia. For example, the extent of an umbilical hernia may be quite evident on examination.

Question: 8

During hemodialysis, if blood is evident in the used dialysate, this probably indicates

A. An incorrect pressure gradient
B. Patient hemorrhage
C. An incorrect dialysate formula
D. A tear in the membrane

Answer: D

Explanation:
This probably indicates a tear in the membrane, allowing the blood to cross through the membrane and into the dialysate because the dialysate is lower in concentration. Blood leak detectors should sound an alarm if this occurs. Depending on the size of the tear, patients may rapidly lose blood, so the treatment must be stopped until the leak can be remedied.

Question: 9

Following surgical creation of a PTFE graft, postoperative care should include

A. Keeping the graft below the level of the heart
B. Doing hand and arm exercises to promote maturation
C. Elevating the extremity with the graft
D. Checking blood pressure in the extremity with the graft

Answer: C

Explanation:
Postoperative care should include elevating the extremity with the graft for several days after surgery to reduce edema. Exercises do not need to be done because the graft does not mature as an AV fistula does, but rather heals, so the graft can be used much earlier than an AV fistula, usually in about 2-3 weeks, after edema and erythema have subsided. The graft should be carefully assessed for pulse, bruit and thrill.

Question: 10

During hemodialysis, the nurse would expect Ms. Barry's temperature to rise by about

a. 0.5 -C
c. 1.5 -c

Answer: A

Explanation:
Dialysis usually has little effect on the patient's temperature. Average temperature gain is usually about 0.5 oc. Elevations in temperature are most commonly caused by respiratory infections, urinary infections, and access site infections. Patients are at increased risk of infection because of impaired immune systems. Patients on dialysis may also develop fevers as part of a hypersensitivity response to medications or an allergic response to the dialysis circuit.

Question: 11

During routine hemodialysis, Ms. Barry's blood pressure should be monitored

A. Every 15—30 minutes
B. Every 30—60 minutes
C. Every 60—90 minutes
D. Before and after treatment

Answer: B

Explanation:
During routine hemodialysis, a patient's blood pressure should be monitored every 30-60 minutes, with increased frequency if the patient exhibits signs of hypotension (dizziness, weakness, pallor, faintness) or hypertension (facial flushing, headache). The blood pressure should be checked even when a patient is exhibiting no outward signs of blood pressure variation because patients may, for example, be dangerously hypotensive before they develop signs and symptoms. A drop in blood pressure may indicate that too much fluid has been removed and the patient's dry weight needs adjusting.

Question: 12

Ms. Barry has recently been diagnosed with bipolar disorder and is prescribed lithium. When should lithium be taken in relation to hemodialysis treatments?

A. It should be taken prior to the treatment.
B. It should be taken after the treatment.
C. It should be taken only on days with no treatment.
D. Timing is not an issue with lithium.

Answer: B

Explanation:
The lithium should be taken after each hemodialysis treatment because dialysis removes the lithium and the serum level will fall. Dosage and administration should be discussed with the

patierfs psychiatrist, and lithium levels should be checked frequently to ensure that lithium serum levels are therapeutic. Lithium has a narrow therapeutic range.

Question: 13

If all are available to a patient, the form of dialysis that provides the best control and the least inconvenience is generally

A. In-center conventional daytime hemodialysis
B. Home peritoneal dialysis
C. Home hemodialysis
D. In-center nocturnal hemodialysis

Answer: D

Explanation:
In-center nocturnal hemodialysis usually includes 3 nights of 7- to 9-hour treatments. This schedule increases the hours of dialysis and is done at a time the patient is sleeping so it does not interfere with daily activities. While home hemodialysis may be equally effective, the patient and partner must be trained, and the home requires modifications to accommodate a safe water supply and the equipment needed for dialysis.

Question: 14

According to the Renal Physicians Association's clinical practice guidelines, to determine if dialysis should be avoided or stopped in patients with ESKD, one requirement is

A. Family consensus
B. Malignant disease
C. Life expectancy < I year
D. Shared decision-making

Answer: D

Explanation:
Patients (and family) should be fully informed about the disease and should have advance planning. Forgoing dialysis may be considered for patients with poor prognosis or with marked risk factors. A process should be in place for conflict resolution in case of disagreement, and palliative services should be available.

Question: 15

The primary purification process of the dialysis water system is

A. Deionization

B. Filtering with activated carbon
C. Reverse osmosis
D. Addition of water softener

Answer: C

Explanation:
Reverse osmosis removes up to 95% of contaminants and provides a protection against bacteria and endotoxins. While deionization may be used instead of reverse osmosis, it is more often utilized as a secondary treatment after reverse osmosis, but it does not remove bacteria or endotoxins from the water supply. Some deionizers exchange hydrogen ions for cations (calcium, sodium, aluminum), and some exchange hydroxyl ions for anions (fluoride, phosphate, chloride).

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