

# Kidney Care in the Hospitalized Patient Primer Post-Test

Name \_\_\_\_\_

(Please enter legal name above)

Birth date (required)

M	M	D	D	Y	Y	Y	Y

Format: 01/03/1999

Where do you work? (example: HCMC, MVAHCS, etc.)  
Enter N/A if you are not employed.

Hospital \_\_\_\_\_ Unit \_\_\_\_\_

\*Email Address \_\_\_\_\_

\*TCHP hospitals must use work email address.

I verify that I have read this home study and have completed the post-test and evaluation.

By checking this box, I am submitting my electronic signature to this statement.

1. The rate at which solutes are filtered from the glomerulus into the nephron is:
  - a. Creatinine Clearance
  - b. Glomerular Filtration Rate
  - c. Glomerular Capillary Rate
  - d. Glomerular Nephron Rate
2. The presence of elevated nitrogenous waste products, such as urea and creatinine, in the blood is called...
  - a. Uremia
  - b. Creatininemia
  - c. Azotemia
  - d. Proteinuria
3. Which of the following is not a major cause of pre-renal ARF?
  - a. Nephrotoxicity
  - b. Obstruction of flow to the kidney
  - c. Decrease intravascular volume
  - d. Cardiac dysfunction with decreased cardiac output.

4. \_\_\_\_\_ ARF is caused by an obstruction along the urinary tract.
  - a. Intra-Renal
  - b. Obstructive-Renal
  - c. Pre-Renal
  - d. Post-Renal
5. The kidneys under normal functioning compensate over \_\_\_\_\_ to correct an acid-base imbalance.
  - a. 10-12 hours
  - b. 12-24 hours.
  - c. 20-25 hours
  - d. 24-48 hours
6. \_\_\_\_\_ occurs when there is either too much acid (such as in renal failure) in the system, or when there is loss of bicarbonate.
  - a. Respiratory Acidosis
  - b. Metabolic Alkalosis
  - c. Respiratory Alkalosis
  - d. Metabolic Acidosis
7. When a patient presents with hyponatremia, what would you expect for the doctor to order?
  - a. Administer free water
  - b. Fluid restriction
  - c. Administer hypotonic solution
  - d. Do nothing
8. If your patient presents with a potassium of 6.3, what is one thing that would you not anticipate being ordered?
  - a. Insulin and D50W
  - b. Kayexalate
  - c. Dialysis
  - d. Intravenous or oral replacement of potassium
9. What do patients with kidney failure have to monitor in their nutritional intake?
  - a. Protein and Calories
  - b. Sodium and Potassium
  - c. Fluid Intake
  - d. Phosphorus
  - e. All of the above

**Expiration date:** The last day that post tests will be accepted for this edition is **December 31, 2016**—your envelope must be postmarked on or before that day.

## Evaluation: Kidney Care in the Hospitalized Patient

Please complete the evaluation form below by placing an "X" in the box that best fits your evaluation of this educational activity. Completion of this form is required to successfully complete the activity and be awarded contact hours.

At the end of this home study program, I am able to:	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree
1. Describe normal kidney function.	
2. Describe the pathophysiologic process of renal insufficiency and failure.	
3. Identify acid-base disturbances based on blood gas analysis.	
4. Identify common laboratory tests and imaging studies utilized in renal failure.	
5. Identify common nutritional management guidelines for renal failure patients	
6. Discuss the psychosocial and cultural issues that are frequently associated with renal failure.	
7. The teaching / learning resources were effective. <i>If not, please comment:</i>	

The following were disclosed in writing prior to, or at the start of, this educational activity (please refer to the first 2 pages of the booklet).	YES or NO
8. Notice of requirements for successful completion, including purpose and objectives	
9. Conflict of interest	
10. Disclosure of relevant financial relationships and mechanism to identify and resolve conflicts of interest	
11. Sponsorship or commercial support	
12. Non-endorsement of products	
13. Off-label use	
14. Expiration Date for Awarding Contact Hours	
15. Did you, as a participant, notice any bias in this educational activity that was not previously disclosed? <i>If yes, please describe the nature of the bias:</i>	

16. How long did it take you to read this home study and complete the post test and evaluation:

\_\_\_\_\_ hours and \_\_\_\_\_ minutes.

17. Did you feel that the number of contact hours offered for this educational activity was appropriate for the amount of time you spent on it?

\_\_\_ Yes

\_\_\_ No, more contact hours should have been offered

\_\_\_ No, fewer contact hours should have been offered.

Expiration date: December 31, 2016
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