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Question: 1

Patients with late stage chronic kidney disease may develop bone disease. Which hormone produced by the kidney enables the absorption of calcium from food sources into the bloodstream, thereby promoting the formation of strong bones?

- A. Glucagon
- B. Calcitriol (also known as vitamin D_e)
- C. Thyroid-releasing hormone
- D. Testosterone

Answer: B

Explanation:

The hormone calcitriol (also known as vitamin D_e) produced by the kidney, enables absorption of calcium from food sources into the bloodstream and promotes the formation of strong bones. When kidney function is impaired, the amount of calcitriol produced decreases, causing calcium levels to drop and phosphorus levels to increase. Glucagon is a pancreatic hormone used for carbohydrate metabolism. Thyroid-releasing hormone is a thyroid-producing hormone, and testosterone is a male hormone.

Question: 2

What is the name for the defective mineralization (calcification) of the bone, which usually results from a vitamin D deficiency, and is found in the patient experiencing renal failure?

- A. Osteitis fibrosa
- B. Osteomalacia
- C. Adynamic bone disease
- D. Osteosclerosis

Answer: B

Explanation:

Osteomalacia results from defective mineralization (calcification) of the bone, usually the result of a vitamin D deficiency. Osteitis fibrosa is the replacement of bone with fibrous tissue as a result of the resorption of calcium from the bones into the bloodstream. Adynamic bone disease is a condition in which there is low bone resorption and formation. Osteosclerosis is a significant increase in bone density.

Question: 3

Which of the following treatments are commonly used for osteodystrophy?

- A. Maintenance of low serum phosphorus levels
- B. Protein-restricted diet
- C. Removal of thyroid glands
- D. A and B
- E. A, B, and C

Answer: D

Explanation:

Treatment objectives include the maintenance of low serum phosphorus levels. Restricting the dietary intake of protein helps to maintain low serum phosphate levels. Foods such as milk, cheese, dried beans, peas, and nuts are all high in phosphorus. Taking medications that bind the phosphorus in the gastrointestinal tract, such as calcium carbonate (Turns) or calcium acetate (PhosLo), prevent the phosphorus from being absorbed into the bloodstream. Once the serum phosphate level is lowered to 4 mg/dL and serum calcium is raised to 10 mg/dL, parathyroid hormone (PTH) production decreases. The optimal level of PTH is between 1.5 and 3 times the upper limit of normal. Elimination of acidosis and maintenance of calcium and vitamin D levels are also objectives of treatment. Renal osteodystrophy that persists may result in removal of the parathyroid glands.

Question: 4

Strict glycemic control is extremely important in diabetics with chronic kidney disease (CKD). Why is controlling the blood sugar level crucial?

- A. Patients with CKD are cured by low blood sugar maintenance.
- B. Controlling blood sugar prevents osteodystrophy.
- C. Glycemic control removes all chances of developing CKD.
- D. Microvascular and macrovascular disease is mitigated, resulting in a slower progression of kidney disease.

Answer: D

Explanation:

Microvascular and macrovascular disease is common in diabetic patients. When the blood sugar is strictly controlled, the development of vascular disease is indisputably mitigated. Diabetic patients with tightly controlled glycemic levels demonstrate a slower progression of kidney damage. The optimal level of glycemic control is less than 7% hemoglobin A1C. Serum glucose assessments (Chemstick or Accuclieck) should be done before dialysis treatment commences. Frequent testing is required for brittle (unstable) diabetics. If the serum glucose

level is less than 50 mg/dL, a bolus of 50 mL of 50% dextrose may be needed to prevent hypoglycemic shock. An elevated glucose level may require insulin administration for the prevention of a diabetic coma.

Question: 5

Renal patients may develop several bone conditions. Which of the following describes a condition in which there is low bone resorption and formation?

- A. Osteitis fibrosa
- B. Adynamic bone disease
- C. Metastatic calcification
- D. Osteosclerosis

Answer: B

Explanation:

Conditions affecting the bone in renal failure patients include: adynamic bone disease, a condition in which there is low bone resorption and formation; osteitis fibrosa, the replacement of bone with fibrous tissue as the result of the resorption of calcium from the bones into the bloodstream; metastatic calcification, where deposits of calcium are found in normal tissue, usually in the interstitial tissues of the kidneys, lungs, or gastric mucosa, which results when the product of serum calcium times phosphorus equals 75 mg/dL or greater; and osteosclerosis, a significant increase in bone density.



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