Import Settings:

Base Settings: Brownstone Default

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Multiple Keywords in Same Paragraph: No

**Chapter: Genitourinary and Renal Emergencies - Genitourinary and Renal Emergencies - TBNK**

**Multiple Choice**

1. The structural and functional unit of the kidney is the:

A) nephron.

B) medulla.

C) renal cortex.

D) podocyte.

Ans: A

Complexity: Easy

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2. All of the following are internal regions of the kidney, EXCEPT the:

A) cortex.

B) hilum.

C) pelvis.

D) medulla.

Ans: B

Complexity: Easy

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3. In contrast to the male urethra, the female urethra:

A) is approximately 20 cm long.

B) is divided into three regions.

C) consists of a prostatic urethra.

D) is significantly shorter in length.

Ans: D

Complexity: Easy

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4. The MOST common acute renal disease is:

A) carcinoma.

B) prostatitis.

C) nephrolithiasis.

D) urinary tract infection.

Ans: C

Complexity: Moderate

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5. Most urinary tract infections:

A) are asymptomatic and are diagnosed when a urinalysis is performed during a routine physical exam.

B) occur in women due to the relatively short urethra and its close proximity to the vagina and rectum.

C) involve the lower urinary tract in males because the urethra's large surface area can house more bacteria.

D) are the result of viruses or fungi entering the external urethral opening secondary to poor personal hygiene.

Ans: B

Complexity: Moderate

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6. Which of the following statements regarding pyelonephritis is correct?

A) Untreated pyelonephritis typically heals spontaneously.

B) Most cases of pyelonephritis occur in the lower urinary tract.

C) Pyelonephritis is an inflammation of the linings of the kidney.

D) In pyelonephritis, the ureters become inflamed and infected.

Ans: C

Complexity: Moderate

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7. Common signs and symptoms of a lower urinary tract infection include all of the following, EXCEPT:

A) gross hematuria.

B) painful urination.

C) increased urinary frequency.

D) localized pain in the pelvis.

Ans: A

Complexity: Moderate

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8. The pain associated with a kidney stone MOST often:

A) is described by the patient as a dull ache.

B) begins as a sharp pain in the right upper quadrant.

C) radiates from the umbilicus to the pubic symphysis.

D) begins in the flank region and radiates to the groin.

Ans: D

Complexity: Easy

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9. A renal calculus that has become lodged in a lower ureter would likely produce all of the following signs and symptoms, EXCEPT:

A) fever.

B) hematuria.

C) urinary urgency.

D) painful urination.

Ans: A

Complexity: Moderate

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10. Which of the following is the MOST important therapy the paramedic can administer to a patient with an isolated renal calculus?

A) Oxygen

B) Rehydration

C) Analgesia

D) An antiemetic

Ans: C

Complexity: Easy

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11. Urine output of less than 500 mL per day is called:

A) anuria.

B) oliguria.

C) dysuria.

D) polyuria.

Ans: B

Complexity: Easy

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12. A patient with prerenal acute kidney injury would MOST likely present with:

A) confusion and hypertension.

B) joint pain and bladder distention.

C) hypotension and tachycardia.

D) peripheral edema and hematuria.

Ans: C

Complexity: Moderate

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13. A common cause of intrarenal acute kidney injury is:

A) hypovolemia.

B) type 1 diabetes.

C) a renal calculus.

D) myocardial infarction.

Ans: B

Complexity: Easy

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14. Which of the following statements regarding postrenal acute kidney injury is correct?

A) Patients with postrenal acute kidney injury typically develop severe hypokalemia.

B) Postrenal acute kidney injury involves damage to the renal parenchyma or tubules.

C) Postrenal acute kidney injury typically results in decreased pressure on the nephrons.

D) Postrenal acute kidney injury is caused by obstruction of urine flow from the kidneys.

Ans: D

Complexity: Moderate

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15. Acute kidney injury is MOST accurately defined as:

A) a sudden decrease in filtration through the glomeruli.

B) irreversible damage to the nephrons and renal tubules.

C) an acute drop in urine output to less than 750 mL/day.

D) sudden damage to the renal parenchyma due to sepsis.

Ans: A

Complexity: Easy

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16. More than half of all cases of chronic kidney disease are caused by:

A) systemic diseases such as diabetes.

B) nephron deterioration due to aging.

C) frequent lower urinary tract infections.

D) nephron destruction due to medications.

Ans: A

Complexity: Easy

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17. Azotemia is defined as:

A) electrolyte disturbances in the blood.

B) an accumulation of uric acid in the blood.

C) increased nitrogenous wastes in the blood.

D) excess potassium excretion by the kidneys.

Ans: C

Complexity: Easy

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18. In a patient with chronic kidney disease, you would MOST likely find that his or her skin is:

A) flushed.

B) jaundiced.

C) cyanotic.

D) cool and dry.

Ans: B

Complexity: Easy

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19. Patients with chronic kidney disease may present with uremic frost, especially:

A) in the urine.

B) during emesis.

C) to the flank area.

D) around the face.

Ans: D

Complexity: Easy

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20. Clinical manifestations of chronic kidney disease include all of the following, EXCEPT:

A) dehydration.

B) hyperkalemia.

C) hypotension.

D) QT prolongation.

Ans: A

Complexity: Moderate

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21. Definitive treatment for a patient with end-stage renal disease involves:

A) inotropic drugs.

B) diuretic therapy.

C) crystalloid fluids.

D) kidney transplant.

Ans: D

Complexity: Easy

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22. If a patient missed a dialysis treatment, you would expect him or her to present with:

A) edema.

B) dehydration.

C) hypokalemia.

D) hypocalcemia.

Ans: A

Complexity: Moderate

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23. The skin of a patient with end-stage renal disease:

A) is hot and dry.

B) is thickened.

C) may appear bruised.

D) is usually flushed.

Ans: C

Complexity: Easy

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24. End-stage renal disease occurs when:

A) the initial signs of azotemia are present.

B) the kidneys have lost all ability to function.

C) urine output falls to less than 500 mL/day.

D) the glomerular filtration rate is increased.

Ans: B

Complexity: Easy

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25. Which of the following statements regarding peritoneal dialysis is correct?

A) Because of the high risk of peritonitis, peritoneal dialysis can only be performed in a hospital or specialized dialysis center.

B) In peritoneal dialysis, large amounts of specially formulated dialysis fluid are infused into the abdominal cavity and left for 1 to 2 hours.

C) Peritoneal dialysis involves the surgical placement of an arteriovenous shunt in the vasculature of the abdominal cavity.

D) Peritoneal dialysis is the least-preferred method of dialyzing a patient and is only used in extreme emergency situations.

Ans: B

Complexity: Moderate

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26. Unlike peritoneal dialysis, hemodialysis:

A) is associated with a higher risk of peritonitis.

B) filters nitrogenous waste products from the blood.

C) involves the circulation of blood through a machine.

D) is only used for patients experiencing acute renal failure.

Ans: C

Complexity: Moderate

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27. An arteriovenous fistula is usually located in the:

A) peritoneal cavity.

B) patient's groin area.

C) distal lower extremity.

D) forearm or upper arm.

Ans: D

Complexity: Easy

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28. Patients requiring chronic dialysis:

A) are typically not able to ambulate.

B) are usually dialyzed every 2 or 3 days.

C) are almost always inpatients in a hospital.

D) stay on the dialysis machine for 6 to 8 hours.

Ans: B

Complexity: Easy

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29. Bradycardia and hypotension following an overaggressive dialysis treatment are MOST indicative of:

A) hypovolemia.

B) hypokalemia.

C) hyperkalemia.

D) air embolism.

Ans: B

Complexity: Easy

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30. Disequilibrium syndrome is a condition in which:

A) large amounts of water move by osmosis into the brain, resulting in an acute subdural hematoma.

B) dialysis patients miss one or two of their treatments, resulting in hyperkalemia, azotemia, and hypotension.

C) water initially shifts from the bloodstream into the cerebrospinal fluid, causing an increase in intracranial pressure.

D) the concentration of urea in the bloodstream is lowered slowly, while the solute concentration of the cerebrospinal fluid remains high.

Ans: C

Complexity: Moderate

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31. All of the following conditions may cause urinary retention, EXCEPT:

A) testicular torsion.

B) nerve damage.

C) urinary tract infections.

D) benign prostatic hypertrophy.

Ans: A

Complexity: Easy

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32. Which of the following abdominal segments is anterior and is the most inferior?

A) Umbilical region

B) Iliac region

C) Hypochondrial region

D) Hypogastric region

Ans: D

Complexity: Moderate

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33. The MOST important aspect of assessing a patient with a genitourinary emergency is to:

A) detect and treat life-threatening conditions.

B) perform an immediate secondary assessment.

C) rapidly determine the cause of the emergency.

D) determine if the patient requires narcotic analgesia.

Ans: A

Complexity: Easy

Ahead: Patient Assessment

Subject: Genitourinary and Renal Emergencies

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34. ECG monitoring of a patient with a suspected urologic emergency is especially important because of:

A) myocardial ischemia that is often caused by urologic dysfunction.

B) the medications that many patients with urologic problems are taking.

C) the potential for electrolyte imbalances and their effect on the heart.

D) frequent fluctuations in the patient's heart rate caused by severe pain.

Ans: C

Complexity: Moderate

Ahead: Patient Assessment

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35. Which of the following is a potentially life-threatening complication of missing one or more dialysis treatments?

A) Uremic frost

B) Hyperkalemia

C) Hypocalcemia

D) Peripheral edema

Ans: B

Complexity: Easy

Ahead: Patient Assessment

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36. It is important for the paramedic to consult with medical control prior to administering analgesia to a patient with severe flank pain and suspected acute kidney injury because:

A) patients with renal failure often require high doses of analgesia.

B) renal failure may cause analgesics to accumulate to toxic levels.

C) most patients who are given analgesia will experience hypotension.

D) analgesia will mask the patient's pain and skew further examination.

Ans: B

Complexity: Moderate

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37. A young woman presents with left-sided flank pain, dysuria, and fever. She tells you that she has been experiencing pain and difficulty with urination for the past week, but did not see her physician. She called 9-1-1 when the flank pain and fever began. You should suspect:

A) renal failure.

B) a renal calculus.

C) kidney stones.

D) pyelonephritis.

Ans: D

Complexity: Difficult

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38. You are dispatched to a residence for an elderly man with an altered mental status. As you are assessing the patient, his wife tells you that he goes to dialysis several times a week, but has missed his last three treatments because their car broke down. The patient's skin is yellow, his blood pressure is 98/60 mm Hg, and his pulse rate is 118 beats/min. The ECG reveals sinus tachycardia with peaked T waves. You should be MOST concerned with the potential for:

A) severe hypovolemia.

B) acute bradycardia or heart block.

C) lethal ventricular dysrhythmias.

D) hypokalemia-induced cardiac arrest.

Ans: C

Complexity: Difficult

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39. A 59-year-old woman with chronic kidney disease presents with an acute onset of dyspnea while undergoing a hemodialysis treatment. She is conscious but in obvious respiratory distress. Further assessment reveals perioral cyanosis and a blood pressure of 96/56 mm Hg. Based on this patient's medical history and clinical presentation, which of the following interventions is likely NOT indicated?

A) IV crystalloid fluid boluses

B) Left lateral recumbent position

C) Rapid transport to the hospital

D) Ventilation assistance as needed

Ans: A

Complexity: Difficult

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40. A 20-year-old male presents with an acute onset of severe testicular pain. He denies any trauma to the genital region. He is conscious and alert, his blood pressure is 144/84 mm Hg, his heart rate is 120 beats/min, and his respirations are 24 breaths/min with adequate depth. The MOST important aspect in the care of this patient involves:

A) prompt transport.

B) narcotic analgesia.

C) IV fluid therapy.

D) high-flow oxygen.

Ans: A

Complexity: Difficult

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41. You receive a call to a residence for a 60-year-old man who is bleeding from his dialysis shunt. When you arrive, the patient's wife, who has been properly trained on the use of the dialysis machine, tells you that she panicked and called EMS. The dialysis cannula has loosened from the needle, which is still in the shunt. Your initial action should be to:

A) immediately clamp off the cannula and apply direct pressure.

B) attempt to tighten the connection between the needle and cannula.

C) remove the dialysis needle from the shunt and apply direct pressure.

D) apply direct pressure over the shunt and carefully remove the needle.

Ans: B

Complexity: Difficult

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42. Immediately following a dialysis treatment, a middle-aged woman complains of generalized weakness and nausea. Her blood pressure is 80/50 mm Hg, pulse rate is 40 beats/min and weak, and respirations are 22 breaths/min and regular. She is receiving supplemental oxygen, and an IV line has been established in the extremity opposite the shunt. The ECG reveals sinus bradycardia in lead II. Your next action should be to:

A) obtain a 12-lead ECG tracing.

B) administer 0.5 mg of atropine sulfate.

C) administer a 20-mL/kg fluid bolus.

D) administer calcium and bicarbonate.

Ans: B

Complexity: Difficult

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43. A 70-year-old female dialysis patient presents with a headache. She is conscious and alert, has a blood pressure of 190/100 mm Hg, has a pulse rate of 90 beats/min and regular, and has respirations of 14 breaths/min and regular. In addition to administering supplemental oxygen, you should:

A) recognize that she probably received an overaggressive dialysis treatment.

B) start an IV line with normal saline and infuse 200 mL of normal saline per hour.

C) transport at once, start an IV line en route, and give nitroglycerin to lower her blood pressure.

D) monitor her cardiac rhythm, transport, and start an IV line en route to the hospital.

Ans: D

Complexity: Difficult

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44. A 50-year-old man presents with a painful penile erection that has persisted for the past several hours. He is conscious, but restless, and his vital signs are stable. Which of the following conditions could cause his clinical presentation?

A) Renal failure

B) Head trauma

C) Antidepressant use

D) Nitroglycerin use

Ans: C

Complexity: Moderate

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45. Symptoms of benign prostatic hypertrophy (BPH) may include:

A) decreased urination at night.

B) incomplete bladder emptying.

C) fever, tremors, and weakness.

D) abnormally strong urine flow.

Ans: B

Complexity: Easy

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46. A 40-year-old man presents with difficulty urinating, fever, and tremors. Which of the following should you suspect?

A) Prostatitis

B) Prostate cancer

C) Testicular torsion

D) Benign prostatic hypertrophy

Ans: A

Complexity: Moderate

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47. During a dialysis treatment, a 39-year-old man presents with a sudden onset of dyspnea and cyanosis. You should:

A) position him on his side.

B) disconnect him from the dialysis machine.

C) administer oxygen via nonrebreathing mask.

D) start an IV and administer a 20 mL/kg fluid bolus.

Ans: B

Complexity: Moderate

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48. Any time a patient with end-stage renal disease is found in cardiac arrest, the paramedic should strongly consider which of the following as the cause?

A) Hyperkalemia

B) Hypokalemia

C) Hypocalcemia

D) Hypercalcemia

Ans: A

Complexity: Easy

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49. Which of the following would MOST likely cause urge incontinence?

A) A blocked urethra

B) Acute prostatitis

C) Caffeinated beverages

D) Benign prostatic hypertrophy

Ans: C

Complexity: Easy

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50. Which additional medication should be readily available when administering analgesia to a patient with kidney stones?

A) Calcium

B) Atropine

C) Potassium

D) Naloxone

Ans: D

Complexity: Easy

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