

*** NEPHROLOGY Ward**

Test* (B2)

1. A patient in Stage 4 CKD is advised to limit which of the following?

A Water intake

B Protein intake

C Fat intake

D Carbohydrate intake

Carbohydrate intake

2. Which lifestyle modification is most important for preventing CKD progression?

A Smoking cessation

B Decreased alcohol consumption

C Sedentary lifestyle

D High-protein diet

3. A 70-year-old patient with heart failure develops AKI after being started on a new diuretic. Which of the following would most likely indicate a pre-renal cause of AKI?

A Urine sodium < 20 mEq/L

B. Urine output $< 0,5 \text{ mL/kg/h}$

C. Elevated urine osmolality

D. High fractional excretion of sodium (FENa)

4. In a patient with AKI requiring renal replacement therapy, which of the following would indicate the need for urgent dialysis?

A Urine output $< 0.5 \text{ mL/kg/h}$

B. Serum creatinine $> 4.0 \text{ mg/dL}$

C Hyperkalemia not responsive to medical management

D. Metabolic acidosis with a pH of 7.35

5. When managing AKI due to acute tubular necrosis, which supportive measure is most beneficial?

A. High-protein diet

B. Monitoring and maintaining fluid balance

C. Aggressive use of diuretics

D. Continuous renal replacement

therapy

6. A patient with chronic respiratory alkalosis is most likely to have which of the following lab findings?

- A. pH 7.55, pCO₂ 25 mmHg, HCO₃⁻ 20 mEq/L
- B. pH 7.30, pCO₂ 50 mmHg, HCO₃⁻ 24 mEq/L
- C. pH 7.40, pCO₂ 35 mmHg, HCO₃⁻ 23 mEq/L
- D. pH 7.45, pCO₂ 30 mmHg, HCO₃⁻ 28 mEq/L

1. Limit the diet in CKD Stage 4
(Protein Intake)

2. Lifestyle to prevent the CKD
progression (Smoking Cessation)

3. Appropriate management for AKI
with Acute Tubular Necrosis
(Monitoring and Maintain Fluid
Balance)

4. Cirrhosis causes Hyponatremia due
to (Excessive fluid retention)

5. Treatment for Hyperkalemia is NOT appropriate (Diuretics)
6. Treatment for Hyperkalemia in an emergency condition (Intravenous Calcium administration)
7. Pre-renal AKI with usage of Diuretics indicate except (Urine Sodium < 20 mEq/L)
8. Patient with Hypernatremia shows (Elevated Urine Osmolality)
9. Renal replacement therapy indication (Hyperkalemia not treated with medications)
10. (Metabolic Alkalosis with Respiratory Alkalosis)
11. Chronic Respiratory Alkalosis (pH 7.5, HCO_3^- 22, pCO_2 30)
12. Which one does NOT cause Hyperkalemia (Chronic Liver Disease)

Scenarios

1. Diagnosis (Pre renal AKI due to

Scenarios

1. Diagnosis (Pre renal AKI due to Hypovolemic)

Management:

2. Diagnosis (CKD secondary to Diabetes Mellitus)

Management: