

Chapter 36. Urinary System Function, Assessment, and Therapeutic Measures

Multiple Choice

Identify the choice that best completes the statement or answers the question.

- _____ 1. The nurse understands that a major function of the kidneys is to remove potentially toxic waste products from the blood. Which function is inaccurate?
1. Regulate blood pressure through the conservation of fluids.
 2. Regulate minerals to maintain electrolyte balance.
 3. Manage hydrogen or bicarbonate for acid-base balance.
 4. Manage erythrocyte production in the bone marrow.
- _____ 2. The nurse is providing care for a patient admitted for a suspected kidney infection. Which area of the body does the nurse expect the patient to identify as a source of pain?
1. Lower abdomen
 2. Bilateral flanks
 3. Midepigastric
 4. Pelvic floor
- _____ 3. A patient's urinalysis results are white blood cells (WBCs) 100+/hpf; red blood cells (RBC) 4/hpf; bacteria, moderate amount; nitrite, positive; specific gravity, 1.025; and urine, cloudy. What should the nurse recognize these findings indicate?
1. Dehydration
 2. Urinary tract infection
 3. Contamination from menstruation
 4. Presence of bacteria from the perineum
- _____ 4. The nurse is collecting data on a patient who experienced a sport injury to the lower back area. Which finding will cause the nurse greatest concern?
1. Report of nausea and anxiety
 2. Ecchymosis and pain in area of injury
 3. Flank edema and bloody urine
 4. Pain in the lower abdomen
- _____ 5. The formation of urine is a critical physiological function. The nurse is aware that multiple processes are involved. Which process does the nurse recognize as not part of the formation of urine?
1. Micturition
 2. Glomerular filtration
 3. Tubular excretion
 4. Tubular reabsorption
- _____ 6. The nurse is providing care for a patient with a diagnosis of kidney disease. The patient's last laboratory result indicates metabolic acidosis. Which kidney activity does the nurse recognize for the condition?
1. The kidneys are absorbing more bicarbonate.
 2. The kidneys are unable to excrete hydrogen ions.

- 3. The kidneys are compensating for respiratory function.
 - 4. The kidneys are responding to vomiting related to disease.
- _____ 7. The nurse is providing care for a patient with a thoracic spinal cord injury. For which reason does the nurse understand the presence of a suprapubic catheter?
- 1. The patient is unable to stand to void.
 - 2. The patient is less likely to have bladder infections.
 - 3. The patient is unable to detect the need to urinate.
 - 4. The patient is at risk for skin breakdown from incontinence.
- _____ 8. The nurse is testing the urine pH for a patient in the HCP's office. The test indicates a pH of 7.0. Which question does the nurse ask the client?
- 1. "Do you have pain when you urinate?"
 - 2. "Are you following a vegetarian diet?"
 - 3. "How much aspirin do you take daily?"
 - 4. "Is there a family history of renal disease?"
- _____ 9. The nurse is reviewing the laboratory results for a patient. Which question does the nurse ask the patient if the creatinine level is elevated?
- 1. "Have you been sick lately?"
 - 2. "Are you lactose intolerant?"
 - 3. "Do you have flank pain?"
 - 4. "How much do you exercise?"
- _____ 10. A patient with pneumonia has a blood urea nitrogen (BUN) of 32 mg/dL and creatinine of 0.8 mg/dL. What should the nurse realize is the most probable explanation for this finding?
- 1. The patient is dehydrated.
 - 2. The patient has septicemia.
 - 3. The patient is malnourished.
 - 4. The patient has kidney damage.
- _____ 11. The nurse is collecting information from an older adult patient in the health care provider's (HCP) office. The patient reports frequent urination. Which effect of aging does the nurse recognize?
- 1. A decrease in glomerular filtration
 - 2. The presence of an early bladder infection
 - 3. Decreased bladder size and muscle tone
 - 4. General decrease in renal functioning
- _____ 12. The nurse is providing care for a patient who is on fluid restrictions due to renal failure. The patient's intake & output (I&O) should be carefully measured. Which substance does the nurse exclude from the intake total?
- 1. Mashed potatoes and creamed corn
 - 2. All oral and IV fluids
 - 3. Water, coffee, juices, and gelatin
 - 4. Any tube feeding administered
- _____ 13. The nurse is providing care for a patient scheduled for diagnostic studies of the gastrointestinal system using contrast medium. Which finding in the patient's medical history warrants the nurse contacting the HCP?

1. The patient reports an allergy to shellfish.
2. The patient recently had pneumonia.
3. The patient had food intake 12 hours previous.
4. The patient has a history of renal dysfunction.

_____ 14. The nurse is catheterizing a patient after voiding to determine the amount of residual urine in the bladder. What should the nurse consider as being the normal amount of urine within the bladder after urination?

1. 25 mL
2. 75 mL
3. 100 mL
4. 150 mL

_____ 15. An older male patient expresses frustration at need to urinate often, dribbling of urine, and feelings of inability to empty his bladder. Which suggestion by the nurse is most helpful to the patient?

1. Obtain and wear incontinence pads.
2. Encourage an appointment with a urologist.
3. Review medications with the primary HCP.
4. Set up a schedule for regular voiding.

_____ 16. The nurse is reinforcing teaching to a client who is preparing to perform intermittent self-catheterization at home. Which information by the nurse is inappropriate?

1. The bladder should be emptied every 3 hours.
2. An overfilled bladder can be a source of infection.
3. Catheters can be washed and reused repeatedly.
4. Wear a urinary incontinence pad if away from home.

_____ 17. The nurse is making a visit to the home of a patient with functional incontinence. Which observation indicates that teaching about the disorder has been effective?

1. Patient wearing sweat pants
2. Patient drinking a cup of coffee
3. Patient sitting with the legs elevated
4. Patient restricting fluid intake after 6 p.m.

_____ 18. The nurse is providing care for a patient who has undergone placement of a suprapubic catheter. Which postprocedure nursing care is avoided?

1. Change the surgical dressing as needed.
2. Tape the catheter in place to avoid tension.
3. Change the catheter with sterile technique daily.
4. Apply a skin barrier to prevent skin breakdown.

_____ 19. A patient shares a long-standing problem of urinary incontinence with the nurse. Which intervention does the nurse recognize as taking priority?

1. Referring the patient to a urologist
2. Providing caring support to the patient
3. Recommending a continence clinic
4. Keeping a voiding diary for evaluation

Multiple Response

Identify one or more choices that best complete the statement or answer the question.

- _____ 20. The nurse is reviewing the results of a patient's urinalysis. Which components does the nurse identify as being abnormal in urine? (Select all that apply.)
1. Urea
 2. Hormones
 3. Protein
 4. RBCs
 5. Water

Chapter 36. Urinary System Function, Assessment, and Therapeutic Measures

Answer Section

MULTIPLE CHOICE

1. ANS: 1

Chapter: Chapter 36. Urinary System Function, Assessment, and Therapeutic Measures

Objective: Describe the normal function of the urinary system.

Page: 719

Heading: Normal Urinary System Anatomy and Physiology

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Analysis (Analyzing)

Concept: Patient-Centered Care

Difficulty: Difficult

	Feedback
1	The kidneys regulate blood pressure through the excretion or conservation of water.
2	The kidneys regulate electrolyte balance of the blood through the excretion or conservation of minerals.
3	The kidneys maintain the acid-base balance of the blood through the excretion or conservation of ions such as hydrogen and bicarbonate.
4	The kidneys produce erythropoietin, which stimulates erythrocyte production in the bone marrow.

PTS: 1

CON: Patient-Centered Care

2. ANS: 2

Chapter: Chapter 36. Urinary System Function, Assessment, and Therapeutic Measures

Objective: Identify the normal anatomy of the urinary system.

Page: 742

Heading: Normal Urinary System Anatomy and Physiology

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Application (Applying)

Concept: Patient-Centered Care

Difficulty: Moderate

	Feedback
1	The kidneys are located in the retroperitoneal cavity; pain would not be expected in the lower abdomen.
2	The kidneys are located in the retroperitoneal cavity; pain would be located in the bilateral flank areas.

3	The kidneys are located in the retroperitoneal cavity; pain would not be expected in the midepigastriic area of the abdomen.
4	The kidneys are located in the retroperitoneal cavity; pain would not be expected in the pelvic floor area.

PTS: 1 CON: Patient-Centered Care

3. ANS: 2

Chapter: Chapter 36. Urinary System Function, Assessment, and Therapeutic Measures

Objective: Explain data to collect when caring for a patient with a disorder of the urinary system.

Page: 741

Heading: Diagnostic Tests for the Urinary System

Integrated Process: Clinical Problem-Solving Process

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Analysis (Analyzing)

Concept: Patient-Centered Care

Difficulty: Difficult

	Feedback
1	The laboratory findings do not indicate dehydration.
2	Elevated WBCs, bacteria, nitrites, and cloudy urine indicate an infection.
3	There is no information in the question to indicate menstruation.
4	There is no information regarding the preparation of the perineum.

PTS: 1 CON: Patient-Centered Care

4. ANS: 3

Chapter: Chapter 36. Urinary System Function, Assessment, and Therapeutic Measures

Objective: Identify the normal anatomy of the urinary system.

Page: 742

Heading: Blood Vessels of the Kidney

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Reduction of Risk Potential

Cognitive Level: Analysis (Analyzing)

Concept: Patient-Centered Care

Difficulty: Moderate

	Feedback
1	It is expected that a patient may experience nausea and anxiety following an injury.
2	Ecchymosis and pain in the area of the injury is expected, but require additional monitoring. Ecchymosis is most likely associated with soft tissue injury.
3	The nurse's greatest concern is the presence of flank edema and bloody urine. The kidneys are highly vascular and major vessels include a renal artery and a

	renal vein. Both findings are indicative of blood vessel damage.
4	The kidneys are located in the retroperitoneal cavity; pain in the lower abdomen is not expected with this injury.

PTS: 1 CON: Patient-Centered Care

5. ANS: 1

Chapter: Chapter 36. Urinary System Function, Assessment, and Therapeutic Measures

Objective: Describe the normal function of the urinary system.

Page: 723

Heading: Formation of Urine

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Application (Applying)

Concept: Patient-Centered Care

Difficulty: Moderate

	Feedback
1	<i>Micturition</i> is the terminology for the process of urinating, which is not involved in the process of urine production.
2	Glomerular filtration is the initial process of urine formation. Blood pressure forces water and small solutes out of the glomeruli and into Bowman capsules. The fluid is then called <i>renal filtrate</i> .
3	Tubular excretion is the final process of urine formation. In excretion, substances are actively secreted from the blood in the peritubular capillaries into the filtrate in the renal tubules.
4	Tubular reabsorption is the second process of urine formation. Tubular reabsorption is the recovery of useful materials from the renal filtrate and their return into the blood in the peritubular capillaries.

PTS: 1 CON: Patient-Centered Care

6. ANS: 2

Chapter: Chapter 36. Urinary System Function, Assessment, and Therapeutic Measures

Objective: Describe the normal function of the urinary system.

Page: 728

Heading: The Kidneys and Acid-Base Balance

Integrated Process: Clinical Problem-Solving Process

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Analysis (Analyzing)

Concept: Elimination

Difficulty: Difficult

	Feedback
1	If the kidneys were absorbing more bicarbonate into the blood, the laboratory test would not indicate metabolic acidosis.

2	When the kidneys are unable to excrete hydrogen ions into the blood, the laboratory test indicates metabolic acidosis. The process is related to kidney disease.
3	If the kidneys were compensating for respiratory function, the pH would be balanced when the kidneys reabsorbed bicarbonate.
4	Vomiting can cause metabolic alkalosis when hydrochloric acid is lost. However, there is no indication that the patient's renal disease is causing vomiting.

PTS: 1 CON: Elimination

7. ANS: 3

Chapter: Chapter 36. Urinary System Function, Assessment, and Therapeutic Measures

Objective: Plan preparation and postprocedure care for patients undergoing diagnostic tests of the urinary system.

Page: 738

Heading: Elimination of Urine

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Analysis (Analyzing)

Concept: Patient-Centered Care

Difficulty: Moderate

	Feedback
1	The inability to stand to void is not alone the reason to place a suprapubic catheter.
2	Patients with any type of catheter are a high risk for developing bladder infections.
3	The patient with a thoracic spinal cord injury will have lost the sensation of urinary reflex over which urinary control may be exerted. The detrusor muscles of the bladder wall and two urethral sphincters will all be involved.
4	Incontinence and the risk for skin breakdown are not reasons alone to place a suprapubic catheter.

PTS: 1 CON: Patient-Centered Care

8. ANS: 2

Chapter: Chapter 36. Urinary System Function, Assessment, and Therapeutic Measures

Objective: Describe the normal function of the urinary system.

Page: 728

Heading: pH

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Analysis (Analyzing)

Concept: Patient-Centered Care

Difficulty: Moderate

	Feedback
1	The patient's urine pH is within normal limits; there is no reason to suspect a bladder infection.
2	Diet has the greatest influence over urine pH. The patient's urine pH is normal, but is in the higher range. Vegetarians are likely to have a more alkaline urine, which makes the pH higher.
3	Diet has the greatest influence over urine pH. There is no reason for the nurse to inquire about aspirin use. The urine pH is within normal limits.
4	There is no reason to ask if the patient has a family history of renal disease. The urine pH is within normal limits.

PTS: 1 CON: Patient-Centered Care

9. ANS: 4

Chapter: Chapter 36. Urinary System Function, Assessment, and Therapeutic Measures

Objective: Describe the normal function of the urinary system.

Page: 728

Heading: Constituents

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Analysis (Analyzing)

Concept: Patient-Centered Care

Difficulty: Moderate

	Feedback
1	Illness does not affect the creatinine level in urine.
2	Being lactose intolerant does not affect the creatinine level in urine.
3	The nurse should not expect flank pain in a patient with an elevated creatinine level.
4	Creatinine is a product of metabolism of creatine phosphate, which is an energy source in muscles. The amount and type of exercise can affect creatinine levels.

PTS: 1 CON: Patient-Centered Care

10. ANS: 1

Chapter: Chapter 36. Urinary System Function, Assessment, and Therapeutic Measures

Objective: Explain data to collect when caring for a patient with a disorder of the urinary system.

Page: 728

Heading: Constituents.

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Analysis (Analyzing)

Concept: Patient-Centered Care

Difficulty: Moderate

	Feedback
1	BUN elevates with dehydration, because the loss of water makes the blood more concentrated. Creatinine levels are a very good indicator of kidney function.
2	There is not enough information to determine if the patient is septic.
3	There is not enough information to determine if the patient is malnourished.
4	There is not enough information to determine if the patient has kidney damage.

PTS: 1 CON: Patient-Centered Care

11. ANS: 3

Chapter: Chapter 36. Urinary System Function, Assessment, and Therapeutic Measures

Objective: Discuss the effects of aging on the urinary system.

Page: 722

Heading: Aging and the Urinary System

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Analysis (Analyzing)

Concept: Patient-Centered Care

Difficulty: Moderate

	Feedback
1	Older adult patients do have a decrease in glomerular filtration; however, this change does not cause frequent urination.
2	The older adult patient's need for frequent urination is likely associated with physical functioning. There are no other indications of a bladder infection such as fever or painful urination.
3	Older adult patients normally experience a decrease in bladder size and a decrease in the tone of the detrusor muscle. The result is frequent urination or the presence of residual urine after voiding.
4	Older adult patients do have a decrease in renal function; up to half of the original nephrons can be lost by age 70 or 80. However, this is not related to frequent urination.

PTS: 1 CON: Patient-Centered Care

12. ANS: 1

Chapter: Chapter 36. Urinary System Function, Assessment, and Therapeutic Measures

Objective: Explain data to collect when caring for a patient with a disorder of the urinary system.

Page: 726

Heading: Nursing Assessment of the Urinary System

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Application (Applying)

Concept: Elimination

Difficulty: Moderate

	Feedback
1	The nurse does not need to include foods that are not either a liquid form or liquefy at body temperature. Mashed potatoes and creamed corn are not considered liquids.
2	All oral and IV fluids are counted as fluid intake.
3	Water, coffee, juices, and gelatin are considered liquids. The gelatin will become a liquid at body temperature.
4	Tube feedings are considered liquids when the patient's I&O is being measured.

PTS: 1 CON: Elimination

13. ANS: 4

Chapter: Chapter 36. Urinary System Function, Assessment, and Therapeutic Measures

Objective: Plan preparation and postprocedure care for patients undergoing diagnostic tests of the urinary system.

Page: 728

Heading: Contrast-Induced Nephropathy

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Reduction of Risk Potential

Cognitive Level: Analysis (Analyzing)

Concept: Patient-Centered Care

Difficulty: Moderate

	Feedback
1	Contrast media does not always contain radioactive isotopes, which are given with caution to patients with iodine allergies.
2	A recent incidence of pneumonia will not warrant the nurse contacting the HCP.
3	A gastrointestinal study with contrast medium is performed after the patient has been NPO; 12 hours without food does not warrant the nurse contacting the HCP.
4	The use of contrast media can be nephrotoxic and cause contrast-induced nephropathy. The nurse needs to contact the HCP regarding the patient's history of renal dysfunction, which places the patient at high risk for nephropathy.

PTS: 1 CON: Patient-Centered Care

14. ANS: 1

Chapter: Chapter 36. Urinary System Function, Assessment, and Therapeutic Measures

Objective: Explain data to collect when caring for a patient with a disorder of the urinary system.

Page: 737

Heading: Management of Urinary Retention

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Reduction of Risk Potential

Cognitive Level: Application (Applying)

Concept: Patient-Centered Care
Difficulty: Moderate

	Feedback
1	Normally the bladder contains less than 50 mL after urination.
2	This represents excessive amounts of residual urine after voiding.
3	This represents excessive amounts of residual urine after voiding.
4	This represents excessive amounts of residual urine after voiding.

PTS: 1 CON: Patient-Centered Care

15. ANS: 2

Chapter: Chapter 36. Urinary System Function, Assessment, and Therapeutic Measures

Objective: Plan nursing care for patients with incontinence.

Page: 725

Heading: Overflow Incontinence

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Analysis (Analyzing)

Concept: Elimination

Difficulty: Moderate

	Feedback
1	The patient is likely to be experiencing overflow incontinence and the suggestion to obtain and use incontinence pads is helpful in managing the manifestations. However, the most helpful suggestion will address the cause.
2	Older men commonly experience overflow incontinence related to an enlarged prostate. The most helpful suggestion is to encourage an appointment with a urologist for treatment of the condition.
3	Medication is sometimes a cause for incontinence; however, medications and their effects can be reviewed during a visit with a urologist.
4	Setting a schedule for regular voiding is appropriate for bladder training, but overflow incontinence will not improve with this intervention.

PTS: 1 CON: Elimination

16. ANS: 4

Chapter: Chapter 36. Urinary System Function, Assessment, and Therapeutic Measures

Objective: Discuss nursing actions to decrease the risk of infection in urinary catheterized patients.

Page: 728

Heading: Intermittent Catheterization

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integration—Reduction of Risk Potential

Cognitive Level: Analysis (Analyzing)

Concept: Elimination
Difficulty: Moderate

	Feedback
1	It is appropriate for the nurse to inform the patient to empty the bladder every 3 hours when performing intermittent self-catheterization.
2	It is important for the patient to understand that an overfilled urinary bladder is a source of infection. Urine is a good medium for bacteria growth.
3	When in the home environment, urinary catheters used for self-catheterization can be washed and reused. All types of catheterizations in the clinical environment require sterile technique.
4	When away from home, the patient can still perform intermittent self-catheterization and there is no need to wear an incontinence pad. However, the patient is taught to use appropriate hand washing and to be particularly careful to avoid touching the catheter to places or items in surrounding area.

PTS: 1 CON: Elimination

17. ANS: 1

Chapter: Chapter 36. Urinary System Function, Assessment, and Therapeutic Measures

Objective: Plan nursing care for patients with incontinence.

Page: 725

Heading: Management of Urinary Incontinence

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Reduction of Risk Potential

Cognitive Level: Application (Applying)

Concept: Patient-Centered Care

Difficulty: Moderate

	Feedback
1	If clothing is inhibiting timely voiding for the patient with functional incontinence, the patient should be instructed to wear clothing with Velcro fasteners or sweat pants.
2	Coffee with caffeine is a bladder stimulant and increases the need to void.
3	Elevating the legs is not an action appropriate for functional incontinence.
4	Restricting fluids after 6 p.m. is not an appropriate action for functional incontinence.

PTS: 1 CON: Patient-Centered Care

18. ANS: 3

Chapter: Chapter 36. Urinary System Function, Assessment, and Therapeutic Measures

Objective: Discuss nursing actions to decrease the risk of infection in urinary catheterized patients.

Page: 728

Heading: Suprapubic Catheter

Integrated Process: Clinical Problem-Solving Process (Nursing Process)
 Client Need: Physiological Integrity—Reduction of Risk Potential
 Cognitive Level: Analysis (Analyzing)
 Concept: Patient-Centered Care
 Difficulty: Moderate

	Feedback
1	Postprocedure for the placement of a suprapubic catheter, it is correct for the nurse to change the surgical dressing as needed.
2	The suprapubic catheter will need to be taped in a manner that prevents tension on the catheter.
3	Postprocedure, the nurse will not be changing the suprapubic catheter, which may result in closure of the abdominal incision. After healing, the patient will learn when and how the catheter will be changed.
4	Because of a likelihood of urine leakage, a skin barrier can be applied to prevent skin irritation or breakdown from exposure to urine.

PTS: 1 CON: Patient-Centered Care

19. ANS: 2

Chapter: Chapter 36. Urinary System Function, Assessment, and Therapeutic Measures
 Objective: Plan nursing care for patients with incontinence.
 Page: 725
 Heading: Management of Urinary Incontinence
 Integrated Process: Clinical Problem-Solving Process (Nursing Process)
 Client Need: Physiological Integrity—Physiological Adaptation
 Cognitive Level: Analysis (Analyzing)
 Concept: Patient-Centered Care
 Difficulty: Difficult

	Feedback
1	The nurse is likely to refer the patient to a urologist for evaluation of the condition and proposed treatment. However, this is not the priority nursing intervention.
2	Because the patient reveals a long-standing problem, the nurse is aware that the patient has possibly delayed reporting the condition due to embarrassment. The nurse's priority intervention is to provide caring support to the patient.
3	The patient may need to be recommended to a continence clinic; however, this is not the priority nursing intervention.
4	Keeping a voiding diary is helpful in determining when incontinence occurs and identifying of predisposing events. However, this is not the priority nursing intervention.

PTS: 1 CON: Patient-Centered Care

MULTIPLE RESPONSE

20. ANS: 3, 4

Chapter: Chapter 36. Urinary System Function, Assessment, and Therapeutic Measures

Objective: Explain data to collect when caring for a patient with a disorder of the urinary system.

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Heading: Constituents

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Reduction of Risk Potential

Cognitive Level: Analysis (Analyzing)

Concept: Patient-Centered Care

Difficulty: Difficult

	Feedback
1.	Urea is present in normal urine and is formed by liver cells when excess amino acids are metabolized.
2.	Hormones, in small quantities, are normally present in urine.
3.	Proteins are not normally found in urine and can indicate renal dysfunction from injury or disease.
4.	RBCs are not normally found in urine and can indicate renal dysfunction from injury or disease.
5.	Water makes up 95 percent of urine and is a solvent for waste products and salts.

PTS: 1

CON: Patient-Centered Care