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39	☐ A	☐ B	☐ C	☐ D	☐ E

PRACTICE QUESTIONS

Centre for Nursing Education and Testing (CNET)

SBFGKL73

NNCC Certified Nephrology Nurse - Nurse Practitioner (CNN-NP) Examination

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Centre for Nursing Education and Testing (CNET) **SBFGKL73**, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, **SBFGKL73**
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1

MULTIPLE CHOICE

A 68-year-old patient with sepsis has a serum creatinine that rises from 1.0 mg/dL to 1.9 mg/dL over 48 hours, with urine output averaging 0.4 mL/kg/hr. Which of the following are appropriate components of initial management? (Choose two.)

- ☒ **A Discontinue nephrotoxic agents and optimize volume status**
- ☐ B Administer high-dose loop diuretics routinely to convert oliguric to non-oliguric AKI
- ☒ **C Avoid contrast-enhanced imaging studies unless clinically essential**
- ☐ D Initiate renal replacement therapy immediately based solely on the creatinine rise
- ☐ E Withhold enteral nutrition until the creatinine peaks

ANSWER A - C

WHY Initial AKI management focuses on removing nephrotoxins, ensuring adequate but not excessive volume resuscitation, and avoiding further insults such as contrast when feasible. High-dose loop diuretics do not improve outcomes and may worsen injury; RRT is initiated based on refractory hyperkalemia, acidosis, volume overload, or uremic complications, not creatinine alone; nutrition should generally be continued.

QUESTION 2

MULTIPLE CHOICE

Which of the following are recommended to slow progression of CKD in a patient with diabetic kidney disease and persistent albuminuria? (Choose two.)

- ☒ **A An ACE inhibitor or ARB titrated to the highest tolerated approved dose**
- ☐ B A non-dihydropyridine calcium channel blocker as first-line antiproteinuric therapy
- ☒ **C An SGLT2 inhibitor with evidence of renoprotection in this population**
- ☐ D Aminoglycoside therapy for intercurrent infections to preserve renal blood flow
- ☐ E NSAID use as needed for chronic musculoskeletal pain

ANSWER A - C

WHY ACE inhibitors/ARBs reduce intraglomerular pressure and albuminuria, and SGLT2 inhibitors have demonstrated renoprotective benefit in diabetic kidney disease. Non-dihydropyridine CCBs are not first-line antiproteinuric agents; aminoglycosides are nephrotoxic; NSAIDs worsen CKD progression.

QUESTION 3

SINGLE CHOICE

A hemodialysis patient who missed their last treatment presents with peaked T waves on ECG and a serum potassium of 6.8 mEq/L. Which intervention provides the most rapid stabilization of the cardiac membrane?

- ☒ **A** Intravenous calcium gluconate
- ☐ **B** Intravenous regular insulin with dextrose
- ☐ **C** Oral sodium polystyrene sulfonate
- ☐ **D** Albuterol via nebulizer

ANSWER A

WHY IV calcium does not lower potassium but rapidly stabilizes the cardiac membrane within minutes, making it the first step when ECG changes are present. Insulin/dextrose, beta-2 agonists, and potassium binders shift or remove potassium but act more slowly.

QUESTION 4

SINGLE CHOICE

Per current KDIGO guidance, what is the recommended target systolic blood pressure for most adults with CKD not on dialysis who have albuminuria?

- ☐ **A** Less than 110 mmHg
- ☒ **B** Less than 120 mmHg when tolerated
- ☐ **C** Less than 130 mmHg
- ☐ **D** Less than 140 mmHg

ANSWER B

WHY KDIGO recommends a target systolic BP of less than 120 mmHg when tolerated for adults with CKD, based in part on SPRINT data extrapolated to the CKD population, provided it can be achieved without symptomatic hypotension or acute kidney injury.

QUESTION 5 SINGLE CHOICE

Before initiating ESA therapy in a CKD patient with Hgb 9.0 g/dL, which laboratory assessment is most essential to guide decision-making?

- ☒ **A** Serum ferritin and transferrin saturation
- ☐ **B** Serum vitamin B12 and folate
- ☐ **C** Reticulocyte production index only
- ☐ **D** Serum erythropoietin level

ANSWER A

WHY KDIGO and current practice require adequate iron stores before and during ESA therapy; ferritin and TSAT define iron deficiency and the route/dose of replacement. B12/folate are checked when macrocytosis is present, but iron assessment is the core pre-ESA evaluation; serum EPO is not used to guide ESA initiation.

QUESTION 6 SINGLE CHOICE

Which patient characteristic most strongly favors selection of peritoneal dialysis over in-center hemodialysis as the initial renal replacement therapy modality?

- ☐ **A** Severe uncorrectable hypokalemia
- ☐ **B** Recent abdominal surgery with intra-abdominal adhesions
- ☒ **C** Residual kidney function with a desire for home-based therapy and preserved vascular access
- ☐ **D** Need for urgent high-efficiency solute clearance

ANSWER C

WHY PD preserves residual kidney function longer than HD, allows home-based care, and avoids vascular access; recent abdominal surgery with adhesions is a relative contraindication; severe hypokalemia is not an indication for PD; urgent high-efficiency clearance favors HD.

QUESTION 7 SINGLE CHOICE

A patient on thrice-weekly hemodialysis has a delivered single-pool Kt/V of 1.1. Which action is most appropriate?

- ☐ A Reduce dialysate flow rate to minimize solute shifts
- ☒ B Increase treatment time, blood flow rate, or dialyzer surface area to raise Kt/V
- ☐ C Switch to isolated ultrafiltration only
- ☐ D Discontinue dialysis since adequacy is acceptable

ANSWER B

WHY Minimum adequacy targets (commonly spKt/V ≥ 1.2 per treatment for thrice-weekly HD) are not met at 1.1; the prescription should be intensified by lengthening time, increasing blood flow, or using a larger/more efficient dialyzer. Reduced flow, isolated UF, or stopping dialysis are not appropriate responses.

QUESTION 8 SINGLE CHOICE

A kidney transplant recipient 8 months post-transplant presents with a creatinine rise from 1.4 to 2.3 mg/dL, mild tenderness over the graft, and a Banff grade II finding on biopsy with lymphocytic tubulitis. Which type of rejection is most likely?

- ☐ A Hyperacute rejection
- ☒ B Acute T-cell-mediated rejection
- ☐ C Acute antibody-mediated rejection
- ☐ D Chronic allograft nephropathy

ANSWER B

WHY Hyperacute rejection occurs within minutes to hours. Acute T-cell-mediated rejection typically occurs within weeks to months and is characterized by tubulitis (Banff grade I–III). Antibody-mediated rejection features microvascular inflammation with C4d and donor-specific antibodies. Chronic allograft nephropathy evolves over years with interstitial fibrosis/tubular atrophy.

QUESTION 9

SINGLE CHOICE

A 45-year-old man passes a calcium oxalate stone. Which metabolic abnormality is most commonly associated with calcium oxalate stone formation and should be specifically evaluated?

- ☐ A Hypocalciuria
- ☐ B Hyperoxaluria
- ☒ C Hypocitraturia
- ☐ D Hypomagnesemia only

ANSWER C

WHY Hypocitraturia is among the most common abnormalities identified in calcium stone formers; citrate is a stone inhibitor and its low urinary excretion promotes calcium oxalate and calcium phosphate stones. Hyperoxaluria is less common; hypercalciuria (not hypocalciuria) is typically seen.