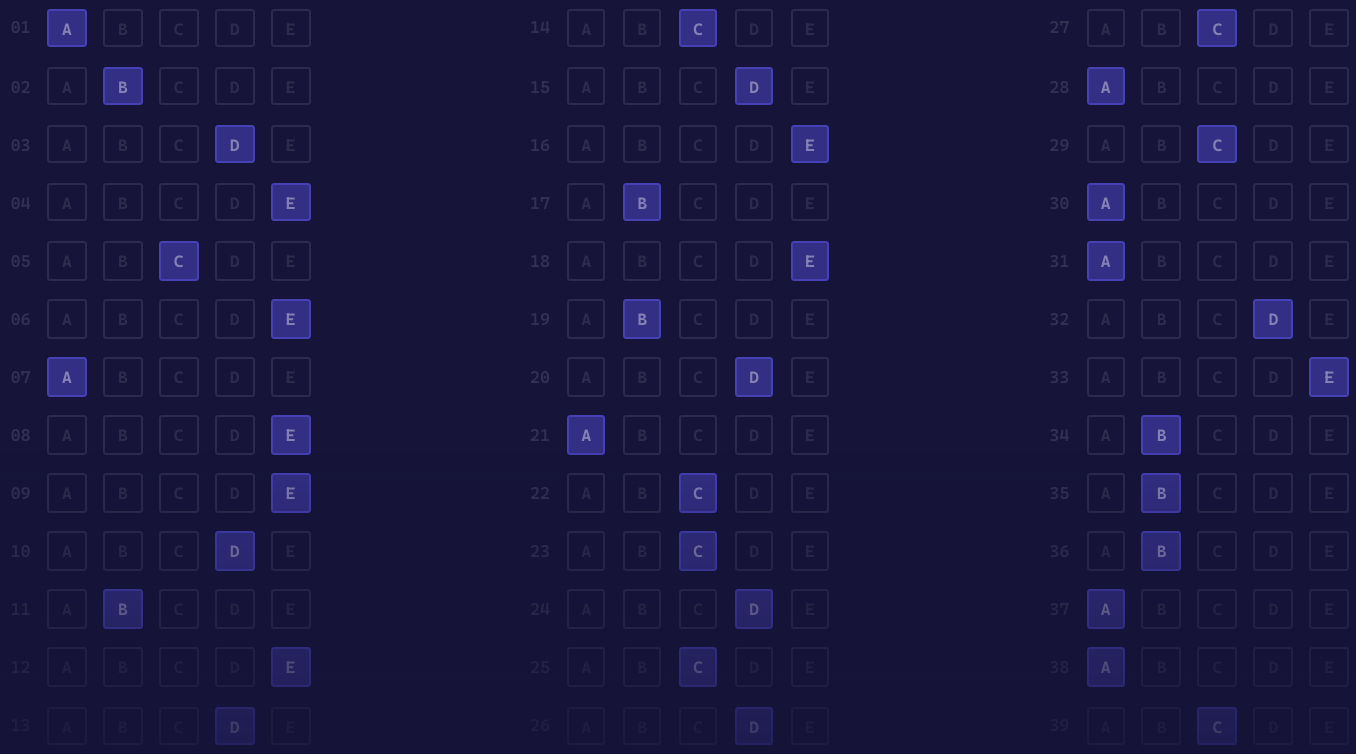
MOMETRIX
SMARTER PREP. BETTER RESULTS.



PRACTICE QUESTIONS

Centre for Nursing Education and Testing (CNET)

RZH7TG8M

NNCC Nephrology Nursing Certification (CNN) Examination

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

WEB www.mometrix.net

SUPPORT support@mometrix.net

Before you begin

What this is

9 practice questions for Centre for Nursing Education and Testing (CNET) `RZH7TG8M`, 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, `RZH7TG8M`
- the question number
- the email address on your order

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

mometrix.net

QUESTION 1 SINGLE CHOICE

A patient develops acute kidney injury (AKI) following severe hypovolemia from hemorrhage. Which type of AKI does this represent?

A **Prerenal AKI**

B Intrarenal AKI

C Postrenal AKI

D Glomerular AKI

ANSWER A

WHY Prerenal AKI results from decreased renal perfusion, commonly due to hypovolemia (hemorrhage, dehydration), decreased cardiac output, or systemic vasodilation. The kidney parenchyma itself is initially intact, and restoration of perfusion can reverse the injury.

QUESTION 2 SINGLE CHOICE

According to the National Kidney Foundation Kidney Disease Outcomes Quality Initiative (KDOQI) classification, chronic kidney disease (CKD) Stage 4 is defined by which glomerular filtration rate (GFR) range?

A GFR of 90 mL/min/1.73 m^2 or greater

B GFR of 60–89 mL/min/1.73 m^2

C GFR of 30–59 mL/min/1.73 m^2

D **GFR of 15–29 mL/min/1.73 m^2**

ANSWER D

WHY CKD Stage 4 is defined by a GFR of 15–29 mL/min/1.73 m^2 and represents severe decrease in kidney function, typically requiring preparation for renal replacement therapy. GFR of 60–89 mL/min/1.73 m^2 is Stage 2 (with markers of kidney damage), 30–59 mL/min/1.73 m^2 is Stage 3, and ≥90 mL/min/1.73 m^2 with kidney damage is Stage 1.

mometrix.net

QUESTION 3 SINGLE CHOICE

Anemia associated with chronic kidney disease (CKD) is primarily caused by decreased production of which substance by the kidneys?

A Renin

B Erythropoietin

C Calcitriol

D Aldosterone

ANSWER B

WHY The kidneys produce erythropoietin, which stimulates red blood cell production in the bone marrow. In CKD, declining erythropoietin production leads to decreased RBC production and anemia, often treated with erythropoiesis-stimulating agents (ESAs).

QUESTION 4 SINGLE CHOICE

Which dialyzer membrane characteristic most directly affects the clearance of solutes during hemodialysis?

A Membrane color

B Membrane surface area and pore size

C Membrane thickness only

D Membrane flexibility

ANSWER B

WHY Clearance of solutes during hemodialysis depends on the dialyzer membrane's surface area, pore size, and permeability. These characteristics determine which solutes (small molecules like urea vs. larger molecules like β2-microglobulin) can be removed effectively.

mometrix.net

QUESTION 5 SINGLE CHOICE

A patient becomes hypotensive, dizzy, and nauseated during the first 30 minutes of hemodialysis treatment. What is the most likely cause?

A Dialysis disequilibrium syndrome

B Intradialytic hypotension from ultrafiltration

C Steal syndrome

D Air embolism

ANSWER B

WHY Intradialytic hypotension is the most common complication of hemodialysis and typically results from excessive ultrafiltration, leading to decreased intravascular volume. Treatment includes Trendelenburg position, decreasing UF rate, and saline administration. Disequilibrium syndrome usually presents with neurological symptoms later in treatment.

QUESTION 6 SINGLE CHOICE

A patient with end-stage renal disease (ESRD) on hemodialysis requires dietary restrictions. Which dietary modification is most appropriate?

A High-potassium, high-phosphorus diet

B Increased protein intake of 2.0 g/kg/day

C Restricted potassium, sodium, phosphorus, and moderate protein intake

D Unrestricted fluid intake

ANSWER C

WHY Patients on hemodialysis require restriction of potassium (to prevent hyperkalemia), sodium (to control hypertension and fluid retention), and phosphorus (to prevent bone disease). Protein is moderated (approximately 1.0–1.2 g/kg/day) because excess protein increases uremic toxin load, while insufficient protein causes malnutrition. Fluid is also typically restricted.

mometrix.net

QUESTION 7 SINGLE CHOICE

A patient with CKD is prescribed sevelamer (Renagel). What is the purpose of this medication?

A To treat anemia of CKD

B To bind phosphorus in the gastrointestinal tract

C To replace erythropoietin

D To lower blood pressure

ANSWER B

WHY Sevelamer is a phosphate binder that binds phosphorus in the GI tract, preventing its absorption. It is used in CKD patients to manage hyperphosphatemia and prevent renal osteodystrophy. Unlike calcium-based binders, sevelamer does not contribute to hypercalcemia.

QUESTION 8 SINGLE CHOICE

A patient with oliguric AKI has a serum potassium of 6.8 mEq/L and ECG changes showing peaked T waves. What is the priority intervention?

A Administer a loop diuretic

B Administer IV calcium gluconate to stabilize the cardiac membrane

C Encourage increased oral potassium intake

D Restrict oral fluids only

ANSWER B

WHY Severe hyperkalemia with ECG changes is a medical emergency requiring IV calcium gluconate to stabilize the cardiac membrane and prevent lethal arrhythmias. Calcium does not lower potassium but protects the heart. Subsequent therapies (insulin/glucose, sodium bicarbonate, dialysis) are used to actually shift or remove potassium.

mometrix.net

QUESTION 9 SINGLE CHOICE

A patient with chronic kidney disease (CKD) develops pruritus, fatigue, and a grayish-bronze discoloration of the skin. What is the most likely underlying cause of these integumentary findings?

A Increased melanin production due to uremic toxins

B Accumulation of urochrome and other pigmented metabolites in the skin

C Iron deficiency from decreased erythropoietin

D Hyperparathyroidism-induced soft tissue calcification

ANSWER B

WHY The grayish-bronze discoloration, pruritus, and fatigue seen in advanced CKD and uremia are attributed to the retention of urochromes and other nitrogenous waste products in the skin and subcutaneous tissues. While hyperparathyroidism can cause pruritus via calcium-phosphate deposition, it does not explain the characteristic skin discoloration. Decreased erythropoietin causes anemia but not skin pigmentation changes.

mometrix.net