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Question: 1

If a patient tests positive for the hepatitis B core antibody (HBcAb) test, this means that the patient

- A. Has been exposed to hepatitis B
- B. Is immune to hepatitis B
- C. Is infected with hepatitis B
- D. Is receiving treatment for hepatitis B

Answer: A

Explanation:

There are 3 different tests associated with hepatitis B:

Hepatitis B core antibody (HBcAb): A positive finding means the patient has been exposed to the hepatitis B virus.

Hepatitis B surface antibody (HBsAb): A negative finding means that the patient has never been exposed. A positive finding occurs if the patient has had a previous infection or immunization that has conferred immunity.

Hepatitis B surface antigen (HBsAg): A positive finding means the patient is infected and can spread the disease.

Question: 2

The primary reason that some hospital units ban fresh flowers and plants is because

- A. There is no room for them.
- B. They require too much time to care for.
- C. They may carry pathogenic organisms.
- D. They increase risk of injury from broken glass.

Answer: C

Explanation:

They may carry pathogenic organisms, including antibiotic-resistant organisms that are implicated in outbreaks. Most bans cover units with critically ill patients, such as intensive care units or transplant units, but some hospitals ban flowers and plants in all areas of the hospital. If flowers are allowed, then the water should be changed by housekeeping staff and not nursing staff with patient contact, because hands may become contaminated when changing water.

Question: 3

If 200 patients are exposed to an airborne virus carried by a staff member over a 1-week period and 40 patients are infected, the attack rate is

- A. 5%
- B. 10%
- C. 20%
- D. 40%

Answer: C

Explanation:

The attack rate shows the proportion of at-risk patients who are exposed and become infected. Attack rates are always calculated as a percentage. Since there are 40 patients infected out of 200 at risk, the attack rate is $40/200 = 0.2 = 20\%$.

Question: 4

When Mr. Washington is instructed in the use of a preattached double bag system for peritoneal dialysis, he should be advised to flush how much dialysate from the fill bag to the drainage bag before filling the peritoneal cavity?

- A. 25 mL
- B. 50 mL
- C. 75 mL
- D. 100 mL

Answer: D

Explanation:

This procedure removes residual air from the tubing. The fill bag (afferent limb of the Y) is opened by breaking a frangible device in the tubing. After flushing, the efferent limb is clamped and the afferent limb unclamped.

Question: 5

When teaching Mr. Washington about dialysate, the nurse should understand that the primary advantage of a 2-compartment peritoneal dialysis solution bag is to

- A. Allow delivery at normal PH.
- B. Maintain pH at 5.5.
- C. Decrease risk of infection.
- D. Allow 2 different solutions to be instilled sequentially.

Answer: A

Explanation:

Standard lactate-based dialysate has a pH of 5.5 because heat sterilization of glucose generates fewer glucose degradation products at low PH: however, low pH may also cause pain during inflow. Additionally, low pH may impair both the immune response to bacteria and the peritoneal membrane, so with 2-compartment dialysate, the smaller portion that contains glucose is heated at a very low pH and the other portion at a higher PH. The fluids are then mixed before administration to achieve normal PH.

Question: 6

The nurse teaches Mr. Washington that the 3 transport processes that occur during the course of peritoneal dialysis are (1) diffusion, (2) ultrafiltration, and (3)

- A. Radiation
- B. Transference
- C. Absorption
- D. Conduction

Answer: C

Explanation:

The 3 transport processes that occur at the same time during the course of peritoneal dialysis are as follows:

1. Diffusion: Solutes move from the dialysate into the capillary blood and from the capillary blood into the dialysate, depending on various factors, including the concentration gradient and molecular weight of solutes.
2. Ultrafiltration: This occurs because of the presence of an osmotic agent, such as glucose.
3. Absorption: Fluid is absorbed via lymphatics and the parietal peritoneum.

Question: 7

Which part of the nephron resorbs urea, glucose, and amino acids?

- A. Proximal convoluted tubule
- B. Loop of Henle
- C. Glomerulus
- D. Bowman's capsule

Answer: A

Explanation:

Glomerular filtration, in which fluids and solutes are filtered from the blood, is the first step in urine production, but reabsorption begins in the proximal convoluted tubule, which resorbs sodium, potassium, chloride, urea, glucose, and amino acids. Further reabsorption of electrolytes occurs in the loop of Henle, distal tubule, and collecting duct. The 3 processes involved in urine production are glomerular filtration, tubular reabsorption, and tubular secretion, which allows the body to reduce the concentration of substances in the blood, such as potassium or drugs.

Question: 8

How long prior to a patient beginning peritoneal dialysis should a catheter be implanted?

- A. 1 week
- B. 2 weeks
- C. 6 weeks
- D. 2 months

Answer: B

Explanation:

At one time, even if a patient elected peritoneal dialysis, a backup AV fistula was created in case the peritoneal dialysis was not effective or the patient decided to switch to hemodialysis, but this is no longer recommended. Sometimes a peritoneal catheter is placed temporarily when a patient is going to have hemodialysis if the need for dialysis is urgent.

Question: 9

When teaching Ms. Davis about peritoneal dialysis, the nurse should advise the patient that one advantage to peritoneal dialysis over hemodialysis is

- A. Fewer restrictions in fluids and sodium
- B. Fewer treatments needed
- C. Less potential for complications
- D. Lower restriction on phosphorus intake

Answer: A

Explanation:

Fluid restriction is less stringent because of the more frequent dialysis, which removes excess fluid. Also, water passes through the peritoneal membrane more readily than through dialyzer membranes, increasing fluid loss. While hemodialysis patients must generally limit sodium intakes to 2-3 g daily, patients on peritoneal dialysis usually can have intake of 2–4 g daily.

Question: 10

If a sample of peritoneal fluid cannot be immediately processed, the inoculated culture bottles should ideally be stored at

- A. 35 °C
- B. 35.5 °C
- C. 37 °C
- D. 38°C

Answer: C

Explanation:

The sample should be immediately placed into the EDTA-containing tube because a delay of 3—5 hours may result in the inability to identify cell types. Prolonged storage may result in growth of pathogenic organisms. A minimum of 50 mL of fluid should be obtained for the specimen to increase the likelihood of a positive culture.



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