# 9 RENAL REPLACEMENT THERAPY

## أسئلة أخرى

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| **1. According to the GFR & albuminuria grid, which GFR category corresponds to "Kidney failure"?**<br>A. G1 (≥90 mL/min/1.73 m²)<br>B. G2 (60-89 mL/min/1.73 m²)<br>C. G3b (30-44 mL/min/1.73 m²)<br>D. G4 (15-29 mL/min/1.73 m²)<br>E. G5 (<15 mL/min/1.73 m²) | **E** |
| **2. What is the definition of "Severely increased" albuminuria (A3 category) based on the Albumin Excretion Rate (AER)?**<br>A. <10 mg/day<br>B. <30 mg/day<br>C. 30 to 300 mg/day<br>D. >300 mg/day<br>E. >500 mg/day | **D** |
| **3. What GFR level serves as a threshold where the benefits of initiating dialysis should be weighed against the risks, even in the absence of uremic symptoms?**<br>A. GFR <30<br>B. GFR <20<br>C. GFR <15<br>D. GFR <8<br>E. GFR <5 | **D** |
| **4. Which of the following is considered an urgent (acute) indication for Kidney Replacement Therapy in patients with AKI?**<br>A. Serum potassium of 5.0 mEq/L<br>B. Mild peripheral edema responsive to diuretics<br>C. Severe metabolic acidosis with a pH <7.1<br>D. Asymptomatic serum creatinine of 4 mg/dL<br>E. Trace proteinuria on dipstick | **C** |
| **5. At what serum potassium level is dialysis indicated in the context of chronic renal replacement therapy?**<br>A. >5.0 mEq/litre<br>B. >5.5 mEq/litre<br>C. >6.0 mEq/litre<br>D. >6.5 mEq/litre<br>E. >7.0 mEq/litre | **E** |
| **6. What is the primary mechanism by which dialysis removes nitrogenous waste products like urea?**<br>A. Active transport<br>B. Diffusion<br>C. Osmosis<br>D. Hydrostatic filtration<br>E. Endocytosis | **B** |
| **7. Which factor increases the rate of solute transfer from blood to dialysate during diffusion?**<br>A. Higher molecular weight of the solute<br>B. Increased membrane thickness<br>C. Increased concentration gradient<br>D. Decreased number of membrane pores<br>E. Presence of an unstirred fluid layer | **C** |

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| **8. Which process involves solutes being "swept along" with water across a membrane in response to a pressure gradient?**<br>A. Diffusion<br>B. Osmosis<br>C. Solvent drag (Convective transport)<br>D. Active secretion<br>E. Protein binding | **C** |
| **9. At what stage of chronic kidney disease should a patient be referred for vascular access preparation?**<br>A. Stage 1 (GFR >90)<br>B. Stage 2 (GFR 60-89)<br>C. Stage 3 (GFR 30-59)<br>D. Stage 4 (GFR <30)<br>E. Stage 5 (GFR <15) | **D** |
| **10. What is the recommended preferred primary option for permanent vascular access in hemodialysis?**<br>A. Non-tunnelled central venous catheter<br>B. Tunnelled cuffed central venous catheter<br>C. Autogenous arteriovenous fistula (AVF)<br>D. Synthetic prosthetic graft (AVG)<br>E. Peritoneal catheter | **C** |
| **11. How long before the expected start of hemodialysis should a permanent vascular access be created?**<br>A. 1-2 weeks<br>B. 3-4 weeks<br>C. 1-2 months<br>D. 3-6 months<br>E. 1 year | **D** |
| **12. Which complication is considered the most common during a hemodialysis session?**<br>A. Muscle cramps<br>B. Hypotension<br>C. Air embolism<br>D. Disequilibrium syndrome<br>E. Seizures | **B** |
| **13. In peritoneal dialysis (PD), which part of the peritoneum is primarily involved in transport?**<br>A. Visceral peritoneum<br>B. Parietal peritoneum<br>C. Omentum<br>D. Mesentery<br>E. Falciform ligament | **B** |
| **14. To minimize the risk of fluid leak, how long is it preferable to wait after placing a PD catheter before beginning dialysis?**<br>A. 24 hours<br>B. 48 hours<br>C. 3-5 days<br>D. 10-14 days<br>E. 1 month | **D** |
| **15. What is the most common causative organism group for peritonitis in PD patients?**<br>A. Gram-positive organisms<br>B. Gram-negative organisms<br>C. Anaerobic bacteria<br>D. Fungi<br>E. Viruses | **A** |

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| **16. Which clinical finding is a diagnostic criterion for peritonitis in a patient on peritoneal dialysis?**<br>A. Clear dialysate outflow<br>B. Peritoneal fluid WBCs >100/mL with >50% PMNs<br>C. Constipation without fever<br>D. Weight gain of 1 kg<br>E. Localized exit site redness only | **B** |
| **17. Which modality of peritoneal dialysis involves manual exchanges every 4-6 hours during the day?**<br>A. CCPD (Continuous Cyclic PD)<br>B. NIPD (Nocturnal Intermittent PD)<br>C. CAPD (Continuous Ambulatory PD)<br>D. TPD (Tidal PD)<br>E. CKRT (Continuous Kidney Replacement Therapy) | **C** |
| **18. Which of the following is a specific contraindication for kidney transplantation?**<br>A. Age of 45 years<br>B. History of appendectomy<br>C. Active infection<br>D. Controlled hypertension<br>E. Previous blood transfusion | **C** |
| **19. When does "Hyperacute" rejection typically occur following a kidney transplant?**<br>A. Immediately postoperative<br>B. 1-2 weeks postoperatively<br>C. 3-6 months postoperatively<br>D. 1 year postoperatively<br>E. 5 years postoperatively | **A** |

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| **20. Which side effect is specifically associated with the use of Cyclosporine in transplant patients?**<br>A. Bone marrow depression<br>B. Nephrotoxicity<br>C. Hypotension<br>D. Hypoglycemia<br>E. Weight loss | **B** |
| **21. Which drug complication is shared by both Steroids and Cyclosporine in the context of transplantation?**<br>A. **B**one marrow depression<br>B. Cataracts<br>C. Diabetes Mellitus (D.M.)<br>D. GIT bleeding<br>E. Hepatic dysfunction | **C** |
| **22. Which condition is a "Less Common but Serious" complication of hemodialysis?**<br>A. Pruritus (itching)<br>B. Muscle cramps<br>C. Disequilibrium Syndrome<br>D. Nausea<br>E. Headache | **C** |
| **23. Which electrolyte abnormality is a standard indication for starting renal replacement therapy?**<br>A. Hyponatremia<br>B. Hypocalcemia<br>C. Hyperkalemia (>7 mEq/L)<br>D. Hypomagnesemia<br>E. Hyperglycemia | **C** |