

NUR2063 Essentials of Pathophysiology

Exam 2 (Latest 2024 / 2025)

15. The parathyroid glands are responsible for controlling what electrolyte? - **CORRECT ANSWER** Calcium
16. excessive amounts of this hormone can lead to an endocrine disorder known as acromegaly - **CORRECT ANSWER** growth hormone
17. this electrolyte can cause fatal arrhythmias in those with chronic kidney disease - **CORRECT ANSWER** potassium
18. excessive amounts of this hormone can cause a disorder known as Cushing's syndrome - **CORRECT ANSWER** cortisol
19. insufficient amounts of this hormone can lead to a disorder known as diabetes insipidus - **CORRECT ANSWER** antidiuretic hormone (ADH)
20. prodromal, oliguric, and post-oliguric are phases of what? - **CORRECT ANSWER** three phases of acute kidney injury (AKI)
21. an obstruction in the urethra can lead to this type of acute renal failure - **CORRECT ANSWER** post-renal failure
22. hypotension can lead to this type of acute renal failure - **CORRECT ANSWER** pre-renal failure
23. what disorder involves excessive amounts of antidiuretic hormone? - **CORRECT ANSWER** SIADH
24. what chronic disorder of the kidneys is caused by a genetic mutation? - **CORRECT ANSWER** polycystic kidney disease
25. an excess in growth hormone in adults is called what - **CORRECT ANSWER** acromegaly
26. an excess of growth hormone in childhood results in - **CORRECT ANSWER** gigantism
27. The primary intervention for syndrome of inappropriate antidiuretic hormone secretion is the restriction of what? - **CORRECT ANSWER** Free water intake
28. manifestations of hyperparathyroidism and hypoparathyroidism are related to excessive or insufficient amounts of serum _____? - **CORRECT ANSWER** calcium

NUR2063 Essentials of Pathophysiology

Exam 2 (Latest 2024 / 2025)

muscles, dysrhythmias, hypertension, depression, forgetfulness, bone and joint pain, nausea, vomiting and anorexia

54. hyperthyroidism pathophysiology - CORRECT ANSWER excessive levels of thyroid hormones, hyper-metabolic state. excessive iodine, Grave's disease, nonmalignant tumors, thyroid inflammation, taking lg amounts of thyroid hormone replacement
55. Manifestations of hyperthyroidism - CORRECT ANSWER sudden weight loss, tachycardia, afib, hypertension, increased appetite, anxiety, tremor, diaphoresis, change in menstrual patters, increased sensitivity to heat, goiter, exophthalmos
56. Treatment for hyperthyroidism - CORRECT ANSWER antithyroid medications, radioactive iodine, anti-thyroid agents, beta blockers, thyoidectomy
57. Hypothyroidism pathophysiology - CORRECT ANSWER thyroid does not produce enough thyroid hormones. could be caused in hypothalamus or pituitary gland, or thyroid itself.
58. Advancing age is risk factor.
59. autoimmune-hashimoto's, iatrogenic
60. manifestations of hypothyroidism - CORRECT ANSWER fatigue, sluggishness, pale/dry skin, hoarseness, hypercholesterolemia, muscle weakness, heavy periods, brittle fingernails, bradycardia, hypotension, depression, goiter
61. Hypothyroidism treatment - CORRECT ANSWER thyroid hormone replacement- levothyroxine (T4)
62. Diabetes insipidus - CORRECT ANSWER excessive fluid excretion in the kidneys caused by deficient antidiuretic hormone levels-hypothalamus
63. diabetes mellitus pathophysiology - CORRECT ANSWER group of conditions characterized by hyperglycemia resulting from defects in insulin production, action, or both. Impaired insulin production and/or action results in abnormal carbohydrate, protein, and fat metabolism because of the glucose transportation issue
64. clinical manifestations of diabetes mellitus - CORRECT ANSWER hyperglycemia, glucosuria, polyuria, polydipsia, polyphagia, weight loss, blurred vision, fatigue

NUR2063 Essentials of Pathophysiology

Exam 2 (Latest 2024 / 2025)

79. diabetic ketoacidosis-electrolyte changes - CORRECT ANSWER pH imbalance, increased ketones in urine caused by insufficient insulin. cells starved for energy, body breaks down fat-producing toxic acids (ketones) hyperglycemia, decreased potassium-could be high because of shift at first
80. Type 1 diabetes mellitus care considerations - CORRECT ANSWER insulin, blood sugar, CKD, amputation, nerve damage
81. Type 2 diabetes mellitus diagnosis - CORRECT ANSWER Fasting blood glucose testing
82. A1c - CORRECT ANSWER blood test that measures glycosylated hemoglobin (HbA1c) to assess glucose control, should be less than 7% for patients in general. over 6.5% 3 months=diabetes
83. hypoglycemia manifestations - CORRECT ANSWER shakiness, dizziness, sweating, hunger, fast heartbeat, inability to concentrate, confusion, irritability or moodiness, blurred vision, seizure
84. hyperglycemia manifestations - CORRECT ANSWER high blood sugar, increased thirst/hunger, blurred vision, frequent urination, headache
85. treatment of hyper and hypoglycemia - CORRECT ANSWER insulin for hyper, hypoglycemia may require carbs
86. UTI - CORRECT ANSWER any infection that begins in the urinary tract. most occur in ascending fashion from meatus. most common from e. coli. any delayed emptying is a risk factor. urine is acidic and flushes bacteria-stay hydrated
87. cystitis - CORRECT ANSWER inflammation of bladder-could be from infection or irritant. same treatment as UTI unless not from infection
88. bladder cancer - CORRECT ANSWER any cancer forming in the tissue of the bladder.
89. inner lining of bladder-transitional cells
90. bladder cancer risks factors - CORRECT ANSWER smoking, aging caucasian men, long-term exposure to chemicals, recurrent UTIs, long-term catheter placement, previous chemo or radiation