

MANITOBA NEPHROLOGY NURSE PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. What is the primary role of erythropoietin in kidney patients?**
 - A. Promote appetite
 - B. Stimulate red blood cell production
 - C. Regulate blood pressure
 - D. Enhance immune response
- 2. What is a prevalent psychosocial issue faced by kidney failure patients?**
 - A. Chronic pain management
 - B. Fear and anxiety about lifestyle changes
 - C. Job loss due to illness
 - D. Challenges in medication adherence
- 3. Which of the following factors does NOT contribute to fluid overload in AKI patients?**
 - A. Oliguria
 - B. Anuria
 - C. Increased urine output
 - D. Dehydration
- 4. What percentage of AKI cases is due to post-renal causes?**
 - A. 5-10%
 - B. 20-25%
 - C. 30-35%
 - D. 50%
- 5. What is a consequence of increased protein catabolism?**
 - A. Improved muscle mass
 - B. Negative nitrogen balance
 - C. Enhanced nutritional status
 - D. Increased body weight

- 6. Which complication is characterized by reduced EPO synthesis in CKD patients?**
- A. Hypertension
 - B. Anemia
 - C. Dyslipidemia
 - D. Pruritus
- 7. How does diabetes affect kidney health?**
- A. It has no significant effect
 - B. It can lead to diabetic nephropathy
 - C. It strengthens kidney function
 - D. It leads to immediate kidney failure
- 8. What is the consequence of untreated hyperkalemia in kidney patients?**
- A. Weight gain
 - B. Heart rhythm disturbances
 - C. Increased urination
 - D. Skin rashes
- 9. Which symptom might indicate deterioration in a patient's kidney function?**
- A. Dizziness and increased thirst
 - B. Shortness of breath and wrist pain
 - C. Changes in urine output and swelling
 - D. Skin rashes and headaches
- 10. What is one of the leading causes of death in patients experiencing chronic kidney disease (CKD)?**
- A. Anemia
 - B. Cardiovascular disease
 - C. Sepsis
 - D. Hypovolemia

Answers

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1. B
2. B
3. C
4. A
5. B
6. B
7. B
8. B
9. C
10. B

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Explanations

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1. What is the primary role of erythropoietin in kidney patients?

- A. Promote appetite
- B. Stimulate red blood cell production**
- C. Regulate blood pressure
- D. Enhance immune response

The primary role of erythropoietin, especially in the context of kidney patients, is to stimulate red blood cell production. Erythropoietin is a hormone produced mainly by the kidneys in response to low oxygen levels in the blood. In patients with chronic kidney disease, the production of erythropoietin can be impaired, leading to decreased red blood cell production and resulting in anemia. This is significant because red blood cells carry oxygen throughout the body, and a deficiency can lead to symptoms such as fatigue and weakness in kidney patients. Therefore, administration of erythropoietin or its analogs is commonly used in clinical practice to manage anemia in these individuals, improving their overall quality of life and oxygen-carrying capacity. In contrast, the other roles mentioned do not pertain to erythropoietin's primary function in kidney patients. While appetite promotion, blood pressure regulation, and immune response enhancement are important aspects of overall health, they are not directly linked to the function of erythropoietin in the context of kidney disease and anemia management.

2. What is a prevalent psychosocial issue faced by kidney failure patients?

- A. Chronic pain management
- B. Fear and anxiety about lifestyle changes**
- C. Job loss due to illness
- D. Challenges in medication adherence

Fear and anxiety about lifestyle changes is a prevalent psychosocial issue faced by patients with kidney failure. When diagnosed with a serious condition like kidney failure, patients often experience significant emotional distress stemming from the need to make drastic adjustments to their daily lives. This may include dietary changes, the necessity of dialysis, or understanding new medical regimens. Such alterations are not only physically demanding but can create feelings of uncertainty and fear regarding the future. Patients may worry about how their health status will impact their relationships, social activities, and overall quality of life. This emotional burden can manifest as anxiety, which may hinder their ability to cope effectively with their diagnosis and treatment, thus affecting their overall well-being and outcome in managing the disease. Addressing these fears and anxieties is crucial in the holistic care of kidney failure patients, aiming to provide support systems and counseling services that can help mitigate these emotional challenges.

3. Which of the following factors does NOT contribute to fluid overload in AKI patients?

- A. Oliguria
- B. Anuria
- C. Increased urine output**
- D. Dehydration

In acute kidney injury (AKI) patients, fluid overload is primarily associated with conditions where there is reduced urine output or an inability to excrete excess fluid. Oliguria, which is a significant decrease in urine production, and anuria, defined as the absence of urine output, both directly contribute to fluid retention and overload. In contrast, increased urine output indicates that the kidneys are functioning to some extent and are actively excreting fluid, which helps to prevent fluid overload. Thus, when urine output increases, it allows for the elimination of excess fluid from the body, contrary to the states that lead to fluid accumulation. Dehydration, on the other hand, typically leads to reduced fluid volume and does not contribute to fluid overload. Therefore, increased urine output is the factor that does not contribute to fluid overload in AKI patients, making it the correct choice in this context.

4. What percentage of AKI cases is due to post-renal causes?

- A. 5-10%**
- B. 20-25%
- C. 30-35%
- D. 50%

Post-renal acute kidney injury (AKI) is typically caused by factors that obstruct the flow of urine, leading to increased pressure in the kidneys and reduced function. The correct range of percentage for post-renal causes of AKI is indeed found to be about 5-10%. This lower percentage reflects the relative frequency of post-renal causes when compared to pre-renal and intrinsic renal causes, which are more common in the overall landscape of AKI. Post-renal obstruction can be caused by conditions such as urinary tract obstruction due to kidney stones, tumors, or an enlarged prostate. However, these scenarios are less prevalent than the physiological derangements found in pre-renal conditions (such as volume depletion) or intrinsic renal damage (like acute tubular necrosis). Thus, recognizing that post-renal causes account for a smaller fraction of AKI cases helps to guide effective assessment and management strategies in nephrology nursing.

5. What is a consequence of increased protein catabolism?

- A. Improved muscle mass
- B. Negative nitrogen balance**
- C. Enhanced nutritional status
- D. Increased body weight

Increased protein catabolism leads to a breakdown of proteins in the body for energy or other metabolic needs. This process generates nitrogenous waste products as proteins are a primary source of nitrogen. When protein breakdown exceeds protein intake, the body may not retain sufficient nitrogen, resulting in a negative nitrogen balance. This condition indicates that the body is losing more nitrogen than it is taking in, which can negatively impact muscle mass and overall health. In contrast, improved muscle mass and enhanced nutritional status would generally require a positive nitrogen balance, where protein intake exceeds protein breakdown. Increased body weight is often associated with factors like calorie surplus or fluid retention, rather than directly with increased protein catabolism. Therefore, a negative nitrogen balance is the most accurate consequence of increased protein catabolism, demonstrating a state of protein deficiency rather than adequacy.

6. Which complication is characterized by reduced EPO synthesis in CKD patients?

- A. Hypertension
- B. Anemia**
- C. Dyslipidemia
- D. Pruritus

In chronic kidney disease (CKD), the kidneys are unable to effectively filter waste products from the blood and also lose the ability to produce certain hormones, one of which is erythropoietin (EPO). EPO is essential for the stimulation of red blood cell production in the bone marrow. When EPO synthesis is reduced due to kidney impairment, it leads to a decrease in the production of red blood cells, resulting in anemia. Anemia in CKD is a common and significant complication, leading to symptoms such as fatigue, weakness, and reduced exercise tolerance. Additionally, it can exacerbate cardiovascular issues due to the decreased oxygen-carrying capacity of the blood. Therefore, recognizing anemia as a result of reduced EPO production in CKD patients highlights the critical role that kidney function plays in maintaining overall blood health. Other options, while pertinent to CKD, are not primarily characterized by reduced EPO synthesis. For instance, hypertension in CKD is typically a result of fluid overload and increased vascular resistance, dyslipidemia arises from altered lipid metabolism, and pruritus is linked to the accumulation of uremic toxins. Each of these complications can manifest in CKD but does not specifically stem from the diminished production of EPO like

7. How does diabetes affect kidney health?

- A. It has no significant effect
- B. It can lead to diabetic nephropathy**
- C. It strengthens kidney function
- D. It leads to immediate kidney failure

Diabetes significantly impacts kidney health, primarily through a condition known as diabetic nephropathy. This is a serious complication that can arise in individuals with diabetes, particularly those with poor blood sugar control over time. High blood sugar levels can damage the blood vessels in the kidneys, leading to inflammation and scarring of the kidney tissue. As the disease progresses, the kidneys become less efficient at filtering waste from the blood, which can lead to the accumulation of harmful substances in the body. Diabetic nephropathy is marked by an increase in protein in the urine (proteinuria) and can ultimately result in kidney failure if not managed properly. The other options do not accurately reflect the relationship between diabetes and kidney health. Diabetes certainly does have significant effects, contrary to the suggestion that it has none. Instead of strengthening kidney function, it can severely impair it. While immediate kidney failure is a possibility in acute cases, diabetic nephropathy typically develops over many years as a chronic complication.

8. What is the consequence of untreated hyperkalemia in kidney patients?

- A. Weight gain
- B. Heart rhythm disturbances**
- C. Increased urination
- D. Skin rashes

Untreated hyperkalemia, which refers to elevated potassium levels in the blood, can lead to serious heart rhythm disturbances. In kidney patients, their ability to excrete potassium properly can be compromised, increasing the risk of hyperkalemia. Elevated potassium levels directly affect the electrical activity of the heart, potentially causing arrhythmias, which can be life-threatening. The mechanism involves changes in the resting membrane potential of cardiac cells, leading to a range of symptoms from mild palpitations to severe conditions like ventricular fibrillation, which can result in cardiac arrest. Therefore, managing potassium levels is crucial in individuals with kidney dysfunction to prevent these serious cardiac complications.

9. Which symptom might indicate deterioration in a patient's kidney function?

- A. Dizziness and increased thirst
- B. Shortness of breath and wrist pain
- C. Changes in urine output and swelling**
- D. Skin rashes and headaches

Changes in urine output and swelling are key indicators of deteriorating kidney function. The kidneys play a crucial role in filtering waste products from the blood and regulating fluid balance in the body. When kidney function declines, patients may experience changes in urine output, such as decreased urine production or increased frequency of urination. Additionally, the kidneys may struggle to remove excess fluid, leading to edema or swelling, particularly in the legs, ankles, and around the eyes. Recognizing these symptoms is vital for timely intervention and management of potential kidney complications. This understanding helps healthcare providers monitor kidney health and make necessary adjustments to treatment plans.

10. What is one of the leading causes of death in patients experiencing chronic kidney disease (CKD)?

- A. Anemia
- B. Cardiovascular disease**
- C. Sepsis
- D. Hypovolemia

Cardiovascular disease is recognized as one of the leading causes of death in patients with chronic kidney disease (CKD). The relationship between CKD and cardiovascular health is interconnected due to several factors. Patients with CKD often experience hypertension, mineral and bone disorders, and increased levels of inflammation and oxidative stress, all of which contribute to the development of cardiovascular disease. The kidneys play a vital role in regulating blood pressure, and when they are compromised, this regulation is disrupted, leading to systemic effects on cardiovascular health. Moreover, the presence of kidney dysfunction is associated with accelerated atherosclerosis and heart failure, further increasing the risk of cardiovascular events such as heart attack and stroke. As CKD progresses, patients often develop additional comorbidities, further compounding their risk of cardiovascular complications. Understanding this connection emphasizes the need for continuous monitoring and management of cardiovascular risk factors in patients with CKD to ultimately improve their prognosis and overall health outcomes. This highlights the importance of a comprehensive care approach that addresses both renal and cardiovascular systems in patients suffering from chronic kidney disease.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

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We wish you the very best on your exam journey. You've got this!

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