

NCLEX GENITOURINARY DISORDERS PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://nclexgenitourinarydisorders.examzify.com>



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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. Management of renal osteodystrophy in CKD includes which of the following?**
 - A. Phosphate binders to reduce phosphate absorption and vitamin D analogs to manage hypocalcemia
 - B. Increasing phosphate intake and avoiding calcium supplements
 - C. Restrictive protein diet alone, no mineral binder
 - D. High-dose calcium-free phosphate supplements
- 2. A client with renal cancer asks about the test results before they have been disclosed. Which response by the nurse is most appropriate?**
 - A. 'It must be difficult for you not to know the results of your test.'
 - B. 'The results show a severe condition; you should prepare for treatment.'
 - C. 'I can't discuss this until a physician is present.'
 - D. 'Don't worry, it's not serious.'
- 3. Which drug class does epoetin alfa (Epogen) belong to?**
 - A. Erythropoiesis-stimulating agents
 - B. ACE inhibitors
 - C. Loop diuretics
 - D. Calcium channel blockers
- 4. In a client with chronic renal failure, RBC production is decreased. The nurse should monitor for which symptom?**
 - A. Fatigue and weakness
 - B. Weight gain
 - C. Excessive sweating
 - D. Hyperactivity
- 5. Which method best helps monitor supply use on a urology unit?**
 - A. Compare charge slips for supplies used against inventory left every 24 hours
 - B. Rely on staff memory
 - C. Do a monthly audit
 - D. Count only high-cost items

- 6. Renal osteodystrophy in chronic kidney disease results from which combination of mineral abnormalities?**
- A. Hypercalcemia and hypophosphatemia
 - B. Chronic hyperphosphatemia, hypocalcemia, and secondary hyperparathyroidism
 - C. Increased vitamin D and phosphate excretion
 - D. Normal bone turnover with aging
- 7. Gonorrhea infection in men is commonly associated with which symptom?**
- A. Foul-smelling discharge from the penis
 - B. Intermittent fever
 - C. Frequent urination at night
 - D. Absent sexual desire
- 8. For a patient with an ileal conduit urinary diversion, which nursing actions are important regarding stoma care and urinary output?**
- A. Change the appliance weekly regardless of output.
 - B. Assess stoma color and output, ensure proper appliance fit, and monitor for skin breakdown around the stoma.
 - C. Restrict fluids to reduce output.
 - D. Ignore skin around stoma unless irritation occurs.
- 9. The nurse is reviewing a client's fluid intake and output record. Fluid intake and urine output should relate in which way?**
- A. Fluid intake should be approximately equal to the urine output.
 - B. Urine output should be greater than fluid intake by 50%.
 - C. Fluid intake should be twice urine output.
 - D. Urine output should be less than fluid intake.
- 10. In CKD Stage 3, which consideration is important for nursing management?**
- A. Ignore electrolyte changes.
 - B. Increase nephrotoxic medications as needed.
 - C. Schedule dialysis immediately.
 - D. Monitor electrolytes and adjust medications.

Answers

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

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Explanations

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1. Management of renal osteodystrophy in CKD includes which of the following?

- A. Phosphate binders to reduce phosphate absorption and vitamin D analogs to manage hypocalcemia
- B. Increasing phosphate intake and avoiding calcium supplements
- C. Restrictive protein diet alone, no mineral binder
- D. High-dose calcium-free phosphate supplements

In CKD, renal osteodystrophy arises from disturbances in phosphate, calcium, and vitamin D leading to secondary hyperparathyroidism and bone turnover problems. The best management combines lowering the phosphate load and correcting calcium and vitamin D status. Phosphate binders, taken with meals, bind dietary phosphate in the gut and reduce its absorption, helping to prevent hyperphosphatemia that drives hypocalcemia and excess PTH. Vitamin D analogs activate vitamin D receptors, increase calcium absorption from the gut, and directly suppress parathyroid hormone, addressing both hypocalcemia and secondary hyperparathyroidism. Using these together targets the core abnormalities that drive bone changes in CKD. Increasing phosphate intake or avoiding calcium supplements would worsen phosphate balance and bone health. Relying on protein restriction alone without mineral binders doesn't control phosphate or PTH, and using calcium-free phosphate supplements would not correct the underlying imbalance and could worsen phosphate load.

2. A client with renal cancer asks about the test results before they have been disclosed. Which response by the nurse is most appropriate?

- A. 'It must be difficult for you not to know the results of your test.'
- B. 'The results show a severe condition; you should prepare for treatment.'
- C. 'I can't discuss this until a physician is present.'
- D. 'Don't worry, it's not serious.'

Encouraging open, empathetic communication with the patient who is waiting for results is the key idea. Saying, "It must be difficult for you not to know the results of your test," validates their feelings and acknowledges their anxiety without giving or delaying information. This response shows that you're listening, you're present, and you're on the patient's side, which helps build trust and reduces distress while still respecting that the actual results should come from the physician or be shared when appropriate. Other approaches that try to foreclose discussion or prematurely reveal or minimize the information aren't as helpful. Telling the patient the results are severe and to prepare for treatment, or insisting that no discussion can happen without a physician present, can heighten fear or delay the patient's right to information and support. And assuring them not to worry or that it's not serious can feel dismissive and may be inaccurate, undermining trust.

3. Which drug class does epoetin alfa (Epogen) belong to?

- A. Erythropoiesis-stimulating agents
- B. ACE inhibitors
- C. Loop diuretics
- D. Calcium channel blockers

Epoetin alfa is an erythropoiesis-stimulating agent. It's a recombinant form of human erythropoietin that acts on the bone marrow to stimulate the production of red blood cells, helping to treat anemia from conditions like chronic kidney disease or chemotherapy. By increasing erythropoiesis, it raises hemoglobin and hematocrit levels. This class is different from drugs that lower blood pressure or manage fluid status, such as ACE inhibitors, loop diuretics, or calcium channel blockers. When using epoetin alfa, clinicians monitor hemoglobin and blood pressure and are mindful of risks like hypertension, thromboembolism, stroke, or rare pure red cell aplasia, and they assess iron status since building new red cells requires iron.

4. In a client with chronic renal failure, RBC production is decreased. The nurse should monitor for which symptom?

A. Fatigue and weakness

B. Weight gain

C. Excessive sweating

D. Hyperactivity

When the kidneys fail to produce enough erythropoietin, red blood cell production drops, causing anemia. With fewer RBCs, oxygen delivery to tissues declines, leading to fatigue and weakness, even with rest. This is the most characteristic symptom of anemia in chronic kidney disease. Weight gain can occur from fluid retention, not from decreased RBC production. Excessive sweating and hyperactivity are not typical signs of anemia, so they don't fit as the primary indicator in this context.

5. Which method best helps monitor supply use on a urology unit?

A. Compare charge slips for supplies used against inventory left every 24 hours

B. Rely on staff memory

C. Do a monthly audit

D. Count only high-cost items

Daily reconciliation of supplies by comparing charge slips for used items with the remaining inventory provides real-time visibility into consumption on the unit. This approach lets you spot variances quickly, whether from waste, loss, or misplacement, and it supports timely reordering to avoid stockouts and control costs. On a urology unit, where specialty disposables and instruments are frequently used, connecting what was billed to what is physically on hand keeps usage accurate and helps identify misuse or overuse early. Relying on staff memory is risky and unreliable in a busy setting, as memory gaps can hide discrepancies. A monthly audit is too infrequent to prevent shortages or costly overuse, and counting only high-cost items misses a large portion of daily consumption that can add up and obscure waste. The daily charge-against-inventory check gives the most timely and comprehensive view of supply use.

6. Renal osteodystrophy in chronic kidney disease results from which combination of mineral abnormalities?

A. Hypercalcemia and hypophosphatemia

B. Chronic hyperphosphatemia, hypocalcemia, and secondary hyperparathyroidism

C. Increased vitamin D and phosphate excretion

D. Normal bone turnover with aging

Renal osteodystrophy in CKD arises from how kidney failure disrupts mineral metabolism. The failing kidneys can't excrete phosphate effectively, so phosphate levels rise (hyperphosphatemia). This excess phosphate binds calcium, leading to lower serum calcium (hypocalcemia). The fall in calcium stimulates the parathyroid glands to release more parathyroid hormone—secondary hyperparathyroidism. At the same time, the kidneys lose the ability to activate vitamin D, reducing intestinal calcium absorption and worsening hypocalcemia, which further drives PTH release. The combination of high phosphate, low calcium, and secondary hyperparathyroidism explains the bone changes seen in renal osteodystrophy. The other patterns described—hypercalcemia with low phosphate, increased vitamin D and phosphate excretion, or normal bone turnover with aging—do not fit the CKD-related mineral disturbances.

7. Gonorrhea infection in men is commonly associated with which symptom?

A. Foul-smelling discharge from the penis

B. Intermittent fever

C. Frequent urination at night

D. Absent sexual desire

Gonorrhea in men most often presents with a purulent urethral discharge. Inflammation of the urethra leads to a thick, sometimes yellow-green discharge from the opening of the penis and may be accompanied by burning with urination. Fever is not a typical early symptom, nocturnal frequent urination isn't characteristic of this infection, and a change in sexual desire isn't caused by gonorrhea. If suspected, testing of urine or a urethral swab confirms the diagnosis and treatment should begin promptly, with attention to possible co-infection with chlamydia.

8. For a patient with an ileal conduit urinary diversion, which nursing actions are important regarding stoma care and urinary output?

A. Change the appliance weekly regardless of output.

B. Assess stoma color and output, ensure proper appliance fit, and monitor for skin breakdown around the stoma.

C. Restrict fluids to reduce output.

D. Ignore skin around stoma unless irritation occurs.

Focusing on stoma viability, continuous urine output, and protecting the surrounding skin is essential in an ileal conduit. The stoma's appearance reflects blood supply and function; a healthy stoma is pink to red and moist, while color changes such as dusky, pale, or black can indicate compromised blood flow or obstruction and require prompt assessment. Urine output should be monitored and documented because the conduit provides a continuous flow, so ensuring adequate hydration and watching for any sudden changes or signs of obstruction helps protect kidney function. The appliance must fit properly around the stoma to prevent leakage onto the skin, which, in turn, protects the peristomal area from irritation and breakdown. Regular inspection of the skin around the stoma for redness, irritation, or breakdown is key, and applying appropriate barrier products and skin protection supports skin integrity. These actions collectively prevent complications and promote function of the diversion. Restricting fluids or ignoring the skin around the stoma can lead to dehydration or unmanaged skin injury, and changing the appliance without considering output or leakage can increase the risk of skin damage.

9. The nurse is reviewing a client's fluid intake and output record. Fluid intake and urine output should relate in which way?

A. Fluid intake should be approximately equal to the urine output.

B. Urine output should be greater than fluid intake by 50%.

C. Fluid intake should be twice urine output.

D. Urine output should be less than fluid intake.

Fluid balance is a balance between what you take in and what you lose. In a stable person, the amount of fluid consumed through mouth, food, and IVs should roughly equal what is excreted, mainly as urine, with additional losses through skin, respiration, and stool. Those insensible losses aren't measured, so the best expectation is that intake and urine output are approximately the same over a 24-hour period. If urine output were much greater than intake, you'd see a negative fluid balance and potential dehydration; if intake were much greater than urine output, a positive balance could lead to edema or overload. The other ratios don't reflect the reality of variable, often unmeasured, fluid losses, so approximate equality is the most accurate guide for normal fluid status.

10. In CKD Stage 3, which consideration is important for nursing management?

- A. Ignore electrolyte changes.
- B. Increase nephrotoxic medications as needed.
- C. Schedule dialysis immediately.
- D. Monitor electrolytes and adjust medications.**

In CKD stage 3, the kidneys still function but are less able to regulate electrolytes and excrete waste, so the core nursing task is ongoing monitoring of electrolyte levels and adjusting medications to prevent dangerous imbalances and drug toxicity. This approach directly addresses the most common and potentially life-threatening issues in this stage, such as hyperkalemia, metabolic acidosis, and phosphate retention, by guiding timely changes in treatment—whether that means tweaking doses of renally cleared drugs, choosing alternatives, or implementing dietary and medication adjustments to maintain balance. Dialysis is not something to schedule immediately in stage 3; it's reserved for when there are clear indications like refractory fluid overload, severe electrolyte disturbances, or uremic symptoms. Ignoring electrolyte changes or increasing nephrotoxic medications would worsen kidney function and risk complications, so monitoring electrolytes and adjusting medications represents the safest, most proactive management at this stage.

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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:

<https://nclexgenitourinarydisorders.examzify.com>

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

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