Systemic Lupus Erythematosus Practice Test (Sample)

Study Guide

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Questions

1. Which organ systems can be affected by SLE?

A. Only the respiratory system

B. Only the digestive system

C. Multiple organ systems including skin, joints, kidneys, and heart

D. Only the nervous system

2. What is the most important discharge instruction for a client diagnosed with SLE?

A. Use sunscreen of SPF 30 or greater

B. Notify HCP of fever

C. Some dyspnea is expected

D. The hands and feet may change color

3. Which of the following symptoms is NOT typically associated with systemic lupus erythematosus?

A. Butterfly rash

B. Joint pain

C. Chronic cough

D. Fatigue

4. What is a common long-term complication of systemic lupus erythematosus (SLE)?

A. Renal failure

B. Gastroesophageal reflux disease

C. Hyperthyroidism

D. Chronic fatigue syndrome

5. Which complication is commonly associated with systemic lupus erythematosus?

A. Pneumonia risk.

B. Chronic fatigue syndrome.

C. Lupus nephritis.

D. Gastroesophageal reflux disease.

6. What should healthcare providers focus on when managing SLE patients?

- **A. Providing one-size-fits-all treatment plans**
- **B. Addressing solely the physical symptoms**
- **C. Developing individualized treatment plans and monitoring disease progression**
- **D. Prescribing medications without patient involvement**

7. For a patient with SLE, what symptom typically suggests the diagnosis?

- **A. Severe headaches.**
- **B. Macular degeneration.**
- **C. Facial rashes, particularly across the cheeks.**
- **D. Joint pain only after exercise.**

8. What is the most important self-care teaching point for a patient with SLE?

- **A. Apply suntan lotion SPF 8 and higher to skin before exposure**
- **B. Verbalize feelings of anxiety related to the diagnosis**
- **C. Perform good hand washing after using the bathroom and before eating**
- **D. Utilize clean technique in caring for any wound care**

9. What laboratory test is often performed to assess renal involvement in patients with SLE?

- **A. A liver biopsy**
- **B. A kidney biopsy**
- **C. A blood test**
- **D. A urinalysis**

10. Which lab test should the nurse expect the healthcare provider to order for a client presenting with low-grade fever, arthralgias, fatigue, and facial rash?

- **A. Complete metabolic panel and LFTs**
- **B. CBC and antinuclear antibody test**
- **C. Cholesterol and lipid profile**
- **D. BUN and glomerular filtration test**

Answers

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

Explanations

1. Which organ systems can be affected by SLE?

A. Only the respiratory system

B. Only the digestive system

C. Multiple organ systems including skin, joints, kidneys, and heart

D. Only the nervous system

Systemic Lupus Erythematosus (SLE) is a complex autoimmune disease that can impact multiple organ systems throughout the body. The condition is characterized by the production of autoantibodies that can target various tissues, resulting in inflammation and damage. The correct answer highlights the fact that SLE is not limited to a single organ system but can affect the skin, joints, kidneys, heart, and other organs. For instance, skin manifestations such as a butterfly rash are common, while joint pain and inflammation (arthritis) often occur. Renal involvement is a critical aspect of SLE, as lupus nephritis can lead to severe kidney damage. Additionally, cardiovascular risks associated with SLE include increased chances of pericarditis and other heart-related issues. In contrast, the other options suggest a limited scope of organ involvement. They incorrectly imply that SLE affects only one specific system, which fails to capture the systemic nature of the disease. The multi-organ impact of SLE is a key characteristic and understanding this breadth is crucial for proper diagnosis, management, and treatment of the disease.

2. What is the most important discharge instruction for a client diagnosed with SLE?

A. Use sunscreen of SPF 30 or greater

B. Notify HCP of fever

C. Some dyspnea is expected

D. The hands and feet may change color

Using sunscreen of SPF 30 or greater is crucial for clients diagnosed with systemic lupus erythematosus (SLE) due to the heightened sensitivity of their skin to ultraviolet (UV) light, which can trigger disease flares. SLE is characterized by photosensitivity, meaning that exposure to sunlight can lead to exacerbation of symptoms, including skin rashes and systemic manifestations. Therefore, implementing strict sun protection measures, including the use of a broad-spectrum sunscreen with SPF 30 or higher, is essential in managing the condition and reducing the risk of flare-ups. While other instructions, such as notifying healthcare providers about fever or changes in color of the hands and feet, are also important for monitoring the condition and addressing specific concerns, they do not carry the same level of preventative focus as diligent sun protection. Additionally, managing dyspnea is relevant but not as widely applicable as the universal need for UV protection among SLE patients. Thus, prioritizing sunscreen usage underscores the proactive approach required in the management of SLE and aligns with best practices for avoiding triggers and maintaining overall health.

3. Which of the following symptoms is NOT typically associated with systemic lupus erythematosus?

A. Butterfly rash

B. Joint pain

C. Chronic cough

D. Fatigue

Systemic lupus erythematosus (SLE) is characterized by a variety of symptoms that can affect multiple organ systems. The butterfly rash, joint pain, and fatigue are all common manifestations of the disease. The butterfly rash, or malar rash, is a distinctive skin eruption that appears over the cheeks and bridge of the nose in many patients. Joint pain is also very common, as many individuals with lupus experience arthritis or arthralgia. Fatigue is a frequently reported symptom among those with SLE, often resulting from both the disease process and related inflammation. Chronic cough, while it can occur if there are respiratory complications associated with lupus, is not a typical symptom of SLE itself. Instead, it may indicate other underlying conditions or complications, such as lung involvement or infections, rather than being a primary symptom of the disease. This distinction helps clarify why chronic cough is not regularly associated with systemic lupus erythematosus, making it the correct answer in this context.

4. What is a common long-term complication of systemic lupus erythematosus (SLE)?

A. Renal failure

B. Gastroesophageal reflux disease

C. Hyperthyroidism

D. Chronic fatigue syndrome

Renal failure is a common long-term complication of systemic lupus erythematosus (SLE) due to the potential for lupus nephritis, which involves inflammation of the kidneys triggered by the autoimmune nature of the disease. SLE can lead to a wide range of renal impairments, characterized by proteinuria, hematuria, and eventually diminished renal function, which can progress to chronic kidney disease and renal failure if not properly managed. This renal involvement is significant because it is closely associated with poor prognosis and contributes to morbidity and mortality in patients with SLE. The other conditions listed, though they may occur in the general population or are associated with other illnesses, are not primarily connected with SLE in the same way. Gastroesophageal reflux disease may occur in lupus patients but is not a direct complication of the disease. Hyperthyroidism is an endocrine disorder unrelated to SLE, and chronic fatigue syndrome can affect various individuals but is not specific to SLE or its long-term complications.

5. Which complication is commonly associated with systemic lupus erythematosus?

A. Pneumonia risk.

B. Chronic fatigue syndrome.

C. Lupus nephritis.

D. Gastroesophageal reflux disease.

Lupus nephritis is a well-known complication associated with systemic lupus erythematosus (SLE). This condition occurs when the immune system, which is already dysregulated in SLE, attacks the kidneys, leading to inflammation and damage. As a result, lupus nephritis can cause a range of complications, including proteinuria (excess protein in urine), hypertension, and renal failure if not effectively managed. The relationship between SLE and lupus nephritis is significant, as approximately 40-50% of patients with SLE will develop some form of kidney involvement during the course of their disease. The diagnosis is typically confirmed through laboratory tests that evaluate kidney function and the presence of specific autoantibodies, alongside a kidney biopsy if necessary. Effective management of lupus nephritis is crucial, as it can dramatically impact a patient's overall prognosis and quality of life. Understanding lupus nephritis as a complication of SLE underscores the importance of regular kidney function assessments and early intervention to prevent severe renal impairment.

6. What should healthcare providers focus on when managing SLE patients?

A. Providing one-size-fits-all treatment plans

B. Addressing solely the physical symptoms

C. Developing individualized treatment plans and monitoring disease progression

D. Prescribing medications without patient involvement

When managing patients with systemic lupus erythematosus (SLE), the focus should be on developing individualized treatment plans and monitoring disease progression. SLE is a complex and heterogeneous disease that often affects individuals differently, with variable symptoms and responses to treatment. Thus, creating tailored treatment plans allows healthcare providers to address the unique needs of each patient, considering their specific symptoms, disease activity, and personal preferences. Individualized approaches take into account the diverse manifestations of SLE, including skin changes, joint pain, organ involvement, and varying degrees of disease severity. Continuing assessment and monitoring of disease progression enable health providers to adjust treatment strategies effectively, ensuring optimal management of the disease and minimizing potential complications. This personalized approach fosters better patient outcomes, enhances adherence to treatment, and supports the overall well-being of patients living with SLE.

7. For a patient with SLE, what symptom typically suggests the diagnosis?

A. Severe headaches.

B. Macular degeneration.

C. Facial rashes, particularly across the cheeks.

D. Joint pain only after exercise.

Facial rashes, particularly across the cheeks, are a hallmark symptom of systemic lupus erythematosus (SLE) and are indicative of the condition. This characteristic rash, often referred to as a "butterfly rash" or malar rash, is a key diagnostic feature of SLE and is seen in many patients with the disease. It typically appears as a red or purplish rash that spans the cheeks and bridge of the nose, and its presence can significantly aid healthcare providers in recognizing the possibility of SLE. In contrast, severe headaches, macular degeneration, and joint pain after exercise do not specifically indicate SLE. While headaches can occur in various conditions, including lupus, they are not diagnostic on their own. Macular degeneration is unrelated to SLE, as it primarily concerns age-related vision changes. Joint pain may be experienced by individuals with SLE, but it can also arise from other causes and often is not limited to post-exercise scenarios. Therefore, the butterfly rash remains the most reliable symptom associated with SLE diagnosis.

8. What is the most important self-care teaching point for a patient with SLE?

A. Apply suntan lotion SPF 8 and higher to skin before exposure

B. Verbalize feelings of anxiety related to the diagnosis

C. Perform good hand washing after using the bathroom and before eating

D. Utilize clean technique in caring for any wound care

The most important self-care teaching point for a patient with systemic lupus erythematosus (SLE) focuses on the importance of infection prevention, which is well addressed by the point regarding performing good hand washing after using the bathroom and before eating. Individuals with SLE may have a compromised immune response due to the disease itself or as a result of immunosuppressive therapies used in treatment. Consequently, proper hand hygiene is critical in reducing the risk of infections, which can be particularly harmful for these patients. While applying suntan lotion and managing anxiety are also relevant, they do not directly address the immediate and critical need for infection control in SLE patients. Good hand hygiene plays a foundational role in overall health management, supporting not only the prevention of common illnesses but also aiding in the patient's ability to maintain overall well-being. Furthermore, ensuring clean techniques in wound care is certainly important, but hand washing is a more fundamental practice that can prevent a wide range of infections, making it a top priority for self-care in SLE management.

9. What laboratory test is often performed to assess renal involvement in patients with SLE?

A. A liver biopsy

B. A kidney biopsy

C. A blood test

D. A urinalysis

In the context of assessing renal involvement in patients with systemic lupus erythematosus (SLE), a kidney biopsy is the most definitive laboratory test. This procedure involves obtaining a small sample of kidney tissue to evaluate for lupus nephritis, which is a serious complication of SLE. The biopsy can reveal various types of damage or inflammation in the kidneys, allowing for a clearer understanding of the severity and type of renal involvement. While other tests like blood tests and urinalyses can provide valuable information regarding kidney function and detect abnormalities such as proteinuria or elevated creatinine levels, they do not offer the specific histopathological insights that a kidney biopsy provides. A liver biopsy, on the other hand, is unrelated to kidney assessment and is typically used to evaluate liver conditions. Thus, the kidney biopsy stands as the most appropriate choice for directly assessing lupus-related kidney damage.

10. Which lab test should the nurse expect the healthcare provider to order for a client presenting with low-grade fever, arthralgias, fatigue, and facial rash?

A. Complete metabolic panel and LFTs

B. CBC and antinuclear antibody test

C. Cholesterol and lipid profile

D. BUN and glomerular filtration test

In a clinical scenario where a patient presents with symptoms such as low-grade fever, arthralgias (joint pain), fatigue, and a facial rash, these manifestations are suggestive of an autoimmune disorder, particularly systemic lupus erythematosus (SLE). The complete blood count (CBC) is crucial as it helps identify any anemia, leukopenia, or thrombocytopenia that commonly accompany SLE due to bone marrow involvement or autoimmune hemolysis. The antinuclear antibody (ANA) test is a specific and sensitive screening tool for autoimmune diseases. A positive ANA test is often found in individuals with SLE, indicating the presence of autoantibodies that target the body's own nuclear components. Therefore, ordering both the CBC and the ANA test provides essential information that aligns with the suspicion of SLE. The other tests listed would not directly address the ongoing suspicion of an autoimmune process in this context. For instance, while a complete metabolic panel and liver function tests can be useful in assessing other conditions, they are less specific for autoimmune disorders. Similarly, a cholesterol and lipid profile, though important in assessing cardiovascular risk, would not help in diagnosing or assessing the autoimmune nature of the symptoms presented. Lastly, tests for BUN and