Improving Adequacy of Hemodialysis Post-Test

1. Adequacy of dialysis is defined as
    a. how many times per week patient comes for treatment
    b. how well fluid is removed from the blood
    c. removal of toxins and waste products from the blood
    d. the amount of red blood cells left in the bloodlines after treatment

2. URR is the abbreviation for
    a. Urea Released from Red cells
    b. Uremic Risk Ratio
    c. Urea Reduction Ratio
    d. Urea Reduction Reading

3. The blood test requested for calculating the URR is known as the
    a. KT/V
    b. BUN
    c. CRT
    d. HCT

4. The KT/V calculation involves all of the following EXCEPT
    a. heparin dosage
    b. patient's total body fluid
    c. dialyzer type and urea clearance
    d. duration of treatment

5. Patients not receiving adequate dialysis treatments may complain of
    a. nausea and vomiting
    b. over-eating
    c. constipation
    d. reddish skin tone

6. A measurement of the dialyzer's ability to remove urea through the pores in the membrane is
    a. blood pump speed
    b. dialysate flow
    c. KOA
    d. URR

7. Ways to improve adequacy of hemodialysis include all of the following EXCEPT
    a. increase blood flow rate
    b. begin treatment time when prescribed blood and dialysate flows are in place
    c. draw pre BUN lab sample after treatment initiation
    d. refer patient to surgeon or interventional radiologist for evaluation of vascular access functioning

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8. Ensure proper lab sampling is performed by all EXCEPT
    a. draw post BUN using slow flow or stop pump technique
    b. at completion of treatment, turn dialysate flow off, decrease UFR to lowest setting or turn off, decrease blood flow rate to 50 – 100 ml/min for 30 seconds
    c. prevent sample dilution with heparin or saline
    d. draw post BUN samples from the arterial port closest to the patient

9. Based on K/DOQI Guidelines, the following lab results reflect adequate hemodialysis
    a. URR $\geq$ 60, KT/V $\geq$ 1.4
    b. URR $\geq$ 70, KT/V $\geq$ 1.0
    c. URR $\geq$ 64, KT/V $\geq$ 1.3
    d. URR $\geq$ 65, KT/V $\geq$ 1.2

10. Increasing the dialysate flow rate will improve
    a. urea removal
    b. vascular access flow
    c. dialyzer reuse average
    d. venous pressure

True False 11. Patient education is critical in maintaining adequate hemodialysis treatment.

True False 12. To draw post BUN, turn dialysate flow off, decrease blood flow rate to 150-200 ml/min, decrease UFR to lowest setting for 15 seconds prior to drawing sample from arterial port.

True False 13. The blood flow rate should be checked throughout hemodialysis treatment to verify it matches the prescribed blood flow rate.

True False 14. Post BUN samples should be drawn after treatment has been discontinued and patient's blood has been returned.

True False 15. Symptoms of uremia include increased infections, weakness, poor appetite and clotted access.

True False 16. AV Fistula is the primary vascular access of choice and should be considered over grafts and central venous catheters.

True False 17. Increasing the sodium concentrate in the dialysate may assist in avoiding hypotensive episodes during hemodialysis.

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True False 18. If the vascular access cannot meet the prescribed blood flow rate, it is not necessary to notify the patient's physician every treatment.

True False 19. Inadequate hemodialysis can lead to patient death.

True False 20. The hemodialysis prescription orders should be checked prior to every treatment and monitored throughout the treatment, to verify that treatment orders are followed.

True False 21. The purpose of the Adequacy QI Team is to draw the monthly adequacy labs, using the correct sampling procedure.

True False 22. Barriers in your facility adequacy improvement process can limit your ability to make improvements in your patients' adequacy outcomes, therefore, these barriers should be addressed and eliminated.

True False 23. Developing a patient specific care plan for all patients with outcomes not meeting adequacy goals will help the care givers stay focused on the adequacy issues and improve the continuity of care.

True False 24. The first step in your Quality Improvement Plan is to implement new action steps.

True False 25. Nephrologists should be included as part of the Adequacy QI Team and in the quality improvement plan, especially those with a high volume patient census, to assist in addressing and eliminating any barriers related to the physicians.