

GENITOURINARY HOMEWORK

How do you assess a fistula/graft to ensure proper blood flow through it?

- Listen for a bruit: Place your stethoscope over the fistula and listen for a “whooshing” sound. If a sound is absent report it to the physician stat.
- Palpate a thrill: Use your fingers to palpate the fistula/graft to feel a buzzing or fine rumbling feeling. Sometimes it can be described as the sensation over a cat’s throat when they are purring. If this cannot be felt, then report it to the physician stat.

Define Urine Specific Gravity and provide examples when Urine Specific Gravity would be low or high.

- Normal range: 1.022-1.035 (slight variations in ranges may occur)
- Urine specific gravity: is the concentration of solutes in the urine. This provides information on the kidney’s ability to concentrate or dilute urine in relation to plasma.
- High urine specific gravity means there is a higher amount solutes compared to water. In other words, the urine is more concentrated.
 - This result is most often seen in the setting of dehydration. Kidneys reabsorb water back into circulation to maintain BP, leaving less water per amount of solute being excreted by kidney’s, raising urine specific gravity.
 - It can also result when there is increased secretion of antidiuretic (vasopressin) hormone (retains water), which can occur due to stress, trauma, surgery, and certain drugs. Retention of water into blood volume, result in a more concentrated urine, thus raises urine specific gravity.
- Low urine specific gravity mean there are fewer solutes compared to water.
 - This can be seen in setting of renal damage, and diabetes insipidus (absence of anti-diuretic hormone).

