

Anderson Hemodialysis for Nurses and Dialysis Personnel (HEMOTECH21) Continuing Education (CE) Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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. Which medication is given to a dialysis patient to support blood pressure prior to treatment?**
 - A. Losartan, an angiotensin receptor blocker**
 - B. Amlodipine, a calcium channel blocker**
 - C. Midodrine, a vasopressor**
 - D. Furosemide, a diuretic**

- 2. Which member of the interdisciplinary team is responsible for ensuring the quality of water used for dialysis meets standards?**
 - A. Medical director**
 - B. Registered nurse**
 - C. Nurse manager**
 - D. Dialysis technician**

- 3. What could be a primary concern for elderly patients on peritoneal dialysis?**
 - A. Increased risk of infection.**
 - B. Fluid retention.**
 - C. Skin reactions.**
 - D. Dehydration.**

- 4. If a dialysis technician suspects a patient with CKD is depressed, which symptoms should be reported?**
 - A. The patient complains of fatigue.**
 - B. The patient does not sleep well.**
 - C. The patient experiences concentration issues.**
 - D. All of the above symptoms.**

- 5. When should gloves be changed and hands be washed according to Standard Precautions?**
 - A. When contaminated with blood or body fluids**
 - B. When going from a clean to dirty body site**
 - C. After handling infectious waste containers**
 - D. After touching a patient during an assessment**

- 6. What diagnostic indicator suggests a patient is experiencing rejection of a transplanted kidney?**
- A. Elevated serum creatinine**
 - B. Elevated serum BUN**
 - C. Low hemoglobin level**
 - D. Low vitamin D level**
- 7. A patient experiencing "first-use" syndrome is having breathing difficulties. What should the dialysis technician do?**
- A. Ask the RN to dispense Benadryl**
 - B. Take the patient's blood pressure readings every 5 minutes**
 - C. Return the blood to the patient as quickly as possible**
 - D. Discard the dialyzer**
- 8. Which electrolyte abnormalities are treated with dialysis following transplantation?**
- A. High potassium levels, Low calcium levels**
 - B. Low magnesium levels, Acidosis**
 - C. High sodium levels, High calcium levels**
 - D. High phosphorus levels, Hypertension**
- 9. Which factors could contribute to cognitive impairment in dialysis patients?**
- A. Uncontrolled high blood pressure, advanced age, low red blood cell counts**
 - B. Uncontrolled high blood pressure, advanced age, intradialytic hypotension**
 - C. Advanced age, low red blood cell counts, possible clotting events**
 - D. Uncontrolled high blood pressure, advanced age, low red blood cell counts, intradialytic hypotension, possible clotting events**
- 10. Which nutrients require special attention in the diet of a patient with CKD?**
- A. Only protein, no other nutrients.**
 - B. Only carbohydrates and sugars.**
 - C. Protein, potassium, and phosphorus.**
 - D. Vitamins, minerals, and proteins.**

Answers

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

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Explanations

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1. Which medication is given to a dialysis patient to support blood pressure prior to treatment?

- A. Losartan, an angiotensin receptor blocker**
- B. Amlodipine, a calcium channel blocker**
- C. Midodrine, a vasopressor**
- D. Furosemide, a diuretic**

Midodrine is the appropriate medication given to support blood pressure in dialysis patients prior to treatment. It acts as a vasopressor, meaning it helps raise blood pressure by causing blood vessels to constrict. This is particularly important for dialysis patients who may experience hypotension (low blood pressure) as a result of the treatment process, which can lead to inadequate blood flow to vital organs and potentially serious complications. Midodrine is often utilized in circumstances where other standard approaches to managing blood pressure are insufficient. This "pre-treatment" support is crucial for ensuring patient stability and safety during dialysis sessions. In contrast, other medications listed serve different purposes. For instance, Losartan and Amlodipine are typically used to manage hypertension, not support blood pressure during a procedure. Furosemide is a diuretic that helps remove excess fluid and does not function to raise blood pressure; it can actually contribute to lower blood pressure if excessive diuresis occurs. Therefore, Midodrine is specifically positioned as a supportive measure for these patients in the context of dialysis treatment.

2. Which member of the interdisciplinary team is responsible for ensuring the quality of water used for dialysis meets standards?

- A. Medical director**
- B. Registered nurse**
- C. Nurse manager**
- D. Dialysis technician**

The medical director plays a crucial role in overseeing and maintaining the overall quality of care in a dialysis facility, including ensuring that the water used for dialysis meets safety and health standards. This is vital because the quality of water directly impacts patient safety and treatment effectiveness. The medical director is typically responsible for establishing guidelines and protocols regarding water quality, coordinating with other team members to ensure compliance, and addressing any issues that may arise related to water treatment systems. While other members of the interdisciplinary team contribute to patient care and safety, the ultimate accountability for the safety and adequacy of the water supply in dialysis comes under the purview of the medical director. This role encompasses ensuring that all equipment, including water purification systems, meets regulatory standards and that weekly or monthly testing protocols are followed correctly. Hence, the medical director's involvement is essential for upholding the required quality standards necessary for safe dialysis treatment.

3. What could be a primary concern for elderly patients on peritoneal dialysis?

- A. Increased risk of infection.**
- B. Fluid retention.**
- C. Skin reactions.**
- D. Dehydration.**

A primary concern for elderly patients on peritoneal dialysis is the increased risk of infection. This population often has a compromised immune system, making them more susceptible to infections, particularly peritonitis, which can be a serious complication of peritoneal dialysis. In this method of dialysis, a catheter is placed in the abdominal cavity, allowing a dialysate solution to exchange waste products from the blood through the peritoneal membrane. The presence of the catheter adds a risk factor; any break in sterile technique during exchanges or complications with the catheter can lead to infections. Elderly patients may not only have diminished immune responses but also other comorbidities, such as diabetes, which can further increase their vulnerability to infections. Therefore, monitoring for signs of infection and educating patients and caregivers about proper technique and hygiene practices is crucial in managing their care effectively.

4. If a dialysis technician suspects a patient with CKD is depressed, which symptoms should be reported?

- A. The patient complains of fatigue.**
- B. The patient does not sleep well.**
- C. The patient experiences concentration issues.**
- D. All of the above symptoms.**

The correct answer focuses on the specific cognitive and emotional signs of depression that are particularly significant in patients with chronic kidney disease (CKD). Although all the symptoms listed can be associated with depression, the concentration issues directly relate to depressive disorders, which can significantly impair a patient's ability to function both mentally and physically. Cognitive symptoms, like difficulties with concentration, are particularly problematic because they can affect a patient's adherence to treatment and overall management of their condition. Reporting these concentration issues allows healthcare providers to assess the patient's mental health more comprehensively and to intervene as necessary, which is crucial for improving patient outcomes. While fatigue and sleep disturbances are also relevant symptoms of depression and can influence a patient's quality of life, concentrating issues are often given particular importance in clinical settings due to their implications for treatment compliance and safety in managing chronic conditions like CKD.

5. When should gloves be changed and hands be washed according to Standard Precautions?

- A. When contaminated with blood or body fluids**
- B. When going from a clean to dirty body site**
- C. After handling infectious waste containers**
- D. After touching a patient during an assessment**

In the context of Standard Precautions, gloves should be changed and hands washed after handling infectious waste containers because doing so helps to prevent cross-contamination and the spread of pathogens. Handling waste can expose healthcare personnel to potentially infectious materials, so proper hand hygiene and glove changes are crucial to maintaining a safe environment for both the staff and the patients. Although changing gloves after touching a contaminated surface or waste is a strict protocol, the rationale behind this practice is rooted in infection control principles. These practices minimize the risk of transferring infectious agents from one surface or area to another, ensuring that healthcare environments remain clean and safe. The other scenarios, while important considerations for hand hygiene, are not chosen as the correct answer based on the specified criteria in the question. Changes in gloves and handwashing are particularly highlighted in the context of managing potentially infectious materials and reducing the risk of exposure, which is directly addressed in this scenario.

6. What diagnostic indicator suggests a patient is experiencing rejection of a transplanted kidney?

- A. Elevated serum creatinine**
- B. Elevated serum BUN**
- C. Low hemoglobin level**
- D. Low vitamin D level**

An elevated serum creatinine level is a key diagnostic indicator suggesting that a patient may be experiencing rejection of a transplanted kidney. This elevation typically occurs because the kidneys are not functioning effectively due to immune response against the transplanted organ. When the kidney is rejecting, its ability to filter waste products, such as creatinine, diminishes, leading to an increase in its serum levels. Monitoring serum creatinine values is critical following a kidney transplant, as timely recognition of increased levels can allow for interventions to address possible rejection. While elevated serum BUN (blood urea nitrogen) may also indicate kidney dysfunction, it is less specific to the rejection process compared to creatinine levels. A low hemoglobin level could suggest issues such as anemia, which is not a direct indicator of rejection. Similarly, low vitamin D levels might be present due to various factors but are not specific to kidney transplant rejection. Thus, elevated serum creatinine is consistently recognized as a primary sign of possible rejection in the context of renal transplantation.

7. A patient experiencing "first-use" syndrome is having breathing difficulties. What should the dialysis technician do?
- A. Ask the RN to dispense Benadryl
 - B. Take the patient's blood pressure readings every 5 minutes
 - C. Return the blood to the patient as quickly as possible
 - D. Discard the dialyzer**

In cases of "first-use" syndrome, patients can experience an allergic reaction to the materials in the dialyzer, leading to symptoms such as breathing difficulties, flushing, and hypotension. Discarding the dialyzer is the most appropriate action because it prevents further exposure to the antigenic materials that may be causing the adverse reaction. By removing the source of the reaction, the technician helps to mitigate the patient's symptoms and ensures their safety. Taking the patient's blood pressure readings every 5 minutes, asking the RN to dispense Benadryl, or returning the blood to the patient does not address the immediate risk posed by the dialyzer. In fact, further exposure to the dialyzer could exacerbate the patient's condition, making it critical to stop the treatment involving that dialyzer right away. Discarding it ensures the patient will not come to further harm from that particular dialyzer.

8. Which electrolyte abnormalities are treated with dialysis following transplantation?
- A. High potassium levels, Low calcium levels**
 - B. Low magnesium levels, Acidosis
 - C. High sodium levels, High calcium levels
 - D. High phosphorus levels, Hypertension

Following transplantation, dialysis is primarily utilized to address certain physiological disturbances that can arise from changes in kidney function. High potassium levels, or hyperkalemia, is a common electrolyte abnormality associated with renal issues due to impaired excretion. Dialysis effectively removes excess potassium from the bloodstream, helping to prevent complications such as cardiac arrhythmias. Low calcium levels, or hypocalcemia, may also occur due to various factors following transplant, including changes in metabolism or the effects of medications. Though the primary concern in the acute post-transplant phase might be hyperkalemia, the gradual correction of calcium levels via dialysis can also be necessary, as maintaining appropriate calcium levels is crucial for numerous bodily functions, including neuromuscular and cardiac function. This combination—high potassium levels and low calcium levels—specifically aligns with the physiological challenges that can necessitate dialysis intervention post-transplantation, indicating that these conditions are treated to stabilize the patient's electrolyte balance and overall health. In contrast, other combinations focus on either conditions less commonly treated with dialysis or aspects that don't usually directly necessitate dialysis treatment in the post-transplant context.

9. Which factors could contribute to cognitive impairment in dialysis patients?

- A. Uncontrolled high blood pressure, advanced age, low red blood cell counts**
- B. Uncontrolled high blood pressure, advanced age, intradialytic hypotension**
- C. Advanced age, low red blood cell counts, possible clotting events**
- D. Uncontrolled high blood pressure, advanced age, low red blood cell counts, intradialytic hypotension, possible clotting events**

Multiple factors can contribute to cognitive impairment in dialysis patients, and the selected answer reflects a comprehensive view of the issue. Uncontrolled high blood pressure is significant as it can lead to vascular damage, affecting blood flow to the brain and potentially causing cognitive decline. Advanced age is another important factor, as the risk for cognitive impairment generally increases with age, particularly in older adults undergoing chronic dialysis. Low red blood cell counts, or anemia, is linked to cognitive issues as well; anemia can reduce oxygen delivery to the brain, impairing cognitive functions. Intradialytic hypotension—occurring when a patient experiences a drop in blood pressure during dialysis—can result in decreased cerebral perfusion, which can lead to further cognitive deficits. Possible clotting events, such as strokes or transient ischemic attacks, can also directly damage brain tissue, contributing to cognitive decline. Thus, the comprehensive list in the correct answer encompasses the multifaceted nature of the factors affecting cognitive health in dialysis patients, recognizing that a combination of vascular health, blood parameters, and events during treatment all play a critical role.

10. Which nutrients require special attention in the diet of a patient with CKD?

- A. Only protein, no other nutrients.**
- B. Only carbohydrates and sugars.**
- C. Protein, potassium, and phosphorus.**
- D. Vitamins, minerals, and proteins.**

In patients with chronic kidney disease (CKD), it is essential to monitor specific nutrients closely due to the kidneys' diminished ability to filter waste products and maintain electrolyte balance. Protein, potassium, and phosphorus are crucial nutrients that require special attention. Protein is necessary for maintaining muscle mass and overall health, but excessive protein intake can lead to an accumulation of nitrogenous waste products, which the kidneys struggle to excrete. Therefore, protein intake often needs to be restricted to avoid additional stress on the kidneys. Potassium is another nutrient that must be carefully managed because damaged kidneys may not effectively excrete potassium, leading to hyperkalemia, a potentially life-threatening condition characterized by elevated potassium levels in the blood. Foods high in potassium, such as bananas and oranges, may need to be limited in the diet. Phosphorus is similarly critical because CKD can result in decreased phosphorus excretion, causing hyperphosphatemia. Elevated phosphorus levels can lead to secondary hyperparathyroidism and other complications, so foods high in phosphorus, like dairy products and certain meats, are often restricted. While vitamins and minerals contribute significantly to overall health, in the context of CKD, the focus remains primarily on macronutrients like protein, potassium, and phosphorus due to their

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://andersonhemotech21ce.examzify.com>

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

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