

ANDERSON HEMODIALYSIS FOR NURSES AND DIALYSIS PERSONNEL (HEMOTECH21) CONTINUING EDUCATION (CE) PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. What are the recommendations for caring for patients with Clostridium difficile colitis?**
 - A. Wearing gloves and using hand sanitizer
 - B. Wearing impervious gowns and thoroughly washing hands
 - C. Donning gloves after hand sanitizer use
 - D. Both wearing gloves and impervious gowns and washing hands
- 2. What modifications can be made to prevent intradialytic complications associated with fluid removal?**
 - A. Lower the dialysate temperature
 - B. Extend treatment times
 - C. Check serum sodium levels every 15 minutes
 - D. Monitor for delirium frequently
- 3. What is a common cause of postrenal failure?**
 - A. Renal trauma
 - B. Prostate disease
 - C. Fluid volume shifts
 - D. Kidney infections
- 4. What does "nocturnal intermittent peritoneal dialysis" mean for a new client with CKD?**
 - A. The machine will provide 3-5 exchanges every night with minimal or no dwelling during the day.
 - B. You will receive dialysis 3-4 times/week, with "dry" periods in between treatments.
 - C. You will have 3-5 exchanges every night with a full diurnal dwell daily.
 - D. The initial volume will be small but will increase to a large "tidal" volume infused every morning.
- 5. What is one primary responsibility of a registered nurse in the dialysis unit?**
 - A. Managing financial records
 - B. Performing patient assessments
 - C. Overseeing laboratory technicians
 - D. Scheduling patient treatments

- 6. What factors can be monitored continuously using a Crit-Line monitor during dialysis?**
- A. Absolute hematocrit and blood volume change percentage.
 - B. Oxygen saturation.
 - C. Visualization of plasma refilling.
 - D. Absolute hematocrit, blood volume change percentage, oxygen saturation, and plasma refilling.
- 7. Which child is at high risk for developing latex allergy?**
- A. Young toddler born with spina bifida.
 - B. Child with allergies to cats and dogs.
 - C. Teenager with significant kidney stones.
 - D. Child requiring frequent catheter placement.
- 8. Which common medications are known for being associated with nephrotoxicity?**
- A. Acetaminophen and Lisinopril
 - B. Celecoxib and Penicillin
 - C. Celecoxib and Lisinopril
 - D. Acetaminophen and Penicillin
- 9. Which dietary aspect is most critical for patients on dialysis to manage?**
- A. High potassium intake
 - B. Excess protein consumption
 - C. Fluid restriction
 - D. High phosphorus levels
- 10. How does a technician determine the flow of blood in a looped arteriovenous graft?**
- A. By checking the surgical procedure notes
 - B. By feeling a thrill or hearing a bruit when occluding the midpoint
 - C. By observing the color of the blood
 - D. By measuring the blood pressure at the site

Answers

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

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Explanations

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1. What are the recommendations for caring for patients with Clostridium difficile colitis?

- A. Wearing gloves and using hand sanitizer
- B. Wearing impervious gowns and thoroughly washing hands
- C. Donning gloves after hand sanitizer use
- D. Both wearing gloves and impervious gowns and washing hands**

The recommendations for caring for patients with Clostridium difficile (C. difficile) colitis stress the importance of infection control measures to prevent the spread of this highly transmissible bacteria. Wearing both gloves and impervious gowns serves as a protective barrier against contamination when providing care to infected patients. This is crucial, as C. difficile can be spread through direct contact with contaminated surfaces or objects, as well as from person to person. Thoroughly washing hands with soap and water after patient contact, rather than relying solely on hand sanitizer, is essential because alcohol-based sanitizers are not effective against C. difficile spores. Handwashing helps remove the spores and prevents them from spreading to other patients or healthcare providers. Thus, the combination of wearing gloves and impervious gowns, along with meticulous hand hygiene practices, aligns with recommended infection control strategies to manage and limit transmission of C. difficile in healthcare settings.

2. What modifications can be made to prevent intradialytic complications associated with fluid removal?

- A. Lower the dialysate temperature**
- B. Extend treatment times
- C. Check serum sodium levels every 15 minutes
- D. Monitor for delirium frequently

Lowering the dialysate temperature can potentially prevent intradialytic complications associated with fluid removal. This modification may reduce the risk of complications such as hypotension during dialysis. The lower temperature can help maintain a more stable hemodynamic status for the patient, as it generally leads to vasoconstriction and reduces the likelihood of excessive fluid shifts and intradialytic hypotension. By managing the dialysate temperature, healthcare providers can help ensure a more comfortable and safer dialysis session. The other choices do not directly address the prevention of complications related to fluid removal as effectively. For instance, extending treatment times may allow for more gradual fluid removal, but it could also lead to fatigue or other issues if not monitored closely. Checking serum sodium levels every 15 minutes may provide useful information, but it does not directly influence fluid removal during dialysis. Monitoring for delirium frequently, while important for assessing patient status, does not specifically relate to managing fluid removal complications.

3. What is a common cause of postrenal failure?

- A. Renal trauma
- B. Prostate disease**
- C. Fluid volume shifts
- D. Kidney infections

Postrenal failure occurs when there is an obstruction in the urinary tract that prevents urine from being excreted. This type of failure happens after the kidneys, which is why the term "postrenal" is used. One of the most common causes of this obstruction is prostate disease, particularly benign prostatic hyperplasia (BPH) or prostate cancer. These conditions can lead to an enlarged prostate that compresses the urethra, making it difficult for urine to flow from the bladder. As a result, the kidneys can become backed up with urine, leading to increased pressure and potential kidney damage if the obstruction isn't resolved. Understanding the anatomical relationship between the prostate and the urinary tract is essential in recognizing how prostate disease can lead to postrenal failure. Other conditions, like renal trauma, fluid volume shifts, or kidney infections, while they can affect renal function, do not typically create the same type of obstruction that is characteristic of postrenal causes. This highlights why prostate disease is a critical consideration in the differential diagnosis of postrenal failure.

4. What does "nocturnal intermittent peritoneal dialysis" mean for a new client with CKD?

- A. The machine will provide 3-5 exchanges every night with minimal or no dwelling during the day.**
- B. You will receive dialysis 3-4 times/week, with "dry" periods in between treatments.
- C. You will have 3-5 exchanges every night with a full diurnal dwell daily.
- D. The initial volume will be small but will increase to a large "tidal" volume infused every morning.

Nocturnal intermittent peritoneal dialysis refers to a specific treatment regimen for individuals with chronic kidney disease (CKD) where dialysis occurs during the night. The process involves the use of a machine that performs multiple exchanges while the patient sleeps. The correct answer indicates that the machine will provide 3-5 exchanges every night with minimal or no dwelling during the day, which aligns with the concept of "intermittent" therapy. This ensures that the patient receives sufficient dialysis overnight to remove waste products and excess fluid from the body while allowing for rest and minimizing the need for treatments during waking hours. The idea behind this regimen is to enhance the patient's quality of life by avoiding daily burdens associated with continuous dialysis while still effectively managing CKD. The other responses do not accurately depict the nature of nocturnal intermittent peritoneal dialysis. Option B suggests a weekly schedule with dry periods, which is not reflective of the nightly routine. Option C incorrectly implies that there would be a full diurnal dwell, which contradicts the notion of intermittent therapy. Finally, option D discusses tidal volumes and routines that are not relevant to the concept of nocturnal intermittent peritoneal dialysis as it pertains to the treatment regimen described.

5. What is one primary responsibility of a registered nurse in the dialysis unit?

- A. Managing financial records
- B. Performing patient assessments**
- C. Overseeing laboratory technicians
- D. Scheduling patient treatments

Performing patient assessments is a fundamental responsibility of a registered nurse in the dialysis unit. This role involves evaluating the patient's physical condition, monitoring vital signs, assessing fluid balance, and identifying any potential complications related to dialysis treatment. The nurse's ability to conduct thorough and accurate assessments ensures that patient care is tailored to individual needs and that timely interventions can be initiated if any issues arise. The patient's response to dialysis—such as changes in blood pressure or any signs of distress—requires constant assessment to provide safe and effective care throughout the treatment process. This clinical expertise is crucial in identifying complications such as hypotension or infection at the access site, which can significantly affect patient outcomes. Other responsibilities, such as managing financial records, overseeing laboratory technicians, and scheduling treatments, while important in the overall functioning of a dialysis unit, do not fall under the core clinical duties of a registered nurse. The primary focus is on patient assessment and care coordination in the context of dialysis treatment.

6. What factors can be monitored continuously using a Crit-Line monitor during dialysis?

- A. Absolute hematocrit and blood volume change percentage.
- B. Oxygen saturation.
- C. Visualization of plasma refilling.
- D. Absolute hematocrit, blood volume change percentage, oxygen saturation, and plasma refilling.**

The Crit-Line monitor is a valuable tool used during dialysis to assess various critical parameters that impact patient care. Among the factors monitored, absolute hematocrit and blood volume change percentage are essential as they provide real-time insights into the patient's blood composition and how it changes throughout the dialysis session. Monitoring absolute hematocrit helps to ensure that the patient's blood cells and oxygen-carrying capacity are maintained, while tracking blood volume change percentage allows clinicians to manage fluid removal effectively and prevent complications related to fluid imbalance. Oxygen saturation is also monitored, which is crucial for evaluating the adequacy of oxygen delivery to tissues. It indicates whether the patient is receiving enough oxygen throughout the dialysis process, further supporting patient safety. Lastly, the visualization of plasma refilling is important because it signifies how well the intravascular volume is being restored post-dialysis. This can help clinicians understand the effectiveness of the dialysis treatment and make necessary adjustments in real-time. The Crit-Line monitor's ability to track all these parameters simultaneously allows for comprehensive patient management during dialysis, ensuring a more targeted and safe treatment experience. Monitoring these factors collectively provides a holistic view of the patient's hemodynamic status and aids in making informed decisions about ongoing therapy.

7. Which child is at high risk for developing latex allergy?

- A. Young toddler born with spina bifida.
- B. Child with allergies to cats and dogs.
- C. Teenager with significant kidney stones.
- D. Child requiring frequent catheter placement.**

The child requiring frequent catheter placement is at high risk for developing a latex allergy due to the repeated exposure to latex products that often accompany medical procedures, such as catheters. Frequent interventions in a healthcare setting can lead to sensitization to latex proteins, especially if latex catheters or gloves are used regularly during these procedures. Children with conditions that may require frequent medical attention or interventions, such as renal issues or congenital disorders, are more likely to come into contact with latex, increasing their potential for developing sensitivities. This characteristic makes them a higher risk group as sensitization can lead to allergic reactions ranging from mild skin irritation to more severe anaphylactic responses. Other choices present risk factors but do not specifically align with the known increased likelihood of latex allergy through repeated exposure. For example, while a young toddler born with spina bifida may be at risk due to potential medical interventions, it is the frequency and specific use of latex products during those interventions that solidifies the risk associated with catheter placements.

8. Which common medications are known for being associated with nephrotoxicity?

- A. Acetaminophen and Lisinopril
- B. Celecoxib and Penicillin
- C. Celecoxib and Lisinopril**
- D. Acetaminophen and Penicillin

The selection of the correct answer highlights the significance of understanding the potential nephrotoxic effects of certain medications. Celecoxib, a nonsteroidal anti-inflammatory drug (NSAID), is known to pose a risk for kidney damage, especially in patients with pre-existing renal impairment, as it can inhibit prostaglandin synthesis essential for maintaining renal blood flow and glomerular filtration rate. Lisinopril, an ACE inhibitor, can lead to nephrotoxicity in certain conditions, particularly when there's a reduction in renal perfusion, such as during dehydration or concurrent diuretic use. The pathophysiological mechanisms behind these medications contribute to their nephrotoxic potential. Understanding this interplay is crucial for healthcare professionals, particularly in monitoring kidney function in patients receiving these drugs or managing conditions that predispose individuals to renal injury. The other combinations listed do not share the same nephrotoxic risk profile as this selection and fail to capture the significant renal implications associated with the correct answer. Thus, recognizing the nephrotoxic potential of Celecoxib and Lisinopril is vital for ensuring patient safety and effective management of renal health.

9. Which dietary aspect is most critical for patients on dialysis to manage?

- A. High potassium intake
- B. Excess protein consumption
- C. Fluid restriction**
- D. High phosphorus levels

Fluid restriction is a critical dietary aspect for patients on dialysis to manage because it directly affects their overall health and the effectiveness of the dialysis treatment. Patients with kidney failure often have a diminished ability to excrete fluids, leading to a buildup of excess fluid in their bodies. This can cause complications such as hypertension, edema, and heart strain. Managing fluid intake helps to minimize these risks and can lead to improved patient outcomes. Dialysis sessions are designed to remove excess fluid, but if too much fluid accumulates between treatments, it can result in painful symptoms and increased cardiovascular stress. Therefore, adhering to a prescribed fluid restriction helps patients maintain a safer volume status and enhances the effectiveness of their dialysis treatment. In contrast, while high potassium, excess protein, and high phosphorus levels are also important dietary considerations for patients on dialysis, managing fluid intake remains a top priority. This is because fluid overload can lead to immediate and acute consequences that can compromise a patient's overall condition and treatment efficacy.

10. How does a technician determine the flow of blood in a looped arteriovenous graft?

- A. By checking the surgical procedure notes
- B. By feeling a thrill or hearing a bruit when occluding the midpoint**
- C. By observing the color of the blood
- D. By measuring the blood pressure at the site

The method of determining the flow of blood in a looped arteriovenous graft through a thrill or bruit is based on the fundamental principles of hemodynamics and vascular access assessment. When a technician occludes the midpoint of the graft, they can assess the presence of a thrill (a vibration felt upon palpation) or a bruit (a sound heard through auscultation) downstream. A thrill indicates that there is a sufficient volume of blood flow and turbulence in the graft, confirming the patency and effectiveness of the vascular access. Bruits are produced by the rapid blood flow through the vessel, creating audible sound waves; their presence confirms that blood is moving effectively through the graft. These assessments provide real-time feedback about the graft's functionality and help in early detection of any issues such as stenosis or thrombosis, which could lead to complications in hemodialysis. In contrast, reviewing surgical procedure notes would provide historical data but not real-time indication of blood flow. Observing the color of the blood is not a reliable indicator of flow as it can vary based on multiple factors not directly related to graft function. Measuring blood pressure at the site does not effectively convey the actual flow dynamics occurring within the graft itself.

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:

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

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