

# CCHT Anderson Continuing Education Practice Exam (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. What should be recorded after each dialysis session?**
  - A. The patient's favorite activities**
  - B. Vital signs and treatment parameters**
  - C. The number of staff present**
  - D. Inventory of supplies used**
- 2. What is the primary reason for checking patient weight before and after dialysis?**
  - A. To assess blood pressure changes**
  - B. To monitor fluid removal during the treatment**
  - C. To determine medication dosage**
  - D. To evaluate nutritional status**
- 3. Which vascular access method avoids synthetic grafts?**
  - A. Brachiocephalic AV fistula**
  - B. Radial-cephalic AV fistula**
  - C. Transposed brachiobasilic fistula**
  - D. Polytetrafluoroethylene graft**
- 4. What was the primary anticoagulant used in the first artificial kidney?**
  - A. Warfarin**
  - B. Sodium citrate**
  - C. Hirudin**
  - D. Low-molecular weight heparin**
- 5. Which chemical may cause methemoglobinemia, preventing red cell hemoglobin from transporting oxygen?**
  - A. Nitrates**
  - B. Chloramines**
  - C. Fluoride**
  - D. Aluminum**

**6. How frequently should the dialyzer be replaced?**

- A. Every week**
- B. After each treatment or as per facility protocol**
- C. Every month**
- D. After every two treatments**

**7. What is a potential impact of hypotension in dialysis patients?**

- A. It can lead to increased appetite**
- B. It can resolve all electrolyte imbalances**
- C. It can lead to cardiac complications and inadequate treatment**
- D. It can decrease the need for further treatment**

**8. A patient with nephrosclerosis may present which of the following symptoms?**

- A. Blood in urine**
- B. Proteinuria**
- C. Uncontrolled hypertension**
- D. Foamy urine**

**9. What is the primary purpose of anticoagulation during hemodialysis?**

- A. To increase blood pressure**
- B. To prevent infection**
- C. To prevent blood clotting in the dialysis circuit**
- D. To enhance blood flow rate**

**10. What does a patient with low post-dialysis weight need to be cautious about?**

- A. Increased hydration**
- B. Development of cachexia**
- C. Potential hyperkalemia**
- D. Edema from fluid overload**

## **Answers**

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

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## **Explanations**

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## 1. What should be recorded after each dialysis session?

- A. The patient's favorite activities
- B. Vital signs and treatment parameters**
- C. The number of staff present
- D. Inventory of supplies used

After each dialysis session, it is essential to record vital signs and treatment parameters. This practice is crucial for monitoring the patient's health and ensuring their safety. Vital signs, including blood pressure, heart rate, respiratory rate, and temperature, provide immediate insights into the patient's physiological status during and after treatment. Treatment parameters such as the duration of dialysis, the type of dialysis performed, blood flow rate, and dialysate composition are important for maintaining a consistent treatment protocol and for evaluating the effectiveness of the treatment over time. Recording this information is instrumental for healthcare providers to identify trends, detect potential complications early, and adjust treatment plans as necessary. Keeping accurate records also ensures that any changes in the patient's condition resulting from the treatment can be assessed effectively in future sessions. This documentation serves as a critical aspect of patient care and continuity, ensuring a comprehensive understanding of each patient's ongoing treatment progress.

## 2. What is the primary reason for checking patient weight before and after dialysis?

- A. To assess blood pressure changes
- B. To monitor fluid removal during the treatment**
- C. To determine medication dosage
- D. To evaluate nutritional status

Monitoring patient weight before and after dialysis is crucial primarily to assess fluid removal during the treatment. In patients undergoing dialysis, particularly hemodialysis, fluid overload is a common issue due to decreased kidney function, which can lead to complications such as hypertension and heart failure. By checking weight before beginning treatment, healthcare providers establish a baseline to compare against the post-dialysis weight. The difference in weight effectively reflects the amount of excess fluid that has been removed during the session. This is important for ensuring that the patient is neither under- nor over-treated regarding fluid removal, which can have serious health implications. Accurate weight measurements help dialysis staff manage treatment parameters, optimize patient outcomes, and maintain safety throughout the dialysis process. While assessing blood pressure changes, determining medication dosage, and evaluating nutritional status are important aspects of the overall care of a dialysis patient, they are not the primary reason for routine weight checks. Instead, weight change directly correlates to fluid management, which is a key component of effective dialysis therapy.

### 3. Which vascular access method avoids synthetic grafts?

- A. Brachiocephalic AV fistula**
- B. Radial-cephalic AV fistula**
- C. Transposed brachiobasilic fistula**
- D. Polytetrafluoroethylene graft**

The brachiocephalic arteriovenous (AV) fistula is a direct connection between an artery and a vein, typically created in the arm. This method utilizes the patient's own blood vessels, avoiding the need for synthetic grafts. By connecting the brachial artery directly to the cephalic vein, this approach promotes the development of a strong and durable access point for dialysis. In contrast, options that involve synthetic grafts, such as a polytetrafluoroethylene graft, use artificial materials to create a vascular connection. The other types of fistulas mentioned, such as the radial-cephalic and transposed brachiobasilic fistulas, also use the body's own veins and arteries but are not specifically focused on the brachiocephalic configuration. Thus, the brachiocephalic AV fistula is recognized for its benefits in dialysis access, including a lower risk of infection and longer lifespan of the access site due to its reliance on the patient's own vasculature.

### 4. What was the primary anticoagulant used in the first artificial kidney?

- A. Warfarin**
- B. Sodium citrate**
- C. Hirudin**
- D. Low-molecular weight heparin**

The primary anticoagulant used in the first artificial kidney was hirudin. Hirudin is a naturally occurring anticoagulant derived from leeches, and it works by directly inhibiting thrombin, which plays a crucial role in the coagulation cascade. In the context of early dialysis technology, maintaining blood flow through the artificial kidney was critical, as the devices were prone to clotting. Hirudin's effectiveness in preventing clot formation made it a suitable choice during the initial stages of renal replacement therapy. Understanding the role of hirudin in this context is important, as it laid the groundwork for the development of more modern anticoagulants used in dialysis today. The use of hirudin showcased the need for effective anticoagulation in dialysis treatments, leading to further advancements in anticoagulant therapies over the years.

**5. Which chemical may cause methemoglobinemia, preventing red cell hemoglobin from transporting oxygen?**

- A. Nitrates**
- B. Chloramines**
- C. Fluoride**
- D. Aluminum**

Methemoglobinemia occurs when hemoglobin is converted to methemoglobin, which is unable to bind oxygen effectively. Nitrates are known to cause this condition because they can be metabolized to nitrites in the body. The nitrites then oxidize the iron in hemoglobin from the ferrous ( $Fe^{2+}$ ) state to the ferric ( $Fe^{3+}$ ) state, forming methemoglobin. This conversion leads to a reduced ability of hemoglobin to carry oxygen, which can result in symptoms such as cyanosis, fatigue, and even more severe health issues if the levels are significantly elevated. Although chloramines, fluoride, and aluminum can have various health effects, they are not predominantly associated with causing methemoglobinemia and do not share the specific mechanism through which nitrates exert this effect on hemoglobin. Thus, nitrates represent the most direct cause of the condition described in the question, making them the correct answer.

**6. How frequently should the dialyzer be replaced?**

- A. Every week**
- B. After each treatment or as per facility protocol**
- C. Every month**
- D. After every two treatments**

The correct response regarding the replacement of the dialyzer is grounded in patient safety and optimal treatment effectiveness. Dialyzers, which are integral components of hemodialysis machines that filter toxins from the blood, should be replaced after each treatment or according to the facility's established protocol. This practice ensures that any accumulated waste products and contaminants are effectively managed, reducing the risk of adverse effects, such as infections or reduced filtration efficiency. Additionally, the materials in the dialyzer can degrade over time due to exposure to blood and the dialysis treatment process. Regular replacement after each use is critical to maintain the integrity of the dialysis process and ensures that patients receive the highest quality care. Facility protocols are often based on the latest research and best practices to ensure patient safety and treatment efficacy.

## 7. What is a potential impact of hypotension in dialysis patients?

- A. It can lead to increased appetite**
- B. It can resolve all electrolyte imbalances**
- C. It can lead to cardiac complications and inadequate treatment**
- D. It can decrease the need for further treatment**

Hypotension in dialysis patients is a significant concern due to its potential impact on health and treatment outcomes. When blood pressure drops too low during dialysis, it can lead to inadequate blood flow to vital organs, particularly the heart and brain. This insufficient blood flow may result in cardiac complications, such as arrhythmias or myocardial ischemia, which can pose serious risks to the patient's health. Additionally, hypotension can disrupt the effectiveness of the dialysis treatment itself, as it may prevent proper clearance of toxins and excess fluids from the bloodstream. This ultimately compromises the patient's overall management and well-being, making it essential for healthcare providers to monitor and address hypotension proactively during dialysis sessions. In contrast, the other options do not accurately reflect the implications of hypotension in dialysis patients. An increased appetite is not a typical response to hypotension, and while hypotension might influence fluid status, it does not resolve electrolyte imbalances. Moreover, hypotension complicates the treatment process and typically increases the need for further interventions rather than decreasing it.

## 8. A patient with nephrosclerosis may present which of the following symptoms?

- A. Blood in urine**
- B. Proteinuria**
- C. Uncontrolled hypertension**
- D. Foamy urine**

Nephrosclerosis is a condition characterized by the hardening and scarring of the kidney's blood vessels, often associated with long-standing hypertension and, in some cases, diabetes. Among the symptoms that may present in a patient with nephrosclerosis, uncontrolled hypertension is particularly noteworthy. In nephrosclerosis, the kidney's ability to regulate blood pressure can be significantly impaired due to the damage to the renal blood vessels. This can lead to a vicious cycle where hypertension further exacerbates renal damage, resulting in more pronounced nephrosclerosis. As the condition progresses, the kidneys can no longer effectively manage blood pressure, leading to sustained high blood pressure that is difficult to control even with medication. The other options, while relevant to various kidney diseases, are not as directly indicative of nephrosclerosis. For instance, blood in the urine, proteinuria, and foamy urine can occur with a variety of kidney conditions but are not hallmark symptoms of nephrosclerosis itself. Uncontrolled hypertension stands out as a more specific and significant symptom related to the pathophysiology of nephrosclerosis due to its connection to vascular damage and kidney function.

## 9. What is the primary purpose of anticoagulation during hemodialysis?

- A. To increase blood pressure
- B. To prevent infection
- C. To prevent blood clotting in the dialysis circuit**
- D. To enhance blood flow rate

The primary purpose of anticoagulation during hemodialysis is to prevent blood clotting in the dialysis circuit. When blood is drawn from a patient's body for the purpose of filtering it through a dialysis machine, there are significant risks of clot formation in the system. Anticoagulants, typically medications that inhibit the clotting process, are used to maintain blood flow through the dialysis machine and to ensure that the treatment is efficient and effective. If blood were to clot in the dialysis circuit, it could lead to several complications including blockages, the need for additional medical interventions, and potential harm to the patient due to interruptions in treatment. By preventing clotting, anticoagulation enables continuous and effective removal of waste products and excess fluid from the blood, which is the primary goal of hemodialysis. Blood pressure, infection prevention, and blood flow rates are important considerations in the overall management of hemodialysis, but they do not directly relate to the specific role of anticoagulation, which is primarily aimed at keeping the blood flowing smoothly through the dialysis equipment.

## 10. What does a patient with low post-dialysis weight need to be cautious about?

- A. Increased hydration
- B. Development of cachexia**
- C. Potential hyperkalemia
- D. Edema from fluid overload

A patient with low post-dialysis weight should be particularly cautious about the development of cachexia, which is a syndrome that results in significant weight loss, muscle wasting, and overall decline in health. This condition can occur in patients who are not receiving adequate nutrition or are experiencing chronic illness, both of which may be exacerbated by insufficient dialysis or inadequate hydration strategies. Low post-dialysis weight can indicate that the patient has experienced a significant loss of body fluids during the dialysis process, but it also raises concerns about their nutritional status. When a patient loses weight, especially if it is unintentional, it can lead to a decrease in muscle mass and strength, which characterizes cachexia. This is particularly important for patients with kidney disease, as they may already be at risk due to dietary restrictions or symptoms that inhibit adequate nutrition. In this context, the focus is on preserving muscle mass and overall health through appropriate dietary intake and management strategies tailored to the individual patient's needs. Awareness of potential cachexia allows healthcare providers to intervene early with nutritional support or modifications in dialysis treatment, preventing further deterioration of the patient's condition.

# 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://cchtandersoncontinuinged.examzify.com>**

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

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