

# CCHT Recertification Anderson Continuing Education (CE) Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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# Table of Contents

<b>Copyright</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>How to Use This Guide</b> .....	<b>4</b>
<b>Questions</b> .....	<b>5</b>
<b>Answers</b> .....	<b>8</b>
<b>Explanations</b> .....	<b>10</b>
<b>Next Steps</b> .....	<b>16</b>

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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 is the recommended post dialysis blood pressure goal for CKD patients according to KDOQI 2003 Guidelines?**
  - A. Less than 140/90**
  - B. Less than 130/80**
  - C. Less than 120/85**
  - D. Less than 150/95**
  
- 2. Which modifications to the dialysis process can help prevent complications related to 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 the category of the medication Velphoro, which a dialysis patient might be taking?**
  - A. Cation exchange resin.**
  - B. Angiotensin receptor blocker.**
  - C. Phosphate binder.**
  - D. Calcium channel blocker.**
  
- 4. Which modifiable risk factors might a dialysis technician mention to a patient to help slow the progression of kidney disease?**
  - A. "Control blood glucose levels if diabetic."**
  - B. "Maintain a healthy weight."**
  - C. "Control cholesterol levels."**
  - D. "Stop alcohol use."**
  
- 5. What target hemoglobin range is recommended by KDOQI for patients receiving erythropoiesis-stimulating agents?**
  - A. 9.1-10 g/dL**
  - B. 10.1-10.9 g/dL**
  - C. 8-9 g/dL**
  - D. 11.0-12.0 g/dL**

- 6. Technically, anuria is defined as a urine output of how many ml/day?**
- A. 50**
  - B. 100**
  - C. 0**
  - D. 200**
- 7. What is a potential consequence of incorrect dialysate composition?**
- A. Hypotension**
  - B. Hyperkalemia**
  - C. Edema**
  - D. All of the above**
- 8. What are some technical complications associated with continuous renal replacement therapy (CRRT)?**
- A. Blood leak**
  - B. Membrane rupture**
  - C. Clotted hemofilter**
  - D. All of the above**
- 9. A patient with "first-use" syndrome is experiencing severe symptoms. What action should be implemented?**
- A. Take the patient's blood pressure readings every 5 minutes**
  - B. Return the blood to the patient as quickly as possible**
  - C. Ask the RN to dispense Benadryl**
  - D. Discard the dialyzer**
- 10. Which of the following is NOT a sign of dehydration during dialysis?**
- A. Dry skin**
  - B. Thirst**
  - C. Swelling in extremities**
  - D. Low urine output**

## Answers

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

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## **Explanations**

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**1. What is the recommended post dialysis blood pressure goal for CKD patients according to KDOQI 2003 Guidelines?**

- A. Less than 140/90
- B. Less than 130/80**
- C. Less than 120/85
- D. Less than 150/95

The recommended post-dialysis blood pressure goal for Chronic Kidney Disease (CKD) patients according to the KDOQI 2003 Guidelines is less than 130/80. This target is established based on research indicating that maintaining blood pressure within this range can help mitigate the risk of cardiovascular events and slow the progression of kidney disease. The emphasis on a lower target enhances the importance of controlling hypertension in CKD patients, as high blood pressure is a significant risk factor for both renal and cardiovascular complications. In contrast, options suggesting higher blood pressure targets don't align with the established guidelines aimed at promoting optimal health outcomes in CKD patients. Higher blood pressure targets could lead to an increased risk of adverse health events, thus underscoring the importance of adhering to the guideline's specific recommendations. The chosen goal aligns with the broader medical consensus on managing hypertension effectively in this vulnerable population.

**2. Which modifications to the dialysis process can help prevent complications related to fluid removal?**

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

Extending treatment times during dialysis is an effective modification for helping prevent complications related to fluid removal. When the duration of dialysis is increased, it allows for a more gradual removal of excess fluid from the patient's body. This gradual process can help minimize the risk of complications such as hypotension, cramping, or other adverse reactions caused by rapid volume withdrawal. Balance is crucial in dialysis, and extending the treatment can ensure that patients tolerate the fluid shifts more comfortably and safely. In comparison, while lowering dialysate temperature may comfort some patients and affect their overall experience, it does not specifically aid in fluid removal complications. Checking serum sodium levels frequently, though important in overall patient monitoring, is not a direct method for preventing complications arising specifically from fluid removal during treatment. Similarly, while monitoring for signs of delirium is essential for patient management, it is not a direct modification to the dialysis process aimed at managing fluid removal complications. Thus, extending treatment times stands out as the clear choice for improving patient outcomes related specifically to fluid management during dialysis.

**3. What is the category of the medication Velphoro, which a dialysis patient might be taking?**

- A. Cation exchange resin.**
- B. Angiotensin receptor blocker.**
- C. Phosphate binder.**
- D. Calcium channel blocker.**

Velphoro is classified as a phosphate binder, specifically used to manage hyperphosphatemia in patients with chronic kidney disease, particularly those undergoing dialysis. This medication works by binding to dietary phosphate in the gastrointestinal tract, preventing its absorption into the bloodstream. For dialysis patients, controlling phosphate levels is crucial since their kidneys are less able to excrete phosphate, leading to elevated levels that can cause complications such as bone disease and cardiovascular issues. In this scenario, the other categories listed do not apply to Velphoro. Cation exchange resins are typically used for conditions like hyperkalemia or to lower cholesterol levels, angiotensin receptor blockers primarily treat hypertension and heart failure, and calcium channel blockers are used for a variety of cardiovascular conditions. Therefore, identifying Velphoro as a phosphate binder is critical for managing the specific needs of dialysis patients.

**4. Which modifiable risk factors might a dialysis technician mention to a patient to help slow the progression of kidney disease?**

- A. "Control blood glucose levels if diabetic."**
- B. "Maintain a healthy weight."**
- C. "Control cholesterol levels."**
- D. "Stop alcohol use."**

The selection of modifiable risk factors in the context of slowing the progression of kidney disease is crucial in patient management. Stopping alcohol use is highlighted as one important factor. Alcohol consumption can have several negative effects on overall health, particularly for individuals with kidney disease. It can lead to dehydration, which is detrimental to kidney function, and can also worsen hypertension and blood sugar levels, complicating the management of kidney disease. By advising patients to eliminate or greatly reduce alcohol consumption, dialysis technicians can help them mitigate additional strain on their kidneys and improve their overall health outcomes. This piece of advice aligns with the wider understanding of lifestyle changes that can significantly impact kidney health and disease progression. In contrast, the other options presented also represent important modifiable risk factors. Controlling blood glucose levels helps manage diabetes, which is a leading cause of kidney disease; maintaining a healthy weight reduces the risk of conditions that can exacerbate kidney issues; and controlling cholesterol levels can contribute to overall vascular health, including the health of the kidneys. Each of these factors is essential in a comprehensive approach to managing kidney health, but the directive to stop alcohol use stands out as a specific lifestyle choice directly linked to kidney function.

**5. What target hemoglobin range is recommended by KDOQI for patients receiving erythropoiesis-stimulating agents?**

- A. 9.1-10 g/dL**
- B. 10.1-10.9 g/dL**
- C. 8-9 g/dL**
- D. 11.0-12.0 g/dL**

The correct target hemoglobin range recommended by the Kidney Disease Outcomes Quality Initiative (KDOQI) for patients receiving erythropoiesis-stimulating agents is 11.0-12.0 g/dL. This range is endorsed to improve outcomes in patients with chronic kidney disease who require management of anemia. Maintaining hemoglobin levels within this target range helps to reduce the risks associated with anemia and its adverse effects, including fatigue, cardiovascular issues, and impaired quality of life. It is crucial for nephrologists and healthcare providers to monitor hemoglobin closely in patients receiving erythropoiesis-stimulating agents, as achieving levels too low may lead to anemia-related complications, while excessively high levels can increase the risk for adverse cardiovascular events. Therefore, the recommended target helps to balance the benefits of treatment with these potential risks, promoting optimal patient care.

**6. Technically, anuria is defined as a urine output of how many ml/day?**

- A. 50**
- B. 100**
- C. 0**
- D. 200**

Anuria is defined as a significantly reduced urine output, specifically characterized by a urine output of less than 50 ml per day. This condition can indicate severe renal dysfunction or failure, where the kidneys are unable to produce an adequate amount of urine. It is crucial to recognize anuria in clinical settings as it may signal serious underlying health issues that require immediate medical attention. Understanding the definition helps healthcare professionals assess kidney function and the patient's overall hydration status more effectively.

**7. What is a potential consequence of incorrect dialysate composition?**

- A. Hypotension**
- B. Hyperkalemia**
- C. Edema**
- D. All of the above**

Choosing "All of the above" as the correct answer highlights the multifaceted risks associated with incorrect dialysate composition. Each of the listed conditions—hypotension, hyperkalemia, and edema—can emerge as a result of imbalanced or inappropriate dialysate components. Hypotension may occur when the dialysate solution is excessively diluted or when electrolyte concentrations do not match the body's needs, leading to shifts in fluid balance. As a result, patients may experience dramatic drops in blood pressure during dialysis treatment. Hyperkalemia refers to elevated potassium levels in the blood. If the dialysate contains inadequate potassium or an improper balance of electrolytes, it can inadvertently cause potassium levels to rise in patients who are already at risk, leading to serious cardiac arrhythmias. Edema, which is the swelling caused by excess fluid in the tissues, can result if the dialysate composition affects fluid removal during dialysis. An imbalanced solution can hinder the effective elimination of fluids from the body, leading to fluid retention and edema. Thus, when considering the implications of incorrect dialysate composition, it's evident that multiple serious health issues can arise, justifying the selection of "All of the above" as the answer.

**8. What are some technical complications associated with continuous renal replacement therapy (CRRT)?**

- A. Blood leak**
- B. Membrane rupture**
- C. Clotted hemofilter**
- D. All of the above**

Continuous renal replacement therapy (CRRT) involves complex procedures, and understanding its technical complications is crucial for effective patient care. Blood leak is a known complication, where blood can inadvertently escape from the circuit due to various factors, such as mechanical failure or issues with the connections. This leakage can lead to significant blood loss and necessitates immediate intervention. Membrane rupture is another serious issue that can occur when the filtering membrane used in CRRT becomes damaged. Ruptures can result in a breach of the membrane's integrity, leading to contamination of blood or dialysis fluid, potentially putting the patient at risk for infection or other complications. Clotted hemofilter is a common occurrence as well. This happens when the filter within the CRRT unit clogs with clotted blood or other components, which can impede the machine's ability to effectively filter and clean the blood. A clogged filter often requires replacement or troubleshooting to maintain appropriate therapy. Each of these complications represents a significant risk in the management of CRRT, and being aware of them enables healthcare professionals to monitor for these potential issues and take the necessary corrective actions. Thus, recognizing that all these complications can arise during CRRT underscores the importance of vigilance and preparedness in managing this therapy.

**9. A patient with "first-use" syndrome is experiencing severe symptoms. What action should be implemented?**

- A. Take the patient's blood pressure readings every 5 minutes**
- B. Return the blood to the patient as quickly as possible**
- C. Ask the RN to dispense Benadryl**
- D. Discard the dialyzer**

A patient presenting with "first-use" syndrome, which is a hypersensitivity reaction to a newly used dialysis filter (dialyzer), may exhibit symptoms such as fever, chills, and hypotension. In this scenario, the appropriate action is to discard the dialyzer. This response is essential because continuing the treatment with a dialyzer that has elicited a severe reaction can lead to further complications for the patient. The decision to discard the dialyzer not only prevents ongoing exposure to the allergenic material but also prioritizes patient safety by mitigating any potential for worsening symptoms associated with "first-use" syndrome. In managing such reactions, the healthcare team may need to reassess the entire dialysis setup and ensure that future treatments are performed with alternative materials that have been tolerated by the patient in the past. In contrast, the other options do not address the immediate need to ensure patient safety relative to the dialyzer. Taking frequent blood pressure readings, while important for monitoring, does not resolve the underlying issue of the dialyzer's reaction. Returning the blood to the patient should not be prioritized until the source of the reaction is addressed. Administering Benadryl might provide relief for allergic symptoms, but it would be ineffective if the

**10. Which of the following is NOT a sign of dehydration during dialysis?**

- A. Dry skin**
- B. Thirst**
- C. Swelling in extremities**
- D. Low urine output**

Swelling in the extremities is not typically associated with dehydration during dialysis. Instead, it is more commonly linked to fluid overload or retention, which occurs when the body has too much fluid. This can happen for patients who might be receiving insufficient dialysis treatment or have underlying health issues that prevent proper fluid removal. In contrast, signs of dehydration during dialysis, such as dry skin, thirst, and low urine output, indicate that the body is lacking adequate fluids. Recognizing these signs is critical for appropriate monitoring and management of a patient's fluid status while undergoing dialysis.

## 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://cchtrecertandersonce.examzify.com>**

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

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