

CERTIFIED NEPHROLOGY NURSE CERTIFICATION (CNN) PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

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

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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 aspect is included in the Nephrology Nursing Standards of Nursing Practice related to ethical practice?**
 - A. Standard 10
 - B. Standard 12
 - C. Standard 8
 - D. Standard 6

- 2. How is anemia typically treated in patients with chronic kidney disease?**
 - A. Erythropoiesis-stimulating agents (ESAs) and iron supplementation
 - B. Blood transfusions and vitamin B12 injections
 - C. High dose iron IV therapy
 - D. Stem cell therapy

- 3. What is the relationship between fluid intelligence and the average person's reasoning capabilities?**
 - A. Fluid Intelligence is higher than the average person's reasoning capabilities
 - B. Fluid Intelligence is the same as the average person's reasoning capabilities
 - C. Fluid Intelligence encompasses emotional decision-making
 - D. Fluid Intelligence decreases with age

- 4. What does Pyelonephritis refer to?**
 - A. An infection of the lower urinary tract
 - B. An infection in the bladder
 - C. An infection of the upper urinary tract
 - D. A genetic mutation affecting kidney health

- 5. What condition can cause a decrease in glomerular filtration rate (GFR)?**
 - A. Dehydration
 - B. Hypertension
 - C. Infection
 - D. Excess fluid intake

- 6. Which is a common symptom of chronic kidney disease?**
- A. Muscle weakness
 - B. Fatigue
 - C. Shortness of breath
 - D. Nausea
- 7. What is the most common type of kidney stone?**
- A. Struvite stones
 - B. Uric acid stones
 - C. Calcium oxalate stones
 - D. Cystine stones
- 8. Which medication can increase the effectiveness of heparin?**
- A. Digoxin
 - B. Aspirin
 - C. Quinine
 - D. Tetracycline
- 9. What is the process involved in peritoneal dialysis?**
- A. Filtration through the skin
 - B. Infusion of a dialysis solution into the abdominal cavity
 - C. Direct removal of blood for treatment
 - D. Using machines to filter the blood externally
- 10. What is a significant blood-borne pathogen?**
- A. MRSA
 - B. VRE
 - C. HIV
 - D. Streptococcus

Answers

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

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Explanations

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1. What aspect is included in the Nephrology Nursing Standards of Nursing Practice related to ethical practice?

- A. Standard 10
- B. Standard 12**
- C. Standard 8
- D. Standard 6

The Nephrology Nursing Standards of Nursing Practice emphasize the importance of ethical practice within the nursing profession. In particular, Standard 12 specifically addresses ethical principles and the nurse's responsibility to ensure that ethical considerations are integrated into patient care. This standard recognizes the necessity for nephrology nurses to advocate for patient rights, maintain confidentiality, and practice with integrity while making informed decisions about patient care. This inclusion affirms that ethical practice is fundamental in navigating complex clinical situations often encountered in nephrology, such as decisions regarding treatment options, end-of-life care, and resource allocation. By adhering to these ethical standards, nephrology nurses can better support their patients both physically and ethically, ensuring holistic care that respects patient dignity and autonomy.

2. How is anemia typically treated in patients with chronic kidney disease?

- A. Erythropoiesis-stimulating agents (ESAs) and iron supplementation**
- B. Blood transfusions and vitamin B12 injections
- C. High dose iron IV therapy
- D. Stem cell therapy

Anemia in patients with chronic kidney disease (CKD) is primarily due to insufficient erythropoietin production by the kidneys, leading to reduced red blood cell production. The treatment most commonly recommended for managing anemia in this population involves the use of erythropoiesis-stimulating agents (ESAs), such as epoetin alfa or darbepoetin alfa, which mimic the action of erythropoietin and stimulate the bone marrow to produce more red blood cells. In addition to ESAs, iron supplementation is often necessary because iron deficiency can exacerbate anemia. Patients with CKD may have impaired iron metabolism or absorption, and regular monitoring of iron levels is critical. By combining ESAs with iron supplementation, the treatment addresses both the hormone deficiency and the potential nutritional deficiencies that contribute to anemia. Other treatment options, such as blood transfusions, may be used in certain situations, particularly when an immediate increase in hemoglobin levels is necessary, but they are not the first-line approach due to risks, including immunological reactions and iron overload. Vitamin B12 injections are generally not indicated in anemia from CKD unless there is a specific diagnosis of B12 deficiency. High-dose iron IV therapy and stem cell therapy are not standard treatments for anemia.

3. What is the relationship between fluid intelligence and the average person's reasoning capabilities?

- A. Fluid Intelligence is higher than the average person's reasoning capabilities
- B. Fluid Intelligence is the same as the average person's reasoning capabilities**
- C. Fluid Intelligence encompasses emotional decision-making
- D. Fluid Intelligence decreases with age

Fluid intelligence refers to the capacity to think logically and solve problems in novel situations, independent of acquired knowledge. It is a key component of general cognitive abilities and is often considered to represent a person's reasoning capabilities in tasks requiring abstraction, pattern recognition, and problem-solving. When considering the average person's reasoning capabilities, fluid intelligence serves as a benchmark, reflecting the underlying cognitive processes that contribute to reasoning, such as the ability to analyze and work through new problems without reliance on previous knowledge or experiences. Thus, saying that fluid intelligence is the same as the average person's reasoning capabilities accurately captures the essence of these cognitive functions, indicating that fluid intelligence serves as a measure of those reasoning skills. This understanding stands in contrast to the other options, which either introduce concepts (like emotional decision-making) not directly tied to the definition of fluid intelligence, or suggest changes over time (such as a decrease with age) that do not align with the foundational concept of fluid intelligence as one aspect of reasoning capabilities.

4. What does Pyelonephritis refer to?

- A. An infection of the lower urinary tract
- B. An infection in the bladder
- C. An infection of the upper urinary tract**
- D. A genetic mutation affecting kidney health

Pyelonephritis specifically refers to an infection that occurs in the upper urinary tract, which includes the kidneys. This condition often arises from bacteria ascending from the lower urinary tract, particularly from the bladder, leading to inflammation of the renal pelvis and kidney tissue. Symptoms typically include fever, chills, flank pain, and urinary symptoms, and it can lead to serious complications if not treated promptly. Understanding the distinction between pyelonephritis and other urinary tract infections is crucial. While options that describe infections in the bladder or the lower urinary tract may involve similar pathogens, they do not encompass the renal involvement that characterizes pyelonephritis. Additionally, a genetic mutation affecting kidney health is not related to pyelonephritis and would pertain more to inherited conditions that compromise kidney function rather than infections.

5. What condition can cause a decrease in glomerular filtration rate (GFR)?

- A. Dehydration**
- B. Hypertension
- C. Infection
- D. Excess fluid intake

Dehydration is indeed a condition that can lead to a decrease in glomerular filtration rate (GFR). When an individual is dehydrated, there is a reduction in blood volume and subsequently a decrease in renal perfusion. This low blood flow to the kidneys triggers several compensatory mechanisms, one of which is the constriction of the afferent arterioles to preserve glomerular filtration. However, if the dehydration is severe, the overall GFR can decrease due to insufficient fluid reaching the glomeruli, ultimately impairing the kidneys' ability to filter waste effectively. In contrast, other conditions like hypertension may initially increase GFR by increasing renal blood flow, although long-term uncontrolled hypertension may lead to kidney damage. Infection could impact GFR through inflammation or obstruction, but it is not a direct cause of decreased GFR like dehydration. Excess fluid intake typically increases GFR by expanding blood volume and renal perfusion, stimulating the kidneys to filter more blood to maintain homeostasis. Thus, dehydration is the most direct and immediate cause of decreased GFR among the options presented.

6. Which is a common symptom of chronic kidney disease?

- A. Muscle weakness
- B. Fatigue**
- C. Shortness of breath
- D. Nausea

Fatigue is a common symptom of chronic kidney disease (CKD) due to a combination of factors associated with the disease. As kidney function declines, the body's ability to eliminate toxins and maintain fluid and electrolyte balance becomes impaired. This buildup of waste products in the blood can cause generalized malaise and tiredness. Additionally, anemia is frequently observed in individuals with CKD, often due to decreased erythropoietin production by the kidneys. Anemia can lead to feelings of fatigue and weakness, further compounding the issue. Moreover, metabolic changes in CKD can influence energy levels, contributing to a pervasive sense of lethargy. Fatigue in CKD patients can also be attributed to the psychological impacts of living with a chronic illness and the effects of dietary restrictions and fluid management. Muscle weakness can occur in CKD, particularly due to related factors like anemia and nutritional deficiencies, but it is not as universally prevalent as fatigue. Similarly, while shortness of breath can manifest in advanced stages or with fluid overload, it is not as commonly reported as fatigue in the earlier stages of CKD. Nausea can also develop due to the accumulation of toxins, but it tends to be more associated with acute deterioration rather than a consistent symptom throughout

7. What is the most common type of kidney stone?

- A. Struvite stones
- B. Uric acid stones
- C. Calcium oxalate stones**
- D. Cystine stones

Calcium oxalate stones are the most common type of kidney stones, accounting for approximately 70-80% of all stone cases. These stones form from calcium and oxalate, substances that are naturally found in the body and in various foods. Factors that can contribute to the formation of calcium oxalate stones include high levels of calcium in the urine, low fluid intake leading to concentrated urine, and high dietary intake of oxalate-rich foods, like spinach and nuts. Due to their prevalence, it is vital for nephrology nurses to understand the specific dietary recommendations and hydration strategies that can help prevent the recurrence of these types of stones in patients. Moreover, recognizing risk factors for calcium oxalate stone formation can guide the management and treatment of patients who present with urolithiasis.

8. Which medication can increase the effectiveness of heparin?

- A. Digoxin
- B. Aspirin**
- C. Quinine
- D. Tetracycline

Aspirin is known to increase the effectiveness of heparin due to its antiplatelet properties. Heparin prevents the formation of blood clots by inhibiting factors within the coagulation cascade, while aspirin specifically inhibits platelet aggregation by blocking the enzyme cyclooxygenase, which is crucial for the synthesis of thromboxane A₂, a compound that promotes platelet aggregation. This combined effect enhances the overall anticoagulant response, making the use of aspirin beneficial in certain clinical scenarios where preventing thrombosis is critical. The other options do not possess this synergistic effect with heparin. Digoxin is primarily used in the treatment of heart conditions and does not directly influence anticoagulation. Quinine, while used for treating malaria, can lead to complications with anticoagulation without increasing heparin's effectiveness. Tetracycline, an antibiotic, serves to treat bacterial infections and has no relevant interaction with heparin that would enhance its efficacy.

9. What is the process involved in peritoneal dialysis?

- A. Filtration through the skin
- B. Infusion of a dialysis solution into the abdominal cavity**
- C. Direct removal of blood for treatment
- D. Using machines to filter the blood externally

The process involved in peritoneal dialysis fundamentally includes the infusion of a dialysis solution into the abdominal cavity. In this type of dialysis, the peritoneum, which is the lining of the abdominal cavity, acts as a natural filter. When the dialysis solution is introduced into this space, it allows waste products and excess fluids to be drawn from the bloodstream into the dialysis solution through osmosis and diffusion. This method effectively replaces some functions of healthy kidneys by removing toxins and maintaining fluid and electrolyte balance. After a dwell time, the solution, now containing waste products, is drained from the abdominal cavity and discarded, allowing for a fresh solution to be infused. The process can be performed manually or utilizing machinery, but at its core, it revolves around the exchange of fluid in the peritoneal cavity. The other options do not accurately describe peritoneal dialysis: filtration through the skin does not relate to this method, direct removal of blood pertains to hemodialysis, and the use of machines for external blood filtering aligns with hemodialysis rather than peritoneal dialysis.

10. What is a significant blood-borne pathogen?

- A. MRSA
- B. VRE
- C. HIV
- D. Streptococcus

HIV (Human Immunodeficiency Virus) is classified as a significant blood-borne pathogen due to its mode of transmission and impact on human health. It primarily spreads through contact with infected blood, semen, vaginal fluids, and breast milk. The concern with HIV lies in its ability to lead to acquired immunodeficiency syndrome (AIDS), which severely compromises the immune system, making individuals highly susceptible to opportunistic infections and certain cancers. In the context of healthcare, understanding the significance of HIV as a blood-borne pathogen is crucial for implementing proper infection control measures to prevent transmission among patients and healthcare workers. This includes the use of personal protective equipment (PPE), safe handling of needles and other sharp instruments, and adherence to universal precautions. While MRSA (Methicillin-resistant Staphylococcus aureus), VRE (Vancomycin-resistant Enterococcus), and Streptococcus are important pathogens in their own right, they do not primarily spread through blood as their main transmission routes. MRSA and VRE are typically transmitted through direct contact and are more related to skin or soft tissue infections. Streptococcus can cause various infections but is generally not categorized as a blood-borne pathogen. Thus, the classification of HIV as a significant blood-b

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://cnn.examzify.com>

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

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