

DAVITA CERTIFIED CLINICAL HEMODIALYSIS TECHNICIAN (CCHT) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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. When are total chlorine levels in water tested for dialysis?**
 - A. At the end of the day
 - B. At the beginning and the end of the day
 - C. Before each patient shift or every four hours
 - D. Before the first patient shift
- 2. Low albumin levels in the dialysis patient have been linked with:**
 - A. Decreased edema and infection rate
 - B. Higher hospitalization and death rates
 - C. Higher incidence of clotting in the vascular access
 - D. Lower cholesterol and less heart disease
- 3. What principle describes the movement of water across a membrane from an area of lower solute concentration to higher solute concentration?**
 - A. Diffusion
 - B. Filtration
 - C. Osmosis
 - D. Ultrafiltration
- 4. Which question is the most appropriate for a technician to ask during predialysis data collection?**
 - A. Have you had any problems since your last dialysis treatment?
 - B. How have you been since your last dialysis treatment?
 - C. You haven't had any problems since your last treatment, have you?
 - D. You've been feeling fine since your last treatment, haven't you?
- 5. What is the recommended pH range for dialysate?**
 - A. Between 5.0 and 5.4
 - B. Between 6.0 and 6.4
 - C. Between 7.0 and 7.4
 - D. Between 8.0 and 8.4

- 6. Which of the following is an indicator of the adequacy of hemodialysis?**
- A. Infusion rates of iron.
 - B. URR percentage.
 - C. Patient weight.
 - D. Fluid intake.
- 7. What is the primary purpose of a dialyzer in hemodialysis?**
- A. To monitor blood pressure
 - B. To remove toxins from the blood
 - C. To circulate the blood
 - D. To regulate fluid balance
- 8. How long must Renalin achieve sterilization for it to be effective?**
- A. 8 hours
 - B. 11 hours
 - C. 14 hours
 - D. 24 hours
- 9. Which substance diffuses from the patient's blood during dialysis?**
- A. Bacteria
 - B. Fluid
 - C. Protein
 - D. Urea
- 10. A patient who is experiencing their first dialysis treatment is particularly susceptible to which condition?**
- A. Crenation
 - B. Dialysis disequilibrium syndrome
 - C. First use syndrome
 - D. Steal syndrome

Answers

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

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Explanations

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1. When are total chlorine levels in water tested for dialysis?

- A. At the end of the day
- B. At the beginning and the end of the day
- C. Before each patient shift or every four hours**
- D. Before the first patient shift

Total chlorine levels in water used for dialysis are critical to monitor to ensure patient safety. Testing for total chlorine levels before each patient shift or every four hours ensures that any potential contaminants are detected promptly, preventing exposure to harmful substances during treatment. Continuous monitoring is essential because fluctuations in chlorine levels can occur due to changes in municipal water supply, maintenance activities, or other variables. The importance of testing more frequently than at the end of the day or just at the beginning of the day lies in the need for real-time assurance of water quality. Chlorine can dissipate or fluctuate due to various factors throughout the day, so regular testing helps maintain consistent safety standards. Comprehensive monitoring protocols are designed to safeguard patients and provide a proactive approach to managing water quality in dialysis centers. By conducting tests either at the beginning of each shift or every four hours, technicians can ensure that water quality remains within safe parameters throughout patient treatments.

2. Low albumin levels in the dialysis patient have been linked with:

- A. Decreased edema and infection rate
- B. Higher hospitalization and death rates**
- C. Higher incidence of clotting in the vascular access
- D. Lower cholesterol and less heart disease

Low albumin levels in dialysis patients are significant because albumin is a key protein produced by the liver that plays a crucial role in maintaining oncotic pressure and transporting various substances in the blood. When albumin levels are low, it can indicate poor nutritional status, chronic inflammation, or other underlying health issues, which can lead to a cascade of complications. Research has consistently shown that low serum albumin is associated with increased morbidity and mortality in dialysis patients. Higher hospitalization and death rates may result from factors such as malnutrition, inflammation, and an inability to respond effectively to stressors. These patients are more vulnerable to infections, cardiovascular issues, and other health complications that can lead to hospitalizations and ultimately affect survival rates. In contrast, the other options do not accurately reflect the implications of low albumin levels. Low albumin typically correlates with an increased risk of edema and infections rather than a decrease in them. The link between low albumin and clotting in vascular access is less direct and often involves more complex factors, whereas low albumin has not been reliably associated with lower cholesterol levels or reduced heart disease risk. Thus, the connection between low albumin and higher hospitalization and death rates underscores the severity of its implications for patient health in the context of

3. What principle describes the movement of water across a membrane from an area of lower solute concentration to higher solute concentration?

- A. Diffusion
- B. Filtration
- C. Osmosis**
- D. Ultrafiltration

The principle that describes the movement of water across a semi-permeable membrane from an area of lower solute concentration to an area of higher solute concentration is known as osmosis. This process occurs to achieve equilibrium in the concentration of solutes on either side of the membrane. Water, which is a solvent, will move through the membrane to dilute the area with a higher concentration of solutes. This movement continues until the concentrations on both sides are equal or until the osmotic pressure balances the concentrations, preventing further movement of water. Understanding osmosis is especially important in the context of hemodialysis, as the process is fundamental in regulating fluid balance and solute concentrations in patients undergoing treatment. In dialysis, osmotic gradients are used to remove waste products from the blood and balance electrolytes, demonstrating the critical role osmosis plays in renal function and dialysis therapy.

4. Which question is the most appropriate for a technician to ask during predialysis data collection?

- A. Have you had any problems since your last dialysis treatment?**
- B. How have you been since your last dialysis treatment?
- C. You haven't had any problems since your last treatment, have you?
- D. You've been feeling fine since your last treatment, haven't you?

The most appropriate question for a technician to ask during predialysis data collection is focused on identifying any specific issues the patient may have experienced since their last treatment. This question invites the patient to report any problems directly, which can be crucial for making informed decisions about their care and ensuring they receive the appropriate attention during their treatment session. Asking about specific problems encourages open communication and allows patients to voice concerns that may not be immediately obvious. This method supports a more thorough assessment of the patient's condition and enables healthcare providers to address any issues that could impact the dialysis process or the patient's overall health. In contrast, other options may lead to less definitive responses. While technically valid, they do not prompt the patient to disclose issues as directly as the chosen question. They might lead to more general comments rather than eliciting potential concerns that need addressing. This can simplify patient responses and may hinder the technician's ability to gather critical data necessary for adjusting treatment plans accordingly.

5. What is the recommended pH range for dialysate?

- A. Between 5.0 and 5.4
- B. Between 6.0 and 6.4
- C. Between 7.0 and 7.4**
- D. Between 8.0 and 8.4

The recommended pH range for dialysate is between 7.0 and 7.4. This range is crucial because it helps maintain the appropriate acid-base balance in the blood during hemodialysis. Keeping the pH in this range ensures that the dialysate is compatible with the human body's physiological conditions, minimizing potential complications for patients undergoing dialysis treatment. A pH level that is too low (acidic) or too high (alkaline) can lead to various issues, such as discomfort or adverse reactions in patients. Therefore, maintaining the dialysate within the 7.0 to 7.4 range is essential for safe and effective hemodialysis therapy.

6. Which of the following is an indicator of the adequacy of hemodialysis?

- A. Infusion rates of iron.
- B. URR percentage.**
- C. Patient weight.
- D. Fluid intake.

The URR (Urea Reduction Ratio) percentage is an important indicator of the adequacy of hemodialysis because it measures the effectiveness of the dialysis treatment in removing urea, a waste product that builds up in the blood due to kidney failure. A higher URR percentage reflects a greater reduction of urea from the bloodstream during the dialysis session, which is essential in determining if the dialysis treatment is adequately clearing toxins and waste from the patient's body. Monitoring URR helps healthcare providers evaluate whether the prescribed dialysis regimen is sufficient for the patient's needs. Typically, a URR of 65% or higher is generally considered adequate for effective hemodialysis, indicating that the treatment is successfully managing signs of renal failure. By ensuring that the URR meets this benchmark, technicians and nephrologists can provide better care and improve patient outcomes. In contrast, the infusion rates of iron can be used to address anemia in dialysis patients but do not directly assess the efficacy of the dialysis itself. Patient weight can indicate fluid overload or depletion but is not a specific measure of dialysis adequacy. Fluid intake monitoring is essential for managing fluid balance but does not provide a direct indication of how well the hemodialysis is performing in clearing waste products from the blood.

7. What is the primary purpose of a dialyzer in hemodialysis?

- A. To monitor blood pressure
- B. To remove toxins from the blood**
- C. To circulate the blood
- D. To regulate fluid balance

The primary purpose of a dialyzer in hemodialysis is to remove toxins from the blood. The dialyzer, often referred to as an artificial kidney, functions by facilitating the exchange of waste products and excess substances from the patient's blood into the dialysate. This process is crucial for patients with kidney failure, as their kidneys are unable to perform these essential functions. Within the dialyzer, blood flows through a series of porous membranes that allow small molecules like urea and creatinine to pass through while retaining larger components of blood such as red blood cells and proteins. This selective permeability is vital for efficiently cleansing the blood of harmful substances that accumulate due to impaired kidney function. While monitoring blood pressure, circulating blood, and regulating fluid balance are all important aspects of the overall hemodialysis treatment process, they do not represent the primary function of the dialyzer itself. Blood pressure monitoring ensures patient safety during the procedure, the blood circulation system is necessary for the dialysis process, and fluid balance regulation is managed by the overall treatment approach, but the dialyzer's main role is specifically to eliminate toxins from the blood.

8. How long must Renalin achieve sterilization for it to be effective?

- A. 8 hours
- B. 11 hours**
- C. 14 hours
- D. 24 hours

Renalin is an effective sterilant used in the dialysis process, particularly for the disinfection of equipment. Its effectiveness relies on achieving and maintaining saturation for a specific duration. The sterilization process requires Renalin to maintain effective contact with surfaces to adequately eliminate microorganisms. Achieving sterilization in 11 hours ensures that the solution has sufficient time to penetrate biofilms and disrupt cellular structures, leading to effective disinfection. The other options suggest durations that are either shorter or longer than the optimal time, which may not guarantee sufficient sterilization across various contaminants present in the dialysis environment. By adhering to the 11-hour guideline, healthcare technicians are able to follow best practices in ensuring the safety and efficacy of dialysis procedures, contributing to positive patient outcomes.

9. Which substance diffuses from the patient's blood during dialysis?

- A. Bacteria
- B. Fluid
- C. Protein
- D. Urea**

During dialysis, urea is a waste product that diffuses from the patient's blood into the dialysis solution, or dialysate. Urea is a nitrogenous waste formed from the breakdown of proteins in the body and is typically cleared from the blood through the kidneys in healthy individuals. However, patients with kidney failure have impaired kidney function, making dialysis necessary to effectively remove urea and other waste products. The process of dialysis relies on the principle of diffusion, where solutes move from an area of higher concentration, such as the blood, to an area of lower concentration, such as the dialysate. This allows for the removal of urea from the blood, helping to maintain safe levels of waste products and electrolytes in the body. In contrast, bacteria and proteins are not effectively removed through this diffusion process during dialysis. Bacteria are typically much larger than the pores in the dialysis membrane, which are designed to selectively allow smaller molecules like urea to pass through. Proteins, due to their larger size, also do not diffuse easily across the dialysis membrane; preserving protein levels in the blood is essential for maintaining health. Fluid balance is managed through ultrafiltration rather than diffusion, targeting the excess fluid rather than specific waste solutes.

10. A patient who is experiencing their first dialysis treatment is particularly susceptible to which condition?

- A. Crenation
- B. Dialysis disequilibrium syndrome
- C. First use syndrome**
- D. Steal syndrome

The condition that a patient undergoing their first dialysis treatment is particularly susceptible to is first use syndrome. This phenomenon occurs when a dialysis patient has an adverse reaction during the first use of a dialyzer, which can lead to symptoms such as fever, chills, and anaphylactic reactions. Patients who are new to dialysis, particularly if they have not been previously exposed to the materials used in the dialyzer, are at risk because their immune system may react unexpectedly to these foreign substances. The potential for first use syndrome is a significant consideration for healthcare providers, requiring close monitoring during initial treatments to ensure patient safety. This condition highlights the importance of thorough education for both the patient and the medical staff about what to expect during the first treatment and how to respond to any adverse reactions. In contrast, while conditions such as crenation and dialysis disequilibrium syndrome can occur during dialysis, they do not specifically correlate with a patient's first experience in the same way. Steal syndrome, which involves compromised blood flow due to vascular access issues, is also a concern but is not specifically associated with a patient's initial dialysis treatment.

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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://davitaccht.examzify.com>

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

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