

DaVita In-Center Hemodialysis (ICHD) Nurse/PCT Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

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- 1. How does dialysis affect a patient's fluid balance daily?**
 - A. Increases the patient's fluid intake**
 - B. Eliminates excess fluid from the body**
 - C. Marks fluid levels without any impact**
 - D. Confuses the natural fluid balance**

- 2. What is an indicator of outflow stenosis in hemodialysis?**
 - A. Excessive bleeding during treatment**
 - B. Low blood flow rates**
 - C. High-pitched whistle sounds**
 - D. Pain at the site of cannulation**

- 3. Why is it important to schedule follow-up appointments with a nephrologist?**
 - A. To ensure continuous dialysis treatments**
 - B. For monitoring renal function and medication management**
 - C. To schedule surgeries**
 - D. To adjust patient diet plans**

- 4. When implementing a care plan, what is the primary focus for patients with chronic illness?**
 - A. Symptom management only**
 - B. Problem solving and decision making**
 - C. Monitoring health fluctuations**
 - D. Adhering strictly to prescribed medications**

- 5. What are the correct stages of grief in order?**
 - A. Acceptance, Anger, Bargaining, Denial, Depression**
 - B. Bargaining, Denial, Anger, Depression, Acceptance**
 - C. Denial, Anger, Bargaining, Depression, Acceptance**
 - D. Acceptance, Bargaining, Denial, Anger, Depression**

6. Which condition is an example of an intra-renal cause of AKI?

- A. Bladder obstruction**
- B. Ischemic acute tubular necrosis (ATN)**
- C. Cardiac failure**
- D. Renal artery stenosis**

7. What are the phases of a peritoneal dialysis exchange?

- A. Fill, flush, dwell, drain**
- B. Drain, flush, fill, dwell**
- C. Drain, fill, dwell, flush**
- D. Flush, dwell, fill, drain**

8. What symptom indicates a heparin overdose during dialysis?

- A. Nausea**
- B. Visible air in the line**
- C. Bleeding around needles**
- D. Chest tightness**

9. What does the acronym SMART stand for in documentation?

- A. Simple, Messy, Actual, Read, Teach**
- B. Specific, Measurable, Actionable, Relevant, Time-bound**
- C. Simple, Meaningful, Actual, Read, Teach**
- D. Standardized, Measurable, Attainable, Relevant, Timely**

10. What is the role of phosphate binders in the care of dialysis patients?

- A. To prevent hypotension during treatment**
- B. To reduce absorption of dietary phosphorus**
- C. To supplement calcium levels**
- D. To enhance kidney function**

Answers

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

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Explanations

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1. How does dialysis affect a patient's fluid balance daily?

- A. Increases the patient's fluid intake
- B. Eliminates excess fluid from the body**
- C. Marks fluid levels without any impact
- D. Confuses the natural fluid balance

Dialysis plays a crucial role in managing a patient's fluid balance, especially for those with kidney failure. The correct choice highlights that dialysis effectively eliminates excess fluid from the body. In patients with compromised kidney function, the kidneys are unable to filter and remove adequate amounts of fluid and waste from the bloodstream. As a result, these patients can retain fluid, leading to complications such as edema, hypertension, and heart failure. Through hemodialysis, excess fluids are removed via a dialysis machine that acts as an artificial kidney. This process allows for both the removal of toxins and the regulation of fluid levels in the body. By drawing off excess fluid, dialysis helps to restore more stable fluid balance and prevent the harmful effects of fluid overload, thereby supporting the patient's overall health and well-being. The process does not increase fluid intake, nor does it mark fluid levels without impact. Rather, it directly addresses and corrects fluid imbalances. Additionally, it does not confuse natural fluid balance; instead, it seeks to restore and maintain it, making the choice that emphasizes the elimination of excess fluid a vital aspect of dialysis treatment understanding.

2. What is an indicator of outflow stenosis in hemodialysis?

- A. Excessive bleeding during treatment
- B. Low blood flow rates
- C. High-pitched whistle sounds**
- D. Pain at the site of cannulation

Outflow stenosis in hemodialysis is often indicated by high-pitched whistle sounds. This occurs when there is an obstruction in the blood flow, typically through the fistula or graft, which narrows the outflow pathway. As blood is forced through the restricted area, it creates turbulence, resulting in these characteristic high-pitched sounds. Identifying these sounds is crucial for timely intervention, as they signal that the access may be compromised. In contrast, other symptoms like excessive bleeding during treatment can arise from various factors and are not specifically indicative of outflow stenosis. Similarly, low blood flow rates can occur due to multiple causes, including but not limited to access issues, but they don't provide the same clarity about stenosis as high-pitched whistling does. Pain at the site of cannulation, while it may suggest issues with the access, can be caused by numerous other factors as well, making it a less specific indicator for outflow stenosis.

3. Why is it important to schedule follow-up appointments with a nephrologist?

- A. To ensure continuous dialysis treatments
- B. For monitoring renal function and medication management**
- C. To schedule surgeries
- D. To adjust patient diet plans

Scheduling follow-up appointments with a nephrologist is crucial for monitoring renal function and managing medication effectively. Regular evaluations allow healthcare providers to assess the patient's kidney health over time, identify any deterioration or improvements in renal function, and make necessary adjustments to medications. This ongoing management is essential because many patients on hemodialysis are also taking several medications that need regular assessment; dosages may need to be altered based on lab results and the patient's overall condition. Furthermore, these appointments facilitate discussions about any symptoms the patient is experiencing, ensuring comprehensive care tailored to their needs. Monitoring also helps prevent complications associated with chronic kidney disease and dialysis, making these follow-up appointments a vital component of patient care.

4. When implementing a care plan, what is the primary focus for patients with chronic illness?

- A. Symptom management only
- B. Problem solving and decision making**
- C. Monitoring health fluctuations
- D. Adhering strictly to prescribed medications

The primary focus for patients with chronic illness should be on problem solving and decision making. This approach empowers patients by involving them actively in their care. It encourages them to understand their condition, evaluate their treatment options, and collaborate with healthcare providers to make informed choices that align with their personal health goals and lifestyle. Effective problem solving and decision making can lead to improved adherence to treatment plans, better self-management skills, and ultimately, enhanced quality of life. It recognizes that managing a chronic illness often involves navigating various challenges and adjusting care plans as needed, rather than just following strict protocols or focusing solely on symptom management or medication adherence. Additionally, while monitoring health fluctuations and symptoms is essential in chronic illness management, these tasks fall under the broader scope of problem-solving strategies. A comprehensive approach that includes evaluating one's symptoms, understanding potential health fluctuations, and addressing them through effective decision-making processes is vital for optimal care.

5. What are the correct stages of grief in order?

- A. Acceptance, Anger, Bargaining, Denial, Depression
- B. Bargaining, Denial, Anger, Depression, Acceptance
- C. Denial, Anger, Bargaining, Depression, Acceptance**
- D. Acceptance, Bargaining, Denial, Anger, Depression

The correct sequence of the stages of grief, as proposed by Elisabeth Kübler-Ross, is Denial, Anger, Bargaining, Depression, and Acceptance. This model suggests that individuals typically go through these stages as they process their grief or come to terms with loss. Starting with denial, this stage serves as a defense mechanism, where individuals may struggle to accept the reality of their situation, often resulting in feelings of shock or numbness. Following this, anger emerges as a natural response to feeling powerless or frustrated. During the bargaining stage, individuals may seek to negotiate a way out of their grief, often wishing that things could be different or attributing their feelings to what they could have done differently. As individuals move into the depression stage, they may experience deep sadness as they confront the weight of their loss, often isolating themselves or expressing a sense of hopelessness. Finally, acceptance occurs when individuals come to terms with their new reality, allowing them to move forward with their lives despite their loss. This progression reflects a common emotional journey, emphasizing that grief is not linear and can vary widely among individuals. Understanding this model can profoundly impact how healthcare providers and support systems approach those who are grieving, ensuring they offer the appropriate support at different stages.

6. Which condition is an example of an intra-renal cause of AKI?

- A. Bladder obstruction
- B. Ischemic acute tubular necrosis (ATN)**
- C. Cardiac failure
- D. Renal artery stenosis

Ischemic acute tubular necrosis (ATN) is considered an intra-renal cause of acute kidney injury (AKI) because it directly affects the kidneys' structures, specifically the renal tubules. Intra-renal causes involve damage that occurs within the kidney tissue itself, often due to factors such as lack of blood flow (ischemia), toxins, or inflammation. In the case of ischemic ATN, the renal tubules become damaged due to a decreased blood supply, which may occur in situations such as severe dehydration, sepsis, or shock. This lack of oxygen and nutrients leads to cell death and impaired kidney function. Recognizing intra-renal causes like ATN is crucial because they require specific management strategies aimed at addressing the underlying causes and supporting kidney recovery. In contrast, other options like bladder obstruction represent post-renal causes, which occur from problems that happen after urine is produced, affecting urinary outflow. Cardiac failure is primarily a systemic cause affecting kidney perfusion rather than direct kidney injury. Renal artery stenosis leads to reduced blood flow to the kidneys and is categorized as a pre-renal cause of AKI, as it results in compensatory changes without direct damage to the kidney structure.

7. What are the phases of a peritoneal dialysis exchange?

- A. Fill, flush, dwell, drain
- B. Drain, flush, fill, dwell**
- C. Drain, fill, dwell, flush
- D. Flush, dwell, fill, drain

The phases of a peritoneal dialysis exchange consist of drain, fill, and dwell as essential steps. The correct choice reflects the correct sequence of fluid management essential for maintaining effective dialysis therapy. During the draining phase, the solution that has absorbed waste products through the peritoneal membrane is removed from the abdominal cavity. This step is crucial as it ensures that toxins and excess fluid are effectively cleared from the patient's system. Then, during the fill phase, a fresh dialysate solution is introduced into the peritoneal cavity. This step is vital as it replaces the used solution with a new one that will facilitate the exchange of waste products and fluids through the peritoneal membrane. Once the solution is filled, the dwell phase begins. This phase allows the dialysate to remain in the abdomen for a designated period, giving it time to equilibrate, absorb toxins and waste, and remove excess fluid from the bloodstream. This equilibrium phase is essential for optimizing the dialysis process. The incorrect aspects in the other options typically involve misordering these critical phases or including steps that are not recognized in standard protocol for peritoneal dialysis exchanges. The established procedure ensures that each phase follows a logical progression leading to effective dialysis treatment.

8. What symptom indicates a heparin overdose during dialysis?

- A. Nausea
- B. Visible air in the line
- C. Bleeding around needles**
- D. Chest tightness

The presence of bleeding around the needles during dialysis is a critical symptom that indicates a heparin overdose. Heparin is an anticoagulant medication used to prevent clotting during dialysis. When a patient is overdosed with heparin, it can lead to an increased risk of bleeding due to excessive anticoagulation. This bleeding may manifest specifically at the sites where the needles are inserted into the patient's vascular access, making it a reliable indicator of potential heparin overdose. Recognizing signs of heparin overdose is essential for healthcare providers in order to take immediate action, such as administering protamine sulfate, which is a reversal agent for heparin, and monitoring the patient closely for further signs of bleeding or complications.

9. What does the acronym SMART stand for in documentation?

- A. Simple, Messy, Actual, Read, Teach
- B. Specific, Measurable, Actionable, Relevant, Time-bound
- C. Simple, Meaningful, Actual, Read, Teach**
- D. Standardized, Measurable, Attainable, Relevant, Timely

The acronym SMART stands for Specific, Measurable, Actionable, Relevant, and Time-bound. This framework is critical for setting clear and achievable goals, particularly in documentation related to patient care and treatment plans. By ensuring that goals are specific, it clarifies what exactly is to be accomplished. Measurable components allow for tracking progress and determining when a goal has been met, which is fundamental in healthcare settings for evaluating patient outcomes. Actionable signifies that there should be steps outlined to achieve the goals, ensuring that they are feasible for the healthcare team to implement. Relevant ensures that goals align with the patient's overall treatment plan and needs. Lastly, time-bound emphasizes the importance of setting deadlines or time frames to achieve these objectives, which helps maintain focus and accountability. Inappropriate options do not adequately define the key concepts that SMART stands for, as they either miss crucial components or substitute terms that don't fit the framework's intent in healthcare documentation.

10. What is the role of phosphate binders in the care of dialysis patients?

- A. To prevent hypotension during treatment
- B. To reduce absorption of dietary phosphorus**
- C. To supplement calcium levels
- D. To enhance kidney function

Phosphate binders play a critical role in the management of dialysis patients by reducing the absorption of dietary phosphorus. In patients with chronic kidney disease, the kidneys are unable to adequately excrete phosphorus, leading to elevated serum phosphorus levels, which can result in complications such as vascular calcification and bone disease. By using phosphate binders, which can be calcium-based or non-calcium based, phosphorus from the diet binds to these medications in the gastrointestinal tract and is subsequently excreted in the stool rather than absorbed into the bloodstream. This is essential in mitigating the risk of hyperphosphatemia, a condition that can have significant negative consequences on bone health and cardiovascular status in dialysis patients. The other options do not accurately describe the primary function of phosphate binders in dialysis care. While managing blood pressure, calcium supplementation, and enhancing kidney function are important aspects of overall patient care, they do not directly involve the mechanism by which phosphate binders operate within the body.

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://davitaichdnursepct.examzify.com>

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

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