DaVita Peritoneal Dialysis (PD) 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

1. What is Kidney Smart?

A. A free class to the public not associated with DaVita; provides pre-dialysis education such as infection prevention, diet, different treatment modalities

B. A paid program for clinicians only

C. A PD solution brand

D. An online newsletter for caregivers

2. What is the recommended action to keep serum phosphate within range for dialysis patients?

A. Take PO4 binders

B. Avoid phosphate binders

C. Increase phosphate intake

D. Ignore phosphate levels

3. DaVita lab reports WBC as which of the following?

A. White Blood Cells

B. Total Nucleated Cells

C. PMN

D. Lymphocytes

4. Which PET modality uses a daytime 4.25% solution and overnight 2.5% solution?

A. Modified PET

B. Kinetic PET

C. Fast PET

D. No PET

5. In an emergency, which action is recommended first?

A. Maintain the airway

B. Increase ultrafiltration

C. Discontinue oxygen

D. Remove IV access

6. Bundled medications are covered by which payer?

A. Medicare

B. Private pay only

C. Medicare and private insurance

D. Medicaid, some private insurers

7. What does DQI stand for?

A. DaVita Quality Index

B. Dialysis Quality Indicator

C. DaVita Quality Measure

D. Dialysis Quality Index

8. If hemoglobin is greater than 12 g/dL, what is typically done?

A. Hold ESA

B. Increase ESA dose

C. Discontinue iron therapy

D. Start dialysis

9. In CKD, iron deficiency is suggested by which lab values?

A. TSAT > 50% and ferritin > 1000

B. TSAT < 5% and ferritin > 1000

C. TSAT > 30% and ferritin < 100

D. TSAT < 20% and ferritin < 200

10. In Kinetic PET, what is the solution concentration overnight and the daytime dwell times?

A. 2.0% Solution Overnight; Daytime Dwells at 0 hr, 2 hr, and 4 hr

B. 3.0% Solution Overnight; Daytime Dwells at 0 hr, 2 hr, and 4 hr

C. 2.5% Solution Over Night and During the Day 0 hr, 2 hr and 4 hr

D. 4.0% Overnight; Daytime 0 hr, 2 hr, 4 hr

Answers

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

Explanations

1. What is Kidney Smart?

A. A free class to the public not associated with DaVita; provides pre-dialysis education such as infection prevention, diet, different treatment modalities

B. A paid program for clinicians only

C. A PD solution brand

D. An online newsletter for caregivers

Kidney Smart is a no-cost educational class for people with kidney disease and their families. It's aimed at those approaching dialysis and covers practical topics like infection prevention, diet in kidney disease, and an overview of different treatment options, including various dialysis modalities. It's designed as a public resource, accessible to the broader community, so it isn't a paid program for clinicians, a brand of dialysis solution, or a caregiver newsletter. The idea is to empower patients and families to understand choices and prepare for decision-making about kidney care. In short, it's a free public education class about kidney disease and dialysis options.

2. What is the recommended action to keep serum phosphate within range for dialysis patients?

A. Take PO4 binders

B. Avoid phosphate binders

C. Increase phosphate intake

D. Ignore phosphate levels

Controlling phosphate in dialysis patients hinges on reducing intestinal absorption of phosphate. Because the kidneys can't excrete phosphate effectively, most of the phosphate from food remains in the bloodstream unless it's bound in the gut. Phosphate binders, taken with meals, bind dietary phosphate in the gastrointestinal tract and form an insoluble complex that is excreted in the stool. This reduces the amount of phosphate that enters the blood and helps keep serum phosphate within the target range. Adherence matters: take the binder with every meal to maximize effect, and choose the binder type with a clinician, since calcium-based options can raise calcium levels and non-calcium binders have different considerations. Ignoring phosphate levels, increasing phosphate intake, or skipping binders would allow phosphate to accumulate and worsen bone-mineral disease and vascular calcification.

3. DaVita lab reports WBC as which of the following?

A. White Blood Cells

B. Total Nucleated Cells

C. PMN

D. Lymphocytes

DaVita reports the white blood cell value as Total Nucleated Cells. Since white blood cells are nucleated, the lab uses a single count of all nucleated cells in the sample, which is labeled as Total Nucleated Cells. In practice, this WBC readout corresponds to the total nucleated cell count, while subtypes like PMN and lymphocytes are shown as a differential. So the WBC result you see on a DaVita report is effectively a Total Nucleated Cells count.

4. Which PET modality uses a daytime 4.25% solution and overnight 2.5% solution?

A. Modified PET

B. Kinetic PET

C. Fast PET

D. No PET

In PD, the Peritoneal Equilibrium Test (PET) can be performed with different protocols to reveal how the peritoneal membrane handles water and solutes under varying osmotic conditions. The Modified PET uses two dwells with different glucose concentrations to stress the membrane differently across the day and night. During the daytime, a higher glucose concentration of 4.25% creates a strong osmotic gradient to maximize ultrafiltration and show how well the membrane can sustain UF. Overnight, a lower concentration of 2.5% provides a gentler gradient to continue assessing solute transport without overwhelming UF, helping separate transport characteristics from UF capacity. This two-concentration, day-versus-night approach is what defines the Modified PET. Other named PET variants aren't described with this specific day/night two-glucose protocol, and No PET would mean the test isn't performed at all.

5. In an emergency, which action is recommended first?

A. Maintain the airway

B. Increase ultrafiltration

C. Discontinue oxygen

D. Remove IV access

Securing a clear airway is the top priority in any emergency because oxygen cannot reach the lungs or tissues without a patent airway, and time is critical. If the airway is compromised, you won't be able to oxygenate or ventilate the patient effectively, even if other problems are present. So the first step is to ensure the airway is open and protected—perform any needed maneuvers, suction if needed, and be prepared to assist ventilation. Once the airway is secured, you can assess breathing and provide oxygen if needed, then address circulation and other needs. Increasing ultrafiltration is a dialysis management action, not an immediate life-saving step in an acute emergency. Discontinuing oxygen would be harmful if the patient is hypoxic, and while keeping IV access is important for fluids and medications, it does not take precedence over ensuring a patent airway.

6. Bundled medications are covered by which payer?

A. Medicare

B. Private pay only

C. Medicare and private insurance

D. Medicaid, some private insurers

Bundled medications are paid as part of the overall dialysis care package, not billed separately to patients in most cases. In practice, coverage for this bundled med portion typically comes from Medicaid or certain private insurance plans. Medicare's coverage for medications in the dialysis bundle is less uniform and can vary by state and specific plan, so Medicaid and some private insurers are the payer groups most commonly responsible for these bundled drugs. Because payer rules differ by state and plan, it's important to verify the patient's exact coverage with the plan or state program.

7. What does DQI stand for?

A. DaVita Quality Index

B. Dialysis Quality Indicator

C. DaVita Quality Measure

D. Dialysis Quality Index

DQI is a branded performance metric used by DaVita to capture overall quality across care processes in one score. The term stands for DaVita Quality Index, which is DaVita's specific naming for this composite metric. The other options either use generic terms (Dialysis) or replace DaVita with a generic term (Indicator or Measure) and thus don't reflect the official nomenclature DaVita uses. Thinking of it as a single index helps explain why it's valued: it combines multiple quality areas into one overall score to guide unit performance and improvement.

8. If hemoglobin is greater than 12 g/dL, what is typically done?

A. Hold ESA

B. Increase ESA dose

C. Discontinue iron therapy

D. Start dialysis

When hemoglobin climbs above the safe range, the goal is to prevent excessive red blood cell production and its risks. Holding the erythropoiesis-stimulating agent gives the body a chance for Hb to come down toward the target without pushing it higher. Continuing or increasing ESA therapy at this point could raise the risk of thrombosis, hypertension, and other complications from too-high Hb. After the Hb level falls back toward the goal, you can reassess and adjust the ESA dose downward rather than back up. Iron therapy isn't automatically stopped or started based on a high Hb alone, and starting dialysis isn't a management step for this scenario.

9. In CKD, iron deficiency is suggested by which lab values?

A. TSAT > 50% and ferritin > 1000

B. TSAT < 5% and ferritin > 1000

C. TSAT > 30% and ferritin < 100

D. TSAT < 20% and ferritin < 200

Low transferrin saturation with low ferritin best signals iron deficiency in CKD. Transferrin saturation shows how much circulating iron is available for red blood cell production, so a value under 20% indicates insufficient iron in the bloodstream. Ferritin reflects stored iron, and in CKD patients ferritin can rise with inflammation, masking deficiency; when ferritin is still below 200 ng/mL, it means iron stores are depleted. Together, TSAT <20% and ferritin <200 Ng/mL point to true iron deficiency and the need for iron supplementation. The other patterns either show adequate circulating iron, or an inflammatory/redistribution pattern (very high ferritin with low TSAT) that does not reflect true deficiency.

10. In Kinetic PET, what is the solution concentration overnight and the daytime dwell times?

A. 2.0% Solution Overnight; Daytime Dwells at 0 hr, 2 hr, and 4 hr

B. 3.0% Solution Overnight; Daytime Dwells at 0 hr, 2 hr, and 4 hr

C. 2.5% Solution Over Night and During the Day 0 hr, 2 hr and 4 hr

D. 4.0% Overnight; Daytime 0 hr, 2 hr, 4 hr

In Kinetic PET, the balance between osmotic drive and timing of measurements is key for accurately capturing transporter and fluid movement across the peritoneal membrane. Using a 2.5% overnight PD solution provides a moderate, stable osmotic gradient that supports a reliable baseline state when daytime imaging begins, avoiding excessive fluid shifts or discomfort. For daytime data collection, measuring at 0, 2, and 4 hours gives three distinct time points to observe how tracer uptake and dialysate concentrations change, which is enough to fit the kinetic model while fitting typical clinic schedules. Other concentrations would disrupt this balance—either too strong an osmotic gradient or too weak a one—making the data harder to interpret, and different daytime time points would reduce the ability to characterize the kinetics accurately.

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://davitapd.examzify.com

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