DAVITA PERITONEAL DIALYSIS (PD) PRACTICE EXAM (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://davitapd.examzify.com

Table of Contents

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. Which of the following factors is a sign of poor candidacy for PD?

A. Extensive abdominal adhesions

B. All of the above

C. Unrepaired hernias

D. Malnutrition

2. QAPI implements which of the following?

A. Facility health records (data from hard charts and CMS-required documentation)

B. CMS regulated and required

C. The goal is to provide safe care through improvement of prev. outcomes

D. All of the above

3. Calcimimetics that are bundled are ordered through what?

A. Pharmacy order set

B. Clinical Insight

C. Nursing station

D. Physician approval

4. In CAPD, which action is performed immediately after draining the dialysate?

A. Disconnect and seal the catheter.

B. Re-infuse fresh dialysate immediately.

C. Start a new infusion without disconnecting.

D. Perform exit-site care first before disconnecting

5. To handle high phosphate levels in dialysis patients, which action is recommended?

A. Take PO4 binders

B. Increase phosphate-rich foods

C. Stop taking phosphate binders

D. Increase water intake

6. What arrangement should be made if a PD patient travels out of area?

A. Continuity of PD care with an out-of-area provider

B. Start temporary hemodialysis in the new location

C. Cancel travel

D. Stop PD during travel

7. In CKD, iron deficiency is indicated by TSAT below 20% and ferritin below 200.

A. False

B. TSAT above 30% and ferritin above 300

C. True

D. TSAT below 10% but ferritin above 500

8. Which arrangement should be planned for a PD patient traveling to a remote area to ensure continuity of care?

A. Continuation of PD care with a local provider

B. Switch to hemodialysis temporarily

C. Discontinue PD during travel

D. Use non-sterile supplies if sterile supplies are unavailable

9. If PD effluent culture shows Candida or there is no improvement after 5 days of antibiotics, what is the recommended management?

A. Continue the same regimen and reassess in 2 weeks

B. Initiate antifungal therapy and evaluate for catheter removal

C. Switch to oral antifungals only

D. Discontinue all antifungal therapy and observe

10. TNC/WBC count should be obtained after how long of a dwell?

A. 2 hours

B. 3 hours

C. 4 hours

D. 5 hours

Answers

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

Explanations

1. Which of the following factors is a sign of poor candidacy for PD?

A. Extensive abdominal adhesions

B. All of the above

C. Unrepaired hernias

D. Malnutrition

Nutritional status is a primary factor in determining suitability for PD because good nutrition supports healing, immune function, and the body's ability to handle the ongoing stresses of dialysis. Malnutrition, often reflected by low albumin or weight loss, signals a higher risk of complications such as infections and poor wound healing after catheter placement. This makes it harder for a patient to recover from the procedure and to maintain effective PD exchanges, leading to worse outcomes and technique failure. Extensive abdominal adhesions or unrepaired hernias can complicate PD and may require careful surgical planning or alternative approaches, but they are not automatic disqualifications in all cases. Some patients with adhesions can still undergo PD with appropriate assessment and management, and hernias can sometimes be repaired or monitored appropriately to allow PD. The clear, direct risk that malnutrition presents to the safety and success of PD makes it the strongest indicator of poor candidacy in this context.

2. QAPI implements which of the following?

A. Facility health records (data from hard charts and CMS-required documentation)

B. CMS regulated and required

C. The goal is to provide safe care through improvement of prev. outcomes

D. All of the above

QAPI is a comprehensive, data-driven program that CMS requires dialysis facilities to use in order to continuously improve patient safety and outcomes. It relies on collecting and reviewing facility health records and CMS-required documentation as part of its performance data, ensuring that real-world practices and outcomes are measured and analyzed. It is a regulated requirement from CMS, with the goal of maintaining and improving quality across all aspects of care. The core purpose is to provide safe care by driving improvement in outcomes through systematic, proven methods. Because it encompasses data collection, regulatory obligation, and the aim of safer, better outcomes, the best answer is all of the above.

3. Calcimimetics that are bundled are ordered through what?

A. Pharmacy order set

B. Clinical Insight

C. Nursing station

D. Physician approval

Bundled calcimimetics are ordered through Clinical Insight because this is the centralized order-entry workflow for medications included in the dialysis bundle. Clinical Insight ties the med orders to the patient's treatment plan, ensures proper dosing and monitoring, and aligns with billing and inventory so the bundled medication is correctly accounted for in the overall care package. Pharmacy order sets are typically for meds outside the bundled package, the nursing station handles administration and documentation rather than initiating orders, and while physician approval is required for many orders, the actual entry point for bundled meds is Clinical Insight.

4. In CAPD, which action is performed immediately after draining the dialysate?

A. Disconnect and seal the catheter.

B. Re-infuse fresh dialysate immediately.

C. Start a new infusion without disconnecting.

D. Perform exit-site care first before disconnecting

After draining the dialysate, the system must be closed to keep things sterile and prevent contamination or air entry. Disconnecting the tubing from the catheter and sealing the catheter accomplishes this, preserving a closed, safe pathway for the next step of the cycle. Starting a new infusion or reinfusing immediately would break the closed system and risks introducing contaminants or air. Exiting-site care is important but is typically done after the disconnection to maintain proper sterile technique and minimize infection risk.

5. To handle high phosphate levels in dialysis patients, which action is recommended?

A. Take PO4 binders

B. Increase phosphate-rich foods

C. Stop taking phosphate binders

D. Increase water intake

Controlling phosphate levels in dialysis patients is achieved by preventing phosphate from being absorbed in the gut. Phosphate binders do this by binding dietary phosphate in the intestinal tract so it's excreted in the stool rather than entering the bloodstream. They are taken with meals to capture what you eat and are adjusted to keep phosphate in the target range, with monitoring for mineral balance because some binders can affect calcium or other minerals. Increasing phosphate-rich foods would raise phosphate; stopping binders would worsen hyperphosphatemia; simply increasing water doesn't address phosphate burden. So taking phosphate binders with meals is the recommended action.

6. What arrangement should be made if a PD patient travels out of area?

A. Continuity of PD care with an out-of-area provider

B. Start temporary hemodialysis in the new location

C. Cancel travel

D. Stop PD during travel

The main idea is that peritoneal dialysis relies on a consistent home environment, a reliable supply chain, and a PD-savvy local medical team to maintain sterile technique and catch problems early. When a patient travels out of area, those supports can be disrupted, increasing the risk of inadequate treatment or complications like infections. Canceling the trip is the safest option because it preserves the patient's usual PD setup and oversight, preventing interruptions to therapy and giving time to arrange travel or care in a setting where the PD team and supplies are known and available. If travel cannot be postponed, arranging care with a PD program in the new area or considering alternative dialysis only after ensuring proper resources is necessary, but the default safe approach is to cancel travel until such arrangements can be made.

7. In CKD, iron deficiency is indicated by TSAT below 20% and ferritin below 200.

A. False

B. TSAT above 30% and ferritin above 300

C. True

D. TSAT below 10% but ferritin above 500

In CKD, iron status is interpreted using transferrin saturation (TSAT) and ferritin. TSAT reflects how much iron is available for erythropoiesis; a value below 20% means there isn't enough circulating iron for making red blood cells. Ferritin represents stored iron in the body; a ferritin level below 200 ng/mL indicates depleted iron stores. When both measurements show low values, it points to iron deficiency. That combination is the standard indicator used in many CKD guidelines, so the statement is true. Keep in mind ferritin can rise with inflammation, which can mask deficiency. In such cases, iron deficiency may still exist if TSAT is low, even if ferritin is higher, highlighting the difference between absolute iron deficiency and functional iron deficiency.

8. Which arrangement should be planned for a PD patient traveling to a remote area to ensure continuity of care?

A. Continuation of PD care with a local provider

B. Switch to hemodialysis temporarily

C. Discontinue PD during travel

D. Use non-sterile supplies if sterile supplies are unavailable

Plan to continue peritoneal dialysis with a local provider at the travel destination. This approach keeps the same modality, reduces infection risk by maintaining access to proper sterile technique and support, and ensures the correct prescription and supplies are available. A local PD-capable clinician can troubleshoot issues, monitor the catheter, and provide timely care if problems arise, which helps prevent interruptions in dialysis and potential complications. Relying on non-sterile supplies, discontinuing PD, or switching to another modality adds risk of infection, underdialysis, or missed treatments. If local PD care isn't available, a temporary switch to another modality may be considered, but continuity with a PD-enabled local provider is the preferred plan for safe travel.

9. If PD effluent culture shows Candida or there is no improvement after 5 days of antibiotics, what is the recommended management?

A. Continue the same regimen and reassess in 2 weeks

B. Initiate antifungal therapy and evaluate for catheter removal

C. Switch to oral antifungals only

D. Discontinue all antifungal therapy and observe

Candida in the PD effluent indicates fungal peritonitis, a serious complication because fungi form biofilms on the catheter that antibiotics alone can't clear. The best approach is to start antifungal therapy promptly and assess whether the catheter should be removed. Antifungal treatment targets the organism, while removing the catheter eliminates the persistent source of infection and improves the chance of cure. After the infection is controlled, the patient can resume PD with a new catheter or switch to another dialysis modality if needed. Continuing the same antibiotics, using only oral antifungals, or stopping antifungal therapy would not effectively treat the infection.

10. TNC/WBC count should be obtained after how long of a dwell?

A. 2 hours

B. 3 hours

C. 4 hours

D. 5 hours

White blood cell (WBC) count in the peritoneal effluent is used to diagnose peritonitis in PD patients. The number of cells that appear in the drained fluid depends on how long the dialysate dwells in the abdomen because inflammatory cells need time to migrate into the effluent. Sampling too early can yield a falsely low count, while waiting an appropriate amount of time allows for an accurate reflection of the inflammatory response. Four hours is the standard dwell time used when obtaining the effluent cell count because it provides a reliable balance: enough time for leukocytes to migrate into the dialysate, but still practical for routine clinical workflows. After this dwell, the effluent is drained and sent for WBC counting (and differential) to assess for peritonitis.

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!