

Fresenius Nurse Practice Test (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

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- 1. What is the GFR threshold for stage 5 kidney disease?**
 - A. 60-89**
 - B. 30-59**
 - C. 15-29**
 - D. <15**

- 2. Which dialyzer type is recommended for dialyzer sensitivity?**
 - A. Ethylene oxide sterilized**
 - B. Heat-sterilized**
 - C. Electron beam sterilized**
 - D. No sterilization required**

- 3. Tums, Amphojel, Alucaps, Renagel, Renvela, and Phoslo are examples of what?**
 - A. Antacids**
 - B. Dialyzers**
 - C. Phosphate binders**
 - D. Iron supplements**

- 4. Which monitors the safe progression of the dialysis treatment and how are alarms categorized?**
 - A. Nurse observations; patient mood and activity**
 - B. Machine alarms; heart-related and lung-related**
 - C. Machine alarms; blood-related and dialysate-related**
 - D. Vitals only; patient-related and procedure-related**

- 5. Which of the following describes Pre-pump arterial pressure?**
 - A. Pressure before the blood enters the pump from the access**
 - B. Pressure after the pump on the arterial line**
 - C. Pressure in the venous return line**
 - D. Average circuit pressure**

- 6. Dialysis solutions use which buffer to help treat metabolic acidosis?**
- A. Potassium chloride**
 - B. Calcium carbonate**
 - C. Sodium chloride**
 - D. Sodium bicarbonate**
- 7. Which of the following is a sign of fluid overload?**
- A. Edema**
 - B. Dry skin**
 - C. Weight loss**
 - D. Hypothermia**
- 8. What is the synthetic form of erythropoietin called?**
- A. Recombinant Epoetin Alfa (Epogen)**
 - B. Darbepoetin alfa**
 - C. Epoetin beta**
 - D. Filgrastim**
- 9. Which of the following is NOT part of dialysate composition?**
- A. Purified water**
 - B. Acid solution**
 - C. Bicarbonate solution**
 - D. Urea**
- 10. Which of the following is a sign or symptom of low blood sugar?**
- A. Weight gain**
 - B. Hypertension**
 - C. Rash**
 - D. Confusion**

Answers

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

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Explanations

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1. What is the GFR threshold for stage 5 kidney disease?

- A. 60-89
- B. 30-59
- C. 15-29
- D. <15**

GFR stage 5 means kidney failure, defined by a GFR below 15 mL/min/1.73 m². At this level, kidneys can no longer maintain homeostasis, so renal replacement therapy (dialysis or transplant) is typically needed. Normal GFR is about 90-120; the stages progress as follows: stage 2 is 60-89, stage 3 is 30-59, and stage 4 is 15-29. Values above 15 indicate less severe disease, while below 15 marks the threshold for stage 5.

2. Which dialyzer type is recommended for dialyzer sensitivity?

- A. Ethylene oxide sterilized
- B. Heat-sterilized
- C. Electron beam sterilized**
- D. No sterilization required

Dialyzer sensitivity revolves around avoiding reactions to residues or materials from the dialyzer, especially those related to how the device is sterilized. Some sterilization methods can leave chemical residues that trigger hypersensitivity in sensitive patients. Ethylene oxide sterilization is known to leave trace residues that can provoke allergic-type or hypersensitivity reactions. Heat sterilization can alter the dialyzer membrane's properties, potentially affecting biocompatibility and increasing the risk of adverse reactions or suboptimal performance. Electron beam sterilization sterilizes the device without leaving chemical residues and tends to preserve membrane characteristics, reducing the chance of sensitivity reactions while maintaining sterility. Since sterility is essential for patient safety, using a dialyzer sterilized by electron beam is the best choice for someone with dialyzer sensitivity. No sterilization required isn't appropriate because sterility is a safety requirement for dialyzers.

3. Tums, Amphojel, Alucaps, Renagel, Renvela, and Phoslo are examples of what?

- A. Antacids
- B. Dialyzers
- C. Phosphate binders**
- D. Iron supplements

These drugs are all phosphate binders, used to control high phosphate levels in people with kidney failure. In chronic kidney disease, the kidneys can't remove phosphate effectively, so dietary phosphate builds up and can cause bone and vascular problems. Taking a phosphate binder with meals binds the phosphate in the gut so it can't be absorbed and is excreted in the stool. That's why Tums (calcium carbonate), Amphojel (aluminum hydroxide), Alucaps, Renagel (sevelamer), Renvela (sevelamer carbonate), and Phoslo (calcium acetate) are grouped together here—they all serve this function. The binder's type matters for specifics: calcium-based binders add calcium and help lower phosphate, aluminum-based binders carry more long-term toxicity risk, and sevelamer binds phosphate without adding calcium or aluminum. Monitor phosphate and calcium levels and be aware of potential GI side effects or other risks tied to the binder type.

4. Which monitors the safe progression of the dialysis treatment and how are alarms categorized?

- A. Nurse observations; patient mood and activity**
- B. Machine alarms; heart-related and lung-related**
- C. Machine alarms; blood-related and dialysate-related**
- D. Vitals only; patient-related and procedure-related**

Monitoring safe progression during dialysis relies on the machine's automatic alarms, which are organized to catch problems in two separate pathways: the blood circuit and the dialysate stream. On the blood side, alarms watch arterial and venous pressures and overall blood flow, as well as potential blood leaks or issues with the access circuit. If any of these readings goes outside safe ranges, the machine signals an alarm so treatment can be paused or adjusted before harm occurs. On the dialysate side, alarms monitor the composition and temperature of the dialysis fluid—things like conductivity and temperature—to ensure the dialysate is correct for proper toxin removal and patient safety. This division helps clinicians quickly identify where a problem is and respond appropriately, which is why machine alarms categorized as blood-related and dialysate-related are the best answer. While nurse observations and patient vitals are important, they can't replace the continuous, automatic monitoring that detects issues the patient may not feel immediately.

5. Which of the following describes Pre-pump arterial pressure?

- A. Pressure before the blood enters the pump from the access**
- B. Pressure after the pump on the arterial line**
- C. Pressure in the venous return line**
- D. Average circuit pressure**

Pre-pump arterial pressure is the pressure in the arterial access line just before blood enters the dialysis pump. It reflects how hard the pump must pull blood from the access and is often negative, indicating suction from the pump. This measurement helps assess access patency and detect issues like a kink, poor needle placement, or clotting. The other descriptions refer to different parts of the circuit: post-pump arterial pressure is the pressure after the pump in the arterial line, venous return pressure is in the venous return line, and average circuit pressure is a broader overall circuit pressure.

6. Dialysis solutions use which buffer to help treat metabolic acidosis?

- A. Potassium chloride**
- B. Calcium carbonate**
- C. Sodium chloride**
- D. Sodium bicarbonate**

Dialysis solutions use a buffering component to correct metabolic acidosis by supplying bicarbonate. In kidney failure, the body can't excrete enough acid, so the blood becomes too acidic. The dialysate contains bicarbonate, which diffuses into the patient's blood while hydrogen ions move into the dialysate. The added bicarbonate neutralizes excess hydrogen ions, forming carbonic acid that is converted to CO₂ and water; CO₂ is then removed by the lungs. This helps raise the patient's serum bicarbonate toward normal. Other options don't serve as the dialysate buffer. Potassium chloride adds electrolytes but not buffering capacity. Calcium carbonate is not used as the dialysate buffer. Sodium chloride mainly adjusts sodium and chloride levels and does not provide bicarbonate to counter acidosis.

7. Which of the following is a sign of fluid overload?

- A. Edema**
- B. Dry skin**
- C. Weight loss**
- D. Hypothermia**

Fluid overload is when the body retains more fluid than it can manage, so swelling becomes the most noticeable sign. Edema occurs when excess fluid shifts into the interstitial tissues, leading to swelling in parts like the feet, ankles, legs, or around the eyes. In dialysis care, new or worsening edema between treatments signals that fluid removal may need adjustment or that fluid intake should be reviewed, so clinicians can prevent complications like high blood pressure or shortness of breath. The other options don't reflect excess fluid: dry skin suggests dehydration, weight loss points to fluid deficit or other issues, and hypothermia is a low body temperature not caused by fluid overload.

8. What is the synthetic form of erythropoietin called?

- A. Recombinant Epoetin Alfa (Epogen)**
- B. Darbepoetin alfa**
- C. Epoetin beta**
- D. Filgrastim**

Erythropoietin given as a drug is made using recombinant DNA technology to act like the body's own erythropoietin, stimulating red blood cell production. The best choice is Recombinant Epoetin Alfa (Epogen) because it is the standard recombinant human erythropoietin used clinically to treat anemia. Darbepoetin alfa is a similar erythropoietin-stimulating agent but is a longer-acting analogue, not the original recombinant epoetin; Epoetin beta exists as another form but is less commonly used. Filgrastim, on the other hand, is a granulocyte colony-stimulating factor that boosts white blood cells, not red blood cells.

9. Which of the following is NOT part of dialysate composition?

- A. Purified water**
- B. Acid solution**
- C. Bicarbonate solution**
- D. Urea**

The idea being tested is what makes up dialysate and why it should carry no waste toxins. Dialysate is designed to create a diffusion gradient that pulls wastes from blood into the dialysate while providing the right electrolytes to keep the patient's fluid and acid-base balance stable. It is made from purified water plus two concentrates: an acid solution and a bicarbonate solution. The acid concentrate supplies the necessary ions to maintain pH and electrolyte levels, and the bicarbonate solution provides bicarbonate to correct metabolic acidosis. Urea, in contrast, is a waste product that the dialysis process aims to remove from the blood. Including urea in the dialysate would defeat that purpose, because it would reduce the concentration gradient that drives diffusion of waste out of the blood and could even promote back-diffusion into the patient. Therefore, urea is not part of dialysate composition.

10. Which of the following is a sign or symptom of low blood sugar?

- A. Weight gain**
- B. Hypertension**
- C. Rash**
- D. Confusion**

Low blood sugar limits the brain's fuel supply, causing changes in mental status. Confusion is a classic sign because the brain cannot function properly without glucose, leading to difficulty thinking, disorientation, or impaired judgment. The other options don't reflect the brain's response to low glucose, so they aren't associated with hypoglycemia. When someone at risk shows confusion, it's important to check their blood sugar and treat promptly.

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://freseniusnurse.examzify.com>

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

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