

FRESENIUS NURSE PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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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. Which action is typically taken to prevent intradialytic hypotension when adjusting medications?**
 - A. Double the dose of antihypertensives.
 - B. Increase ultrafiltration rate.
 - C. Administer diuretics.
 - D. Hold or adjust antihypertensives per physician orders.

- 2. In hemodialysis, how do blood and dialysate flow relate in the dialyzer?**
 - A. Co-current flow; blood and dialysate flow in the same direction
 - B. Countercurrent flow; arterial flows down and dialysate flows up
 - C. Crossflow; no defined direction
 - D. Parallel flow; not commonly used

- 3. What action is recommended if fever develops during dialysis?**
 - A. Notify the physician, assess for infection, and initiate appropriate isolation precautions and treatment as ordered.
 - B. Continue dialysis and ignore fever.
 - C. Increase UF rate.
 - D. Administer antipyretics without orders.

- 4. What 3 blood borne pathogens are found in a dialysis unit?**
 - A. HIV, HBV, HCV
 - B. HIV, TB, HCV
 - C. HAV, HBV, HIV
 - D. HBV, HCV, TB

- 5. Why is residual chlorine checked in dialysate?**
 - A. To ensure no residual chlorine remains after routine disinfection
 - B. To ensure no residual chlorine remains after weekly disinfection
 - C. To measure microbial contamination
 - D. To adjust bicarbonate concentration

- 6. Fresh fill consists of how much saline through arterial line and how much through venous line?**
- A. 50 mL arterial and 250 mL venous
 - B. 100 mL arterial and 200 mL venous
 - C. 10 mL arterial and 290 mL venous
 - D. 200 mL arterial and 50 mL venous
- 7. What is a key component of patient education before starting dialysis?**
- A. Understanding treatment modalities, expectations, and consent.
 - B. Scheduling appointments and transportation only.
 - C. Understanding treatment modalities, expectations, and consent; training on self-care and lifestyle changes.
 - D. Medication management only.
- 8. What 3 things should be checked on a dialyzer before machine setup?**
- A. Sterility (in package w/caps); structural damage (zero cracks); right type as in size and brand ordered by MD
 - B. Expiration date; color; weight
 - C. Temperature; pH; conductivity
 - D. Insurance status; patient name; price
- 9. Before returning to the clinic, TB patients must have which of the following?**
- A. A negative HIV test
 - B. A single negative sputum culture
 - C. 3 consecutive negative sputum cultures, PPD testing, and chest X-rays
 - D. Completion of antibiotic therapy
- 10. Which statement about phosphate binders is true?**
- A. They are used to manage serum phosphate in CKD by binding phosphate in the gut.
 - B. They increase phosphate absorption in the gut.
 - C. They are used to treat hyperkalemia.
 - D. They are a type of diuretic.

Answers

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

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Explanations

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1. Which action is typically taken to prevent intradialytic hypotension when adjusting medications?

- A. Double the dose of antihypertensives.
- B. Increase ultrafiltration rate.
- C. Administer diuretics.
- D. Hold or adjust antihypertensives per physician orders.**

The key idea is that lowering a patient's blood pressure medications during dialysis can help prevent dropping blood pressure inside the machine. Intradialytic hypotension happens when the blood pressure falls during treatment due to fluid removal and shifts in blood volume. If a patient is taking antihypertensives, those medications can contribute to a larger BP drop during dialysis. So, the best approach is to hold or adjust antihypertensive drugs according to physician orders, balancing the need to control blood pressure with the patient's current fluid status and treatment plan. Doubling antihypertensives would push BP down more, which increases the risk of hypotension. Increasing the ultrafiltration rate is not about medications and typically worsens hypotension by removing fluid faster. Diuretics during dialysis aren't used to prevent IDH and don't address the volume shifts that cause the problem. Adjusting antihypertensives per physician orders directly targets the medication-related risk of intradialytic hypotension.

2. In hemodialysis, how do blood and dialysate flow relate in the dialyzer?

- A. Co-current flow; blood and dialysate flow in the same direction
- B. Countercurrent flow; arterial flows down and dialysate flows up**
- C. Crossflow; no defined direction
- D. Parallel flow; not commonly used

In hemodialysis the driving force for removing waste is diffusion across the dialyzer membrane, so you want to keep a strong concentration gradient along the entire length of the cartridge. That's achieved with countercurrent flow: blood moves in one direction through the hollow fibers while dialysate flows in the opposite direction. This setup—blood flowing downward and dialysate flowing upward—keeps encountering fresh dialysate as it progresses, maintaining a high gradient for diffusion and maximizing solute clearance. If the two fluids flowed in the same direction, the gradient would drop along the length and clearance would be less efficient. Crossflow is a broader term about flow across the membrane and doesn't specify direction, and parallel (co-directional) flow isn't used because it's less effective for diffusion-driven clearance.

3. What action is recommended if fever develops during dialysis?

- A. Notify the physician, assess for infection, and initiate appropriate isolation precautions and treatment as ordered.**
- B. Continue dialysis and ignore fever.
- C. Increase UF rate.
- D. Administer antipyretics without orders.

A fever that arises during dialysis is a warning sign of possible infection and warrants immediate medical attention and protective precautions. In this situation, taking swift, coordinated steps helps prevent serious complications and stops potential spread. Start by notifying the physician right away, then assess for signs of infection—check vital signs, review temperature trends, and inspect the access site for redness, pain, or drainage. The physician may order blood cultures, access-site cultures, or other tests, and will determine the appropriate treatment, such as antibiotics. Implement infection-control precautions per protocol to protect other patients and staff, and follow the prescribed treatment plan exactly as ordered. It's important to monitor the patient closely and not continue dialysis or alter the treatment plan without direction from the physician. Avoid giving fever-reducing medications unless specifically ordered, since they can mask symptoms and delay diagnosis. This approach prioritizes safety and timely management of potential infection rather than simply addressing the fever symptom.

4. What 3 blood borne pathogens are found in a dialysis unit?

- A. HIV, HBV, HCV**
- B. HIV, TB, HCV
- C. HAV, HBV, HIV
- D. HBV, HCV, TB

Bloodborne pathogens are those that can be transmitted through blood or blood-contaminated fluids. In a dialysis unit, the main concerns are HIV, hepatitis B (HBV), and hepatitis C (HCV) because these viruses are spread primarily through blood and can be encountered through IV lines, needle sticks, spills, or contaminated equipment. TB and hepatitis A (HAV) do not fit this same transmission pattern: TB spreads mainly through airborne droplets, and HAV spreads via the fecal-oral route, not through blood. So the trio of HIV, HBV, and HCV is the correct set to recognize as the bloodborne pathogens in this setting.

5. Why is residual chlorine checked in dialysate?

- A. To ensure no residual chlorine remains after routine disinfection
- B. To ensure no residual chlorine remains after weekly disinfection**
- C. To measure microbial contamination
- D. To adjust bicarbonate concentration

Residual chlorine in dialysate is checked because any chlorine left in the water used for dialysis can harm the patient. After the water treatment system is disinfected with chlorine, you must verify that all residual chlorine has been removed before dialysate is used, usually following the weekly disinfection cycle. This ensures the dialysate is free of oxidants that could irritate or injure the patient and alter dialysate chemistry. The test is not primarily about measuring microbial contamination or adjusting bicarbonate; those are addressed by other quality checks and processes.

6. Fresh fill consists of how much saline through arterial line and how much through venous line?

- A. 50 mL arterial and 250 mL venous**
- B. 100 mL arterial and 200 mL venous
- C. 10 mL arterial and 290 mL venous
- D. 200 mL arterial and 50 mL venous

Fresh fill primes the dialysis circuit with saline to expel air and fill the lines before starting therapy. The arterial line is primed with a smaller amount and the venous line with most of the saline, so the entire circuit becomes air-free and ready for blood flow. The standard distribution is 50 mL through the arterial line and 250 mL through the venous line, totaling 300 mL to ensure complete filling of the circuit. This minimizes the risk of air entering the patient and helps ensure smooth initiation of dialysis. The other options either under- or over-prime one limb and do not provide the typical, safe balance used for fresh fill.

7. What is a key component of patient education before starting dialysis?

- A. Understanding treatment modalities, expectations, and consent.
- B. Scheduling appointments and transportation only.
- C. Understanding treatment modalities, expectations, and consent; training on self-care and lifestyle changes.**
- D. Medication management only.

Comprehensive education before starting dialysis covers all the practical and decision-making aspects that empower a patient to participate actively in care. The best answer includes understanding the different treatment options, what to expect during initiation, and obtaining informed consent, along with hands-on training for self-care and lifestyle changes. This combination ensures the patient can choose an appropriate modality, anticipates the process and potential challenges, and knows how to manage daily tasks such as self-care routines, fluid and dietary restrictions, and adjustments to work or activities. Scheduling appointments or transportation, while important for planning, does not address the medical understanding and daily management skills needed to begin dialysis. Focusing only on training for self-care and lifestyle changes misses the critical context of available modalities and the informed consent process. Medication management alone also falls short, as it doesn't cover modality choices, process expectations, or the practical self-care competencies essential for starting dialysis.

8. What 3 things should be checked on a dialyzer before machine setup?

- A. Sterility (in package w/caps); structural damage (zero cracks); right type as in size and brand ordered by MD**
- B. Expiration date; color; weight
- C. Temperature; pH; conductivity
- D. Insurance status; patient name; price

Patient safety during dialyzer setup hinges on confirming three things about the device before use: sterility, structural integrity, and compatibility with the physician's order. The dialyzer is a single-use sterile component, so first you ensure the packaging is intact and still sterile—caps in place and no breach in the seal. If the packaging is opened or damaged, contamination risk is high and the device must not be used. Next, you check for any physical damage. Look for cracks, dents, or other signs of compromise on the dialyzer housing. Structural damage can lead to blood or dialysate leaks or even air entering the circuit, which can cause serious patient harm during treatment. Finally, you verify that the dialyzer is the correct type and size as ordered by the MD. The membrane type and surface area (and the brand) must match the prescription so the therapy achieves the intended toxin clearance and fluid balance without causing adverse reactions or unexpected circuit resistance. Other considerations like color, weight, or administrative details aren't relevant to ensuring the dialyzer is safe and appropriate for use in the setup. Temperature, pH, and conductivity relate to dialysate quality, not to validating the dialyzer device itself.

9. Before returning to the clinic, TB patients must have which of the following?

- A. A negative HIV test
- B. A single negative sputum culture
- C. 3 consecutive negative sputum cultures, PPD testing, and chest X-rays**
- D. Completion of antibiotic therapy

The test is checking how to determine when a TB patient is no longer contagious and can safely return to routine care. The most reliable sign of being noninfectious is evidence that the patient is not shedding TB bacteria, which is shown by three consecutive negative sputum cultures collected on different days. That microbiologic proof is what truly reduces the risk of transmission. Pairing that with a chest X-ray allows you to monitor radiographic improvement during treatment, confirming the disease is responding. Including PPD testing helps document prior infection status and supports a complete assessment of the patient's TB history and risk, complementing the microbiology and imaging findings. Together, these pieces give a thorough picture of both current infectiousness and disease status, which is why this option is best. A negative HIV test isn't related to TB infectiousness, a single negative culture isn't enough to declare noninfectious, and simply finishing antibiotics doesn't prove the patient is no longer contagious.

10. Which statement about phosphate binders is true?

- A. They are used to manage serum phosphate in CKD by binding phosphate in the gut.**
- B. They increase phosphate absorption in the gut.
- C. They are used to treat hyperkalemia.
- D. They are a type of diuretic.

Phosphate binders are used to control serum phosphate in CKD by binding dietary phosphate in the gut so it cannot be absorbed. By forming an insoluble complex that is excreted in the stool, they lower the amount of phosphate entering the bloodstream, which helps prevent complications like bone-mineral disorders and vascular calcification in CKD. They are taken with meals so they have phosphate to bind. They do not increase phosphate absorption, and they are not used to treat hyperkalemia or act as diuretics.

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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://freseniusnurse.examzify.com>

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

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