

HESI Chronic Kidney Disease Case Study 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. Which statement reflects effective therapeutic communication with a grieving family member after transplant concerns arise?**
 - A. Validate emotions and acknowledge stress.**
 - B. Dismiss concerns.**
 - C. Use medical jargon.**
 - D. Blame the patient.**

- 2. Which follow-up is required after a kidney transplant?**
 - A. Stop follow-up after one month**
 - B. Follow up with transplant department and nephrologist**
 - C. Only follow up with a primary care physician**
 - D. Do not schedule follow-up if labs are normal**

- 3. After discharge, which statement most accurately describes medication adherence?**
 - A. Continue taking immunosuppressants every day as directed**
 - B. Stop immunosuppressants when feeling well**
 - C. Take medications only when experiencing symptoms**
 - D. Self-adjust dosing without medical guidance**

- 4. Which medication is a phosphate binder commonly used in CKD?**
 - A. Glipizide.**
 - B. Calcium acetate.**
 - C. Potassium chloride.**
 - D. Epoetin alfa.**

- 5. Which support system is most helpful after discharge to ensure adherence?**
 - A. In-home social services assessment only**
 - B. Home care nursing agency support**
 - C. No caregiver involvement is needed**
 - D. Hospital-based services only**

- 6. Itching due to uremia is a symptom of advanced CKD. Which option lists this symptom correctly?**
- A. Nausea**
 - B. Fatigue**
 - C. Itching**
 - D. Polyuria**
- 7. What is the recommended follow-up plan after discharge?**
- A. Stop follow-up once feeling well**
 - B. Continue follow-up with transplant department and nephrologist**
 - C. Avoid immunosuppressants**
 - D. Self-manage without medical input**
- 8. Hemodialysis education: which statement indicates a need for further education?**
- A. Hemodialysis will help restore kidney function back to a normal level.**
 - B. Hemodialysis removes waste accumulation in the blood. It replaces a function of the kidney, it does not cure the kidney.**
 - C. Bowel or bladder perforation may occur with hemodialysis catheter placement.**
 - D. This is a serious complication associated with peritoneal dialysis (PD).**
- 9. In response to a serum potassium of 6.5 mEq/L and a provider's instruction to adjust the potassium chloride, what is the nurse's most important action?**
- A. Continue the current plan and monitor.**
 - B. Reduce the dose as ordered.**
 - C. Switch to a slower-acting formulation.**
 - D. Hold the dose and report the elevated potassium to the healthcare provider.**

10. What demonstrates adherence to post-transplant regimen?

- A. Not attending any appointments**
- B. Discontinuing immunosuppressants**
- C. All dietary restrictions disregarded**
- D. Following diet, exercise, medications, and clinic visits**

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Answers

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

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Explanations

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1. Which statement reflects effective therapeutic communication with a grieving family member after transplant concerns arise?

A. Validate emotions and acknowledge stress.

B. Dismiss concerns.

C. Use medical jargon.

D. Blame the patient.

Empathy and validation in communication with a grieving family member are crucial after transplant concerns arise. When you acknowledge and reflect the emotions they're conveying, you show that you see their distress and understand the weight of what they're experiencing. This builds trust, lowers defensiveness, and makes the family more open to discussing fears, questions, and next steps. In practice, listen attentively, acknowledge feelings like fear, guilt, or sadness, and respond with clear, compassionate information about the situation and what can be done, avoiding medical jargon and rushing to reassurance that might feel dismissive. Offer support resources and invite them to share what matters most to them, demonstrating that you're partnering with them through the process. Dismissing concerns undermines trust and leaves the family feeling unheard. Using medical jargon creates distance and confusion, making it harder to understand risks and decisions. Blaming the patient adds guilt and defensiveness, harming the relationship and willingness to engage with the care team.

2. Which follow-up is required after a kidney transplant?

A. Stop follow-up after one month

B. Follow up with transplant department and nephrologist

C. Only follow up with a primary care physician

D. Do not schedule follow-up if labs are normal

After a kidney transplant, ongoing follow-up with the transplant team and a nephrologist is essential to protect the graft. This care centers on closely monitoring kidney function (for example, creatinine and urine output), adjusting immunosuppressive therapy to prevent rejection while minimizing toxicity, and watching for complications such as infections, rejection episodes, hypertension, and cancer. Regular visits also allow timely lab checks, assessment of drug levels and side effects, and education on adherence and lifestyle that support long-term graft survival. This is a lifelong process because issues can arise at any time, and early detection improves outcomes. Stopping follow-up after one month misses potential rejection, infection, medication toxicity, or other problems that can develop later. Relying only on a primary care physician can leave gaps in specialized immunosuppression management and graft surveillance. Even if labs are normal, problems can still emerge, and ongoing monitoring is needed to catch subtle changes and adjust therapy promptly. Therefore, continued follow-up with the transplant department and nephrologist is the recommended approach.

3. After discharge, which statement most accurately describes medication adherence?

- A. Continue taking immunosuppressants every day as directed**
- B. Stop immunosuppressants when feeling well**
- C. Take medications only when experiencing symptoms**
- D. Self-adjust dosing without medical guidance**

Sticking to daily immunosuppressants as prescribed is essential after discharge because these medications must be taken consistently to keep the immune system suppressed enough to protect a transplanted kidney. They have narrow therapeutic ranges, so maintaining steady drug levels helps prevent rejection and reduces the risk of infection or drug toxicity. Feeling well or having no symptoms does not mean it's safe to stop or change the dose; rejection can occur even without noticeable warning signs. Adjusting dosing on your own without medical guidance is unsafe and can lead to under- or over-immunosuppression. To support adherence, use reminders, keep a labeled pillbox, and discuss any missed doses with your healthcare provider.

4. Which medication is a phosphate binder commonly used in CKD?

- A. Glipizide.**
- B. Calcium acetate.**
- C. Potassium chloride.**
- D. Epoetin alfa.**

Phosphate binders are used in CKD to manage high phosphate levels by binding dietary phosphate in the gut so it isn't absorbed, which lowers serum phosphate. Calcium acetate is a calcium-based binder that you take with meals; it binds phosphate in the gastrointestinal tract and helps reduce phosphate absorption, addressing hyperphosphatemia common in CKD. The other medications listed serve different roles: glipizide is used to treat diabetes, potassium chloride is a potassium supplement (and could worsen hyperkalemia in CKD), and epoetin alfa stimulates red blood cell production to treat CKD-related anemia. Calcium acetate can raise calcium levels, so calcium and phosphorus should be monitored, and non-calcium binders are options if hypercalcemia is a concern.

5. Which support system is most helpful after discharge to ensure adherence?

- A. In-home social services assessment only**
- B. Home care nursing agency support**
- C. No caregiver involvement is needed**
- D. Hospital-based services only**

Continuity of care after discharge and practical support for medication management are essential for adherence. A home care nursing agency can provide skilled nursing visits at home, giving the patient direct help with taking medications correctly, understanding dosing schedules, and recognizing side effects or warning signs that need medical attention. They also monitor vital signs, manage fluid and electrolyte balance, reinforce dietary restrictions relevant to conditions like CKD, and ensure any necessary lab work or follow-up appointments are arranged. This ongoing clinical oversight helps translate discharge instructions into daily routines, reducing the risk of missing doses or mismanaging symptoms. In-home social services assessments can identify needs, but they don't typically deliver ongoing nursing care or medication management. Relying on caregiver involvement alone may be insufficient if the patient needs professional monitoring. Hospital-based services are valuable during admission but aren't available continuously once the patient is back at home. Therefore, home care nursing agency support offers the most comprehensive, practical means to promote adherence after discharge.

6. Itching due to uremia is a symptom of advanced CKD. Which option lists this symptom correctly?

- A. Nausea**
- B. Fatigue**
- C. Itching**
- D. Polyuria**

Uremic pruritus is a well-known symptom of advanced CKD. As kidney function declines, waste products accumulate in the blood and can irritate the skin and nerves, producing a persistent itch. This itching specifically reflects uremic toxin buildup, which is why it is the correct symptom to identify. Nausea and fatigue are common general symptoms of kidney failure but do not describe the itching sensation itself, and polyuria is more typical of earlier changes in kidney function. So the symptom that accurately lists uremic itching is itching.

7. What is the recommended follow-up plan after discharge?

- A. Stop follow-up once feeling well**
- B. Continue follow-up with transplant department and nephrologist**
- C. Avoid immunosuppressants**
- D. Self-manage without medical input**

Continuing follow-up with the transplant team and nephrologist is essential because managing a transplanted kidney requires ongoing supervision. Immunosuppressive medications must be tailored over time based on drug levels, kidney function, and potential interactions, and regular clinic visits with labs help catch rejection early or medication toxicity before it harms the graft. Regular monitoring also supports blood pressure control, infection prevention, and overall health, since issues can develop without obvious symptoms. Feeling well does not guarantee the graft is thriving, so ongoing medical input is necessary. Stopping follow-up, avoiding immunosuppressants, or self-managing without medical guidance increases the risk of rejection, complications, and graft loss.

8. Hemodialysis education: which statement indicates a need for further education?

- A. Hemodialysis will help restore kidney function back to a normal level.**
- B. Hemodialysis removes waste accumulation in the blood. It replaces a function of the kidney, it does not cure the kidney.**
- C. Bowel or bladder perforation may occur with hemodialysis catheter placement.**
- D. This is a serious complication associated with peritoneal dialysis (PD).**

Hemodialysis is a life-sustaining treatment that substitutes some kidney functions but does not restore normal kidney function or cure kidney disease. That means the statement claiming that hemodialysis will bring the kidneys back to a normal level of function is not accurate and signals a need for more education. Understanding how hemodialysis works helps clarify why: blood is filtered through a dialyzer to remove waste and excess fluid, helping to maintain electrolyte and fluid balance. It supports life while kidney disease is managed, but it cannot repair damaged kidney tissue or reverse the underlying condition. In other words, dialysis cleans the blood and helps regulate the body, but it does not cure the kidney problem or restore its full function. The other points align with correct concepts: removing waste with dialysis is a fundamental purpose, and recognizing that peritoneal dialysis carries some different risks (such as bowel or bladder perforation with catheter placement) helps distinguish between the two dialysis modalities.

9. In response to a serum potassium of 6.5 mEq/L and a provider's instruction to adjust the potassium chloride, what is the nurse's most important action?

- A. Continue the current plan and monitor.**
- B. Reduce the dose as ordered.**
- C. Switch to a slower-acting formulation.**
- D. Hold the dose and report the elevated potassium to the healthcare provider.**

When potassium is this high, the priority is to stop giving more potassium and get the provider involved right away. A serum potassium of 6.5 mEq/L is hyperkalemia, and in CKD patients the risk of dangerous heart rhythm problems is real. Continuing or adjusting the potassium chloride without a provider's orders could worsen the situation, so the safest immediate action is to hold the dose and report the elevated level. After holding the dose, inform the healthcare provider so they can decide the next steps—whether to discontinue potassium supplementation, order tests (like an ECG and repeat potassium level), or initiate treatments to lower potassium. While waiting, monitor the patient for signs of hyperkalemia and review other potential potassium sources (diet, PRN meds, salt substitutes) to prevent further increases. Why the other options aren't appropriate here: continuing the current plan would risk further elevation; reducing the dose without an order isn't guaranteed to be safe or effective; switching to a slower-acting formulation doesn't address the acute risk of a high potassium level and doesn't replace the need for provider guidance.

10. What demonstrates adherence to post-transplant regimen?

- A. Not attending any appointments**
- B. Discontinuing immunosuppressants**
- C. All dietary restrictions disregarded**
- D. Following diet, exercise, medications, and clinic visits**

Adherence to a post-transplant regimen means consistently following every part of the prescribed care plan to protect the transplanted organ. This includes taking immunosuppressant medications exactly as directed to prevent rejection, attending all follow-up clinic visits so drug levels and organ function can be monitored, and maintaining recommended diet and exercise routines. Following diet, exercise, medications, and clinic visits best demonstrates adherence because it shows a comprehensive commitment to all aspects of post-transplant care—ensuring the immune system is controlled, the graft is monitored for signs of trouble, and overall health supports long-term transplant success. Not attending appointments signals missed monitoring, which can delay catching rejection or complications. Discontinuing immunosuppressants dramatically increases the risk of acute rejection. Disregarding dietary restrictions can lead to electrolyte imbalances, hypertension, obesity, or kidney stress. Together, these illustrate poor adherence, whereas the full adherence across diet, activity, medications, and visits reflects proper post-transplant care.

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://chronickidneydiseasecasestudy.examzify.com>

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

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