

# 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. In CKD, what daily fluid intake guideline is often used for patients with edema or oliguria?**
  - A. 1,000-2,000 mL/day plus urine output**
  - B. 2,500-3,000 mL/day**
  - C. Fluid unrestricted**
  - D. 500-1,000 mL/day**
  
- 2. Which statement about immunosuppressant therapy is true?**
  - A. Immunosuppressants cure the underlying disease**
  - B. They should be stopped if blood pressure is controlled**
  - C. They prevent organ rejection by suppressing the immune response**
  - D. They have no role in transplant care**
  
- 3. GFR 9 mL/min/1.73m<sup>2</sup> corresponds to which CKD stage?**
  - A. Stage 3**
  - B. Stage 2**
  - C. Stage 4**
  - D. Stage 5**
  
- 4. What preventive care is particularly important for CKD patients?**
  - A. Vaccinations alone**
  - B. Cardiovascular risk management alone**
  - C. Vaccinations and cardiovascular risk management**
  - D. Ignoring preventive care**
  
- 5. In end-stage renal disease, what is a typical consideration regarding the use of furosemide for fluid management?**
  - A. Furosemide cures kidney failure.**
  - B. Furosemide is used to prevent anemia.**
  - C. Furosemide may help reduce fluid overload if there is remaining urine output.**
  - D. Furosemide increases serum phosphorus.**

- 6. Which assessment indicates the desired outcome of losartan therapy?**
- A. Serum creatinine remains elevated.**
  - B. Urine output increases.**
  - C. Blood pressure decreases toward target range.**
  - D. Hematocrit increases.**
- 7. What is the primary cause of anemia in chronic kidney disease?**
- A. Iron overload from transfusions**
  - B. Bleeding from gastrointestinal ulcers**
  - C. Reduced erythropoietin production by diseased kidneys, often with iron deficiency contributing**
  - D. Vitamin B12 deficiency**
- 8. Why must RAAS blockade be monitored carefully in CKD for electrolyte disturbances, and what lab value is critical to track?**
- A. Hyperkalemia risk; track serum potassium and liver enzymes**
  - B. Hyperkalemia risk; track serum potassium and kidney function**
  - C. No electrolyte risk; monitor electrolytes only if symptoms**
  - D. Hypokalemia risk; monitor serum potassium and glucose**
- 9. 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**
- 10. How does CKD affect bone health and what is a typical management approach?**
- A. CKD causes CKD-MBD with bone turnover abnormalities; management includes phosphate binders, vitamin D analogs, calcium balance, and PTH monitoring**
  - B. Osteoarthritis due to aging; management with NSAIDs**
  - C. Osteoporosis; treat with bisphosphonates**
  - D. Hypercalcemia; avoid vitamin D**

## Answers

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

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## **Explanations**

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1. In CKD, what daily fluid intake guideline is often used for patients with edema or oliguria?

- A. 1,000-2,000 mL/day plus urine output**
- B. 2,500-3,000 mL/day
- C. Fluid unrestricted
- D. 500-1,000 mL/day

In CKD with edema or oliguria, the goal is to prevent fluid overload while staying hydrated, because the kidneys can't excrete water effectively. A practical way to do this is to set a fluid allowance that combines a fixed baseline with what the kidneys still manage to excrete as urine. The guideline used is a daily fluid allowance of 1,000 to 2,000 mL plus urine output. This means you plan total fluid intake to be that baseline range plus whatever the patient urinates in a day. If urine output is 600 mL, the target intake would be about 1,600 to 2,600 mL for that day. If urine output is only 100 mL, the target would be about 1,100 to 2,100 mL. This approach tailors fluid restriction to the person's remaining kidney function and helps prevent edema and fluid overload. Keep in mind to monitor weight, edema, blood pressure, and daily urine output to adjust as needed.

2. Which statement about immunosuppressant therapy is true?

- A. Immunosuppressants cure the underlying disease
- B. They should be stopped if blood pressure is controlled
- C. They prevent organ rejection by suppressing the immune response**
- D. They have no role in transplant care

Immunosuppressants work by dampening the immune system so it does not attack a transplanted organ. The body sees the donor organ as foreign and would normally mount a rejection response; these drugs reduce that response and help the graft survive. They do not cure the underlying disease that led to organ failure, and they must be continued long-term because stopping them can lead to rejection. They are a central part of transplant care, though they come with infection risk and other side effects and require careful monitoring. Therefore, the statement that immunosuppressants prevent organ rejection by suppressing the immune response is true.

3. GFR 9 mL/min/1.73m<sup>2</sup> corresponds to which CKD stage?

- A. Stage 3
- B. Stage 2
- C. Stage 4
- D. Stage 5**

GFR, or estimated glomerular filtration rate, is used to classify CKD stages. The stages progress as eGFR declines: above 90 with kidney damage is stage 1, 60-89 stage 2, 30-59 stage 3, 15-29 stage 4, and below 15 stage 5. An eGFR of 9 mL/min/1.73 m<sup>2</sup> falls into the lowest range, which is stage 5 CKD, also called kidney failure or end-stage renal disease. At this level of function, most patients require renal replacement therapy, such as dialysis, and evaluation for transplant.

**4. What preventive care is particularly important for CKD patients?**

- A. Vaccinations alone
- B. Cardiovascular risk management alone
- C. Vaccinations and cardiovascular risk management**
- D. Ignoring preventive care

Preventive care for CKD patients should address both infection prevention and cardiovascular health. CKD weakens immune defenses and makes infections more dangerous, so keeping up to date with vaccines—such as influenza and pneumococcal vaccines (with additional vaccines as indicated by immunity status and dialysis needs)—significantly reduces serious illness and hospitalization risk. At the same time, CKD markedly raises the likelihood of cardiovascular problems. Proactive cardiovascular risk management, including effective blood pressure control, lipid management when appropriate, and addressing contributors like diabetes, smoking, and obesity, lowers the chance of heart attacks and strokes and improves overall survival. Because CKD patients face both higher infection risk and higher cardiovascular risk, combining vaccinations with comprehensive cardiovascular risk reduction offers the most protection. Focusing on only one aspect leaves the other unaddressed, and ignoring preventive care altogether is detrimental.

**5. In end-stage renal disease, what is a typical consideration regarding the use of furosemide for fluid management?**

- A. Furosemide cures kidney failure.
- B. Furosemide is used to prevent anemia.
- C. Furosemide may help reduce fluid overload if there is remaining urine output.**
- D. Furosemide increases serum phosphorus.

In end-stage renal disease, the usefulness of furosemide depends on remaining kidney function. If there is still some urine output, a loop diuretic like furosemide can help reduce fluid overload by increasing urine production and promoting diuresis between dialysis sessions. It's not a cure for kidney failure and won't reverse the loss of renal function, and it isn't a treatment for anemia or phosphorus management. Furosemide does not raise serum phosphorus; phosphorus control is managed with dietary restrictions and phosphate binders. If there is little or no urine output, furosemide is unlikely to have a meaningful effect on fluid status, so fluid management often relies primarily on dialysis and careful fluid restriction.

**6. Which assessment indicates the desired outcome of losartan therapy?**

- A. Serum creatinine remains elevated.**
- B. Urine output increases.**
- C. Blood pressure decreases toward target range.**
- D. Hematocrit increases.**

Losartan helps lower blood pressure, which is crucial for protecting kidney function in CKD. The best sign that the therapy is working is that blood pressure has decreased toward the target range. This reflects the medication's effect of reducing systemic and intraglomerular pressures, helping slow kidney damage and reduce cardiovascular risk. Serum creatinine remaining elevated would indicate ongoing kidney dysfunction rather than successful BP control. Urine output changes are not a reliable measure of losartan effectiveness, and hematocrit is not directly affected by this drug.

**7. What is the primary cause of anemia in chronic kidney disease?**

- A. Iron overload from transfusions**
- B. Bleeding from gastrointestinal ulcers**
- C. Reduced erythropoietin production by diseased kidneys, often with iron deficiency contributing**
- D. Vitamin B12 deficiency**

The main idea is that anemia in chronic kidney disease mostly comes from the kidneys not making enough erythropoietin, the hormone that signals the bone marrow to produce red blood cells. When erythropoietin levels fall, red blood cell production drops, leading to anemia. This is typically a normocytic, normochromic anemia and is often accompanied by a low reticulocyte count because the bone marrow isn't being appropriately stimulated to make new red cells. Iron status frequently compounds the problem. Even when erythropoietin is low, having sufficient iron is needed for making hemoglobin. In CKD, iron deficiency can be present due to reduced intake, chronic inflammation, and blood loss during dialysis, causing a functional iron deficiency that blunts the response to therapy. That's why management often includes both addressing erythropoietin signaling with erythropoiesis-stimulating agents and correcting iron deficiency with iron supplementation, guided by ferritin and transferrin saturation levels. Other possibilities like iron overload from transfusions, bleeding ulcers, or vitamin B12 deficiency don't explain the typical picture of CKD-related anemia. Iron overload isn't the driving factor, GI bleeding would be a contributing issue rather than the primary cause in this context, and B12 deficiency leads to a different, macrocytic pattern.

**8. Why must RAAS blockade be monitored carefully in CKD for electrolyte disturbances, and what lab value is critical to track?**

- A. Hyperkalemia risk; track serum potassium and liver enzymes**
- B. Hyperkalemia risk; track serum potassium and kidney function**
- C. No electrolyte risk; monitor electrolytes only if symptoms**
- D. Hypokalemia risk; monitor serum potassium and glucose**

RAAS blockade can raise potassium levels because aldosterone helps the kidneys excrete potassium. In CKD, fewer functioning nephrons mean reduced potassium excretion, so blocking the RAAS increases the risk of hyperkalemia. The most important lab to monitor is serum potassium to detect rising levels. In addition, tracking kidney function (creatinine/eGFR) is essential to see how the therapy impacts overall renal function and to guide dose adjustments or discontinuation if potassium climbs or kidney function worsens. Liver enzymes and glucose aren't the primary concerns for this electrolyte issue, and the risk in this context is hyperkalemia rather than hypokalemia.

**9. 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.

**10. How does CKD affect bone health and what is a typical management approach?**

- A. CKD causes CKD-MBD with bone turnover abnormalities; management includes phosphate binders, vitamin D analogs, calcium balance, and PTH monitoring**
- B. Osteoarthritis due to aging; management with NSAIDs**
- C. Osteoporosis; treat with bisphosphonates**
- D. Hypercalcemia; avoid vitamin D**

Chronic kidney disease disrupts mineral metabolism, leading to CKD-MBD, a system-wide bone and mineral disorder where phosphate builds up, active vitamin D production falls, and parathyroid hormone levels rise, causing abnormal bone turnover. The kidneys' reduced ability to excrete phosphate and to activate vitamin D lowers calcium absorption, which stimulates PTH and drives bone remodeling changes that can be high or low in turnover and can promote vascular calcifications. Management centers on keeping phosphate under control, maintaining calcium in a balanced range, and using active vitamin D to suppress excess PTH while avoiding calcium overload. Phosphate binders are taken with meals to reduce intestinal phosphate absorption, vitamin D analogs help correct deficiency and curb PTH secretion, and calcium balance is monitored to prevent hypercalcemia or vascular calcification. Regular PTH monitoring guides adjustments to therapy to maintain bone turnover in a healthier range.

## 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](mailto: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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