

HESI CHRONIC KIDNEY DISEASE CASE STUDY PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://chronickidneydiseasescasestudy.examzify.com>



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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. Postoperative care after a living-donor kidney transplant includes monitoring urinary output; which of the following is true?**
 - A. It may be large and dilute and should be closely monitored.
 - B. It will be zero for the first 24 hours.
 - C. It will not be monitored after surgery.
 - D. It will always be concentrated.
- 2. A CKD patient presents with potassium 5.9 mEq/L. What immediate management steps should be taken to stabilize the myocardium?**
 - A. IV calcium gluconate to stabilize cardiac membranes, followed by insulin with glucose and/or beta-agonist therapy; monitor ECG and prepare for dialysis if refractory
 - B. Oral bicarbonate therapy to correct acidosis
 - C. Oral potassium binders only
 - D. Fluid restriction and observation
- 3. Which documentation best describes a properly functioning arteriovenous graft (AV graft)?**
 - A. Thrill present and palpated.
 - B. Bruit heard at the graft site.
 - C. Distal pulses absent.
 - D. Redness and warmth around graft site.
- 4. Which statement best explains how immunosuppressive therapy is balanced to prevent rejection while minimizing infection risk?**
 - A. To prevent any infections at all times.
 - B. To balance rejection risk and infection risk by regular drug level monitoring.
 - C. To guarantee no rejection occurs.
 - D. Immunosuppressants have no impact on infection risk.
- 5. What is a common early complication of peritoneal dialysis?**
 - A. Hypertension
 - B. Hypokalemia
 - C. Air leaks
 - D. Peritonitis

- 6. Which assessment should be reported to the healthcare provider immediately in a patient with a hemodialysis graft?**
- A. Absence of a thrill over the graft site.
 - B. Yellow, purulent drainage from graft incision site.
 - C. Capillary refill >10 seconds in the hand where the graft is placed.
 - D. Redness around the graft incision with warmth.
- 7. Which statement about who discusses renal replacement therapy options with the client is accurate?**
- A. The nurse should decide the best therapy for the client.
 - B. The HCP discusses risks and benefits of dialysis options with the client.
 - C. The client only needs to know about dialysis after tests.
 - D. Family members should make the decision with no clinician input.
- 8. Why is overcorrection of hemoglobin discouraged when treating CKD-related anemia?**
- A. It increases cardiovascular risk
 - B. It decreases cardiovascular risk
 - C. It has no impact on outcomes
 - D. It improves outcomes in all cases
- 9. Which statement best describes CKD stage 1?**
- A. eGFR 60-89 with albuminuria
 - B. eGFR ≥ 90 with evidence of kidney damage
 - C. eGFR ≥ 90 with no signs of damage
 - D. Evidence of kidney damage with eGFR ≥ 90 mL/min/1.73 m²
- 10. Which action demonstrates adherence to the post-transplant plan?**
- A. Regularly exercise at high intensity
 - B. Discontinue immunosuppressants if labs are normal
 - C. Attend all scheduled follow-ups and take meds as directed
 - D. Avoiding clinic follow-up

Answers

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

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Explanations

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1. Postoperative care after a living-donor kidney transplant includes monitoring urinary output; which of the following is true?

- A. It may be large and dilute and should be closely monitored.**
- B. It will be zero for the first 24 hours.
- C. It will not be monitored after surgery.
- D. It will always be concentrated.

Urinary output after a living-donor kidney transplant is a major clue about graft perfusion and function. In the immediate post-op period, the transplanted kidney often produces a large volume of urine that is dilute, because it hasn't yet fully regained concentrating ability and there can be osmotic diuresis from previously accumulated solutes. Because this diuresis can be substantial, clinicians vigilantly monitor urine output and fluid/electrolyte balance to ensure adequate perfusion and to prevent dehydration or electrolyte imbalances. A sudden drop in urine output would alert the team to possible problems such as vascular compromise or ureteral obstruction, requiring prompt evaluation. The urine is not expected to be zero in the first day, and it will continue to be monitored after surgery to detect any evolving issues. It is not always concentrated early on; concentration tends to improve as the kidney recovers.

2. A CKD patient presents with potassium 5.9 mEq/L. What immediate management steps should be taken to stabilize the myocardium?

- A. IV calcium gluconate to stabilize cardiac membranes, followed by insulin with glucose and/or beta-agonist therapy; monitor ECG and prepare for dialysis if refractory**
- B. Oral bicarbonate therapy to correct acidosis
- C. Oral potassium binders only
- D. Fluid restriction and observation

When potassium is markedly elevated and the heart is at risk, the first priority is to protect cardiac membranes. IV calcium gluconate rapidly stabilizes the myocardial cell membranes, reducing excitability and preventing life-threatening arrhythmias, even before any change in serum potassium occurs. After the heart is stabilized, the next step is to lower the extracellular potassium by shifting it into cells—administer insulin with glucose, and/or a beta-agonist such as albuterol. These moves can rapidly decrease potassium levels within minutes to an hour. Continuous ECG monitoring is essential during this process to track response and catch any evolving changes. Bicarbonate can be helpful if metabolic acidosis is present, but it does not provide the immediate membrane stabilization that calcium does. Oral potassium binders act more slowly and are not used for immediate stabilization. Fluid restriction and observation do not address the urgent risk of arrhythmia in this scenario. In a CKD patient with significant hyperkalemia, dialysis is considered if potassium remains high or if there are ongoing risks or refractory cases, as it provides definitive potassium removal.

3. Which documentation best describes a properly functioning arteriovenous graft (AV graft)?

- A. Thrill present and palpated.**
- B. Bruit heard at the graft site.
- C. Distal pulses absent.
- D. Redness and warmth around graft site.

Assessing AV graft patency through palpation findings. A properly functioning AV graft should have a palpable thrill along the graft, which is a vibrating sensation felt over the access site as blood moves rapidly through the artificial conduit. This thrill indicates that there is ongoing flow through the graft, meaning the graft is not narrowed or occluded. Documenting that the thrill is present and can be palpated provides a clear, objective sign of patency. While a bruit heard over the graft can also suggest flow, it is less definitive for documentation because sounds can be variable due to technique, frequency, or ambient factors, and a bruit alone may not always reliably confirm patency. Absence of a thrill raises concern for stenosis or thrombosis and would prompt further evaluation. Redness and warmth around the graft point more toward irritation or infection rather than functioning flow. Therefore, noting that a thrill is present and palpated best reflects a functioning AV graft.

4. Which statement best explains how immunosuppressive therapy is balanced to prevent rejection while minimizing infection risk?

- A. To prevent any infections at all times.
- B. To balance rejection risk and infection risk by regular drug level monitoring.**
- C. To guarantee no rejection occurs.
- D. Immunosuppressants have no impact on infection risk.

Immunosuppressive therapy must protect the transplanted organ while avoiding excessive suppression of the immune system. The practical way to achieve this balance is by regularly checking drug trough levels and adjusting dosing to keep exposure within a target range. Too little immunosuppression raises the risk of rejection, while too much increases infection risk and other toxicities. Individual factors like absorption, metabolism, drug interactions, kidney function, and adherence vary a lot, so fixed doses won't fit every patient—ongoing monitoring plus clinical assessment guide titration. In someone with CKD, drug handling can be altered and some agents can be nephrotoxic, making careful monitoring even more important. The goal isn't to eliminate infections or guarantee no rejection; it's to minimize both risks by maintaining appropriate immunosuppressive levels through regular monitoring.

5. What is a common early complication of peritoneal dialysis?

- A. Hypertension
- B. Hypokalemia
- C. Air leaks
- D. Peritonitis**

Peritoneal dialysis introduces dialysate into the peritoneal cavity, creating a potential route for infection. The most common early complication is infection of the peritoneal cavity—peritonitis—often from contamination during exchanges or from the catheter exit site. It typically presents with abdominal pain and cloudy dialysate effluent, sometimes accompanied by fever. Prompt evaluation and treatment with broad-spectrum intraperitoneal antibiotics that cover both Gram-positive and Gram-negative organisms are essential, and catheter removal may be needed if the infection is persistent or fungal. While hypertension, electrolyte shifts like hypokalemia, and issues such as air leaks can occur with PD, they are not as characteristic or common in the early period as peritonitis.

6. Which assessment should be reported to the healthcare provider immediately in a patient with a hemodialysis graft?

- A. Absence of a thrill over the graft site.
- B. Yellow, purulent drainage from graft incision site.**
- C. Capillary refill >10 seconds in the hand where the graft is placed.
- D. Redness around the graft incision with warmth.

In a dialysis graft, signs of infection are an immediate red flag because graft infection can spread to the bloodstream and threaten both the graft and the patient. Purulent drainage from the graft incision means there is an active bacterial infection around the access site, which requires urgent evaluation, culture, and treatment with antibiotics, and may lead to graft removal if the infection cannot be controlled. This is why reporting yellow, purulent drainage right away is the most urgent finding. Other signs are important too but not as immediately dangerous. Absence of a thrill suggests the graft may be occluded and not providing adequate blood flow, which needs prompt assessment. Redness with warmth can indicate cellulitis or localized infection but without purulent drainage, it's a less urgent red flag than purulent drainage. Capillary refill delay signals distal perfusion problems, which is serious but not as emergent as a purulent infection around the graft.

7. Which statement about who discusses renal replacement therapy options with the client is accurate?

- A. The nurse should decide the best therapy for the client.
- B. The HCP discusses risks and benefits of dialysis options with the client.**
- C. The client only needs to know about dialysis after tests.
- D. Family members should make the decision with no clinician input.

Discussing renal replacement therapy options with the client should come from the healthcare professional who has the medical authority to guide treatment choices and provide an informed explanation of risks, benefits, and alternatives. The accurate statement is that the health care provider discusses the risks and benefits of dialysis options with the client. This approach ensures the patient receives accurate, comprehensive information about each modality (such as hemodialysis, peritoneal dialysis, and potential transplant) and understands the potential complications (like hypotension, infection, or catheter issues) as well as how each option could impact quality of life and prognosis. This discussion supports informed consent and respects the patient's autonomy in making a choice aligned with their values and preferences. The nurse plays a crucial supporting role, providing education and answering questions, but the ultimate discussion of risks, benefits, and which therapy is best is led by the clinician. Information shouldn't be delayed until after tests; patients need to understand options and implications as part of ongoing decision-making. Family members can participate and support, but decisions should involve the clinician and the patient, not be made by family alone without clinician input.

8. Why is overcorrection of hemoglobin discouraged when treating CKD-related anemia?

- A. It increases cardiovascular risk**
- B. It decreases cardiovascular risk
- C. It has no impact on outcomes
- D. It improves outcomes in all cases

Overcorrecting hemoglobin when treating CKD-related anemia is discouraged because pushing hemoglobin to very high levels increases the risk of cardiovascular problems. The goal is to relieve symptoms and reduce transfusion needs, but not to normalize hemoglobin. When the level is aimed too high, blood becomes more viscous, which raises vascular resistance and can elevate blood pressure. That extra workload on the heart can worsen or trigger left ventricular hypertrophy, heart failure, and other cardiac events. In addition, higher hemoglobin targets often require larger doses of erythropoiesis-stimulating agents, and those higher doses have been linked to more thrombotic events such as heart attack and stroke, as well as death in some studies. Trials comparing higher versus lower targets consistently showed more adverse cardiovascular outcomes with aggressive correction, leading to guideline recommendations to maintain hemoglobin in a lower, safer range (roughly around 10–11.5 g/dL) and to avoid rapid or excessive increases. So, the reason overcorrection is discouraged is that it can increase cardiovascular risk rather than improve outcomes.

9. Which statement best describes CKD stage 1?

- A. eGFR 60–89 with albuminuria
- B. eGFR ≥ 90 with evidence of kidney damage
- C. eGFR ≥ 90 with no signs of damage
- D. Evidence of kidney damage with eGFR ≥ 90 mL/min/1.73 m²**

Stage 1 CKD is defined by normal or high filtration rate (eGFR at least 90 mL/min/1.73 m²) together with evidence of kidney damage. The description that best matches this is kidney damage present with an eGFR of 90 or higher. This means your kidneys are structurally or functionally damaged even though their filtration capacity is still in the normal range. Evidence of damage can be things like elevated urine albumin excretion (albuminuria), abnormal imaging, or biopsy findings. Understanding this helps distinguish stage 1 from scenarios where the eGFR is normal but there's no evidence of damage (which wouldn't be CKD), or from stages where the eGFR is reduced (which correspond to CKD stages 2–5, depending on how low the eGFR is). In practice, stage 1 CKD often has few or no symptoms, so identifying damage markers and assessing risk factors (like diabetes or hypertension) guides management to slow progression, including blood pressure control (often with ACE inhibitors or ARBs if albuminuria is present), lifestyle measures, and avoiding nephrotoxins.

10. Which action demonstrates adherence to the post-transplant plan?

- A. Regularly exercise at high intensity
- B. Discontinue immunosuppressants if labs are normal
- C. Attend all scheduled follow-ups and take meds as directed**
- D. Avoiding clinic follow-up

Staying on the prescribed immunosuppressive medications and keeping all follow-up appointments is essential after a transplant because the immune system is kept from attacking the new organ, and ongoing monitoring ensures drug levels are appropriate and any signs of rejection, infection, or drug toxicity are caught early. Taking meds exactly as directed maintains therapeutic levels, while regular visits allow the care team to adjust therapy, review labs, and assess organ function. This combination directly reflects adherence to the post-transplant plan. Actions like exercising at high intensity aren't the measure of adherence to the post-transplant plan, and stopping immunosuppressants or skipping clinic visits can lead to rejection or serious complications.

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:

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

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