

NNCC Certified Clinical Hemodialysis Technician (CCHT) Certification Practice Exam (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 of the following is a sign of an infected vascular access?**
 - A. numbness and tingling**
 - B. fever and swelling**
 - C. redness and warmth**
 - D. tenderness and drainage**

- 2. Hyperkalemia can lead to which serious event?**
 - A. Cardiac arrest**
 - B. Hypokalemia**
 - C. Dehydration**
 - D. Arrhythmia**

- 3. What is the most accurate measure of dialysis adequacy?**
 - A. Creatinine clearance**
 - B. Urea Reduction Ratio**
 - C. BUN Reduction Ratio**
 - D. Kt/V**

- 4. Target weight is defined as which of the following?**
 - A. The weight at which edema is present**
 - B. The weight after dialysis**
 - C. The weight before dialysis**
 - D. The weight with no edema and BP normal**

- 5. Normal body pH range is**
 - A. 7.0-7.2**
 - B. 7.55-7.65**
 - C. 6.8-7.0**
 - D. 7.35-7.45**

- 6. What is the usual daily fluid allowance for a person with kidney failure?**
 - A. 2 To 3 Liters Daily**
 - B. 3 To 4 Liters Daily**
 - C. 1.0 To 1.5 Liters Daily**
 - D. 0.5 Liter Daily**

- 7. Which condition is most likely to trigger a high venous pressure alarm?**
- A. Air in line**
 - B. Low arterial pressure**
 - C. Kinking of the venous blood line**
 - D. Clogged dialyzer**
- 8. Patient exposure to chloramines during the hemodialysis treatment may cause**
- A. Nausea**
 - B. Hemolysis**
 - C. Hypertension**
 - D. Fever**
- 9. Which component in dialysis is used to correct metabolic acidosis?**
- A. Sodium**
 - B. Bicarbonate**
 - C. Potassium**
 - D. Glucose**
- 10. A mixed bed DI tank contains which components?**
- A. Cations and Anions**
 - B. Only Cations**
 - C. Only Anions**
 - D. Water and minerals**

Answers

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

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Explanations

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1. Which of the following is a sign of an infected vascular access?

- A. numbness and tingling**
- B. fever and swelling**
- C. redness and warmth**
- D. tenderness and drainage**

Redness and warmth around the vascular access signal a localized infection. When the body fights pathogens at the access site, blood vessels dilate and blood flow increases to bring immune cells to the area. That inflammatory response causes both visible redness and a feeling of warmth. These signs are direct indicators of localized infection at the site. Numbness and tingling aren't infection signs, and fever is a systemic response that may occur if the infection spreads, not a localized clue. Swelling can accompany various issues, and drainage can occur with infection but redness and warmth specifically reflect the active inflammatory process at the access site, making them the most reliable single sign among the options.

2. Hyperkalemia can lead to which serious event?

- A. Cardiac arrest**
- B. Hypokalemia**
- C. Dehydration**
- D. Arrhythmia**

High potassium levels disrupt the heart's electrical activity by altering the resting membrane potential and slowing conduction. This can produce dangerous rhythm disturbances, and if these disturbances become severe, the heart can stop beating. That progression makes cardiac arrest the most serious potential outcome of hyperkalemia, which is why it's the best answer. While hyperkalemia can cause arrhythmias, dehydration and hypokalemia are not direct consequences of high potassium, and the question is asking for the most severe event that can occur.

3. What is the most accurate measure of dialysis adequacy?

- A. Creatinine clearance**
- B. Urea Reduction Ratio**
- C. BUN Reduction Ratio**
- D. Kt/V**

Measuring dialysis adequacy is about how much urea is removed during a session relative to the patient's body size. Urea Reduction Ratio and BUN Reduction Ratio look at how much urea drops during treatment, but they don't account for how long the treatment lasts or the patient's total body water, and they can be influenced by hydration changes or non-urea clearance. Creatinine clearance depends on creatinine production and residual urine, which varies a lot and doesn't reflect how effectively dialysis clears urea during the session. Kt/V brings together three factors: K is the dialyzer's urea clearance, t is the treatment time, and V is the patient's volume of distribution (roughly total body water). This creates a standardized, patient-specific measure of how much of the body's urea is cleared during a session, and it has strong associations with patient outcomes. For that reason, it's considered the most accurate measure of dialysis adequacy among the options.

4. Target weight is defined as which of the following?

- A. The weight at which edema is present**
- B. The weight after dialysis**
- C. The weight before dialysis**
- D. The weight with no edema and BP normal**

In hemodialysis, target weight (often called dry weight) is the weight the patient should be after a dialysis session when excess fluid has been removed and the body is euvolemic. It reflects the fluid status where there is no swelling (no edema) and blood pressure is in the normal range. This weight serves as the reference for how much fluid to remove in the next session. If the patient's post-dialysis weight is higher than target, there's fluid overload; if it's lower, there may have been too much fluid removed or a drop in blood pressure. Therefore, the best description is a weight with no edema and normal BP.

5. Normal body pH range is

- A. 7.0-7.2**
- B. 7.55-7.65**
- C. 6.8-7.0**
- D. 7.35-7.45**

Blood pH must stay within a narrow range to keep enzymes and cells functioning properly; the normal arterial pH range is about 7.35 to 7.45. This slight alkalinity is maintained by buffers in the blood, the lungs, and the kidneys working together to regulate acid-base balance. Values outside this window indicate acid-base disturbances: below 7.35 means acidosis, above 7.45 means alkalosis. The provided options show ranges that are either too acidic or too alkaline for normal physiology, so the range around 7.35 to 7.45 is the correct representation of normal body pH.

6. What is the usual daily fluid allowance for a person with kidney failure?

- A. 2 To 3 Liters Daily**
- B. 3 To 4 Liters Daily**
- C. 1.0 To 1.5 Liters Daily**
- D. 0.5 Liter Daily**

When the kidneys can't remove excess water, a fluid restriction is needed to prevent fluid buildup between dialysis sessions. The usual daily target is about 1.0 to 1.5 liters, including all drinks plus fluids from foods, ice, and soups. The exact amount depends on how much urine the person still produces and the dialysis schedule; some urine output allows a bit more, while little to no urine typically keeps you toward the lower end. The other options would risk too much fluid accumulating, leading to edema, high blood pressure, or trouble breathing, or be overly restrictive for everyday needs and could cause dehydration. Track intake with daily weight and watch for swelling or shortness of breath, and adjust with the care team.

7. Which condition is most likely to trigger a high venous pressure alarm?

- A. Air in line
- B. Low arterial pressure
- C. Kinking of the venous blood line**
- D. Clogged dialyzer

High venous pressure indicates resistance in the venous return path. The venous pressure sensor sits in the return line after the dialyzer, so when something narrows or blocks that line, the pressure backing up toward the patient rises and triggers the high venous pressure alarm. A kink in the venous blood line directly creates that downstream resistance, making it the most likely cause among the options. Air in the line would trigger an air/bubble alarm; low arterial pressure points to problems in the arterial side or patient condition; a clogged dialyzer tends to raise pressures differently and isn't as specifically tied to a high venous pressure alarm as a kink in the venous line.

8. Patient exposure to chloramines during the hemodialysis treatment may cause

- A. Nausea
- B. Hemolysis**
- C. Hypertension
- D. Fever

Chloramines in dialysate act as oxidants that can damage red blood cells when they enter the bloodstream during dialysis. This oxidative stress leads to hemolysis, the destruction of red blood cells, making it the most likely outcome of chloramine exposure in the dialysis circuit. Nausea, fever, and hypertension aren't specifically linked to chloramine exposure—the fever risk is more tied to dialysate endotoxins, and the others are not characteristic effects. Proper water treatment and dechlorination are essential to prevent this complication.

9. Which component in dialysis is used to correct metabolic acidosis?

- A. Sodium
- B. Bicarbonate**
- C. Potassium
- D. Glucose

Metabolic acidosis during dialysis is corrected by the bicarbonate buffer in the dialysate. In kidney failure, the body loses bicarbonate and accumulates acids, causing low blood pH. During hemodialysis, blood exchanges across a membrane with dialysate that contains bicarbonate; bicarbonate diffuses into the blood while hydrogen ions diffuse into the dialysate, raising the plasma bicarbonate level and increasing pH. Some older solutions used lactate as a buffer, which is converted to bicarbonate in the body, but today the direct bicarbonate buffer is the standard. Sodium, potassium, and glucose in the dialysate have important roles for fluid, electrolyte, and energy balance, but they do not directly correct metabolic acidosis.

10. A mixed bed DI tank contains which components?

A. Cations and Anions

B. Only Cations

C. Only Anions

D. Water and minerals

A mixed bed DI tank uses both cation and anion exchange resins together to remove all ions from water. The cation resin swaps positive ions (like calcium, magnesium, sodium) for hydrogen ions, while the anion resin swaps negative ions (like chloride, sulfate, bicarbonate) for hydroxide ions. The hydrogen from the cation resin and the hydroxide from the anion resin combine to form water, so the water becomes highly deionized. If only one type were present, you'd remove either cations or anions, but not both, leaving mineral ions in the water. Hence, the tank contains both cations and anions.

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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://nnccccht.examzify.com>

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

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