

NNCC CERTIFIED CLINICAL HEMODIALYSIS TECHNICIAN (CCHT) CERTIFICATION PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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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. 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

- 2. A definition of uremia is**
 - A. An increase of wastes in the blood
 - B. A decrease of wastes in the blood
 - C. Inflammation of the kidneys
 - D. Normal kidney function

- 3. Dialysate that is too hot during dialysis can cause which complication?**
 - A. hypotension
 - B. hemolysis
 - C. cramps
 - D. hypertension

- 4. A 58-year-old patient who is blind comes to treatment accompanied by his wife. What approach should the dialysis tech use when interacting with the patient?**
 - A. Describe the activities in the immediate environment
 - B. Describe only to the wife and avoid speaking to the patient
 - C. Speak loudly with medical jargon
 - D. Ignore visual impairments

- 5. Solutions with higher osmolarity than body fluids are called?**
 - A. Dialytic
 - B. Hypertonic
 - C. Isotonic
 - D. Hypotonic

- 6. Acceptable interdialytic weight gains are how many percent of TW?**
- A. 3-5%
 - B. 1-2%
 - C. 6-8%
 - D. 9-12%
- 7. Which set of tests includes BUN, Creatinine, and URR?**
- A. Glucose, Sodium, Potassium
 - B. Hematocrit, Platelets, WBC
 - C. BUN, Creatinine, URR
 - D. Albumin, Bilirubin, ALT
- 8. Sign(s) of hypoglycemia in a diabetic dialysis patient include:**
- A. Anxiety and confusion
 - B. Sweating and tremor
 - C. Nausea
 - D. Dizziness
- 9. Which vascular access has the fewest complications?**
- A. Arteriovenous graft
 - B. Central venous catheter
 - C. Synthetic arteriovenous graft
 - D. Arteriovenous fistula
- 10. When fluid replacement is necessary during hemodialysis, which solution is used?**
- A. Lactated Ringer's
 - B. 0.9% normal saline
 - C. 5% dextrose
 - D. Ringer's solution

Answers

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

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Explanations

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1. 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 euvoletic. 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.

2. A definition of uremia is

- A. An increase of wastes in the blood**
- B. A decrease of wastes in the blood
- C. Inflammation of the kidneys
- D. Normal kidney function

Uremia means wastes that should be removed by the kidneys have built up in the blood because the kidneys aren't filtering properly. This buildup reflects impaired renal clearance of nitrogenous wastes like urea and other toxins. That's why the correct definition is an increase of wastes in the blood—signaling that filtration is not functioning adequately. The other statements describe situations that don't fit uremia. A decrease of wastes would indicate better clearance, not uremia. Inflammation of the kidneys refers to nephritis, a different process. Normal kidney function would not produce waste buildup at all.

3. Dialysate that is too hot during dialysis can cause which complication?

- A. hypotension
- B. hemolysis**
- C. cramps
- D. hypertension

Overheating dialysate raises the temperature of blood in the extracorporeal circuit, and red blood cells are sensitive to heat. This thermal stress can disrupt the RBC membrane, causing the cells to rupture and release hemoglobin into the plasma. That destruction of red cells is hemolysis, a direct and serious consequence of using dialysate that's too hot. While excessive heat can also contribute to symptoms like dizziness or low blood pressure from vasodilation, the key idea here is that hot dialysate can cause red blood cell rupture.

4. A 58-year-old patient who is blind comes to treatment accompanied by his wife. What approach should the dialysis tech use when interacting with the patient?

- A. Describe the activities in the immediate environment
- B. Describe only to the wife and avoid speaking to the patient
- C. Speak loudly with medical jargon
- D. Ignore visual impairments

When interacting with a patient who is blind, giving clear, descriptive information about the immediate environment helps the person orient themselves and participate in the care. Start by introducing yourself and speaking directly to the patient, not just to the accompanying person. Then describe what's around them and what you are about to do in simple terms. For example, you can say where the chair, machine, and supplies are located, and what actions you will take next. This verbal orientation reduces anxiety, supports safety, and promotes autonomy. Describe the steps before you perform them and use plain language rather than jargon. Check for understanding and offer to provide more detail or describe things again if needed. Involve the wife appropriately, but keep the patient central in the conversation and acknowledge the patient's right to be informed and spoken to directly. Ignoring the impairment or speaking only to the caregiver would overlook the patient's needs for independence and safety.

5. Solutions with higher osmolarity than body fluids are called?

- A. Dialytic
- B. Hypertonic
- C. Isotonic
- D. Hypotonic

Osmolarity relative to body fluids determines how water moves across cell membranes. A solution with higher osmolarity than body fluids is hypertonic. In a hypertonic environment, water leaves the cell to balance the solute concentration outside, causing the cell to shrink. Isotonic solutions have the same osmolarity as body fluids, so there's no net water movement, while hypotonic solutions have lower osmolarity, drawing water into cells and potentially causing them to swell. Dialytic describes dialysis-related processes, not osmolarity, so it isn't the term used for this concept. Therefore, the correct term is hypertonic.

6. Acceptable interdialytic weight gains are how many percent of TW?

- A. 3-5%
- B. 1-2%
- C. 6-8%
- D. 9-12%

Interdialytic weight gain is the extra fluid a patient accumulates between dialysis sessions, expressed as a percentage of TW (the target/total weight used for dry weight). Keeping this gain around 3-5% of TW provides a practical balance: you remove enough fluid during the next session to prevent fluid overload, but not so much that the patient becomes unstable during dialysis. If interdialytic weight gain is much higher (6-8% or more), it indicates significant fluid overload and requires more aggressive ultrafiltration, which raises the risk of intradialytic hypotension, cramps, and cardiovascular strain. If it's only around 1-2%, it suggests fluid restriction may be tighter than necessary and could contribute to dehydration risks. Therefore, 3-5% of TW is the appropriate range.

7. Which set of tests includes BUN, Creatinine, and URR?

- A. Glucose, Sodium, Potassium
- B. Hematocrit, Platelets, WBC
- C. BUN, Creatinine, URR**
- D. Albumin, Bilirubin, ALT

These tests are used to assess kidney function and dialysis adequacy. BUN (blood urea nitrogen) shows how well the kidneys are clearing urea from the blood, while creatinine is another waste product cleared by the kidneys and helps gauge overall filtration. URR, the urea reduction ratio, measures how effective a dialysis session is at removing urea and is calculated from pre- and post-dialysis BUN values (often expressed as a percentage). Together, BUN, creatinine, and URR focus on waste clearance and the effectiveness of dialysis, making this the correct grouping. The other sets contain parameters for glucose and electrolytes, blood cell counts, or liver enzymes, which do not specifically assess kidney function or dialysis adequacy.

8. Sign(s) of hypoglycemia in a diabetic dialysis patient include:

- A. Anxiety and confusion**
- B. Sweating and tremor
- C. Nausea
- D. Dizziness

Recognizing signs of hypoglycemia in a diabetic dialysis patient means understanding how low glucose affects both the body's stress response and brain function. When glucose falls, the body first activates adrenergic symptoms such as anxiety and nervousness, then the brain begins to suffer from lack of glucose, leading to confusion. In dialysis patients, autonomic signs like sweating and tremor can be less noticeable due to neuropathy or the dialysis process, so confusion becomes a particularly important and reliable indicator. Nausea and dizziness can occur with low blood sugar but are less specific and may have other causes, making them less strong as stand-alone signs. So, symptoms that reflect both the adrenaline-driven response (anxiety) and the brain's response to low glucose (confusion) best signal hypoglycemia in this context. If hypoglycemia is suspected, treat promptly with fast-acting carbohydrates and recheck blood glucose.

9. Which vascular access has the fewest complications?

- A. Arteriovenous graft
- B. Central venous catheter
- C. Synthetic arteriovenous graft
- D. Arteriovenous fistula**

The main concept here is how complication risks differ among the common hemodialysis access types. An arteriovenous fistula uses your own vessels, connecting an artery to a vein to create a access site. Because there's no implanted material, it typically has the lowest infection risk and better long-term patency, meaning it stays usable with fewer interventions. These advantages translate into the fewest complications overall compared with other options. Central venous catheters, which sit inside veins and often carry skin bacteria into the bloodstream, have a high risk of infection and catheter-related bloodstream infections, plus potential vein injury and later central vein stenosis. Grafts use synthetic material to bridge artery and vein; they work quickly but tend to have higher rates of infection and thrombosis and usually require more maintenance procedures than fistulas. So, among these options, the fistula generally has the best (fewest) complications in the long term.

10. When fluid replacement is necessary during hemodialysis, which solution is used?

- A. Lactated Ringer's
- B. 0.9% normal saline**
- C. 5% dextrose
- D. Ringer's solution

When fluid replacement is needed during hemodialysis, a solution that is isotonic to blood plasma is used to quickly restore intravascular volume without shifting water between compartments. The best choice is 0.9% normal saline because it provides sodium and chloride to raise circulating volume while staying in the extracellular space, helping maintain blood pressure during ultrafiltration. Lactated Ringer's contains lactate and other electrolytes (including potassium and calcium), which can complicate electrolyte and acid-base management in a dialysis patient. Ringer's solution is similar but also brings extra ions that aren't ideal during dialysis. A solution with dextrose (5% dextrose) is not used for fluid replacement in this setting because it is not intended for rapid intravascular volume expansion and can cause glucose-related metabolic effects.

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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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