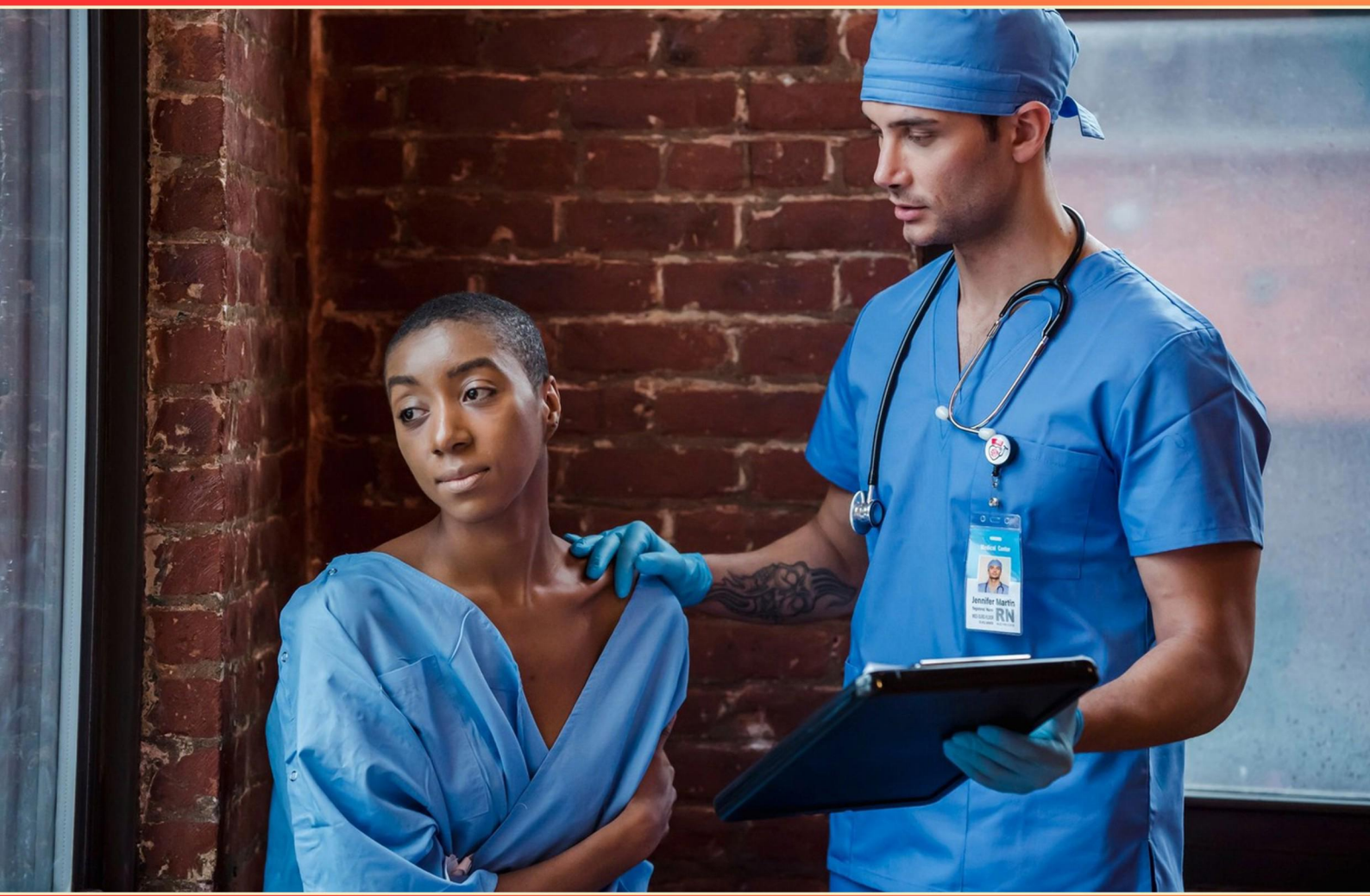
CCHT RECERTIFICATION ANDERSON CONTINUING EDUCATION (CE) PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://cchtrecertandersonce.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 16

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. Technically, anuria is defined as a urine output of how many ml/day?

A. 50

B. 100

C. 0

D. 200

2. How should a preceptor technician address a new hire's neglect of handwashing?

A. Demonstrate handwashing techniques again

B. Explain the importance very slowly

C. Describe the mistake and how to correct it

D. Get their attention firmly

3. In a patient with gross edema, which symptoms should the dialysis technician monitor for signs of hypotension?

A. Shortness of breath

B. Flushed face and nosebleed

C. Paleness

D. Excessive yawning

4. Which patient complaint may indicate the presence of air in the peritoneal cavity?

A. Scrotal edema.

B. Swelling in the neck.

C. Shoulder pain.

D. Snap, crackle, pop sensation when palpating abdomen.

5. What can cause a "false" blood leak alarm during dialysis?

A. Reduction in light received by the photocell

B. Change in translucency of the dialysate

C. Particulate matter and air bubbles in the dialysate

D. If the blood leak exceeds 0.35 ml/min

SAMPLE

6. What factors can be continually monitored in a dialysis patient with a Crit-Line monitor?

A. Absolute hematocrit

B. Percentage of blood volume change

C. Oxygen saturation

D. All of the above

7. What are the most common methods for reducing microbiological contaminants in the water used during dialysis?

A. Infusion of antibiotics into the water tanks

B. Administration of 99% Clorox into water tanks followed by profuse rinsing

C. Applying a submicron filter (0.05-mm)

D. Use of ultrafiltration device

8. Which of the following is NOT a sign of dehydration during dialysis?

A. Dry skin

B. Thirst

C. Swelling in extremities

D. Low urine output

9. Which manifestations might indicate that a patient is experiencing intradialytic complement activation?

A. Severe anemia

B. Intradialytic hypoxemia

C. Chest pain and back pain

D. Hemorrhage from mucous membranes

10. What standard does a dialysis technician question to ensure flu shot adherence?

A. Infection control procedures

B. Patient education protocols

C. Vaccination compliance standards

D. Safety procedure assessments

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Technically, anuria is defined as a urine output of how many ml/day?

A. 50

B. 100

C. 0

D. 200

Anuria is defined as a significantly reduced urine output, specifically characterized by a urine output of less than 50 ml per day. This condition can indicate severe renal dysfunction or failure, where the kidneys are unable to produce an adequate amount of urine. It is crucial to recognize anuria in clinical settings as it may signal serious underlying health issues that require immediate medical attention. Understanding the definition helps healthcare professionals assess kidney function and the patient's overall hydration status more effectively.

2. How should a preceptor technician address a new hire's neglect of handwashing?

A. Demonstrate handwashing techniques again

B. Explain the importance very slowly

C. Describe the mistake and how to correct it

D. Get their attention firmly

Addressing a new hire's neglect of handwashing is crucial for maintaining hygiene and patient safety in a clinical or healthcare setting. The most effective approach is to describe the mistake and how to correct it. This method allows the preceptor to provide direct feedback while promoting a learning opportunity. By identifying the specific issue of neglecting handwashing, the preceptor can clarify to the new hire why handwashing is essential and outline the proper procedure to ensure compliance. This approach fosters an open dialogue, encouraging the new hire to ask questions and seek clarification, which can contribute to their professional development. It also supports a culture of accountability where mistakes can be addressed constructively, rather than in a punitive manner. Demonstrating handwashing techniques again could be beneficial, but it may not fully address the root issue of the neglect; explaining the importance very slowly might come across as patronizing, and getting their attention firmly could create an uncomfortable atmosphere, potentially deterring the new hire from communicating openly in the future.

3. In a patient with gross edema, which symptoms should the dialysis technician monitor for signs of hypotension?

A. Shortness of breath

B. Flushed face and nosebleed

C. Paleness

D. Excessive yawning

Monitoring for shortness of breath in a patient with gross edema is particularly crucial because it can indicate fluid overload, which may lead to complications such as hypotension during dialysis. When a patient experiences excessive fluid retention, the increase in intravascular volume can overwhelm their cardiovascular system, potentially leading to a drop in blood pressure. Shortness of breath could signify pulmonary congestion or edema related to fluid overload, which, if not addressed, could precipitate hypotensive crises during treatment. Hence, a dialysis technician should closely observe any signs of respiratory distress as it may be an early signal of deteriorating hemodynamic status. The other symptoms listed may not be as directly linked to changes in blood pressure during dialysis. Flushed face and nosebleed can be associated with hypertension rather than hypotension. Paleness can indicate various conditions, including anemia or shock, but it does not consistently signal hypotension specifically. Excessive yawning may relate to fatigue or anxiety and is not a reliable indicator for hypotension in patients undergoing dialysis.

SAMPLE

4. Which patient complaint may indicate the presence of air in the peritoneal cavity?

A. Scrotal edema.

B. Swelling in the neck.

C. Shoulder pain.

D. Snap, crackle, pop sensation when palpating abdomen.

Shoulder pain can indicate the presence of air in the peritoneal cavity, particularly when air irritates the diaphragm. This phenomenon is known as referred pain, where discomfort is felt in a different area of the body than where the issue originates. The diaphragm and shoulder are innervated by the same nerve (the phrenic nerve), which can lead to the sensation of pain being felt in the shoulder when there is an underlying abdominal issue such as pneumoperitoneum (the presence of air in the abdominal cavity). In contrast, while scrotal edema, swelling in the neck, and a snap, crackle, pop sensation when palpating the abdomen may indicate other medical issues, they do not specifically correlate with the presence of air in the peritoneal cavity. Scrotal edema can be associated with various conditions like infections or trauma, swelling in the neck might relate to respiratory or vascular issues, and the popping sensation during abdominal palpation can arise from the presence of fluid or gas but is not directly indicative of air in the peritoneum.

5. What can cause a "false" blood leak alarm during dialysis?

A. Reduction in light received by the photocell

B. Change in translucency of the dialysate

C. Particulate matter and air bubbles in the dialysate

D. If the blood leak exceeds 0.35 ml/min

A "false" blood leak alarm during dialysis can indeed be caused by particulate matter and air bubbles in the dialysate. The blood leak detector functions by using light transmission to identify any irregularities that indicate a loss of blood into the dialysate. If the dialysate contains particulate matter or air bubbles, these can scatter the light and mimic the signatures of blood, leading to an alarm even when no actual blood is present. This is significant as it highlights the importance of ensuring a clean and clear dialysate to avoid unnecessary alarms and potential patient distress. The reduction in light received by the photocell and a change in translucency of the dialysate can also contribute to alarm triggers but do not directly indicate the presence of blood. A true blood leak would be indicated by an actual measurement exceeding 0.35 ml/min, which signifies a genuine issue rather than a false alarm. Understanding these distinctions is crucial for accurately managing and responding to alarms during dialysis procedures.

SAMPLE

6. What factors can be continually monitored in a dialysis patient with a Crit-Line monitor?

A. Absolute hematocrit

B. Percentage of blood volume change

C. Oxygen saturation

D. All of the above

The Crit-Line monitor is a valuable tool used during dialysis to assess various clinical parameters related to the patient's blood and overall health. One of its key functions is to continually monitor the absolute hematocrit, which reflects the proportion of blood volume that is occupied by red blood cells. This measurement is crucial because it helps in evaluating how well the dialysis treatment is preserving the patient's red blood cell levels, indicating whether the patient is experiencing anemia or other complications. In addition to hematocrit, the Crit-Line monitor also keeps track of the percentage of blood volume change. This metric is essential for understanding the fluid status of the patient during dialysis, as it reflects how much fluid has been removed during the treatment session, and helps to prevent complications associated with over-dialysis or under-dialysis. Oxygen saturation is another important parameter that can be monitored, as it indicates how efficiently oxygen is being transported in the blood. Monitoring this alongside hematocrit and blood volume change provides a comprehensive view of the patient's cardiovascular and pulmonary status during the dialysis session. Since the Crit-Line monitor can effectively measure all of these critical factors—absolute hematocrit, percentage of blood volume change, and oxygen saturation—the correct answer encompasses all these elements, validating the choice that "All

7. What are the most common methods for reducing microbiological contaminants in the water used during dialysis?

A. Infusion of antibiotics into the water tanks

B. Administration of 99% Clorox into water tanks followed by profuse rinsing

C. Applying a submicron filter (0.05-mm)

D. Use of ultrafiltration device

Using a submicron filter (0.05-mm) is a common and effective method for reducing microbiological contaminants in the water used during dialysis. This filtration process removes bacteria and other microorganisms from the water by allowing the clean water to pass through tiny pores while trapping the contaminants. Submicron filtration is particularly beneficial in dialysis settings because it ensures that the water used meets stringent purity standards, which is critical for patient safety. The precise pore size of the filter can effectively capture most bacteria, thereby minimizing the risk of infection and other complications that patients may face during dialysis treatments. Other methods, while they may have their applications, can be less effective or may not be appropriate in the context of preparing water for dialysis. For instance, infusing antibiotics into the water tanks can lead to resistance issues and may not eliminate contaminants effectively. Similarly, the administration of Clorox could potentially leave harmful residues and requires extensive rinsing, which may not guarantee complete removal of chlorine. The use of ultrafiltration devices is also a relevant approach but may not specifically target microbiological contaminants as directly as submicron filtration does. Thus, the use of submicron filters is a standard practice aimed specifically at ensuring the microbiological safety of dialysis water.

SAMPLE

8. Which of the following is NOT a sign of dehydration during dialysis?

A. Dry skin

B. Thirst

C. Swelling in extremities

D. Low urine output

Swelling in the extremities is not typically associated with dehydration during dialysis. Instead, it is more commonly linked to fluid overload or retention, which occurs when the body has too much fluid. This can happen for patients who might be receiving insufficient dialysis treatment or have underlying health issues that prevent proper fluid removal. In contrast, signs of dehydration during dialysis, such as dry skin, thirst, and low urine output, indicate that the body is lacking adequate fluids. Recognizing these signs is critical for appropriate monitoring and management of a patient's fluid status while undergoing dialysis.

9. Which manifestations might indicate that a patient is experiencing intradialytic complement activation?

A. Severe anemia

B. Intradialytic hypoxemia

C. Chest pain and back pain

D. Hemorrhage from mucous membranes

Intradialytic complement activation is a phenomenon that can occur during dialysis, where the complement system—part of the immune response—becomes activated. One important manifestation of this activation is intradialytic hypoxemia, which refers to a decrease in oxygen levels in the blood during the dialysis treatment. This can occur as a result of various factors, including alterations in blood flow and changes in the body's response to the dialysis process. Intradialytic hypoxemia can lead to symptoms such as confusion, shortness of breath, and increased heart rate. Severe anemia, chest and back pain, and hemorrhage from mucous membranes may also have various connections to a patient's overall condition or complications from dialysis, but they do not specifically indicate intradialytic complement activation in the same way that hypoxemia does. For example, severe anemia is more closely related to the patient's overall hemoglobin and red blood cell count rather than a direct response during the dialysis session. Similarly, chest pain and back pain could arise from multiple causes, including underlying cardiovascular issues or muscular strains, rather than being direct indicators of complement activation. Hemorrhage from mucous membranes can suggest a different set of complications, such as clotting disorders or other pathologies

SAMPLE

10. What standard does a dialysis technician question to ensure flu shot adherence?

A. Infection control procedures

B. Patient education protocols

C. Vaccination compliance standards

D. Safety procedure assessments

To ensure flu shot adherence, the focus is on vaccination compliance standards. These standards outline the guidelines and requirements for immunizations, including the administration of flu shots, particularly in a healthcare setting. Adhering to vaccination compliance standards ensures that patients are protected against preventable diseases and helps minimize the risk of outbreaks in vulnerable populations, such as those receiving dialysis treatment. Infection control procedures are crucial for maintaining a safe environment but do not specifically address the adherence to flu vaccinations. Patient education protocols are essential for informing patients about the importance of vaccinations, yet they do not directly enforce compliance. Safety procedure assessments are important for overall patient safety but are not specifically related to vaccination compliance. Therefore, focusing on vaccination compliance standards is the most effective way to ensure that flu shot adherence is being addressed appropriately in the context of patient care.

SAMPLE

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://cchtrecertandersonce.examzify.com

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

SAMPLE