DAVITA PERITONEAL DIALYSIS (PD) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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.

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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!

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Questions

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1. What is the role of protein intake in PD patients?

A. Adequate protein intake is essential to replace protein losses in the dialysate and prevent malnutrition.

B. Protein intake has no impact on outcomes.

C. It is only important to meet energy needs.

D. Excess protein cures peritoneal membrane damage.

2. Which of the following is a mineral bone disease (MBD) medication?

A. Epogen

B. Furosemide

C. Gentamicin

D. Cinacalcet

3. What are the goals of electrolyte management in PD?

A. Increase phosphate with high phosphorus diet

B. Ignore metabolic acidosis

C. Minimize protein intake

D. Maintain phosphate/calcium balance, correct metabolic acidosis, and ensure adequate protein intake

4. Which practice verifies proper tubing connections during each PD exchange?

A. Reuse old connectors to save costs

B. Avoid touching contaminated surfaces during connections

C. Use clean, dry connections and verify sterile connectors are used

D. Disconnect and reassemble without hand hygiene

5. POA meetings are completed within how many days after re-assessment?

A. 7 days

B. 10 days

C. 30 days

D. 15 days

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6. Which of the following are common signs of an exit-site infection?

A. Redness, tenderness, and/or purulent drainage at the catheter exit site

B. Nodule formation along the tracts of the peritoneal catheter

C. Fever and generalized malaise without exit-site findings

D. Hypertension and weight gain

7. How is exit-site infection severity categorized?

A. Mild (erythema without drainage), moderate (erythema with drainage or tenderness), severe (systemic signs or spreading infection)

B. Mild to severe based on fever only

C. Only one category

D. Not categorized

8. In PD, when is icodextrin particularly beneficial?

A. It provides longer-lasting ultrafiltration during long dwells, reducing glucose exposure.

B. It reduces blood glucose.

C. It is used to prevent peritonitis.

D. It replaces the need for dialysate entirely.

9. DaVita lab reports neutrophils as which term?

A. PMN

B. WBC

C. Lymphocytes

D. Platelets

10. Total clearance in PD is determined by combining peritoneal clearance with what factor?

A. Urine color

B. Dialysate color

C. Fluid intake

D. Residual renal function

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Answers

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

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Explanations

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1. What is the role of protein intake in PD patients?

A. Adequate protein intake is essential to replace protein losses in the dialysate and prevent malnutrition.

B. Protein intake has no impact on outcomes.

C. It is only important to meet energy needs.

D. Excess protein cures peritoneal membrane damage.

Protein intake in PD patients matters because peritoneal dialysis causes ongoing loss of protein and amino acids into the dialysis fluid. Because these losses elevate daily protein requirements, meeting adequate protein intake is essential to prevent malnutrition and low serum albumin. Adequate protein supports immune function, wound healing, and maintaining muscle mass, all of which influence outcomes. Relying only on calories without enough protein can still lead to malnutrition and poorer health, even if energy needs are met. The idea that excess protein cures peritoneal membrane damage isn't correct; membrane issues aren't fixed by more protein. So, the best answer is that adequate protein intake is essential to replace dialysate protein losses and prevent malnutrition, with a higher intake than the general population to compensate for losses (often around 1.2 g/kg/day or more).

2. Which of the following is a mineral bone disease (MBD) medication?

A. Epogen

B. Furosemide

C. Gentamicin

D. Cinacalcet

In dialysis-related mineral bone disorder, medicines that directly control parathyroid hormone and mineral balance are used. Cinacalcet is a calcimimetic that makes the parathyroid glands more sensitive to calcium, which lowers parathyroid hormone (PTH) release. Lower PTH helps reduce bone turnover and helps balance calcium and phosphate, addressing secondary hyperparathyroidism, a core issue in CKD–MBD. That's why cinacalcet is the mineral bone disease medication. Epogen treats anemia by stimulating red blood cell production, not bone-mineral balance. Furosemide is a diuretic used for fluid management, and Gentamicin is an antibiotic. They do not address mineral bone disease.

3. What are the goals of electrolyte management in PD?

A. Increase phosphate with high phosphorus diet

B. Ignore metabolic acidosis

C. Minimize protein intake

D. Maintain phosphate/calcium balance, correct metabolic acidosis, and ensure adequate protein intake

Managing minerals, acid-base status, and nutrition is central to PD electrolyte management. The goal is to keep phosphate and calcium in balance because phosphate tends to rise in kidney failure and can bind calcium, fueling bone disease and vascular calcifications; dialysis helps remove phosphate and medications or dietary adjustments manage calcium balance to avoid too much calcium or too little. Correcting metabolic acidosis is another key aim, since PD solutions provide bicarbonate and maintaining a normal acid-base state supports protein synthesis, reduces protein breakdown, and generally improves energy and well-being. Ensuring adequate protein intake is essential because dialysate losses can lead to protein wasting; enough protein helps preserve muscle, immune function, and overall nutritional status. The other options would worsen outcomes: increasing phosphate intake worsens mineral balance, ignoring acidosis allows decline in health, and reducing protein intake worsens nutrition and recovery.

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4. Which practice verifies proper tubing connections during each PD exchange?

A. Reuse old connectors to save costs

B. Avoid touching contaminated surfaces during connections

C. Use clean, dry connections and verify sterile connectors are used

D. Disconnect and reassemble without hand hygiene

Maintaining aseptic technique during every PD exchange is essential to prevent infection. The best practice is to use clean, dry connections and verify that sterile connectors are used, because moisture or non-sterile parts can introduce bacteria into the peritoneal cavity. Ensuring the connection points are sterile creates a reliable barrier and protects the peritoneal space from contamination. Reusing old connectors violates sterility and increases infection risk, while handling via contaminated surfaces or skipping hand hygiene would also compromise the connection. In short, using clean, dry, and sterile components and confirming sterility at the connection point directly supports safe, effective exchanges.

5. POA meetings are completed within how many days after re-assessment?

A. 7 days

B. 10 days

C. 30 days

D. 15 days

The main concept here is the time window for closing the loop after a re-assessment. When a re-assessment identifies new or changing needs, the care team conducts a Plan of Action (POA) meeting to review findings and set concrete adjustments to the patient's dialysis plan, medications, nutrition guidance, and follow-up actions. Completing the POA meeting within 15 days ensures changes are implemented promptly, supporting timely optimization of the treatment and minimizing risks from delays. It also provides a realistic timeframe to coordinate with the patient, caregivers, and the rest of the care team, gather any needed data, and document decisions. Smaller timeframes, like 7 or 10 days, can be challenging to schedule and may rush discussion or gathering of information. A longer window, such as 30 days, could allow unnecessary delays in addressing issues identified during the re-assessment. Thus, 15 days is the appropriate balance to maintain safe, responsive care.

6. Which of the following are common signs of an exit-site infection?

A. Redness, tenderness, and/or purulent drainage at the catheter exit site

B. Nodule formation along the tracts of the peritoneal catheter

C. Fever and generalized malaise without exit-site findings

D. Hypertension and weight gain

Exit-site infection is a local infection at the PD catheter exit. The hallmark signs are redness around the exit, tenderness on palpation, and purulent drainage from the exit site. These findings show the skin and subcutaneous tissues around the catheter exit are infected, which is the key clue in this scenario. Recognizing these local signs early helps prevent the infection from spreading along the catheter tunnel or into the peritoneal cavity. Nodule formation along the catheter tract suggests a different issue, typically a tunnel infection. Fever and generalized malaise without exit-site findings point to a systemic illness that may not be localized to the exit site, such as peritonitis or another infection. Hypertension and weight gain are not signs of an exit-site infection.

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7. How is exit-site infection severity categorized?

A. Mild (erythema without drainage), moderate (erythema with drainage or tenderness), severe (systemic signs or spreading infection)

B. Mild to severe based on fever only

C. Only one category

D. Not categorized

The idea being tested is that exit-site infection does not have a single universal severity scale used across all PD programs. Clinicians assess an exit-site infection by looking at local signs at the exit (redness, drainage, tenderness) and by noting any systemic or spreading signs, then make management decisions based on the overall clinical picture rather than fitting the infection into a predefined grade. Because there isn't a universally standardized set of categories that every program uses, the question's answer reflects that lack of a universal categorization. In practice, you monitor for progression and systemic involvement and treat promptly, rather than applying a fixed mild/moderate/severe label.

8. In PD, when is icodextrin particularly beneficial?

A. It provides longer-lasting ultrafiltration during long dwells, reducing glucose exposure.

B. It reduces blood glucose.

C. It is used to prevent peritonitis.

D. It replaces the need for dialysate entirely.

Icodextrin works as a long-lasting osmotic agent. In a long dwell, it stays in the peritoneal cavity longer and continues drawing water into the dialysate, providing sustained ultrafiltration. This is especially helpful for patients who need more UF during extended dwell times or who absorb a lot of glucose from standard dextrose solutions, because icodextrin allows for effective fluid removal with less glucose exposure overall. It does not replace dialysate entirely—dialysate is still used, just with icodextrin as the osmotic agent—and it isn't a measure to prevent peritonitis. It also isn't used primarily to lower blood glucose, though reducing glucose exposure is a beneficial side effect.

9. DaVita lab reports neutrophils as which term?

A. PMN

B. WBC

C. Lymphocytes

D. Platelets

Labs use PMN to denote neutrophils because PMN stands for polymorphonuclear leukocytes, the class of white blood cells that neutrophils belong to. Neutrophils have a multi-lobed nucleus, which is the hallmark described by the term polymorphonuclear, and the shorthand PMN is a quick way for labs to specify this specific cell type in a differential. So DaVita lab reports neutrophils as PMN to clearly identify them among white blood cells. The other terms describe different things: WBC is the total white blood cell count, lymphocytes are another distinct type of white blood cell, and platelets are not white blood cells at all.

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10. Total clearance in PD is determined by combining peritoneal clearance with what factor?

A. Urine color

B. Dialysate color

C. Fluid intake

D. Residual renal function

In PD, the total clearance of solutes is the sum of what the peritoneal membrane clears and what the kidneys still clear—residual renal function. The peritoneal clearance comes from solute transfer during exchanges across the peritoneal membrane, while residual renal function adds further removal through remaining kidney filtration and urine excretion. Together, they determine the overall rate of solute clearance. Urine color, dialysate color, and fluid intake don't directly affect clearance calculations, so they don't contribute to the total.

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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://davitapd.examzify.com

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

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