

# Nursing

CHN

*Certified Hemodialysis Nurse Certification Exam*

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## Latest Version: 6.0

### Question: 1

If Ms. Maddox usually drinks 2 cups of caffeinated coffee each morning and has headaches during hemodialysis, she should be advised to

- A. Stop drinking coffee altogether.
- B. Drink a cup of strong coffee with treatment.
- C. Skip coffee the morning of the treatment.
- D. Transition to decaffeinated beverages.

**Answer: B**

Explanation:

The patient is likely experiencing caffeine withdrawal. Drink a cup of strong coffee with treatment can compensate for caffeine lost during hemodialysis. As an alternative, the patient can transition to decaffeinated beverages. Taking acetaminophen at the beginning of treatment may help to prevent or control the headaches.

### Question: 2

Which of the following pre-transplant screenings is recommended for adult recipients of a donor kidney?

- A. Urinalysis
- B. Varicella-zoster virus antibody
- C. West Nile virus
- D. Trypanosoma cruzi

**Answer: B**

Explanation:

In addition to screening for varicella-zoster virus antibodies, all recipients should be screened for a history of or exposure to tuberculosis. Patients should have their immunization history reviewed and should receive recommended immunizations prior to transplantation if they are not up to date in order to prevent post-transplant infection. Recommended immunizations include influenza, hepatitis A and B, tetanus, polio, pneumonia, and meningitis.

### Question: 3

An 18-year-old male patient with ESRD resulting from IgA nephropathy is undergoing CAPD to control his condition. In order to prevent gram-negative catheter-related infections, the patient should avoid

- A. Leaving the exit site uncovered

- B. Working outside in dusty conditions
- C. Taking hot showers
- D. Swimming in a lake

**Answer: D**

Explanation:

Patients undergoing CAPD should avoid swimming in a lake, river, stream, or public pool, or soaking in a tub, because of the bacteria present in the water. Once the exit site is well healed, wearing a dressing is not generally necessary unless the patient is working outside in dusty conditions or doing dirty work, such as farm work, during which covering the exit site with a gauze dressing is a reasonable precaution.

### Question: 4

A normal adult man makes about how much glomerular filtrate every 24 hours?

- A. 125 mL
- B. 125 L
- C. 180 mL
- D. 180 L

**Answer: D**

Explanation:

A normal adult man makes about 180 L of glomerular filtrate every 24 hours (or about 125 mL every minute). Glomerular filtrate is the fluid and solutes (such as glucose, amino acids, creatinine, urea, and ions) that are removed from the blood and filtered into Bowman's capsule as the blood is pumped through the glomerulus. Large molecules, such as proteins, usually do not filter out of the blood unless there is damage to the nephron. Most of the filtrate is reabsorbed back into the blood in the tubules.

### Question: 5

According to KDOQI anemia guidelines, treatment with an erythropoiesis-stimulating agent (ESA) such as epoetin Alfa should not result in a hemoglobin level that exceeds

- A. 11 g/dL
- B. 12 g/dL
- C. 13 g/dL
- D. 14 g/dL

**Answer: C**

Explanation:

Although FDA recommendations are that treatment with an erythropoiesis-stimulating agent, such as epoetin alfa, should avoid a hemoglobin above 12 g/dL the KDOQI Anemia Guidelines advise that the hemoglobin should not

exceed 13 g/dL a slightly different interpretation. The KDOQI guidelines do state that the target goal should generally be in the range of 11–12 g/dL. Studies show that there is no advantage to increasing hemoglobin above 13 g/dL, as it does not reduce the need for transfusions or reduce morbidity/mortality.

### Question: 6

When an increase in infections occurs in a hospital unit, the administration should be notified. Which other hospital unit should also be notified?

- A. Microbiology laboratory
- B. Admissions
- C. Pharmacy
- D. Radiology

**Answer: A**

Explanation:

When an increase in infections occurs in a hospital unit, the administration should be notified (and the administration can in turn notify risk management and public affairs). The microbiology laboratory should also be notified so that it can be on alert for further indications of infection. The laboratory should save any isolates that may be part of the outbreak to help with tracing the origins of the outbreak. The laboratory should be in direct communication with infection prevention professionals.

### Question: 7

The KDIGO lipid guidelines recommend treatment with a statin or statin/ezetimibe combination for

- A. All patients with chronic kidney disease
- B. All patients  $\geq 50$  years of age at stage 1 or 2 of chronic kidney disease
- C. All patients  $\geq 50$  years of age with  $\text{eGFR} < 60 \text{ mL/min/1.73 m}^2$  and not on dialysis
- D. All patients at stage 5 kidney failure on dialysis

**Answer: C**

Explanation:

The KDIGO lipid guidelines recommend treatment with a statin or statin/ezetimibe combination for all patients  $\geq 50$  years and older with  $\text{eGFR} < 60 \text{ mL/min/1.73 m}^2$  and not on dialysis. Those who are  $\geq 50$  years and older at stage 1 or 2 of chronic kidney disease and  $\text{eGFR} \geq 60 \text{ mL/min/1.73 m}^2$  should be treated with a statin only, not the combination of drugs. Those who are younger than 50 years and not on dialysis should be treated with a statin if they have a risk of cardiovascular disease greater than 10% (such as those with diabetes or coronary artery disease).

### Question: 8

Early symptoms of disequilibrium syndrome associated with long-term hemodialysis include

- A. Seizures and coma
- B. Hypertension and tachycardia
- C. Headache, nausea, and vomiting
- D. Headache and respiratory distress

**Answer: C**

Explanation:

While the cause of the symptoms is not clear, they may be due to increased cerebral edema. Acutely uremic patients undergoing hemodialysis may exhibit more severe symptoms, including seizures and coma. Mild cases may be treated symptomatically, but if patients are acutely uremic, the blood flow rate may need to be slowed, or dialysis discontinued.

### Question: 9

Which of the following agencies is responsible for the safety of the nation's blood supply and sets standards for blood collection, testing, and distribution?

- A. OSHA
- B. CDC
- C. FDA
- D. CMS

**Answer: C**

Explanation:

The FDA, through the Center for Biologics Evaluation and Research (CBER), is the agency responsible for the safety of the nation's blood supply, and sets standards for blood collection, testing, and distribution. CBER also regulates cell separation devices and blood collection containers, as well as screening tests, such as for HIV. Additionally, the FDA sets standards for and regulates medical devices and equipment, including dialysis machines.

### Question: 10

Ms. Maddox has been prescribed sevelamer hydrochloride as a phosphate binder. When should the patient be advised to take this medication?

- A. 1 hour before meals
- B. 2 hours after meals
- C. First thing in the morning
- D. With meals

**Answer: D**

Explanation:

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Patients prescribed sevelamer hydrochloride should take it with meals. Because sevelamer hydrochloride may bind to other medications and decrease their bioavailability, other drugs should be given an hour before sevelamer or 3 hours After. The dosage of sevelamer should be adjusted to maintain a phosphorus level of 3.5—5.5 mg/dL. Calcium, bicarbonate, and chloride levels should be monitored, as well as phosphorus levels.

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