Nursing

CCHT-A

NNCC Certified Clinical Hemodialysis Technician - Advanced

Latest Version: 6.0

Question: 1

While setting up, a patient tells the technician she has been skipping her phosphate binder at dinner because it upsets her stomach, and asks whether it really matters if she takes it only twice a day.
What should the technician do?

A. Refer the question to the nurse and report today that she has been skipping doses.
B. Note the conversation in the record and tell the nurse at her next care plan meeting.
C. Reassure the patient that missing one binder dose a day makes little difference to her laboratory results.
D. Explain how phosphate binders work, how many she should take with each meal, and what to do when a dose upsets her stomach.

Answer: A

Question: 2

The blood leak alarm sounds midway through a treatment. The dialysate line has a pink tinge and the dialysate test performed per facility protocol is positive for blood.
What should the technician do first?

A. Reset the alarm and watch the dialysate line for any further change in color
B. Lower the ultrafiltration rate and observe the patient for the remaining time
C. Return the blood to the patient and change the dialyzer for the rest of the run
D. Stop the blood pump and end the treatment without returning the blood through the dialyzer

Answer: D

Question: 3

During discontinuation of a treatment through a tunneled internal jugular catheter, the technician opens the venous connection while the patient is sitting upright and breathing in.
Why does this create a risk of air entering the bloodstream?

A. Because sitting upright raises the hydrostatic column between the catheter tip and the open hub, so blood is pushed outward as the patient breathes in.
B. Because a large-bore catheter lumen holds more blood than the venous drip chamber can accommodate.
C. Because inspiration in an upright patient drops central venous pressure below atmospheric pressure.

D. Because the air detector is bypassed as soon as the venous line is disconnected from the hub.

Answer: C

Question: 4

An hour into her treatment a patient says she feels warm and pushes her blanket off. She is otherwise comfortable, her vital signs are unchanged from pre-treatment, and the machines in the row show no temperature alarms.
What should the technician do first?

A. Lower the thermostat for the treatment area so the whole row is cooler, and continue the treatment as prescribed.
B. Offer her a cool cloth and continue the treatment as prescribed while watching for other symptoms.
C. Explain that the area temperature is set for the machines rather than for comfort, and ask her to manage while the treatment finishes.
D. Stop the ultrafiltration so the treatment is gentler, and ask the nurse to assess her for a fever.

Answer: B

Question: 5

A technician needs to move a case of dialysate concentrate weighing 40 lb (18 kg) from a floor pallet in the supply room onto a shelf at chest height.
Which approach uses proper body mechanics?

A. Lift the case with straight arms and turn the upper body toward the shelf while the feet stay planted.
B. Hold the case against one hip and reach up to the shelf with the other arm.
C. Bend at the waist to grasp the case and swing it toward the shelf in one movement.
D. Squat with the feet apart and lift with the legs while the case is held close to the body.

Answer: D

Question: 6

A preceptee is obtaining a patient's pre-dialysis laboratory set through the arterial needle of a fistula. She connects the bloodlines, runs the saline flush through the needle, and then draws the sample from the arterial line port.
Which statement best explains the problem with that sample?

A. A pre-dialysis sample has to be taken from the venous needle, so a sample drawn on the arterial side cannot be compared against the post-dialysis result at all.

B. The saline flushed through the needle is still sitting in it, so the blood drawn straight afterward is diluted and reads lower than the patient's own value.
C. Blood drawn from the arterial line has already passed through the dialyzer and been cleared, so a value taken there reads lower than the patient's own.
D. Once the bloodlines are connected the sample comes from the circuit rather than from the patient, so it cannot be used for any laboratory test.

Answer: B

Question: 7

A patient with a matured buttonhole track on an arteriovenous fistula is ready for treatment. The technician disinfects the site, removes the scab with a sterile device, disinfects the site again, and prepares to enter the track.
Which needle and technique are most appropriate?

A. A blunt needle advanced along the existing track at the same angle and depth
B. A sharp needle advanced along the existing track at the same angle and depth
C. A blunt needle advanced at a fresh site above the existing track
D. A sharp needle advanced at a steeper angle to open a wider track

Answer: A

Question: 8

A dialysate temperature alarm sounds during a treatment and the display shows the temperature running above the prescribed setting. A preceptee asks why the machine puts the dialysate into bypass instead of letting the treatment carry on while the heater is checked.
Which explanation is most accurate?

A. Warm dialysate makes the patient feel flushed and uncomfortable, so bypass keeps the treatment tolerable until the machine settles.
B. Dialysate warmer than the prescribed setting can destroy red blood cells as blood passes the membrane, so the dialysate is diverted until the temperature is corrected.
C. Warm dialysate raises the conductivity the proportioning system delivers, so bypass protects the patient from an incorrect concentrate and water mixture.
D. Warm dialysate expands air dissolved in the circuit, so bypass keeps the venous air detector from being triggered.

Answer: B

Question: 9

At the pre-dialysis evaluation of an arteriovenous graft the technician can feel no thrill anywhere along it and hears no bruit at either end. The graft feels firm and cool, and the patient's blood pressure is at its usual pre-treatment level.
These findings most likely indicate that the graft:

A. is carrying less blood because the patient's circulating volume has fallen
B. holds blood in the surrounding tissue because a needle infiltrated at the last treatment
C. has narrowed at its outflow, which is slowing the blood leaving it
D. has clotted, so blood is no longer moving through it

Answer: D

Question: 10

Which finding at an arteriovenous graft cannulation site is most characteristic of a local access infection?

A. Redness, warmth, tenderness and drainage at the site
B. Coolness, pallor, numbness and pain in the hand distal to the graft
C. A shiny, thinned area of skin over a raised, dilated segment
D. A palpable thrill along the length of the graft

Answer: A

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