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**Nursing**

# NNCC-CCHT-A

*NNCC Certified Clinical Hemodialysis Technician - Advanced*

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**Question: 591**

A hemodialysis patient expresses confusion about how to manage fluid intake between sessions. As a Hemodialysis Technician, what is the best way to reinforce their education plan?

- A. Advise the patient to drink freely as long as they avoid sugary beverages.
- B. Inform the patient that fluid restrictions only apply on dialysis days.
- C. Explain that fluid intake should be limited to 1-1.5 liters per day, depending on their residual renal function, to prevent fluid overload.
- D. Suggest the patient consult a dietitian for all fluid-related questions to avoid confusion.

Answer: C

Explanation: Explaining that fluid intake should be limited to 1-1.5 liters per day, depending on their residual renal function, to prevent fluid overload directly reinforces the patient's education plan. ESRD patients on hemodialysis must restrict fluid intake to avoid complications like hypertension, pulmonary edema, or heart failure. Advising to drink freely ignores the risk of fluid overload. Stating restrictions only apply on dialysis days is incorrect, as fluid management is critical between sessions. While a dietitian can provide guidance, redirecting the patient without addressing their question fails to reinforce immediate education needs.

**Question: 592**

During dialysis, a patient with a tunneled catheter experiences a sudden drop in blood pressure to 90/60 mmHg and tachycardia. The technician confirms the catheter is secure. What is the most likely cause and immediate action?

- A. Hypovolemia; reduce ultrafiltration rate and notify the nurse
- B. Allergic reaction; administer antihistamine
- C. Sepsis; stop dialysis and administer antibiotics
- D. Vasovagal response; elevate the patient's legs

Answer: A

Explanation: A sudden drop in blood pressure and tachycardia during dialysis often indicate hypovolemia due to excessive ultrafiltration. Reducing the ultrafiltration rate and notifying the nurse is the immediate action to stabilize the patient. An allergic reaction would likely include symptoms like rash or itching. Sepsis is possible but less likely without fever or chills. A vasovagal response is less common in dialysis and typically occurs with needle insertion, not mid-treatment.

**Question: 593**

A patient's lab results show persistent hyperphosphatemia despite adherence to phosphate binders. What is the best approach to encourage treatment adherence?

- A. Collaborate with the dietitian to review dietary phosphorus sources
- B. Educate the patient on the risks of hyperphosphatemia complications

- C. Recommend increasing binder dosage without consulting the physician
- D. Suggest skipping binders occasionally to improve compliance

Answer: A

Explanation: Collaborating with the dietitian to review dietary phosphorus sources addresses potential hidden causes of hyperphosphatemia, supporting adherence. Educating on risks is less actionable without addressing diet. Increasing binder dosage without physician input is outside the technician's scope. Suggesting skipping binders undermines treatment efficacy.

**Question: 594**

The technician adjusts the dialysate temperature to 37°C as prescribed, but the patient reports chest pain, and the machine displays 36.2°C. What should be done first?

- A. Adjust the temperature to 37°C
- B. Notify the nurse immediately
- C. Check the temperature sensor
- D. Reduce the blood flow rate

Answer: B

Explanation: Chest pain is a serious symptom requiring immediate notification of the nurse, regardless of the temperature discrepancy. Checking the sensor or adjusting the temperature can follow after ensuring patient safety. Reducing blood flow rate is not indicated without further assessment.

**Question: 595**

The water treatment system's carbon filter shows a total chlorine level of 0.5 ppm post-filtration. The system uses dual carbon tanks, and the primary tank was replaced last month. What is the most likely cause?

- A. UV system malfunction
- B. Improper installation of the primary tank
- C. RO membrane failure
- D. Exhaustion of the secondary carbon tank

Answer: D

Explanation: A total chlorine level of 0.5 ppm indicates that the secondary carbon tank, which provides additional adsorption, is likely exhausted. Improper primary tank installation would cause immediate issues, RO membrane failure affects ion removal, and UV malfunction impacts microbial control, not chlorine levels.

**Question: 596**

During extracorporeal circuit setup, the technician notices the arterial line pressure is abnormally high during priming. What is the most likely cause and action?

- A. Air in the circuit; tap the lines to dislodge air
- B. Clogged dialyzer; replace the dialyzer
- C. Low saline flow; increase the saline infusion rate
- D. Kinked arterial line; inspect and straighten the line

Answer: D

Explanation: High arterial line pressure during priming often indicates an obstruction, such as a kinked arterial line. Inspecting and straightening the line resolves the issue safely. Air in the circuit would cause different alarms or visible bubbles. A clogged dialyzer is unlikely during priming and would affect both lines. Increasing saline flow does not address the kink and may increase pressure further.

**Question: 597**

A patient's lab results indicate worsening anemia despite erythropoietin therapy. What is the most appropriate documentation and communication action?

- A. Document results, assess for symptoms, and notify the nephrologist
- B. Log results and increase erythropoietin dose per protocol
- C. Record results and monitor hemoglobin at the next session
- D. Note results and advise the patient to increase iron intake

Answer: A

Explanation: Documenting results, assessing for symptoms, and notifying the nephrologist ensures proper evaluation of anemia. Increasing erythropoietin is outside the technician's scope. Monitoring without action delays care. Advising dietary changes without consultation is inappropriate.

**Question: 598**

A patient mentions experiencing chest pain and shortness of breath since their last dialysis session. The symptoms started after a fall at home. What is the most critical question to ask next?

- A. When did the chest pain and shortness of breath begin?
- B. Have you noticed any changes in your urine output?
- C. What medications did you take after the fall?
- D. Did you experience any fever or chills after the fall?

Answer: A

Explanation: Chest pain and shortness of breath following a fall are concerning symptoms that could

indicate a serious condition, such as a pulmonary embolism or cardiac issue. Determining when these symptoms began is critical to assess the urgency and potential cause, guiding further evaluation. While fever/chills, medication use, and urine output are relevant, they are less immediately critical in this scenario, as they do not directly address the potential for a life-threatening condition linked to the fall.

**Question: 599**

A patient's fistula site bleeds profusely after a needle slips during dialysis, and the technician cannot achieve hemostasis after 5 minutes of pressure. What is the next step to prevent exsanguination?

- A. Reinsert the needle to stabilize the access
- B. Elevate the limb and apply ice to the site
- C. Apply a hemostatic dressing and continue pressure
- D. Stop dialysis and apply a tourniquet

Answer: C

Explanation: Profuse bleeding that persists after pressure indicates a risk of exsanguination. Applying a hemostatic dressing and continuing pressure promotes clotting while awaiting medical intervention. Elevating the limb and applying ice is less effective for arterial bleeding. Reinserting the needle is unsafe. Applying a tourniquet risks vascular damage and is not standard protocol.

**Question: 600**

During a dialysis session, the technician is performing a pressure test on the dialysis machine and notices that the venous pressure is consistently exceeding the upper alarm limit despite checking for kinks and clots in the tubing. The patient's blood flow rate is set at 400 mL/min, and the dialyzer is a high-flux model. What is the most likely cause of this issue?

- A. An incorrect dialysate flow rate
- B. A partially occluded venous needle
- C. Excessive ultrafiltration rate
- D. Inadequate heparinization

Answer: B

Explanation: A partially occluded venous needle can cause increased venous pressure by obstructing blood return to the patient, triggering the machine's alarm. An incorrect dialysate flow rate primarily affects clearance efficiency, not venous pressure directly. Excessive ultrafiltration rate may cause hypotension or cramping but is less likely to elevate venous pressure. Inadequate heparinization could lead to clotting, but the scenario specifies that clots were checked, making a partially occluded needle the most probable cause.

**Question: 601**

A patient new to hemodialysis asks about the purpose of their prescribed phosphate binders. As a Hemodialysis Technician, what is the most effective way to reinforce their education plan?

- A. Inform the patient that phosphate binders are taken to prevent bone disease and cardiovascular complications by managing phosphorus levels.
- B. Explain that phosphate binders help control blood pressure by reducing fluid retention.
- C. State that phosphate binders are optional and can be skipped if the patient feels well.
- D. Tell the patient that phosphate binders are used to improve the taste of meals during dialysis.

Answer: A

Explanation: Informing the patient that phosphate binders are taken to prevent bone disease and cardiovascular complications by managing phosphorus levels is the most effective way to reinforce their education plan. Phosphate binders are essential for ESRD patients to control hyperphosphatemia, which can lead to renal osteodystrophy and vascular calcification. Stating that binders control blood pressure through fluid reduction is incorrect, as their primary role is phosphorus management. Suggesting they are optional undermines their importance, as non-compliance can lead to serious complications. Claiming binders improve meal taste is entirely inaccurate and irrelevant to the treatment plan.

**Question: 602**

A dialysis unit is revising its protocol for vaccinating staff against bloodborne pathogens. Which vaccination schedule is most critical for technicians?

- A. Annual influenza vaccine
- B. Tetanus-diphtheria booster every 10 years
- C. Pneumococcal vaccine every 5 years
- D. Hepatitis B vaccine series with titer confirmation

Answer: D

Explanation: The hepatitis B vaccine series with titer confirmation is the most critical for dialysis technicians due to the high risk of bloodborne pathogen exposure in dialysis settings. CDC and CMS mandate this vaccination with serologic confirmation of immunity for healthcare workers. Influenza, pneumococcal, and tetanus vaccines are important but secondary to hepatitis B for occupational safety.

**Question: 603**

A patient with a language barrier is hesitant to undress for dialysis in a shared treatment area, appearing embarrassed. How should the technician maintain the patient's dignity?

- A. Insist the patient undress quickly to start treatment
- B. Explain the procedure using simple terms and offer a privacy screen
- C. Proceed with treatment and cover the patient with a sheet
- D. Tell the patient their embarrassment is unnecessary

Answer: B

Explanation: Explaining the procedure using simple terms and offering a privacy screen respects the patient's dignity and addresses their discomfort due to the language barrier. Insisting they undress, proceeding without addressing embarrassment, or dismissing their feelings disregards their emotional needs and compromises dignity.

**Question: 604**

A visitor in the dialysis unit becomes agitated and begins raising their voice at a staff member over a scheduling issue. What should the Hemodialysis Technician do to address this escalating behavior?

- A. Notify the charge nurse and use calm communication to de-escalate the situation.
- B. Engage in a loud debate to clarify the scheduling issue.
- C. Ignore the behavior and continue with patient care duties.
- D. Ask the visitor to leave the unit immediately without further discussion.

Answer: A

Explanation: Notifying the charge nurse and using calm communication to de-escalate the situation is the most appropriate response, ensuring safety and professionalism while involving leadership for support. Asking the visitor to leave immediately may escalate the situation further, engaging in a debate is unprofessional, and ignoring the behavior risks compromising the unit's environment.

**Question: 605**

During a dialysis session, a patient experiences a hypotensive episode, and the physician directs the technician to adjust fluid removal rates. The technician knows this is a nursing task. What should the technician do?

- A. Adjust the rates as directed to stabilize the patient
- B. Inform the physician that a nurse should handle the adjustment
- C. Make the adjustment but consult a nurse afterward
- D. Refuse the task and document it as a physician error

Answer: B

Explanation: Informing the physician that a nurse should handle the adjustment respects the technician's scope of practice and ensures patient safety. Adjusting rates (Option A or C) violates role boundaries. Documenting as a physician error is inappropriate and does not address the immediate issue.

**Question: 606**

A patient with a mature AV fistula is transitioning to buttonhole cannulation. During the initial session, you notice excessive bleeding at the site after needle insertion. What is the most likely cause, and how

should you proceed?

- A. Improper scab removal; apply pressure and reattempt cannulation
- B. Incorrect needle angle; adjust angle and reinsert
- C. Inadequate track formation; revert to sharp needle technique
- D. Infection at the site; stop cannulation and notify the physician

Answer: C

Explanation: Excessive bleeding during buttonhole cannulation often indicates inadequate track formation (Inadequate track formation; revert to sharp needle technique), requiring a return to sharp needles to establish a stable track. Improper scab removal (Improper scab removal; apply pressure and reattempt cannulation) may cause bleeding but is less likely if protocol was followed. Incorrect needle angle (Incorrect needle angle; adjust angle and reinsert) is a concern but typically causes difficulty entering the track, not bleeding. Infection (Infection at the site; stop cannulation and notify the physician) would present with erythema or pus, not just bleeding.

**Question: 607**

A patient's dialysis session is interrupted by a high TMP alarm (350 mmHg). The technician confirms no kinks or clots in the lines. What is the most likely cause?

- A. Dialyzer membrane fouling
- B. Incorrect blood pump speed
- C. Low dialysate flow rate
- D. Patient dehydration

Answer: A

Explanation: High TMP without line obstructions suggests dialyzer membrane fouling, which increases resistance and pressure. Incorrect blood pump speed or low dialysate flow rate affects clearance, not TMP directly. Patient dehydration may cause hypotension but is less likely to elevate TMP.

**Question: 608**

A patient in the dialysis unit begins to exhibit signs of escalating behavior, including pacing and clenching fists, after being informed of a change in their treatment schedule. What is the most appropriate intervention to prevent further escalation?

- A. Ignore the behavior and continue with the treatment setup
- B. Call security to monitor the patient closely
- C. Ask the patient to sit down and discuss their concerns in a private area
- D. Request a physician to evaluate the patient for anxiety medication

Answer: C

Explanation: Asking the patient to sit down and discuss their concerns in a private area is the most effective way to address escalating behavior. This approach provides a calm, non-threatening environment to understand the patient's concerns, reducing agitation. Calling security may escalate the situation unnecessarily. Ignoring the behavior risks further escalation and potential harm. Requesting a physician evaluation may be premature without first attempting de-escalation techniques.

**Question: 609**

The dialysis unit is cited for high ambient noise levels during a regulatory inspection. As an advanced technician, which intervention best promotes a therapeutic environment through noise reduction?

- A. Limit patient visitor hours to reduce noise from conversations.
- B. Install white noise machines to mask disruptive sounds.
- C. Conduct staff training on minimizing unnecessary conversations during shifts.
- D. Provide noise-canceling headphones to all patients during treatment.

Answer: C

Explanation: Conducting staff training on minimizing unnecessary conversations directly addresses a primary source of noise, promoting a therapeutic environment. White noise machines may mask noise but do not address staff behavior. Limiting visitor hours unfairly restricts patient support. Providing headphones shifts responsibility to patients and may not be practical.

**Question: 610**

During a dialysis session, the technician notices a sudden drop in ultrafiltration volume despite a stable ultrafiltration rate. The patient remains asymptomatic, but the venous pressure is elevated. What is the most likely cause of this intradialytic event?

- A. Air in the dialysis circuit
- B. Clotting in the dialyzer or lines
- C. Hypovolemia from excessive fluid removal
- D. Incorrect dialysate composition

Answer: B

Explanation: Clotting in the dialyzer or lines is the most likely cause, as it obstructs flow, increases venous pressure, and reduces ultrafiltration efficiency without immediate symptoms. Air in the circuit would trigger air detector alarms and cause symptoms. Hypovolemia would present with hypotension or cramps. Incorrect dialysate composition affects solute clearance, not ultrafiltration volume directly.



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