2012 Blood Competency
Passing score 92% - (23 out of 25 Correct) Three Attempts
Audience
See attached

1) A new consent must be signed for each unit of blood received during one hospitalization.
   a) True
   b) False

2) The only compatible IV fluid with blood products is normal saline.
   a) True
   b) False

3) A unit of packed cells can only be picked up from Transfusion Services by a nurse.
   a) True
   b) False

4) Antibiotics IV can be piggybacked into a transfusion of RBC's.
   a) True
   b) False

5) The specimen sent for type and crossmatch is good for 7 days.
   a) True
   b) False

6) A patient's baseline temperature is 101. This poses a risk because the nurse may not know if the patient is having a reaction to the transfusion. The physician should be notified prior to starting the transfusion.
   a) True
   b) False

7) A nurse can order a unit of packed cells split and each half can be infused over two to four hours.
   a) True
   b) False

8) When a unit of packed cells is sent to the unit via pneumatic tube system, product verification must take place when it is received on the unit.
   a) True
   b) False

9) When administering blood products final patient verification is done at the bedside by:
   a) Two RNs with one of the RNs being the RN that will administer the blood
   b) The Physician and the RN that will administer the blood
   c) The Unit Secretary and an RN
   d) The Care Partner and an RN

10) When performing bedside verification what are the two key patient identifiers?
    a) Patient's mother's maiden name
    b) Patient room # and name
    c) Patient name and DOB
    d) Patient's physician and admit date

11) Parameters for changing blood tubing include:
    a) Changing the tubing after every other unit
    b) Changing the tubing if the first unit ran longer then 2 hours
    c) Not using blood tubing beyond the 4 hour time frames
    d) All of the above

12) The unit of packed cells was hung at 1400. Vital signs should be taken at all of the following times EXCEPT:
    a) 1415
    b) 1545
    c) 1500
    d) 1430

13) A unit of whole blood, issued at 1000, hung at 1015. It is now at 1415 and 100 cc's remain in the bag. The nurse increases the infusion rate to infuse the remaining 100 mL's by 1500. This is an appropriate nursing intervention.
    a) True
    b) False

14) Which of the following is <u>not</u> a sign of a hemolytic reaction?
    a) Bronchospasm
    b) Hematuria
    c) Shock
    d) Urticaria

15) Running the transfusion slowly in the beginning minimizes the amount of blood into the patient that could cause hemolysis. A severe reaction to a transfusion can occur with as little 10 ml's.
    a) True
    b) False

16) A patient complains of shortness of breath 10 minutes after the transfusion was started. The nurse immediately turns off the transfusion and calls the house doctor. This was an appropriate nursing intervention.
    a) True
    b) False

17) The time frame for an elective transfusion is:
    a) 4 hours
    b) 2 hours
    c) 3 hours
    d) 5 hours

18) If there is a reason why the blood product infusion cannot begin within the 30 minute time frame the unit should be:
    a) Placed in the refrigerator in the unit
    b) Sent back down to Transfusion Services
    c) Returned to Transfusion Services when it is convenient for you
    d) Kept at the patient's bedside until hung

19) Rash, itching and shortness of breath are characteristic of what type of transfusion reaction?
    a) Hemolytic reaction
    b) Allergic reaction
    c) Nonhemolytic reaction
    d) Circulatory overload

20) The cause of a Nonhemolytic reaction is:
    a) Giving much of a blood product too fast
    b) Blood Cell Destruction
    c) Related to acute lung injury
    d) An immune-mediated reaction

21. Before you TOP for your patient's blood products:
    a. Make sure there is an order to transfuse and the consent has been signed and the patient has a pink blood ban band on
    b. Make sure that the IV is running with Normal Saline using the appropriate size angiocath and tubing
    c. Make sure Vital signs have been taken and are acceptable to start the transfusion
    d. Make sure the blood is ready
    e. All of the above

22. All of the processes are in place to administer the patient's blood transfusion. How would you make sure the blood is ready?
    a. Call the Blood Bank to check if the blood is ready
    b. Check your status board and if it states READY - the blood component is ready to be sent for
    c. Send the Care Partner down to the lab to get the blood
    d. Have the Unit Secretary call the lab to check if the blood is ready

23. When would you not TOP for blood?
    a. If the status board reads ISSUED
    b. If the status board reads TRANSFUSED
    c. If the status board reads NOT AVAILABLE
    d. If the status board reads XMC
    e. All of the above

24. RNs and Secretaries are encouraged to call Blood Bank to check if blood products are ready rather than follow the steps in PCI to check the status of blood products.
    a. True
    b. False

25. All calls to Blood Bank are acceptable and encouraged. Calls to check if blood is ready are unnecessary, when this information is available in PCI.
    a. True
    b. False