Import Settings:

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Highest Answer Letter: D

Multiple Keywords in Same Paragraph: No

**Chapter: Hematologic Emergencies - Hematologic Emergencies - TBNK**

**Multiple Choice**

1. Formed elements of the blood account for approximately \_\_\_% of the total blood volume.

A) 25

B) 35

C) 45

D) 55

Ans: C

Complexity: Moderate

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2. Most of the blood's formed elements are:

A) platelets.

B) leukocytes.

C) electrolytes.

D) erythrocytes.

Ans: D

Complexity: Moderate

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3. Red blood cell production is stimulated by erythropoietin, which is secreted by the:

A) liver.

B) spleen.

C) kidneys.

D) bone marrow.

Ans: C

Complexity: Easy

Ahead: Anatomy and Physiology Review

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4. The hematocrit is the:

A) ratio of red blood cells to platelets.

B) overall proportion of red blood cells in the blood.

C) percentage of blood accounted for by the plasma.

D) percentage of hemoglobin found within red blood cells.

Ans: B

Complexity: Easy

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5. You would expect a person's hematocrit to be low if he or she:

A) is dehydrated.

B) is hemorrhaging.

C) has polycythemia.

D) is losing plasma.

Ans: B

Complexity: Moderate

Ahead: Anatomy and Physiology Review

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6. Approximately one-third of the body's platelets:

A) are stored in the spleen.

B) are produced by the liver.

C) circulate in the bloodstream.

D) have a life span of 72 hours.

Ans: A

Complexity: Moderate

Ahead: Anatomy and Physiology Review

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7. A patient with thrombocytopenia:

A) is severely anemic.

B) has blood that clots rapidly.

C) has a decreased platelet count.

D) is at high risk for a pulmonary embolism.

Ans: C

Complexity: Moderate

Ahead: Anatomy and Physiology Review

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8. Which of the following is NOT a major component of the hematologic system?

A) Liver

B) Spleen

C) Pancreas

D) Bone marrow

Ans: C

Complexity: Easy

Ahead: Anatomy and Physiology Review

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9. The primary site for cell production in the human body is the:

A) kidney.

B) spleen.

C) liver.

D) bone marrow.

Ans: D

Complexity: Easy

Ahead: Anatomy and Physiology Review

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10. Production of clotting factors is a function of the:

A) kidney.

B) liver.

C) spleen.

D) bone marrow.

Ans: B

Complexity: Easy

Ahead: Anatomy and Physiology Review

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11. The majority of the circulating white blood cells are:

A) leukocyte.

B) neutrophil.

C) eosinophil.

D) lymphocyte.

Ans: B

Complexity: Easy

Ahead: Anatomy and Physiology Review

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12. If an individual has A-positive blood:

A) he or she can receive type AB blood.

B) his or her blood contains no ABO antigens.

C) his or her blood contains the Rh antigen.

D) his or her blood contains anti-A antibodies.

Ans: C

Complexity: Moderate

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13. In which of the following situations would a transfusion reaction MOST likely occur?

A) A person with type AB blood receives type O blood.

B) A person with type O blood receives type AB blood.

C) A person with type A-negative blood receives type O blood.

D) A person with type B-positive blood receives type B-positive blood.

Ans: B

Complexity: Moderate

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14. Anemia would result from all of the following conditions, EXCEPT:

A) acute blood loss.

B) an increase in iron.

C) chronic hemorrhage.

D) erythrocyte hemolysis.

Ans: B

Complexity: Moderate

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15. Anemia resulting from an autoimmune disorder occurs when:

A) the body's red blood cells destroy certain white blood cells.

B) a patient receives blood of a type different than his or her own.

C) hemoglobin becomes desaturated due to a massive infection.

D) red blood cells are destroyed by the body's own antibodies.

Ans: D

Complexity: Moderate

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16. Which of the following statements regarding leukemia is correct?

A) Leukemia may cause leukocytosis, a low white blood cell count.

B) A hallmark of leukemia is an excess production of platelets.

C) Leukemia is the result of abnormal white blood cell development.

D) Most patients with leukemia have a normal white blood cell count.

Ans: C

Complexity: Moderate

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17. Which of the following is NOT typically associated with leukemia?

A) Absence of fever

B) Frequent bleeding

C) Chronic infections

D) Bruising from minor trauma

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

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18. In contrast to chronic leukemia, acute leukemia occurs when:

A) bone marrow is replaced with abnormal lymphoblasts.

B) abnormal lymphoid cells accumulate in the bone marrow.

C) the patient experiences easy bruising and frequent bleeding.

D) mutated fibroblasts rapidly accumulate in the circulatory system.

Ans: A

Complexity: Moderate

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19. A patient who presents with petechiae is MOST likely:

A) anemic.

B) leukopenic.

C) polycythemic.

D) thrombocytopenic.

Ans: D

Complexity: Moderate

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20. Indolent non-Hodgkin lymphoma:

A) is the most aggressive form of the disease.

B) may never spread from the lymphoid system.

C) affects multiple organs over a long period of time.

D) most frequently occurs in men over 50 years of age.

Ans: B

Complexity: Moderate

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21. A painless, progressive enlargement of the lymphoid glands that most commonly affects the spleen and lymph nodes is called:

A) sarcoma.

B) adenocarcinoma.

C) Hodgkin lymphoma.

D) non-Hodgkin lymphoma.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

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22. Common signs and symptoms of lymphoma include:

A) an increased appetite.

B) night sweats and chills.

C) weight gain and nausea.

D) irritability and a skin rash.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

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23. Abdominal pain that is associated with polycythemia is usually associated with:

A) an enlarged spleen.

B) liver engorgement.

C) acute pancreatitis.

D) gastrointestinal bleeding.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

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24. During the second stage of disseminated intravascular coagulation:

A) decreased clotting factors cause uncontrolled hemorrhage.

B) free thrombin and fibrin deposits increase in the bloodstream.

C) the coagulation and fibrinolytic systems become overwhelmed.

D) large quantities of platelets aggregate and cause the blood to clot.

Ans: A

Complexity: Moderate

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25. Patients with type A hemophilia:

A) have a low platelet count.

B) require infusions of factor IX.

C) bleed due to thrombocytopenia.

D) have a deficiency of factor VIII.

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

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26. Which of the following statements regarding sickle cell disease is correct?

A) Sickle cell disease is an acquired blood disorder that exclusively affects the African American population.

B) When the defective HbA gene is inherited from both parents, the patient will not develop the sickle cell trait.

C) Patients with sickle cell disease become hypoxic because their misshapen red blood cells are poor carriers of oxygen.

D) Patients with sickle cell disease are at a lower risk for thrombotic diseases because their blood contains fewer platelets.

Ans: C

Complexity: Moderate

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27. As multiple myeloma progresses, the patient would MOST likely experience:

A) frequent nosebleeds.

B) spontaneous fractures.

C) acute intracranial bleeding.

D) atrophy of large muscle groups.

Ans: B

Complexity: Moderate

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28. During your primary survey of a patient with a hematologic disorder, your priority should be to:

A) perform a rapid head-to-toe exam to look for spontaneous hemorrhage.

B) note any signs and symptoms that may be immediately life threatening.

C) specifically inquire if the patient complains of dyspnea or chest pressure.

D) apply a cardiac monitor to detect the presence of lethal cardiac dysrhythmias.

Ans: B

Complexity: Moderate

Ahead: Patient Assessment

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29. You are dispatched to a residence for a 29-year-old woman with difficulty breathing. The patient was recently diagnosed with leukemia and has just completed her first round of chemotherapy and radiation therapy. Upon arriving at the scene, you find the patient sitting in a recliner. Her level of consciousness is markedly diminished and her breathing is shallow. Her husband, obviously frightened, pleads with you to do something. You should:

A) move her to the floor and open her airway.

B) assess her carotid pulse for rate and regularity.

C) assist her ventilations while she is in a sitting position.

D) administer high-flow oxygen via nonrebreathing mask.

Ans: A

Complexity: Moderate

Ahead: Patient Assessment

Subject: Hematologic Emergencies

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30. You are transporting a 55-year-old woman to the hospital. The patient has lymphoma and complains of generalized, severe pain. She is receiving supplemental oxygen and has an IV line of normal saline established. Her blood pressure is 110/64 mm Hg, pulse rate is 104 beats/min and regular, and respirations are 22 breaths/min and adequate. You should:

A) ensure that she is in a comfortable position and administer a 250-mL saline bolus.

B) provide emotional support, but refrain from analgesia as this may cause hypotension.

C) give her 2 to 5 mg of a benzodiazepine sedative and provide constant reassurance.

D) administer narcotic analgesia as needed while closely monitoring her blood pressure.

Ans: D

Complexity: Difficult

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31. You are transferring a 60-year-old man with COPD from a community hospital to a metropolitan hospital. The patient is mildly dyspneic, but is otherwise stable. He is receiving oxygen via nasal cannula, has an IV line of normal saline in place, and has an ECG applied. When reading his chart, you note that he has polycythemia, a history of a prior stroke, and hypertension. The patient tells you that he feels a fluttering sensation in his chest. You glance at the cardiac monitor and see a narrow complex tachycardia at a rate of 190 beats/min. The patient's blood pressure is 116/70 mm Hg and he remains conscious and alert. You should:

A) carefully auscultate his lung sounds and then administer a 500-mL bolus of normal saline solution.

B) administer 5 mg of midazolam, perform synchronized cardioversion with 50 joules, and reassess his cardiac rhythm.

C) ensure adequate oxygenation and ventilation, administer 6 mg of adenosine, and reassess his cardiac rhythm.

D) place the patient supine, elevate his legs 6 to 12 inches, and administer 150 mg of amiodarone over 10 minutes.

Ans: C

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

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32. You receive a call to a residence for a patient who is “sick.” Upon arriving at the scene, you find the patient, a 39-year-old woman, lying on the couch with a wet washcloth on her forehead. She is conscious and alert, and tells you that she has had several episodes of diarrhea and noticed bright red blood in her stool. Her pulse rate is rapid and weak, her skin is cool and clammy, and her blood pressure is 98/58 mm Hg. Her medical history is significant for hemophilia, for which she is receiving factor VIII therapy. As you pull out a nonrebreathing mask, she tells you that her husband will be home in a few hours and that he will take her to the hospital. You should:

A) notify her husband, explain the situation to him, and advise him that you will be transporting his wife to the hospital.

B) advise her that her condition dictates immediate transport to the hospital and that delaying transport could result in death.

C) tell her that her condition is critical and that you are legally required to transport her to the closest appropriate medical facility.

D) ask her to sign a refusal of EMS transport form, have a neighbor sit with her until her husband gets home, and then return to service.

Ans: B

Complexity: Difficult

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33. A 23-year-old woman with sickle cell disease presents with severe joint pain and a fever of 102.5°F. She is conscious and alert, and tells you that her symptoms began yesterday and suddenly worsened today. Her blood pressure is 118/76 mm Hg, pulse rate is 120 beats/min and regular, and respirations are 24 breaths/min with adequate depth. After applying supplemental oxygen and initiating transport, you should:

A) obtain a 12-lead ECG tracing, start a large-bore IV line, administer a 20-mL/kg normal saline bolus, and reassess her blood pressure.

B) monitor her oxygen saturation and cardiac rhythm, start an IV line with normal saline, administer 1 µg/kg of fentanyl, and reassess her vital signs.

C) establish vascular access, administer 2 to 5 mg of midazolam, monitor her cardiac rhythm, and notify the receiving facility as soon as possible.

D) ensure that she is in a comfortable position, cover her with a blanket, start an IV line at a keep-vein-open rate, and monitor her throughout transport.

Ans: B

Complexity: Difficult

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34. A 22-year-old male with sickle cell disease presents with severe abdominal pain. On assessment, his abdomen appears bloated and is rigid to the touch. What should you suspect?

A) Acute chest syndrome

B) Acute hepatic failure

C) Acute vasoocclusive crisis

D) Splenic sequestration syndrome

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

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35. Which of the following assessment findings is MOST suggestive of disseminated intravascular coagulation?

A) Dyspnea

B) Purpura

C) Pruritis

D) Tachycardia

Ans: B

Complexity: Easy

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