

1. Which intervention may decrease the rate at which erythrocytes are produced?

- a. Continuous administration of oxygen by nasal cannula or mask
- b. Subcutaneous administration of epoetin (Epogen, Procrit)
- c. -
- d. Repeated (daily) venous blood sampling for laboratory testing
- e. Multiple platelet transfusions

2. Which statement regarding platelet function in hemostasis is true?

- a. -
- b. Platelet aggregation helps maintain blood vessel integrity during tissue trauma.
- c. Platelet aggregation is dependent on adequate amounts of all clotting factors.
- d. Platelets are required for erythrocyte aggregation.
- e. Platelet aggregation prevents the extension of clot formation beyond the area of injury.

3. What is the priority nursing diagnosis for a client with inadequate production of platelets?

- a. Decreased Cardiac Output related to hypovolemia
- b. Impaired Gas Exchange related to decreased oxygen-carrying capacity
- c. -
- d. Risk for Injury related to increased bleeding tendency
- e. Risk for Infection related to decreased antibody production

4. Which precaution should the nurse teach a client regarding health care after he or she has undergone a splenectomy?

- a. You will need to have yearly checkups because your risk for cancer development is greater now.
- b. -
- c. You will no longer develop a fever when you have an infection, so you must learn to identify other symptoms of infection.
- d. You will be at an increased risk for developing allergies, so it will be important for you to avoid common allergens.
- e. You will need to avoid crowds and people with infections because it is harder now for you to develop antibodies.

5. Which hematologic problem would the nurse expect the client with liver failure to have?

- a. Increased formation of thromboses in deep veins
- b. Elevated blood pressure from hypercellularity
- c. Prolonged bleeding after IM injections
- d. Spontaneous bleeding from the gums and mucous membranes
- e. -

6. The client asks his nurse why he was told to avoid aspirin and other salicylates for 2 weeks before surgery. What is the nurse's best response?

- a. -
- b. These drugs decrease platelet aggregation and increase your risk for excessive bleeding.
- c. These drugs are toxic to white blood cells and increase your risk for developing an infection.
- d. These drugs can counteract the effects of certain anesthetics.
- e. These drugs inhibit the bone marrow from making new blood cells and increase your risk for anemia.

7. Where is the best site to assess capillary refill on an 88-year-old client?

- a. Lips
- b. Forehead
- c. --
- d. Toenails
- e. Fingernails

8. How are anticoagulants and fibrinolytic agents different?

- a. Fibrinolytics and anticoagulants both thin the blood to prevent clot formation.
- b. Anticoagulants work by interfering with clotting factor synthesis and fibrinolytics work by disrupting

platelet aggregation.

c. -

**d. Anticoagulants inhibit blood clot formation and fibrinolytics degrade existing clots.**

e. Fibrinolytics are taken orally and anticoagulants can only be given parenterally.

9. Which statement, made by the client who is taking warfarin (Coumadin) daily to prevent blood clots from forming in deep veins, indicates a need for further discussion regarding this therapy?

**a. I have been eating more salads and other green, leafy vegetables to prevent constipation.**

b. Instead of a safety razor, I have been using an electric shaver to shave.

c. -

d. On hot days, I make sure I drink at least two quarts of water.

e. I have two pairs of antiembolic stockings so that one pair can be washed each day.

10. A nurse observes yellow-tinged sclera on a client with dark skin. Based on this observation, what is the nurse's best action?

a. Nothing; this is a normal finding in all people with dark skin.

b. Examine the soles of the client's feet.

**c. Inspect the client's oral mucosa and hard palate for other indications of jaundice.**

d. Notify the physician of the possibility that the client has a liver or hemolytic

e. -

11. Which of the following precautions taught to a client who is prescribed to take the platelet inhibitor abciximab (ReoPro) is specific to only this drug?

**a. Observing for skin rashes or difficulty breathing**

b. Stopping the drug at least 10 days before having planned surgery or dental work

c. -

d. Observing stools for color changes, such as bright red or tarry appearance, that may indicate GI bleeding

e. Moving slowly when changing from a sitting position to a standing position

12. How should the nurse assess for the presence of bruises in a client with dark skin who experienced blunt trauma to the right thigh?

a. Palpate for and compare the popliteal and pedal pulses in both distal extremities.

b. -

c. Press a glass slide against the skin over the injured area and determine whether or not the skin blanches.

d. Use the back of the hand to compare the skin temperature on the area of trauma to the same area of the left thigh.

**e. Compare the contour and skin color of the injured area with the same area on the left thigh.**

13. The client's platelet count is 30,000/mm<sup>3</sup>. What is the nurse's first best action?

a. Administer oxygen by nasal cannula.

b. Document the report as the only action.

**c. Institute bleeding precautions.**

d. Notify the physician.

e. -

14. During assessment of a client at risk for hematologic problems, the nurse palpates the client's spleen just below the ribs on the left side. What is the nurse's best action?

a. Document the finding as the only action.

b. Apply an abdominal binder.

c. -

**d. Notify the physician.**

e. Ask about a history of mononucleosis.

15. What is the most likely contributing factor for the laboratory result of the iron level being 42 mg/dL in a 45-year-old woman?

**a. Heavy menses for the past 6 months**

- b. Diet chronically low in vegetables and high in meats and fats
- c. -
- d. Presence of chronic allergies, for which she takes diphenhydramine (Benadryl) daily
- e. 60 pack-year smoking history

16. Which of the following hematologic tests or assessment procedures should the nurse check to ensure that the client or the client's legal representative has signed an informed consent statement?

- a. Reticulocyte count
- b. Electrophoresis for hemoglobin type and quantity
- c. -
- d. Bone marrow aspiration**
- e. Capillary fragility studies

17. Which tests indicates that the heparin therapy for the client at risk for thrombosis is adequate?

- a. Increased platelet aggregation
- b. Bleeding time of 4 minutes
- c. Partial thromboplastin time (PTT) twice the normal value**
- d. Decreased total iron-binding capacity (TIBC)
- e. -

18. Which client should the nurse assess for hemolysis and jaundice?

- a. 42-year-old taking zidovudine and foscarnet (Foscavir) daily for HIV/AIDS
- b. 48-year-old taking one aspirin a day to prevent a second myocardial infarction
- c. 27-year-old with mitral valve prolapse taking penicillin daily**
- d. 78-year-old taking 40 mg of furosemide (Lasix) daily for mild CHF
- e. -

19. Which assessment finding of the skin of an 82-year-old woman should be explored further?

- a. Mottled pigmentation on the neck, cheeks, and forehead
- b. Discolored fingernails
- c. -
- d. Areas of petechiae on the trunk and arms**
- e. Numerous cherry hemangiomas scattered across the anterior and posterior trunk

20. Which client is most at risk for hematologic problems?

- a. 27-year-old woman taking oral contraceptives
- b. -
- c. 48-year-old man who had a myocardial infarction 5 years ago
- d. 62-year-old woman with diabetes mellitus on insulin therapy
- e. 55-year-old man with chronic alcoholism**

21. A client's warfarin (Coumadin) therapy was discontinued 3 weeks ago. Which laboratory test result indicates that all effects of the warfarin have been eliminated?

- a. Total white blood count of 9000/mm<sup>3</sup>
- b. Reticulocyte count of 1%
- c. -
- d. International normalized ratio (INR) of 0.9**
- e. Serum ferritin level of 350 ng/mL

22. When a person's hemoglobin is deficient in iron, which assessment finding is expected?

- a. Bradycardia
- b. Slow capillary refill
- c. Increased respiratory rate**
- d. Cherry red lips and mucous membranes
- e. -

23. The client is concerned about pain during a bone marrow aspiration. What is the nurse's best response?

- a. You will be given a general anesthetic in the operating room and will be asleep during the

procedure.

- b. -
- c. There is no pain associated with this procedure.
- d. The amount of discomfort is about the same as having your blood drawn.
- e. Most people have some pain during this short procedure. If you wish, you may have a tranquilizer or sedative before the procedure starts.**

24. After a bone marrow aspiration, the client has bruising at the site (left iliac crest). What is the nurse's best action?

- a. Document the finding as the only action.
- b. Notify the physician.
- c. -
- d. Apply an ice pack to the site.**

e. Position the client on his/her right side.

25. What precaution should be given to a person who will be taking warfarin (Coumadin) for 6 months?

- a. Sleep with the head of your bed elevated.
- b. Decrease your intake of sodium.
- c. Avoid aspirin and aspirin-containing drugs.**
- d. Avoid taking walks or performing any physical activity.
- e. -

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27. A client with a deep vein thrombosis is prescribed to be started on oral warfarin (Coumadin) while still receiving intravenous heparin. What is the nurse's best action?

- a. Monitor the client for clinical manifestations of internal or external bleeding at least every two hours.
- b. -
- c. Remind the physician that two anticoagulants should not be administered concurrently.
- d. Hold the dose of warfarin until the client's partial thromboplastin time is the same as the control value.
- e. Administer the medications as prescribed.**

28. The nurse should be sure to have which drug on the unit when the client is receiving intravenous heparin?

- a. Vitamin K
- b. Aspirin
- c. Protamine sulfate**
- d. Streptokinase
- e. -

29. Which clinical manifestation is common to all types of anemia regardless of cause or pathologic mechanism?

- a. -
- b. Tachycardia at basal activity levels**
- c. Hypertension and peripheral edema
- d. Jaundiced sclera and roof of the mouth
- e. Increased PaCO<sub>2</sub>

30. Which laboratory value in a client alerts the nurse to the probability of sickle cell disease?

- a. Hgb A1: 97%
- b. Hgb C: 0%
- c. -
- d. Hgb S: 65%**
- e. Hgb F: 1.5%

31. The client who has sickle cell trait has a sister with sickle cell disease and a husband with neither the disease nor the trait. She asks her nurse what her children's chances are of having sickle cell disease. What is the nurse's best response?

- a. -
- b. Because you have the trait and your husband does not, none of your children will have the disease, but each child will have a 50% risk for having the trait.**
- c. Because you are a woman, your daughters will each have a 50% risk for having the disease and all of your sons will be carriers of the trait.
- d. Because your sister actually has sickle cell disease, the risk for your children having sickle cell disease is 50% with each pregnancy.
- e. Because you have the trait and your husband does not, only your daughters can have sickle cell disease.

32. The client in sickle cell crisis has effective pain management. What is now the priority nursing diagnosis?

- a. Deficient Knowledge related to prevention of crisis episodes
- b. Deficient Knowledge related to contraception and pregnancy options
- c. Risk for Injury related to decreased tissue oxygenation**
- d. Risk for Infection related to decreased spleen function
- e. -

33. The client has anemia and all the following clinical manifestations. Which manifestation indicates to the nurse that the anemia is a long-standing problem?

- a. -
- b. Clubbed fingers**
- c. Circumoral pallor
- d. Headache
- e. Orthostatic hypotension

34. A nurse administered 8 mg of morphine intravenously 20 minutes ago to the client in sickle cell crisis. Which condition indicates that pain relief has been achieved?

- a. The client's blood pressure is 120/80.
- b. -
- c. The client is sleeping.
- d. The client's skin is warm and dry.
- e. The client tells the nurse the pain is better.**

35. Which problem or condition is most likely to stimulate a crisis in a person who has sickle cell trait?

- a. Having surgery under general anesthesia for colon cancer**
- b. Shoveling snow when the temperature is at 0 degrees
- c. -
- d. Having a cast placed on the wrist after sustaining a simple fracture
- e. Becoming pregnant

36. Which assessment finding alerts the home care nurse to the possibility of infection in the client with sickle cell disease who is recovering from a crisis episode?

- a. -
- b. Diminished breath sounds unilaterally**
- c. Darkened areas of skin on the lower extremities
- d. Firm, nodular texture to the liver on palpation
- e. Oral temperature of 37.8o C (100°F)

37. Which intervention for the client with sickle cell disease prevents vascular occlusion?

- a. Administering morphine sulfate every 6 hours
- b. Assessing pulse oximetry every 2 hours
- c. Maintaining an oral fluid intake of at least 4500 mL/day**
- d. Keeping the room temperature at or below 68°F.
- e. -

38. How does the drug hydroxyurea benefit the client with sickle cell disease?

- a. -
- b. Prevents crises by stimulating the RBCs to synthesize more hemoglobin F**
- c. Prevents anemia by stabilizing RBC plasma membranes
- d. Prevents crises by decreasing blood viscosity and reducing vessel obstruction
- e. Prevents anemia by increasing cellular iron storage

39. Which person should the nurse be most alert for the development of glucose-6-phosphate dehydrogenase (G6PD) deficiency anemia?

- a. -
- b. 28-year-old man whose grandfather had the disorder**
- c. 55-year-old man who had a myocardial infarction 5 years ago
- d. 28-year-old woman whose grandfather had the disorder
- e. 55-year-old woman who had a partial gastrectomy for stomach cancer last year

40. Which common agent(s) should the nurse teach the client with glucose-6-phosphate dehydrogenase deficiency anemia to avoid?

- a. -
- b. Aspirin**
- c. Alcohol
- d. Caffeine
- e. Laxatives

41. Which menu selection made by the client with vitamin B12 deficiency anemia demonstrates adequate understanding of dietary management for this problem?

- a. Baked chicken breast, boiled carrots, glass of white wine
- b. Whole-grain pasta with cheese, apple sauce, glass of red wine
- c. -
- d. Fried liver and onions, orange juice, spinach salad**
- e. Eggplant Parmesan, cream-style cottage cheese, iced tea

42. Which intervention should the nurse teach the client who has IgM-mediated immunohemolytic anemia?

- a. Do not take aspirin or aspirin-containing products.
- b. -
- c. Use an electric shaver.
- d. Avoid crowds and sick people.
- e. Wear socks and gloves in cool weather.**

43. Which feature is characteristic of vitamin B12 deficiency anemia but not characteristic of folic acid deficiency anemia?

- a. Paresthesias of the hands and feet**
- b. Smooth, beefy-red tongue
- c. -
- d. Macrocytic red blood cells
- e. Weight loss

44. The client is prescribed to receive iron dextran by the Z-track method of intramuscular injection. Which technique should the nurse use to adhere to the Z-track method?

- a. -
- b. Inject medication only into the dorsal gluteal site.**

- c. Select a 22-gauge, 1-inch needle to minimize tissue trauma.
- d. Take care to ensure that no air is present in the syringe.
- e. Massage the site for a minimum of five minutes after the injection.

45. Which of the client's health problems alerts the nurse to the possibility of anemia related to dietary deficiency?

- a. Ten years of chronic alcoholism**
- b. Poorly controlled diabetes mellitus
- c. -
- d. Ten years of antacid therapy for peptic ulcer disease
- e. Mild congestive heart failure

46. Which laboratory value indicates that the epoetin alfa (Procrit, Epogen) therapy is effective?

- a. Segmented neutrophils outnumber the band neutrophils.
- b. Platelet count has decreased from 80,000 to 50,000.
- c. Red blood cell count has increased from 2.2 million to 3.0 million.**
- d. Serum potassium level has increased from 3.5 to 4.5 mEq/L
- e. -

47. What is the pathologic mechanism involved in aplastic anemia?

- a. Increased rate of red blood cell lysis and destruction
- b. Decreased intake of iron
- c. Decreased bone marrow production of red blood cells**
- d. Increased (excessive) cellular metabolic oxygen demand
- e. -

48. What is the priority nursing diagnosis for the client with aplastic anemia who is being treated with a combination of prednisone and cyclophosphamide.

- a. Constipation
- b. Risk for Injury
- c. Risk for Infection**
- d. Risk for Activity Intolerance
- e. -

49. Which teaching intervention should the nurse use for the client with polycythemia vera to prevent injury as a result of the increased bleeding tendency?

- a. Exercise slowly and only on the advice of your physician.
- b. -
- c. Drink at least 3 liters of liquids per day.
- d. Wear gloves and socks outdoors in cool weather.
- e. Use a soft-bristled toothbrush.**

50. What is the priority nursing diagnosis for the client with polycythemia vera?

- a. -
- b. Risk for Injury related to thrombus formation**
- c. Ineffective Thermoregulation related to excessive heat loss
- d. Adult Failure to Thrive related to increased energy demands
- e. Constipation related to dehydration

51. Which laboratory finding in a client with polycythemia vera indicates that phlebotomy alone is no longer effective in managing this problem?

- a. Platelet count has increased from 120,000 to 150,000
- b. Hemoglobin A1c has decreased from 8.0% to 7.0%
- c. Hematocrit has increased from 55% to 75%**
- d. Segmented neutrophils outnumber the band neutrophils.
- e. -

52. Which serum electrolyte value in a client with polycythemia vera should the nurse report to the physician?

- a. Total calcium, 8.7 mg/dL
- b. -
- c. Sodium, 132 mEq/L
- d. Chloride, 98 mEq/L
- e. Potassium, 7.2 mEq/L**

53. Which health problem is most likely to occur in people who have myelodysplastic syndrome?

- a. Hodgkin's lymphoma
- b. Polycythemia vera
- c. Acute leukemia**
- d. Acute myocardial infarction
- e. -

54. Which precaution has the highest priority for instruction of the client going home with thrombocytopenia?

- a. Avoid the use of salt substitutes that contain potassium chloride.
- b. -
- c. Drink at least 3 liters of fluid each day.
- d. Avoid drinking alcoholic beverages until your CBC is normal.
- e. Avoid flossing your teeth until platelets return to normal.**

55. Why is the client with polycythemia vera at an increased risk for a myocardial infarction?

- a. -
- b. The increased number of erythrocytes increases blood viscosity and the workload of the heart.**
- c. The abnormal hemoglobin in the erythrocytes inadequately oxygenates the myocardium.
- d. The rapid synthesis of cells greatly increases metabolism.
- e. The disease is most prevalent among men in their 60s and 70s who have other conditions that damage the heart.

56. Which clinical manifestation or assessment finding indicates effectiveness of the therapy for the client with polycythemia vera?

- a. Bilateral darkening of the conjunctiva
- b. Hematocrit of 65%
- c. Blood pressure change from 180/150 to 160/90**
- d. Unplanned weight loss of 6 lb over a month's time
- e. -

57. Which precaution should the nurse teach the client who is prescribed to take thalidomide (Thalomid) as part of her treatment plan for multiple myeloma?

- a. -
- b. Use multiple forms of birth control to prevent birth defects.**
- c. Drink plenty of fluids to prevent the development of diabetes mellitus.
- d. Avoid high-fiber foods to prevent diarrhea.
- e. Avoid crowds and sick people to prevent contraction of contagious infections.

58. Which question is appropriate when exploring the risk factors for the client newly diagnosed with acute leukemia?

- a. -
- b. Have you ever worked around radioactive materials?**
- c. Have you ever been treated for a sexually transmitted disease?
- d. How many packs of cigarettes do you smoke per day and for how many years have you smoked?
- e. How old was your mother when you were born?

59. The client with leukemia asks his nurse why he is so susceptible to infection when his white blood cell count is so high. What is the nurse's best response?

- a. The number of white blood cells is falsely high because of the severe dehydration that accompanies leukemia.
- b. It is the platelets, not the white blood cells, that protect you from infection.**



c. -

d. Even though you have a lot of white blood cells, they are immature and not able to prevent or fight infection.

e. Your white blood cells have been poisoned by chemotherapy and are now nonfunctional.

60. Which question or statement by the client about to undergo allogeneic bone marrow transplantation indicates a need for further discussion regarding the procedure?

a. After the bone marrow transplant grows in me, my blood type will be the same as the donor's.

b. -

c. Until the marrow transplant takes, I should have few visitors.

d. How long will it be before we know if the transplant is successful?

e. Which bone will the surgeon insert the marrow into?

61. The client with lymphoma asks his nurse why his disease treatment regimen includes radiation and surgery as well as chemotherapy, when his 16-year-old female cousin only had chemotherapy for leukemia. What is the nurse's best response?

a. -

b. Lymphomas can form discrete tumors that can be removed by surgery or treated locally with radiation, but leukemic cells are more widespread.

c. Your disease is probably more widespread and advanced than your cousin's was, requiring additional types of intensive therapy for cure.

d. Radiation is not used as therapy in girls and women so as not to disrupt their childbearing ability.

e. Lymphomas can be cured using multiple therapies and leukemia cannot be cured, only controlled with lifelong injections of chemotherapy.

62. Which client is at greatest risk for development of acute leukemia?

a. 20-year-old with cystic fibrosis who has been on continuous enzyme replacement therapy since age 3 months

b. 55-year-old with diabetes mellitus type 1 who has received insulin injections for 43 years

c. 50-year-old being treated with cyclophosphamide (Cytoxan) for a chronic autoimmune disease

d. 38-year-old who has used combination oral contraceptives without a break for 15 years

e. -

63. For which client with leukemia should the nurse be prepared to teach about maintenance therapy?

a. -

b. The client with acute lymphocytic leukemia who is in remission

c. The client with acute myelogenous leukemia who is in remission

d. The client with acute myelogenous leukemia who has relapsed

e. The client with acute lymphocytic leukemia who has relapsed

64. For which type of leukemia has imatinib mesylate (Gleevec) proven most effective?

a. Acute myelogenous leukemia that has abnormal chromosomes

b. Acute lymphocytic leukemia that has normal chromosomes

c. Chronic myelogenous leukemia that is Philadelphia chromosome?positive

d. Chronic lymphocytic leukemia that is Philadelphia chromosome?negative

e. -

65. Why is the transplantation of bone marrow cells separated from the preconditioning chemotherapy regimen by at least 2 days?

a. To give the client a rest period before the vigorous therapeutic regimen begins

b. To prevent a more profound neutropenic response

c. To ensure all chemotherapy is cleared and cannot exert killing effects on the transplanted cells

d. To allow the client to recover from the severe nausea and vomiting caused by the conditioning chemotherapy

e. -

66. The client with lymphoma who is considering a stem cell transplant asks what is the difference

between a stem cell transplant and a bone marrow transplant. What is the nurse's best response?

- a. Cells for a stem cell transplant can come from a person other than a family member related by blood, but cells for a bone marrow transplant must come from a blood relative.
- b. -
- c. Bone marrow transplantation requires more chemotherapy and radiation than does stem cell transplantation.
- d. A stem cell transplant is useful for solid tumor cancers, but a bone marrow transplant is needed for lymphoma.
- e. A bone marrow transplant is one type of stem cell transplant. The only difference is the source of the stem cells.

67. Which nursing diagnosis or collaborative problem has the highest priority for the bone marrow donor during the first 48 hours after the donation procedure?

- a. Ineffective Coping
- b. Risk for Infection
- c. Acute Pain
- d. Potential for leukemia
- e. -

68. What laboratory value indicates to the nurse that the conditioning regimen for bone marrow transplantation is successful?

- a. Total white blood cell count of 8000/mm<sup>3</sup>
- b. -
- c. Hematocrit of 25%
- d. Hematocrit of 50%
- e. Total white blood cell count of 0/mm<sup>3</sup>

69. Which clinical manifestation during the actual bone marrow transplantation alerts the nurse to the possibility of an adverse reaction?

- a. Fever
- b. Hypertension
- c. -
- d. Shortness of breath
- e. Red urine

70. At 6 weeks after bone marrow transplantation, a nurse observe that the client has rising white blood cell, erythrocyte, and platelet counts. What is the nurse's interpretation of these findings?

- a. The client has graft-versus-host disease.
- b. -
- c. The client has a systemic infection.
- d. The leukemia is no longer in remission.
- e. The transplant has engrafted.

71. Approximately 6 weeks after the client has received an allogeneic bone marrow transplant, a nurse notes that the client has peeling skin on the hands, feet, and legs. What is the nurse's best first action?

- a. Document the observation as the only action.
- b. -
- c. Request a humidifier to increase the moisture of the room.
- d. Apply lanolin-based creams to the client's skin.
- e. Notify the physician.

72. The client is 22 days post transplant from an allogeneic bone marrow transplantation. The nurse observes that the client's sclera and hard palate are yellow. Which additional clinical manifestation supports the possibility of veno-occlusive disease (VOD)?

- a. Hard, ropelike consistency of the peripheral vein proximal to the IV site
- b. -
- c. Total white blood cell count of 2000 per mm<sup>3</sup>

d. Six to 10 watery stools per day for the last 3 days

**e. Weight gain of 8 pounds in the last 3 days**

73. The home care nurse observes a break in the catheter lumen while changing the central venous catheter dressing of a client after bone marrow transplantation. What is the nurse's best first action?

**a. Remove the central venous catheter.**

b. Cover the break with sterile tape.

c. -

d. Clamp the catheter proximal to the break.

e. Document the observation.

74. The client being discharged home after a bone marrow transplantation for leukemia asks why protection from injury is so important. What is the nurse's best response?

a. The medication regimen after transplantation includes drugs that slow down cell division, making healing after any injury more difficult.

b. -

c. The transplanted bone marrow cells are very fragile and trauma could result in rejection of the transplant.

d. Trauma is likely to result in loss of skin integrity, increasing the risk for infection when you are already immunosuppressed.

**e. Platelet recovery is slower than white blood cell recovery and you remain at risk longer for bleeding than you do for infection.**

75. The client who has been diagnosed with Hodgkin's lymphoma is scheduled for numerous tests. The client asks if these tests are really necessary, because the exact type of cancer has already been established. What is the nurse's best response?

**a. Different treatments are used depending on where the cancer is, so it is first necessary to determine the exact sites.**

b. It is best to determine how healthy your major organs are before undergoing the strenuous and uncomfortable therapies for cancer.

c. -

d. The doctors want to be very sure, because it is possible to have two different kinds of cancer at the same time.

e. You may be eligible for new and experimental therapy. These tests will determine whether or not you would qualify for such treatment.

76. The 27-year-old male client with Hodgkin's lymphoma in the abdominal and pelvic regions is about to start radiation therapy. What long-term side effect of this therapy should the nurse be sure that he understands?

a. Baldness from radiation therapy is likely to be permanent.

b. Constipation will be continuous throughout therapy.

**c. Sperm production will be permanently disrupted.**

d. This treatment increases the risk for prostate cancer later in life.

e. -

77. What is the priority nursing diagnosis for a client newly diagnosed with autoimmune thrombocytopenic purpura?

**a. Risk for Injury**

b. Impaired Skin Integrity

c. -

d. Acute Pain

e. Impaired Gas Exchange

78. Which laboratory test result indicates to the nurse that the factor VIII cryoprecipitate therapy for the client with hemophilia is effective?

**a. Activated partial thromboplastin time of less than 30 seconds**

b. Platelet count of 200,000/mm<sup>3</sup>

c. -

- d. Prothrombin time of 15 seconds (INR of 1.3)
- e. Hematocrit of 43%

79. How should the nurse modify the standard transfusion therapy procedure when administering a platelet transfusion?

- a. Use a transfusion set that has short tubing and no filter.
- b. Administer the platelet solution by rapid IV push instead of as an infusion.
- c. -
- d. Co-administer amphotericin B as prophylaxis against fungal contamination.
- e. Warm the platelets to body temperature before initiating the transfusion.

80. A nurse observes that the client, whose blood type is AB negative, is receiving a transfusion with type O negative packed red blood cells. What is the nurse's best first action?

- a. Call the blood bank.
- b. Document the observation as the only action.
- c. -
- d. Take and record the client's vital signs.
- e. Stop the transfusion and keep the IV open.

81. What identification means should the nurse use to ensure that a blood transfusion is administered to the correct client?

- a. -
- b. Compare the name and ID number on the blood product tag with the name and ID number on the client's ID band.
- c. Ask the client's spouse if the client is the correct person who is to have the transfusion.
- d. Ask the client if his name is the one on the blood product tag.
- e. Compare the bed and room number of the client with the bed and room number listed on the blood product tag.

82. The client is prescribed to receive two units of packed red blood cells. When the blood products arrive, a nurse notes that the client's current IV is infusing Ringer's lactate solution. What should the nurse do in this situation?

- a. Hang the blood with the currently infusing solution.
- b. Change the intravenous solution to dextrose 5% in water.
- c. Change the intravenous solution to normal saline.
- d. Start an additional intravenous infusion site.
- e. -

83. For which of the following blood products is ABO compatibility a requirement for administration?

- a. -
- b. Fresh frozen plasma
- c. Pooled donor platelets
- d. Single-donor platelets
- e. Granulocytes

84. The client, a Jehovah's Witness scheduled for surgery, has expressed concern that she might receive blood products, an act condemned by her religion. What is the nurse's best response?

- a. Transfusions are not routine and there are now good alternatives to transfusions if you should lose an excessive amount of blood.
- b. Your chances of needing a transfusion during or after surgery are so small that this is not really a problem.
- c. -
- d. If you are worried about contamination, you could have members of your family make blood donations ahead of time specifically for you.
- e. You should allow the health care professionals to do whatever is needed to save your life.

85. Which type of transfusion reaction should the nurse assess for in the client who is receiving an autologous blood transfusion?

- a. Hemolytic
- b. -
- c. Allergic
- d. Febrile
- e. Bacterial**

86. For which client receiving a blood transfusion should the nurse remain especially alert for the possible development of transfusion-associated graft-versus-host disease (TA-GVHD)?

- a. 56-year-old woman who is AB-positive receiving a transfusion with O-negative blood products
- b. 68-year-old man receiving an autologous transfusion after hip replacement surgery
- c. 45-year-old man on immunosuppressant therapy after a kidney transplant**
- d. 27-year-old pregnant woman with sickle cell anemia
- e. -

87. By what pathophysiologic processes does atherosclerosis contribute to the development of coronary artery disease (CAD)?

- a. Macrophages and T cells form a connective tissue matrix in the vessel intima where lipids accumulate.**
- b. Coronary vessels become inflamed and injured as a result of excess cholesterol and triglycerides.
- c. -
- d. Atherosclerosis causes coronary vessels to become stiff, limiting their ability to respond to increases in blood flow.
- e. Atherosclerotic plaques cause spasm and subsequent narrowing of the coronary vessels.

88. A nurse is taking the history of a client with suspected coronary artery disease. Recently, the client has had episodes of chest discomfort while mowing the lawn with a push mower. The chest discomfort subsides when the client rests. What conclusion can the nurse draw from this information?

- a. The client may have had a myocardial infarction.
- b. The client may have variant angina.
- c. The client may have stable angina**
- d. The client need not be concerned about this pain, because it is relieved with rest.
- e. -

89. A client presents with a history of variant (Prinzmetal's) angina. What symptoms would the nurse expect to be manifested in this client?

- a. A burning sensation in the chest wall that is relieved with rest
- b. Chest discomfort that appears with exertion and is relieved with nitroglycerin
- c. Chest pain occurring with minimal exertion that limits the client's activity**
- d. Chest pressure or tightness that radiates to the arm and jaw
- e. -

90. Which of the following would be considered a modifiable risk factor for coronary artery disease?

- a. -
- b. Smoking**
- c. Gender
- d. Age
- e. Family history

91. An 82-year-old client is admitted with a suspected myocardial infarction. What specific clinical manifestation of myocardial infarction would the nurse expect to see in an older adult?

- a. Posterior wall chest pain
- b. Exophthalmos
- c. Disorientation or confusion**
- d. Numbness and tingling of the arm
- e. -

92. Which of the following statements made by the client with CAD serves to alert the nurse that the client may be experiencing difficulty in adapting to the illness?

- a. When I was in the hospital last time for my heart attack, I felt afraid.
- b. I know I will have some chest discomfort with some activities, so I carry my nitroglycerin with me at all times.
- c. I usually wait about 2 hours after I feel chest discomfort before calling my doctor to be sure it is really angina.**
- d. I feel a little anxious whenever I get chest discomfort.
- e. -

93. A client presents to the emergency department with complaints of substernal chest pain. Eight hours later, it is noted on laboratory assessment that myoglobin levels have not risen. What conclusion can be drawn from this information?

- a. The client is experiencing an evolving myocardial infarction.
- b. The client has experienced a myocardial infarction within the last 24 hours.
- c. -
- d. The client has not experienced a myocardial infarction.**
- e. The client most likely had a myocardial infarction several days ago.

94. A client hospitalized for unstable angina has undergone laboratory assessment. Which laboratory test is most specific in diagnosing acute coronary syndrome?

- a. Serum myoglobin
- b. Serum LDH
- c. Troponin T**
- d. CK-MB isoenzyme
- e. -

95. The client is diagnosed with acute myocardial infarction. Which laboratory test is most specific in diagnosing acute MI?

- a. Myoglobin
- b. Troponin T
- c. -
- d. CK-MB isoenzyme**
- e. Serum LDH

96. The client with a myocardial infarction has undergone electrocardiography (ECG). What changes in the ECG tracing would the nurse expect to see in this client?

- a. -
- b. ST-segment elevation, T-wave inversion, abnormal Q wave**
- c. ST-segment depression, T-wave inversion, normal Q wave
- d. ST-segment depression, flattened T wave, normal Q wave
- e. ST-segment inversion, T-wave elevation, abnormal Q wave

97. The client's ECG reveals ST-segment depression and T-wave inversion in leads II, III, and aVF. What is the nurse's interpretation of these findings?

- a. -
- b. The client is experiencing an anginal episode.**
- c. The client is experiencing acute MI.
- d. The client is experiencing variant angina.
- e. The client is experiencing cardiac arrest.

98. A nurse is caring for a client admitted to the hospital with a complaint of chest pain. After receiving a total of three nitroglycerin sublingual tablets, the client states that there is no change in the level of discomfort experienced. What would be the nurse's best action?

- a. Administer oxygen via a nasal cannula.
- b. Place the client in a semi-Fowler's position.
- c. Notify the health care provider.**
- d. Administer morphine sulfate IV.
- e. -

99. What is the priority nursing diagnosis for a client admitted with a medical diagnosis of acute myocardial infarction?

- a. Potential for Heart Failure
- b. Altered Tissue Perfusion
- c. -

**d. Acute Pain**

- e. Potential for Dysrhythmia

100. Why is the administration of aspirin recommended along with nitroglycerin when a client is experiencing angina-like chest pain?

- a. -

**b. Aspirin inhibits platelet aggregation and clot formation.**

- c. Aspirin can trigger vasodilation and improve blood flow.
- d. Aspirin has analgesic properties without sedation.
- e. Aspirin has cardiotonic properties and improves contraction.