1. You are reviewing the complete blood count (CBC) for a client who has been admitted for knee arthroscopy. Which value is most important to report to the physician prior to surgery?
   a. White blood cell count 16,000/mm³
   b. Hematocrit 33%
   c. Platelet count 426,000/ mm³
   d. Hemoglobin 10.9 g/dL

2. A new RN is preparing to administer packed red blood cells (PRBCs) to a client whose anemia was caused by blood loss after surgery. Which action by the new RN requires that you, as charge nurse, intervene immediately?
   a. The new RN waits 20 minutes after obtaining the PRBCs before starting the infusion.
   b. The new RN starts an intravenous line for the transfusion using a 22-gauge catheter.
   c. The new RN primes the transfusion set using 5% dextrose in lactated Ringer’s solution.
   d. The new RN tells the client that the PRBCs may cause a serious transfusion reaction.

3. A 32-year-old client with a history of sickle cell anemia is admitted to the hospital during a sickle cell crisis. The physician orders all of these interventions. Which order will you implement first?
   a. Give morphine sulfate 4-8 mg IV every hour as needed.
   b. Start a large-gauge IV line and infuse normal saline at 200 mL/hour.
   c. Immunize with Pneumovax and Haemophilus influenzae vaccines.
   d. Administer oxygen at an F₁₀₂ of 100% per non-rebreather mask.

4. A 78-year-old client admitted to the hospital with chronic anemia caused by possible gastrointestinal bleeding has all of these activities included in the care plan. Which activity is best delegated to an experienced nursing assistant (NA)?
   a. Use Hemoccult slides to obtain stool specimens.
   b. Have the client sign a colonoscopy consent form.
   c. Administer PEG-ES (GoLYTELY) bowel preparation.
   d. Check for allergies to contrast dye or shellfish.

5. As charge nurse, you are making the daily assignments on the medical-surgical unit. Which client is best assigned to a nurse who has floated from the post-anesthesia care unit (PACU)?
   a. A 30-year-old client with thalassemia major who has an order for subcutaneous infusion of deferoxamine (Desferal)
   b. A 43-year-old client with multiple myeloma who needs discharge teaching
   c. A 52-year-old client with chronic gastrointestinal bleeding who has returned to the unit after a colonoscopy.
d. A 65-year-old client with pernicious anemia who has just been admitted to the unit

6. You are making a room assignment for a newly arrived client whose laboratory testing indicates pancytopenia. All of these clients are already on the nursing unit. Which one will be the best roommate for the new client?
   a. The client with digoxin toxicity
   b. The client with viral pneumonia
   c. The client with shingles
   d. The client with cellulitis

7. A client admitted to the hospital with a sickle cell crisis complains of severe abdominal, hip, and knee pain. You observe an LPN accomplishing these client care tasks. Which one requires that you, as charge nurse, intervene immediately?
   a. The LPN encourages the client to use the ordered PCA.
   b. The LPN positions cold packs on the client’s knees.
   c. The LPN places a “No Visitors” sign on the client’s door.
   d. The LPN checks the client’s temperature every 2 hours.

8. A 67-year-old client who is receiving chemotherapy for lung cancer is admitted to the hospital with thrombocytopenia. While you are taking the admission history, the client makes these statements. Which statement is of most concern?
   a. “I’ve noticed that I bruise more easily since the chemotherapy started.”
   b. “My bowel movements are soft and dark brown in color.”
   c. “I take one aspirin every morning because of my history of angina.”
   d. “My appetite has decreased since the chemotherapy started.”

9. Following a car accident, a client with a Medic-Alert bracelet indicating hemophilia A is admitted to the emergency department (ED). Which physician order should you implement first?
   a. Transport to radiology for C-spine x-rays.
   b. Transfuse Factor VII concentrate.
   c. Type and cross-match for 4 units RBCs.
   d. Infuse normal saline at 250 mL/hour.

10. As home health nurse, you are taking an admission history for a client who has a deep vein thrombosis and is taking warfarin (Coumadin) 2 mg daily. Which statement by the client is the best indicator that additional teaching about warfarin may be needed?
    a. “I have started to eat more healthy foods like green salads and fruit.”
    b. “The doctor said that it is important to avoid becoming constipated.”
    c. “Coumadin makes me feel a little nauseated unless I take it with food.”
    d. “I will need to have some blood testing done once or twice a week.”

11. A client is admitted to the intensive care unit (ICU) with disseminated intravascular coagulation (DIC) associated with a gram-negative infection. Which assessment information has the most immediate implications for the client’s care?
    a. There is no palpable radial or pedal pulse.
    b. The client complains of chest pain.
c. The client’s oxygen saturation is 87%
d. There is mottling of the hands and feet.

12. A 22-year-old with stage I Hodgkin’s disease is admitted to the oncology unit for radiation therapy. During the initial assessment, the client tells you, “Sometimes I am afraid of dying.” Which response is most appropriate at this time?
a. “Many individuals with this diagnosis have some fears.”
b. “Perhaps you should ask the doctor about medication.”
c. “Tell me a little bit more about your fear of dying.”
d. “Most people with stage I Hodgkin’s disease survive.”

13. After receiving change-of-shift report about all of these clients, which one will you assess first?
a. A 26-year-old with thalassemia major who has a short-stay admission for a blood transfusion
b. A 44-year-old who was admitted 3 days previously with a sickle cell crisis and has orders for a CT scan
c. A 50-year-old with newly diagnosed stage IV non-Hodgkin’s lymphoma who is crying and stating “I’m not ready to die.”
d. A 69-year-old with chemotherapy-induced neutropenia who has an elevated oral temperature

14. A long-term-care client with chronic lymphocytic leukemia has a nursing diagnosis of Activity Intolerance related to weakness and anemia. Which of these nursing activities is most appropriate for you, as the charge nurse, to delegate to a nursing assistant?
a. Evaluate the client’s response to normal activities of daily living.
b. Check the client’s blood pressure and pulse rate after ambulation.
c. Determine which self-care activities the client can do independently.
d. Assist the client in choosing a diet that will improve strength.

15. A transfusion of PRBCs has been infusing for 5 minutes when the client becomes flushed and tachypneic and says, “I am having chills. Please get me a blanket.” Which action should you take first?
a. Obtain a warm blanket for the client.
b. Check the client’s oral temperature.
c. Stop the medication.
d. Administer oxygen.

16. A group of clients is assigned to an RN-LPN/LVN team. The LPN/LVN is most likely to be assigned to provide client care and administer medications to which of these clients?
a. A 36-year-old client with chronic renal failure who will need a subcutaneous injection of epoetin (Procrit)
b. A 39-year-old client with hemophilia B who has been admitted for a blood transfusion
c. A 50-year-old client with newly diagnosed polycythemia vera who is scheduled for phlebotomy
d. A 55-year-old client with a history of stem cell transplantation who will have a bone marrow aspiration
17. You obtain the following data about a client admitted with multiple myeloma. Which information has the most immediate implications for the client’s care?
   a. The client complains of chronic bone pain.
   b. The blood uric acid level is very elevated.
   c. The 24-hour urine shows Bence-Jones protein.
   d. The client is unable to plantarflex the feet.

18. The nurse in the outpatient clinic is assessing a 22-year-old with a history of a recent splenectomy after a motor vehicle accident. Which information obtained during the assessment will be of most immediate concern to the nurse?
   a. The client engages in unprotected sex.
   b. The client has an oral temperature of 99.7°F.
   c. The client has abdominal pain with light palpation.
   d. The client admits to occasional marijuana use.

19. A client with graft-versus-host disease (GVHD) after a bone marrow transplant is being cared for on the medical unit. Which of these nursing activities is best delegated to a newly graduated RN who has had a 6-week orientation to the unit?
   a. Administration of methotrexate and cyclosporine to the client.
   b. Assessment of the client for signs of infection caused by GVHD.
   c. Infusion of D₅⁺₄₅% normal saline at 125 mL/hour to the client.
   d. Education of the client about ways to prevent infection.

20. You are the charge nurse in an oncology unit. A client with an absolute neutrophil count (ANC) of 300/mm³ is placed in protective isolation. Which staff member should you assign to provide care for this client, under the supervision of an experienced oncology RN?
   a. An LPN who has floated from the same-day-surgery unit.
   b. An RN from the float pool who usually works on the surgical unit.
   c. An LPN with 2 years of experience on the oncology unit.
   d. An RN who transferred recently from the ED.

21. You are transferring a client with newly diagnosed chronic myeloid leukemia to a long-term-care (LTC) facility. Which information is most important to the LTC charge nurse prior to transferring the client?
   a. The Philadelphia chromosome is present in the blood smear.
   b. Glucose is elevated as a result of prednisone therapy.
   c. There has been a 20-pound weight loss over the past year.
   d. The client’s chemotherapy has resulted in neutropenia.

22. A client with acute myelogenous leukemia is receiving induction phase chemotherapy. Which assessment information is of most concern?
   a. Serum potassium level of 7.8 mEq/L
   b. Urine output less than intake by 400 mL.
   c. Inflammation and redness of oral mucosa.
   d. Ecchymoses present on anterior trunk.
23. A client who has been receiving cyclosporine following an organ transplant is experiencing these symptoms. Which one is of most concern?
   a. Bleeding of the gums while brushing the teeth
   b. Non-tender swelling in the right groin
   c. Occasional nausea after taking the medication
   d. Numbness and tingling of the feet

24. You have developed the nursing diagnosis Risk for Impaired Tissue Integrity related to effects of radiation for a client with Hodgkin’s lymphoma who is receiving radiation to the groin area. Which nursing activity is best delegated to a nursing assistant caring for the client?
   a. Check the skin for signs of redness or peeling.
   b. Apply alcohol-free lotion to the area after cleaning.
   c. Explain good skin care to the client and family.
   d. Clean the skin over daily with a mild soap.

25. After receiving the change-of-shift report, which client will you assess first?
   a. A 20-year-old with possible acute myelogenous leukemia who has just arrived on the medical unit
   b. A 38-year-old with aplastic anemia who needs teaching about decreasing infection risk prior to discharge
   c. A 40-year-old with lymphedema who requests help to put on compression stockings before getting out of bed
   d. A 60-year-old with non-Hodgkin’s lymphoma who is refusing the ordered chemotherapy regimen
RATIONALE
HEMATOLOGIC PROBLEMS

1. **ANSWER A** – An elevation in white blood cells may indicate that the client has an infection, which would likely require rescheduling of the surgical procedure. The other values are slightly abnormal, but would not be likely to cause post-operative problems for a knee arthroscopy. **Focus:** Prioritization

2. **ANSWER C** – Normal saline, an isotonic solution, should be used when priming the IV line to avoid causing hemolysis of RBCs. Ideally, blood products should be infused as soon as possible after they are obtained; however, a 20-minute delay would not be unsafe. Large-gauge IV catheters are preferable for blood administration; if a smaller catheter must be used, normal saline may be used to dilute the RBCs. Although it is appropriate to instruct clients to notify the nurse if symptoms of a transfusion reaction such as shortness of breath or chest pain occur, it will cause unnecessary anxiety to indicate that a serious reaction is likely to occur. **Focus:** Prioritization

3. **ANSWER D** – Hypoxia and deoxygenation of the red blood cells are the most common cause of sickling, so administration of oxygen is the priority intervention here. Pain control and hydration are also important interventions for this client and should be accomplished rapidly. Vaccination may help prevent future sickling episodes by decreasing the risk of infection, but it will not help with the current sickling crisis. **Focus:** Prioritization

4. **ANSWER A** – An experienced nursing assistant would have been taught how to obtain a stool specimen for the Hematocult slide test, because this is a common screening test for hospitalized clients. Having the client sign an informed consent should be done by the physician who will be doing the colonoscopy. Administration of medications and checking for allergies are within the scope of practice for licensed nursing staff. **Focus:** Delegation

5. **ANSWER C** – A nurse who works in the PACU will be familiar with the monitoring needed for a client who has just returned from a procedure like a colonoscopy, which requires conscious sedation. The other clients require more experience with various types of hematologic disorders and would be better to assign to nursing staff who regularly work on the medical – surgical unit. **Focus:** Prioritization

6. **ANSWER A** – Clients with pancytopenia are at higher risk for infection. The client with digoxin toxicity presents the least risk of infecting the new client. Viral pneumonia, shingles, and cellulites are infectious processes. **Focus:** Prioritization

7. **ANSWER B** – The joint pain that occurs in sickle cell crisis is caused by obstruction to blood flow by the sickled red blood cells. The appropriate therapy for this client would be application of moist heat to the joints to cause vasodilation and improve circulation. Because control of pain is a priority during sickle cell crisis, there is no need to restrict all visitors or to check the temperature every 2 hours. **Focus:** Prioritization
8. **ANSWER C** – Because aspirin will decrease platelet aggregation, clients with thrombocytopenia should not use aspirin routinely. Client teaching about his should be included in the care plan. Bruising is consistent with the client's admission problem of thrombocytopenia. Soft, dark brown stools indicate that there is no frank blood in the bowel movements. A decrease in appetite is common with chemotherapy, and more assessment is indicated. **Focus:** Prioritization

9. **ANSWER B** – When a hemophiliac client is at high risk for bleeding, for example, after a motor vehicle accident, the priority intervention is to maximize the availability of clotting factors. The other orders also should be implemented rapidly, but do not have as high a priority. **Focus:** Prioritization

10. **ANSWER A** – Clients taking warfarin are advised to avoid making sudden diet changes, because changing the oral intake of foods high in vitamin K (such as green leafy vegetables and some fruits) will have an impact on the effectiveness of the medication. The other statements suggest that further teaching may be indicated, but more assessment for teaching needs is indicated first. **Focus:** Prioritization

11. **ANSWER C** – Because the decrease in oxygen saturation will have the greatest immediate effect on all body systems, improvement in oxygenation should be the priority goal of care. The other data also indicate the need for rapid intervention, but improvement of oxygenation is the most urgent need. **Focus:** Prioritization

12. **ANSWER C** – Most assessment about what the client means is needed before any interventions can be planned or implemented. All of the other statements indicate a conclusion that the client is afraid of dying of Hodgkin’s disease. **Focus:** Prioritization

13. **ANSWER D** – Any temperature elevation in a neutropenic client may indicate the presence of a life-threatening infection, so actions such as blood cultures and antibiotic administration should be initiated quickly. The other clients need to be assessed as soon as possible, but are not critically ill. **Focus:** Prioritization

14. **ANSWER B** – Nursing assistant education include routine nursing skills such as assessment of vital signs. Evaluation, baseline assessment of client abilities, and nutrition planning are roles appropriate to RN practice.

15. **ANSWER C** – The client’s symptoms indicate that a transfusion reaction may be occurring so the first action should be to stop the transfusion. Chills are an indication of a febrile reaction, so warming the client is not appropriate. Checking the client’s temperature and administration of oxygen are also appropriate actions if a transfusion reaction is suspected; however, stopping the transfusion is the priority. **Focus:** Prioritization

16. **ANSWER A** – Subcutaneous administration of epoetin is within the LPN/LVN scope of practice. The other clients require skills (blood transfusion and client teaching about phlebotomy and bone marrow aspiration) that are more appropriate to RN-level practice. **Focus:** Assignment

17. **ANSWER D** – The lack of plantar flexion may indicate spinal cord compression, which should be evaluated and treated immediately by the physician to prevent
further loss of function. While chronic bone pain, hyperuricemia, and the presence of Bence-Jones protein in the urine all are typical Focus: Prioritization

18.ANSWER B – Because the spleen has an important role in the phagocytosis of microorganisms, the client is at higher risk for severe infection after a splenectomy. Medical therapy, such as antibiotic administration, is usually indicated for any symptoms of infection. The other information also indicates the need for more assessment and intervention, but prevention and treatment of infection are the highest priorities for this client. Focus: Prioritization

19.ANSWER C – Infusion of IV fluids is indicated in RN education, and the new RN would also have had experience with this as part of an orientation to the medical unit. Administration of potent immunosuppressive medications, assessment for subtle indications of infection, and client teaching are more complex tasks that should be delegated to more experienced RN staff members. Focus: Delegation

20.ANSWER C – Because many aspects of nursing care need to be modified to prevent infection when a client has a low ANC, care should be provided by the staff member with the most experience with neutropenic clients. The other staff members have the education required to care for this client, but are not as clinically experienced. When making acute care client assignments for LPN staff members, they must work under the supervision of an RN. The LPN in this case would report to the RN assigned to the client. Focus: Assignment

21.ANSWER D – The neutropenic client is at increased risk for infection, so the LTC charge nurse needs to know this in order to make decisions about the client room assignment and to plan care. The other information also will impact on planning for client care, but the charge nurse needs the information about neutropenia before the client is transferred. Focus: Prioritization

22.ANSWER A – Fatal hyperkalemia may be caused by tumor lysis syndrome, a potentially serious consequence of chemotherapy in acute leukemia. The other symptoms also indicate a need for further assessment or intervention, but are not as critical as the elevated potassium level. Focus: Prioritization

23.ANSWER B – A non-tender swelling in this area (or near any lymph node) may indicate that he client has developed lymphoma, a possible adverse effect of immunosuppressive therapy. The client should receive further evaluation immediately. The other symptoms may also indicate side effects of cyclosporine (gingival hyperplasia, nausea, paresthesia) but do not indicate the need for immediate action. Focus: Prioritization

24.ANSWER D – Skin care is included in nursing assistant education and job description. Assessment and client teaching are more complex tasks that should be delegated to registered nurses. Use of lotions to the irradiated area is usually avoided during radiation therapy. Focus: Delegation

25.ANSWER A – The newly admitted client should be assessed first, because the baseline assessment and plan of care need to be completed. The other clients also need assessments or interventions, but do not need immediate nursing care. Focus: Prioritization