Labrador-Grenfell Health

Blood Transfusion Competency Test

Name: _____ **Date:** _____

1. Informed consent is confirmed:

A. After retrieving the blood/blood product from the transfusion medicine laboratory.
B. Following completion of the transfusion.
C. During a transfusion reaction.
D. Prior to the commencement of the transfusion.

2. The maximum transfusion time for any type of blood product is:

A. As per physician's order.
B. Four (4) hours from the start of the transfusion.
C. Four (4) hours following issue from the blood bank.
D. Six (6) hours following issue from the blood bank.

3. Once a blood/blood product is removed from the temperature controlled storage, transfusion must begin within:

A. Four (4) hours.
B. Two (2) hours.
C. Sixty (60) minutes.
D. Fifteen (15) minutes.

4. Before initiating blood/blood products, the nurse must have knowledge of:

A. The NL Provincial Blood Coordinating Program Best Practice Policies.
B. Signs and symptoms of a transfusion reaction.
C. Documentation requirements.
D. All of the above.

5. Blood and blood products must remain in a temperature controlled storage area until:

A. The order has been completed and consent obtained.
B. Vitals signs (temperature, heart rate, respiratory rate and blood pressure) are assessed and documented.
C. The IV is initiated and flushes well.
D. All of the above.

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6. When picking up blood/blood products, the information that must be brought to the laboratory includes:

A. Patient demographics (including a second identifier), the type and amount of blood/blood product requested.
B. A physician's order with date and time of transfusion.
C. Patient's hometown.
D. Group and crossmatch.

7. Two qualified nurses must identify the patient and the blood/blood product prior to initiation at:

A. The nursing station.
B. The bedside in the presence of the patient.
C. The transfusion medicine laboratory.
D. The cafeteria.

8. If there is a discrepancy discovered during patient identification, the following steps must be completed:

A. Confirm with the physician that it is okay to begin transfusion.
B. Start the transfusion anyway and then look for a solution.
C. Start the transfusion and make a note in the chart about the discrepancy.
D. Stop the process and immediately contact the transfusion medicine laboratory.

9. During a transfusion, vital signs should be checked, at a minimum:

A. Prior to transfusion, fifteen (15) minutes after the initiation, every hour and post transfusion.
B. Prior to transfusion, five (5) minutes after initiation, every thirty (30) minutes and post transfusion.
C. Prior to transfusion, fifteen (15) minutes after initiation, every two (2) hours and then two (2) hours post transfusion.
D. Prior to transfusion and thirty (30) minutes post transfusion.

10. The majority of transfusion reactions occur within ___ of the start of a transfusion:

A. Five (5) minutes.
B. Fifteen (15) minutes.
C. Thirty (30) minutes.
D. Sixty (60) minutes.

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11. The following types of transfusion reactions MUST be reported:

A. Delayed hemolytic transfusion reaction.
B. Temperature ≥ 38°C and <39°C and >1°C above baseline.
C. Minor allergic transfusion reaction.
D. All of the above.

12. If a patient has a febrile non-hemolytic or a minor allergic reaction, the physician:

A. Will always order the nurse to discontinue transfusion.
B. May order medication (antipyretic or antihistamine) and continue transfusion.
C. Will always order a full serological investigation.
D. Must consult with a specialist.

13. Diphenhydramine 25 to 50 mg IV or PO may be ordered to treat symptoms for the following adverse reaction:

A. Bacterial infection.
B. Severe allergic.
C. Hemolytic reaction.
D. Minor allergic.

14. A patient who shows symptoms of tachycardia, fever, chills, dyspnea and back pain is likely experiencing the following reaction:

A. Minor allergic.
B. Anaphylactic reaction.
C. Acute hemolytic reaction.
D. Bacterial contamination.

15. When a transfusion reaction occurs, the nurse is responsible to:

A. Stop the transfusion immediately, notify the most responsible health care provider and transfusion medicine laboratory, infuse normal saline, and retain the blood product and tubing.
B. Slow down the transfusion, check vital signs and closely watch for other signs and symptoms.
C. Speed up the rate of the blood product to ensure the product infuses before symptoms worsen, notify physician after infusion ends and document the transfusion reaction in chart.
D. Stop the transfusion, notify the transfusion medicine laboratory and health care provider, and throw out the remaining product and tubing.

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16. The administration set (tubing) should be changed:

A. Every four (4) hours.
B. When administering platelets following a red blood cell transfusion.
C. If it is greater than sixty (60) minutes between units.
D. All of the above.

17. An ABO incompatible blood transfusion is associated with what type of adverse reaction:

A. No reaction.
B. Anaphylactic reaction.
C. Acute hemolytic reaction.
D. Minor allergic reaction.

18. One of the major factors attributing to acute hemolytic transfusion reactions include:

A. Failure to double check crossmatch results.
B. Failure to check the identification band before transfusing.
C. Failure to infuse the blood within the allotted time.
D. Failure of the patient for following directions from nurse.

19. The following solution is used, other than the blood product, to prime the tubing prior to red blood cell transfusion:

A. Dextrose 5%.
B. Dextrose 10%.
C. Ringer's lactate.
D. Normal saline.

20. Documentation of a blood transfusion at a minimum, must always include:

A. Teaching and education given to the patient.
B. How the recipient tolerated the transfusion.
C. Any transfusion reactions.
D. All of the above

Important Notes

- The nurse must demonstrate knowledge of the theoretical component through completion of a competency assessment
    - A pass of 85% is required
    - It is the responsibility of the nurse to understand their level of competence before completing a transfusion