

Self-Assessment Test

Transfusion Medicine 101: Clinical Overview and Current Practices



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1. For each unit of RBC transfused to a non-bleeding adult patient, the expected rise in the hemoglobin level is...
 - a. 0.1 g/dL
 - b. 0.5 g/dL
 - c. 1.0 g/dL
 - d. 2.0 g/dL
 - e. 5.0 g/dL

2. A succinct reference describing the composition of blood components, benefits, indications, and adverse effects of transfusion is...
 - a. The AABB Technical Manual
 - b. The Physician's Desk Reference (PDR)
 - c. The Circular of Information for the Use of Human Blood and Blood Components
 - d. The American Red Cross Guidelines for Blood Product Transfusions
 - e. The FDA Code of Federal Regulations

3. Based on data from controlled trials, which hemoglobin level may serve as a trigger for RBC transfusion of euvolemic ICU patients who do not have ischemic cardiovascular disease?
 - a. 6 g/dL
 - b. 7 g/dL
 - c. 8 g/dL
 - d. 9 g/dL
 - e. 10 g/dL

4. Which of the following is FALSE regarding platelet products and their transfusion?
 - a. Each platelet concentrate bag contains ~ 80 billion platelets
 - b. Each platelet pheresis bag contains ~ 400 billion platelets
 - c. The trend in the United States is to use platelet pheresis products rather than platelet concentrates
 - d. If possible, a platelet count should routinely be obtained before and 12 hours after the transfusion of platelets
 - e. The trigger for administering platelet transfusions is generally higher for patients who are actively bleeding than for patients with a risk of bleeding but who are not doing so.



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5. Which of the following is FALSE regarding plasma products and their transfusion?
 - a. FFP and PF24 are heterogeneous in terms of volume varying from 200-600 mL per product
 - b. FFP (and PF24) are heterogeneous in terms of their coagulation activity varying from an INR of 0.9 to 1.3
 - c. The Factor VIII levels of thawed plasma drop about 40 percent over 5 days of storage in the refrigerator at 4C.
 - d. FFP is routinely medically indicated to correct mild to moderate prolongation of PT or aPTT prior to invasive procedures
 - e. Not all patients with a markedly prolonged aPTT have a significant bleeding risk

6. As of 2007, the leading cause of transfusion fatality reported to the FDA is...
 - a. HIV infection
 - b. Hepatitis infection
 - c. Transfusion Related Acute Lung Injury (TRALI)
 - d. Hemolytic Transfusion Reaction due to ABO incompatible transfusion
 - e. Sepsis caused by bacterial contamination of blood products

7. Which one of the following represents a possible strategy for blood conservation:
 - a. minimize total intra-operative blood loss
 - b. increase the transfusion trigger (ie. transfuse at higher hemoglobin values)
 - c. avoid pharmacological adjuncts to transfusion medicine
 - d. increase phlebotomy

8. Studies exist most extensively in cardiac surgery for which of the following:
 - a. desmopressin (DDAVP)
 - b. aminocaproic acid
 - c. recombinant activated factor VIIa
 - d. aprotinin

9. Arterial thromboembolic events have been documented when recombinant activated factor VIIa was studied in:
 - a. major trauma
 - b. cardiac surgery
 - c. intracerebral hemorrhage
 - d. thyroid surgery

10. Which of the following blood products has very limited availability in the United States:
 - a. aprotinin
 - b. prothrombin complex concentrate (PCC)
 - c. fresh frozen plasma
 - d. phytonadione (vitamin K)



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11. Complications of blood transfusions may include increased risk of:
- a. Infection
 - b. Death
 - c. Multiple organ failure
 - d. All of the above
12. Major limitations to preoperative autologous blood donations include:
- a. limited lifespan of blood once stored
 - b. efficacy not well-established
 - c. collection of blood occurs over a 12-week period
 - d. a and b
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