

Self-Assessment Test

Acute Care Update: Causes, Consequences, and Strategies for Managing Critical Bleeding

This program is located at <http://ashpmedia.org/symposia/criticalbleeding>



This self-assessment test has been provided as a study aid only. At the conclusion of the internet-based program, click on "Take CE Test" to proceed to the ASHP Learning Center and take the on-line program post-test. You may print your CE statement immediately after successful completion of the post-test.

There are a total of 19 questions associated with this self-assessment test.

1. Which of the following factors can contribute to abnormal coagulation?
 - a. Hemodilution.
 - b. Hypercalcemia.
 - c. Hyperthermia.
 - d. Alkalosis.

2. Which of the following statements about thrombocytopenia and coagulopathy is correct?
 - a. They both increase the risk of hemorrhage 2- to 3-fold.
 - b. They both increase the risk of hemorrhage 4- to 5-fold.
 - c. They both increase the risk of hemorrhage 7- to 8-fold.
 - d. Neither increases the risk of hemorrhage.

3. Which of the following is the most common cause of thrombocytopenia in the intensive care unit?
 - a. Massive blood loss.
 - b. Heparin-induced thrombocytopenia.
 - c. Sepsis.
 - d. Nutritional deficiencies.

4. Which of the following do all etiologies of disseminated intravascular coagulopathy have in common?
 - a. Systemic inflammation and tissue factor exposure.
 - b. Immune-mediated platelet dysfunction.
 - c. Decreased hepatic production of clotting factors.
 - d. Increased tissue plasminogen activator production leading to fibrinolysis.



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5. Which of the following is the most likely cause of coagulopathy in a patient with a prothrombin time prolonged more than 1.5 times the upper limit of the normal range and a normal value for activated partial thromboplastin time?
 - a. Antiphospholipid antibody.
 - b. Clotting factor VII deficiency.
 - c. Global clotting factor deficiency.
 - d. Clotting factor IX deficiency.

6. Which of the following is a concern associated with the use of fresh frozen plasma?
 - a. It requires time to thaw.
 - b. It may result in hypovolemia.
 - c. It may contain heparin.
 - d. It must be stored at 20-24°C.

7. Desmopressin may be beneficial for bleeding episodes related to aspirin use because it
 - a. Stimulates platelet production.
 - b. Releases thrombin to prime platelets.
 - c. Decreases antithrombin to prime platelets.
 - d. Releases von Willebrand factor.

8. Which of the following therapeutic interventions is most appropriate for a patient with critical bleeding and an international normalized ratio ≥ 1.5 ?
 - a. Cryoprecipitate.
 - b. Fresh frozen plasma.
 - c. Platelets.
 - d. Tranexamic acid.

9. Which of the following statements about blood transfusions is correct?
 - a. They are alkaline, which may reduce clotting factor function.
 - b. They are acidic, which may reduce clotting factor function.
 - c. They contain citrate, which releases calcium and promotes coagulation.
 - d. They contain citrate, which binds calcium and promotes coagulation.

10. Which of the following laboratory values should be used to guide the administration of prothrombin complex concentrate?
 - a. Activated partial thromboplastin time.
 - b. Fibrinogen.
 - c. International normalized ratio.
 - d. Platelet count.



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11. Which of the following statements about anticoagulant-associated intracerebral hemorrhage (ICH) is correct?
 - a. ICH accounts for 70% to 75% of all strokes, and anticoagulant-associated ICH accounts for approximately 50% of all ICH.
 - b. Hematoma expansion is an independent risk factor for poor outcomes and high mortality.
 - c. Warfarin discontinuation is a risk factor for hematoma expansion and almost doubles ICH mortality.
 - d. Rapid reversal of the international normalized ratio increases the risk of hematoma growth and may decrease time to emergent surgery.

12. Which of the following interventions for warfarin-associated intracerebral hemorrhage (ICH) has the most rapid onset of action?
 - a. Fresh frozen plasma.
 - b. Prothrombin complex concentrate.
 - c. Recombinant factor VIIa.
 - d. Vitamin K.

13. Which of the following is a concern with the use of vitamin K for warfarin reversal in a patient with anticoagulant-associated ICH?
 - a. The high cost.
 - b. The limited availability.
 - c. The delayed onset of action for 5-14 days.
 - d. The risk of anaphylaxis with intravenous injection.

14. Which of the following outcomes have been reported in both a phase IIb clinical trial and the phase III FAST clinical trial of rFVIIa for the treatment of acute ICH?
 - a. Improved survival.
 - b. Improved functional outcome.
 - c. Reduced hematoma growth.
 - d. Reduced risk of acute thromboembolic events.

15. The decision to restart antithrombotic therapy after ICH related to antithrombotic therapy depends on
 - a. The risk of subsequent arterial or venous thromboembolism, the risk of recurrent ICH, and the overall state of the patient.
 - b. The risk of subsequent arterial or venous thromboembolism, the risk of recurrent ICH, and the age of the patient.
 - c. The type of antithrombotic agent, the risk of recurrent ICH, and the overall state of the patient.
 - d. The type of antithrombotic agent, the risk of subsequent arterial or venous thromboembolism, and the age of the patient.



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16. Which of the following is a risk factor for bleeding after cardiac surgery?
 - a. Female gender.
 - b. Obesity.
 - c. Use of antithrombotic drugs.
 - d. Use of transfusions.

17. Which of the following is suitable for bleeding prophylaxis in a patient undergoing cardiac surgery?
 - a. Aminocaproic acid.
 - b. Aprotinin.
 - c. Desmopressin.
 - d. Recombinant factor VIIa.

18. Which of the following types of bleeding after cardiac surgery usually is surgically correctible?
 - a. Bleeding accompanied by abnormal fibrinogen levels.
 - b. Bleeding accompanied by abnormal platelet quantity and quality.
 - c. Bleeding accompanied by normal coagulation studies.
 - d. Generalized oozing.

19. Intraoperative therapeutic interventions for bleeding during cardiac surgery should be based primarily on
 - a. Institutional protocols for blood product transfusion.
 - b. Laboratory test results.
 - c. Thromboelastography.
 - d. Visual cues in the operating room.



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