



Five Things Physicians and Patients Should Question --QUIZ--

Don't proceed with elective surgery in patients with properly diagnosed and correctable anemia until the anemia has been appropriately treated.

1.	What percentage of patients are anemic prior to elective surgery?	A.	20%
		В.	33%
		C.	50%
		D.	65%
2.	Treatment of anemia improves patient readiness for surgery and	A.	Management of comorbid conditions
	aids in	В.	Decreasing length of stay and readmission rates
		C.	Reducing transfusion risks.
		D.	All of the Above
3.	aids in the absorption of oral iron.	Α.	Magnesium
		В.	Vitamin C
		C.	Riboflavin
		D.	Vitamin D
4.	What foods contain the most easily absorbable form of iron?	A.	Green leafy vegetables
		В.	Whole grains
		C.	Beans
		D.	Meat and chicken
Do	n't perform laboratory blood testing unless clinically indicat	ed o	or necessary for diagnosis or
	inagement in order to avoid iatrogenic anemia.		,,,
5.	What% of patients become anemic by day 3 in the ICU?	Α	90%
٥.	what		43%
			8%
			25%
		υ.	2570
6.	90% of patients in the ICU for 3 days are anemic, why?	Δ	Poor diet
0.	30% of patients in the 160 for 3 days are affering, wify:	В.	Bleeding
		C.	Blood tests
		D.	
		υ.	Gurishot wounds
7.			
7.	Anomia is associated with significant morbidity or mortality	٨	Truo
	Anemia is associated with significant morbidity or mortality.	A.	True
	Anemia is associated with significant morbidity or mortality.	A. B.	
0		В.	False
8.	Anemia is associated with significant morbidity or mortality. Studies have shown that excessive phlebotomy in critically ill patients is associated with doubling the odds of being transfused.	B. A.	

9.	What % of "rainbow draws" are ultimately used for add-on tests?	A.	10%
		В.	25%
		C.	50%
		D.	65%
10.	,	A.	Audits and rounding
	and unnecessary lab testing?	В.	
		C.	Reinfusion devices
		D.	All of the above
_			
	't transfuse plasma in the absence of active bleeding or sig	gnific	cant laboratory evidence of
	gulopathy.		
11.	In which scenario is Fresh Frozen Plasma (FFP) indicated?		Volume expansion
		В.	Massive Transfusion Protocol
		C.	Warfarin reversal in a non-bleeding patient
			with a supra-therapeutic INR.
		D.	When specific factor concentrates are available
			and indicated (e.g., Novoseven, rFVIIa, rVIII, rIX,
			PCC, etc.)
		E.	Heparin reversal
12	Fusik Fusika Planna is NOT indicated for confession recovered in a	^	Tours
12.	Fresh Frozen Plasma is <u>NOT</u> indicated for warfarin reversal in a	Α.	True
	non-bleeding patient without clinical urgency, when adequate	В.	False
	time for Vitamin K and/or Prothrombin Complex Concentrates		
	(PCC) to improve coagulopathy is available.		
13.	FFP is indicated in a stable, non-bleeding patient with a mildly	Α.	True
10.	elevated INR (1.5-2 seconds) prior to a pre-planned, elective	В.	
	invasive procedure.	ъ.	1 0136
	invasive procedure.		
14.	Which laboratory tests would NOT provide meaningful data to	A.	Prothrombin Time/INR
	support a decision to transfuse Fresh Frozen Plasma?	В.	Complete Blood Count (CBC)
		C.	Whole blood viscoelastic testing
		D.	Activated Partial Thromboplastin Time (aPTT)
			,
	oid transfusion when antifibrinolytic drugs are available to		
15.	Early administration ofin obstetric hemorrhage	A.	Tranexamic acid
	significantly reduces mortality and bleeding.	В.	Spironolactone
		C.	
		D.	Promethazine
16	What thorany has been shown to reduce blood less in outh and dis	٨	Blood Irradiation Therapy
16.	1,7	_	• •
	surgeries?	В.	Massage Therapy
			Antifibrinolytic pharmacologic therapy
		D.	None of the Above

17.	How do you keep the blood in the patient?	Α.	i,ii,iii
	i) pump in more blood by allogeneic transfusion	В.	ii,iii,iv
	ii) plug the holes with systemic hemostatic agents-	C.	iii, iv, v
	antifibrinolytics	D.	all the above
	iii) clamp the leaking tap with direct pressure and tourniquets		
	iv) recycle with cell salvage		
	v) rainbow draws and replace with new blood when supply		
	drops.		
18.	Antifibrinolytic pharmacologic therapy has been shown to reduce	A.	True
	blood loss and transfusion requirements in orthopedic and	В.	False
	cardiovascular surgeries.		
19.	Early administration of tranexamic acid, specifically within	Α.	One
	hours, in trauma and obstetric hemorrhage significantly reduces	В.	Two
	mortality and bleeding.	C.	Three
		D.	Five
20.	Antifibrinolytics inhibit the breakdown and lysis of blood clots or	Α.	True
	thrombus.	В.	False
21.	The use of antifibrinolytics is associated with risks of	Α.	True
	thromboembolism in spine surgery.	В.	False
22.	Antifibrinolytic therapy after subarachnoid hemorrhage is	1.	15-20%
	reported to reduce rebleeding by	2.	25-30%
		3.	35-40%
		4.	45-50%
	oid transfusion, outside of emergencies, when alternative s		
info	ormed consent; make discussion of alternatives part of the	info	rmed consent process.
23.	Informed choice/consent regarding transfusion is standardized	A.	True



and consistently delivered.

Download Five Things Physicians and Patients Should Question and place in waiting or exam rooms, or give to patients as handouts to educate them about overuse.

B. False

Also available in **Español**.