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NHA Phlebotomy Technician Study Guide 2023

Hematoma - ANSWER What is the most common complication in phlebotomy?
True - ANSWER True or False?
The bevel part of the needle should always be face up.
45% - ANSWER How much percent of the blood is formed elements?
(Answer should in __% format)
False - ANSWER True or False?
In coagulation studies, blood can be tested using capillary tubes.
Postprandial - ANSWER Another term for "after meal" is _____.
Vascular - ANSWER Which phase of hemostasis is when blood vessels constrict due to injury?
Veins - ANSWER Which blood vessels contains valves that help move blood against the force of gravity?
Fomite - ANSWER The process of inanimate things transmitting disease is known as _____.
False - ANSWER True or False?
Employees at risk of BBP (Blood Borne Pathogens) are not required to vaccinate for HBV (Hepatitis B) or sign a waiver.
True - ANSWER True or False?
In microbiological urine testing, it should be a clean-catch midstream urine sample
Hemolyzed - ANSWER Plasma appears pink or red in what kind of blood?
Syncope - ANSWER Another term for fainting.
Three - ANSWER Sodium Fluoride will maintain glucose stability for how many days? (Write out the number)
EDTA - ANSWER What is the additive in pink or lavender top tubes?

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NHA Phlebotomy-Technician Exam Syllabus Topics:

Section	Objectives
Topic 1: Special Collections	- Capillary puncture (fingerstick/heel stick) - Non-routine specimen collection methods - Pediatric and geriatric considerations
Topic 2: Routine Blood Collections	- Venipuncture procedures - Equipment selection and use - Order of draw
Topic 3: Safety and Compliance	- OSHA regulations and patient safety - HIPAA and patient confidentiality - Infection control and standard precautions
Topic 4: Patient Preparation	- Specimen labeling procedures - Site selection and preparation - Patient identification and communication

- Quality assurance procedures
- Topic 5: Specimen Processing and Handling - Specimen transport and storage
- Common errors and rejection criteria

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NHA Phlebotomy Technician Certification Exam (CPT) Sample Questions (Q18-Q23):

NEW QUESTION # 18

Which of the following is the correct method for cleaning a small blood spill?

- A. Cover the spill with paper and leave it to dry.
- **B. Use an approved disinfectant according to facility policy.**
- C. Spray air freshener over the area.
- D. Wipe with dry gauze only.

Answer: B

Explanation:

A small blood spill should be cleaned using an approved disinfectant according to facility policy. Blood is treated as potentially infectious, so spill response requires gloves, appropriate PPE, containment, removal of visible material, disinfection with correct contact time, and proper disposal of contaminated materials. Dry gauze alone does not disinfect the surface and can spread contamination. Air freshener has no disinfection role. Covering the spill and leaving it to dry is unsafe because dried blood may still represent a contamination hazard and creates exposure risk for staff and patients. The specific disinfectant may vary by facility, but it must be appropriate for bloodborne pathogens and used as directed. The phlebotomist must also avoid direct hand contact, dispose of materials in designated biohazard waste when required, and perform hand hygiene after glove removal. This question tests standard precautions, environmental safety, and infection-control discipline. Reference topics: Safety and Compliance; blood spill cleanup; disinfectants; standard precautions; biohazard waste.

NEW QUESTION # 19

Which of the following conditions requires a blood transfusion due to cumulative blood loss for neonatal patients?

- A. Galactosemia
- B. Osteomyelitis
- **C. Anemia**
- D. Osteochondritis

Answer: C

Explanation:

Anemia is the condition that can require blood transfusion due to cumulative blood loss in neonatal patients. Neonates have a small total blood volume, so repeated laboratory collections can remove a clinically significant amount of blood over time. This is called iatrogenic blood loss and is a major concern in premature or critically ill infants who require frequent testing. If blood loss becomes excessive relative to the infant's circulating volume, hemoglobin and hematocrit can decline, producing or worsening anemia and potentially requiring transfusion. Osteochondritis involves inflammation of bone and cartilage and is unrelated to cumulative phlebotomy blood loss. Osteomyelitis is bone infection, a possible complication of improper heel puncture, but it is not the transfusion-related condition tested here. Galactosemia is a metabolic disorder screened in newborn testing, not a condition caused by repeated blood collection. The phlebotomist must use pediatric tubes, collect only the required volume, avoid unnecessary redraws, and follow minimum-volume requirements. Reference topics: Special Collections; neonatal blood collection; pediatric

microcollection; iatrogenic anemia; blood volume limits.

NEW QUESTION # 20

A phlebotomist is collecting from a patient under droplet precautions. Which of the following PPE is most directly indicated?

- A. Shoe covers only
- **B. Surgical mask**
- C. Lead apron
- D. Sterile gown only

Answer: B

Explanation:

A surgical mask is most directly indicated for droplet precautions. Droplet precautions are used for organisms transmitted through respiratory droplets generated by coughing, sneezing, or talking. The mask helps protect the phlebotomist's nose and mouth from exposure at close range. A lead apron is used for radiation protection and has no role in droplet isolation. A sterile gown alone does not protect the respiratory mucosa and is not the primary droplet precaution. Shoe covers alone do not address droplet transmission. Depending on facility signage and procedure risk, additional PPE such as eye protection, gown, or gloves may be required, but from the options given, a surgical mask is the key droplet precaution. The phlebotomist should check isolation signs before entering, bring only necessary supplies, perform hand hygiene, wear PPE correctly, and remove PPE safely before leaving. This item tests transmission-based precaution matching: contact, droplet, airborne, and protective isolation are not interchangeable. Reference topics: Safety and Compliance; droplet precautions; PPE; isolation signage; infection control.

NEW QUESTION # 21

Which of the following collection sites is appropriate for a dermal puncture on an infant?

- A. Posterior curvature of the heel
- B. Tip of the index finger
- **C. Medial or lateral plantar surface of the heel**
- D. Arch of the foot

Answer: C

Explanation:

The appropriate dermal puncture site on an infant is the medial or lateral plantar surface of the heel. These areas reduce the risk of puncturing bone and provide suitable capillary blood flow for neonatal testing. The posterior curvature of the heel should be avoided because the bone may be close to the surface, increasing risk of osteomyelitis or injury. The arch of the foot is not an approved puncture site and may damage nerves, tendons, or deeper structures. The tip of the index finger is inappropriate for infants because there is insufficient tissue depth and greater risk of bone injury. Correct infant dermal puncture also requires using an age-appropriate lancet depth, warming the site if needed, cleaning and drying the skin, wiping away the first drop when required, avoiding excessive squeezing, and collecting specimens in the correct order. Infant blood volume is limited, so collection volume must be minimized. Reference topics: Special Collections; infant heel puncture; dermal puncture sites; neonatal safety; osteomyelitis prevention.

NEW QUESTION # 22

A phlebotomist receives a specimen without a patient identifier on the tube. Which of the following actions should the phlebotomist expect?

- A. The specimen can be tested if the order number matches.
- **B. The laboratory will reject the specimen.**
- C. The tube can be labeled from the requisition later.
- D. The provider can verbally confirm the patient identity.

Answer: B

Explanation:

The laboratory should reject an unlabeled specimen. A specimen without patient identification cannot be reliably linked to the correct patient, even if a requisition is nearby or a provider verbally confirms the order. Labeling a tube later from the requisition is unsafe because it breaks the chain between patient, collection event, and specimen. Testing based only on an order number does not meet

safe identification practice. Verbal confirmation after the fact cannot correct an unlabeled specimen because the tube's identity was not secured at the bedside or collection site. Proper labeling should occur immediately after collection in the presence of the patient, using required identifiers such as full name, date of birth, medical record number, date/time of collection, and collector identity according to facility policy. Mislabeling and unlabeled specimens are serious preanalytical errors that can cause wrong diagnosis, wrong treatment, transfusion risk, and patient harm. Reference topics: Processing Specimens; specimen labeling; patient identification; rejection criteria; preanalytical error.

NEW QUESTION # 23

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