

Phlebotomy-Technician유효한인증덤프 & Phlebotomy-Technician최신시험기출문제



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NHA Phlebotomy-Technician Exam Syllabus Topics:

Section	Objectives
Topic 1: Patient Preparation	- Patient identification and communication - Specimen labeling procedures - Site selection and preparation
Topic 2: Specimen Processing and Handling	- Specimen transport and storage - Common errors and rejection criteria - Quality assurance procedures
Topic 3: Routine Blood Collections	- Venipuncture procedures - Order of draw - Equipment selection and use
Topic 4: Safety and Compliance	- OSHA regulations and patient safety - HIPAA and patient confidentiality - Infection control and standard precautions

>> Phlebotomy-Technician유 효 한 인증덤프 <<

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최신 Certified Phlebotomy Technician (CPT) Phlebotomy-Technician 무료 샘플문제 (Q62-Q67):

질문 # 62

A phlebotomist is preparing to perform a phlebotomy procedure on a hospitalized patient. Which of the following steps should the phlebotomist take for the initial introduction?

- A. Knock on the door, greet the patient, and introduce themselves.
- B. Enter the room quietly, inform the patient of the procedure, and confirm the patient's name.
- C. Turn on the lights in the patient's room, introduce themselves, and check the patient's ID band.
- D. Turn the patient's bed lights on, greet the patient, and check the provider's prescription.

정답: A

설명:

The best initial introduction is to knock on the door, greet the patient, and introduce themselves. This sequence respects privacy, establishes professional presence, and begins communication before any technical identification or collection step. Entering quietly without first knocking may be inappropriate in a patient-care environment because the patient has a right to privacy and dignity. Turning on lights immediately can be abrupt, especially for hospitalized patients who may be resting, anxious, or ill. Checking the ID band is essential, but it follows professional entry and introduction. Checking the provider's prescription or order is important before collection, but it is not the interpersonal "initial introduction" step at bedside. The correct approach supports patient cooperation, consent, and safety. After introduction, the phlebotomist should verify the order, use two identifiers, explain the procedure, assess patient readiness, and obtain consent according to facility policy. Reference topics: Patient Preparation; therapeutic communication; patient rights; bedside approach; patient identification; consent. NHA's CPT test plan includes patient communication and preparation as a major domain.

질문 # 63

A phlebotomist is preparing to perform venipuncture on a patient who has had a right-sided mastectomy. Which of the following collection sites should the phlebotomist select?

- A. Left femoral artery
- B. Left antecubital
- C. Right basilic
- D. Right cephalic

정답: B

설명:

The phlebotomist should select the left antecubital area because the patient has had a right-sided mastectomy. Venipuncture should generally be avoided on the side of a mastectomy due to the risk of impaired lymphatic drainage, lymphedema, infection, and delayed healing. The right cephalic and right basilic veins are on the affected side and should not be used unless a provider specifically authorizes collection from that side. The left femoral artery is not an appropriate routine phlebotomy site and arterial collection is outside standard venipuncture practice unless performed under specialized authorization and scope. The left antecubital area is the safest option listed because it uses the unaffected arm and provides standard venipuncture access. The technician should

still assess vein suitability, avoid sites with IVs, edema, scarring, hematoma, or infection, and follow facility policy if no acceptable site is available. This question tests contraindicated sites and safe site selection, not simply vein-name recall. Reference topics: Routine Blood Collections; mastectomy precautions; venipuncture site selection; contraindicated sites; patient safety.

질문 # 64

Which of the following needle gauges can be used for blood donation collection?

- A. 27-gauge
- **B. 18-gauge**
- C. 25-gauge
- D. 21-gauge

정답: B

설명:

Blood donation collection requires a large-bore needle because a full unit of blood must be collected efficiently while minimizing hemolysis and maintaining adequate flow into the collection bag. An 18-gauge needle is the correct option from the list. Blood donor collections commonly use larger needles than routine diagnostic venipuncture because donor collection volume is much greater than routine tube collection. A 25-gauge or 27-gauge needle is too small; it would slow flow excessively, increase mechanical stress on cells, and be inappropriate for donor collection. A 21-gauge needle is common for routine adult venipuncture but is not the best answer for blood donation collection because donor procedures require faster sustained flow. The phlebotomist must also confirm donor eligibility, follow blood bank protocol, use correct equipment, maintain aseptic technique, and monitor the donor for adverse reactions. The NHA CPT outline includes phlebotomy for blood donations and blood donation standards such as hemoglobin/hematocrit screening, weight, and complete screening. Reference topics: Special Collections; blood donation; needle gauge selection; donor collection standards.

질문 # 65

Which of the following actions should the phlebotomist take after filling the last tube of a venipuncture procedure?

- A. Place a warm compress at the puncture site.
- **B. Withdraw the needle from the puncture site.**
- C. Apply a cotton ball at puncture site.
- D. Clean the puncture site with an antiseptic.

정답: B

설명:

After the last tube has filled, the phlebotomist must complete the venipuncture termination sequence safely. The correct action from the choices is to withdraw the needle from the puncture site. In routine venipuncture, the tourniquet is released before needle removal, then the needle is withdrawn smoothly, the safety device is activated, and pressure is applied with clean gauze or cotton only after the needle is out. Applying cotton while the needle is still inserted can cause the needle to cut or traumatize the vein. Cleaning the site with antiseptic occurs before puncture, not after collection. A warm compress is not part of routine completion; it may be used only for selected complications or difficult venous access before collection. The NHA CPT outline specifically includes standard tourniquet removal, needle removal, safety-device use, post-procedural care, and bandaging as routine blood collection competencies. Reference topics: Routine Blood Collections; removing tourniquet, tubes, and needle; post-procedural patient care.

질문 # 66

A phlebotomist discovers that they obtained a specimen in an expired additive tube. Which of the following actions should the technician take?

- **A. Redraw the specimen in an unexpired tube.**
- B. Transfer the specimen into an unexpired tube containing the same additive.
- C. Submit the specimen if the expiration date is within 30 days.
- D. Place the specimen on ice for 10 min for transfer.

정답: A

설명:

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