

Hematologic System ATI Review

Questions with Solutions (Detailed Rationales) 2023-2024.

Expected ranges of:

RBCs, WBC, Platelets, Hgb, Hct, PT, aPTT, INR - **Correct ANS:** RBC: 4-6 million/uL

WBC: 5,000-10,000/mm³

Platelets: 150,000-400,000 mm³

Hgb: 12-18 g/dL

Hct: 37-52% (approx 3X the hgb)

PT: 11-12.5 secs

aPTT: 30-40 seconds (therapeutic range is 1.5-2.5 times this amount while on heparin).

INR: 0.8-1.1 (therapeutic range is 2-3 while on warfarin).

Blood transfusion

What type of blood can a pt receive with type: A, B, AB, O, Rh

compatibility? Nursing care for transfusions - **Correct ANS:** Type A: Can receive type A and O

Type B: Can receive B and O

Type AB: Can receive type A, B, AB, and O

Type O: Can receive type O

Rh compatibility: If a Rh-negative person receives Rh-positive blood, it will cause hemolysis.

Blood transfusions:

-Use 20 gauge or bigger IV catheter.

-Confirm pt ID, blood compatibility, expiration time with another RN.

-Prime administration set w/ 0.9% NaCL ONLY

Blood transfusion reactions:

-Nursing care of transfusion reactions (general) Symptoms of reactions:

Acute hemolytic, Febrile, Mild allergic, Anaphylactic, Circulatory

overload. - **Correct ANS:** Stop transfusion, infuse 0.9% NaCl through separate line. Send blood bag to the lab.

Acute hemolytic: Low back pain, fever/chills, tachycardia, hypotension, tachypnea.

Febrile: Fever/chills, hypotension, tachycardia.

-Administer antipyretics.

Mild allergic: Itching, flushing, hives (urticaria).

-Administer diphenhydramine.

Anaphylactic: Wheezing, dyspnea, cyanosis, hypotension.

Circulatory overload: Dyspnea, tachycardia, tachypnea, crackles, hypertension, JVD.

-Slow infusion rate, administer diuretics