**2016 Problem Solving Competency Quiz-All Techs**

1. If a reagent is dumped (prior to being empty or expired), it can be reloaded to finish using the pack?

True or False

2. Specimen Stability for TNI testing as an add on is 4 hours if refrigerated

True or False

3. On the e411 a reagent scan needs to be initiated after loading a new reagent pack.

True or False

4. When a CMP has a Hemolysis index of 120, just the K+ may be cancelled and reordered STAT.

True or False

5. How do you STOP the Analyzer in DI when there is a test or Analyzer issue?

A. In DI/Specimen Manager/Test Scheduled to be Held/Hold Test

B. DI/System Status/Qmgr/Click - Off

C. In DI/Specimen Manager/Specimen Information/Hold Specimen

D. In DI/System Status/Highlight Analyzer/Click Stop Selected Connections

6. The autodilution of Magnesium on the Cobas is 1:2 and the extended linearity is 0.3-9.8mg/dL

 True or False

7. When are tests masked on the C311?

 A. During maintenance

 B. Tests are routinely masked

C. While troubleshooting the assay

8. On the e411 when using a Hitachi standard cup

A. Do not fill the cup with more than 500µL

B. Fill to the very top

C. Do not fill the cup with more than 100 µL

9. What test cannot be preformed on the e411 or C311?

 A. CMP

 B. Lactate

 C. Lipid panel

10. Clinitest is performed when requested on patients <3 yr. old.

True or False

11. When reporting a male trichomonas you have three options; PM-Positive Motile: Motile Trichomonas flagellates seen, PN-Positive Non-Motile, and Negative: No Trichomonas flagellates seen.

 True or False

12. The analyzer results a “PLT clumps?” flag and there are many platelet clumps on the slide. The patient is a new patient from the ER. How do you resolve the problem?

A. Do nothing. Platelet clumps just happen.

B. Cancel specimen and order a CBCAC to get a blue top also. Run both specimens then multiply the NaCit WBC and PLT times 1.1 to get accurate results.

C. Try to count the platelets in the clumps by performing a platelet estimate and use the result obtained. NP the automated platelet result.

13. A known sickle cell patient specimen gets a #42 RET ABN Scattergram flag and a retic count is ordered. How do you get a valid retic result?

A. Do a 1:7 dilution using DCL cell-pack and run in pre-dilution mode.

B. Do a 1:5 dilution using Cell-pack and multiply results.

C. Turn out the result without correction since it is a known sickle cell patient.

14. A grossly bloody specimen is received for testing. The analyzer cannot get valid results because of color and turbidity of the specimen. How do you correct the problem?

A. Spin an aliquot of the specimen and run the supernatant on the Velocity. Dilute an aliquot of the original specimen and run on the IQ. Correct the color and clarity and result with comment for chemistries run on supernatant.

B. Cancel and inform the floor that the specimen cannot be run due to turbidity and color of specimen.

C. Manually read test strip and do a manual microscopic. Order as UMAN and enter results.

15. We receive a yellow top and gray top from ER for urinalysis testing. They then call you to add on a drug screen. How do you proceed if you have already run the specimen through the analyzer?

A. Give the specimen to chemistry for testing.

B. Ask if the ER has any specimen left because the yellow top cannot be used due to possible cross contamination. If not, they need to collect another specimen.

C. Cancel all of the testing and have them recollect.

16. The Coag Tracking screen is clear and all of your specimens are finished and reported. The Pending box on the Expert module still contains a specimen to be finished. After clicking on the Pending box you realize this is a specimen that was ordered during downtime and was already reported manually. What do you do?

A. Click on the Order Entry Menu, click on Access, enter the SID#, enter the Specimen ID and press OK, after the information displays select Delete.

B. Don’t do anything, it will eventually go away.

C. Run the specimen again and send the result over again.

17. When the sampling error message Abnormal Reaction appears on the I-Sed what do you do?

A. Run it again.

B. Get specimen redrawn.

C. Contact technical support

18. When running a Sickle Dex, all of the controls and patient specimen are negative. What do you do?

A. Repeat the test and controls.

B. Report as is. The patient is negative so the results are valid.

C. Cancel test.

19. The Wright-Giesma stained slides you just stained have an unusually pink/red color and the cells have no granules. What do you check?

A. Nothing. Just guess which are granular.

B. Cancel diffs due to abnormal staining.

C. Check the 'A' stain. If it is empty, replace and make new slides.

20. On the PFA 100 the COL/ EPI result is a 254 and the COL/ADP result is a 130. What is your next step?

A. Result as is.

B. Call as critical value and verify what medications the patient is taking or if any are on our list. Add the comment PPFA.

C. Repeat all testing.

21. When opening an HIV test kit for patient testing you spill half of the contents of the developer vial. What do you do?

A. Pipette as much as you can off the counter and place back in the vial for testing

B. Get out a new test kit to test the patient sample

C. Use what is left to test the patient specimen

22. Light blue and red lines are visible on the Mono test strip. What does that mean?

A. Positive

B. Negative

C. Invalid

23. The test control is blue and there is a faint blue color on the one edge of the test area on the Mycoplasma test. What is the Interpretation?

 A. Positive

B. Negative

C. Invalid

24. How long do the iSTAT BNP cartridges need to be placed at room temperature before use?

 A. 10 minutes

 B. 20 minutes

 C. 5 minutes

25. When do you clean the counter and illumipro?

 A. Before you start each test

 B. After you finish each test

 C. Both A and B

26. Registration calls the blood bank to let them know that Disaster, LLL99999 is updating his name to Victim, Stabbing. They want to know if the patient has any blood bank testing. You find that the patient has a current GTS and two (2) units set up on him because he has an anti-E. What needs to be done?

A. Armband verification when they go to change the patient’s armband.

B. Nothing, the name will update the in the computer and that is all we need.

C. A new sample needs to be drawn after the new armband is in place.

D. Patient needs to be re-registered with the new name and have a new GTS and workup.

27. After starting a transfusion, a nurse notices her patient having labored breathing, pain at the IV site and the patient’s BP has dropped. This is her first time dealing with a transfusion reaction and she panics. She calls you for guidance. What is the first thing you tell her?

A. Call the patient’s doctor.

B. Stop the transfusion

C. Call her charge nurse for instructions

D. Call a transfusion reaction and follow the instructions in her nursing SOP.

28. How long is a transporter good for after activation?

A. 12 hours

B. 8 hours

C. 10 hours

D. 4 hours

29. If Mobilab is unavailable, what must be done with a patient’s sample to be labeled for blood bank testing?

A. Hand labeled from patient’s armband with name, M#, H#, DOB, date, time, phleb initials, random number.

B. Hand labeled from patient’s armband with name, M#, DOB, date, time, phleb initials, random number.

C. Hand labeled from patient’s armband with name, M#, H#, DOB, date, time, phleb initials.

D. Hand labeled from patient’s armband with name, M#, date, time, phleb initials, random number.

30. True or False: All emergency release units are IS XM or AHG XM. Electronic XM cannot be used.

True or False

31. Choose the most correct answer: During computer downtime in the blood bank…

A. We don’t do blood bank testing if the downtime is less than 4 hours long

B. We can’t check histories in the computer, so we just act like we’ve never seen the patient before.

C. Nursing completes the orders on a downtime requisition and sends this down with the specimen.

D. Testing cannot be done on the analyzers, so everything is done manually.

32. ER is trying to stabilize a patient who has been stabbed multiple times. Patient is massively bleeding. ER calls to activate the MTP. You find out the following information.

Name: Disaster, LLL99999 DOB:8/2/1997 Sex: M

You had a woman who was O Neg bleeding earlier and you haven’t received your replacement O Neg units. You only have 2 on the shelf at this time. All of the rest of your inventory is at the max.

What should your first package of units contain?

A. 2 O Neg PRBC, 2 O Pos PRBC and 4 AB plasma

B. 4 O Pos PRBC and 4 O plasma

C. 2 O Neg PRBC, 2 O Pos PRBC and 4 O plasma

D. 4 O Pos PRBC and 4 AB plasma

33. The following patient has just delivered an Rh positive baby. They are submitted for a Rhogam Workup. Can we trust these results? Why?

ABORh: O Neg Screen: Pos ABID: Anti-K DAT: Poly-2+; IgG-2+, C3-Neg

 Antigen Typing: K negative DRT: Positive

A. Yes, because the patient is O Neg and the baby is O Pos so it is possible.

B. No, because we should do a Weak D test first.

C. No, because the DAT is positive.

D. No, because the screen is positive.

34. How long is thawed plasma good for after thawing?

A. 24 hours from the time you label it.

B. 24 hours from the time you thaw it.

C. 24 hours from the time you get the order for delivery.

D. 24 hours from the time you send it to the floor

35. When issuing a transporter with PRBCs in it, you will want two (2) copies of what print out?

A. Assignment Card

B. Issue/Transfuse Card

C. Crossmatch Card

D. Inventory Card