NCLEX HEMATOLOGY PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. Which finding indicates a febrile transfusion reaction during a unit of packed RBCs?

A. Temperature increase from baseline

B. Hypotension

C. Nausea and vomiting

D. Itching

2. Which practice best supports optimal iron absorption when taking ferrous sulfate?

A. Take with milk

B. Take with orange juice

C. Crush the capsule to increase absorption

D. Take with whole-grain toast

3. A preoperative teaching for autologous donation before scheduled surgery: which statement is correct?

A. You should donate 8 weeks prior to the surgery.

B. If you need an autologous transfusion, the blood your brother donates can be used.

C. You can donate blood each week if your hemoglobin is stable.

D. Any unused blood that is donated can be used

4. In disseminated intravascular coagulation, what is the mechanism by which heparin can be beneficial?

A. Decreases microclot formation

B. Increases synthesis of clotting factors

C. Inhibits platelet production

D. Promotes bleeding

5. In non-Hodgkin's lymphoma, lymph node enlargement is typically:

A. Enlarged lymph nodes that form an adjacent line of enlargement

B. Painful widespread enlarged lymph nodes

C. Noncontiguous enlarged lymph nodes

D. Enlarged lymph nodes primarily in the neck and axillary region

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6. In a patient with thrombocytopenia, which dental hygiene practice helps reduce gum bleeding?

A. Use an electric razor

B. Brush and floss

C. Soft toothbrush

D. Rinse with peroxide

7. In iron deficiency anemia, what is ferritin level?

A. Normal ferritin

B. Low ferritin

C. High ferritin

D. Variable ferritin not informative

8. Which drug is classically associated with aplastic anemia?

A. Antimetabolite cancer drugs

B. Phenylbutazone (Butazolidin)

C. Oral contraception drugs

D. Chloramphenicol (Chloromycetin)

9. A nurse is preparing to administer packed RBCs to a client with Hgb 8 g/dL. Which action should be performed during the first 15 minutes of the transfusion?

A. Obtain consent from the client for the transfusion.

B. Assess for an acute hemolytic reaction.

C. Explain the transfusion procedure to the client.

D. Obtain blood culture specimens to send to the lab

10. Which statement correctly describes PT/INR and aPTT in coagulation assessment?

A. PT/INR evaluates the extrinsic pathway; aPTT evaluates the intrinsic pathway.

B. PT/INR evaluates the intrinsic pathway; aPTT evaluates the extrinsic pathway.

C. PT/INR and aPTT assess the same pathway.

D. PT/INR measures platelet function; aPTT measures fibrinogen levels.

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Answers

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1. A
2. B
3. C
4. A
5. C
6. C
7. B
8. D
9. B
10. A

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Explanations

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1. Which finding indicates a febrile transfusion reaction during a unit of packed RBCs?

A. Temperature increase from baseline

B. Hypotension

C. Nausea and vomiting

D. Itching

Fever during a blood transfusion is the hallmark of a febrile non-hemolytic transfusion reaction. This reaction arises when cytokines accumulate in the donor unit or when the recipient has antibodies that react to donor leukocytes, leading to a rise in temperature. Because fever is the defining feature of this type of reaction, a temperature increase from baseline during the transfusion most clearly signals this condition. Other symptoms like hypotension, nausea/vomiting, or itching can occur with various transfusion reactions or allergic responses, but they are not as specifically linked to febrile non-hemolytic reactions as a fever is.

2. Which practice best supports optimal iron absorption when taking ferrous sulfate?

A. Take with milk

B. Take with orange juice

C. Crush the capsule to increase absorption

D. Take with whole-grain toast

Iron is best absorbed when it's in a ferrous form and solubilized in an acidic environment, which is helped by vitamin C. Drinking orange juice with ferrous sulfate provides ascorbic acid that keeps iron in the soluble ferrous state and aids its uptake in the duodenum. Milk or dairy products supply calcium that can bind iron and create insoluble complexes, decreasing absorption. Crushing a capsule isn't recommended because it can irritate the stomach and doesn't necessarily improve absorption, and whole-grain toast contains phytates that bind iron and reduce absorption. So taking iron with orange juice maximizes absorption by supplying vitamin C and acidity, enhancing iron solubility and uptake.

3. A preoperative teaching for autologous donation before scheduled surgery: which statement is correct?

A. You should donate 8 weeks prior to the surgery.

B. If you need an autologous transfusion, the blood your brother donates can be used.

C. You can donate blood each week if your hemoglobin is stable.

D. Any unused blood that is donated can be used

Autologous donation is about collecting your own blood before surgery so you can receive it back if needed, reducing exposure to allogeneic transfusions. Because you're giving blood repeatedly before the operation, your hemoglobin and iron stores must stay adequate. If your labs show that your hemoglobin remains stable and iron status is good, donating on a weekly basis is a feasible option, allowing multiple units to be collected in the weeks leading up to surgery without compromising your safety. The key is maintaining a safe hemoglobin level (and iron) so that the ongoing phlebotomies don't cause anemia or fatigue. Eight weeks before the surgery isn't a universal requirement; the timing is flexible and depends on how many units are planned and how your body tolerates repeated donation. A relative's blood isn't autologous donation, since autologous use means the patient's own blood. And any unused autologous units are generally reserved for the donor; they aren't automatically available for other patients.

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4. In disseminated intravascular coagulation, what is the mechanism by which heparin can be beneficial?

A. Decreases microclot formation

B. Increases synthesis of clotting factors

C. Inhibits platelet production

D. Promotes bleeding

In DIC, widespread activation of the coagulation system causes many small clots to form (microthrombi) while clotting factors and platelets are consumed, which can lead to both clotting-related organ damage and bleeding. Heparin helps by enhancing the activity of antithrombin III, which inhibits thrombin and factor Xa. This dampens the coagulation cascade, reduces fibrin formation, and decreases the ongoing formation of microthrombi. By slowing these clots, it helps limit organ injury and further consumption of clotting factors, though it's used only when thrombosis is the dominant issue and bleeding risk is manageable. It does not increase synthesis of clotting factors, stop platelet production, or promote bleeding as the therapeutic mechanism.

5. In non-Hodgkin's lymphoma, lymph node enlargement is typically:

A. Enlarged lymph nodes that form an adjacent line of enlargement

B. Painful widespread enlarged lymph nodes

C. Noncontiguous enlarged lymph nodes

D. Enlarged lymph nodes primarily in the neck and axillary region

Non-Hodgkin's lymphoma commonly shows involvement of multiple lymph node regions that are not next to each other, and it can extend to extranodal sites as well. This noncontiguous spread reflects the disease's tendency to disseminate widely through lymphatic and hematogenous pathways, so you may palpate enlarged nodes in several non-adjacent areas rather than a single continuous chain. The nodes are typically painless, which fits with lymphoid malignancies rather than inflammatory or infectious causes that often cause tenderness. By contrast, Hodgkin lymphoma more often spreads contiguously from one nodal group to the next, which is why noncontiguous enlargement is the characteristic pattern described here. In other words, the hallmark is scattered, non-adjacent nodal involvement rather than a single, orderly spread in a localized region.

6. In a patient with thrombocytopenia, which dental hygiene practice helps reduce gum bleeding?

A. Use an electric razor

B. Brush and floss

C. Soft toothbrush

D. Rinse with peroxide

In thrombocytopenia, gums bleed more easily from even minor trauma, so the aim is to minimize mucosal injury during oral care. A soft-bristled toothbrush provides gentle cleaning with less irritation to the gingiva than a hard brush or aggressive brushing, which helps reduce gum bleeding. Use very light pressure and smooth, circular motions instead of scrubbing. Rinsing with peroxide can irritate oral tissues and doesn't help prevent bleeding, so it isn't the best choice here. The idea that an electric razor would change gum bleeding isn't relevant to this dental care goal.

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7. In iron deficiency anemia, what is ferritin level?

A. Normal ferritin

B. Low ferritin

C. High ferritin

D. Variable ferritin not informative

Ferritin reflects stored iron in the body, so when iron stores are depleted as in iron deficiency anemia, the ferritin level falls. That low ferritin confirms that there isn't enough iron stored to support red blood cell production. It's worth noting that ferritin can rise with inflammation or infection because it's also an acute-phase reactant, which can complicate interpretation in those contexts. In typical iron deficiency, you'd also expect low serum iron, high total iron-binding capacity, and low transferrin saturation, all fitting the pattern of depleted iron stores.

8. Which drug is classically associated with aplastic anemia?

A. Antimetabolite cancer drugs

B. Phenylbutazone (Butazolidin)

C. Oral contraception drugs

D. Chloramphenicol (Chloromycetin)

Aplastic anemia is when the bone marrow fails to produce enough red cells, white cells, and platelets, leading to fatigue, infection risk, and bleeding tendency. Certain drugs can trigger this severe, potentially life threatening marrow failure. The drug most classically linked to aplastic anemia is chloramphenicol. This antibiotic can cause a serious, idiosyncratic reaction that is not strictly dose-related, resulting in pancytopenia and a hypocellular marrow. Because of this risk, chloramphenicol is used with great caution and often avoided when safer alternatives exist. When exposure has occurred, stopping the drug is essential, and management focuses on supportive care—preventing infection, providing transfusions if needed, and consulting hematology for severe cases, where bone marrow transplantation may be considered. While other drugs, including some antineoplastic agents, can cause bone marrow suppression, chloramphenicol remains the classic association with aplastic anemia.

9. A nurse is preparing to administer packed RBCs to a client with Hgb 8 g/dL. Which action should be performed during the first 15 minutes of the transfusion?

A. Obtain consent from the client for the transfusion.

B. Assess for an acute hemolytic reaction.

C. Explain the transfusion procedure to the client.

D. Obtain blood culture specimens to send to the lab

The key concept is monitoring for an acute hemolytic transfusion reaction during the initial infusion. The first 15 minutes after starting a packed RBC transfusion is the period when an ABO incompatibility can produce a severe reaction, so the nurse must be with the patient and vigilantly observe for signs. Look for fever, chills, back or flank pain, flushing, shortness of breath, chest tightness, hypotension, or a rapid pulse. If any of these occur, the transfusion should be stopped immediately, the IV line kept open with normal saline, and the clinician and blood bank alerted so diagnostic workup can begin and urgent treatment can be provided. This rapid response to potential reaction is essential because it can escalate quickly and become life-threatening. Pretransfusion steps like obtaining consent or explaining the procedure are completed before the infusion starts, and obtaining cultures is not part of the immediate transfusion safety checks during the first 15 minutes; those tasks relate to other phases of care and testing, not the urgent reaction assessment at this moment.

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10. Which statement correctly describes PT/INR and aPTT in coagulation assessment?

A. PT/INR evaluates the extrinsic pathway; aPTT evaluates the intrinsic pathway.

B. PT/INR evaluates the intrinsic pathway; aPTT evaluates the extrinsic pathway.

C. PT/INR and aPTT assess the same pathway.

D. PT/INR measures platelet function; aPTT measures fibrinogen levels.

PT/INR and aPTT are used to screen different parts of the coagulation cascade. PT/INR mostly reflects the extrinsic pathway, which is triggered by tissue factor and depends on factor VII (and the common pathway factors II, V, and I to a lesser extent). aPTT, on the other hand, assesses the intrinsic pathway, which involves factors XII, XI, IX, and VIII, also testing the common pathway factors. Because they target different pathways, they provide complementary information about how well the blood can form a clot. This is why the statement that PT/INR evaluates the extrinsic pathway and aPTT evaluates the intrinsic pathway is the best description. The other option suggesting they assess the same pathway, or proposing that PT/INR measures platelet function or fibrinogen levels, does not fit how these tests are designed or what they measure.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://nclexhematology.examzify.com

We wish you the very best on your exam journey. You've got this!

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