

Advanced Anticoagulation Training

**TMS Q&A Suggestions
2017**

Anticoagulation Education Advanced Module

Menu

End of Course

Page 58 of 59 (98%)

Anticoagulation Education Advanced Module: Post Test



Congratulations! You passed with a score of 92%.

After reviewing your results, please select Next to view the End of Course Instructions.

Results Summary

Last Test Attempt on:	Fri Feb 24 15:50:36 2017
Your Score:	92%
Total Number of Questions:	12
Number Correct:	11
Number Incorrect:	1


Question 1

Which of the following laboratory tests are needed prior to starting a TSOAC and need to be periodically monitored while on therapy?

- A. INR
- B. CBC with platelets
- C. aPTT
- D. Serum creatinine
- E. B and D
- F. All of the above




Yes, that is correct.

 Yes, that is correct.

Question 2

When compared to warfarin, which on of the following TSOACs would be best for an 80 year old with nonvalvular atrial fibrillation and a prior history of GI bleed?


- A. Dabigatran
- B. Apixaban
- C. Rivaroxaban
- D. None of the above

 Yes, that is correct.

Question 3

Which of the following is false regarding what a provider should know in managing a patient safely on an oral anticoagulant agent?


- A. The dose of warfarin required to interfere with the vitamin K dotting factors varies widely between patients
- B. The half life of protein C is relatively short, so heparin or other anticoagulant agents should be overlapped with warfarin for 4-5 days for acute treatment of a pulmonary embolism (PE)
- C. Patients should be counseled to avoid ALL foods, including nutritional supplements, containing vitamin K
- D. Follow-up should be in a timely manner for a patient that fails to report for an International Normalized Ratio (INR) laboratory testing and clinic appointment

 Yes, that is correct.

Question 4

Which statement regarding unfractionated heparin monitoring is false?


- A. The activated partial thromboplastin (aPTT) lab test is used to monitor heparin
- B. Anti-Xa level in patients with venous thromboembolism who require large doses to achieve therapeutic aPTT is sometimes used
- C. Checking aPTTs less than 6 hours after a bolus dose will reflect the full distribution of heparin into tissues
- D. Baseline and ongoing monitoring of CBC with platelets are recommended

 That is incorrect.

Question 5

Which of the following are uses for anticoagulants?

- A. Prophylaxis and/or treatment of deep venous thrombosis (DVT) and pulmonary embolism (PE)
- B. Prophylaxis and/or treatment of the thromboembolic complications associated with atrial fibrillation and/or cardiac valve replacement
- C. Treatment or prophylaxis of thromboembolism in patients with antiphospholipid antibody syndrome and other hypercoagulable states
- D. All of the above

 Yes, that is correct.


Question 6

Low molecular weight heparin has increased activity to what factor compared to heparin?

Question 6

Low molecular weight heparin has increased activity to what factor compared to heparin?


- A. Factor Xa
- B. Factor IIa
- C. Factor VIIa
- D. Factor VIIIa

 Yes, that is correct.

Question 7


A weight basis infusion is always used by using activated partial thromboplastin (aPTT) lab test to dose for which of the following agent?

- A. Fondaparinux
- B. Low Molecular Weight Heparin (LMWH)
- C. Unfractionated heparin (UFH)
- D. Warfarin
- E. Dabigatran

 Yes, that is correct.

Question 8


What knowledge should a provider possess in order to consider patient's safety on any oral anticoagulant?

 Yes, that is correct.

Question 8

What knowledge should a provider possess in order to consider patient's safety on any oral anticoagulant?


- A. Patient's renal function
- B. The dose of warfarin required to interfere with the vitamin K clotting factors varies widely between patients
- C. The half-life of protein C is relatively short, so heparin or other anticoagulant agents should be overlapped with warfarin for 4-5 days for acute treatment of a pulmonary embolism (PE)
- D. All of the above

 Yes, that is correct.

Question 9

Which statement(s) is/are true regarding the use of phytonadione (vitamin K) in treating an elevated International Normalized Ratio (INR)?

- A. Any patient with an INR above the target International Normalized Ratio (INR) range should receive phytonadione
- B. The decision to use phytonadione should be based on the level of anticoagulation and whether or not there is bleeding
- C. Intravenous route is recommended and used most commonly
- D. All of the above statements are true

 Yes, that is correct.

Question 10


Question 10

TH is a 76 year old male who will be initiated warfarin therapy for newly diagnosed atrial fibrillation. Chronic medications include: simvastatin, cetirizine, vitamin D, gabapentin, glyburide, omeprazole, a tenolol.

Baseline INR 1.0, Hgb/Hct/PLT 14.1/41.5/201, Cr 1.2, LFTs WNL.

Which warfarin dosage would you recommend for this patient to be started on as an outpatient?


- A. 5 mg once daily
- B. 7.5 mg once daily
- C. 10 mg once daily X 5 days; and then 5 mg daily
- D. 10 mg daily


 Yes, that is correct.

Question 11

58 year old male patient is admitted for treatment of COPD exacerbation. INR was found to be 9 with no signs or symptoms of bleeding. What would be the most appropriate course of action?

- A. No vitamin K, hold warfarin
- B. One dose of oral vitamin K 2.5mg, hold warfarin
- C. One dose of oral vitamin K 5mg, hold warfarin
- D. One dose of IV vitamin K 10mg, hold warfarin
- E. Daily oral vitamin K 2.5mg, hold warfarin.


 Yes, that is correct.

 Yes, that is correct.

Question 11

58 year old male patient is admitted for treatment of COPD exacerbation. INR was found to be 9 with no signs or symptoms of bleeding. What would be the most appropriate course of action?


- A. No vitamin K, hold warfarin
- B. One dose of oral vitamin K 2.5mg, hold warfarin
- C. One dose of oral vitamin K 5mg, hold warfarin
- D. One dose of IV vitamin K 10mg, hold warfarin
- E. Daily oral vitamin K 2.5mg, hold warfarin.

 Yes, that is correct.

Question 12

A patient is admitted to the hospital for DVT prophylaxis. His chart is flagged with a heparin allergy. He had an episode of HIT 3 months ago. Which of the following would be an appropriate prophylactic agent?

- A. SQ heparin
- B. SQ enoxaparin
- C. Fondaparinux
- D. Dalteparin

 Yes, that is correct.