

SELF-ASSESSMENT

1. Surgery in patients with hemophilia:
 - a. Is not recommended in general
 - b. Is recommended only to correct life-threatening disorders
 - c. Is a reasonable and safe option, except in patients with inhibitors
 - d. Is a reasonable and safe option in most cases
2. Which of the following are all common sites of bleeding?
 - a. Joints, bones, lungs
 - b. Joints, muscles, soft tissues
 - c. Muscles, skin, intestines
 - d. Urinary bladder, nose, bones
3. Which of the following is the recommended therapy for a major acute bleed in a patient with hemophilia A without inhibitors?
 - a. Desmopressin alone
 - b. Recombinant factor VIII
 - c. Recombinant factor IX
 - d. Fresh frozen plasma
4. Which of the following is the recommended dose calculation for a single IV infusion of recombinant factor IX concentrate to treat an acute bleed in a patient with hemophilia B without inhibitors?
 - a. Patient's weight (kg) x factor level desired (% of normal level)
 - b. Patient's weight (kg) x factor level desired (% of normal level) x 0.5
 - c. 0.3 units/kg
 - d. 2-7 IU/kg/hr²
5. Regarding the anti-brinolytic agents, tranexamic acid and epsilon aminocaproic acid (EACA):
 - a. Dosing for tranexamic acid and (EACA) is the same
 - b. Both can be given only orally
 - c. Neither should be used in combination with recombinant factor VIIa due to the risk of thrombosis
 - d. Neither should be used in the presence of hematuria due to the risk of renal pelvis obstruction
6. Regarding assessment of a patient with hemophilia in the emergency department, the MASAC Guidelines recommend:
 - a. Relying on physical findings rather than history
 - b. Treating based on suspicion rather than documentation of a bleeding problem
 - c. Confirming treatment protocol with the patient's hematologist before treating
 - d. Not relying on factor dosing instructions supplied by the patient or family
7. The MASAC Guidelines for emergency department management of individuals with hemophilia recommend:
 - a. Giving factor replacement therapy before any invasive diagnostic studies
 - b. Giving immediate factor replacement therapy only if head trauma is suspected
 - c. Always running coagulation laboratory tests before treatment of a bleeding episode
 - d. Always running coagulation laboratory tests after treatment of a bleeding episode
8. Regarding emergency department treatment of bleeding in a patient with hemophilia, the MASAC guidelines recommend:
 - a. Clotting factor brought in by the patient should not be used
 - b. Clotting factor should not be given in excess of the calculated dose
 - c. Clotting factor should be given by intravenous push over 1-2 minutes
 - d. Clotting factor should be given quickly through a large gauge needle
9. Before surgery in a patient with hemophilia:
 - a. Prophylaxis is recommended to prevent preoperative bleeding
 - b. Preoperative testing is necessary only if the patient has inhibitors
 - c. Preoperative testing is needed only to determine the patient's blood type
 - d. Preoperative testing should include hemostatic function tests and determination of factor levels
10. During surgery in a patient with hemophilia:
 - a. Replacement factor should be given only as a bolus immediately prior to surgery
 - b. Replacement factor should be given as a bolus immediately prior to surgery or as a continuous infusion throughout surgery
 - c. Replacement factor must be given as a continuous infusion throughout and after surgery
 - d. Replacement factor should be given to maintain factor levels at 30% throughout surgery

