

QBL Post Test

1. Quantification of blood loss should begin:
 - a. When the patient is obviously bleeding more than expected
 - b. When the patient's estimated blood loss is at 500ml or greater
 - c. Immediately at birth
 - d. When the physician requests
2. Quantification of blood loss can be stopped when:
 - a. Bleeding has stabilized – usually 2 to 3 hours after delivery if there is a hemorrhage or sooner if no hemorrhage occurred
 - b. When the physician requests
 - c. When vital signs are stable
 - d. Upon discharge from the hospital
3. Visually estimating blood loss has been demonstrated to be underestimated by approximately:
 - a. 10-20 %
 - b. 20-35%
 - c. 33-50%
 - d. 50-60%
4. One gram of weight is equal to how much volume ?
 - a. 1ml
 - b. 2ml
 - c. 10ml
 - d. 15ml
5. Which of the following is helpful to gain a more accurate calculation of blood loss at a vaginal birth?
 - a. Use a graduated under the buttocks drape and note the volume as the baby's shoulder is delivering
 - b. Use a graduated under the buttocks drape and subtract 500ml from it to allow for amniotic fluid
 - c. Use a graduated under the buttocks drape and ask the provider to estimate how much of it is amniotic fluid
 - d. Change the under the buttocks drape immediately before delivery
6. The responsibility for quantifying blood loss associated with a delivery or hemorrhage belongs to:
 - a. The nurse
 - b. The physician
 - c. Both A&B
 - d. Neither
7. In order to have a system of quantifying blood loss that works, we need to have the following immediately available in the delivery room:
 - a. Graduated measuring devices
 - b. Scales
 - c. Dry Weight Cards
 - d. All of the above
8. The PPH risk assessment tool must be completed:
 - a. Upon admission and before transferring to mother baby
 - b. Upon admission and after delivery
 - c. Upon admission, immediately pre-birth, within 1-hour post-delivery, and with any significant changes
 - d. Upon admission and then every shift
9. Which risk level (low, moderate, high) necessitates that a type and screen be completed?
 - a. Low risk
 - b. Moderate risk
 - c. High risk
 - d. Moderate and High risk
10. If a patient is moderate risk but a stable antepartum patient, the provider can opt not to keep the type and screen current. (Circle one.)
True
False