

- 62. A recommended position for a patient in acute pulmonary edema is:**
- Prone position, to encourage maximum rest, thus decreasing respiratory and cardiac rates**
  - Sitting up position to facilitate breathing and decrease venous return**
  - Trendelenburg position, to drain blood from leg veins into the heart**
  - Recovery position, lateral with upper leg flexed and forward, and upper hand across the chest with back of hand held supporting his cheek.**

ANSWER b. Sitting up position to facilitate breathing and decrease venous return. A patient with dyspnea is usually uncomfortable in a lying supine position (orthopnea). This is because gravity increases fluid in the lungs which increases edema in CHF patients. They often have less difficulty breathing when placed in either a semi- sitting (mid- Fowler's) position 30°, sitting (high- Fowler's) position 45°, or reverse Trendelenburg position (body tilted head up).

See: Medical Dictionary

- 64. When charting in the medical record you should:**
- Avoid generalizations like "appears, inadvertently, seems to..."**
  - Avoid writing with fountain pens with liquid ink**
  - Avoid documenting routine safety measures**
  - Chart care as you are planning it, not after it is given**

ANSWER a. Avoid generalizations like "appears, inadvertently, seems to..." Kern says: "Information in the medical record should reflect only accurate facts regarding the particular patient. Avoid generalizations and speculating by charting only what you see, hear, feel, and smell. Do not use words such as inadvertently, unfortunately, appears, resembles, and the like.... Chart after the delivery of care, not before. Never make an entry in anticipation of something to be done...The chart note should identify precautionary or protective measures that have been taken for the safety of the patient, including the use of side rails and restraints." Charting should always be done with a permanent ink pen, although especially runny ink may smear.

See: Kern, chapter on "Documentation in the Cardiac Catheterization Laboratory"

- 65. Prior to any cardiac invasive procedure the ultimate responsibility for obtaining informed consent lies with the:**
- Patient's primary care physician (GP)**
  - The operating physician (Cardiologist)**
  - Circulating nurse assigned to the case**
  - Patient and his/her family**

ANSWER b. The operating physician (Cardiologist). The ultimate responsibility for obtaining permission is the operating physician's, usually the operating cardiologist. The cath lab staff are responsible for checking that the consent is on the chart, properly signed, and that the information on the form is correct.

**See:** Allmers, Review for Surgical Tech. Exam, chapter on "Fundamentals"

**66. To be legally valid, what is the LATEST that the patient should sign the informed consent form?**

- a. Before administration of preoperative medications (such as demerol)
- b. Before administration of conscious sedation (such as Versed)
- c. Before any invasive incisions or percutaneous punctures are made
- d. Before any interventions are made (PTCA, Stent...)

ANSWER a. Before administration of preoperative medications. Consent forms must be signed before the administration of preoperative medications. This is to ensure that the patient fully understands and is informed about the procedure and the risks involved. If his mind is clouded by preoperative medications such as demerol the consent is not legally valid.

**See:** Allmers, Review for Surgical Tech. Exam, chapter on "Fundamentals"

**67. A patient's informed consent:**

- a. Authorizes all routine hospital procedures
- b. Protects patient from high risk procedures
- c. Protects the operating physician and the hospital from claims of an unauthorized operation
- d. Authorizes the physician to withhold lifesaving measures as he deems appropriate

ANSWER c. Protects the operating physician and the hospital from claims of an unauthorized operation. An informed consent (operative permit) protects the operating physician and the hospital from claims of an unauthorized operation. A general consent authorizes the physician and staff to render treatment and perform procedures which are routine duties normally carried out at the hospital. It also protects the patient from procedures they have not been informed about. The physician cannot perform different procedures or withhold lifesaving measures unless it has been approved by the patient.

**See:** Allmers, Review for Surgical Tech. Exam, chapter on "Fundamentals"

**81. You have just completed an echocardiogram. Your patient asks you to interpret the results of his diagnostic examination. Your response as a healthcare professional should be to:**

- a. Say you don't know how to interpret results
- b. Explain that the physician will interpret it and report the results
- c. Explain that the final results are inconclusive
- d. Honestly interpret it to the best of your ability

ANSWER b. Explain that the physician will interpret it and report the results. One of the 10 principles of professional conduct adopted by the ARRT is "Radiologic Technologists shall not diagnose, but in recognition of their responsibility to the patient, they shall provide the physician with all information they have relative to radiologic diagnosis for patient management." We do not possess all the information or training necessary to diagnose the patient. Diagnosis, pathology and treatment are the physician's final responsibility. We can often reinforce his comments, clarify things and respond to our patient's questions, but always with the qualification that the physician has the final say.

**See:** Torres, chapter on "The Radiologic Technologist and professionalism"

**82. Your patient with hypertension has been noncompliant in taking his antihypertensive medications. He should be taught that one relatively common complication of uncontrolled hypertension is:**

- a. **Thrombophlebitis**
- b. **Herniation of the aorta**
- c. **Destruction of valves in the venous system**
- d. **Hemorrhaging of blood vessels in the brain**

ANSWER d. Hemorrhaging of blood vessels in the brain. "Hemorrhaging and occlusion of blood vessels in the body are relatively common complications of uncontrolled hypertension and occur in various places in the body, but most often in the brain (stroke), the eyes, the heart (myocardial infarction) and the kidneys." Just as in coronary disease we should encourage patients to beware of the symptoms of MI, we should alert hypertensive patients about the risk of stroke of failing to take their medication.

**See:** Lippincott's State Board Review for NCLEX-PN.

**83. Your patient is told that he has a poor prognosis, but says he believes there is some mistake. According to Dr. Elisabeth Kubler- Ross, this patient is most probably in what grief stage?**

- a. **Anger**
- b. **Denial**
- c. **Bargaining**
- d. **Depression**

ANSWER b. Denial. "When a terminally ill person states that there must be a mistake or that he is being confused with someone else, he is most probably denying his impending death. These 5 stages of grief are described by Dr. Elisabeth Kubler- Ross:

- |                       |                                    |
|-----------------------|------------------------------------|
| 1. Denial & disbelief | "What! There must be some mistake" |
| 2. Anger              | "Why me?"                          |
| 3. Bargaining         | "If I'm healed, I promise to..."   |
| 4. Depression         | "Oh God! Wherefore art thou?"      |
| 5. Acceptance         | "OK. Thy will be done."            |

**See:** Lippincott's State Board Review for NCLEX-PN.

**84. Your patient is to receive vein stripping surgery for varicose veins. She asks you how her circulation will be provided in her leg after surgery with the veins gone? You should base your response on knowledge that:**

- a. Such information should only be provided by the physician**
- b. New veins develop to replace the removed veins**
- c. Veins deep in the leg take over the work of the removed veins**
- d. The end of ligated veins are anastomosed for continuity of veins**

ANSWER c. Veins deep in the leg take over the work of the removed veins. When veins are ligated and stripped, the affected veins are severed and removed. The blood then returns through veins deeper in the leg so that return circulation continues. New veins do not replace those removed, nor do arteries take over the functions of veins. Entire veins often are removed and their ends are ligated, such as the saphenous vein for CABG surgery, without compromise to the patient's venous circulation.

**See:** Lippincott's State Board Review for NCLEX-PN.

**91. Which of the following is NOT a predisposing factor for acute MI?**

- a. Diabetes**
- b. Hypertension**
- c. Hyperlipidemia**
- d. High estrogen levels**

ANSWER d. High estrogen levels is incorrect. Estrogen, the female hormone, appears to protect women from heart disease. After menopause, when estrogen levels fall in women, they begin to develop coronary disease akin to men. Diabetes, hypertension, and hyperlipidemia (high cholesterol) are all risk factors for atherosclerosis.

**See:** Braunwald, chapter on "Coronary Risk Factors"

**92. If you suspect that your patient has an organic heart murmur, the cause of such a murmur would probably be a defect in the:**

- a. Conduction system**
- b. Coronary arteries**
- c. Mixing of blood**
- d. Action of the heart valves**

ANSWER d. Action of the heart valves. An organic heart murmur is caused by a defect in the action of heart valves such as stenosis or leakage (regurgitation or shunt). A functional heart disorder, in contrast to an organic heart disease, is a disturbance in function only with no organic cause. A functional heart murmur is often caused by anxiety or exercise.

Heart murmurs are unrelated to oxygenation of blood, the heart's ability to pump, or the capacity of coronary arteries.

**See:** Lippincott's State Board Review for NCLEX-PN.

**93. Your patient reports having had an illnesses which predisposed her to having a heart murmur. What childhood disease was this:**

- a. Measles
- b. Mononucleosis
- c. Rheumatic fever
- d. Infectious hepatitis

ANSWER c. Rheumatic fever. Patients who have had rheumatic fever often have heart valve problems, such as mitral stenosis, later in life. Although mostly eliminated in the USA due to the advent of antibiotics, it is common in tropical countries.

See: Lippincott's State Board Review for NCLEX-PN.

**105. Retrosternal chest pain that is associated with sweating, nausea or vomiting, and not relieved by rest and nitroglycerine is most likely due to:**

- a. Pericarditis
- b. Variant angina
- c. Aortic dissection
- d. Myocardial infarction

ANSWER d. Myocardial infarction. Braunwald says about MI: "The pain of AMI is variable in intensity; in most patients it is severe...prolonged. described as constricting, crushing, oppressing,... The pain is usually retrosternal in location, spreading frequently to both sides of the anterior chest, with predilection for the left side. Often the pain radiates....Nausea and vomiting occur in more than 50 percent of patients with transmural MI and severe chest pain,...."

See: Braunwald, chapter on "Acute Myocardial Infarction"

**110. One indicator of cardiogenic shock is:**

- a. Decreased heart rate
- b. Increased blood pressure
- c. Increased body temperature
- d. Decreased urine output

ANSWER d. Urine output decrease, low BP, weak rapid heart rate, cold clammy skin, cyanosis - are all indicators of shock (cardiogenic or hypovolemic). Braunwald states that "Shock encompasses the syndromes associated with an acute reduction in effective blood flow with failure to maintain the transfer and delivery of essential substrates to sustain the function of vital organ systems." In shock, blood is shunted to vital organs (such as the brain), and away from less essential tissues (like skin).

See: Braunwald, chapter on "Acute Circulatory Failure (Shock)."

**111. Amaurosis Fugax is a symptom that involves the patient's:**

- a. **Sight**
- b. **Hearing**
- c. **Equilibrium**
- d. **Sensation of pain**

ANSWER a. Sight. Amaurosis Fugax is a temporary episode of blindness in one eye, or partial blindness. It is often a sign of TIA or cerebral ischemia suggesting carotid stenosis.

**See:** Medical dictionary

**117. A patient's blood pressure is 80/45 and heart rate of 56. This pressure and HR is:**

- a. **Hypertensive, tachycardia**
- b. **Hypertensive, bradycardia**
- c. **Hypotensive, tachycardia**
- d. **Hypotensive, bradycardia**

ANSWER d. Hypotensive, bradycardia. Normal blood pressure is 120/80. Below 100 is hypotensive. Normal HR is 60-100. Below 60 is bradycardia. However, in resting athletic young people the rate may normally go as low as 50 bpm.

**See:** Lippincott's State Board Review for NCLEX-PN.

**123. Which body fluid is LEAST likely to transmit HIV to a health care worker?:**

- a. **Semen**
- b. **Blood**
- c. **Pericardial fluid**
- d. **Saliva**

ANSWER d. Saliva. The CDC says: "HIV has been isolated from blood, semen, saliva, tears, urine, vaginal secretions, cerebro-spinal fluid, breast milk, and amniotic fluid, but only blood and blood products, semen, vaginal secretions, and possibly breast milk (this needs to be confirmed) have been directly linked to transmission of HIV. Contact with fluids such as saliva and tears has not been shown to result in infection. Although other fluids have not been shown to transmit infection, all body fluids and tissues should be regarded as potentially contaminated by HBV or HIV, and treated as though they were infectious...." HIV may also be transmitted by sexual contact, including semen.

**See:** Dept Labor/Dept Health & Humans Services, Joint advisory Notice, "Protection against occupational exposure to HBV and HIV"

**124. Which body fluid is MOST likely to transmit Hepatitis B virus to a health care worker?**

- a. Urine
- b. Blood
- c. Pericardial fluid
- d. Vomitus

ANSWER b. Blood. The CDC says: "Blood contains the highest HBV titers of all body fluids and is the most important vehicle of transmission in the health-care setting. HBsAg is also found in several other body fluids, including breast milk, bile, cerebrospinal fluid, feces, nasopharyngeal washings, saliva, semen, sweat, and synovial fluid. However, the concentration of HBsAg in body fluids can be 100- 1000- fold higher than the concentration of infectious HBV particles. Therefore, most body fluids are not efficient vehicles of transmission because they contain low quantities of infectious HBV....Feces, nasal secretions, saliva, sputum, sweat, tears, urine and vomitus are not considered potentially infectious unless they contain blood. The risk for transmission of HBV, HCV, or HIV infection from these fluids and materials is extremely low."

See: Dept Labor/Dept Health & Humans Services, Joint advisory Notice, "Protection against occupational exposure to HBV and HIV"

**125. Which of the following exposures pose the greatest risk for bloodborne pathogen infection?**

- a. A nurse sustains a needle-stick while drawing up insulin to administer to a patient with diabetes
- b. A lab worker is splashed in the eye with urine from a patient with HIV
- c. A scrub tech who gets blood on his chapped hands while assisting in a surgery on a patient with hepatitis B infection
- d. While cleaning the bathroom, a housekeeper's intact skin has contact with feces

ANSWER c. A scrub tech who gets blood on his chapped hands while assisting in a surgery on a patient with hepatitis B infection. Blood is the most infectious body fluid, especially when it gets into an open wound as may be found on chapped hands. The nurse's needle-stick appears to be from a clean needle. CDC says: "Feces, nasal secretions, saliva, sputum, sweat, tears, urine and vomitus are not considered potentially infectious unless they contain blood." See: Dept Labor/Dept Health & Humans Services, Joint advisory Notice, "Protection against occupational exposure to HBV and HIV"

**126. Which virus is commonly transmitted by food workers who fail to wash their hands?**

- a. Hepatitis A
- b. Hepatitis B
- c. AIDS
- d. HIV

ANSWER a. Hepatitis A is a food borne virus. HAV is found in the feces of HAV-infected persons. It is commonly spread by food workers who don't wash their hands after using the toilet. HIV, Hepatitis B and Hepatitis C viruses are found in the body fluids of infected individuals; and can be transmitted to health workers during invasive procedures via needle sticks, skin lesions, or splashing body fluids onto mucous membranes. HIV virus leads to the AIDS syndrome, which occurs in the final stages of the HIV infection. See: [www.immunize.org](http://www.immunize.org)

**127. Many health care workers who develop hepatitis B viral infections have not been exposed to HBV infected patients. How were these workers probably infected?**

- a. Private sexual encounters
- b. Tattooing or ear piercing
- c. Inhalation of aerosolized nasal secretions
- d. Direct contact with dried blood on environmental surfaces
- e. Ingestion of contaminated food or drinking water

ANSWER d. Contact with Dried blood on environmental surfaces. Such secondary infection is the main reason all blood spills and spatters must be cleaned up and disinfected and why it is so important to wash your hands frequently. The CDC says: "Although percutaneous injuries are among the most efficient modes of HBV transmission, these exposures probably account for only a minority of HBV infections among health care professionals (HCP). In several investigations of nosocomial hepatitis B outbreaks, most infected health care professionals could not recall an overt percutaneous injury, although in some studies, up to one third of infected HCP recalled caring for a patient who was HBsAg- positive. In addition, HBV has been demonstrated to survive in dried blood at room temperature on environmental surfaces for at least 1 week. Thus, HBV infections that occur in health care professionals with no history of nonoccupational exposure or occupational percutaneous injury might have resulted from direct or indirect blood or body fluid exposures that inoculated HBV into cutaneous scratches, abrasions, burns, other lesions, or on mucosal surfaces... There is no evidence that HBV or HIV can be transmitted via food, drinking water, or airborne aerosols."

See: Dept Labor/Dept Health & Humans Services, Joint advisory Notice, "Protection against occupational exposure to HBV and HIV"

**128. For which viruses currently are there NO immunizing vaccines?**

- a. HIV and HBV
- b. HIV and HCV
- c. HAV and HBV
- d. HAV and HCV

ANSWER b. HIV and HCV have NO immunizing vaccines as of year 2002. These are the Human Immunodeficiency Virus and the Hepatitis C Virus. Unfortunately both of these virus can be spread by blood or body fluids from infected individuals. See: [www.immunize.org](http://www.immunize.org)

**129. After an accidental needle-stick from the needle used on an infected patient, which bloodborne pathogen poses the greatest risk of infection to health care workers?**

- a. Hepatitis A
- b. Hepatitis B
- c. Hepatitis C
- d. HIV

ANSWER b. Hepatitis B is most contagious. The Dept. of Labor says: "Despite the similarities in the modes of transmission, the risk of HBV infection in health-care settings far exceeds that for HIV infection. For example, it has been estimated that the risk of acquiring HBV infection following puncture with a needle contaminated by an HBV carrier ranges from 6% to 30% - far in excess of the risk of HIV infection under similar circumstances, which the CDC estimates to be less than 1%." HCV is not transmitted efficiently through occupational exposure to blood. And, HAV is transmitted via food.

See: Dept Labor/Dept Health & Humans Services, Joint advisory Notice, "Protection against occupational exposure to HBV and HIV"

**130. Your ICU patient needs arterial line monitoring. He develops sepsis and tenderness at the insertion site. Besides systemic antibiotics therapy you should:**

- a. Apply Povidone- Iodine related ointment at puncture site
- b. Change the continuous flush, transducer, and pressure tubing
- c. Remove the catheter and replace it with a new one at a different access site
- d. Exchange the Arterial line and catheter with the Seldinger technique

ANSWER c. Remove the catheter and replace it with a new one at a different access site. CDC Guidelines say: "Do not use guide wire assisted catheter exchange whenever catheter-related infection is documented. If the patient requires continued vascular access, remove the implicated catheter, and replace it with another catheter at a different insertion site."

" If catheter-related infection is suspected, but there is no evidence of local catheter-related infection ( e.g., purulent drainage, erythema, tenderness), remove the existing catheter and insert a new catheter over a guide wire. Send the removed catheter for ... culture. Leave the newly inserted catheter in place if the catheter culture result is negative. If the catheter culture indicates colonization or infection, remove the newly inserted catheter, and insert a new catheter at a different site."

**See:** CCD, Guideline For Prevention of Intravascular Device-Related Infections"

**132. Which of the following areas of a patient's body is the LEAST likely place for bloodborne pathogens to enter?**

- a. The nose
- b. The intact skin
- c. The genital tract
- d. The urinary tract

ANSWER b. The intact skin. The CDC says: "Both HBV and HIV appear to be incapable of penetrating intact skin, but infection may result from infections fluids coming into contact with mucous membranes or open wounds (including unapparent lesions) on the skin. If a procedure involves the potential for skin contact with blood or mucous membranes, the appropriate barriers to skin contact should be worn. e.g., gloves." Organisms enter the nose, the genital tract, and the urinary tract with greater ease than intact skin. Since we commonly touch or eyes, nose and mouth good hand washing is critical.

**See:** Dept Labor/Dept Health & Humans Services, Joint advisory Notice, "Protection against occupational exposure to HBV and HIV"

**133. If a patient acquires an infection in the hospital where he is a patient, it is called:**

- a. A local infection
- b. An enteric infection
- c. A primary infection
- d. A nosocomial infection

ANSWER d. A nosocomial infection. Any infection acquired in a health agency is called a nosocomial infection. This is one of the main reasons to get patients out of the hospital as early as possible. An enteric infection is spread by feces containing the causative organism. A local infection, such as an abscess, is limited to the body's tissues and remains there. A primary infection is one that occurs before a subsequent infection develops.

**See:** Lippincott's State Board Review for NCLEX-PN.

**134. Eye-wear, goggles, and/or face-shields need to be worn only:**

- a. On invasive procedures
- b. On interventional procedures
- c. On cases who are in isolation
- d. On positive HIV or HBV cases

ANSWER a. On invasive procedures of vascular access. Health care workers need to wear protective barriers on all cases where blood or body fluids may splash. Basically that includes all invasive procedures. You can best protect yourself by shielding your eyes, nose, and mouth mucous membranes from blood spatter; and by wearing gloves whenever touching any patient's body fluids. OSHA says: "Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated."

See: OSHA Regulations on Bloodborne Pathogens

**135. You are working around a patient with an IV. You are wearing gloves but accidentally get some patient blood on your forearm where you have a small cut. The CDC recommends that your first action should be to:**

- a. Rinse it off with warm water
- b. Wash forearm and the cut with soap and water
- c. Wash forearm and rinse your cut with a mild bleach solution
- d. Wash your forearm and cut with antiseptic and squeeze to make it bleed

ANSWER b. Wash it with soap and water. The CDC says: "Wounds and skin sites that have been in contact with blood or body fluids should be washed with soap and water. Mucous membranes should be flushed with water. No evidence exists that using antiseptics for wound care or expressing fluid by squeezing the wound further reduces the risk of bloodborne pathogen transmission; however, the use of antiseptics is not contraindicated. The application of caustic agents (e.g. bleach) or the injection of antiseptics or disinfectants into the wound is not recommended." This same procedure should be used for blood contaminated needle-sticks.

See: CDC, Guidelines for Occupational Exposures to HBV, HCV, and HIV

**136. While working to place an IV you accidentally spatter patient blood in your mouth and eye. The CDC recommends that your first action should be to:**

- a. Flush your mouth and eye with water
- b. Flush your mouth and eye with soap and water
- c. Flush your mouth and eye with a mild bleach solution
- d. Flush your mouth and eye with antiseptic

ANSWER a. Flush your mouth and eye with water. The CDC says: "mucous membranes should be flushed for several minutes with copious amounts of water. No evidence exists that using antiseptics for wound care or expressing fluid by squeezing the wound further reduces the risk of bloodborne pathogen transmission; however, the use of antiseptics is not contraindicated. The application of caustic agents (e.g. bleach) or the injection of antiseptics or disinfectants into the wound is not recommended." Many labs contain eye-wash sinks or eye-cups for irrigation.

**See:** CDC, Guidelines for Occupational Exposures to HBV, HCV, and HIV

**139. After a blood spill it is best to disinfect the area of the spill with:**

- a. Soap and water
- b. Betadine 5%
- c. One part bleach to 10 parts water
- d. One part alcohol to 10 parts water

ANSWER: c. One part bleach to 10 parts water is an excellent disinfectant. If alcohol were used it should be much stronger than 1:10 concentration. Betadine is an antiseptic for skin use, not as a disinfectant. Gloves should be worn, the area mopped up and then disinfected with diluted beach. It will kill all pathogens.

**See:** Saia, Radiography Exam, chapter on "Patient Care"

**140. What should be done with needles used for patient injection or IV infusion?**

- a. Bent and then placed in the sharps disposal container
- b. Cut in half and then placed in the sharps disposal container
- c. Removed from the syringe and then placed in the sharps disposal container
- d. Recapped on the syringe and placed in the sharps disposal container
- e. Both needle and syringe should be placed together in the sharps disposal container

ANSWER e. Both needle and syringe should be placed together in the sharps disposal container without bending, shearing, or recapping. OSHA says that: "Contaminated needles and other contaminated sharps shall not be bent, recapped or removed [from the syringe] unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure."

**See:** CDC, Guidelines for Occupational Exposures to HBV, HCV, and HIV

**141. How should laundry contaminated by patient body fluids such as bloody patient drapes be handled?**

- a. Sort it, bag it in heavy cloth, and remove it at end of the day
- b. Wear gloves, sort it, bag it in heavy cloth, and remove it at end of the day
- c. Bag it in plastic, and remove it at end of each case
- d. Wear gloves, bag it in plastic, and remove it at end of each case

ANSWER d. Wear gloves, bag it in plastic, and remove it at end of each case.

OSHA says: "Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded....Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and-or leakage of fluids to the exterior. The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal equipment."

See: CDC, Guidelines for Occupational Exposures to HBV, HCV, and HIV

**142. According to "Universal or Standard precautions" in emergency situations which body fluids are to be considered infectious?**

- a. Blood and certain body fluids of infected patients
- b. All body fluids of infected patients
- c. Blood and certain body fluids of all patients
- d. All body fluids of all patients

ANSWER d. All body fluids of all patients are considered infectious because in an emergency it is difficult to distinguish one body fluid from another and blood may be mixed within any of them. According to OSHA: "Universal [Standard] precautions must be observed. This method of infection control requires the employer and employee to assume that all human blood and specified human blood fluids are infectious for HIV, HBV, and other bloodborne pathogens.

Where differentiating of types of body fluids is difficult or impossible [as in emergency trauma] , all types of body fluids are considered to be potentially infectious." CDC says that feces, nasal secretions, saliva, sputum, sweat, tears, urine and vomitus are probably not potentially infectious unless they contain blood. And the risk for transmission of HBV, HCV, or HIV infection from these fluids and materials is extremely low. But, who wants to take the chance? For this reason, hospital workers consider ALL body fluids as potentially infectious.

See: OSHA Regulations on Bloodborne Pathogens