

Nursing

*BMTCN
Blood and Marrow Transplant Nursing*



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Question: 1

A 60-year-old male patient received a transplant for acute myeloid leukemia 125 days ago. The nurse notes lichenification, itching, areas of hypopigmentation, and generalized redness of the patient's skin. The patient's clinical manifestations are most likely indicative of which one of the following posttransplant complications?

- A. Chronic graft-versus-host disease (cGVHD)
- B. Hepatomegaly
- C. Xerosis
- D. aGVHD

Answer: A

Explanation:

This patient is exhibiting integumentary-related chronic graft-versus-host disease (cGVHD) symptoms. Itching may indicate hepatic issues; however, the other symptoms in conjunction with the itching align most likely with cGVHD. Xerosis, or dry skin, may be present, but it is not the underlying issue. The presence of aGVHD occurs prior to day +100.

Question: 2

The nurse is administering the scheduled 0900 medications to a 34-year-old female patient who remains an inpatient after receiving a hematopoietic stem cell transplant for chronic myeloid leukemia 99 days ago. The nurse notes slightly reddened scratch marks to her forearms and abdomen. The patient verbalizes increased tear production and intermittent headaches and states that her skin tone is "different." The patient's morning lab values are as follows:

WBC 2.1
Hgb 11
Platelet count 36,000
BUN 16
Cr 0.9
ALT 38
AST 36

The nurse is suspicious of which one of the following late posttransplant complications?

- A. Acute kidney injury
- B. Hepatic GVHD
- C. Development of cataracts
- D. Pruritus

Answer: B

Explanation:

Hepatic GVHD typically presents very subtly at first manifesting with slight jaundice, pruritis, and mildly elevated liver function tests, as presented above. Acute kidney injury is not an anticipated late posttransplant complication, although this patient's renal function should be closely monitored. Although cataract formation may occur in the late posttransplant setting it is not clearly presented here. Although the nurse can deduce that the patient may be experiencing pruritus, other clinical information directs suspicion to hepatic complications, which often initially present with skin irritation.

Question: 3

A patient's hemoglobin level has remained in the range of 6.0-7.5 in their every-12-hour complete blood count testing from day +11 to day +14. The nurse has been administering at least one unit of packed red blood cells each shift. Which one of the following medications would the nurse anticipate administering, related to an associated early posttransplant complication?

- A. Defibrotide
- B. Deferasirox
- C. Diflucan
- D. Doxycycline

Answer: B

Explanation:

The extent of this patient's transfusion dependency puts him at risk for iron overload, a common complication in the early posttransplant setting. Deferasirox is an iron-chelating agent, binding excessive iron stores to the stool for excretion via bowel movements. Defibrotide is a medication used to treat sinusoidal obstructive syndrome, a liver-related posttransplant complication. Diflucan is an antifungal, and doxycycline is an antibiotic—both of which are irrelevant in this scenario.

Question: 4

Which one of the following stem cell donor types puts the recipient at the lowest risk of developing cGVHD?

- A. A 3/5 match umbilical cord donor via the donor registry
- B. A male donating to his father
- C. A male donating to his sister
- D. d. A female, para 1 gravida 1, donating to her brother

Answer: C

Explanation:

A male donating to his sister is representative of an allogeneic sibling transplant, which is the ideal donor type because siblings share the most DNA among the various donor types. Umbilical cord donors are a viable option, but the recipient typically will develop some degree of cGVHD. A son donating stem cells to his father represents a haploidentical donor type, which also will likely lead to cGVHD because they share a quarter of the same DNA. A female donor with a history of pregnancy will put the recipient at risk for cGVHD because the donor has been exposed to the fetus' DNA and thus has had exposure to other antibodies and antigens.

Question: 5

A 46-year-old female patient who is 112 days posttransplant was previously treated with deferasirox, metoprolol, defibrotide, high-dose prednisone, dexamethasone, and topical corticosteroid creams. She continues to complain of severe pruritis and xerosis, and she notes new shiny striae scattered across her body. Which one of the following would be a beneficial intervention for this patient?

- A. Increased dosing of oral steroids
- B. Initiation of calcineurin inhibitors
- C. Increased dosing of granulocyte colony-stimulating factors
- D. Extracorporeal photopheresis

Answer: D

Explanation:

Extracorporeal photopheresis is a process in which WBCs are collected from the patient, treated and exposed to ultraviolet light, and returned to the patient intravenously. It is a treatment option for transplant recipients with cGVHD whose symptoms have not responded to aggressive steroid therapies. This patient was already receiving various high-dose oral steroids as well as steroid creams. Calcineurin inhibitors are used for the treatment of bronchiolitis obliterans, yet the patient is not exhibiting pulmonary complications. Increased dosage of a granulocyte colony-stimulating factor would not benefit this patient.

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