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Phlebotomy-Technician

NHA Phlebotomy Technician Certification Exam (CPT)



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Question: 1

Which of the following actions should the phlebotomist take after filling the last tube of a venipuncture procedure?

- A. Withdraw the needle from the puncture site.
- B. Apply a cotton ball at puncture site.
- C. Clean the puncture site with an antiseptic.
- D. Place a warm compress at the puncture site.

Answer: A

Explanation:

After the last tube has filled, the phlebotomist must complete the venipuncture termination sequence safely. The correct action from the choices is to withdraw the needle from the puncture site. In routine venipuncture, the tourniquet is released before needle removal, then the needle is withdrawn smoothly, the safety device is activated, and pressure is applied with clean gauze or cotton only after the needle is out. Applying cotton while the needle is still inserted can cause the needle to cut or traumatize the vein. Cleaning the site with antiseptic occurs before puncture, not after collection. A warm compress is not part of routine completion; it may be used only for selected complications or difficult venous access before collection. The NHA CPT outline specifically includes standard tourniquet removal, needle removal, safety-device use, post-procedural care, and bandaging as routine blood collection competencies. Reference topics: Routine Blood Collections; removing tourniquet, tubes, and needle; post-procedural patient care.

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Question: 2

Which of the following methods should a phlebotomist use to anchor a vein?

- A. Use the thumb of the free hand below the puncture site.
- B. Use the first two fingers of the nondominant hand above the puncture site.
- C. Use the thumb of the free hand above the puncture site.
- D. Use the first two fingers of the nondominant hand below the puncture site.

Answer: A

Explanation:

The vein is anchored by placing the thumb of the free hand below the intended puncture site and gently pulling the skin taut. This stabilizes the vein, reduces rolling, creates a firmer puncture surface, and supports accurate needle entry. Anchoring above the site is unsafe because it places the phlebotomist's hand in the direction of needle travel and increases needlestick risk. Using two fingers instead of the thumb provides less controlled traction and may interfere with the venipuncture angle or contaminate the prepared site. The phlebotomist should avoid touching the cleansed puncture site after antisepsis unless the site is re-cleansed. Proper anchoring is especially important for superficial or mobile veins because failure to stabilize the vein can cause missed access, hematoma formation, probing, patient discomfort, or specimen collection failure. The NHA CPT outline identifies anchoring the vein below the venipuncture site and knowledge of anchoring techniques as routine venipuncture competencies. Reference topics: Routine Blood Collections; site selection; anchoring below venipuncture site; venous anatomy and safe insertion technique.

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Question: 3

Which of the following should a phlebotomist review on a requisition prior to collection for an outpatient draw?

- A. Medications
- B. Specimen requirements
- C. Insurance authorization
- D. Allergies

Answer: B

Explanation:

Before collecting an outpatient specimen, the phlebotomist must review the requisition to confirm what test is ordered and what specimen requirements apply. Specimen requirements include tube type, additive, minimum volume, handling conditions, fasting status, timing, temperature, light protection, and whether the specimen requires special processing or transport. This step prevents preanalytical errors such as collecting the wrong tube, insufficient volume, wrong timing, or improperly handled specimens. Medications and allergies can be clinically relevant during patient interview, but they are not the primary item reviewed on the requisition for collection accuracy unless the test requirement specifically involves medication timing or patient compliance. Insurance authorization is administrative and should not drive the technical collection step. The requisition is the controlling document for collection, because it links patient identification, ordering provider, diagnosis or test code, test priority, and ordered tests. The NHA CPT outline includes obtaining, reviewing, and verifying orders or requisitions, confirming testing requirements, and understanding requisition field requirements. Reference topics: Patient Preparation; requisition review; testing requirements; specimen requirements; outpatient collection workflow.

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Question: 4

A phlebotomist uses a point-of-care instrument to perform a prothrombin time/INR test on a patient that results in a critical value. Which of the following type of medication should the phlebotomist expect to see on the patient's medication list?

- A. Opioids
- B. Antidiabetics
- C. Anticoagulants
- D. Statins

Answer: C

Explanation:

A prothrombin time/INR test evaluates the extrinsic and common coagulation pathways and is commonly used to monitor anticoagulant therapy, especially warfarin. Therefore, when a PT/INR point-of-care result is critically abnormal, the medication category most expected on the patient's list is anticoagulants. Anticoagulants interfere with clot formation and can prolong PT/INR values, creating an increased bleeding risk if outside the therapeutic range. Opioids are analgesics and do not directly monitor through PT/INR. Antidiabetics are associated with glucose monitoring, not coagulation testing. Statins are lipid-lowering medications and are usually monitored through lipid panels and liver-related considerations, not PT/INR. A critical PT/INR value must be handled according to facility policy, documented accurately, and reported through the correct clinical pathway; the phlebotomist does not interpret or treat the result independently. The NHA CPT outline covers point-of-care testing, critical values for POC and CLIA-waived testing, hemostasis, coagulation, and reporting requirements. Reference topics: Special Collections; point-of-care testing; hemostasis and coagulation; critical value reporting.

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Question: 5

Which of the following is required for a midstream clean-catch urine specimen?

- A. Filling the specimen container to the lid
- B. Using a sterile container
- C. Labeling the container lid
- D. Cleansing the area with alcohol wipes

Answer: B

Explanation:

A midstream clean-catch urine specimen requires use of a sterile specimen container because the purpose is to reduce contamination from skin flora, genital secretions, and environmental organisms. The patient is instructed to clean the area using the facility-provided cleansing materials, begin voiding, then collect the midstream portion without touching the inside of the container or lid. Filling the container to the lid is not required and can create leakage, contamination, or transport problems. Labeling the lid is incorrect because the label must be placed on the specimen container itself; lids can be separated or switched. Cleansing with alcohol wipes is also not the standard answer because urine collection kits typically use antiseptic cleansing towelettes designed for clean-catch collection, not alcohol as the defining requirement. The phlebotomist must provide clear patient instructions and verify that the specimen is properly labeled and handled. The NHA CPT outline includes non-blood specimen collection, patient instructions for urine specimens, specimen handling, and processing requirements. Reference topics: Special Collections; non-blood specimen collection; urine specimen instructions; specimen integrity.

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