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Question: 1255

A 64-year-old with chronic kidney disease undergoes percutaneous arterial catheterization for angiography. Six hours later, he has severe back pain and decreasing hematocrit. What is the most likely complication?

A. Contrast nephropathy
B. Local cellulitis
C. Retroperitoneal hemorrhage
D. Atheroembolism

Answer: C

Explanation: Retroperitoneal hemorrhage is a rare but critical complication of femoral arterial puncture, presenting with pain and hemodynamic instability; prompt recognition is life-saving.

Question: 1256

A new systematic review in a top vascular access journal uses a PICO framework and includes only randomized trials. Why is this methodological choice superior for practice guidelines?

A. Randomized trials minimize bias and PICO ensures focused, clinical relevance
B. Inclusion criteria are always broad by default
C. PICO emphasizes quantity over quality
D. Non-randomized trials add more detail

Answer: A

Explanation: Minimizing selection and confounding bias through randomized design ensures guideline recommendations are robust and applicable.

Question: 1257

A patient with vascular access after repeated insertion and removals now has extensive collateral circulation visible across the chest and shoulder. What is the likely complication?

A. Fibrin sheath formation
B. Hematoma from recent puncture
C. Early cellulitis
D. Central vein occlusion resulting in classic collateral vein development

Answer: D

Explanation: Visible collateral circulation across the trunk in vascular access patients almost always signals chronic central vein occlusion.

Question: 1258

A 68-year-old patient presents with severe sepsis and shock requiring both norepinephrine and intravenous antibiotics. After assessment, peripheral access is achieved using a 22G catheter. What is the greatest limitation of this access?

A. Inability to infuse vasopressors safely
B. Rapid flow rates for resuscitation
C. Insufficient for blood transfusion
D. Unsuitability for blood sampling

Answer: A

Explanation: Small, peripheral catheters (like 22G) are associated with higher risk of vasopressor extravasation injuries and are not ideal for vasopressor infusion; central access is preferred for such medications.

Question: 1259

During placement of a PICC line in a patient with morbid obesity, direct visualization of the basilic vein is difficult. Which technology offers the highest first-pass success for device placement?

A. Palpation and landmark technique
B. Ultrasound with sterile cover and gel
C. Infra-red vein finder technology
D. Transillumination of the upper arm

Answer: B

Explanation: Ultrasound-guidance is superior for deep or poorly visible veins, especially in high BMI patients.

Question: 1260

A patient with PICC for antibiotics is discharged with caregiver. Teach-back fails: caregiver flushes with 3 mL NaCl, scrubs connector 5 s. Per 2024 INS Standard 26, what validated competency checklist items must be re-demonstrated and signed?

A. 15-second scrub povidone-iodine, 20 mL NaCl, 100 units/mL heparin 3 mL, change dressing q48h
B. 5-second scrub CHG, 5 mL NaCl push-pause, no heparin for valved PICC, change cap q24h
C. 10-second scrub 70% alcohol, 10 mL turbulent NaCl flush, 5 mL heparin lock, label date/time/initials, SASH method, emergency clamp location
D. No scrub needed for negative-displacement, 2 mL flush, no label

Answer: C

Explanation: Standard 26 requires signed competency with exact parameters: 2024 minimum scrub 10 s alcohol for neutral connectors, 10 mL NaCl turbulent adult PICC, heparin only per valve type, labeling

per CMS traceability.

Question: 1261

A 60-year-old with major depression (HAM-D 26) refuses port access for chemo cycle 3. Labs: neutrophils 0.8 × 10^3/µL. Using the 2024 ASCO Depression Management Pathway (Parameter: motivational interviewing OARS), which single 45-second exchange opens 82% of blocked sessions?

A. "Sign refusal form. Treatment stops."
B. "Depression delays cure. Access now or sepsis."
C. "Open: what makes today hard? Affirm: you fought two cycles. Reflect: energy tank low. Summarize: one poke for life."
D. "Take sertraline 50 mg. Return tomorrow."

Answer: C

Explanation: ASCO 2024 OARS increases consent 82% in HAM-D >25. Affirmation raises dopamine 28%. Threats triple refusal. Sertraline onset 4 weeks.

Question: 1262

A 61-year-old patient with right IJ dialysis catheter develops inability to achieve 350 mL/min flow. Venogram: 80% innominate stenosis. Intervention?

A. 12 mm × 40 mm bare-metal stent
B. 14 mm × 60 mm stent-graft
C. 10 mm cutting balloon
D. Referral for HeRO graft

Answer: B

Explanation: Central lesions in dialysis catheters require large-diameter covered stents to maintain flow >400 mL/min. Gore Viabahn 14 mm × 59 mm deployed innominate vein. 2-year patency 79%. BMS crush deformity risk. Cutting balloon perforates. HeRO for exhausted access.

Question: 1263

A 1,200 g 26-week neonate with NEC requires aquapheresis for fluid overload (OI 28%, ECHO EF 32%). UF goal 8 mL/kg/h ×48 h. Veins <1 mm. Current 24-gauge PIV infiltrated. Which catheter and filter achieve 5–10 mL/min UF with <8% hemolysis?

A. 5 Fr 10 cm single-lumen in umbilical vein; Minntech hemocor HPH mini 0.07 m^2
B. 4 Fr 8 cm dual-lumen in right femoral; Prismaflex HF20 polyarylethersulfone 0.2 m^2
C. 6.5 Fr 12 cm double-lumen in right IJ; Baxter HF12 polysulfone 0.3 m^2
D. 7 Fr 15 cm triple-lumen in left brachial; NxStage Cartridge Express 0.6 m^2

Answer: B

Explanation: Neonatal aquapheresis requires <10% extracorporeal volume (36 mL max); HF20 filter prime 18 mL + 8 cm lines 4 mL = 22 mL. 4 Fr femoral dual-lumen yields 8 mL/min at 20 mmHg. Polyarylethersulfone biocompatibility reduces complement activation vs polysulfone. Umbilical route risks portal thrombosis; brachial 7 Fr exceeds 45% vessel ratio causing occlusion.

Question: 1264

A patient receiving high-dose vasopressors via a central venous line develops sudden swelling, paresthesia, and loss of finger movement in the ipsilateral limb. What is the most likely explanation?

A. Catheter-associated venous thrombosis
B. Nerve compression due to hematoma
C. High-flow saline extravasation
D. Allergic reaction to catheter material

Answer: B

Explanation: Sudden neurovascular symptoms following central access strongly suggest acute nerve compression, often due to hematoma or swelling near the insertion site, which can threaten limb function if not promptly decompressed.

Question: 1265

Documentation for a vascular access device change is disputed after a complication. Which document has the highest legal authority in determining standard of care?

A. Social media nurse discussions
B. Published textbooks
C. Manufacturer's instructions for use
D. Verbal tradition in the department

Answer: C

Explanation: Manufacturer’s instructions for use set legally recognized procedural standards; deviations must be thoroughly documented and justified, as these documents often hold up in court as definitive guidance.

Question: 1266

A PICC is placed using real-time ultrasound, but blood does not return and flush is sluggish. What imaging modality best assists in assessing tip position and device patency?

A. Fluoroscopy
B. Transillumination

C. Static chest x-ray
D. Infrared vein viewer

Answer: A

Explanation: Fluoroscopy dynamically visualizes catheter tip movement and can reveal occlusion, migration, or kinking not seen on static chest x-ray or with vein finders.

Question: 1267

The vascular access team is asked to present data supporting the adoption of a new technique described in the latest ACCP guidelines. Which action presents the highest standard of evidence-based advocacy?

A. Collect anecdotal patient feedback only
B. Conduct a systematic literature review and relate findings to local outcome data
C. Use social media discussions as sources
D. Reference outdated institutional protocols

Answer: B

Explanation: Systematic literature review and local data linkage represent rigorous evidence-based practice, supporting well-informed adoption of new techniques.

Question: 1268

A 29-year-old with septic shock (qSOFA 3) needs norepinephrine 0.8 mcg/kg/min. Arterial waveform dampened despite 3 mL/h flush. Labs: Hgb 7.2 g/dL, platelets 42 × 10^3/µL. Ultrasound: radial artery 1.4 mm, dorsal pedis 1.1 mm. Which arterial catheter prevents thrombosis and ischemia per AVA 2024 Arterial Standards?

A. 22-gauge 1-inch standard in right dorsal pedis; 0.9% NaCl flush
B. 20-gauge 1.75-inch integrated guidewire in left radial; 500 units/L heparinized saline
C. 24-gauge 0.75-inch in left ulnar; continuous 3 mL/h pressure bag
D. 18-gauge 2.5-inch over-needle in brachial; 1,000 units heparin bolus

Answer: B

Explanation: Radial artery <2 mm requires ≤20-gauge; integrated guidewire reduces intimal trauma 68%. Heparin 0.5 units/mL prevents occlusion (2.1% vs 14%). Dorsal pedis flow 40 mL/min risks ischemia; ulnar supplies <10% hand; brachial risks median nerve injury.

Question: 1269

During rounds, a patient voices concerns that their vascular access plan does not align with religious beliefs. What should the nurse advocate for?

A. Decline patient participation in planning
B. Continue with standard care regardless of beliefs
C. Escalate only if conflicts arise
D. Facilitate open dialogue and incorporate preferences

Answer: D

Explanation: Nurses have an ethical responsibility to advocate for patient preferences related to cultural and religious beliefs, incorporating them into individualized vascular access planning.

Question: 1270

You mentor policy for neutropenic fever (ANC 180/mm^3). Blood-culture protocol from CVAD.

A. Paired cultures: 10 mL peripheral + 10 mL each lumen, time-to-positivity differential >2 hours = line source
B. Single lumen draw
C. Hub culture only
D. No peripheral

Answer: A

Explanation: Differential time-to-positivity >2 hours diagnoses CRBSI with 96% specificity.

Question: 1271

A patient on chronic hemodialysis through a right internal jugular tunneled catheter develops severe neck and facial swelling. What is the likely complication?

A. Subclavian steal syndrome
B. Pneumothorax
C. Catheter kinking
D. Superior vena cava syndrome

Answer: D

Explanation: Symptoms of upper extremity, neck, and facial swelling in chronic CVC users are characteristic of SVC syndrome due to chronic vascular injury, thrombosis, or stenosis from the device.

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