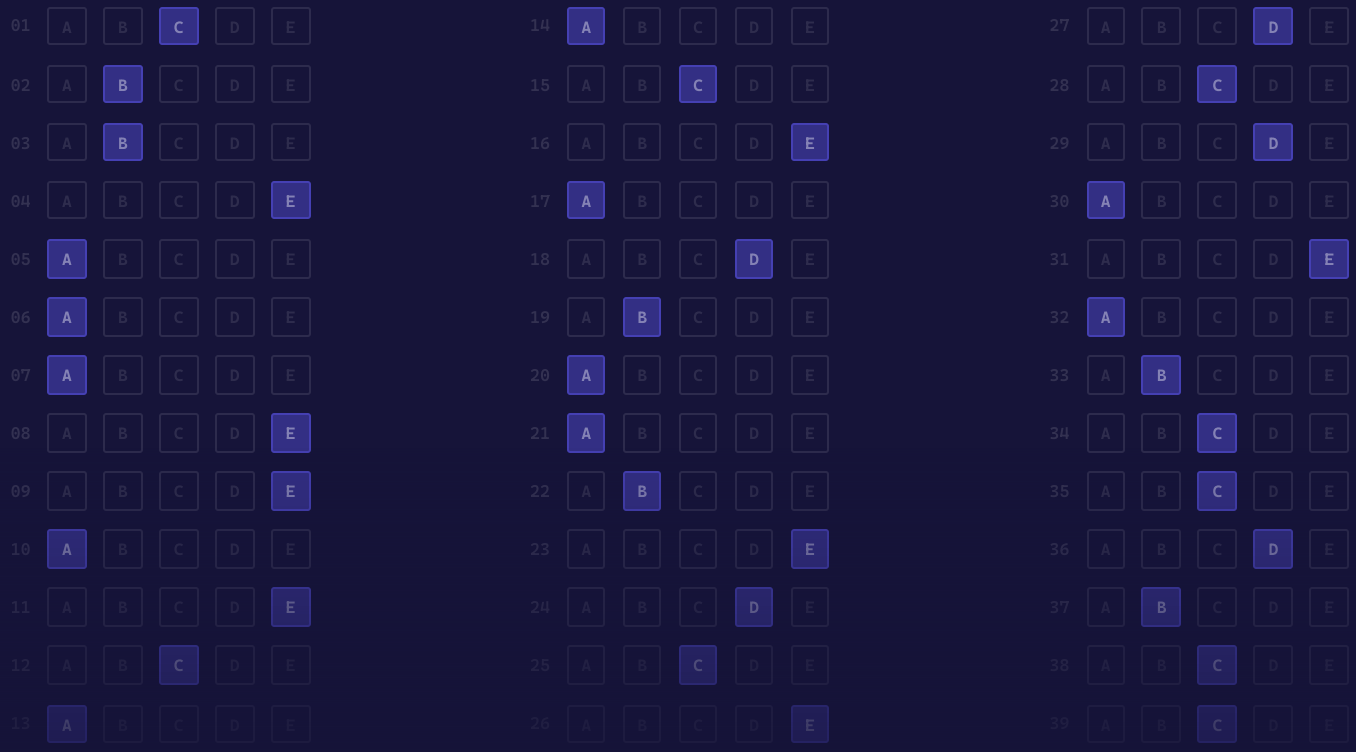
MOMETRIX
SMARTER PREP. BETTER RESULTS.



PRACTICE QUESTIONS

National Health Regulatory Authority (NHRA)

PHLE

Phlebotomist.

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

WEB www.mometrix.net

SUPPORT support@mometrix.net

Before you begin

What this is

9 practice questions for National Health Regulatory Authority (NHRA) `PHLE`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `PHLE`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1 SINGLE CHOICE

Which of the following is the most effective method for preventing needlestick injuries during phlebotomy procedures?

A Recapping the needle using a one-handed scoop technique

B Using needles with engineered safety features and activating them immediately after withdrawal

C Disposing of needles only after completing the entire blood draw procedure

D Wearing double gloves during every venipuncture

ANSWER B

WHY Needles with engineered safety features (e.g., retractable or shielded needles) that are activated immediately after withdrawal are the most effective way to prevent needlestick injuries, in line with OSHA Bloodborne Pathogens Standard and NHRA phlebotomy safety guidelines. Recapping is generally discouraged (one-handed scoop is only an exception when no alternative exists). Double-gloving offers some protection but is not the primary engineering control recommended.

QUESTION 2 SINGLE CHOICE

A blood culture set is collected from a patient. What is the correct order of draw and handling for the aerobic and anaerobic bottles?

A Anaerobic bottle first, then aerobic bottle, both inoculated and sent to the laboratory immediately

B Aerobic bottle first, then anaerobic bottle, both inoculated and sent to the laboratory immediately

C Either bottle first, refrigerated at 4 °C before transport

D Both bottles after a red-top tube, then held at room temperature for 2 hours

ANSWER B

WHY For blood culture collections, the standard practice is to inoculate the aerobic bottle first, followed by the anaerobic bottle, to minimize air contamination of the anaerobic bottle. Blood culture bottles should be transported to the laboratory as soon as possible — they should not be refrigerated or delayed, since most pathogens require room temperature preservation.

QUESTION 3 SINGLE CHOICE

Which site is the preferred location for routine venipuncture in an adult patient?

A Dorsal hand veins

B **Antecubital fossa (median cubital, cephalic, or basilic veins)**

C Wrist veins near the radial artery

D Femoral vein

ANSWER **B**

WHY The antecubital fossa is the preferred site for routine adult venipuncture because the median cubital, cephalic, and basilic veins are large, accessible, and well-anchored, reducing the risk of hematoma and nerve injury. Hand and wrist veins are less stable and closer to nerves/arteries, while the femoral vein is reserved for special clinical situations due to higher complication risk.

QUESTION 4 SINGLE CHOICE

After completing a venipuncture, what is the correct action regarding the contaminated needle and holder?

A Detach the needle and place it in a sharps container while the holder is reused

B **Discard the entire needle-and-holder unit as a single piece into an approved sharps container**

C Recap the needle and dispose of the holder in the regular biohazard bag

D Place the needle in a sharps container and the holder in a red biohazard bag

ANSWER **B**

WHY Best practice and OSHA/NHRA-aligned guidance require disposing of the needle attached to the holder into a puncture-resistant sharps container immediately after use. Detaching needles increases the risk of needlestick injury, and holders contaminated with blood are generally treated as sharps waste rather than regular biohazard waste.

QUESTION 5 SINGLE CHOICE

What is the correct order of draw for the following evacuated tubes: light blue (sodium citrate), red (no additive), SST (gel separator), and lavender (EDTA)?

A Red, light blue, SST, lavender

B Light blue, red, SST, lavender

C Light blue, SST, red, lavender

D Lavender, light blue, red, SST

ANSWER B

WHY The CLSI/NHRA-recommended order of draw is: blood cultures first, then light blue (citrate for coagulation), red (no additive/clot activator), SST (serum separator), and lavender (EDTA) last. This order minimizes carryover of additives that could interfere with coagulation studies and prevents contamination of subsequent tubes.

QUESTION 6 SINGLE CHOICE

During a venipuncture, the patient reports sharp, electric-shock-like pain radiating down the arm. What is the most likely complication and the correct response?

A Hematoma formation — apply firm pressure for 5 minutes

B Nerve injury — immediately release the tourniquet and withdraw the needle

C Syncope — lower the patient's head between the knees

D Phlebitis — apply a warm compress and continue the draw

ANSWER B

WHY Sharp, electric-shock pain radiating down the arm is the classic sign of nerve contact or injury. The correct response is to immediately stop the draw: release the tourniquet and withdraw the needle, then document and report the incident. Hematoma produces swelling/bruising, syncope produces dizziness/fainting, and phlebitis is inflammation seen after the draw, not radiating nerve pain during it.

QUESTION 7 SINGLE CHOICE

Before performing a venipuncture, the phlebotomist must verify patient identity. Which two identifiers are required, per standard NHRA-aligned protocols?

A **Full name and date of birth**

B Full name and room number

C Date of birth and attending physician

D Patient ID number and bed location

ANSWER **A**

WHY Standard patient-identification protocols (NHRA and Joint Commission/NPSA-aligned) require at least two unique identifiers — typically the patient's full name and date of birth — to be actively confirmed by the patient or their wristband. Room number, bed location, and physician name are not considered reliable unique identifiers because they can change or be duplicated.

QUESTION 8 SINGLE CHOICE

When performing a fingerstick capillary puncture, the first drop of blood should be:

A Used directly for the test, especially for glucose monitoring

B **Wiped away with gauze, as it contains tissue fluid that may alter results**

C Collected into the EDTA microtainer first

D Mixed immediately with the anticoagulant on the strip

ANSWER **B**

WHY The first drop of blood from a capillary puncture typically contains interstitial/tissue fluid and may give inaccurate results, especially for glucose testing. It should be wiped away with clean gauze, and the subsequent free-flowing drop is used for the test. This is consistent with CLSI and NHRA capillary puncture guidance.

QUESTION 9 MULTIPLE CHOICE

A phlebotomist is performing a venipuncture and observes a hematoma beginning to form under the skin at the puncture site. Which two actions should the phlebotomist take immediately? (Choose two.)

A **Release the tourniquet and withdraw the needle**

B **Apply firm pressure to the site for 5 minutes**

C Continue filling the current tube to complete the specimen

D Reapply the tourniquet above the hematoma and attempt a new site

E Notify the patient's nurse and document the incident

ANSWER **A** · **B**

WHY When a hematoma begins to form during venipuncture, the phlebotomist must immediately release the tourniquet and remove the needle to prevent further blood from leaking into the tissue. Firm pressure should then be applied to the site for several minutes to control bleeding. The phlebotomist should not continue drawing, as this worsens the hematoma and compromises specimen quality. Reapplying the tourniquet is contraindicated because it increases pressure and bleeding. Notification and documentation are part of standard incident reporting but are not the immediate clinical actions; the priority is to stop the bleeding.