Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pre-Course Assessment:

1. Symptoms of childhood cancers are:
	1. Very specific
	2. Often similar to symptoms of common childhood illnesses
	3. Always localized to the specific site of disease
	4. Always systemic

2. Neuroblastoma, Wilms Tumor and Retinoblastoma are more common in children between ages of:

* 1. 15-20 years
	2. Newborn and 5 years
	3. 6-10 years
	4. 11-14 years

3. Which of the following chemotherapy agents is associated with delayed nausea and vomiting (typically 48-72 hours after chemotherapy is given)?

* 1. Cytarabine
	2. Cisplatin
	3. Cyclophosphamide
	4. Doxorubicin

4. Which of the following is/are late effects associated with steroid treatment?

* 1. Decreased bone mineral density
	2. High frequency hearing loss
	3. Decreased linear growth
	4. Renal failure

5. A 14yr old boy who plays a lot of sports got injured about 6 weeks ago. He has no history of weight loss, no fever, but he continues to have pain and obvious hard swelling about his right knee. The most likely diagnosis is:

* 1. Bone metastasis from Wilms Tumor
	2. Bone metastasis from Neuroblastoma
	3. Ewing’s Sarcoma
	4. Osteosarcoma

6. Neurotoxicity frequently occurs with which of the following chemo agents:

* 1. Anthracycline like Doxorubicin
	2. Cyclophosphamide
	3. Vincristine
	4. Bleomycin

7. Which drug will result in death of the patient if given intrathecally?

* 1. Vincristine
	2. Methotrexate
	3. Hydrocortisone
	4. Cytarabine

8. What is the most likely late effect of therapy in survivors of Wilms’ Tumor treated with chemotherapy and radiation?

* 1. Lack of breast development
	2. Cardiac failure
	3. Hypertension
	4. All of the above

9. Which of the following chemotherapy agents is known to be a significant risk factor for second malignancies?

* 1. Vincristine
	2. Mercaptopurine
	3. Prednisone
	4. Etoposide

10. A mediastinal mass is

* 1. Considered an oncologic emergency
	2. Located between the pelvis and diaphragm
	3. Most commonly associated with sarcomas
	4. Often an incidental finding on a routine chest x-ray

11. Leukocytosis is:

* 1. A low platelet count
	2. A high Hbg
	3. A low RBC count
	4. A high WBC count

12. Patients with Neutropenia

* 1. Are at risk for developing a bacterial infection
	2. Have an absolute neutrophil count greater than 1,500
	3. Have a high WBC and a high percentage of neutrophils
	4. Do not have a greater risk of infections

13. Common symptoms of childhood leukemia include:

* 1. Fatigue, bruising, bone pain
	2. Diarrhea, abdominal pain, rash
	3. Weight gain, headaches, pruritus
	4. Palpitations, chest pain, nausea

14. A chest x-ray should be obtained in all children with a suspected diagnosis of leukemia to

* 1. Rule out pneumonia
	2. Determine central line placement
	3. Look for a mediastinal mass
	4. Check for rib fracture

15. Central Nervous System (CNS) preventive therapy in childhood ALL is given

* 1. Orally
	2. Intramuscularly
	3. Intrathecally
	4. Subcutaneous

16. When therapy is initiated for NHL, patients are at risk for development of:

* 1. Neurotoxicity
	2. Pancreatitis
	3. Tumor Lysis syndrome
	4. Hyperbilirubinemia

17. The first change seen in children with altered neurologic status is usually

* 1. Change in vital signs
	2. Change in pupillary reaction
	3. Change in mental status
	4. Change in pain response

18 . Palpation of the abdomen should be minimized in patients with suspected Wilms Tumor because

* 1. Palpation causes significant pain
	2. The tumors are usually small and difficult to palpate
	3. The tumor may rupture, causing the tumor to spread
	4. Palpation may cause the tumor to bleed into the kidney

19. Bradycardia in an infant:

* 1. May be due to fever
	2. Is less than 60 bpm in an unresponsive child and is an indication for resuscitation (BLS)
	3. Is an early sign of bleeding
	4. Is an early sign of respiratory distress

20. To achieve maximum cell kill, chemotherapy is given

* 1. Intravenously
	2. In repeated doses
	3. Early in the morning
	4. One time in a high dose

21. Palliative chemotherapy is designed to

* 1. Provide comfort
	2. Eradicate cancer
	3. Extend the length of life
	4. Prevent the cancer from returning

22. Cell-cycle specific chemotherapy agents are most effective during which phase of the cell cycle?

* 1. All phases
	2. Intermediate phase
	3. Active phase
	4. Resting phase

23. Which of the following types of tumors does not include radiation as part of standard treatment?

* 1. Osteosarcoma
	2. Lymphoma
	3. Neuroblastoma
	4. PNET (brain tumor)

24. Which chemotherapy drug may increase the toxicity of radiation given to the lungs?

* 1. Bleomycin
	2. Vincristine
	3. Methotrexate
	4. Cisplatin

25. If bacteremia is suspected in a central venous access device, it is important for the nurse to

* 1. Start a peripheral IV and not use the central line
	2. Flush BID with heparin to keep the line open
	3. Deliver antibiotics and alternate lumen (if double lumen)
	4. Change the dressing daily

26. The antibiotic Bactrim/Sentra prophylaxis in the immunocompromised Patient is intended to prevent

* 1. Pneumocystis Pneumonia (PCP)
	2. Central venous catheter infection
	3. Mucositis
	4. Pancreatitis

27. A patient received chemotherapy 13 days ago. His gums are bleeding and he has petechia. The nurse should anticipate a:

* 1. Red blood cell transfusion
	2. Platelet transfusion
	3. Fluid Bolus
	4. Antibiotic Administration

28. The best way to address chemotherapy-induced nausea and vomiting is to

* 1. Control the environment and odors
	2. Pre-medicate with anti-emetics
	3. Give antibiotics when patient is nauseated
	4. Give steroids with anxiolytics after the patient begins vomiting

29. A child is admitted with fever and is vomiting. Paracetamol is ordered for fever. Which of the following would be the nurse’s best intervention?

* 1. Give the paracetamol via a rectal suppository
	2. Obtain an order for oral ibuprofen instead of paracetamol
	3. Try to decrease the fever with ice packs until the child stops vomiting
	4. Administer an antiemetic prior to oral paracetamol

30. Hyperleukocytosis is associated with which of the following malignancies?

* 1. AML and ALL
	2. CNS tumors
	3. Hodgkin disease
	4. Rhabdomyosarcoma

31. A child newly diagnosed with Burkitt Lymphoma is complaining of numbness and tingling in his hands and feet and has a decreasing urine output. The labs show high Potassium, Phosphorus and Uric acid level. Which of the following doctor’s orders should the nurse anticipate receiving?

* 1. Hyperhydration and alkalynization
	2. Obtain blood cultures and begin IV antibiotics
	3. Administer PRBC’s
	4. Administer Hydrocortisone and Epinephrine

32. A child is admitted to the hospital with a fever and cough. Recent history includes completion of chemotherapy 9 days ago. Which of the following orders should the nurse implement first?

* 1. Obtain Urine culture
	2. Obtain a chest x-ray
	3. Give paracetamol and begin IV hydration
	4. Obtain blood cultures and begin IV fluids and antibiotics

33. A child is admitted with sepsis and is given several NS boluses and a dose of antibiotics. Which of the following signs requires immediate attention?

* 1. Hypotension
	2. Warm, flushed skin
	3. Adequate urine output
	4. Bounding peripheral pulses

34. Which of the following are signs/symptoms of disseminated intravascular coagulation (DIC)?

* 1. Erythema, flushing and fever
	2. Petechiae, purpuric rash, and diffuse bleeding
	3. Severe abdominal pain and distention
	4. Cyanosis of face, neck, upper arms, and chest

35. A nurse prepares to give Asparaginase. What should he/she have readily available.

* 1. Antiemetics
	2. Fluids
	3. Anaphylactic kit/emergency equipment
	4. Supplies/ medications to manage extravasation symptoms

36. A child is experiencing bone pain. The doctor orders paracetamol for moderate pain and morphine for severe pain. The child rates his pain 8 out of 10. The appropriate intervention is to:

* 1. Give paracetamol
	2. Give morphine
	3. Provide him with a heat pack
	4. Reassess in one hour

37. Which of the following interventions is most likely to reduce pain and anxiety for a child undergoing a painful procedure?

* 1. Advanced preparation with talking about what the procedure will be like
	2. Don’t talk about the procedure with the child
	3. Do not inform the child of the procedure ahead of time
	4. Perform the procedure and all related activities as quickly as possible

38. The main goal of end of life care is to

* 1. Prevent overdosing of pain medication in the patient with pain
	2. Provide freedom from pain while enhancing the quality of remaining life
	3. Show the family that everything possible has been done to cure the child
	4. Dissociate from the family so they will not depend on you when they are home

39. Long term hearing loss is often seen with which chemotherapy agent?

* 1. Doxorubicin
	2. Methotrexate
	3. Cisplatin
	4. Cytarabine

40. Newly admitted Leukemia patients need all of the following tests done:

* 1. Peripheral blood drawn
	2. Chest x-ray
	3. ECHO
	4. All of the above

41. When preparing a patient for a sedated procedure, the nurse should:

* 1. Make sure the patient has not eaten in 6 hours
	2. Check oxygen supplies
	3. Have suction and catheters in the room
	4. All of the above

42. A patient on steroid treatment may have the following acute side effects, EXCEPT:

* 1. Increase appetite
	2. Decrease in blood sugar levels
	3. More emotional outbursts
	4. Gain weight, especially in the face area

43. When giving a red blood cell transfusion, recommendations include all, except:

* 1. Use an in-line filter
	2. Give the blood over 6 hours
	3. Get baseline vital signs and after 15minutes of start
	4. Transfuse for Hb level less than 8

44. What is the single most effective method of preventing the transmission of organisms between patients and objects in the care environment?

* 1. Patients with an infection on Precautions
	2. Patients receive antibiotics
	3. Hand hygiene before and after patient contact
	4. Wear gloves

45. Which of the following is not considered a portal of entry for bacteria?

* 1. Eyes
	2. Nose
	3. Mouth
	4. Intact Skin

46. A patient is the ward has been having diarrhea for several days. What intervention would be appropriate for the nurse to do?

* 1. Put the patient in an isolation room under Contact Precaution
	2. Put the patient in an isolation room under Airborne Precaution
	3. Do nothing as the diarrhea will most likely resolve in a few days
	4. Move the patient to another ward

47. Haemorrhagic Cystitis may occur with which of the following chemotherapy agents?

* 1. Etoposide
	2. Ifosfamide
	3. Cytarabine
	4. Vincristine

48. Your patient is Neutropenic and is complaining of pain. What would be the appropriate action to take by the nurse?

* 1. Give paracetamol for pain
	2. Take a temperature first, and then decide which medication is appropriate
	3. Use rectal paracetamol
	4. Take temperate first, but then give paracetamol regardless of temperature

49. If a patient is complaining of burning, shooting and/or stabbing pain, which type of pain are they most likely experiencing?

* 1. Post-operative pain
	2. Acute pain
	3. Neuropathic pain
	4. Chronic pain

50. When giving frequent pain medication, what side effect should be anticipated?

* 1. Nausea
	2. Diarrhea
	3. Constipation
	4. Vomiting

51. The 3 types of chemotherapy-induced nausea and vomiting include all, except:

* 1. Acute
	2. Delayed
	3. Chronic
	4. Anticipatory

52. All of the following are chemotherapy vesicant, except:

* 1. Doxorubicin
	2. Paclitaxel
	3. Vincristine
	4. Cytarabine

53. David, age 15months, is recovering from surgery to remove Wilms’ tumor. Which findings best indicates that the child is free from pain?

* 1. Decreased appetite
	2. Increased heart rate
	3. Decreased urine output
	4. Increased interest in play

54. The nurse analyzes the lab values of a child with leukemia who is receiving chemotherapy. The platelet count is 19,000 cell/mm3. Based on the lab value which intervention would the nurse document in the plan of care?

* 1. Monitor closely for signs of infection
	2. Temp every 4 hours
	3. Isolation precautions
	4. Use a small, soft toothbrush for mouth cares

55. A child with lymphoma is receiving extensive radiotherapy. Which of the following is the most common side effect of this treatment?

* 1. Fatigue
	2. Seizures
	3. Neuropathy
	4. Lymphadenopathy

56. You are providing care for a new diagnosis ALL patient who started chemo the previous day. You notice an increase in Potassium, Phosphorous, and Uric Acid in the patient’s labs. What do you anticipate the patient is experiencing?

 A. Sepsis

 B. Tumor Lysis Syndrome

 C. Disseminated intravascular coagulation

 D. Anaphylaxis

57. You are giving a blood transfusion to an anemic patient. 10 minutes into the infusion, you notice the patient develops a cough and has hives on the neck and face. You identify this as an allergic reaction, what are your next steps?

1. Speed up the infusion
2. Administer epinephrine
3. Stop the infusion, run NS, and notify the physician
4. Continue the infusion and monitor the patient

58. A finding associated with an abdominal mass may include

1. Engorgement of blood vessels in the neck
2. Syndrome of inappropriate antidiuretic hormone (SIADH)
3. Constipation or diarrhea
4. Spinal cord compression (SCC)

59. The goal of the “induction” phase of childhood ALL treatment is to attain a:

1. Diagnosis
2. Remission
3. Response
4. Cure

60. A nurse should expect that a patient’s nutritional deficits should be supplemented when the patient reaches a weight loss of:

1. 5%-10%
2. 11%-12%
3. 13%-15%
4. Greater than 15%