

PRACTICE EXAM 19: VA-BC SIMULATION (100 QUESTIONS)

This practice exam contains 100 four-option questions modeled on the current VA-BC blueprint. Select the single best answer for each question. For realistic pacing, allow approximately 100 minutes. The official examination uses a scaled passing score of 90 on a 30-140 scale; a raw percentage is not equivalent to that scaled score.

1. During an acute-care unit, which device is most suitable for intermittent long-term therapy when access is infrequent?

- A. A short peripheral catheter as the routine first action
- B. A winged infusion needle left in place
- C. An arterial monitoring catheter as the routine first action
- D. An implanted vascular access port

2. During an outpatient infusion center, what is the best catheter-selection principle for a fragile peripheral vein?

- A. Use the largest gauge to maximize flow as the routine first action
- B. Select a catheter that nearly fills the vessel
- C. Use the smallest gauge and shortest length that supports the prescribed therapy
- D. Choose length without considering vessel depth as the routine first action

3. During a home-care visit, which finding most strongly favors ultrasound-guided device selection?

- A. Target vessels are deep and cannot be reliably palpated
- B. The patient requests a specific catheter color
- C. The prescribed fluid is at room temperature
- D. A dressing change is due the next day

4. During a long-term care facility, for continuous hemodynamic monitoring, which device type is selected?

- A. A midline catheter used for blood sampling
- B. An arterial catheter connected to a pressure-monitoring system
- C. An implanted venous port with no transducer
- D. A short peripheral catheter in the forearm

5. During an emergency department, which factor is essential before selecting a midline catheter?

- A. Whether the patient prefers a chest dressing
- B. Whether central tip confirmation is available
- C. Whether the prescribed infusate is appropriate for peripheral administration
- D. Whether the catheter has multiple lumens

6. During an acute-care unit, a patient needs vesicant therapy for several weeks. Which device characteristic is most important?

- A. A short peripheral catheter in a hand vein
- B. A catheter whose tip terminates in the central circulation
- C. A winged steel needle for repeated infusions
- D. A small peripheral catheter near a joint

7. During an outpatient infusion center, which assessment best guides selection between peripheral and central access?

- A. Therapy properties, anticipated duration, and vessel condition
- B. The clinician's preferred insertion technique as the routine first action
- C. The room where the patient is admitted
- D. The brand stocked most often on the unit

8. During a home-care visit, a patient has advanced kidney disease and may need hemodialysis. Which action best supports vessel preservation?

- A. Place a PICC immediately for reliable access
- B. Use the dominant upper arm for repeated draws
- C. Choose the largest catheter that fits the basilic vein
- D. Avoid unnecessary upper-arm venipuncture and consult the renal team

9. During a long-term care facility, which device is most suitable for intermittent long-term therapy when access is infrequent?

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- C. An implanted vascular access port
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- B. Use the largest gauge to maximize flow as the routine first action
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11. During an acute-care unit, which finding most strongly favors ultrasound-guided device selection?

- A. The patient requests a specific catheter color
- B. The prescribed fluid is at room temperature
- C. A dressing change is due the next day
- D. Target vessels are deep and cannot be reliably palpated

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- A. A short peripheral catheter in a hand vein
- B. A winged steel needle for repeated infusions
- C. A small peripheral catheter near a joint
- D. A catheter whose tip terminates in the central circulation

15. During an emergency department, what is the best way to assess a patient's understanding before consent?

- A. Ask only whether the patient has questions as the routine first action
- B. Provide a brochure without discussion as the routine first action
- C. Ask the patient to explain the procedure and alternatives in their own words
- D. Obtain a signature before giving details as the routine first action

16. During an acute-care unit, which history is most relevant when planning central venous access?

- A. Prior thrombosis, central devices, and chest or neck surgery
- B. Preferred sleeping position only as the routine first action
- C. Recent meal choices and appetite as the routine first action
- D. The brand of peripheral dressing used

17. During an outpatient infusion center, a child becomes distressed when equipment is displayed. Which approach is best?

- A. Proceed silently to avoid increasing anxiety
- B. Use developmentally appropriate explanation and involve the caregiver
- C. Exclude the caregiver from the room
- D. Promise that the procedure will not hurt

18. During a home-care visit, which assessment supports safer access in an older adult with fragile skin?

- A. Evaluate skin integrity, vessel mobility, and tolerance of adhesives
- B. Apply vigorous friction to make veins visible
- C. Choose the hand automatically for convenience
- D. Use the strongest adhesive available as the routine first action

19. During a long-term care facility, a patient with a mastectomy history needs access. What is the best action?

- A. Always prohibit access on that side permanently
- B. Use the affected side without assessment
- C. Insert through any vein that is visible
- D. Assess individual risk and follow the current interdisciplinary plan

20. During an emergency department, before insertion, which assessment most directly reduces avoidable device failure?

- A. Choosing a dressing before meeting the patient
- B. Opening the insertion kit in advance
- C. Reviewing therapy needs, vascular history, and both extremities
- D. Selecting a device solely by patient age

21. During an acute-care unit, a patient reports an adhesive allergy. What is the best initial response?

- A. Identify the prior reaction and plan compatible securement materials
- B. Apply standard adhesive and observe later
- C. Cancel all vascular access procedures as the routine first action
- D. Use additional adhesive to prevent movement

22. During an outpatient infusion center, which finding requires further assessment before using an extremity for access?

- A. Warm hands with equal capillary refill
- B. Visible superficial veins without tenderness
- C. Intact skin over the forearm
- D. Unilateral swelling with unexplained pain

23. During a home-care visit, what is the best way to assess a patient's understanding before consent?

- A. Ask only whether the patient has questions as the routine first action
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- C. Ask the patient to explain the procedure and alternatives in their own words
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- A. Preferred sleeping position only as the routine first action
- B. Prior thrombosis, central devices, and chest or neck surgery
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25. During an emergency department, a child becomes distressed when equipment is displayed. Which approach is best?

- A. Proceed silently to avoid increasing anxiety
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- A. Always prohibit access on that side permanently
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28. During a home-care visit, before insertion, which assessment most directly reduces avoidable device failure?

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- A. Unilateral swelling with unexplained pain
- B. Warm hands with equal capillary refill
- C. Visible superficial veins without tenderness
- D. Intact skin over the forearm

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- A. Ask only whether the patient has questions as the routine first action
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- C. Provide a brochure without discussion as the routine first action
- D. Obtain a signature before giving details as the routine first action

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- A. Preferred sleeping position only as the routine first action
- B. Recent meal choices and appetite as the routine first action
- C. The brand of peripheral dressing used
- D. Prior thrombosis, central devices, and chest or neck surgery

33. During a home-care visit, which preparation best prevents wrong-patient procedures?

- A. Confirm the room number with a visitor
- B. Use two approved identifiers and match them with the order
- C. Ask another patient to identify the person
- D. Rely on recognition from a prior admission

34. During a long-term care facility, what should be verified when preparing an ultrasound probe for insertion?

A. The probe, cable, gel, and barrier support aseptic use

B. The monitor brightness is at maximum

C. The probe label matches the room number

D. The machine has the newest software

35. During an emergency department, which action is appropriate when preparing a needleless connector?

A. Blow on the connector to speed drying as the routine first action

B. Touch the surface after disinfection as the routine first action

C. Flush without inspecting the connector as the routine first action

D. Disinfect the access surface using the approved method and let it dry

36. During an acute-care unit, before a central insertion, what should the team confirm?

- A. Only the catheter color and package size
- B. Only the operator's preferred approach as the routine first action
- C. Indication, site plan, equipment, allergies, and rescue readiness
- D. Only whether the patient has eaten

37. During an outpatient infusion center, a sterile package is damp at one edge. How should it be handled?

- A. Consider it contaminated and replace it
- B. Use it if the contents appear dry
- C. Dry the wrapper with a towel
- D. Open it from the opposite edge

38. During a home-care visit, what is the priority immediately before an aseptic insertion procedure?

- A. Palpate the cleansed site repeatedly as the routine first action
- B. Place supplies on the patient's bed as the routine first action
- C. Open sterile items long before use as the routine first action
- D. Perform hand hygiene and prepare a controlled clean work area

39. During a long-term care facility, after skin antisepsis, the prepared site is accidentally touched. What should occur?

- A. Continue because gloves were worn as the routine first action
- B. Repeat antisepsis and allow the site to dry
- C. Cover the site with gauze only
- D. Rinse the area with sterile water

40. During an emergency department, why must antiseptic solution dry before catheter insertion?

- A. Drying makes the catheter lumen larger
- B. Drying confirms venous blood return as the routine first action
- C. Drying supports antimicrobial action and reduces chemical skin injury
- D. Drying prevents every adhesive reaction as the routine first action

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- B. Ask another patient to identify the person
- C. Rely on recognition from a prior admission
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42. During an outpatient infusion center, what should be verified when preparing an ultrasound probe for insertion?

- A. The monitor brightness is at maximum
- B. The probe, cable, gel, and barrier support aseptic use
- C. The probe label matches the room number
- D. The machine has the newest software

43. During a home-care visit, which action is appropriate when preparing a needleless connector?

- A. Blow on the connector to speed drying as the routine first action
- B. Touch the surface after disinfection as the routine first action
- C. Disinfect the access surface using the approved method and let it dry
- D. Flush without inspecting the connector as the routine first action

44. During a long-term care facility, resistance is felt while advancing a guidewire. What is the safest response?

- A. Stop advancing and reassess rather than forcing the wire
- B. Apply greater pressure until resistance yields
- C. Withdraw the needle while leaving the wire unsupported
- D. Rotate the wire repeatedly without imaging

45. During an emergency department, what is the purpose of maximal sterile barrier precautions for central insertion?

- A. Increase catheter flow through the vessel
- B. Prevent all noninfectious complications as the routine first action
- C. Replace the need for skin antisepsis
- D. Reduce transfer of microorganisms during a high-risk invasive procedure

46. During an acute-care unit, after a difficult peripheral insertion, the catheter flushes but causes swelling. What should occur?

- A. Continue because blood return is optional
- B. Stop use and assess for infiltration or malposition
- C. Increase the flush pressure gradually as the routine first action
- D. Cover the swelling with a tighter dressing

47. During an outpatient infusion center, which action best confirms securement immediately after insertion?

- A. Wrap tape tightly around the entire extremity
- B. Place the connection beneath the patient
- C. Verify the catheter is stabilized without obscuring site assessment
- D. Cover the hub so it cannot be inspected

48. During a home-care visit, why should repeated probing after vessel entry be avoided?

- A. It makes antiseptic ineffective in every case as the routine first action
- B. It always causes an arterial embolus as the routine first action
- C. It prevents any future ultrasound imaging as the routine first action
- D. It increases vessel trauma and the risk of infiltration or hematoma

49. During a long-term care facility, during ultrasound-guided insertion, why should the needle tip remain visible?

- A. To prevent advancing the needle beyond the intended vessel target
- B. To make the ultrasound image brighter as the routine first action
- C. To verify the catheter brand as the routine first action
- D. To eliminate the need for asepsis as the routine first action

50. During an emergency department, what does pulsatile bright-red blood during intended venous access suggest?

- A. Successful entry into a large vein
- B. Normal flow from every peripheral vein
- C. Possible arterial entry requiring immediate evaluation
- D. Catheter occlusion caused by fibrin

51. During an acute-care unit, which insertion practice minimizes mechanical complications?

- A. Select a site where the catheter can be stabilized away from flexion
- B. Place every catheter across a joint as the routine first action
- C. Advance against persistent resistance as the routine first action
- D. Redirect the needle repeatedly while deep as the routine first action

52. During an outpatient infusion center, resistance is felt while advancing a guidewire. What is the safest response?

- A. Apply greater pressure until resistance yields
- B. Stop advancing and reassess rather than forcing the wire
- C. Withdraw the needle while leaving the wire unsupported
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- D. Cover the swelling with a tighter dressing

55. During an emergency department, why should unnecessary lumens be avoided?

- A. Each lumen adds manipulation and potential infection risk
- B. Additional lumens always prevent occlusion as the routine first action
- C. A single lumen cannot deliver medication
- D. Multiple lumens eliminate compatibility concerns as the routine first action

56. During an acute-care unit, what is the best reason to remove a catheter?

- A. A predetermined day has arrived regardless of need
- B. The patient is sleeping comfortably as the routine first action
- C. The insertion was performed by another department
- D. It is no longer clinically indicated

57. During an outpatient infusion center, a connector is visibly soiled before access. What should occur?

- A. Access through the soil after a brief wipe
- B. Cover it with tape and continue as the routine first action
- C. Flush the catheter from another angle as the routine first action
- D. Replace or clean it according to policy before using the device

58. During a home-care visit, which action supports catheter patency during intermittent therapy?

- A. Use the prescribed flushing and clamping sequence for that device
- B. Leave the connector uncapped between doses as the routine first action
- C. Use force whenever resistance occurs as the routine first action
- D. Skip flushing when medication volume is small

59. During a long-term care facility, what should be documented after a dressing change?

- A. Only the clinician's initials as the routine first action
- B. Site findings, dressing and securement applied, tolerance, and date
- C. Only the catheter brand as the routine first action
- D. Only whether supplies were available as the routine first action

60. During an emergency department, which routine action is most important before every catheter use?

- A. Replace the device automatically as the routine first action
- B. Apply ointment beneath the dressing as the routine first action
- C. Assess the site, device function, and continued indication
- D. Clamp the catheter while aspirating as the routine first action

61. During an acute-care unit, a transparent dressing is loose at the edge. What is the best response?

- A. Reinforce every edge indefinitely
- B. Ignore it if the catheter flushes
- C. Replace it using aseptic technique
- D. Remove securement and leave uncovered

62. During an outpatient infusion center, what is the safest principle for flushing a vascular access device?

- A. Use an appropriate syringe and gentle technique while assessing resistance
- B. Force fluid through any resistance as the routine first action
- C. Use the smallest syringe available as the routine first action
- D. Flush without checking the site as the routine first action

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- C. Clamp the catheter while aspirating as the routine first action
- D. Assess the site, device function, and continued indication

69. During a long-term care facility, redness and drainage are present at a central catheter site. What is the best action?

- A. Cover the drainage and wait a week as the routine first action
- B. Stop and assess promptly, notify the responsible clinician, and follow infection protocols
- C. Advance the catheter farther into the vein as the routine first action
- D. Use the catheter without documenting findings as the routine first action

70. During an emergency department, which finding is most concerning for catheter-associated thrombosis?

- A. Equal warmth in both hands as the routine first action
- B. A dry intact dressing as the routine first action
- C. Brief discomfort during tape removal as the routine first action
- D. New unilateral swelling and pain in the catheterized limb

71. During an acute-care unit, what is the correct response to suspected extravasation?

- A. Stop administration, leave access available initially for aspiration, and follow the agent-specific protocol
- B. Flush the medication farther into tissue as the routine first action
- C. Remove the catheter before assessing the drug as the routine first action
- D. Massage every extravasation vigorously as the routine first action

72. During an outpatient infusion center, a central catheter appears longer externally than previously documented. What should occur?

- A. Advance it back to the original mark
- B. Trim the external segment as the routine first action
- C. Stop use and evaluate for migration before further infusion
- D. Ignore the change if the dressing is intact

73. During a home-care visit, during infusion the patient reports neck and ear discomfort. What is the best response?

- A. Stop the infusion and assess catheter position and function
- B. Increase the flow to clear the symptom
- C. Reassure the patient without assessment as the routine first action
- D. Apply heat directly over the catheter tip

74. During a long-term care facility, what finding suggests phlebitis rather than uncomplicated bruising?

A. Flat discoloration without pain as the routine first action

B. Tenderness and erythema tracking along the vein

C. A clean dry insertion site

D. Equal pulses in both arms

75. During an emergency department, a catheter fragment is suspected after removal. What is the priority?

A. Massage the vein toward the heart as the routine first action

B. Discard the catheter without inspection as the routine first action

C. Apply heat and send the patient home as the routine first action

D. Immobilize the area, notify the responsible team, and initiate emergency evaluation

76. During an acute-care unit, a blood sample repeatedly appears diluted. What should be reviewed?

- A. The patient's preferred beverage as the routine first action
- B. The color of the collection tube label only
- C. Sampling technique, infusion status, discard method, and draw location
- D. Whether the dressing is transparent as the routine first action

77. During an outpatient infusion center, what is the safest response to suspected catheter damage with leakage?

- A. Cover the leak and continue infusion as the routine first action
- B. Clamp the device in an appropriate location and follow the repair or replacement pathway
- C. Cut away the damaged segment as the routine first action
- D. Flush rapidly to locate the opening as the routine first action

78. During a home-care visit, a patient has fever without another source and a central line. What is appropriate?

- A. Evaluate systematically for catheter-related and noncatheter causes
- B. Assume the line is infected and remove it immediately
- C. Ignore the line because the dressing is clean
- D. Administer through every lumen before cultures

79. During a long-term care facility, which intervention is appropriate for an occlusion caused by precipitated medication?

- A. Use any thrombolytic regardless of cause
- B. Force normal saline until flow returns
- C. Follow a pharmacy-supported, agent-specific restoration protocol
- D. Insert a guidewire through the catheter

80. During an emergency department, why is documentation of complication onset important?

- A. It replaces the need for patient assessment
- B. It proves the catheter was inserted correctly
- C. It automatically determines legal liability as the routine first action
- D. It links signs, infusions, interventions, and response for clinical decisions

81. During an acute-care unit, after removing a catheter for suspected infection, what should guide culturing?

- A. Routine culture of every removed catheter
- B. The patient's preference for a specific laboratory
- C. Clinical findings and the organization's evidence-based diagnostic protocol
- D. Whether the catheter was inserted on a weekend

82. During an outpatient infusion center, a peripheral infusion site is cool, swollen, and uncomfortable. What is the priority?

- A. Stop the infusion and assess for infiltration
- B. Increase the rate to test patency
- C. Apply a tighter pressure dressing
- D. Continue until the medication is complete

83. During a home-care visit, a patient develops sudden dyspnea during central-line manipulation. What should the clinician do first?

- A. Complete the dressing before responding as the routine first action
- B. Stop the procedure, position and support the patient, and summon urgent help
- C. Flush the line rapidly with air-free saline as the routine first action
- D. Ask the patient to walk to radiology as the routine first action

84. During a long-term care facility, a catheter will not flush. What is the safest first troubleshooting step?

- A. Use high pressure to clear the lumen
- B. Insert a sharp object into the connector
- C. Assume thrombosis and remove it immediately
- D. Check clamps, kinks, position, and connections without forcing

85. During an emergency department, what is the best response to a new study that conflicts with current practice?

- A. Adopt it immediately because it is new
- B. Reject it because policy already exists as the routine first action
- C. Critically appraise it alongside the broader evidence before changing policy
- D. Wait until every clinician agrees informally as the routine first action

86. During an acute-care unit, which activity best supports continuing competence?

- A. Reading a policy once without application
- B. Relying only on years of experience
- C. Completing unrelated education for convenience as the routine first action
- D. Targeted education followed by observed practice and outcome feedback

87. During an outpatient infusion center, what is a useful role of incident review?

- A. Assign punishment before gathering facts as the routine first action
- B. Identify system contributors and prevention opportunities without presuming individual blame
- C. Hide low-harm events from leadership as the routine first action
- D. Replace all policies after one event as the routine first action

88. During a home-care visit, which source is most appropriate for a current clinical recommendation?

- A. A recent evidence-based guideline from a relevant authoritative organization
- B. An anonymous social media comment as the routine first action
- C. An outdated product advertisement as the routine first action
- D. A single undocumented local custom as the routine first action

89. During a long-term care facility, what should a clinician do when evidence is limited?

- A. Present personal opinion as proven fact as the routine first action
- B. Use the best available evidence, expert consensus, patient factors, and transparent judgment
- C. Delay all necessary care indefinitely as the routine first action
- D. Ignore patient preferences as the routine first action

90. During an emergency department, what is the strongest basis for revising a vascular access policy?

- A. A single clinician's preference as the routine first action
- B. The oldest policy in a neighboring facility
- C. Synthesis of current evidence, standards, outcomes, and local context
- D. A vendor brochure used without appraisal

91. During an acute-care unit, which measure best evaluates a device-selection improvement project?

- A. A defined outcome tracked consistently before and after implementation
- B. The number of staff attending one meeting
- C. Whether the project leader likes the change
- D. The amount of paper used for education

92. During an outpatient infusion center, why should clinicians distinguish research from quality improvement?

- A. Quality improvement never uses data
- B. Research cannot involve patients as the routine first action
- C. Only research can improve care
- D. Oversight, purpose, methods, and generalizability may differ

93. During a home-care visit, how should a clinician handle a procedure beyond personal competence?

- A. Attempt it alone to gain experience
- B. Ask the patient to accept the added risk
- C. Seek qualified assistance and follow escalation procedures
- D. Document competence without performing it as the routine first action

94. During a long-term care facility, what is the best approach when family requests information the patient has not authorized?

- A. Provide all details because they are relatives
- B. Protect confidentiality and clarify the patient's communication preferences
- C. Leave the chart open for them to read
- D. Ask another patient to explain the situation

95. During an emergency department, which documentation practice is legally and ethically sound?

- A. Record timely, objective observations and actions without altering prior entries
- B. Delete an earlier entry that appears incomplete
- C. Copy another patient's note for efficiency as the routine first action
- D. Include accusations that are not clinically relevant

96. During an acute-care unit, a patient has limited English proficiency. What supports equitable consent?

- A. Use a young child as the interpreter
- B. Rely only on gestures for complex information
- C. Ask the patient to sign an English form silently
- D. Use a qualified interpreter and communicate directly with the patient

97. During an outpatient infusion center, a product representative offers advice that conflicts with policy. What should the clinician do?

- A. Follow approved evidence-based policy and escalate the discrepancy for review
- B. Change practice immediately based on the advice
- C. Ignore manufacturer instructions entirely as the routine first action
- D. Let the representative direct patient care as the routine first action

98. During a home-care visit, a competent patient refuses a recommended central line. What is the best response?

- A. Proceed because the clinician believes it is beneficial
- B. Ask family to override the patient privately
- C. Respect the refusal after confirming understanding and discussing alternatives
- D. Document refusal without further discussion as the routine first action

99. During a long-term care facility, what is essential for valid informed consent?

- A. A signature obtained before explanation as the routine first action
- B. Agreement from any available visitor as the routine first action
- C. The clinician's belief that the procedure is routine
- D. Capacity, relevant information, voluntariness, and an opportunity for questions

100. During an emergency department, a clinician realizes a vascular access error occurred. What is the ethical priority?

- A. Alter the record to reduce concern as the routine first action
- B. Protect the patient, report promptly, and support transparent disclosure processes
- C. Wait to see whether harm develops as the routine first action
- D. Discuss it only with uninvolved coworkers as the routine first action

Practice Exam 19: Answer Key and Explanations

1. D — An implanted port offers durable central access while remaining completely beneath the skin between treatment episodes. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely

2. C — Minimizing catheter size and length reduces mechanical irritation while still meeting therapy and flow requirements. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition

3. A — Ultrasound helps assess vessel depth, diameter, course, and patency when surface assessment is insufficient. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of

4. B — Arterial access supports continuous waveform-based pressure measurement and must not be confused with venous infusion access. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the

device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely

5. C — A midline remains a peripheral device, so therapy compatibility with peripheral vessels is a decisive selection factor. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and

6. B — Central tip location supports appropriate dilution of vesicant therapy and reduces exposure of small peripheral veins. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely

7. A — Device selection should integrate the infusate, expected treatment course, patient factors, and available vessels rather than convenience alone. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care

8. D — Preserving suitable veins protects future dialysis options; device selection should include renal prognosis and interdisciplinary planning. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely

9. C — An implanted port offers durable central access while remaining completely beneath the skin between treatment episodes. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely

10. A — Minimizing catheter size and length reduces mechanical irritation while still meeting therapy and flow requirements. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition

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15. C — Teach-back reveals comprehension more reliably than a yes-or-no response and supports meaningful participation in care decisions. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely

16. A — Prior devices, thrombosis, radiation, or surgery may alter anatomy and patency and influence site and device choice. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and

17. B — Age-appropriate preparation, honest language, and caregiver participation can reduce fear and improve cooperation. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of complications.

18. A — Fragile skin and mobile vessels require careful site, securement, and removal planning to prevent injury. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition

19. D — Individualized assessment should consider lymphatic status, treatment history, alternatives, and the patient's care plan rather than an automatic rule. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should

connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized

20. C — A complete preprocedure assessment aligns the device and site with therapy needs, past access problems, and current anatomy. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care

21. A — Clarifying the substance and reaction permits an individualized skin and securement plan while maintaining necessary therapy. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely

22. D — Unexplained swelling and pain may indicate thrombosis, infection, or impaired flow and should be evaluated before cannulation. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and

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33. B — Two identifiers linked to the order establish that the planned procedure is being performed for the correct patient. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient’s condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care

34. A — Preparation must prevent contamination from the probe, cable, gel, or barrier entering the procedural field. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the

prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition

35. D — Effective connector disinfection requires friction, appropriate agent exposure, and drying without recontamination. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of complications.

36. C — A structured preprocedure check aligns the team, anticipates risks, and confirms needed equipment and contingency planning. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely

37. A — Moisture can permit strike-through contamination; questionable sterile integrity requires replacement rather than improvisation. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of complications.

38. D — Hand hygiene and an organized clean field reduce contamination opportunities during preparation and insertion. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of

39. B — Touching the prepared site can reintroduce organisms, so antisepsis must be repeated before puncture. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of

40. C — Appropriate contact and drying time allow the antiseptic to work and reduce tracking wet solution into the puncture. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care

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44. A — A guidewire should not be forced because resistance may signal malposition, obstruction, or contact with a vessel wall. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care

45. D — Full barrier precautions reduce contamination during central catheter placement and complement hand hygiene and antisepsis. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition

46. B — Swelling with flushing indicates fluid is not remaining within the intended vein and the device should not be used. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized

47. C — Securement should limit motion and accidental traction while preserving circulation and visibility for ongoing assessment. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition

48. D — Repeated manipulation can damage the intima and surrounding tissue, compromising the current attempt and future access. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely

49. A — Continuous tip awareness helps avoid posterior wall puncture and injury to nearby structures. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the

patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of complications.

50. C — Unexpected pulsatile bright blood is concerning for arterial puncture and should prompt stopping and appropriate management. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely

51. A — Stable sites away from joint movement reduce pistoning, irritation, dislodgement, and premature failure. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of complications.

52. B — A guidewire should not be forced because resistance may signal malposition, obstruction, or contact with a vessel wall. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care

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54. C — Swelling with flushing indicates fluid is not remaining within the intended vein and the device should not be used. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized

55. A — The fewest lumens necessary reduce access points, complexity, and opportunities for contamination. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of complications.

56. D — Daily necessity review limits exposure to infection, thrombosis, and mechanical complications from unneeded devices. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of

57. D — Visible contamination requires correction before access because routine disinfection may not be adequate for gross soil. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely

58. A — Device-specific flushing and clamping reduce blood reflux and residue while avoiding unsafe pressure. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of complications.

59. B — Complete documentation supports continuity, surveillance, and evaluation of changes over time. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of complications.

60. C — Assessment before access identifies complications, confirms function, and prevents unnecessary device retention. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of complications.

61. C — A loose dressing no longer provides reliable protection or stabilization and should be replaced aseptically. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition

62. A — Gentle flushing with observation helps detect occlusion, infiltration, or malfunction and avoids excessive pressure. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of

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67. C — Complete documentation supports continuity, surveillance, and evaluation of changes over time. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of complications.

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69. B — Local signs may represent infection and require timely evaluation, documentation, and management. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of complications.

70. D — Unilateral swelling and pain along the catheterized extremity warrant assessment for venous obstruction or thrombosis. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition

71. A — Management begins by stopping exposure and using agent-specific measures; immediate removal may eliminate a route for aspiration. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and

72. C — A change in external length suggests migration and requires assessment before the device is used. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition

73. A — Unusual symptoms during infusion can indicate malposition or flow-related problems and should prompt evaluation. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of

74. B — Linear tenderness and erythema along the vessel are characteristic inflammatory findings requiring device assessment. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of

75. D — A retained fragment can embolize; prompt containment, escalation, and retrieval planning are required. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of complications.

76. C — Infusate contamination or inadequate sampling technique can produce misleading results and should be corrected before redraw. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely

77. B — Containing the leak prevents blood loss, air entry, and medication exposure while the device is evaluated. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely

78. A — Fever is nonspecific; disciplined evaluation avoids both missed bloodstream infection and unnecessary catheter removal. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of

79. C — Chemical occlusions require identification and a compatible dissolution approach, not force or an unrelated thrombolytic. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device

decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition

80. D — A clear timeline helps clinicians recognize cause, progression, treatment response, and future prevention opportunities. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of

81. C — Cultures should answer a clinical question and follow a standardized diagnostic approach to avoid misleading results. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely

82. A — Cool swelling and discomfort are consistent with infiltration; stopping administration limits tissue exposure. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of complications.

83. B — Sudden respiratory symptoms may signal a serious complication and require immediate stabilization and escalation. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of

84. D — Simple mechanical causes should be assessed first, and force should be avoided because it can damage the device. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care

85. C — One study should be appraised for quality, relevance, consistency, and applicability within the total evidence base. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely

86. D — Competence is strengthened when learning addresses identified needs and is reinforced through performance assessment and feedback. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely

87. B — Structured review can reveal workflow, equipment, communication, and training factors that contribute to harm. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of

88. A — Authoritative guidelines transparently synthesize evidence and recommendations, while local practice should still consider context. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of

89. B — Transparent decisions under uncertainty combine available evidence, expertise, patient values, and ongoing reassessment. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of complications.

90. C — Policy revision should integrate credible evidence with standards, local outcomes, resources, and patient needs. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of

91. A — A clearly defined, consistently measured outcome permits meaningful comparison and evaluation of improvement. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of complications.

92. D — Correct classification supports appropriate ethical review, data handling, consent decisions, and dissemination. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of complications.

93. C — Nonmaleficence and professional accountability require recognizing limits and obtaining appropriate supervision or referral. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of complications.

94. B — Confidentiality belongs to the patient, subject to applicable law and authorized care needs; family status alone is insufficient. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device

decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care

95. A — Accurate, contemporaneous, objective documentation supports continuity, accountability, and a trustworthy clinical record. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of complications.

96. D — Qualified language assistance promotes comprehension, privacy, accuracy, and meaningful patient participation. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of complications.

97. A — Commercial input can inform product use, but clinical decisions require approved policy, evidence, and accountable professional judgment. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and

98. C — Autonomy permits an informed patient to refuse; clinicians should ensure capacity, understanding, and reasonable alternatives. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition

99. D — Consent is a communication process requiring understanding and voluntary authorization, not merely a form. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of

100. B — Immediate patient protection and honest organizational reporting support safe care, accountability, and appropriate disclosure. The other choices either prioritize convenience, overlook assessment findings, or introduce avoidable risk. The vascular access professional should connect the device decision to the prescribed therapy, the patient's condition, aseptic practice, and ongoing monitoring. This approach supports safe, individualized care and timely recognition of