ONS ONCC CHEMOTHERAPY RENEWAL PRACTICE EXAM (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

1. Which statement best describes the primary purpose of hub cleaning during IV therapy?

A. To speed up the infusion process

B. To prevent microorganisms from entering the bloodstream

C. To make the injection comfortable

D. To reduce the need for sterile technique

2. What infection precautions are essential for patients with chemotherapy-induced neutropenia?

A. Standard precautions with no additional isolation measures.

B. Strict hand hygiene for patients and staff, private room if possible, restricted visitor policies, no fresh flowers or raw/undercooked foods as per facility policy, monitor for infection daily.

C. No infection prevention measures are necessary.

D. Only patients should avoid fresh flowers; staff can ignore infection controls.

3. What is the safest approach to initiating a new chemotherapy order in a patient with a central line?

A. Verify line patency, confirm no signs of infection at the exit site, confirm patient identity and order details, and flush with saline per protocol before administration.

B. Skipping line patency check.

C. Only verify identity, ignore order details.

D. Do not flush with saline.

4. Which action best reduces infection risk during line access?

A. Adhere to aseptic technique for line access, proper hub cleaning, hand hygiene, and timely removal or replacement of lines when indicated.

B. Use clean gloves only, ignoring hand hygiene.

C. Only clean the hub after removal of the line.

D. Wipe the line with water before use.

5. If blood return is not present at the IV site during suspected extravasation, what may have occurred?

A. Infiltration

B. Extravasation

C. Thrombosis

D. Infection

6. Which chemotherapy agents are most associated with chemotherapy-induced peripheral neuropathy?

A. Taxanes

B. Anthracyclines

C. Platinum agents and vinca alkaloids

D. Alkylating agents

7. Which management step is commonly used for moderate to severe immune-related adverse events from checkpoint inhibitors?

A. Steroids

B. Antibiotics

C. Increased chemotherapy dosing

D. IV fluids only

8. What heating method is commonly recommended to reduce local discomfort and facilitate restarting a peripheral IV after extravasation?

A. Warm Compress

B. Ice Pack

C. Hyaluronidase

D. Totect

9. What is the primary clinical benefit of neoadjuvant chemotherapy in breast cancer?

A. It increases overall survival compared with adjuvant therapy.

B. It changes the timing of treatment and may permit breast-conserving surgery if the tumor shrinks.

C. It reduces chemotherapy-related toxicity compared with adjuvant therapy.

D. It eliminates the need for radiation therapy.

10. What action is recommended when LVEF falls to 45–49% with a ≥10% absolute decrease from baseline during pertuzumab/trastuzumab therapy?

A. Withhold Perjeta and trastuzumab and repeat LVEF in approximately 3 weeks

B. Continue therapy as planned

C. Decrease the dose of trastuzumab

D. Switch to a non-HER2 regimen

Answers

1. B
2. B
3. A
4. A
5. A
6. C
7. A
8. A
9. B
10. A

Explanations

1. Which statement best describes the primary purpose of hub cleaning during IV therapy?

A. To speed up the infusion process

B. To prevent microorganisms from entering the bloodstream

C. To make the injection comfortable

D. To reduce the need for sterile technique

The main idea is infection prevention at the IV entry point. The hub is where the IV system is accessed, so microorganisms on the skin or in the environment can be introduced into the bloodstream when you attach or access the line. Cleaning the hub with an antiseptic reduces the microbial load at that critical point, helping to prevent catheter-related bloodstream infections. This is a safety and asepsis measure, not something intended to speed the infusion, improve comfort, or replace sterile technique. In short, hub cleaning mainly aims to keep intravascular access free from pathogens to protect the patient from bloodstream infection.

2. What infection precautions are essential for patients with chemotherapy-induced neutropenia?

A. Standard precautions with no additional isolation measures.

B. Strict hand hygiene for patients and staff, private room if possible, restricted visitor policies, no fresh flowers or raw/undercooked foods as per facility policy, monitor for infection daily.

C. No infection prevention measures are necessary.

D. Only patients should avoid fresh flowers; staff can ignore infection controls.

Infection prevention for patients with chemotherapy-induced neutropenia requires a proactive bundle of precautions because their immune system is significantly suppressed, making even small exposures to bacteria, fungi, or other pathogens potentially dangerous. The best approach includes strict hand hygiene by both patients and staff to remove or reduce any pathogens, a private room if possible to limit exposure from other patients, restricted visitors to reduce the introduction of new microbes, and avoiding potential sources of infection such as fresh flowers and raw or undercooked foods as outlined by facility policy. Daily monitoring for infection allows for the earliest detection and treatment of any fever or signs of infection, which is crucial since fever in a neutropenic patient often signifies a serious infection and requires prompt medical attention. This combination directly reduces exposure risk and supports timely intervention, which other options fail to do by omitting key protections or shifting responsibility inappropriately.

3. What is the safest approach to initiating a new chemotherapy order in a patient with a central line?

A. Verify line patency, confirm no signs of infection at the exit site, confirm patient identity and order details, and flush with saline per protocol before administration.

B. Skipping line patency check.

C. Only verify identity, ignore order details.

D. Do not flush with saline.

Initiating a new chemotherapy order through a central line requires a careful, safety-focused sequence. Verifying line patency ensures the catheter is open and capable of delivering the infusion, preventing drug from leaking into tissue or failing to reach the bloodstream. Checking the exit site for signs of infection reduces the risk of catheter-related bloodstream infection, which is especially important in patients receiving chemotherapy. Confirming the patient's identity and the order details guards against med errors—giving the wrong drug, dose, or schedule to the wrong person. Flushing with saline per protocol before administration helps clear the line, maintain patency, and prevent drug–line interactions or occlusion. Together, these steps address mechanical, infectious, and medication safety concerns, making the approach the safest. Skipping patency, ignoring order details, or not flushing saline would leave the patient exposed to preventable complications.

4. Which action best reduces infection risk during line access?

A. Adhere to aseptic technique for line access, proper hub cleaning, hand hygiene, and timely removal or replacement of lines when indicated.

B. Use clean gloves only, ignoring hand hygiene.

C. Only clean the hub after removal of the line.

D. Wipe the line with water before use.

Preventing infection during line access relies on strict aseptic technique at every interaction with the line. This means performing hand hygiene before touching the line or its hubs, scrubbing the access port with an appropriate antiseptic, and allowing it to dry so it's truly disinfected before you connect or disconnect anything. Using sterile or properly cleaned equipment and maintaining sterile technique during each access minimizes the chance of introducing microorganisms. Also, removing or replacing lines promptly when they're no longer needed reduces the duration of exposure and the opportunity for infection to develop. Choosing to rely on gloves alone ignores the need to clean hands first, so it doesn't adequately prevent contamination. Cleaning the hub only after removal misses the critical window of exposure during use. Wiping with water isn't a disinfectant and won't reliably kill microbes, so it's not effective protection.

5. If blood return is not present at the IV site during suspected extravasation, what may have occurred?

A. Infiltration

B. Extravasation

C. Thrombosis

D. Infection

When the IV catheter is no longer delivering into a vein, fluid can escape into the surrounding tissue. This leakage into tissue is called infiltration. A common clue for infiltration is the absence of blood return at the IV site, because the catheter tip may have slipped out of the vein or the vein may be collapsed, causing the infused fluid to pool in the surrounding tissue rather than enter the bloodstream. Extravasation, on the other hand, involves leakage of a vesicant chemotherapeutic agent into tissue and carries a high risk of tissue injury. While lack of blood return can occur with extravasation, the key feature is the presence of vesicant-induced damage signs such as severe pain, swelling, redness, or blistering. In the absence of such vesicant-specific signs, the scenario is more consistent with infiltration, making it the best explanation for no blood return in this context.

6. Which chemotherapy agents are most associated with chemotherapy-induced peripheral neuropathy?

A. Taxanes

B. Anthracyclines

C. Platinum agents and vinca alkaloids

D. Alkylating agents

Chemotherapy-induced peripheral neuropathy results from direct injury to peripheral nerves, and some drugs carry a higher risk. Platinum compounds (like cisplatin, carboplatin, and oxaliplatin) damage sensory neurons in the dorsal root ganglia, leading to dose-dependent sensory numbness and tingling in a stocking-glove distribution, and often persistent neuropathy. Vinca alkaloids (such as vincristine, vinblastine, and vinorelbine) disrupt microtubule function, impairing axonal transport and causing peripheral neuropathy that can affect both sensation and motor function; vincristine is especially notorious for neurotoxicity. While other agents can cause neuropathy, platinum compounds and vinca alkaloids are the ones most classically and reliably linked to this toxicity.

7. Which management step is commonly used for moderate to severe immune-related adverse events from checkpoint inhibitors?

A. Steroids

B. Antibiotics

C. Increased chemotherapy dosing

D. IV fluids only

Immune-related adverse events from checkpoint inhibitors are inflammatory reactions driven by an overactive immune system, so the treatment goal is to suppress that immune attack. For moderate to severe irAEs, the best and standard first step is systemic corticosteroids. They rapidly reduce immune-mediated inflammation across affected organs, helping symptoms improve and preventing progression. The typical approach is to start high-dose steroids (for example, prednisone about 1 mg/kg/day or an equivalent dose of methylprednisolone) and hold the immunotherapy until there is meaningful improvement, then taper the steroids over several weeks as symptoms resolve. If symptoms persist or recur during tapering, additional immunosuppressive therapies may be used depending on the organ involved. Antibiotics are reserved for confirmed or strongly suspected infections, not for treating irAEs. Increasing chemotherapy dosing would worsen toxicity and does not address the inflammatory process. IV fluids alone won't control immune-mediated inflammation.

8. What heating method is commonly recommended to reduce local discomfort and facilitate restarting a peripheral IV after extravasation?

A. Warm Compress

B. Ice Pack

C. Hyaluronidase

D. Totect

Applying a warm compress to the extravasation site uses heat to promote vasodilation and increased local blood flow. This helps disperse the infiltrated drug away from a single concentrated spot, reducing local pain and irritation and making it easier to locate and reinsert a peripheral IV. While cold may be used in other situations to limit spread, heat is favored here to enhance diffusion and comfort, aiding quick IV restart. Hyaluronidase and Totect are pharmacologic antidotes used for specific drugs, not a heating method to relieve local discomfort or facilitate restarting a peripheral IV.

9. What is the primary clinical benefit of neoadjuvant chemotherapy in breast cancer?

A. It increases overall survival compared with adjuvant therapy.

B. It changes the timing of treatment and may permit breast-conserving surgery if the tumor shrinks.

C. It reduces chemotherapy-related toxicity compared with adjuvant therapy.

D. It eliminates the need for radiation therapy.

Neoadjuvant chemotherapy is given before surgery with the main goal of shrinking a tumor so surgery can be less extensive. By reducing tumor size, many patients become candidates for breast-conserving surgery (like lumpectomy) instead of a full mastectomy. This approach also lets clinicians treat micrometastatic disease earlier and assess how the cancer responds to systemic therapy. It's not primarily about boosting overall survival compared with starting chemo after surgery, and it doesn't inherently reduce chemotherapy toxicity. Radiation therapy is still commonly required after breast-conserving surgery, so neoadjuvant treatment does not eliminate the need for radiation.

10. What action is recommended when LVEF falls to 45–49% with a ≥10% absolute decrease from baseline during pertuzumab/trastuzumab therapy?

A. Withhold Perjeta and trastuzumab and repeat LVEF in approximately 3 weeks

B. Continue therapy as planned

C. Decrease the dose of trastuzumab

D. Switch to a non-HER2 regimen

When a patient on HER2-targeted therapy shows a drop in heart function, the first priority is to protect the heart while still aiming to treat the cancer. If the left ventricular ejection fraction falls to 45–49% with at least a 10-point drop from baseline, this indicates potential reversible cardiotoxicity from the therapy. The best action is to withhold both pertuzumab and trastuzumab and recheck the LVEF in about three weeks. This pause lets the heart recover and prevents progression to symptomatic heart failure, giving clinicians information to decide whether and how to continue treatment. If the LVEF recovers toward baseline, therapy can be resumed with close cardiac monitoring; if it does not improve, alternatives that do not affect HER2 signaling should be considered, often with input from cardio-oncology. Continuing therapy as planned could worsen cardiac injury. Decreasing the dose isn't standard practice for these fixed-dose regimens, and switching to a non-HER2 regimen would be considered only if there's inadequate recovery or persistent dysfunction, not as the immediate response to a reversible decline.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://onsonccchemotherapyrenewal.examzify.com

We wish you the very best on your exam journey. You've got this!