

# M\_CHPNPQ (800+ Questions) - Quiz Questions with Answers

1.

A bedbound patient has a 1.5-inch foam overlay over her mattress. The nurse places her hand under the overlay and finds that the overlay has compressed to 0.75 inch. This indicates:

Bottoming out.

Adequate support.

Excess wear.

Moisture retention.

***Explanation:***

*Support surface material should provide at least an inch of support under areas to be protected when in use; if there is less than an inch of support, the material has bottomed out. Check the support material by sliding a hand underneath the overlay in the area where the patient has a pressure ulcer to determine how much support there is. Static support surfaces are appropriate for patients who can change position without increasing pressure to an ulcer. Dynamic support surfaces are best for those who need assistance to move or when static pressure devices provide less than an inch of support.*

2.

A hospice patient with prostate cancer has recently completed a course of radiation to relieve spinal compression from bone metastasis. His pain is well controlled with fentanyl, but he is fearful and has developed tremors and jerking movements of his extremities that are keeping him awake at night. The most likely cause is:

Brain metastasis.

Spinal damage.

Anxiety.

**Opioid-induced myoclonus.**

***Explanation:***

*Tremors and jerking movements are consistent with opioid-induced myoclonus, which may be caused by a range of drugs, including opioids and quinolones. The patient is being treated with fentanyl, which is a synthetic opioid. In this case, changing to an equianalgesic should relieve symptoms in one to two days. If the myoclonus is mild, a benzodiazepine at bedtime may prevent the muscle twitching from awakening the patient. While similar symptoms may occur with brain metastasis, it is unlikely that this metastasis would occur with prostate cancer. Anxiety may also produce similar symptoms, but these would be less pronounced and less likely to cause jerking during sleep. Damage to the spine would produce different symptoms.*

3.

**A patient's pain has been well controlled with morphine sulfate, extended release, but she has developed severe side effects and is being switched to an equianalgesic drug. The dosage of the new drug should be:**

The equianalgesic dose.

25% above equianalgesic dose.

10% below equianalgesic dose.

25% to 50% below equianalgesic dose.

**Explanation:**

*When a medication has provided good pain control but significant side effects occur, the dose of the new opioid should start at 25% to 50% below the equianalgesic dose in the event that cross-tolerant symptoms occur. Rescue doses may be given with breakthrough pain. If the initial pain control was not adequate and significant side effects occurred, then opioids should be rotated at the equianalgesic dose. In either case, the patient must be monitored carefully for adverse effects.*

4.

**Bereavement is:**

A normal response to loss.

The public expression of grief.

**The time period of mourning.**

Change of mood and feeling of sadness.

**Explanation:**

*Bereavement is the time period of mourning. This time period varies but may extend to a year or even longer. Grief is a normal response to loss while mourning is the public expression of grief. There are 3 types of grief: acute, anticipatory, and chronic. Chronic grief is considered to be a serious risk and should be treated as depression, with antidepressants, psychological evaluation, and counseling. Depression is characterized by changes in mood and feelings of sadness.*

5.

A patient with chronic obstructive pulmonary disease (COPD) is dying and is only comfortable lying supine with the head of the bed elevated to 60 degrees, but is experiencing sacral skin breakdown from friction and shear. The best solution is to:

Change patient's position every two hours.

**Apply a pressure-reducing mattress or mattress overlay.**

Lower the patient's head to 30 to 45 degrees for half the time.

Apply a skin barrier to the sacral area.

***Explanation:***

*Applying a pressure-reducing mattress or mattress overlay may help reduce friction and shear. Patients should be carefully positioned and supported, but comfort is the primary concern for dying patients. While avoiding pressure ulcers is important, in this case changing the patient's position every two hours or lowering the head of bed may result in more distress and discomfort, so the benefit may be negligible at best. Skin barriers should be routinely applied to the sacrococcygeal area.*

6.

The nurse enters a patient's room after he talks to the doctor and finds the patient shaking and distraught. Which is the best nurse response?

"What's wrong?"

"Do you want me to call your family?"

**"You are shaking and seem worried."**

"You don't' need to worry. Everything will be all right."

***Explanation:***

*"You are shaking and seem worried" acknowledges what is true and evident and leaves an opening for the patient to discuss his feelings if he wants to. "What's wrong?" requires a direct response that the patient may not feel like giving. "Do you want me to call your family" does not deal with the patient's anxiety and is an escape for the nurse. "You don't need to worry. Everything will be all right" is a platitude that has little meaning and that may not, in fact, be true.*

7.

**A 50-year-old man dying with cardiovascular disease is Catholic and asks to take final communion even though it is 2 A.M. The nurse should:**

Tell the patient that no priest is available.

Ask the patient if he would be willing to see the Protestant chaplain who is on call.

Tell the patient the priest will be called at 7 A.M.

**Contact the patient's priest or a priest on call for the institution and ask him to come right away.**

***Explanation:***

*The nurse should attend to the spiritual needs of the patient by calling a priest even though the hour is not convenient. A Protestant chaplain cannot perform specific rituals that are important to Catholics, and the patient may not survive or be able to receive communion if the call is delayed. Catholic rituals include:*

- *Sacrament of the Anointing of the Sick: This replaces the last rites (Extreme Unction) and is a bedside blessing.*
- *Viaticum: This is essentially the last Holy Communion and is called the “food for the journey.”*

8.

A patient with ovarian cancer is receiving a starting dose of parenteral morphine 5 mg every 4 hours around the clock to control pain but has required 5 rescue doses of supplementary opioids during the past 24 hours. The best action is to:

Increase the baseline opioid dose.

Change to a different opioid.

Institute opioid rotation.

Add adjuvant medications.

***Explanation:***

*If the starting dose proves ineffective and the patient requires more than 4 rescue doses in 24 hours, the best action is to increase the baseline opioid dose. During titration, the dosage should be increased until optimal pain relief is achieved. Additionally, the rescue dosage should be increased along with the baseline dose so that they remain proportional. Generally, if one or two side effects occur, the medication is continued and side effects treated unless the side effects are severe. If more than two side effects occur, then opioid rotation may be indicated.*

9.

A 62-year-old homeless man hospitalized for AIDS is to be discharged but has no place to go and no income. Which of the following is of primary importance in preparing for discharge?

Specific directions for medication or treatments, including side effects.

Information sheets outlining signs for all risk factors.

**List of safe shelters and assistance in applying for welfare assistance or Social Security.**

Follow-up appointment dates, with physicians, labs, or other healthcare providers.

***Explanation:***

*While all of these are important, patients who are homeless require further assistance with discharge, as compliance with treatment and follow-up appointments is poor in the homeless population. Interventions that are most important include:*

- *Lists of safe shelters and places they can go to bathe, eat, and get mail*
- *Assistance in applying for welfare assistance or Social Security*

*Discharge planning should begin on admission and must be a joint effort so that the transfer and discharge documents provide the information that the individual needs.*

10.

**What is the minimal urinary output per hour expected for an adult patient?**

20 mL

**30 mL**

40 mL

50 mL

**Explanation:**

*The minimal urinary output for an adult patient is 30 mL/hr, although this level cannot be sustained for long periods as a more normal output is 40 to 60 ml/hr. Minimal output for an infant or child is 0.5 mL/kg/hr. Urinary output in an adult that is less than 30 mL/0.5 mL may signal renal damage. Urinary output is influenced not only by renal status but also by hydration and medications. Vasoconstrictive medications may reduce urinary output. Patients may have low output after surgery followed by diuresis as their systems clear of anesthetic drugs and other medications.*

11.

**A Hispanic patient is admitted to the palliative care unit, and the nurse is doing the admission history, but the patient speaks very little English. What should the nurse do?**

Ask the patient's 12-year-old son, who is fluent in English, to translate.

Use sign language and pictures to supplement questions.

**Arrange for a translator.**

Ask the patient's wife, who speaks fair English, to answer the questions for her husband.

**Explanation:**

*The nurse should arrange for a translator. Children should never be used as translators since they lack medical vocabulary and an understanding about health matters and may not interpret correctly. Other adult family members, such as the wife, should not be asked to answer questions for the patient unless the patient is unable to answer questions because of a health condition because the wife may not understand medical terms and may not translate correctly. Additionally, the patient may have kept information from the family.*

12.

An 80-year-old patient is dying of cancer and has been in and out of consciousness. The family should be encouraged to:

Go home, as the patient does not know they are present.

**Talk to the patient, as hearing is usually the last sense to fail.**

Offer the patient frequent sips of water to avoid dehydration.

Raise the head of the patient's bed if respirations become strained to help patient clear secretions.

***Explanation:***

*The family should be encouraged to stay and talk to the patient, as hearing is usually the last of the senses to fail. Typical physical changes associated with death include:*

- *Sensory: Reduced sensations of pain and touch. Decreased vision and hearing*
- *Circulatory: Tachycardia followed by bradycardia and dysrhythmia and hypotension*
- *Respiratory: Tachypnea progresses to Cheyne-Stokes respirations*
- *Muscular: Muscles relax, jaw sags, and ability to swallow and talk is lost*
- *Urinary: Output decreases, incontinence, and then anuria*
- *Integumentary: Skin cold, clammy, cyanotic, and waxy. Coccygeal tear often occurs*

13.

When evaluating a patient who reports having a brief episode of syncope during which she almost blacked out, which of the following is the most important information initially?

Duration of the episode

Activity immediately prior to the episode

Symptoms following the episode

List of medications

***Explanation:***

*The patient's activity immediately prior to the episode of syncope can help to determine the cause. For example, if the patient was leaning down to pick up something and stood up abruptly, this could trigger syncope. Once the circumstances are established, the nurse should question the patient in more detail because many factors could be involved, including sleep deprivation, malnutrition, medications, alcohol use, and severe anxiety. It is important to get information about the duration of the episode because syncopal episodes are usually short with fairly rapid recovery after the episode.*

14.

The Confusion Assessment Method is a tool that covers 9 factors related to mental status. This tool is used to assess:

Delirium.

Alzheimer's disease.

Substance abuse.

Brain injury.

***Explanation:***

*The Confusion Assessment Method is used to assess the development of delirium and is intended for use by those without psychiatric training. The assessment tool covers 9 factors:*

- *Onset of acute changes in mental status*
- *Attention: Inattentive, stable, or fluctuating*
- *Thinking: Disorganized, rambling, switching topics, illogical*
- *Level of consciousness: Altered, ranging from alert to coma*
- *Orientation: Time, place, person*
- *Memory: Impairment*
- *Perceptual disturbances: Hallucinations, illusions*
- *Psychomotor abnormalities: Agitations or retardation*
- *Sleep-wake cycle: Awake at night, sleepy in daytime*

*Alzheimer's disease is assessed by a complete patient history, physical exam, and neurological examination. A determination of depression is also made. Substance abuse, including alcohol and prescription or nonprescription drugs, is assessed by a physical exam, patient interview, and use of screening tools such as the CAGE questions. Brain injuries are generally assessed by a neurological exam and imaging.*

15.

The caregiver for a 60-year-old woman with amyotrophic lateral sclerosis (ALS) states that the patient frequently chokes on food. Which of the following foods that the caregiver has served the patient is least likely to cause choking?

A cup of coffee

**Moderately thick split pea soup**

Soft white bread

Finger foods, such as hot dogs

***Explanation:***

*Moderately thickened liquids, such as split pea soup, are less likely to cause choking with Alzheimer's disease patients than thin liquids, such as coffee. Products, such as "Thicken-It,"*

are available to add to thin liquids, but infant rice cereal and yogurt may also be used. Foods that are sticky, such as white bread and thick oatmeal, may cause an obstructive plug to form. Finger foods, such as carrot sticks and hot dogs, may choke the person if not chewed properly. The patient should be seated in upright position while eating. Providing a straw or sippy cup for liquids may help reduce choking.

16.

A 40-year-old patient suffered a traumatic brain injury and is in a vegetative state and is being maintained on life support. Prior to the accident, the patient was estranged from her husband, who has a healthcare power of attorney for the patient, and living separately. A decision regarding continuation of life support must be made, but the family members cannot agree. Who has the legal right to make the decision?

The patient's mother

The patient's 18-year-old daughter

**The patient's estranged husband**

The facility's ethics committee

***Explanation:***

*The patient's estranged husband has been given a healthcare power of attorney, which gives him the right to make decisions if the patient is unable to do so. While divorce may automatically revoke the health care power of attorney in some states, the patient and her husband were not legally divorced. The legal document takes precedence over other family ties, such as those of the mother and daughter. This is not a decision that has to be rendered by an ethics committee. If family members want to challenge the husband, their recourse is to take the matter to court.*

17.

A 48-year-old female patient has terminal ovarian cancer but states she believes her doctor has misdiagnosed her and wants to see a different doctor. Which stage of Elisabeth Kübler-Ross's stages of grief (death and dying) is she likely experiencing?

Anger

**Denial**

Depression

Bargaining

***Explanation:***

*The patient is experiencing the grief stage of denial, during which a person may refuse accepting the diagnoses provided by doctors. People grieve differently and may not go through all 5 stages defined by Kübler-Ross's model, but most go through at least 2 of the stages.*

*Kübler-Ross's 5 stages of grief include:*

- *Denial: Disbelieving, confused, stunned, detached, repeating questions*
- *Anger: Directed inward (self-blame) or outward*
- *Bargaining: If-then thinking (if I go to church, then I will heal); trying to find a different outcome*
- *Depression: Sad, withdrawn, tearful, crying but beginning to accept loss*
- *Acceptance: Resolution and acceptance*

18.

When assessing a patient's level of consciousness, the nurse reports that the patient appears sleepy and is inattentive. This is characterized as:

Clouded consciousness.

Confusion.

**Lethargy.**

Stupor.

***Explanation:***

*Clouded consciousness is characterized by a general drowsy or sleepy appearance and inattention, although the patient can respond properly with persistence. Confusion can involve disorientation to time, person, place, or thing, as well as an inability to follow directions or difficulty doing so. Lethargy is characterized by more pronounced drowsiness. The patient may drift in and out of sleep and some effort may be required to arouse the patient. Stupor is characterized by lack of responsiveness. The patient may be very difficult to arouse and usually lapses back into a stuporous state almost immediately after arousal.*

19.

**A patient with amyotrophic lateral sclerosis (ALS) has been diagnosed with severe dehydration (>15% fluid loss). Typical symptoms include:**

Dry mouth and increased thirst.

Dizziness, lethargy, reduced skin turgor, and orthostatic hypotension.

Resting hypotension, confusion, tachycardia, and oliguria.

**Marked hypotension and anuria in addition to other symptoms.**

***Explanation:***

*Severe dehydration is fluid loss greater than 15% and occurs when total body water decreases but sodium does not. It is characterized by marked hypotension and anuria as well as symptoms associated with lesser dehydration. Mild dehydration (5% loss) is characterized by dizziness, lethargy, reduced skin turgor, dry mucous membranes, and orthostatic hypotension. Moderate dehydration (10% loss) is characterized by confusion, resting hypotension, tachycardia, and oliguria/anuria. Dehydration may result from inadequate fluids, excess water loss, nasogastric suctioning, drugs, diarrhea, vomiting, and fever.*

20.

In a problem-focused plan of care for a patient whose death is expected within 2 to 4 weeks, which of the following would take priority?

Provision of adequate nutrition and hydration

**Pain control**

Prevention of pressure ulcers

Maintenance of mobility

***Explanation:***

*In almost all cases, pain control takes priority for dying patients because pain impacts all other areas. Patients in pain are often resistant to moving or turning that is necessary to prevent pressure ulcers, and may avoid eating or drinking, impacting nutrition and hydration. Comfort is more important in the late stages of dying than mobility, and controlling pain may allow the person to be more mobile. Although one issue may have priority in a problem-focused care plan, different issues may be dealt with simultaneously.*

21.

A patient with end-stage renal disease exhibits the following: ventricular arrhythmia with increasing electrocardiography (ECG) changes; weakness with ascending paralysis and hyperreflexia; diarrhea;

and increasing confusion. The patient most likely has:

Hyperkalemia.

Hypokalemia.

Hypocalcemia.

Hypercalcemia.

**Explanation:**

*Hyperkalemia (elevated levels of potassium in the blood) often occurs with renal disease and is characterized by ventricular arrhythmia, weakness with ascending paralysis and hyperreflexia, diarrhea, and confusion. Hypokalemia (reduced levels of potassium in the blood) is characterized by weakness, lethargy, nausea and vomiting, paresthesias, dysrhythmias (Premature ventricular contractions, flattened T waves), muscle cramps with hyporeflexia, hypotension, and tetany. Hypocalcemia (reduced levels of calcium in the blood) is characterized by tetany, tingling, seizures, altered mental status, and ventricular tachycardia. Hypercalcemia (elevated levels of calcium in the blood) is characterized by increasing muscle weakness with hypotonicity, constipation, anorexia, nausea and vomiting, and bradycardia.*

22.

**A 70-year-old male with chronic cirrhosis and hepatic failure has developed portal hypertension. Which is the most common complication of portal hypertension?**

Jaundice

Blockage of the bile duct

## Hemorrhage of esophageal varices

Abdominal distention

### **Explanation:**

*Hemorrhage of esophageal varices occurs in about a third of those with portal hypertension and is the most common cause of death with cirrhosis. As the portal vein becomes obstructed, increased pressure develops in vessels, especially in the lower esophagus and stomach, causing collateral vessels and varicosities to form. These collateral vessels are fragile and rupture easily. Jaundice, blockage of the bile duct, and abdominal distention (ascites) occur with hepatic failure and are generally present before the development of portal hypertension.*

23.

**Beck's triad (increased central venous pressure with distended neck veins, muffled heart sounds, and hypotension) is indicative of which condition?**

Myocardial infarction

Aortic valve prolapse

**Cardiac tamponade**

Pulmonary embolism

### **Explanation:**

*Beck's triad (increased central venous pressure with distended neck veins, muffled heart sounds, and hypotension) is commonly found with cardiac tamponade. Other symptoms may include a feeling of pressure or pain in the chest, as well as dyspnea, and pulsus paradoxus greater than 10 mm Hg (systolic blood pressure heard during exhalation but not during inhalation). Cardiac tamponade occurs with pericardial effusion in which fluid accumulates in*

*the pericardial sac, causing pressure against the heart. It may be a complication of trauma, pericarditis, cardiac surgery, or heart failure.*

24.

A patient has experienced rapid gastrointestinal bleeding. Which of the following is most effective in the initial evaluation of the extent of anemia?

Hemoglobin

Hematocrit

**Clinical signs**

Arterial PO<sub>2</sub>

***Explanation:***

*Clinical signs such as pallor, orthostatic hypotension, and tachycardia provide the most effective initial evaluation of the extent of a hemorrhage. Readings of hemoglobin and hematocrit may remain stable following a hemorrhage because red cells and plasma are lost in proportional amounts, though this would change over time. Arterial PO<sub>2</sub> also may remain stable initially, so would not be a good indicator of the seriousness of the hemorrhage.*

25.

A 66-year-old male with Parkinson's disease is on Medicare and is being discharged with an open draining leg ulcer that he is unable to care for independently because of poor vision. Prior to this hospitalization for an infected leg ulcer, he had lived alone with his 14-year-old grandson, who was placed in foster care while the patient was in the hospital. The best solution is:

Transferring the patient to an extended care facility.

Keeping the patient in the hospital until the wound has healed.

Teaching the man's 14-year-old grandson to do wound care.

**Making a referral to a home health agency to provide in-home care.**

***Explanation:***

*Making a referral to a home health agency to provide in-home care is the best solution, as this ensures that the man will receive skilled nursing care and still be able to stay at home with his grandson, who is too young for the responsibility of wound care. This is a more cost-effective solution than transferring the patient to an extended care facility. Keeping the patient in the hospital is not generally an option, as Medicare will not pay for extended care for long-term wound treatment.*

26.

If a peripheral neurolytic blockade results in inadequate denervation, a common side effect is:

Paralysis.

**Neuropathic pain.**

Nausea and vomiting.

Horner's syndrome.

***Explanation:***

*Up to 30% of those who receive a peripheral neurolytic blockade may develop neuropathic pain because of inadequate denervation. Neural blockades can include peripheral blocks (cranial,*

*brachial plexus, intercostal, and sacral), neuraxial (epidural/intrathecal), and sympathetic (celiac plexus, superior hypogastric). The adverse effects relate to the type and location of block. Adverse effects (such as numbness) may be temporary if a local anesthetic is used or permanent if phenol or alcohol is used. Permanent neurological damage rarely occurs. Horner's syndrome, characterized by partial ptosis and miosis, can result from interscalene or supraclavicular blocks.*

27.

A 78-year-old woman dying with colon cancer has had her pain well controlled with MS Contin but has become increasingly confused and lethargic as her condition deteriorates. The family asks if her pain medication should be altered. The best initial action is to:

Increase the dosage of pain medication.

**Decrease the dosage of pain medication.**

Discontinue pain medications.

Change to a different pain medication.

***Explanation:***

*Pain medications are metabolized through the liver and excreted through the kidneys. As death nears and organ function decreases, the concentration of drug in the system increases, causing more sedation. The initial step should be to slowly decrease the dose to a level at which the patient remains comfortable but experiences less sedative effects. In some cases, if pain is severe, the dosage required to control pain results in inevitable sedation. Some patients who want to remain alert may refuse medication. In that case, alternative medications or methods of pain control may be tried.*

28.

Cordotomy is recommended for which type of pain?

Intractable unilateral pain below T-5

Intractable bilateral pain below T-5

**Intractable unilateral pain below C-5**

Intractable bilateral pain below C-5

***Explanation:***

*Cordotomy is recommended for intractable unilateral pain below C-5 in patients whose life expectancy is less than one year. In some cases, pain on one side may be so severe that it masks pain on the other side, and this pain may become evident after the cordotomy.*

*Additionally, while nociceptive pain may respond, neuropathic pain may not. Over time, pain may recur in some patients, and some will develop delayed post-cordotomy dysesthesia, making them sensitive to even benign stimuli.*

29.

All of the following are necessary elements in a pain diary except:

Medication name and dosage.

Pain intensity prior to taking medication.

Pain intensity after taking medication.

**Patient's mood prior to taking medication.**

**Explanation:**

*While the patient's mood may be helpful in a pain diary, the essential elements include the name and dosage of the medication, the date and time the medication was taken, the intensity of pain prior to taking the medication, and the intensity of pain at a prescribed period after taking the medication (usually about 30 minutes for oral medications). Pain diaries are usually kept by the patients, allowing them to have some sense of control over their medications, but as the patient's condition deteriorates, caregivers may need to take over recording.*

30.

**When facilitating music therapy to help a patient relax, the most important criterion is:**

Genre of music.

**Patient preference.**

Delivery system.

Rhythm and beat.

**Explanation:**

*Music therapy should be tailored to the patient's preference, and this may vary from time to time. For example, a patient may prefer upbeat music during the daytime and quieter music in the evening. While soft classical music is a good general choice, some patients may prefer other genres. Some patients may favor music related to their cultures. The delivery system may vary. In a single room, a radio or music player may be placed by the bed, but in a shared room, the volume should be turned down or the patient fitted with small earphones.*

31.

**Stage 3 lymphedema is usually characterized by:**

Unilateral pitting edema.

Bilateral pitting edema.

**Unilateral hard, non-pitting edema.**

Bilateral hard, non-pitting edema.

***Explanation:***

*Stage 3 lymphedema is usually characterized by unilateral non-pitting, hard edema from toes to groin, resulting from blockage of the lymph system. Lymphedema may also occur in the arms, especially for patients who have undergone mastectomy with removal of axillary lymph nodes. Most cases of lymphedema are secondary to a disease process (such as cancer) or treatment (such as radiation or surgery). Stage 1 lymphedema results in moderate swelling with slight pitting, while stage 2 involves fibrosis, with non-pitting but spongy tissue. Stage 3 lymphedema, also known as elephantiasis, involves severe swelling, huge enlargement of the involved extremity, and unresponsive fibrotic tissue.*

32.

Post-mastectomy pain syndrome (PMP) is characterized by:

**Feeling of constriction as well as burning, prickling, or numbness.**

Generalized musculoskeletal pain, stiffness, and fatigue.

Paresthesia and severe unrelenting muscle pain.

Unexplained diffuse burning pain.

**Explanation:**

*Post-mastectomy pain syndrome (PMP) is characterized by feelings of constriction as well as burning, prickling, or numbness, primarily occurring in the posterior part of the arm on the affected side, the axillary region, or the chest wall. PMP can occur following mastectomy with primary node dissection. Because movement increases pain, patients may be reluctant to move the arm on the affected side, sometimes resulting in a frozen shoulder. Treatment can include physical therapy and analgesia.*

33.

A patient with a large abdominal mass complains of deep “squeezing” abdominal pain and has nausea and vomiting and periods of diaphoresis when the pain is intense. This type of pain is classified as:

Somatic.

Referred.

Neuropathic.

**Visceral.**

**Explanation:**

*Deep “squeezing” abdominal pain associated with nausea and vomiting and diaphoresis is characteristic of visceral pain, which results from compression, swelling, or invasion of internal organs of the thorax or abdomen. When visceral pain is experienced in part of the body away from the affected organ, it is classified as referred pain. Somatic pain is usually localized and relates to activation of pain sensors in the cutaneous and musculoskeletal tissues. Neuropathic pain is generally chronic and results from damage to the peripheral or central nervous systems.*

34.

A patient is having trouble paying attention unless actively engaged, and her field of perception is narrow as she is not observant of others or the activities around her. What degree of anxiety does this represent?

Mild

**Moderate**

Severe

Panic

***Explanation:***

*Moderate anxiety is characterized by inattentiveness, narrow field of perception, and decreased observations. Mild anxiety is less noticeable, but patients have a decreased ability to solve problems and reduced awareness because attention is focusing inward. Severe anxiety is more obvious as the patient may have outward expressions of anxiety, such as wringing the hands and wetting the lips; the patient's field of perception is limited. The patient is inattentive, and words and thoughts may seem scattered. Panic includes severe dread and fear and is often accompanied by physical signs, such as chest pain, palpitations, and trembling. The patient has no field of perception.*

35.

A palliative care patient has a severe infection and sepsis and has subsequently developed bleeding from her venous puncture site, gastric distention, petechiae, purpura, and severe hypotension. Both her prothrombin and partial thromboplastin times are increased while platelet count and fibrinogen are decreased. Red blood cells are fragmented. The most likely diagnosis is:

**Disseminated intravascular coagulation (DIC).**

Multi-organ dysfunction syndrome.

Aplastic anemia.

Hypovolemic anemia.

**Explanation:**

*These findings are consistent with disseminated intravascular coagulation (DIC), which is a secondary disorder that is triggered by another disorder, such as trauma, congenital heart disease, necrotizing enterocolitis, sepsis, or severe viral infections. The patient is suffering from infection and sepsis, which put her at risk for DIC. DIC causes both coagulation and hemorrhage through a complex series of events, including trauma that causes tissue factor (transmembrane glycoprotein) to enter the circulation and bind with coagulation factors, thereby triggering the coagulation cascade. This stimulates thrombin to convert fibrinogen to fibrin, causing aggregation and destruction of platelets and forming clots that can be disseminated throughout the intravascular system. Red blood cells are also destroyed.*

36.

With which of the following conditions does the patient tend to have fluctuating periods of confusion and disorientation, with disorganized thought processes, which usually worsen during the night?

Anxiety

Depression

Dementia

**Delirium**

**Explanation:**

*Delirium is an acute sudden change in consciousness, characterized by reduced ability to focus or sustain attention, language and memory disturbance, disorientation, confusion, audiovisual hallucinations, sleep disturbance, and psychomotor activity disorder. Delirium differs from disorders with similar symptoms in that delirium is fluctuating, and symptoms tend to worsen at night. Delirium may result from drugs, such as anticholinergics, and numerous conditions, including infection, hypoxia, trauma, dementia, depression, vision and hearing loss, surgery, alcoholism, untreated pain, fluid/electrolyte imbalance, and malnutrition*

37.

All of the following emergent conditions often mimic signs of anxiety except:

Hyperglycemia.

Pulmonary embolus.

Electrolyte imbalance.

Hypoxia.

**Explanation:**

*Hyperglycemia may result in sleepiness or stupor as opposed to symptoms similar to anxiety. However, many conditions do present initially with symptoms similar to anxiety and, therefore, may be overlooked or diagnosis delayed. Hypoxia can result in restlessness, tachypnea, lethargy, and poor judgment. Pulmonary embolus has similar symptoms as well as chest pain, fever, and cough. Symptoms of an imbalance in electrolytes, such as sodium, calcium, and potassium, frequently include lethargy, irritability, and changes in mental status.*

38.

A hospice patient has severe pain from pancreatic cancer, which has been well controlled with morphine, but is refusing the medication because it makes him drowsy and lethargic. The best initial action is to:

Have the patient continue to take the medication.

Provide a lower dose of the medication.

**Change to an equianalgesic.**

Use complementary therapies.

***Explanation:***

*Changing to an equianalgesic may result in less drowsiness and lethargy as patients may react differently to different drugs. Lowering the dose of medication will probably result in increased pain, and complementary therapies alone are rarely sufficient for severe pain. The patient always has the right to refuse medications, and insisting that the patient take the medication is a form of coercion. Patients may be willing to trade comfort for quality time with family or friends, but healthcare providers should seek alternatives.*

39.

When providing a structured education plan for a patient for pain management, detailed information should be presented to the patient:

Immediately after onset of any pain.

**After the pain is controlled.**

Upon the patient's request.

Before pain management begins.

**Explanation:**

*A structured education plan for patient for pain management should be presented to the patient after the pain has been controlled because the patient is less likely to comprehend the plan when in pain. Pain has a negative effect on cognition, and the anxiety associated with pain may also impact learning. Initially, the patient should be informed that the goal is to reduce pain. As the pain is controlled, the patient should receive education about the type of medication, dose, action, adverse effects, and managing breakthrough pain.*

40.

**Distraction as a pain management tool is most effective for:**

Severe, acute pain.

Chronic pain.

**Short periods of acute discomfort.**

Neuropathic pain.

**Explanation:**

*Distraction is most effective for short periods of discomfort, such as those associated with medical procedures, but is less effective for severe acute pain or chronic pain although distraction may improve mood and relieve anxiety. Children are often distracted with toys, books, or games during procedures. A patient's interests should always be considered since trying to distract someone with something that is of no interest to them is not effective. Distractions can be passive, for example, watching television, or active, as in singing along with music or clapping hands.*

41.

Which of the following should be restricted in the diet of a patient with hepatic cancer and ascites?

Calcium

Carbohydrates

Sodium

Protein

***Explanation:***

*Sodium should be restricted in the diet of a patient with ascites as sodium can increase fluid retention. Canned and frozen foods should be avoided unless labeled as "low sodium." Salt substitutes containing ammonia may cause hepatic coma and should be avoided. Patients with poor renal function also should avoid salt substitutes containing potassium. In most cases, diuretics are provided to prevent fluid retention. Patients often require education about foods and healthy eating, and encouragement to maintain a low sodium diet.*

42.

A palliative care patient has completed chemotherapy for breast cancer and develops a platelet count of  $19,500 \text{ mm}^3$ . Common findings at this level of thrombocytopenia include all of the following except:

Nasal bleeding.

Excessive menstrual flow.

Petechiae.

### Gastrointestinal hemorrhage.

#### **Explanation:**

*The risk of gastrointestinal or central nervous system hemorrhage does not occur until the platelet counts falls below  $5000 \text{ mm}^3$ . A normal platelet count is  $150,000$  to  $400,000 \text{ mm}^3$ . Platelet counts below  $50,000^3$  result in impaired clotting, and bleeding may occur with invasive procedures; however, risk is usually mild until the platelet count drops to below  $20,000^3$ , at which point petechiae, nasal and gingival bleeding, and excessive menstrual flow may occur. A decreased platelet count may result from reduced production of platelets, which can occur with leukemia and chemotherapy, and increased destruction of platelets, which can occur with some diseases such as leukemia.*

43.

**A hospice patient nearing death should be offered food and fluids until:**

The patient loses consciousness.

**The patient stops showing interest.**

The patient begins artificial feeding and hydration.

The patient becomes lethargic, sleeping much of the time.

#### **Explanation:**

*The patient should be offered food and fluids as long as the patient shows any interest. At some point, the patient may no longer want food or fluid or derive any pleasure from them, even though the patient may still be conscious. Lethargy does not warrant withholding food and*

fluids if the patient can be easily aroused from sleep. Artificial feeding and hydration is not recommended for patients who are dying because it extends suffering although some patients and their families may choose this option.

44.

A patient has entered palliative care after treatment for leukemia that included chemotherapy. The patient's white blood count is 5300, and the absolute neutrophil count is  $526 \text{ mm}^3$ . The patient is at risk for:

Infection.

Thromboembolia.

Spontaneous fracture.

Bleeding.

**Explanation:**

While the patient's white blood count is within normal parameters, the normal absolute neutrophil count for an adult is  $1800$  to  $7700 \text{ mm}^3$ . The risk of infection increases markedly if the absolute neutrophil count (ANC) falls below  $1000 \text{ mm}^3$  and is severe when ANC drops below  $500 \text{ mm}^3$ . A drop in ANC leads to neutropenia, a severe complication of chemotherapy and some diseases such as leukemia. Neutropenia increases the risk of both exogenous and endogenous infection. Patients with both neutropenia and a fever usually have an infection that could quickly become life-threatening.

45.

Opioid-induced nausea and vomiting is best treated with:

Scopolamine.

Metoclopramide.

Phenothiazines.

**Haloperidol.**

***Explanation:***

*Opioid-induced nausea and vomiting is best treated with haloperidol, which is also indicated when nausea and vomiting is triggered by anxiety. Scopolamine is indicated with intestinal obstruction, peritoneal irritation, and increased intracranial pressure. Metoclopramide relieves nausea and vomiting associated with gastric stasis, ileus, and chemotherapy. It is often also used to treat postoperative nausea and vomiting. Phenothiazines, including chlorpromazine and levomepromazine, are used for nausea and vomiting of unknown origin, intestinal obstruction, peritoneal irritation, increased intracranial pressure, and vestibular disturbances.*

46.

A patient with lung cancer suddenly complains of acute pleuritic pain on the left side. He exhibits dyspnea, tachypnea, tachycardia, and slight cough. Auscultation shows decreased breath sounds on the left. The most likely diagnosis is:

Atelectasis.

**Pneumothorax.**

Pneumonia.

Cardiac tamponade.

**Explanation:**

*Sudden acute unilateral pleuritic pain, dyspnea, tachypnea, tachycardia, and slight cough along with unilateral decreased breath sounds are consistent with pneumothorax, which can occur with lung cancer as the tumor erodes through the surface of the lung. If air continues to escape, a tension pneumothorax may occur with tracheal deviation and marked hemodynamic compromise. A small pneumothorax may heal spontaneously over one to two weeks although a chest tube may be inserted for a larger pneumothorax. Tension pneumothorax requires immediate needle decompression and insertion of chest tube.*

47.

The sites most commonly invaded by metastatic cancers are the:

Lungs, liver, and bones.

Brain and bones.

Adrenal glands and bones.

Peritoneum and bones.

**Explanation:**

*The lungs, liver, and bones are the most common sites for metastases. Some cancer cells migrate to other parts of the body but remain dormant, sometimes for a number of years, before growing. Any cancer can metastasize to any other part of the body, but many cancers preferentially metastasize to one or more sites.*

Site of  
metastasis                      Primary cancer

<i>Lungs and liver</i>	<i>Breast, colon, kidney, lung, melanoma, ovary, pancreas, prostate, rectum, stomach, thyroid, and uterus</i>
<i>Bones</i>	<i>Breast, kidney, prostate, and thyroid</i>
<i>Peritoneum</i>	<i>Colon, ovary, pancreas, stomach, and uterus</i>
<i>Adrenal gland</i>	<i>Lung, rectum</i>
<i>Skin/muscle</i>	<i>Melanoma</i>
<i>Brain</i>	<i>Breast, colon, kidney, melanoma, and lung</i>

48.

All of the following are nonpharmacological methods of relieving dyspnea except:

Position of comfort.

**Rapid completion of tasks to maximize resting time.**

Cooling fan directed at face.

Breathing exercises (pursed-lip and diaphragmatic breathing).

***Explanation:***

*Tasks should be completed slowly, sometimes broken into steps to be finished at intervals so the patient can rest in between. The patient should be positioned for comfort; this may vary, but most people finding sitting with the head elevated or even sitting upright and leaning slightly forward relieves dyspnea to some degree. A cooling fan directing air toward the face can decrease the perception of dyspnea. If no fan is available, a patient may sit near an open*

window or air conditioning unit. Breathing exercises, such as pursed-lip and diaphragmatic breathing, may provide some relief.

49.

Patients with constant severe pain should receive pain medication:

When pain breaks through.

On demand.

**Routinely around the clock.**

Four times daily.

***Explanation:***

*Patients with constant severe pain should routinely receive pain medications around the clock. The frequency of administration depends on the degree of pain and the type of medication. The point of pain management is to avoid breakthrough pain, which can be debilitating and increase anxiety. Patients who are fearful of breakthrough pain may experience more pain because of anxiety. An important part of pain management is to anticipate adverse effects, such as constipation or sedation, and provide prophylaxis.*

50.

The antidiarrheal medication most indicated for secretory diarrhea associated with HIV/AIDS is:

**Octreotide.**

Loperamide.

Codeine sulfate.

Diphenoxylate.

***Explanation:***

*Octreotide, a somatostatin analog, is indicated for HIV/AIDS patients with secretory diarrhea. In some cases, anticholinergics, such as atropine or scopolamine, are also used. The drug of choice for treatment of diarrhea in patients in palliative care is loperamide (Imodium®). Codeine, which has the side effect of constipation, can also be used to control diarrhea. Another choice is diphenoxylate (Lomotil®). Loperamide and diphenoxylate should not be given to children under 12 and should be avoided with infectious diarrhea.*

51.

**A patient with end-stage renal disease has developed uremia and severe generalized pruritis. The best preventive is:**

Phosphate binders.

**Dialysis.**

Topical phenol solution.

Antihistamines.

***Explanation:***

*Dialysis is the best preventive method to relieve itching in patients with end-stage renal disease (ESRD). About 60% of patients with ESRD experience intense itching. Diet may be controlled to lower phosphorous intake. Treatments can include phosphate binders (calcium carbonate), activated vitamin D, antihistamines, urea, thalidomide, hydroxyzine, topical phenol solution, and corticosteroids. Phosphate binders may provide relief of itching but may in turn cause gastric distention and nausea. Finding a treatment that relieves the patient's itching may require trial and error until an effective treatment is found.*

52.

Right-sided heart failure is characterized by which of the following?

Pulmonary edema

Hypoxemia

Paroxysmal nocturnal dyspnea

**Jugular vein distention**

**Explanation:**

*Right-sided heart failure is characterized by jugular vein distention. Jugular venous pressure (neck-vein) is used to assess the cardiac output and pressure in the right heart as the pulsations relate to changes in pressure in the right atrium. This procedure is usually not accurate if pulse rate is greater than 100. This is a non-invasive estimation of central venous pressure and waveform. Measurement should be done with the internal jugular if possible; if not, the external jugular may be used. Other signs of right-sided heart failure include decreased hemoglobin, peripheral edema, hepatosplenomegaly, and hepatojugular reflex. Daily weight gain is common.*

53.

A patient with brain metastasis has sudden onset of a generalized seizure. The most common initial treatment is:

Phenytoin.

Phenobarbital.

**Diazepam.**

Corticosteroids.

***Explanation:***

*An acute seizure is usually treated first with diazepam or lorazepam. If seizures persist, then phenytoin may be given with an intravenous loading dose for 24 hours followed by daily dosages to prevent recurrence of seizures. In some cases, phenobarbital may be used for long-term management. Corticosteroids may decrease intracranial pressure by reducing swelling around the tumor, thus reducing the risk of repeat seizures. Meperidine should be avoided in patients with seizures. The patient should be turned to the side during a seizure and the body supported and protected, but the patient should not be restrained or have anything inserted into the mouth.*

54.

A patient with stage IV lung cancer develops progressive dyspnea, facial swelling, edema of the neck, arms, hands, and thorax, distended jugular, temporal and arm veins, visual disturbances, headache, and altered mental status. The most likely diagnosis is:

Syndrome of inappropriate secretion of antidiuretic hormone (SIADH).

Pulmonary embolism (PE).

**Superior vena cava syndrome (SVCS).**

Spinal cord compression.

***Explanation:***

*These symptoms are consistent with superior vena cava syndrome (SVCS), which can occur with invasion or compression of the superior vena cava. It is most commonly associated with lung cancer but can also occur with breast cancer, thymoma, and Kaposi's sarcoma. SVCS may result in cerebral anoxia, bronchial obstruction, or laryngeal edema unless promptly treated. Treatment can include radiation, chemotherapy and surgery, but in a patient nearing death, supportive measures, such as oxygen therapy, corticosteroids, and diuretics may relieve symptoms.*

55.

**For hospice patients, hypnosis is most effective for use with:**

Somatic pain.

Neuropathic pain.

Visceral pain.

**Procedural pain.**

***Explanation:***

*For hospice patients, hypnosis has been found to be most effective for the relief of procedural pain. While hypnosis can bring about deep relaxation and help diminish perceptions of pain in some individuals, hypnosis requires focused concentration, and this can be difficult for patients who are weak, debilitated, or receiving opioids. Hypnosis is often achieved through imagery.*

*Hypnotherapy should be carried out by trained professionals. Patients can learn techniques of self-hypnosis, as well, to relieve pain and dyspnea.*

56.

A palliative care patient with recurrent breast cancer has developed a right pleural effusion and is to have a thoracentesis to relieve dyspnea. Which of the following is the most effective patient position for the procedure?

Sitting, leaning forward

Prone

Side-lying on the right

Side-lying on the right

Side-lying on the right

Side-lying on the right

***Explanation:***

*The patient should be in a sitting position, leaning onto a padded bedside stand, straddling a chair with the head supported on the back of the chair, or if not able to sit, lying on the opposite side with the head of the bed elevated 30–45° to ensure that fluid remains at the base. The patient should avoid coughing or moving during the procedure. A chest x-ray or ultrasound determines needle placement. After the procedure, the patient is monitored for cough, dyspnea, and hypoxemia.*

57.

Which of the following exercises is best for chronic obstructive pulmonary disease (COPD) patients to promote effective expulsion of trapped air from the lungs?

Inspiratory muscle training

**Pursed-lip breathing**

Paced walking

Diaphragmatic breathing

***Explanation:***

*Pursed-lip breathing is one of the breathing exercises recommended for patients with chronic obstructive pulmonary disease (COPD). This kind of breathing, which involves breathing in through the nose and a longer exhalation through pursed lips, helps prevent the small airways in the lungs from collapsing so that trapped air can be exhaled. It also slows the patient's breathing rate and helps the patient to relax. Inspiratory muscle training requires inhaling against resistance through a special device to improve muscle strength; this training can improve the COPD patient's endurance when exercising or doing other physical activity. Paced walking involves matching inhalation and exhalation to paces; for example, a patient may breathe in for 2 paces and out for 4. Diaphragmatic breathing helps to improve alveolar ventilation and may help to expel air as well, since the diaphragm muscles are strengthened and used more effectively.*

58.

A patient with ovarian cancer suddenly develops severe nausea and vomiting in large volumes. Her abdomen is painful and rigid and bowel sounds are diminished, and she feels short of breath. She has no fever. She reports that she has had only very small bowel movements recently. The most likely diagnosis is:

Fecal impaction.

**Obstruction of the small intestines.**

Obstruction of the colon.

Peritonitis.

***Explanation:***

*These symptoms are consistent with obstruction of the small intestines. Sudden and frequent nausea and vomiting in large volumes, often immediately after intake, usually indicates a bowel obstruction in the small intestines, while obstructions of the colon usually result in more delayed vomiting, with fecal emesis. If obstruction is partial or inoperable, dexamethasone may relieve some of the symptoms because it reduces inflammation and swelling as well as providing relief of nausea.*

59.

Which of the following heart sounds is an indication of heart failure in an older adult?

Opening snap

Ejection click

Friction rub

**S3**

**Explanation:**

The heart sound rhythm that is categorized as S3, heard with patient lying on left side, may indicate heart failure or left ventricular failure in older adults. An opening snap is an unusual high-pitched sound that is caused by mitral valve stenosis from rheumatic heart disease. An ejection click is a brief high-pitched sound occurring immediately after S1, and may indicate a septal defect. Friction rub is a dry, grating sound heard in systole and diastole with pericarditis.

60.

Chronic renal failure is characterized by all of the following except:

Hypokalemia.

Sodium and fluid retention.

Anemia.

Metabolic acidosis.

**Explanation:**

Chronic renal failure is characterized by hyperkalemia rather than hypokalemia. Chronic renal failure occurs when the kidneys are unable to filter and excrete wastes, concentrate urine, and maintain electrolyte balance because of hypoxic conditions, kidney disease, or obstruction of the urinary tract. It results first in azotemia (increase in nitrogenous waste in the blood) and then in uremia (nitrogenous wastes cause toxic symptoms.) Metabolic acidosis and sodium and fluid retention occur as well as anemia. When more than 50% of the functional renal capacity is destroyed, the kidneys can no longer carry out necessary functions and progressive deterioration begins over months or years.

61.

A hospice patient has suffered a stroke in the left hemisphere with right-sided paralysis. Which of the following symptoms should the nurse anticipate?

Aphasia

Nausea and vomiting

Respiratory and cardiac dysfunction

Left-sided neglect

**Explanation:**

*Left-hemisphere strokes often result in right-sided paresis or paralysis and aphasia, which may be expressive, receptive, or global. Patients also may experience short-term memory loss and difficulty learning new materials. Brainstem strokes may impair respiratory and cardiac function. Cerebellar strokes may cause ataxia, nausea and vomiting, headaches, and dizziness or vertigo. Right-hemisphere strokes result in left paresis or paralysis and left-sided neglect (lack of perception of things on the left side), as well as short-term memory loss and depression.*

62.

A palliative care patient has been drinking heavily and smoking. He states that he has been having severe episodes of chest pain about the same time each afternoon when he is watching television. Which diagnosis is most likely?

Esophageal varices

Stable angina

Unstable angina

## Variant (Prinzmetal's) angina

### **Explanation:**

Variant angina, also known as Prinzmetal's angina, results from spasms of the coronary arteries. This form of angina is not caused by physical or emotional stress, but can be associated with intake of nicotine, alcohol, or other stimulant such as cocaine. Variant angina frequently occurs cyclically at the same time each day, usually while the person is at rest. Stable angina episodes usually last for less than 5 minutes and are fairly predictable, exercise-induced episodes caused by atherosclerotic lesions blocking more than 75% of the lumen of the effected coronary artery. Unstable angina is a progression of coronary artery disease and occurs with a change in the pattern of stable angina. Esophageal varices usually cause no symptoms before bleeding.

63.

Which of the following drugs used for terminal sedation is a very rapid, short-acting benzodiazepine?

Pentobarbital

Propofol

**Midazolam**

Lorazepam

### **Explanation:**

Midazolam is a very rapid, short-acting benzodiazepine used for terminal sedation. It can be administered intravenously or subcutaneously. Pentobarbital is a long-acting barbiturate that is administered intravenously or subcutaneously, while propofol is an anesthetic agent with very rapid onset that requires continuous intravenous (IV) infusion. Lorazepam is a short-acting benzodiazepine that can be administered orally, buccally, intravenously, or subcutaneously.

*Terminal sedation is indicated when the patient has severe symptoms that cannot be relieved, including intractable pain, severe nausea and vomiting, feeling of suffocation, and seizures.*

64.

The most common type of pathological fracture found in patients in palliative care is:

Spinal fracture.

**Femur fracture.**

Wrist fracture.

Ankle fracture.

***Explanation:***

*Femur fractures are the most common pathological fractures found in palliative care patients. These fractures may result from preexisting osteoporosis or from a traumatic injury, such as a fall. Additionally, some types of cancer, such as breast cancer and prostate cancer, may metastasize to the femur, weakening it and resulting in fracture. Treatment varies but may include analgesia, surgical repair as well as radiation to shrink the underlying tumor with metastasis. The extent of treatment depends on the patient's condition and life expectancy.*

65.

Which of the following drugs is most likely to cause extrapyramidal symptoms, such as akinesia and dystonia?

Phenytoin

Dilaudid

**Haloperidol**

Fluoxetine

***Explanation:***

*Haloperidol is a common cause of extrapyramidal symptoms. These effects are the result of drug influence on the parts of the nervous system that control involuntary movement and help coordinate voluntary movements. Extrapyramidal symptoms include:*

- *Akinesia (inability to start movement)*
- *Akathisia (inability to stop movement)*
- *Dystonia (extreme and uncontrolled muscle contraction, torticollis, flexing, and twisting)*

*The most common extrapyramidal condition caused by antipsychotic agents is tardive dyskinesia. Individuals with this condition are unable to control their movements, and display tics, lip smacking, and eye blinking. The term tardive refers to the delayed onset of the symptoms. Even after the discontinuation of a drug, extrapyramidal side effects may still be present.*

66.

**When treating anxiety in a geriatric patient, which type of medication is preferred?**

**Short-acting benzodiazepine**

Long-acting benzodiazepine

Tricyclic antidepressant

$\beta$ -adrenergic agent

**Explanation:**

*When treating anxiety in a geriatric patient, short-acting benzodiazepines, such as lorazepam or temazepam, are usually well tolerated, while tricyclic antidepressants and  $\beta$ -adrenergic agents may cause adverse effects. Short-acting benzodiazepines are also the drugs of choice for pediatric patients. Long-acting benzodiazepines may result in confusion in the elderly. If benzodiazepines are not effective, patients may respond to selective serotonin reuptake inhibitors (SSRIs) or low-dose antihistamines. Low-dose antihistamines have a sedating effect and can be especially useful for treating anxiety in geriatric patients who also have respiratory dysfunction.*

67.

**A palliative care patient requires intravenous therapy for about 6 to 8 weeks. Which of the following central venous access devices is most commonly used for this duration?**

Non-tunneled central catheter

**Peripherally inserted central catheter (PICC)**

Tunneled central catheter

Implantable port

**Explanation:**

*Peripherally-inserted central catheters (PICCs) are frequently used for intravenous (IV) infusions that will continue for several weeks or months (intermediate-term). PICC lines are used for chemotherapy and are inserted in one of the arms, usually below the elbow. Non-tunneled central catheters are used for short-term therapy of less than 6 weeks. Tunneled central catheters are inserted when patients require long-term intravenous therapy as these devices*

can remain in place for many years. Implantable ports are also used primarily for long-term IV therapy. Once implanted, the ports require little care and are easily accessed.

68.

Opioid tolerance is characterized by all of the following except:

Experiences markedly increased side effects.

Complains of pain much more severe than expected with condition.

Needs excessively high doses to control pain.

Experiences very few side effects (such as drowsiness).

**Explanation:**

*Patients with opioid tolerance do not exhibit an increase in side effects. On the contrary, one of the characteristics of opioid tolerance is that patients experience a very low incidence of side effects or have very mild side effects. Other characteristics include complaints of pain that is much more severe than usually associated with the patient's condition or disease. Additionally, the patient tends to need excessively high doses of the medication to control pain and may request pain medications much more frequently as pain breaks through. If patients require larger and larger doses to relieve pain, then changing to a different medication is usually indicated.*

69.

The complementary therapy that is the probably the most effective adjunct therapy for pain is:

Music therapy.

Therapeutic touch.

Massage.

**Acupuncture.**

***Explanation:***

*Acupuncture is probably the most effective adjunct therapy for pain and is widely used. Music therapy may reduce the need for analgesia by helping the patient relax. Therapeutic touch has also been widely used and many patients feel it relieves pain even though recent studies suggest that it is not effective. Therapeutic touch is passive, requiring little involvement of the patient, and patients may find it comforting. Massage can relieve muscle discomfort and promote relaxation.*

70.

**Non-steroidal anti-inflammatory drugs (NSAIDs) are contraindicated as co-adjuvants with which of the following?**

Anticonvulsants

**Corticosteroids**

Bisphosphonates

Antidepressants

***Explanation:***

*Non-steroidal anti-inflammatory drugs (NSAIDs) are contraindicated as co-adjuvants with corticosteroids because they have similar side effects and can increase the risk of gastrointestinal irritation and bleeding. NSAIDs may be used as sole analgesia initially to treat mild to moderate pain and are used as adjuvant drugs with opioids at steps 2 or 3 of the analgesic ladder. NSAIDs provide an anti-inflammatory effect and are especially effective for reducing bone pain. While NSAIDs do not produce dependence or addiction and may reduce the need for opioids, they are associated with many adverse effects.*

71.

**Withholding food and fluids in the dying patient can cause increased ketone production and electrolyte imbalance that result in:**

**Decreased pain and discomfort.**

Increased respiratory distress.

Nausea and vomiting.

Increased peripheral edema.

***Explanation:***

*Withholding food and fluids in the dying patient can lead to increased ketones, which elevate levels of endorphins and lead to an electrolyte imbalance that results in analgesia and decreased pain and discomfort. Respiratory distress may lessen because of a decrease in pulmonary fluids. Nausea and vomiting can result if food and fluids are provided to a patient whose digestive system is slowing down. As the kidney function fails, fluids can cause increased peripheral edema and congestive heart failure, adding to a patient's discomfort and risk of developing pressure ulcers.*

72.

An elderly male with a history of enlarged prostate is receiving hydromorphone for pain as well as a tricyclic antidepressant. He is most at risk for the adverse effect of:

Myoclonus.

Pruritis.

**Urinary retention.**

Delirium.

***Explanation:***

*Opioids pose a risk of urinary retention, especially in older males with an enlarged prostate. Urinary retention may also occur when patients are taking tricyclic antidepressants along with an opioid. Patients may develop increased smooth muscle tone, which can cause bladder spasms. However, in some cases, this increased tone affects the sphincter, leading to urinary retention. Myoclonus can occur with all opioids but is related to dose and toxicity. Pruritis is most common with morphine. Delirium usually results from a combination of problems, such as electrolyte disorders or organ failure, along with opioids.*

73.

Which adjuvant drug is most appropriate for osteolytic bone pain?

Tricyclic antidepressants

Anticonvulsants

Corticosteroids

## Bisphosphonates

### **Explanation:**

*Bisphosphonates are commonly used as adjuvant drugs to relieve osteolytic bone pain since they can help slow down the breakdown of bone. Tricyclic antidepressants are used to treat burning neuropathic pain and to relieve insomnia or depression, while anticonvulsants are used for sharp, shooting, shock-like neuropathic pain. Corticosteroids have broad use for bone pain, neuropathic pain, visceral pain, and cord compression, as well as pain crisis. .*

74.

In the last stages of amyotrophic lateral sclerosis (ALS), almost all patients:

Exhibit signs of dementia.

**Require mechanical ventilation to breathe.**

Have weight gain.

Exhibit slight slurring of speech.

### **Explanation:**

*In the last stages of amyotrophic lateral sclerosis (ALS), profound muscle weakness leads to an inability to breathe independently and patients require mechanical ventilation to breathe. Some patients sign an advance directive indicating that they do not wish to be placed on a ventilator. Some ALS patients may exhibit signs of dementia in the later stages of the disease. Weight loss is common as patients have increasing difficulty chewing and swallowing. Slurred speech tends to occur early in the disease process.*

75.

As her husband nears death, a woman begins to imitate some of her husband's behaviors. Which type of grief response does this represent?

Physical

Spiritual

Sociocultural

**Psychological**

***Explanation:***

*A psychological response to grief can include imitating a deceased spouse's behavior. Other psychological responses include anger, guilt, suspicion, and other emotional responses, as well as idealization of or ambivalence about the deceased. Physical responses might include insomnia, nervousness, palpitations, crying, and weight gain or loss. A spiritual response to grief may involve fear of God, anger at God, or focusing on beliefs about the afterlife. Sociocultural responses to grief refer to the death rituals or attitudes about life-prolonging measures that are normative in a particular society, community, or group.*

76.

A dying patient has taken no fluids for 24 hours. Which measure is most appropriate to alleviate discomfort from dehydration?

**Providing mouth care and moistening mucous membranes**

Administering intravenous fluids

Placing ice chips in the patient's mouth

Encouraging sips of fluid

**Explanation:**

*Patients normally stop taking fluids as they near death, resulting in dehydration and drying of the mucous membranes of the mouth. Frequent mouth care, including moistening of the mucous membranes, can alleviate mouth discomfort. Mouth care includes cleaning with a soft toothbrush or sponge swab, rinsing the mouth with water, misting with a spray bottle, or placing loose damp gauze over the patient's mouth. The patient's lips should be lubricated to prevent cracking. The mouth may be swabbed with artificial saliva, such as Salivart®.*

77.

All of the following are the direct result of decreased cardiac output and intravascular volume in the dying patient except:

Hypotension.

**Bradycardia.**

Mottling.

Peripheral/central cyanosis.

**Explanation:**

*Decreased cardiac output and intravascular volume result in tachycardia, not bradycardia, as the heart attempts to compensate. Patients become hypotensive and peripheral; central cyanosis occurs as the body attempts to conserve the blood supply for the internal organs. When the blood supply to the skin decreases, there is less oxygen and the skin surface may appear bluish.*

*The skin may also feel cool to the touch. As death nears, mottling, large patches that appear purple or reddish-blue, may appear, beginning with the soles of the feet, earlobes, and knees.*

78.

When evaluating a patient for pain management, the initial objective is to:

Identify treatable causes of the pain.

Assess the level of pain.

Choose an effective pain medication.

Assess the patient's psychological status.

***Explanation:***

*When evaluating a patient for pain management, the initial objective should be to identify treatable causes of the pain, such as improper positioning or infection. Addressing the cause of the pain may eliminate the need for pain management or may alter the course of pain management. Once treatable causes are identified and eliminated, if possible, then the level of pain and the patient's physical and psychological status can be evaluated in order to choose an effective pain medication or pain management program to meet the individual's needs.*

79.

A patient with advanced prostate cancer has been treated with diethylstilbestrol (DES). A common adverse effect is:

Hot flashes.

Increased libido.

**Gynecomastia.**

Bone pain.

***Explanation:***

*Gynecomastia is a common adverse effect of androgen-deprivation therapy with diethylstilbestrol (DES) because the normal balance of estrogen and testosterone is impaired. DES is a synthetic estrogen that results in breast enlargement. Other androgen-deprivation methods include orchiectomy, or the administration of luteinizing hormone-releasing hormone (LHRH) or other drugs that inhibit androgen, such as aminoglutethimide. All of these treatments may result in decreased libido. Hot flashes may occur after orchiectomy. Bone pain may occur in prostate cancer patients who also have bony metastases, however, this would not result from DES treatment.*

80.

**A patient with gastric distention has developed recurring hiccoughs. Which of the following medical treatments is most indicated?**

Haloperidol

Baclofen or chlorpromazine

**Metoclopramide**

Omeprazole

***Explanation:***

*Metoclopramide is used to relieve hiccoughs associated with gastric distention since it acts to empty the stomach contents. Agents containing simethicone/dimethicone may also relieve distention and relieve hiccoughs. Baclofen or chlorpromazine is also used to treat intractable hiccoughs. Omeprazole would be appropriate to treat prolonged hiccoughing caused by gastroesophageal reflux. Other medications, such as haloperidol, are sometimes given to relax the diaphragm muscle. Conservative approaches include eating a teaspoon of sugar or chewing on crushed ice. Hiccoughs may result from gastric distention, diaphragm irritation, pancreatitis, corticosteroids, renal failure, brain tumors, and infection.*

81.

**Palliative care can begin when:**

**A patient is diagnosed with a life-threatening disease.**

A patient's life expectancy is less than one year.

A patient's life expectancy is 6 months or less.

A patient requests palliative care.

***Explanation:***

*Palliative care can begin when a patient is diagnosed with a life-threatening disease, such as advanced cancer or amyotrophic lateral sclerosis (ALS). In some cases, patients with serious chronic diseases, such as chronic obstructive pulmonary disease (COPD) may be referred for palliative care even though death does not appear imminent. A patient request for palliative care is not adequate unless that patient has an appropriate diagnosis. Palliative care may be supportive in the early stages but intensifies as a patient's condition deteriorates.*

82.

**An opioid-naïve patient is one who:**

Is not responding to opioids.

Is resistant to opioids.

Has been taking daily opioids routinely.

**Has not been taking daily opioids routinely.**

***Explanation:***

*An opioid-naïve patient is one who has not been taking daily opioids routinely while an opioid-tolerant patient is one who has been taking daily opioids routinely (for at least a week or longer) at doses equivalent to 60-mg morphine (PO) daily, generally to control chronic and severe pain. The status of a patient in relation to opioids is important when symptoms escalate or new symptoms develop because opioid tolerance may lead to decreased drug effectiveness, although some adverse effects, such as respiratory depression, may actually decrease.*

83.

A patient is nearing death and has started to develop a pressure ulcer on the sacral area but moans loudly and is resistive when the nurses try to turn him. The best action is to:

Turn the patient frequently to prevent further skin deterioration.

**Allow the patient to lie undisturbed as much as possible.**

Increase pain medication so that the patient can be turned.

Transfer the patient to a bed with an alternating pressure mattress.

**Explanation:**

*When a patient is nearing death, the most important consideration is comfort, even if this means that some routine patient care, such as turning the patient, must be set aside. The patient should be allowed to lie undisturbed as much as possible. The process of transferring a patient to another bed may cause discomfort and distress.*

84.

A hospice patient with a coccygeal pressure sore has a Foley catheter (18Fr/30cc) for incontinence but develops bladder spasms about 4 weeks after the catheter was inserted. All of the following are appropriate to reduce the bladder spasms except:

Remove the catheter and provide disposable underwear.

Provide anticholinergic medications, such as oxybutynin.

Change the catheter.

Insert a Foley catheter of a smaller size or with a smaller balloon.

**Explanation:**

*Removing the Foley catheter and substituting disposable underwear is not a viable option given the presence of the coccygeal pressure sore. Because sediment builds up on a catheter over time and can irritate the bladder, routinely changing of the catheter may relieve symptoms. Inserting a catheter in a smaller size or with a smaller balloon can also result in less irritation to the bladder lining and reduce spasms. Oxybutynin can be effective in reducing spasms if more conservative methods are unsuccessful.*

85.

The most effective treatment for relief of an elevated temperature (102° F/38.8° C) is:

Acetaminophen or ibuprofen.

Aspirin.

Alcohol bath.

Cold bath.

***Explanation:***

*Acetaminophen (325 to 650 mg every 4 to 6 hours) or ibuprofen (200 to 800 mg every 4 hours) is commonly used to treat temperatures above 101° F/38.3° C. Aspirin is not recommended for control of fever because of possible adverse effects. Alcohol baths are no longer recommended and should be avoided. A cold bath may trigger shivering and increase patient discomfort. A bath in tepid water may help reduce a high temperature that does not respond to medications. In some cases, elevated temperature may indicate dehydration, so providing fluids is also important.*

86.

According to the American Nurses Association (ANA) Nursing Code of Ethics, nurses must support a patient's autonomy and self-determination. If a 44-year-old Asian female patient has stated a treatment preference but plans to leave the ultimate decision to family members, the nurse should:

Try to convince the patient to assert herself.

**Recognize that cultural values regarding individualism vary and respect the patient's right to be guided by her family.**

Tell the family that the patient should be the one to make the decision.

Ask the ethics committee to intervene.

**Explanation:**

*Under the American Nurses Association (ANA) Nursing Code of Ethics, autonomy and self-determination are viewed within the broad context of diverse cultures. The idea of individualism is less important in some cultures, so the nurse must respect and appreciate the patient's right to be guided by her family. Trying to convince the patient to assert herself may just lead to emotional conflict. This is not an appropriate concern for the ethics committee, as the woman is not being forced to comply with family decisions but chooses to do so.*

87.

A daughter returns home to assist her parents when her mother becomes terminally ill, but the father disagrees with the mother's choices regarding terminal care. The daughter sides with her father, and they apply pressure on the mother to change her mind. Under Bowen Family Systems Theory, this is an example of:

Triangle theory.

Projection.

Transmission.

Emotional isolation.

**Explanation:**

*According to Bowen family systems theory, this would be a classic example of a family triangle dynamic. Bowen family systems theory considers the relationship between three people to be a basic emotional unit that has great stability since tensions between any two members in the triad are mediated by the presence of the third party. The resulting dynamic often involves two of the people in agreement with the third person disagreeing, or feeling left out. Bowen family systems theory suggests that a person be understood in terms of the interdependent family*

unit, where a change in one person's behavior will affect the others in the family. Other concepts include:

- *Projection within a family: Emotional problems passed from parent to child*
- *Transmission (multigenerational): Small differences in conscious and unconscious transmission from parents to children allow for a differentiation between siblings*
- *Emotional isolation: Reducing or eliminating family contact as a way to deal with unresolved conflicts*

88.

All of the following communication skills are essential for collaboration except:

Ability to make casual conversation.

Competent public speaking ability.

Competent writing skills.

**Unassertive approach.**

***Explanation:***

*Collaboration requires an assertive rather than a nonassertive approach, with ideas stated in a calm, non-threatening manner. Other collaborative skills include:*

*Casual conversation: Asking open-ended questions, asking about other's work, or commenting on someone's contributions helps to establish a relationship.*

*Competence in public speaking: Collaboration requires that a nurse be comfortable speaking and presenting ideas to groups of people in a credible manner.*

*Competence in writing: The written word remains a critical component of communication, and the nurse should be able to communicate clearly and grammatically.*

89.

Which of the following statements is most effective for including the patient/family in the development of the interdisciplinary plan of care?

“Please ask us if you have any questions.”

“We will keep you informed of all plans.”

**“What would you like to include in your plan of care?”**

“How do you feel about your plan of care?”

***Explanation:***

*“What would you like to include in your plan of care?” gives the patient and family members a chance to be active participants in the development of the plan. The patient/family should be included from the beginning and encouraged to voice preferences and opinions. While patients and family members should be encouraged to ask questions and notified of necessary changes to the plan, this type of input usually occurs after the plan has been developed and does not give them control in the process.*

90.

The Domains of Quality Palliative Care include all of the following except:

Physical aspects of care.

**Economic aspects of care.**

Cultural aspects of care.

Psychological and psychiatric aspects of care.

**Explanation:**

*The economic aspects of care are not part of the Domains of Quality Palliative Care, which serves as a guide for the provision of care in palliative care programs. Palliative care can be provided in a variety of settings, including the home and hospital. The purpose of the guidelines is to promote quality care and facilitate partnerships and collaboration to meet patient needs. Domains include aspects of care related to:*

- *Structure and processes*
- *Physical*
- *Psychological and psychiatric*
- *Spiritual, religious, and existential*
- *Cultural*
- *Dying*
- *Ethical and legal*

91.

**A debilitated patient has developed chronic constipation with opioid use. Which of the following is recommended to prevent/treat constipation?**

Reduce the dose of opioid.

Administer bulking agents (such as psyllium).

Force fluids.

**Administer a stool laxative or softener.**

**Explanation:**

*A stool laxative or softener should be taken daily to prevent or treat constipation associated with opioid use. If patients cannot tolerate oral medications, then methylnaltrexone*

*subcutaneously may relieve constipation. Bulking agents should be avoided as they can increase constipation and impaction if the patient is not able to drink adequate fluids, as is common with debilitated patients. Reducing the dose of the opioid may increase the patient's pain, so treating the adverse effect is more important than removing the cause. While adequate fluid intake is preferred, forcing fluids may increase a patient's discomfort and cause nausea.*

92.

Two staff nurses in the hospice unit disagree about the best way to carry out duties, resulting in ongoing conflict and their refusal to work together. The first step in resolving this conflict is to:

Allow both individuals to present their side of the conflict without bias.

Encourage them to reach a compromise.

Tell them they are violating professional standards of conduct.

Make a decision about the matter.

***Explanation:***

*Steps to conflict resolution include:*

- *Allow both sides to present their side of conflict without bias, maintaining a focus on opinions rather than individuals.*
- *Encourage cooperation through negotiation and compromise.*
- *Maintain the focus, providing guidance to keep the discussions on track and avoid arguments.*
- *Evaluate the need for renegotiation, a formal resolution process, or third party involvement.*

*The best time for conflict resolution is when differences emerge but before open conflict and hardening of positions occur. The nurse must pay close attention to the people involved, try to understand the problem, listen carefully, and reassure those involved that their points of view are understood and respected.*

93.

All of the following are acceptable for disposal of used needles and lancets in the home except:

A commercially-purchased hard plastic sharps container.

A clear glass jar with metal lid.

A hard plastic opaque bleach bottle.

A secure metal container.

***Explanation:***

*Sharps should never be disposed of in glass containers because they may break. While state laws vary slightly, in general clear containers (plastic or glass) should always be avoided. Opaque puncture-resistant hard plastic or metal containers are acceptable, but should be clearly labeled with "Biohazard," "Do not recycle," or "Sharps," according to state guidelines. The lids should be secured with tape prior to disposal, which should be done in accordance to regulations. Most states allow disposal of such containers in household trash.*

94.

The nurse is in the room and attending the immediate and extended family of a dying infant during the death vigil. The mother is very upset and angry with the doctor for not saving her child. The most appropriate action for the nurse is to:

Reassure the family that the child's suffering will soon be over.

Sit quietly and interact with family if they desire.

Explain to the mother that the doctor is not to blame.

Hug the mother to provide comfort.

***Explanation:***

*During the death vigil, the nurse should stay with the family and sit quietly, allowing them to talk, cry, or interact if they desire. Other guidelines include:*

- *Avoid platitudes such as "His suffering will be over soon."*
- *Avoid judgmental reactions to what family members say or do and realize that anger, fear, guilt, and irrational behavior are normal responses to acute grief and stress.*
- *Show caring by touching the patient and encouraging the family to do the same. Note: Touching hands, arms, or shoulders of family members can provide comfort, but follow clues of the family and avoid hugging, which may be misconstrued.*
- *Provide referrals to support groups if available.*

95.

The nurse is teaching a patient to manage his pain pump for patient-controlled analgesia (PCA). Although the nurse explains at least 3 times, the patient asks the same questions over and over. The nurse provides a pamphlet with illustrations, but the patient barely looks at them and states he can't figure out what he needs to do. The next best approach is probably to:

Suggest a different method of pain control.

Arrange for someone else to manage the equipment.

Allow a rest period and then start again with instructions.

Allow the patient to practice with actual equipment.

***Explanation:***

*The patient's inability to understand oral instructions and disinterest in illustrations suggests that he may be a kinesthetic learner, so the nurse should allow the patient to handle the equipment and practice. Kinesthetic learners understand information best by handling, doing, and practicing with minimal directions and hands-on experience. Other learning styles include visual and auditory learners. Visual learners take in and understand new information by seeing and reading. Teaching strategies for visual learners include:*

- *Provide written directions, picture guides, or demonstrate procedures.*
- *Use charts and diagrams.*
- *Provide photos and videos.*
- *Auditory learners learn best by listening and talking. Teaching strategies for visual learners include:*
  - *Explain procedures while demonstrating and have learner repeat.*
  - *Plan extra time to discuss and answer questions.*
  - *Provide audiotapes.*

96.

**A palliative care patient undergoing chemotherapy has developed myelosuppression. The patient should be advised to avoid all of the following except:**

Strenuous activities.

Alcohol.

Shaving the legs, underarms, or face.

**High-protein diet.**

***Explanation:***

*Because myelosuppression (a decrease in bone marrow activity) can result in anemia and so increase the risk of inadequate oxygen supply to tissues, a high-protein diet is advised. Other effects of myelosuppression include neutropenia (a decrease in the white blood cells known as neutrophils), which increases the risk of infection, and thrombocytopenia (a decrease in the number of platelets in the blood), which increases the risk of bleeding. Patients should avoid activities that might stress the body or result in complications. Therefore, strenuous activities,*

shaving, and alcohol consumption should be avoided. The degree of myelosuppression varies depending on the type of chemotherapeutic agent used. For example, irinotecan (used to treat colon and rectal cancer) results in neutropenia, while fluorouracil results in suppression of red blood cells, white cells, and platelets.

97.

All of the following are part of Islamic burial rituals except:

Bathing the body.

**Cremating the body.**

Placing a shroud around the body.

Reciting a funeral prayer.

***Explanation:***

*Islamic tradition forbids cremation of the body. Traditionally, the body is bathed with water, with the genitals covered, usually by a spouse, parent of a minor child, or members of the family who are of the same gender. The washed body is wrapped in a shroud, usually made from plain white cloth, with 3 pieces used for males and 5 for females. Funeral prayers (Janazah) are said during a gathering of people to honor the dead. Burial should take place within 24 hours of the death.*

98.

A common respiratory pattern found in dying patients is:

**Cheyne-Stokes respirations.**

Kussmaul respirations.

Tachypnea.

Bradypnea.

**Explanation:**

*Cheyne-Stokes respirations are common in dying patients. This type of respiration is characterized by hypernea (deep breaths) alternating with apnea (cessation of breath). As the lungs become less effective and more congested, gas exchange is poor, and carbon dioxide levels increase. This increase usually triggers respiration, but as brain function decreases, this function is impaired, so respirations may deepen and then become more shallow and irregular with periods of apnea that may last for up to a minute in a repeating cycle. Kussmaul respirations are characterized by labored, gasping breaths, and are associated with metabolic acidosis. Tachypnea refers to a respiratory pattern of rapid, shallow breaths, while bradypnea refers to a pattern of breathing much slower than normal.*

99.

**A cancer patient has developed white lesions on the tongue and inside of the cheeks. The tissue is irritated and painful and is bleeding slightly. Which treatment is indicated?**

Antibiotic, such as tetracycline

Artificial saliva, such as Salivart®

**Antifungal medication, such as Nystatin oral suspension**

Mucous moisturizer, such as lemon-glycerin swabs

**Explanation:**

*The symptoms described are typical of oral candidiasis (thrush), which is common with cancer patients. Nystatin oral suspension often is used to treat the condition and relieve symptoms. If candidiasis persists or does not respond well to oral suspension or troches, then a systemic medication such as fluconazole may be indicated. Providing good mouth care and keeping the mucous membranes moist can help to prevent candidiasis. Dentures should be removed during the night and after meals for cleansing. In some patients, the white lesions may be absent, but the tongue may be reddened and irritated.*

100.

Acetaminophen is contraindicated as an adjuvant drug for patients with:

Intense pain.

Gastrointestinal bleeding.

Neurological disorders.

**Liver disease.**

**Explanation:**

*Acetaminophen is contraindicated in patients with liver disease as toxicity may occur, especially if the patient is alcoholic. Acetaminophen is commonly used as an adjuvant for mild to moderate pain but can also be used with more severe pain, especially if the patient cannot tolerate nonsteroidal anti-inflammatory drugs (NSAIDs). Acetaminophen rarely causes gastrointestinal irritation and does not affect platelets, so it does not increase the danger of bleeding. Acetaminophen can be used in patients who have a hypersensitivity to aspirin.*

101.

Which of the following statements by a caregiver of a patient dying with multiple sclerosis most indicates a risk for patient abuse?

**"There's no reason for mother to be incontinent! The next time, she can just lie in it!"**

"Sometimes I just wish mother would die and get it over with."

"I'm so tired of getting up at night. Sometimes I feel like crying."

"I don't know how much longer I can do this without help."

***Explanation:***

*"There's no reason for mother to be incontinent! The next time she can just lie in it!" indicates that the caregiver is blaming the patient for problems common to a dying patient rather than focusing on the problem of incontinence, and this can indicate the possibility of abuse in which the caregiver essentially "punishes" the patient. Caregivers, especially those involved in long-term care, often express that they wish the patient would die. They may feel that the patient is suffering or they are exhausted from caregiving. Feeling tired and overwhelmed are common problems associated with caregiving but should not be read as warnings of potential abuse.*

102.

All of the following are part of formal closure activities after a patient dies except:

Visiting the family.

Sending a card of condolence.

**Assisting family in making funeral arrangements.**

Telephoning family members.

**Explanation:**

*Assisting the family in making funeral arrangements is outside of the expected formal closure activities and responsibilities of the hospice nurse. However, making a final visit to the family after a patient's death can help the family find closure. Other appropriate activities include telephoning family members and sending cards or messages of condolence. In some cases, family members may want to establish long-term relationships with healthcare providers, but this can establish a dependent relationship that may prove detrimental and should be avoided.*

103.

For quality/performance improvement, the best tool to determine methods to streamline processes is:

Root-cause analysis.

**Tracer methodology.**

Family survey.

Staff survey.

**Explanation:**

*Tracer methodology looks at the continuum of care a patient receives from admission to post-discharge. A patient is selected to be "traced," and the medical record serves as a guide. Tracer methodology uses the experience of the selected patient to evaluate the processes in place through documents and interviews. Root-cause analysis (RCA) is a retrospective attempt to determine the cause of an event, often a sentinel event such as an unexpected death, or a cluster of events. Root-cause analysis involves interviews, observations, and review of medical records. Family and staff surveys may provide helpful but less detailed information.*

104.

A dying patient is experiencing severe breathlessness and is gasping for breath. The patient is opioid-tolerant and taking parenteral morphine to control pain. Which of the following is likely to be most effective to relieve the discomfort associated with dyspnea?

Increase morphine dose by 2.5 mg.

Provide the patient with oxygen.

Add 5 mg of morphine orally every 4 hours.

Position the patient with the head of the bed elevated.

***Explanation:***

*For patients already receiving morphine, increasing the dose by 2.5 mg may relieve the sensation of breathlessness. Opioid-naïve patients may benefit from a dose of 5 mg morphine orally every 4 hours. Providing oxygen usually only provides some relief if the dyspnea is associated with hypoxia, such as with patients with chronic obstructive pulmonary disease (COPD), and patients may feel that the oxygen is helpful, thereby reducing their anxiety. Elevating the head of the bed should be done routinely for patients with dyspnea, but that alone may be ineffective for severe dyspnea.*

105.

A Hmong patient with stage IV ovarian cancer is dying but tells the nurse that a Hmong shaman is coming to provide a healing, which she believes may cure her. The best response for the nurse to give is:

“That is not realistic in your condition.”

"If you believe, then a cure is possible."

"You will need your doctor's permission."

**"What can I do to help?"**

***Explanation:***

*According to the Dying Person's Bill of Rights, every patient has a right to hope for the best outcome and to participate in religious or spiritual activities of their choice, so the correct response would be to ask, "What can I do to help?" The nurse should not express an opinion that the healing is unrealistic nor put the burden on the patient by saying, "If you believe." Patients have a right to seek spiritual guidance and healing without a doctor's permission. Traditional Hmong families may shun Western medicine and rely solely on healers, while Christian Hmong may rely only on Western medicine. However, many Hmong people straddle both the traditional and Western worlds.*

106.

**The primary criterion for referral to a hospice program is:**

Severe intractable pain.

Life-threatening disease.

**Probability that death will occur within 6 months.**

Do not resuscitate (DNR) order.

***Explanation:***

*The primary criterion for referral to a hospice program is the probability that death will occur within 6 months. Generally, hospice programs require patients to have a “do not resuscitate” (DNR) order and a diagnosis of a life-threatening disease. These criteria alone are not sufficient, however, since patients with longer life expectancies can be referred to palliative care programs. Severe intractable pain may be one problem hospice addresses, but pain can occur in patients who do not have a life-threatening disease.*

107.

A patient with ovarian cancer uses fentanyl patches to control pain. She complains that she suddenly has difficulty urinating and only dribbles small amounts. Her bladder is not distended, but the patient complains of bilateral pain in the flank areas. She has no fever. Her electrolyte count shows slight hyperkalemia. The most likely cause is:

Upper urinary tract obstruction.

Bladder neck obstruction.

Bladder infection.

Opioid-induced deficiency of detrusor muscle contraction.

***Explanation:***

*Pain in the flank areas and lack of bladder distention suggest that the cause of the urinary retention is an upper urinary tract obstruction resulting from spread of the ovarian cancer. If the ureters are obstructed and urine is unable to drain, the patient will develop uremia, which is associated with hyperkalemia. With bladder infection or opioid-induced deficiency of detrusor muscle contractions, the bladder should fill normally and become distended, with pain usually felt in the suprapubic area.*

108.

A patient dying has bladder incontinence and her skin is becoming irritated. She is increasingly confused and somnolent but asks for water. Turning is painful to her. The best solution is:

Disposable underwear.

Skin barriers.

Withholding fluids.

Foley catheter for urinary drainage.

***Explanation:***

*While Foley catheters pose a risk of increased infection, this is not a primary concern in the dying patient, and insertion of the Foley catheter to control incontinence can provide a measure of comfort and may reduce skin irritation. While disposable underwear and skin barriers may be the first choice when a patient is more able to move during the earlier stages, turning and moving the patient to apply and remove underwear and skin barriers may increase discomfort in the later stages of dying.*

109.

According to the National Center for Complementary and Alternative Medicine, which of the following is an example of a whole medical system?

Acupuncture

Meditation

Vitamin therapy

## Massage

### **Explanation:**

*Whole medical systems are based on coherent medical theories and practices that were developed before or as an alternative to standard Western medical theory and practice. According the National Center for Complementary and Alternative Medicine (NCCAM), whole medical systems include traditional Chinese medicine (which uses acupuncture and herbal medications), Ayurvedic medicine, homeopathy, and naturopathy. Meditation is an example of a mind-body practice; other examples of this include tai chi, chi gong, yoga, and guided imagery. Biologically-based natural product practices include the use of food, vitamins, or nutrition for healing. Manipulative/body-based programs include massage or spinal manipulation, such as chiropractic treatment. NAACM also recognizes other complementary and alternative medical practices, such as energy therapies (therapeutic touch, Reiki, chi gong, and bioelectromagnetic-based practices) and movement therapies (pilates, Rolfing, Feldenkrais method, Alexander technique, Trager).*

110.

When preparing written materials for patients, what readability level would be appropriate for a homogeneous adult patient group in an affluent area?

Grade 6 level

Grade 9 level

Grade 3 level

Grade 12 level

### **Explanation:**

*The best readability level is grade 6. The average American reads effectively at the 6th to 8th grade level (regardless of education achieved), and research shows that even people with much higher reading skills learn medical and health information most effectively when the material is*

*presented at this readability level. A third-grade level would be too simplified for most native speakers but might be appropriate for immigrant populations with limited English.*

111.

Which of the following is a violation of professional boundaries on the part of the nurse?

The nurse accepts a box of chocolates to be shared by all unit staff from a patient's daughter.

**The nurse confides to the patient that he, like the patient, is getting a divorce, so he understands the patient's stress.**

The nurse assists a patient in placing a call to his landlord so the patient can explain that he cannot pay the rent on time.

The nurse finds a patient crying and places his hand on the patient's shoulder.

***Explanation:***

*The nurse should not disclose personal information, such as an impending divorce, because this establishes a social relationship that interferes with the professional role of the nurse. Small tokens of appreciation that can be shared with other staff, such as a box of chocolates, are usually acceptable (depending upon the policy of the institution), but almost any other personal gifts (jewelry, money, or clothes) should be declined. Assisting a patient to place a phone call is not a boundary issue. Touching should be used with care since some kinds of physical contact, such as hugging, may be misconstrued as inappropriate touching.*

112.

A hospice patient with congestive heart failure has developed dependent edema of the lower extremities. All of the following are appropriate treatments except:

Elevate legs.

Apply graded elastic compression stockings.

Administer diuretics.

**Bed rest.**

***Explanation:***

*Bed rest is not an appropriate treatment for dependent edema because activity may aid venous return and maintain muscle tone and strength. Treatment for dependent edema includes providing skin care, elevating the legs, applying graded elastic compression stockings, and administering a diuretic. Edema is rated on a 1 to 4 point scale:*

- *1+ Slight pitting to about 2 mm (persists 10–15 seconds)*
- *2+ Moderate pitting to about 4 mm (persists 10–15 seconds)*
- *3+ Moderate-severe pitting to about 6 mm (persists >1 minute)*
- *4+ Severe pitting to 8 mm or more (persists 2–5 minutes)*

113.

**Self-determined life closure is indicated by:**

Completion of advance directives.

Death in the home rather than in a hospital.

Request for a do not resuscitate (DNR) order.

**Honoring the patient's wishes regarding end-of-life care.**

***Explanation:***

*Self-determined life closure empowers patients to make decisions about end-of-life care. While advance directives and a "do not resuscitate" (DNR) request may contribute to self-determined life closure, the most important factor is ensuring that the patient's wishes are honored. In some cases, when a patient is no longer able to make decisions, others might make decisions that are at odds with the patient's wishes, either because they are unaware of those wishes or hold different opinions and beliefs about proper care. In self-determined life closure, caregivers and healthcare providers are aware of the patients' wishes related to end-of life care, such as pain control, hospitalization, and cardiopulmonary resuscitation (CPR), through either advance directives or discussions, and ensure that the patients' preferences are respected.*

114.

The interdisciplinary team is considering adding a member to assist in coordinating care for an increasing number of pediatric patients. The most appropriate addition would be a:

Child life specialist.

Occupational therapist.

Dietitian.

Play therapist.

***Explanation:***

*A child life specialist has a broad knowledge of child development and expertise in developmental assessments. This specialist works with families, prepares children for painful or unpleasant procedures, and facilitates therapeutic play. A child life specialist addresses the unique needs, both physical and emotional, of children of all ages. Additionally, child life specialists can serve as resources for other healthcare providers and families, helping them*

gain more knowledge about the needs and care of children. Child life specialists are trained in stress reduction techniques to reduce anxiety in children and their families.

115.

A 76-year-old female with end-stage heart failure was referred for hospice care by her physician 6 months earlier (two 90-day periods), but she is still alive. A staff nurse asks the certified hospice and palliative nurse if the patient will be removed from hospice care. The best response is:

“She will be removed from hospice care until her condition worsens because she has exceeded the 6-month period.”

“She has exhausted all of her hospice care benefits and will be removed from hospice care.”

“She can continue with hospice care as long as the physician authorizes the care every 60 days.”

“She can continue with hospice care if the physician continues to authorize care every 90 days.”

**Explanation:**

*Initially, the physician must certify that a patient who is eligible for Medicare A is terminal with a life expectancy of 6 months or less (two 90-day periods), but if the patient remains alive, the physician can extend coverage by authorizing care every 60 days. The goal is to maintain the patient in the home environment with home health aides, homemakers, durable goods, pain management, case management, counseling, and social worker assistance. Routine intermittent home care must comprise 80% of total care with in-home continuous care and in-patient hospice care available for short periods.*

116.

Which of the following should require input from all members of the interdisciplinary team?

Titration of pain medications

### Developing the plan of care

Instructing the patient in stress reduction techniques

Managing skin care

#### ***Explanation:***

*All members of the interdisciplinary team (IDT) should be involved in the development of the plan of care and in making major changes in the plan of care. However, individual members of the team may assume responsibility for more specific matters in which they are directly involved, such as titrating pain medication, skin care, and stress reduction. In many cases, the leader of the IDT is a physician, but decision making should be a shared exercise. Nurses who provide direct care may have more insight into patient needs than other healthcare providers with less direct contact.*

117.

A family member stops the nurse and asks, "Could you tell me what is wrong with the patient across the hall from my father? He seems so agitated." The response that complies with the Health Insurance Portability and Accountability Act (HIPAA) is:

**"The law doesn't allow me to give out any information about patients in order to protect their privacy and safety."**

"His daughter is in the lounge. You can go ask her."

"Why are you asking?"

“He has cancer, like your father.”

**Explanation:**

*“The law doesn’t allow me to give out any information about patients in order to protect their privacy and safety” is the accurate and appropriate answer. The Health Insurance Portability and Accountability Act (HIPAA) addresses the privacy of health information. It is essential to never release any information or documentation about a client’s condition or treatment without consent. Personal information about the client is considered protected health information (PHI), and it includes any identifying or personal information about the client, such as health history, condition, or treatments in any form, and any documentation. Failure to comply with HIPAA regulations can make one liable for legal action.*

118.

A hospice patient develops a severe and spreading infection of a draining pressure sore, resulting in markedly increased pain and fever. Culture shows a methicillin-resistant *Staphylococcus aureus* (MRSA) infection. The best treatment is:

Addition of adjuvant pain medications to current pain management.

**Antibiotics and modification in pain management.**

Increased opioid dose.

Contact precautions.

**Explanation:**

*While in some cases infections may be allowed to run their course in hospice patients nearing death, this MRSA infection is increasing the patient’s pain, so antibiotics should be used to provide palliation, and the pain management should be modified so the patient is more comfortable. Additionally, MRSA poses a threat to caregivers because it is easily transmitted by*

contact, so reducing the risk to others can be factored into the decision to treat the infection. Caregivers should be advised to use both standard and contact precautions.

119.

A patient with cognitive impairment has pancreatic cancer. Nonverbal behavior that can indicate pain include all of the following except:

Rapid, labored breathing.

Moaning.

Grimacing.

**Excessive sleeping.**

***Explanation:***

*Excessive sleeping usually does not indicate pain. Careful observation of nonverbal behavior can indicate pain. These behaviors include:*

- *Respirations: Rapid and labored breathing increases as pain increases, with short periods of hyperventilation or Cheyne-Stokes respirations*
- *Vocalization: Patient remains negative in speech or speaks quietly and reluctantly. Patient may moan or groan, call out, or cry*
- *Facial expressions: Sad or frightened, frowning or grimacing, especially during activities that increase pain*
- *Body language: Tense, fidgeting, pacing. As pain increases, patient may become rigid, clench fists, or lie in the fetal position and become increasingly combative*
- *Consolability: Patient becomes less distractible or consolable*

120.

A patient's son insists that he should make all decisions regarding patient care even though the patient is alert and able to make decisions. The best approach is to:

Inform the son that the patient has the legal right to make the decisions.

Inform the patient that the son insists on making decisions for the patient.

Refer the issue to the ethics committee.

**Arrange a family meeting with the patient, the son, and healthcare providers to discuss the patient's wishes.**

***Explanation:***

*While the patient has the legal right to make decisions, family and cultural dynamics vary widely, so pointing this out to the son or informing the patient of the issue may only cause conflict. A better approach is to arrange a family meeting with the son, the patient, and healthcare providers so that the patient can express opinions about who should make decisions, when it's appropriate for the son to make decisions, and what the patient ultimately wants. This is not an issue for the ethics committee.*

121.

When evaluating outcomes data for evidence-based practice, the type of data that includes measures of mortality, longevity, and cost-effectiveness is:

Clinical.

Psychosocial.

**Integrative.**

Physiological.

**Explanation:**

*Integrative outcomes data is particularly useful in evidence-based practice since it includes measures of mortality, longevity, and cost-effectiveness. A number of different types of outcomes data can also be considered:*

- *Clinical: Symptoms, diagnoses, staging of the disease, and indicators of individual health*
- *Physiological: Measures of physical abnormalities, loss of function, and activities of daily living*
- *Psychosocial: Feelings, perceptions, beliefs, functional impairment, and role performance*
- *Organizational: Re-admissions, adverse reactions, and deaths*

122.

A patient has been receiving parenteral morphine sulfate at a dose of 10 mg every 4 hours but will be switched to an oral equianalgesic. All of the following are acceptable choices except:

Codeine, 180 mg every 4 hours.

Oxycodone controlled-release, 40 mg every 12 hours.

Hydrocodone, 30 mg every 4 hours.

Morphine controlled-release, 90 mg every 12 hours.

**Explanation:**

*Some medications, such as codeine, may have pronounced side effects at doses high enough to be equianalgesic. Doses of codeine above 60 mg are not appropriate because the analgesic effect decreases with incrementally higher doses, and side effects, such as nausea, vomiting,*

and constipation, increase. When changing drugs, it's usually best to start at a dose that is slightly lower than the equianalgesic dose because tolerance to different drugs may vary.

123.

When assessing a patient with dysarthria, the best approach is to:

Speak loudly and clearly.

**Ask yes/no questions.**

Ask information questions.

Use visual aids to communicate ideas to patient.

***Explanation:***

*In general, yes/no questions are easiest for patients with dysarthria. It's important not to rush patients or try to complete their statements for them. If the patient is not able to speak at all, then the patient's ability to indicate yes/no by blinking or nodding should be assessed.*

*Dysarthria is unrelated to intelligence or hearing, so the nurse should use age-appropriate vocabulary and materials and speak in a normal tone of voice, facing the patient, so the nurse can observe gestures and facial expressions that the patient may use as augmentative and assistive communication (AAC).*

124.

A rescue dose should be what percentage of the hourly parenteral opioid dose?

5–15%.

10–20%.

**25–50%.**

50–70%.

***Explanation:***

*The rescue dose for parenteral opioids should be approximately 25% to 50% of the hourly dose. Rescue doses are used as needed to relieve pain that breaks through despite regularly scheduled drugs. For patients on oral opioids, the rescue dose should be 5% to 15% of the 24-hour baseline dose. Rescue doses should be rapid-acting or immediate-release so that pain is controlled rapidly. The number of rescue doses needed in a 24-hour period helps to determine the need for titration of the baseline dose.*

125.

**When the nurse delegates a task to another healthcare provider, the most important consideration when choosing the right person is:**

Availability.

Reliability.

**Education/skills.**

Years of experience.

***Explanation:***

*The most important consideration is the education and skills of the person to whom the task is delegated. The five rights of delegation include:*

- *Right task: Determine an appropriate task to delegate for a specific patient.*
- *Right circumstance: Consider the setting, resources, time factors, safety factors, and all other relevant information to determine the appropriateness of delegation.*
- *Right person: Choose the right person (by virtue of education and skills) to perform a task for the right patient.*
- *Right direction: Provide a clear description of the task, the purpose, any limits, and expected outcomes.*
- *Right supervision: Supervise, intervene as needed, and evaluate the performance of the task.*

126.

A dying patient with lung cancer develops sudden onset of confusion, restlessness, and anxiety and begins to moan, grimace, and thrash about the bed. The most likely cause is:

Increased pain.

**Terminal delirium.**

Brain metastasis.

Stroke.

***Explanation:***

*Sudden onset of confusion, restlessness, and anxiety in a dying patient is often caused by terminal delirium and is common, affecting almost 90% of patients in the last one to two days of life. Pain usually decreases in the dying patient so a severe sudden increase in pain is not likely. A stroke would usually result in some evidence of weakness on one side, and the onset of symptoms with brain metastasis would be less abrupt. Medications, such as anti-anxiety agents (lorazepam) and neuroleptics (haloperidol) may relieve symptoms of delirium. Causes can include drug toxicity, distended bladder, or constipation.*

127.

Disadvantages of providing intravenous (IV) fluids for hydration to the terminally ill patient include everything except:

May hasten death.

May increase urinary output and incontinence.

May result in congestive heart failure.

May result in skin breakdown.

***Explanation:***

*Intravenous (IV) fluids may prolong dying rather than hastening death. Other disadvantages include an increased risk of:*

- *Congestive heart failure and pulmonary edema with increased dyspnea*
- *Skin breakdown due to increased urinary output and incontinence*

*On the other hand, providing IV fluids for hydration may relieve the family's anxiety that the patient is thirsty and may keep the mouth moist; educating family members about the dehydration in the death process may help allay this anxiety.*

128.

Which is the most critical skill for a nurse collaborating in an interdisciplinary team?

Patience.

Assertiveness.

Empathy with others.

**Willingness to compromise.**

***Explanation:***

*While all of these characteristics listed are important for team members, the willingness to compromise is central to collaboration. In addition, members must be able to communicate clearly, which encompasses assertiveness, patience, and empathy. Teams should identify specific challenges and problems and then focus on the task of reaching a solution. Collaboration is needed in order to move nursing forward. Nurses must take an active role in gathering data for evidence-based practice to support nursing's role in healthcare and must share this information with other nurses and health professionals.*

129.

**When the hospice nurse arrives at the home of a patient whose death is imminent, the daughter states, "I can't stay in the room when Dad dies! I can't stand the thought!" The best response is:**

"You will regret it if you don't."

"Your father would want you with him."

**"I'll stay with him and you can come and go as you feel comfortable."**

"Is there someone else who can stay with him?"

***Explanation:***

*The nurse should remain supportive and nonjudgmental. The response, "I'll stay with him, and you can come and go as you feel comfortable," supports the daughter's stated desire while leaving open the opportunity for her to spend time with her father during the death vigil. People react in different ways to death. Many people have never witnessed the process of dying or*

*seen a deceased person, and therefore may be frightened by the prospect. While many people find comfort in being with a dying friend or family member, this decision should never be imposed on anyone.*

130.

Signs of death can include all of the following except:

Incontinence of urine and/or feces.

**Pinpoint pupils.**

Waxy pallor.

Lack of heartbeat and respirations.

***Explanation:***

*Pupils at death become fixed and dilated. Other indications of death include a lack of heartbeat and respirations. Body temperature begins to drop slowly and the skin takes on a waxy pallor. The patient does not respond to stimuli. As the muscles relax, the patient may be incontinent of urine and/or feces. The dying process is generally not immediate, and these changes may not occur sequentially. Patients, for example, may stop breathing and then start again or gasp several times before breathing stops completely. Heartbeat should be assessed apically as a weak pulse may not be evident peripherally.*

131.

A patient with pancreatic cancer (stage IV) is requiring increasing doses of an opioid to control the pain. The most likely reason is:

**Progression of the disease.**

Addiction.

Tolerance.

Dependence.

***Explanation:***

*Most patients who require increasing doses of opioids do so because their cancer is progressing, resulting in more pain. Addiction refers to compulsive use and cravings for drugs and is rarely associated with pain treatment due to a life-threatening illness unless the patient had a prior addiction. Dependence refers to the need for a drug and resultant withdrawal effects if the drug is abruptly stopped or the dosage markedly lowered. Tolerance refers to the diminishing physiological response to a drug over time.*

132.

A bedridden patient with advanced liver cancer has had right abdominal pain but is now complaining of pain in the right shoulder. The most likely cause is:

Improper positioning.

Bony metastasis.

**Referred pain.**

Pulled muscle.

***Explanation:***

*Pain in the right shoulder is a referred pain associated with liver cancer. As the cancer progresses the liver enlarges, causing pain on the right side of the abdomen initially. The enlarging liver presses on nerves beneath the diaphragm, resulting in referred pain in the right shoulder. Liver cancer is often secondary to other cancers. However, when liver cancer is primary, the most common sites for metastasis are the lungs, portal veins, and regional lymph nodes.*

133.

**Which of the following tests is most accurate for determining acute changes in nutritional status to monitor dietary status for a patient with cachexia?**

Transferrin

Total protein

Albumin

**Prealbumin**

***Explanation:***

*Prealbumin (transthyretin) is most commonly monitored for acute changes in nutritional status because it has a half-life of only 2 to 3 days.*

- *Mild deficiency: 10–15mg/dL*
- *Moderate deficiency: 5–9 mg/dL*
- *Severe deficiency: <5 mg/dL*

*Prealbumin is a good measurement because it quickly decreases when nutrition is inadequate and rises quickly in response to increased protein intake. Protein intake must be adequate to maintain levels of prealbumin. Total protein and transferrin levels can be influenced by many factors. Albumin has a half-life of 18 to 20 days, so it is sensitive to long-term protein deficiencies more than short-term.*

134.

A dying patient suddenly worsens, and death appears imminent within a few hours. It is 2 A.M. Exhausted family members went home at midnight to sleep, expecting the patient to survive the night. The nurse should:

Wait until 7 A.M. to call the family so members can rest.

**Contact the family immediately so the members can return.**

Wait until after the patient dies to contact the family.

Observe the patient frequently and call the family when patient is nearer death.

***Explanation:***

*Unless the family has explicitly asked not to be called, the family should be notified immediately that the patient's death is imminent so family members can be present if they wish. Usually only one person, such as a spouse, is notified, and that person notifies other family members. Death can be unpredictable, so if the patient is exhibiting signs of eminent death, then delaying the call may mean the family will not be there when the patient dies.*

135.

The most important criterion for determining the degree of a patient's pain is:

Physical indications, such as grimacing or guarding.

Moaning.

**Patient report.**

Patient history.

**Explanation:**

*Patient report is the most important criterion for determining the degree of a patient's pain. People may perceive and express pain differently, so unless drug-seeking or attention-seeking behavior has been established, the psychiatric or mental health nurse should accept that the patient's pain is as reported. Some cultures encourage outward expressions of pain while others do not. Various pain scales may be used, depending on the age and cognitive ability of the patient. The most commonly used scale for adolescents and adults is the one-to-ten scale.*

136.

A dying patient is cared for in the home by her daughter, who states that no one else in her family understands how exhausting cooking, cleaning, and caregiving can be. The most appropriate referral is to a:

Caregiver support group.

Psychologist.

Meals-on-wheels program.

Friendly visitor program.

**Explanation:**

*The most appropriate referral is to a caregiver support group. Many caregivers feel overwhelmed by their tasks and responsibilities and voicing these feelings in a supportive group can be therapeutic. People in caregiver support groups also share strategies for coping with their problems. If no local program is available, online support groups may also be helpful. The daughter's statements alone reflect the reality of her situation and are not suggestive of depression, so a referral to a psychologist may not be necessary, though depression is common among caregivers. Arranging visits from a meals-on-wheels program may help to relieve some*

*of the caregiver's burden. Friendly visitor programs vary but may allow the caregiver some brief periods of respite.*

137.

**What is a good strategy for helping an elderly client overcome feelings of low self-esteem related to chronic illness and loss of autonomy?**

Praise the client for any activities.

Tell the client she has no reason to feel so depressed.

**Provide opportunities for the client to make decisions.**

Encourage the patient to focus on positive factors.

***Explanation:***

*An effective strategy for helping a client overcome feelings of low self-esteem is to provide the client with opportunities to make decisions; this can help the client overcome feelings of uncertainty and help bolster confidence. Other strategies include providing companionship and listening and encouraging the client to express her feelings and concerns. Positive feedback and praise should only be given when earned. Telling the client she has no reason to be depressed will invalidate her feelings and further lower her self-esteem. Low self-esteem is common among older adults because they have to deal with so many losses. They may become depressed, passive, and dependent.*

138.

**Which of the following requests by a family member indicates a misunderstanding of Medicare/Medicaid rules regarding hospice care?**