



## Palliative Care

*Kim K. Kuebler, MN, RN, ANP-CS, and Peg Esper, MSN, RN, CS, AOCN®*

- The World Health Organization's newly revised and broadened definition of palliative care is an attempt to
  - Use the terms supportive care and palliative care synonymously.
  - Partner in the definition of care provided by the Medicare Hospice Benefit.
  - Integrate palliative care interventions in the trajectory of advanced disease from diagnosis until death.
  - Empower end-of-life care clinicians to consider palliative care for patients with multiple life-threatening illnesses rather than reserving it for a diagnosis of cancer.
- The term end-of-life care refers primarily to the care of patients who are
  - Imminently dying.
  - Receiving palliative and supportive care.
  - Enrolled in the Medicare Hospice Benefit.
  - Experiencing coordinated and continuous care.
- Clinicians who manage the multiple symptoms experienced by patients suffering from advanced disease should be familiar with drug interactions, known as polypharmacy. This is especially important with a patient who
  - Is tolerant to opioid interventions.
  - Has reduced lipophilic properties as a result of cachexia.
  - Is an older adult, dehydrated, and cognitively impaired.
  - Has genetic polymorphisms in the cytochrome P450 metabolic pathway.
- Advanced non-small cell lung cancer often precipitates the symptom of dyspnea. Which other concomitant symptom can provoke dyspnea?
  - Cough
  - Anorexia
  - Cachexia
  - Hypovolemia
- A 72-year-old male patient with prostate cancer that has metastasized to the bone complains of somatic pain. He has been receiving monthly infusions of zoledronic acid and sustained-release morphine with optimal pain management. He enters the clinic, and you evaluate cognitive changes, tachycardia, diaphoresis 1+ pitting bilateral peripheral edema, and bibasilar crackles. His laboratory tests identify hemoglobin 8.8 g/dl, calcium 5.6 mg/dl, potassium 3.4 mEq/L, glucose 199 mg/dl, chloride 107 mg/dl, and alkaline phosphatase 475 IUL. Based on this information, which secondary diagnosis would you consider that requires an emergent intervention?
  - Anemia
  - Hypercalcemia
  - Hypocalcemia
  - Hypovolemia
- Which opioid would you select for patients in severe pain who have compromised renal function?
  - Morphine
  - Methadone
  - Fentanyl
  - Hydromorphone
- Which specific group of medications most contributes to reversible delirium?
  - Opioids
  - Antipsychotics
  - Anti-infectives
  - Benzodiazepines
- During the dying phase, effective management of patients experiencing what is termed "the death rattle" includes
  - Prophylactically administering an anticholinergic agent.
  - Teaching the family that this is normal and not to worry.
  - Using a yankauer suction for the secretions in the upper airway.
  - Administering an anticholinergic medication at the onset of noisy respirations.
- Prolonged dehydration experienced by patients with preexisting pleural effusion and seizure disorder who are dying can contribute to
  - Delirium.
  - Increased dyspnea.
  - Decreased seizure activity.
  - Development of herpes simplex lesions.
- Depressed patients who most likely will die before an antidepressant can become therapeutically effective could benefit from the use of a(n)
  - Antianxiety.
  - Tricyclic antidepressant.
  - Antipsychotic.
  - Psychostimulant.
- The least appropriate option for patients who develop bleeding from esophageal varices as a result of prolonged ascites is
  - Variceal sclerosis.
  - IV propranolol.
  - Balloon-occluded retrograde transvenous obliteration.
  - Transjugular intrahepatic portosystemic shunt placement.
- Which is the most important intervention in the management of constipation experienced by patients in the palliative care setting?
  - Use corticosteroids to decrease bowel inflammation.
  - Administer senna and colace twice daily and as needed.

*Kim K. Kuebler, MN, RN, ANP-CS, is an adult nurse practitioner in oncology and palliative care at Adjuvant Therapies LLC in Savannah, GA. Peg Esper, MSN, RN, CS, AOCN®, is an oncology nurse practitioner at the University of Michigan Comprehensive Cancer Center in Ann Arbor.*

Digital Object Identifier: 10.1188/05.CJON.617-620