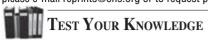
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Palliative Care

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
 - a. 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.
 - d. 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.
- 2. The term end-of-life care refers primarily to the care of patients who are
 - a. Imminently dying.
 - Receiving palliative and supportive care.
 - c. Enrolled in the Medicare Hospice
 - d. 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
 - a. Is tolerant to opioid interventions.
 - b. Has reduced lipophilic properties as a result of cachexia.
 - c. Is an older adult, dehydrated, and cognitively impaired.
 - d. Has genetic polymorphisms in the cytochrome P450 metabolic pathway.
- 4. Advanced non-small cell lung cancer often precipitates the symptom of dyspnea. Which other concomitant symptom can provoke dyspnea?
 - a. Cough
 - b. Anorexia
 - c. Cachexia
 - d. Hypovolemia

- 5. 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 mEg/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?
 - a. Anemia
 - b. Hypercalcemia
 - c. Hypocalcemia
 - d. Hypovolemia
- 6. Which opioid would you select for patients in severe pain who have compromised renal function?
 - a. Morphine
 - b. Methadone
 - c. Fentanyl
 - d. Hydromorphone
- 7. Which specific group of medications most contributes to reversible delirium?
 - a. Opioids
 - b. Antipsychotics
 - c. Anti-infectives
 - d. Benzodiazepines
- During the dying phase, effective management of patients experiencing what is termed "the death rattle" includes
 - a. Prophylactically administering an anticholinergic agent.
 - b. Teaching the family that this is normal and not to worry.
 - Using a yankauer suction for the secretions in the upper airway.
 - d. 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
 - a. Delirium.
 - b. Increased dyspnea.
 - c. Decreased seizure activity.
 - d. 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)
 - a. Antianxiety.
 - b. Tricyclic antidepressant.
 - c. Antipsychotic.
 - d. Psychostimulant.
- 11. The least appropriate option for patients who develop bleeding from esophageal varices as a result of prolonged ascites is
 - a. Variceal sclerosis.
 - b. IV propranolol.
 - c. Balloon-occluded retrograde transvenous obliteration.
 - d. Transjugular intrahepatic portosystemic shunt placement.
- 12. Which is the most important intervention in the management of constipation experienced by patients in the palliative care setting?
 - a. Use corticosteroids to decrease bowel inflammation.
 - b. Administer senna and colace twice daily and as needed.

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