100% required for passing
Required by all RNs

1) All of the following are barriers to adequate pain assessment EXCEPT:
   a) The clinician’s personal feelings
   b) Using appropriate pain assessment tools
   c) Inadequate history on admission
   d) Fear of addiction

2) All of the following are nursing responsibilities in overcoming barriers to pain management EXCEPT:
   a) Taking a thorough and complete history
   b) Utilizing the appropriate pain assessment tool for the patient
   c) Accepting the patient’s self-report of pain
   d) Comparing the patient’s physiological symptoms with patient’s self report

3) Pain is considered managed when:
   a) The patient is discharged
   b) The patient’s pain is reduced to a level acceptable to the patient
   c) The patient is sleeping
   d) The patient refuses pain medication

4) The elderly population, greater than 65 yrs. of age:
   a) Have unique physiological changes that put them at risk when on analgesics
   b) Have no problems taking the various analgesics
   c) Have the same metabolism as a 30 year old
   d) Can tolerate the same opioid dose as a 30 year old

5) At LCMH the pain scale includes:
   a) Numeric pain rating
   b) Descriptive words for pain
   c) Faces scales for small children or those adults with communication barriers
   d) All of the above.

6) Unrelieved pain can lead to:
   a) Poor immune response
   b) Delayed healing
   c) Depression
   d) All of the above

7) The following are all physical changes that occur in the elderly EXCEPT:
   a) Decreased glomerular filtration rate
   b) Decreased liver function
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c) Increased CNS sensitivity
d) Increase in lean body mass

8) All are physiological effects of pain EXCEPT:
a) Tachycardia
b) Cardiomyopathy
c) Delayed gastric emptying
d) Hypercoagulopathy

9) When administering opioids to the elderly the statement “Start low and go slow” means:
a) Move slowly when in the patient’s room so patient does not become startled.
b) Make sure bed is in low position and patient is moved slowly with transferring.
c) Start with the lower dose of the opioid and gradually increase the dose if pain is unrelieved.
d) Give the medication in the lowest IV port with slow IV push method.

10) All of the following are true statements EXCEPT:
a) Risk of toxicity increase in the elderly with opioids that have a long half-life
b) When beginning opioids in the elderly patient always start with the lower end dose and increase the dose slowly until pain management goal is achieved
c) Peak times of medications are important to know so appropriate reassessment can take place
d) Opioid-naive refers to an elderly patient who has a fear of becoming addicted when opioids are ordered for pain management

11) Pain assessment should be done:
a) When vital signs are taken
b) On admission
c) After pain medication
d) All of the above

12) A period of sedation usually precedes:
a) Pain relief
b) Respiratory depression
c) A period of sleep deprivation
d) Inability to concentrate

13) You are going in to assess your patient ½ hour after the administration of Morphine 4mg IV. His respiratory rate is 10, he is difficult to arouse and his pulse ox is 89%. What would your appropriate response to this situation be?
a) Wake the patient up and have the Care Partner stay in the room with the patient to keep him awake.
b) Notify the MD of the patient’s assessment before initiating emergency actions.
c) Initiate emergency actions, as these are signs of severe respiratory depression.
d) Let the patient sleep and reassess him in 15 minutes.
14) Emergency actions for severe respiratory depression include?
   a) Naloxone (Narcan), oxygen per nasal cannula, stat ABG’s and MD notification.
   b) Calling the MD prior to administering Naxolone (Narcan).
   c) Notifying the house supervisor prior to initiating emergency actions.
   d) All of the above

15) The appropriate dosing of Naloxone (Narcan):
   a) 1mg IV every 5 minutes until the patient wakes up
   b) 0.2mg IV push every 5 minutes PRN up to 1 mg
   c) 0.5mg IV every 10 minutes up to 2mg
   d) To be determined by the MD when you notify him of the patient’s assessment.

16) Based on the WHO analgesic ladder a pain score reported at 5 could be managed with plain Tylenol alone or with an adjunct.
   a) True
   b) False

17) Unrelieved pain can interfere with daily activities in the elderly population. All of the following are included as a complication of unrelieved pain EXCEPT:
   a) Delayed healing
   b) Decreased activity
   c) Gait disturbances
   d) Normal GI function

18) Your 70 year old patient with severe back pain has an order for Morphine 2 – 4 mg IV every 3 hours PRN for pain. What statement below would NOT be appropriate?
   a) Changing the medication route to IM instead of IV is better for elderly patients
   b) Use round-the-clock administration of the medication, not PRN
   c) Vital signs should be taken prior to administering the opioid, as well as assessment of level of consciousness
   d) Reassessment after medication administration should include vital signs, pain score, level of consciousness

19) Your 80-year-old patient’s pain continues to be 10/10 even after 4mg of Morphine every 3 hours. You notify the patient’s attending physician. The physician orders Dilaudid 2mg IV x1.. What would your appropriate response to this order be?
   a) Give the 2mg dose because the physician instructed you to
   b) Give the dose but check on the patient in 15 minutes instead of ½ hour
   c) Knowing that the maximum starting dose of Dilaudid in geriatric patients should be 0.5mg you question the physician about the initial dose of 2mg
   d) Give the dose of 2mg and tell the patient to notify you if he/she feels excessively groggy
20) Which statement below is NOT true?
   a) Morphine 6 mg, the equivalent dose of Dilaudid, would be 1 mg.
   b) Morphine should be used with caution in renal failure patients
   c) Meperidine would be a drug of choice for pain management in an 80 year old.
   d) Adverse effects of Fentanyl may still be occurring up to 12 hours after the medication has been discontinued

21) You call an attending physician to get an order for pain medication for your post op patient. The physician orders Meperidine (Demerol) 25 mg IM every 3-4 hour PRN for pain. Which statement below is true about Demerol?
   a) It has a half life of 15-20 hours
   b) It can cause seizures in the elderly
   c) It is automatically substituted to Morphine by pharmacy unless one time only dosing
   d) All of the above

22) Patients who receive a dose of an opioid over the usual maximum dose need to be on a continuous pulse oximetry.
   a) True
   b) False

23) Respiratory depression occurs in 0.2% of patients receiving opioids.
   a) True
   b) False

24) You are beginning your shift and already know it is going to be busy. There are two patients on your team that you know will be requiring IV Morphine every 2 to 4 hours. To save time you pull the dose that you anticipate you will need and put it in the patient’s medication drawer. Why is this action unacceptable?
   a) Scheduled controlled substances should be prepared only at the time of administration.
   b) Controlled substances may not be left in the patient’s medication drawer.
   c) PRN controlled substances are to be removed from the AMD only at the time of assessed need.
   d) All of the above

25) Which statement below is the correct process for documentation waste of Fentanyl patches?
   a) It should be witnessed, crushed and disposed of in the waste container.
   b) It should be witnessed and placed in the sharps container.
   c) It should be witnessed, placed in a biohazard bag and returned to pharmacy.
   d) It should be witnessed, cut into four pieces and flushed down the toilet.