



# Palliative Care

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1. 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.
  - b. Partner in the definition of care provided by the Medicare Hospice Benefit.
  - c. 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.
  - b. Receiving palliative and supportive care.
  - c. Enrolled in the Medicare Hospice Benefit.
  - d. Experiencing coordinated and continuous care.
3. 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 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?
  - 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
8. 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.
  - c. Using a yankauer suction for the secretions in the upper airway.
  - d. Administering an anticholinergic medication at the onset of noisy respirations.
9. 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.
10. 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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