PAIN UNIT QUIZ

1. The physician plans to titrate narcotic analgesic to provide pain relief for a patient with surgical pain. The nurse’s role in analgesic titration includes
   a. monitoring the effects of continuous IV infusion of narcotic analgesics.
   b. teaching the patient to try to increase the time between doses of pain medication.
   c. assisting the patient to plan the use of a special total dose of analgesic over a 24-hour period.
   d. determining with the patient the optimal analgesic dosage required for pain relief with attention to the side effects produced.

2. The physician and nurse determine that a step 3 drug as proposed by WHO is necessary for a patient whose cancer pain is unrelieved by step 2 drugs. The nurse recognizes that an appropriate drug and route for the patient would be
   a. oral codeine
   b. oral morphine
   c. intramuscular meperidine (Demerol)
   d. intravenous oxymorphone (Numorphan)

3. A patient using gabapentin (Neurontin) and ibuprofen (Motrin, Advil) for chronic neuropathic pain of diabetic neuropathy has moderate, persistent pain. The physician plans to implement step 2 of the WHO analgesic ladder. The nurse anticipates that the patient’s drug protocol will include
   a. continuing the gabapentin
   b. discontinuing the ibuprofen
   c. adding aspirin to the protocol
   d. adding oral methadone to the protocol

4. A postoperative patient who has undergone extensive bowel surgery moves as little as possible and does not use his incentive spirometer unless specifically reminded. He rates his pain severity as an 8 on a 10-point scale but tells the nurse that he can “tough it out.” In encouraging the patient to use pain medication, the nurse explains that:
   a. very few patients become addicted to opioids when using them for pain control.
   b. he should not worry about side effects because these problems usually decrease over time
c. there are multiple options of medications and if one drug does not relieve his pain, other drugs may be tried

d. unrelieved pain can be harmful because it impairs respiratory and GI function and can impair his recovery from surgery

5. Following an auto accident, a patient is brought to the emergency department with multiple fractures and lacerations. The patient is dazed but oriented, and denies severe pain. The patient’s decreased pain perception is most likely related to

a. the inability of the brain to recognize nociceptive input as pain as a result of head trauma.

b. the release of endogenous opioids in response to the physical and emotional stress of the accident.

c. the presence of spinal cord trauma, which prevents the transmission of pain impulses to higher nerve centers.

d. damage of A-delta and C fibers at the injury sites, which results in a lack of stimulus for the physiologic pain process.

6. Imipramine (Tofranil), a tricyclic antidepressant, is being administered to a patient with chronic cancer pain. The nurse recognizes that the expected outcome of administration of this drug is

a. increased pain threshold by stimulating the release of endogenous enkephalins.

b. decreased perception of pain by blocking opiate receptors in the brain and descending inhibitory nerves.

c. decreased transmission of pain impulses by altering serotonin and norepinephrine activity at nerve synapses.

d. increased pain tolerance through relief of depression by increasing the amounts of norepinephrine in the brain.

7. A patient treated with antihypertensive medication is planning to start using meditation to promote relaxation and reduced anxiety. The nurse cautions the patient that

a. meditation can be used successfully only if he is responsive to suggestion.

b. frequent appointments, practice times, and goal setting are necessary for effective use of meditation.

c. overmeditation may cause frequent spontaneous daydreams that can interfere with normal functioning.

d. he should monitor his blood pressure closely because his medication may need to be adjusted.
8. A patient with extensive second-degree burns on his legs and trunk is using patient-controlled analgesia (PCA) with IV morphine to be delivered at 1 mg every 10 minutes to control his pain. Several times during the night he awakens in severe pain, and it takes more than an hour to regain pain relief. The most appropriate action by the nurse is to
   a. administer a dose of morphine every hour from the PCA machine while the patient sleeps.
   b. request that the physician order a bolus dose of morphine to be given when the patient awakens with pain.
   c. consult with the patient’s physician about adding a continuous morphine infusion to the PCA regimen at night.
   d. teach the patient to push the button every 10 minutes for an hour before he goes to sleep, even if he has minimal pain at that time.

9. When caring for a patient who is receiving epidural fentanyl, the nurse monitors the patient for the common side effect of
   a. headache
   b. agitation
   c. urinary retention
   d. abdominal cramping and diarrhea

10. A patient in the terminal stage of cancer is cared for by her family at home with the assistance of visiting hospice nurses. She is in continuous malignant pain, and the physician has left orders to administer morphine at a rate to control her pain. When the nurse visits the patient, she is awake but moaning with severe pain and asks for an increase in her morphine dosage. Her respirations are 10 per minute. The most appropriate action by the nurse is to
   a. titrate the morphine dose upward until the patient has adequate pain relief.
   b. suggest to the family that they give the patient additional non-narcotic analgesics, such as ibuprofen.
   c. tell the patient that she cannot have additional morphine until her respirations are at least 16 per minute.
   d. inform the patient that increasing her dose of morphine will only increase the side effects and will not further control her pain.