Brief Pain Surveys

Pain Assessment/Behavior Survey
Pain/Gender Survey
Brief Cancer Pain Information Survey
Pain Addiction Survey
Brief Pharmacology Survey
Test Questions

Developed by:
Betty R. Ferrell, PhD, FAAN and
Margo McCaffery RN, MSN, FAAN

Ferrell, BR & McCaffery M, 1996
Brief Pain Surveys/City of Hope, Duarte, CA

General Instructions

Frequently nurses contact us requesting short surveys that can be used for staff meetings, inservices, quality improvement activities, and other situations in which only brief time is available to collect information. Another important consideration is providing surveys that can be easily tabulated for those who may not have access to any data management or statistical support. The attached packet includes several surveys which have been used by Margo McCaffery and Betty Ferrell over the past several years. You are free to use these in any way that you desire. You may duplicate these, publish the results, and share them with others, and you do not require any additional permission from us to do so.

There are always questions regarding the reliability and validity of research instruments. These are important concepts in research as we do want to know that the instruments we use are in fact reliable and consistent and that they do truly measure the content desired. Each of the attached surveys has been derived from established pain management content, generally extracted to represent the content from the Agency for Health Care Policy and Research (AHCPR) pain guidelines. This content is also consistent with the guidelines by the World Health Organization (WHO) and the American Pain Society (APS). Many of the items in these surveys are extracted from some of our more comprehensive research instruments in which more rigorous psychometric testing has been accomplished such as test/retest reliability, internal consistency, and other psychometric features. However, the instruments attached have been developed for your use to be brief, practical survey tools, and thus we have not gone through any additional psychometric testing. Thus, there is no additional reliability or validity information available. You can share with others the fact that each of these instruments has been used extensively by us and content has been derived from established pain guidelines.

The packet includes a blank copy of each instrument with an attached key in which the correct or most desirable answer is indicated. We hope that these instruments are helpful to you. Good luck with your research!

Pain Assessment/Behavior Survey

The attached survey is based on our previous research published in Nursing 91, June (How Would You Respond to these Patients in Pain?, p 34-37). The original survey published in Nursing 91 used a 0 - 5 pain assessment scale and also asked the nurse to make decisions about dosages of IM morphine. This survey has now been updated in order to use a 0 - 10 scale since that is the most common practice in pain assessment. Additionally, item 2 has been changed in order to use the IV route of administration as this is also the more frequently used approach and is preferable to IM. The intent of the survey is to determine how nurses respond to Patient A (Andrew) who is smiling as opposed to Patient B (Robert) who is grimacing. The purposes of this survey are to determine if the nurse knows that the single most reliable indicator of pain is the patient's self-report and that behavior and vital signs should not be used instead of self-report; to determine if the nurse is committed to the goal of patients receiving the best possible pain relief that can safely be provided. This involves knowing that if the previous dose of opioid is safe but ineffective, the dose may be increased by 25% to 50%. The surveys have been extremely helpful to us in the past in assessing how nurses use patient behaviors to make judgements about pain and how these assessments direct nursing action in the form of administering medications. We have found this to be a useful tool to share with audiences as it provides immediate feedback about the importance of pain assessment in guiding pain management decisions.

Pain Assessment/Behaviors Survey

Professional discipline:	Highest education:	Practice setting:	Clinical area:
___Nursing	___Student	___Hospital	___Medical
___Pharmacy	___LPN	___Home/community	___Postop/Surg.
___Medicine	___AD	___Hospice	___Oncology
___Physical Therapy	___Diploma	___Office	___Orthopedics
___Social Work	___Bachelors	___Other	___Pediatrics
___Other	___Masters	Specify	___ICU/CCU
Specify _____	___Doctorate		___Other Specify _____

Gender: ___Female ___Male Years experience as health professional: ____ Age: ____

Directions: Please select one answer for each question.

Patient A: Andrew is 25 years old and this is his first day following abdominal surgery. As you enter his room, he smiles at you and continues talking and joking with his visitor. Your assessment reveals the following information: BP=120/80; HR=80; R=18; on a scale of 0 to 10 (0=no pain/discomfort, 10=worst pain/discomfort) he rates his pain as 8.

1. On the patient's record you must mark his pain on the scale below. Circle the number that represents your assessment of Andrew's pain

0 1 2 3 4 5 6 7 8 9 10

No pain/discomfort Worst pain/discomfort

2. Your assessment, above, is made two hours after he received morphine 2 mg IV. Half hourly pain ratings following the injection ranged from 6 to 8 and he had no clinically significant respiratory depression, sedation, or other untoward side effects. He has identified 2 as an acceptable level of pain relief. His physician's order for analgesia is "morphine IV 1-3 mg q1h PRN pain relief." Check the action you will take at this time:

___a) Administer no morphine at this time.
___b) Administer morphine 1 mg IV now.
___c) Administer morphine 2 mg IV now.
___d) Administer morphine 3 mg IV now.

Patient B: Robert is 25 years old and this is his first day following abdominal surgery. As you enter his room, he is lying quietly in bed and grimaces as he turns in bed. Your assessment reveals the following information: BP = 120/80; HR = 80; R = 18; on a scale of 0 to 10 (0=no pain/discomfort, 10=worst pain/discomfort) he rates his pain as 8.

1. On the patient's record you must mark his pain on the scale below. Circle the number that represents your assessment of Robert's pain:

0 1 2 3 4 5 6 7 8 9 10

No pain/discomfort Worst pain/discomfort

2. Your assessment, above, is made two hours after he received morphine 2 mg IV. Half hourly pain ratings following the injection ranged from 6 to 8 and he had no clinically significant respiratory depression, sedation, or other untoward side effects. He has identified 2 as an acceptable level of pain relief. His physician's order for analgesia is "morphine IV 1-3 mg q1h PRN pain relief." Check the action you will take at this time:

___a) Administer no morphine at this time.
___b) Administer morphine 1 mg IV now.
___c) Administer morphine 2 mg IV now.
___d) Administer morphine 3 mg IV now.

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Pain/Gender Survey

The attached survey was developed in order to assess nursing beliefs about gender that might influence pain decisions. The original results from the survey were published in Nursing 92, August (Does the Gender Gap Affect Your Pain Control, p 48-51). The survey is designed to assess nurses' beliefs about the influence of gender on issues such as pain sensitivity, tolerance, distress, and expressions of pain. We have found this to be a useful tool in emphasizing the importance of individual assessment and in avoiding stereotypes that might interfere with the most appropriate pain assessment.

PAIN/GENDER SURVEY

•General Information about You•

Professional discipline:	Highest level of education:	Practice setting:	Clinical area:	
___Nursing	___Student	___Hospital	___Medical	___ER
___Pharmacy	___LPN	___Home/ community	___Postop/Surg	___OR
___Medicine	___AD	___Hospice	___Oncology	___OB/GYN
___Physical Therapy	___Diploma	___Office	___Geriatrics	___Other
___Social Work	___Bachelors	___Other	___Pediatrics	Specify:_____
___Other	___Masters	Specify: _____	___Orthopedics	
Specify: _____	___Doctorate		___ICU/CCU	

Years experience as health professional: _____ Age: _____

Please circle one answer for each of the following questions.

1. In general which of the following statements best describes your beliefs about how gender (sex of the patient) affects the sensation of pain, i.e. sensitivity to pain, or amount of pain felt?
   a. Men feel greater pain than women from comparable stimuli.
   b. Women feel greater pain than men from comparable stimuli.
   c. There are generally no differences in sensitivity to pain between men and women.

2. In general, which of the following statements best describes your beliefs about how gender affects pain tolerance?
   a. Men tolerate higher amounts of pain than women.
   b. Women tolerate higher amounts of pain than men.
   c. There are generally no differences in pain tolerance between men and women.

3. Which of the following statements best describes your beliefs about gender and pain distress?
   a. Men have greater distress related to their pain than do women.
   b. Women have greater distress related to their pain than do men.
   c. There are generally no differences in pain distress between men and women.

4. How do you think gender influences willingness to report pain?
   a. Men tend to be stoic and under-report their pain more so than women.
   b. Women tend to be stoic and under-report their pain more so than men.
   c. Neither of the above.

5. How do you think gender influences exaggeration of pain?
   a. Men tend to exaggerate their pain.
   b. Women tend to exaggerate their pain.
   c. Neither of the above.

6. How do you think gender influences nonverbal expressions of pain, e.g. frowning?
   a. Men tend to be more behaviorally expressive about pain than women.
   b. Women tend to be more behaviorally expressive about pain than men.
   c. Neither of the above.

Brief Cancer Pain Information Survey

The attached survey has been used as a short instrument to survey knowledge about cancer pain. The survey has also been helpful to us as it has been used in several countries (United States, Canada, Spain, Japan, and Australia) to compare pain knowledge and attitudes across countries and to determine the impact of pain education. Results from our original study were published in the Journal of Pain and Symptom Management (McCaffery, M., & Ferrell, B.R. Nurses' Knowledge About Cancer Pain: A Survey of Five Countries, 10(5):356-369). The instrument assesses the major content as derived from the pain guidelines including pain assessment, addiction, opioid dosing, and other pharmacologic issues.

Brief Cancer Pain Information Survey
•General Information about You•

How frequently do you work with patients who have cancer?
[ ] Rarely [ ] Occasionally [ ] Often

Professional discipline:
[ ] Nursing
[ ] Pharmacy
[ ] Medicine
[ ] Physical therapy
[ ] Social work
[ ] Other:
Specify:
_____

Highest level of education:
[ ] Student
[ ] LPN
[ ] AD
[ ] Diploma
[ ] Bachelors
[ ] Masters
[ ] Doctorate

Practice setting:
[ ] Hospital
[ ] Home/community
[ ] Oncology
[ ] Hospice
[ ] Office
[ ] Other:
Specify:
_____

Clinical area:
[ ] Medical
[ ] Postop/surg
[ ] OB/GYN
[ ] Geriatrics
[ ] Pediatrics
[ ] Orthopedics
[ ] ICU/CCU
[ ] ER
[ ] OR
[ ] Other:
Specify:
_____

Years experience as health professional: ____Age: _____

•Questions•

Directions: Please **circle** your response to each of the following questions:
1. What percentage of cancer patients do you think suffer pain at some point during their illness?
0 10 20 30 40 50 60 70 80 90 100%

2. What do you think is the percentage of cancer patients who *over report* the amount of pain they have?
0 10 20 30 40 50 60 70 80 90 100%

3. *Narcotic addiction* is defined as psychological dependence accompanied by overwhelming concern with obtaining and using narcotics for psychic effect, not for medical reasons. It may occur with or without the physiological changes of tolerance to analgesia and physical dependence (withdrawal).
Using this definition, how likely is it that narcotic (opioid) addiction will occur as a result of treating pain with narcotic analgesics? **Circle one number** closest to what you consider the correct answer:
<1% 5% 24% 50% 75% 100%

Directions: Please **check** the box next to your response to each of the following questions.

4. At what stage would you recommend maximum, tolerated narcotic (opioid) analgesic therapy for treatment of severe cancer pain?
[ ] a. Prognosis of less than 24 months.
[ ] b. Prognosis of less than 18 months.
[ ] c. Prognosis of less than 6-12 months.
[ ] d. Prognosis of less than 3-6 months.
[ ] e. Prognosis of less than 1 month.
[ ] f. Prognosis of less than 1 week.
[ ] g. Anytime, regardless of prognosis.

5. The recommended route of administration of narcotic (opioid) pain relievers to patients with prolonged cancer-related pain is:
[ ] a. intravenous
[ ] b. intramuscular
[ ] c. subcutaneous
[ ] d. oral
[ ] e. rectal
[ ] f. I don't know

6. Which of the following analgesic medications is considered the drug of choice for the treatment of *prolonged moderate to severe pain* for cancer patients?
[ ] a. Brompton's cocktail
[ ] b. codeine
[ ] c. morphine
[ ] d. meperidine (Demerol7)
[ ] e. methadone
[ ] f. I don't know

7. Analgesics for chronic cancer pain should be given
[ ] a. around the clock
[ ] b. only when the patient asks for the medication
[ ] c. only when the nurse determines the patient has moderate or greater discomfort

8. The *most likely* explanation for why a terminal cancer patient with chronic pain would request increased doses of pain medications is:
[ ] a. the patient is experiencing increased pain
[ ] b. the patient is experiencing increased anxiety or depression
[ ] c. the patient is requesting more staff attention
[ ] d. the patient's requests are related to addiction

9. Giving patients sterile water injection (placebo) is a useful test to determine if the pain is real.
[ ] a. True
[ ] b. False
[ ] c. I don't know

10. The most accurate judge of the intensity of the cancer patient's pain is:
[ ] a. the treating physician
[ ] b. The patient's primary nurse
[ ] c. the patient
[ ] d. the pharmacist
[ ] e. the patient's spouse or family

11. How good a job do you think physicians in your setting do in relieving cancer pain?
[ ]a. a very poor job
[ ] b. a poor job
[ ]c. a fair job
[ ]d. a good job
[ ]e. a very good job
[ ]f. not applicable (I do not work with any cancer patients)

12. How good a job do you think nurses in your setting doing relieving cancer pain?
[ ]a. a very poor job
[ ]b. a poor job
[ ]c. a fair job
[ ]d. a good job
[ ]e. a very good job
[ ]f. not applicable (I do not work with any cancer patients)

Thank you very much for participating in this survey. Your completion of this survey will be regarded as your informed consent. Please feel free to write any comments you may have.
(McCaffery and Ferrell, 1992)

Pain Addiction Survey

The attached survey has been used to assess knowledge of 3 aspects of opioid administration that are often confused and that act as major barriers to pharmacologic management of pain. These include addiction, tolerance, and physical dependence. The results of this survey were published in Nursing 94, August (Understanding Opioids & Addiction, p 56-59). We have found this to be an excellent assessment tool to determine professionals' knowledge and attitudes prior to implementing pain education programs. The definitions are provided for these concepts on the survey itself so it can be used as an educational tool in addition to providing information.

PAIN ADDICTION SURVEY

Professional discipline:	Highest level of education:	Practice setting:	Clinical area:	
___Nursing	___Student	___Hospital	___Medical	___ER
___Pharmacy	___LPN	___Home/community	___Postop/Surg	___OR
___Medicine	___AD	___Hospice	___Oncology	___OB/GYN
___Physical Therapy	___Diploma	___Office	___Geriatrics	___Other:
___Social Work	___Bachelors	___Other:	___Pediatrics	Specify:_____
___Other:	___Masters	Specify:_____	___Orthopedics	
Specify _____	___Doctorate		___ICU/CCU	

Years experience as health professional: _____ Age: _____

NOTE: Please Use the Following Definitions to Answer the Questions, taken from the American Pain Society, 1992:

Narcotic/opioid addiction, or psychological dependence, is "a pattern of compulsive drug use characterized by a continued craving for an opioid and the need to use the opioid for effects other than pain relief." Physical dependence and tolerance are not addiction.

Tolerance to opioid analgesia: "means that a larger dose of opioid analgesic is required to maintain the original effect."

Physical dependence on opioids "is revealed in patients taking chronic opioids when the abrupt discontinuation of an opioid or the administration of an opioid antagonist produces an abstinence syndrome" (withdrawal).

Circle one number closest to what you consider the correct answer.

	When opioids/narcotics are used for pain relief in the following situations patients are likely to develop opioid/narcotic ADDICTION?	What percent of					
11.ADDICTION							
All patients:							
Opioid choice route:	1) All patients-overall.	<1%	5%	25%	50%	75%	100%
	2) Patients receiving PO codeine	<1%	5%	25%	50%	75%	100%
	3) Patients receiving PO morphine	<1%	5%	25%	50%	75%	100%
	4) Patients receiving IV morphine	<1%	5%	25%	50%	75%	100%
	5) Patients receiving PO oxycodone	<1%	5%	25%	50%	75%	100%
Time on opioids:							
	6) Patients who receive opioids for 1 to 3 days.	<1%	5%	25%	50%	75%	100%
	7) Patients who receive opioids for 3 to 6 months.	<1%	5%	25%	50%	75%	100%
TOLERANCE							
Time on opioids	What percent of patients are likely to develop clinically significant opioid TOLERANCE:						
	8) Patients who receive opioids 1 to 3 days.	<1%	5%	25%	50%	75%	100%
	9) Patients who receive opioids for 3 to 6 months.	<1%	5%	25%	50%	75%	100%
PHYSICAL DEPENDENCE							
Time on opioids							
	What percent of patients are likely to develop clinically significant opioid PHYSICAL DEPENDENCE?						
	10) Patients who receive opioids 1 to 3 days.	<1%	5%	25%	50%	75%	100%
	11) Patients who receive opioids for 3 to 6 months.	<1%	5%	25%	50%	75%	100%

Brief Pharmacology Survey

The attached survey is a compilation of items across several instruments that we have used in our research. Many nurses have voiced a need for a brief survey that focuses primarily on issues of pain assessment and pharmacology rather than more broad content regarding pain. A more comprehensive instrument available through the Mayday Pain Resource Center (MPRC) at the City of Hope National Medical Center is the "Nursing Knowledge and Attitudes Regarding Pain" tool. This survey is a brief version which includes pharmacology content. All of the items have been selected from previous surveys and refined over the years by the authors. It is also a good example of a knowledge assessment tool that can be used prior to implementing an education program.

BRIEF PHARMACOLOGY SURVEY

•General Information about You•

Professional discipline	**Highest level of education:**	**Practice setting:**	**Clinical area:**	
[ ] Nursing	[ ] Student	[ ] Hospital	[ ] Medical	[ ] ER
[ ] Pharmacy	[ ] LPN	[ ] Home/community	[ ] Postop/surg	[ ] OR
[ ] Medicine	[ ]AD	[ ] Oncology	[ ] OB/GYN	[ ] Other:
[ ] Physical therapy	[ ] Diploma	[ ] Hospice	[ ] Geriatrics	Specify: _____
[ ] Social work	[ ] Bachelors	[ ] Office	[ ] Pediatrics	
[ ] Other:	[ ] Masters	[ ] Other:	[ ] Orthopedics	
Specify: _____	[ ] Doctorate	Specify:_____	[ ] ICU/CCU	

Years experience as health professional: _____Age: ____

1. What do you think is the percentage of patients who *over report* the amount of pain they have?

0 10 20 30 40 50 60 70 80 90 100%

No pain/discomfort Worst pain/discomfort

2. Which of the following analgesic medications is considered the drug of choice for the treatment of *acute or chronic moderate to severe pain*?

[ ]a. codeine
[ ]b. morphine
[ ]c. meperidine (Demerol7)
[ ]d. methadone
[ ]e. I don't know

3. Giving patients sterile water injection (placebo) is a useful test to determine if the pain is real.

[ ]a. True
[ ]b. False
[ ]c. I don't know

4. The recommended route of administration of narcotic (opioid) pain relievers to patients with prolonged cancer-related pain is:

[ ]a. intravenous
[ ]b. intramuscular
[ ]c. subcutaneous
[ ]d. oral
[ ]e. rectal
[ ]f. I don't know

5. At what stage would you recommend maximum, tolerated narcotic (opioid) analgesic therapy for treatment of severe cancer pain?

[ ]a. Prognosis of less than 24 months.
[ ]b. Prognosis of less than 18 months.
[ ]c. Prognosis of less than 6 - 12 months.
[ ]d. Prognosis of less than 3 - 6 months.
[ ]e. Prognosis of less than 1 month.
[ ]f. Prognosis of less than 1 week.
[ ]g. Anytime, regardless of prognosis.

Directions: Please select one answer for each question.

6. Patient A: Andrew is 25 years old and this is his first day following abdominal surgery. As you enter his room, he smiles at you and continues talking and joking with his visitor. Your assessment reveals the following information: BP=120/80; HR=80; R=18; on a scale of 0 to 10 (0=no pain/discomfort, 10=worst pain/discomfort) he rates his pain as 8.

A. On the patient's record you must mark his pain on the scale below. Circle the number that represents your assessment of Andrew's pain.

0 1 2 3 4 5 6 7 8 9 10

No pain/discomfort Worst pain/discomfort

B. Your assessment, above, is made two hours after he received morphine 2 mg IV. Half hourly pain ratings following the injection ranged from 6 to 8 and he had no clinically significant respiratory depression, sedation, or other untoward side effects. He has identified 2 as an acceptable level of pain relief. His physician's order for analgesia is "morphine IV 1-3 mg q1h PRN pain relief." Check the action you will take at this time:

___a) Administer no morphine at this time.
___b) Administer morphine 1 mg IV now.
___c) Administer morphine 2 mg IV now.
___d) Administer morphine 3 mg IV now.

7. Patient B: Robert is 25 years old and this is his first day following abdominal surgery. As you enter his room, he is lying quietly in bed and grimaces as he turns in bed. Your assessment reveals the following information: BP=120/80; HR=80; R=18; on a scale of 0 to 10 (0 = no pain/discomfort, 10=worst pain/discomfort) he rates his pain as 8.
A. On the patient's record you must mark his pain on the scale below. Circle the number that represents your assessment of Robert's pain:

0 1 2 3 4 5 6 7 8 9 10

No pain/discomfort Worst pain/discomfort

B. Your assessment, above, is made two hours after he received morphine 2 mg IV. Half hourly pain ratings following the injection ranged from 6 to 8 and he had no clinically significant respiratory depression, sedation, or other untoward side effects. He has identified 2 as an acceptable level of pain relief. His physician's order for analgesia is "morphine IV 1-3 mg q1h PRN pain relief." Check the action you will take at this time:

___a) Administer no morphine at this time.
___b) Administer morphine 1 mg IV now.
___c) Administer morphine 2 mg IV now.
___d) Administer morphine 3 mg IV now.

8. DRUG	CIRCLE ONE of these 3 answers:		
A. cocaine	Opioid	Nonopioid	Unsure
B. codeine	Opioid	Nonopioid	Unsure
C. heroin	Opioid	Nonopioid	Unsure
D. hydromorphone (Dilaudid)	Opioid	Nonopioid	Unsure
E. ibuprofen (Motrin, Advil)	Opioid	Nonopioid	Unsure
F. meperidine (Demerol)	Opioid	Nonopioid	Unsure
G. morphine	Opioid	Nonopioid	Unsure
H. oxycodone (e.g. in Percodan)	Opioid	Nonopioid	Unsure
I. pentazocine (Talwin)	Opioid	Nonopioid	Unsure
J. propoxyphene (Darvon)	Opioid	Nonopioid	Unsure

9. Which of the following is most likely to provide the same analgesia as Demerol (meperidine) 75 mg. IM?
Circle one answer:
-Demerol 75 mg. PO. -Demerol 100 mg. PO. -Demerol 150 mg. PO. -Demerol 300 mg. PO.

10. Which of the following is most likely to provide the same analgesia as codeine 30 mg. + acetaminophen 300 mg. PO (e.g. Tylenol #3)?

Circle one answer.
-Dilaudid 0.5 mg. PO. -Dilaudid 2 mg. PO. -Dilaudid 8 mg. PO. -Dilaudid 24 mg. PO.

	When opioids/narcotics are used for pain relief in the following situations:	What per cent of patients are likely to develop opioid/narcotic ADDICTION				
11. ADDICTION						
All patients:	A) All patients-overall.	<1%	5%	25%	50%	75%
Opioid choice route:	B) Patients receiving PO codeine.	<1%	5%	25%	50%	75%
	C) Patients receiving PO morphine.	<1%	5%	25%	50%	75%
Time on opioids:	D) Patients who receive opioids for 1 to 3 days.	<1%	5%	25%	50%	75%
	E) Patients who receive opioids for 3 to 6 months.	<1%	5%	25%	50%	75%
		What per cent of patients are likely to develop clinically significant opioid/narcotic TOLERANCE				
Tolerance Time on opioids	F) Patients who receive opioids 1 to 3 days.	<1%	5%	25%	50%	75%
	G) Patients who receive opioids for 3 to 6 months.	<1%	5%	25%	50%	75%
		What per cent of patients are likely to develop clinically significant opioid/narcotic PHYSICAL DEPENDENCE?				
PHYSICAL DEPENDENCE Time on opioids	H) Patients who receive opioids 1 to 3 days.	<1%	5%	25%	50%	75%
	I) Patients who receive opioids for 3 to 6 months.	<1%	5%	25%	50%	75%
Cause of chronic pain	J) Patients with chronic cancer pain for 2 years.	<1%	5%	25%	50%	75%
	K) Patients with chronic non-malignant pain for 2 years.	<1%	5%	25%	50%	75%

Test Questions

T	F	12. Guidelines for the use of analgesics for acute pain and cancer pain published by the American Pain Society are very similar to those published by the Agency for Health Care Policy and Research.
T	F	13. Observable changes in vital signs or behavioral expressions of pain will be present if the patient has severe pain.
T	F	14. Pain intensity should be rated by the nurse, not the patient.
T	F	15. If the patient can be distracted from his pain this usually means he does not have as high an intensity of pain as he indicates.
T	F	16. The patient's report of pain relief following the administration of a placebo suggests that there is little or no physical pathology present to account for the pain.
T	F	17. Patients may sleep in spite of severe pain.
T	F	18. When morphine IV or IM is prescribed PRN for pain relief in the postoperative patient, the nurse must administer it only when the patient feels pain.
T	F	19. Giving aspirin or acetaminophen (e.g., Tylenol) along with opioids/narcotics is logical method of increasing pain relief.
T	F	20. Research shows that promethazine (Phenergan) is a reliable potentiator of opioid/narcotic analgesia .
T	F	21. Beyond a certain dosage of morphine, increases in dosage will not increase pain relief.

Pain Assessment and Analgesic Use Survey

This survey of 19 true/false items has been developed over approximately 15 years and represents common misconceptions about pain assessment and analgesics. It covers information important to the practice of nurses, physicians, and pharmacists. It is confined to one page and takes only a few minutes to complete. Since it is also easy to score, it is quick way to identify major knowledge deficits.

Ferrell, BR & McCaffery M, 1996
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Test Questions
Pain Assessment & Analgesic Use

T F 1. Guidelines for the use of analgesics for acute pain and cancer pain published by the American Pain Society are very similar to those published by the Agency for Health Care Policy and Research.

T F 2. Observable changes in vital signs or behavioral expressions of pain will be present if the patient has severe pain.

T F 3. Estimation of pain by a physician or nurse is a more valid measure of pain that the patient's self-report.

T F 4. A pain rating scale is appropriate for patients to use to rate their pain.

T F 5. If the patient can be distracted from his pain this usually means he does not have as high an intensity of pain as he indicates.

T F 6. The patient's report of pain relief following the administration of a placebo suggests that there is little or no physical pathology present to account for the pain.

T F 7. Patients may sleep in spite of severe pain.

T F 8. After the initial recommended dose of opioid/narcotic analgesic, subsequent doses are adjusted in accordance with the individual patient's response.

T F 9. Narcotic/opioid addiction (psychological dependence) probably occurs in at least 15% of patients who receive one or more doses of narcotic for pain relief.

T F 10. Tylenol #3 (codeine 30mg+acetaminophen 300 mg) is equal to approximately one sixth of a dose of meperidine (Demerol) 75mg IM.

T F 11. When morphine IV or IM is prescribed PRN for pain relief in the postoperative patient, the nurse must administer it only when the patient feels pain.

T F 12. Giving aspirin or acetaminophen (e.g., Tylenol) along with opioids/narcotics is a logical method of increasing pain relief.

T F 13. Meperidine (Demerol) IM is the drug of choice for prolonged pain.

T F 14. Research shows that promethazine (Phenergan) is a reliable potentiator of opioid/narcotic analgesia.

T F 15. Severe pain may be relieved using a variety of routes of administration, including the oral route.

T F 16. There is a ceiling on the analgesia of morphine. In other words, beyond a certain dosage of morphine, increases in dosage will not increase pain relief.

T F 17. The potency of the pain relief measure selected for the patient should be determined on the basis of known physical stimuli rather than the patient's report of pain intensity.

T F 18. When a dose of morphine is safe but ineffective in relieving pain, clinical practice guidelines recommend increasing the dose by no more than 10%.

T F 19. To prevent opioid induced respiratory depression, nurse monitoring of sedation level is more important than monitoring respiratory rate.

ANSWER KEY

Brief Pain Surveys

Pain Assessment/Behavior Survey
Pain/Gender Survey
Brief Cancer Pain Information Survey
Pain Addiction Survey
Brief Pharmacology Survey
Test Questions

Pain Assessment/Behavior Survey

Professional discipline:	Highest education:	Practice setting:	Clinical area:
___Nursing	___Student	___Hospital	___Medical
___Pharmacy	___LPN	___Home/community	___Postop/Surg.
___Medicine	___AD	___Hospice	___Oncology
___Physical Therapy	___Diploma	___Office	___Orthopedics
___Social Work	___Bachelors	___Other	___Pediatrics
___Other	___Masters	Specify _____	___ICU/CCU
Specify _____	___Doctorate		___Other
			Specify _____

Gender: ___Female ___Male Years experience as health professional:____ Age: ____

Directions: Please select one answer for each question.

Patient A: Andrew is 25 years old and this is his first day following abdominal surgery. As you enter his room, he smiles at you and continues talking and joking with his visitor. Your assessment reveals the following information: BP=120/80; HR=80; R=18; on a scale of 0 to 10 (0=no pain/discomfort, 10=worst pain/discomfort) he rates his pain as 8.

1. On the patient's record you must mark his pain on the scale below. Circle the number that represents your assessment of Andrew's pain

0 1 2 3 4 5 6 7  9 10

No pain/discomfort Worst pain/discomfort

2. Your assessment, above, is made two hours after he received morphine 2 mg IV. Half hourly pain ratings following the injection ranged from 6 to 8 and he had no clinically significant respiratory depression, sedation, or other untoward side effects. He has identified 2 as an acceptable level of pain relief. His physician's order for analgesia is "morphine IV 1-3 mg q1h PRN pain relief." Check the action you will take at this time:

___a) Administer no morphine at this time.
___b) Administer morphine 1 mg IV now.
___c) Administer morphine 2 mg IV now.
X d) Administer morphine 3 mg IV now.

Patient B: Robert is 25 years old and this is his first day following abdominal surgery. As you enter his room, he is lying quietly in bed and grimaces as he turns in bed. Your assessment reveals the following information: BP = 120/80; HR = 80; R = 18; on a scale of 0 to 10 (0=no pain/discomfort, 10=worst pain/discomfort) he rates his pain as 8.

1. On the patient's record you must mark his pain on the scale below. Circle the number that represents your assessment of Robert's pain:

0 1 2 3 4 5 6 7  9 10

No pain/discomfort Worst pain/discomfort

2. Your assessment, above, is made two hours after he received morphine 2 mg IV. Half hourly pain ratings following the injection ranged from 6 to 8 and he had no clinically significant respiratory depression, sedation, or other untoward side effects. He has identified 2 as an acceptable level of pain relief. His physician's order for analgesia is "morphine IV 1-3 mg q1h PRN pain relief." Check the action you will take at this time:

___a) Administer no morphine at this time.
___b) Administer morphine 1 mg IV now.
___c) Administer morphine 2 mg IV now.
X d) Administer morphine 3 mg IV now.

Ferrell, BR & McCaffery M, 1996
Brief Pain Surveys/City of Hope, Duarte, CA

Pain Gender Survey
•General Information about You•

Professional discipline:

___Nursing
___Pharmacy
___Medicine
___Physical Therapy
___Social Work
___Other
Specify: _____

Highest level of education:

___Student
___LPN
___AD
___Diploma
___Bachelors
___Masters
___Doctorate

Practice setting:

___Hospital
___Home/ community
___Hospice
___Office
___Other
Specify: _____

Clinical area:

___Medical
___Postop/Surg
___Oncology
___Geriatrics
___Pediatrics
___Orthopedics
___ICU/CCU
___ER
___OR
___OB/GYN
___Other
Specify:_____

Years experience as health professional: _____ Age: _____

Please circle one answer for each of the following questions.

1. In general which of the following statements best describes your beliefs about how gender (sex of the patient) affects the sensation of pain, i.e. sensitivity to pain, or amount of pain felt?

a. Men feel greater pain than women from comparable stimuli.
b. Women feel greater pain than men from comparable stimuli.
c. There are generally no differences in sensitivity to pain between men and women.

2. In general, which of the following statements best describes your beliefs about how gender affects pain tolerance?

a. Men tolerate higher amounts of pain than women.
b. Women tolerate higher amounts of pain than men.
c. There are generally no differences in pain tolerance between men and women.

3. Which of the following statements best describes your beliefs about gender and pain distress?

a. Men have greater distress related to their pain than do women.
b. Women have greater distress related to their pain than do men.
c. There are generally no differences in pain distress between men and women.

4. How do you think gender influences willingness to report pain?

a. Men tend to be stoic and under-report their pain more so than women.
b. Women tend to be stoic and under-report their pain more so than men.
c. Neither of the above.

5. How do you think gender influences exaggeration of pain?

a. Men tend to exaggerate their pain.
b. Women tend to exaggerate their pain.
c. Neither of the above.

6. How do you think gender influences nonverbal expressions of pain, e.g. frowning?

a. Men tend to be more behaviorally expressive about pain than women.
b. Women tend to be more behaviorally expressive about pain than men.
c. Neither of the above.

Brief Cancer Pain Information Survey

•General Information about You•

How frequently do you work with patients who have cancer?
[ ] Rarely [ ] Occasionally [ ] Often

Professional discipline:	**Highest level of education:**	**Practice setting:**	**Clinical area:**	
[ ] Nursing	[ ] Student	[ ] Hospital	[ ] Medical	[ ] ER
[ ] Pharmacy	[ ] LPN	[ ] Home/community	[ ] Postop/surg	[ ] OR
[ ] Medicine	[ ] AD	[ ] Oncology	[ ] OB/GYN	[ ] Other:
[ ] Physical therapy	[ ] Diploma	[ ] Hospice	[ ] Geriatrics	Specify: _____
[ ] Social work	[ ] Bachelors	[ ] Office	[ ] Pediatrics	
[ ] Other:	[ ] Masters	[ ] Other:	[ ] Orthopedics	
Specify: _____	[ ] Doctorate	Specify: _____	[ ] ICU/CCU	

Years experience as health professional: ____Age: _____

•Questions•

Directions: Please **circle** your response to each of the following questions:

1. What percentage of cancer patients do you think suffer pain at some point during their illness?
0 10 20 30 40 50 60 70 **(80 90 100%)**

2. What do you think is the percentage of cancer patients who *over report* the amount of pain they have?
(0 10) 20 30 40 50 60 70 80 90 100%

3. *Narcotic addiction* is defined as psychological dependence accompanied by overwhelming concern with obtaining and using narcotics for psychic effect, not for medical reasons. It may occur with or without the physiological changes of tolerance to analgesia and physical dependence (withdrawal).
Using this definition, how likely is it that narcotic (opioid) addiction will occur as a result of treating pain with narcotic analgesics? **Circle one number** closest to what you consider the correct answer:
< 1% 5% 24% 50% 75% 100%

Directions: Please **check** the box next to your response to each of the following questions.

4. At what stage would you recommend maximum, tolerated narcotic (opioid) analgesic therapy for treatment of severe cancer pain?
[ ] a. Prognosis of less than 24 months.
[ ] b. Prognosis of less than 18 months.
[ ] c. Prognosis of less than 6-12 months.
[ ] d. Prognosis of less than 3-6 months.
[ ] e. Prognosis of less than 1 month.
[ ] f. Prognosis of less than 1 week.
[ ] g. Anytime, regardless of prognosis.

5. The recommended route of administration of narcotic (opioid) pain relievers to patients with prolonged cancer-related pain is:
[ ] a. intravenous
[ ] b. intramuscular
[ ] c. subcutaneous
[ ] d. oral
[ ] e. rectal
[ ] f. I don't know

6. Which of the following analgesic medications is considered the drug of choice for the treatment of *prolonged moderate to severe pain* for cancer patients?
[ ] a. Brompton's cocktail
[ ] b. codeine
[ ] c. morphine
[ ] d. meperidine (Demerol7)
[ ] e. methadone
[ ] f. I don't know

7. Analgesics for chronic cancer pain should be given
[ ] a. around the clock
[ ] b. only when the patient asks for the medication
[ ] c. only when the nurse determines the patient has moderate or greater discomfort

8. The *most likely* explanation for why a terminal cancer patient with chronic pain would request increased doses of pain medications is:
[ ] a. the patient is experiencing increased pain
[ ] b. the patient is experiencing increased anxiety or depression
[ ] c. the patient is requesting more staff attention
[ ] d. the patient's requests are related to addiction

9. Giving patients sterile water injection (placebo) is a useful test to determine if the pain is real.
[ ] a. True
[ ] b. False
[ ] c. I don't know

10. The most accurate judge of the intensity of the cancer patient's pain is:
[ ] a. the treating physician
[ ] b. The patient's primary nurse
[ ] c. the patient
[ ] d. the pharmacist
[ ] e. the patient's spouse or family

11. How good a job do you think physicians in your setting do in relieving cancer pain?
[ ]a. a very poor job
[ ] b. a poor job
[ ]c. a fair job
[ ]d. a good job
[ ]e. a very good job
[ ]f. not applicable (I do not work with any cancer patients)

12. How good a job do you think nurses in your setting doing relieving cancer pain?
[ ]a. a very poor job
[ ]b. a poor job
[ ]c. a fair job
[ ]d. a good job
[ ]e. a very good job
[ ]f. not applicable (I do not work with any cancer patients)

Pain Addiction Survey

Professional discipline:	Highest level of education:	Practice setting:	Clinical area:	
___Nursing	___Student	___Hospital	___Medical	___ER
___Pharmacy	___LPN	___Home/community	___Postop/Surg	___OR
___Medicine	___AD	___Hospice	___Oncology	___OB/GYN
___Physical Therapy	___Diploma	___Office	___Geriatrics	___Other:
___Social Work	___Bachelors	___Other:	___Pediatrics	Specify: _____
___Other:	___Masters	Specify: _____	___Orthopedics	
Specify _____	___Doctorate		___ICU/CCU	

Years experience as health professional: _____ Age: _____

NOTE: Please Use the Following Definitions to Answer the Questions, taken from the American Pain Society, 1992:

Narcotic/opioid addiction, or psychological dependence, is "a pattern of compulsive drug use characterized by a continued craving for an opioid and the need to use the opioid for effects other than pain relief." Physical dependence and tolerance are not addiction.

Tolerance to opioid analgesia: "means that a larger dose of opioid analgesic is required to maintain the original effect."

Physical dependence on opioids "is revealed in patients taking chronic opioids when the abrupt discontinuation of an opioid or the administration of an opioid antagonist produces an abstinence syndrome" (withdrawal).

Circle one number closest to what you consider the correct answer.

	When opioids/narcotics are used for pain relief in the following situations:	What per cent of patients are likely to develop opioid/narcotic ADDICTION				
11. ADDICTION						
All patients:	A) All patients-overall.	<1%	5%	25%	50%	75%
Opioid choice route:	B) Patients receiving PO codeine.	<1%	5%	25%	50%	75%
	C) Patients receiving PO morphine.	<1%	5%	25%	50%	75%
Time on opioids:	D) Patients who receive opioids for 1 to 3 days.	<1%	5%	25%	50%	75%
	E) Patients who receive opioids for 3 to 6 months.	<1%	5%	25%	50%	75%
		What per cent of patients are likely to develop clinically significant opioid/narcotic TOLERANCE				
Tolerance Time on opioids	F) Patients who receive opioids 1 to 3 days.	<1%	5%	25%	50%	75%
	G) Patients who receive opioids for 3 to 6 months.	<1%	5%	25%	50%	75%
		What per cent of patients are likely to develop clinically significant opioid/narcotic PHYSICAL DEPENDENCE?				
PHYSICAL DEPENDENCE Time on opioids	H) Patients who receive opioids 1 to 3 days.	<1%	5%	25%	50%	75%
	I) Patients who receive opioids for 3 to 6 months.	<1%	5%	25%	50%	75%
Cause of chronic pain	J) Patients with chronic cancer pain for 2 years.	<1%	5%	25%	50%	75%
	K) Patients with chronic non-malignant pain for 2 years.	<1%	5%	25%	50%	75%

Brief Pharmacology Survey

•General Information about You•

Professional discipline	**Highest level of education:**	**Practice setting:**	**Clinical area:**	
[ ] Nursing	[ ] Student	[ ] Hospital	[ ] Medical	[ ] ER
[ ] Pharmacy	[ ] LPN	[ ] Home/community	[ ] Postop/surg	[ ] OR
[ ] Medicine	[ ]AD	[ ] Oncology	[ ] OB/GYN	[ ] Other:
[ ] Physical therapy	[ ] Diploma	[ ] Hospice	[ ] Geriatrics	Specify: _____
[ ] Social work	[ ] Bachelors	[ ] Office	[ ] Pediatrics	
[ ] Other:	[ ] Masters	[ ] Other:	[ ] Orthopedics	
Specify: _____	[ ] Doctorate	Specify: _____	[ ] ICU/CCU	

Years experience as health professional: _____Age: ____

1. What do you think is the percentage of patients who *over report* the amount of pain they have?

(0 10) 20 30 40 50 60 70 80 90 100%

No pain/discomfort Worst pain/discomfort

2. Which of the following analgesic medications is considered the drug of choice for the treatment of *acute or chronic moderate to severe pain*?

[ ]a. codeine
[X]b. morphine
[ ]c. meperidine (Demerol7)
[ ]d. methadone
[ ]e. I don't know

3. Giving patients sterile water injection (placebo) is a useful test to determine if the pain is real.

[ ]a. True
[X]b. False
[ ]c. I don't know

4. The recommended route of administration of narcotic (opioid) pain relievers to patients with prolonged cancer-related pain is:

[ ]a. intravenous
[ ]b. intramuscular
[ ]c. subcutaneous
[X]d. oral
[ ]e. rectal
[ ]f. I don't know

5. At what stage would you recommend maximum, tolerated narcotic (opioid) analgesic therapy for treatment of severe cancer pain?

[ ]a. Prognosis of less than 24 months.
[ ]b. Prognosis of less than 18 months.
[ ]c. Prognosis of less than 6 - 12 months.
[ ]d. Prognosis of less than 3 - 6 months.
[ ]e. Prognosis of less than 1 month.
[ ]f. Prognosis of less than 1 week.
[X]g. Anytime, regardless of prognosis.

Directions: Please select one answer for each question.

6. Patient A: Andrew is 25 years old and this is his first day following abdominal surgery. As you enter his room, he smiles at you and continues talking and joking with his visitor. Your assessment reveals the following information: BP=120/80; HR=80; R=18; on a scale of 0 to 10 (0=no pain/discomfort, 10=worst pain/discomfort) he rates his pain as 8.

A. On the patient's record you must mark his pain on the scale below. Circle the number that represents your assessment of Andrew's pain.

0 1 2 3 4 5 6 7 8 9 10

No pain/discomfort Worst pain/discomfort

B. Your assessment, above, is made two hours after he received morphine 2 mg IV. Half hourly pain ratings following the injection ranged from 6 to 8 and he had no clinically significant respiratory depression, sedation, or other untoward side effects. He has identified 2 as an acceptable level of pain relief. His physician's order for analgesia is "morphine IV 1-3 mg q1h PRN pain relief." Check the action you will take at this time:

___a) Administer no morphine at this time.
___b) Administer morphine 1 mg IV now.
___c) Administer morphine 2 mg IV now.
_X d) Administer morphine 3 mg IV now.

7. Patient B: Robert is 25 years old and this is his first day following abdominal surgery. As you enter his room, he is lying quietly in bed and grimaces as he turns in bed. Your assessment reveals the following information: BP=120/80; HR=80; R=18; on a scale of 0 to 10 (0 = no pain/discomfort, 10=worst pain/discomfort) he rates his pain as 8.

A. On the patient's record you must mark his pain on the scale below. Circle the number that represents your assessment of Robert's pain:

0 1 2 3 4 5 6 7 9 10
No pain/discomfort Worst pain/discomfort

B. Your assessment, above, is made two hours after he received morphine 2 mg IV. Half hourly pain ratings following the injection ranged from 6 to 8 and he had no clinically significant respiratory depression, sedation, or other untoward side effects. He has identified 2 as an acceptable level of pain relief. His physician's order for analgesia is "morphine IV 1-3 mg q1h PRN pain relief." Check the action you will take at this time:

___a) Administer no morphine at this time.
___b) Administer morphine 1 mg IV now.
___c) Administer morphine 2 mg IV now.
_Xd) Administer morphine 3 mg IV now.

8. DRUG	CIRCLE ONE of these 3 answers:		
A. cocaine	Opioid	Nonopioid	Unsure
B. codeine	Opioid	Nonopioid	Unsure
C. heroin	Opioid	Nonopioid	Unsure
D. hydromorphone (Dilaudid)	Opioid	Nonopioid	Unsure
E. ibuprofen (Motrin, Advil)	Opioid	Nonopioid	Unsure
F. meperidine (Demerol)	Opioid	Nonopioid	Unsure
G. morphine	Opioid	Nonopioid	Unsure
H. oxycodone (e.g. in Percodan)	Opioid	Nonopioid	Unsure
I. pentazocine (Talwin)	Opioid	Nonopioid	Unsure
J. propoxyphene (Darvon)	Opioid	Nonopioid	Unsure

9. Which of the following is most likely to provide the same analgesia as Demerol (meperidine) 75 mg. IM?
Circle one answer:
-Demerol 75 mg. PO. -Demerol 100 mg. PO. -Demerol 150 mg. PO. Demerol 300 mg. PO.

10. Which of the following is most likely to provide the same analgesia as codeine 30 mg. + acetaminophen 300 mg. PO (e.g. Tylenol #3)?
Circle one answer.
Dilaudid 0.5 mg. PO. -Dilaudid 2 mg. PO. -Dilaudid 8 mg. PO. -Dilaudid 24 mg. PO.

	When opioids/narcotics are used for pain relief in the following situations:	What per cent of patients are likely to develop opioid/narcotic ADDICTION				
11. ADDICTION						
All patients:	A) All patients-overall.	<1%	5%	25%	50%	75%
Opioid choice route:	B) Patients receiving PO codeine.	<1%	5%	25%	50%	75%
	C) Patients receiving PO morphine.	<1%	5%	25%	50%	75%
Time on opioids:	D) Patients who receive opioids for 1 to 3 days.	<1%	5%	25%	50%	75%
	E) Patients who receive opioids for 3 to 6 months.	<1%	5%	25%	50%	75%
		What per cent of patients are likely to develop clinically significant opioid/narcotic TOLERANCE:				
Tolerance Time on opioids	F) Patients who receive opioids 1 to 3 days.	<1%	5%	25%	50%	75%
	G) Patients who receive opioids for 3 to 6 months.	<1%	5%	25%	50%	75%
		What per cent of patients are likely to develop clinically significant opioid/narcotic PHYSICAL DEPENDENCE?				
PHYSICAL DEPENDENCE Time on opioids	H) Patients who receive opioids 1 to 3 days.	<1%	5%	25%	50%	75%
	I) Patients who receive opioids for 3 to 6 months.	<1%	5%	25%	50%	75%
Cause of chronic pain	J) Patients with chronic cancer pain for 2 years.	<1%	5%	25%	50%	75%
	K) Patients with chronic non-malignant pain for 2 years.	<1%	5%	25%	50%	75%

Test Questions

	F	12. Guidelines for the use of analgesics for acute pain and cancer pain published by the American Pain Society are very similar to those published by the Agency for Health Care Policy and Research.
T		13. Observable changes in vital signs or behavioral expressions of pain will be present if the patient has severe pain.
T		14. Pain intensity should be rated by the nurse, not the patient.
T		15. If the patient can be distracted from his pain this usually means he does not have as high an intensity of pain as he indicates.
T		16. The patient's report of pain relief following the administration of a placebo suggests that there is little or no physical pathology present to account for the pain.
	F	17. Patients may sleep in spite of severe pain.
T		18. When morphine IV or IM is prescribed PRN for pain relief in the postoperative patient, the nurse must administer it only when the patient feels pain.
	F	19. Giving aspirin or acetaminophen (e.g., Tylenol) along with opioids/narcotics is a logical method of increasing pain relief.
T		20. Research shows that promethazine (Phenergan) is a reliable potentiator of opioid/narcotic analgesia.
T		21. Beyond a certain dosage of morphine, increases in dosage will not increase pain relief.

Pain Assessment and Analgesic Use Survey
Test Questions

T	F	1. Guidelines for the use of analgesics for acute pain and cancer pain published by the American Pain Society are very similar to those published by the Agency for Health Care Policy and Research.
T	F	2. Observable changes in vital signs or behavioral expressions of pain will be present if the patient has severe pain.
T	F	3. Estimation of pain by a physician or nurse is a more valid measure of pain that the patient's self-report.
T	F	4. A pain rating scale is appropriate for patients to use to rate their pain.
T	F	5. If the patient can be distracted from his pain this usually means he does <u>not</u> have as high an intensity of pain as he indicates.
T	F	6. The patient's report of pain relief following the administration of a placebo suggests that there is little or no physical pathology present to account for the pain.
T	F	7. Patients may sleep in spite of severe pain.
T	F	8. After the initial recommended dose of opioid/narcotic analgesic, subsequent doses are adjusted in accordance with the individual patient's response.
T	F	9. Narcotic/opioid addiction (psychological dependence) probably occurs in at least 15% of patients who receive one or more doses of narcotic for pain relief.
T	F	10. Tylenol #3 (codeine 30mg+acetaminophen 300 mg) is equal to approximately one sixth of a dose of meperidine (Demerol) 75mg IM.
T	F	11. When morphine IV or IM is prescribed PRN for pain relief in the postoperative patient, the nurse must administer it only when the patient feels pain.
T	F	12. Giving aspirin or acetaminophen (e.g., Tylenol) along with opioids/narcotics is a logical method of increasing pain relief.
T	F	13. Meperidine (Demerol) IM is the drug of choice for prolonged pain.
T	F	14. Research shows that promethazine (Phenergan) is a reliable potentiator of opioid/narcotic analgesia.
T	F	15. Severe pain may be relieved using a variety of routes of administration, including the oral route.
T	F	16. There is a ceiling on the analgesia of morphine. In other words, beyond a certain dosage of morphine, increases in dosage will <u>not</u> increase pain relief.
T	F	17. The potency of the pain relief measure selected for the patient should be determined on the basis of known physical stimuli rather than the patient's report of pain intensity.
T	F	18. When a dose of morphine is safe but ineffective in relieving pain, clinical practice guidelines recommend increasing the dose by no more than 10%.
T	F	19. To prevent opioid induced respiratory depression, nurse monitoring of sedation level is more important than monitoring respiratory rate.