

# POST-TEST

## *Pain Resource Professional Training Program* University of Wisconsin Hospital & Clinics

### **True/False/Don't Know - Circle the correct answer**

- |   |   |   |     |   |
|---|---|---|-----|---|
| T | F | D | 1.  | Changes in vital signs are reliable indicators of pain severity.  |
| T | F | D | 2.  | Because of an underdeveloped nervous system, children under the age of 2, have little sensitivity to painful stimuli and limited memory of painful experiences. |
| T | F | D | 3.  | If the patient can be distracted from his pain this usually means that he does <b>not</b> have severe pain.   |
| T | F | D | 4.  | Patients may sleep in spite of severe pain.   |
| T | F | D | 5.  | Comparable noxious stimuli produce the same intensity of pain in different people.  |
| T | F | D | 6.  | Beyond a certain dose of non-opioid analgesics (e.g., ibuprofen, acetaminophen) increases in dose will <b>not</b> increase pain relief.                         |
| T | F | D | 7.  | Non-drug interventions (such as distraction and imagery) used alone can often relieve pain.   |
| T | F | D | 8.  | Respiratory depression rarely occurs in patients who have been receiving opioids over several months.   |
| T | F | D | 9.  | Morphine 10 mg IV is approximately equal to hydromorphone (Dilaudid) 1.5mg IV.  |
| T | F | D | 10. | Cancer pain is usually best managed with a single analgesic rather than with a combination of drugs.  |
| T | F | D | 11. | The usual duration of action of meperidine (Demerol) is 4 hours.  |
| T | F | D | 12. | Research shows that hydroxyzine (Vistaril) is a reliable potentiator of opioid analgesia.   |
| T | F | D | 13. | Patients with a history of substance abuse who require IV opioids should not be given patient controlled analgesia.   |
| T | F | D | 14. | Beyond a certain dose of an opioid (e.g., morphine, hydromorphone), increases in dose will not increase pain relief.  |
| T | F | D | 15. | Elderly patients cannot tolerate strong medications such as opioids for pain.   |
| T | F | D | 16. | Opioid analgesics are best ordered on a "prn" basis to encourage minimal dosing and reduce the risk of addiction.   |
| T | F | D | 17. | Children can reliably report the intensity of their pain.   |
| T | F | D | 18. | The parents' assessment of the child's pain intensity is not reliable.  |
| T | F | D | 19. | Following an initial dose of an opioid analgesic, subsequent doses should be adjusted in accordance with the individual patient's response.                     |
| T | F | D | 20. | A placebo can be used to determine if pain is real.   |
| T | F | D | 21. | In order to be effective, heat and cold should only be applied to the painful area.   |
| T | F | D | 22. | Anticonvulsant drugs such as carbamazepine produce optimal pain relief after a single dose  |

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|---|---|---|-----|--|
| T | F | D | 23. | Although benzodiazepines provide relief of painful muscle spasm, they are not effective analgesics.  |
| T | F | D | 24. | Corticosteroids such as dexamethasone are standard emergency treatment for suspected malignant spinal cord compression.                                  |
| T | F | D | 25. | Local anesthetics may provide relief of neuropathic pain that is unresponsive to other drugs.  |
| T | F | D | 26. | Nociceptive pain (somatic or visceral) is often described as burning, lancinating, and spontaneous.  |
| T | F | D | 27. | Neuropathic pain may be particularly responsive to anticonvulsant drugs.   |
| T | F | D | 28. | Treatment of neuropathic pain with amitriptyline is often compromised by sedation, urinary retention, and orthostatic hypotension.                       |
| T | F | D | 29. | Haloperidol has prominent analgesic properties.  |
| T | F | D | 30. | Adjuvant analgesics such as the tricyclic antidepressants and anticonvulsants should <b>not</b> be used in combination with opioid analgesics or NSAIDS. |
| T | F | D | 31. | If opioids (narcotics) are used during the pain evaluation period, they will mask your ability to correctly diagnose the cause of pain.                  |
| T | F | D | 32. | Persons treated with opioids for 6 weeks or more inevitably become addicted.   |

**Multiple Choice - Place a check by the correct answer**

33. The preferred route of administration of opioid analgesic to patients with prolonged cancer-related pain is
- a. intravenous
  - b. intramuscular
  - c. subcutaneous
  - d. oral
  - e. rectal
  - f. I don't know
34. The recommended route of administration of opioid analgesics to patients with brief, severe pain of sudden onset, e.g. trauma or postoperative pain, is
- a. intravenous
  - b. intramuscular
  - c. subcutaneous
  - d. oral
  - e. rectal
  - f. I don't know
35. Which of the following analgesic medications is considered the drug of choice for the treatment of prolonged moderate to severe cancer pain?
- a. indomethacin
  - b. codeine
  - c. morphine
  - d. meperidine (Demerol)
  - e. tramadol (Ultram)
  - f. I don't know
36. Which of the following IV doses of morphine would be approximately equianalgesic to 30 mg of oral morphine ?
- a. Morphine 5 mg IV
  - b. Morphine 10 mg IV
  - c. Morphine 30 mg IV

- d. Morphine 60 mg IV  
 e. I don't know
37. Analgesics for post-operative pain should initially be given  
 a. around the clock on a fixed schedule  
 b. only when the patient asks for the medication  
 c. only when the nurse determines that the patient has moderate or greater discomfort  
 d. I don't know
38. As compared to ibuprofen and other non-selective NSAIDs, the selective COX-2 inhibitors are:  
 a. more effective pain relievers.  
 b. less likely to irritate the stomach  
 c. more likely to decrease platelet aggregation.  
 d. usually given in combination with acetaminophen.  
 e. I don't know
39. The unique property of gabapentin compared with other anticonvulsant drugs is that it:  
 a. is not metabolized.  
 b. does not produce sedation, ataxia or fatigue.  
 c. is not orally effective.  
 d. blocks NMDA receptors.  
 e. causes hair loss, weight gain and gum hyperplasia  
 f. I don't know
40. The **most likely** reason why a patient with pain would request increased dose of pain medication is  
 a. The patient is experiencing increased pain  
 b. The patient is experiencing increased anxiety or depression  
 c. The patient has become physically dependent to the medication  
 d. The patient is becoming addicted  
 e. I don't know
41. Which of the following drugs is useful for the treatment of cancer pain?  
 a. Ibuprofen (Motrin)  
 b. Hydromorphone (Dilaudid)  
 c. Amitriptyline (Elavil)  
 d. All of the above  
 e. I don't know
42. The most accurate judge of the intensity of the patient's pain is  
 a. the treating physician  
 b. the patient's primary nurse  
 c. the pharmacist  
 d. the patient  
 e. the patient's spouse or family  
 f. I don't know
43. Physical dependence to opioids is characterized by the following:  
 a. sweating, yawning, nausea and vomiting when the opioid is abruptly discontinued  
 b. impaired control over drug use, compulsive use, and craving  
 c. the need for higher doses to achieve the same effect  
 d. a and b  
 e. I don't know

44. Chronic use of which of the following medications may cause tremors, myoclonus, or seizures because of the accumulation of a long-lived metabolite which is a CNS stimulant?
- a. methadone
  - b. oxycodone (Percocet, Tylox)
  - c. transdermal fentanyl (Duragesic)
  - d. meperidine (Demerol)
  - e. I don't know
45. What percentage of patients obtain complete or partial pain relief within three months after a course of palliative radiation therapy to painful bone metastasis?
- a. 30%
  - b. 50%
  - c. 70%
  - d. 90%
  - e. I don't know
46. A complication of opioid therapy that is noted more frequently with spinal (epidural/intrathecal) than with oral or IV administration of opioids is
- a. constipation
  - b. urinary retention
  - c. nausea
  - d. hallucinations
  - e. I don't know
47. The degree of all but one of the following side effects will decrease after repeated administration of an opioid analgesic. Which side effect will not decrease?
- a. sedation
  - b. nausea
  - c. constipation
  - d. respiratory depression
  - e. I don't know

## Pain Resource Professional Pre-Test Answers

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|--------|--------|
| 1 = F  | 30 = F |
| 2 = F  | 31 = F |
| 3 = F  | 32 = F |
| 4 = T  | 33 = d |
| 5 = F  | 34 = a |
| 6 = T  | 35 = c |
| 7 = F  | 36 = b |
| 8 = T  | 37 = a |
| 9 = T  | 38 = b |
| 10 = F | 39 = a |
| 11 = F | 40 = a |
| 12 = F | 41 = d |
| 13 = F | 42 = d |
| 14 = F | 43 = a |
| 15 = F | 44 = d |
| 16 = F | 45 = c |
| 17 = T | 46 = b |
| 18 = F | 47 = c |
| 19 = T |        |
| 20 = F |        |
| 21 = F |        |
| 22 = F |        |
| 23 = T |        |
| 24 = T |        |
| 25 = T |        |
| 26 = F |        |
| 27 = T |        |
| 28 = T |        |
| 29 = F |        |