

# Practice Exam Questions



PMGT-BC

## Pain Management Nursing



**EXAMKILLER**

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## Total Question: 150 QAs

Question No: 1

Balanced analgesia refers to:

- A. providing the patient with patient-controlled analgesia.
- B. providing analgesia PRN when the patient requests it.
- C. using two or more forms of analgesia concurrently.
- D. administering analgesia at preset time periods.

Answer: C

Explanation: Balanced analgesia refers to using two or more forms of analgesia concurrently, such as using a tricyclic antidepressant (amitriptyline) and an anticonvulsant (gabapentin) or an opioid plus another drug. Using multiple drugs may allow lower dosages of each drug so that adverse effects are minimized. Additionally, one drug often potentiates the effects of another drug, providing better control of pain. Balanced analgesia may also delay development of tolerance to opioids because of the lower dosage.

Question No: 2

The pain management nurse should educate a mother who states she is giving her 4-year-old child aspirin to relieve muscle aches associated with the flu because:

- A. aspirin doesn't adequately relieve discomfort.
- B. aspirin may cause Reye's syndrome.
- C. aspirin may make the symptoms of flu worse.
- D. acetaminophen is more effective.

Answer: B

Explanation: The pain management nurse should educate a mother who states she is giving her 4-year-old child aspirin to relieve muscle aches associated with the flu because aspirin may cause Reye's syndrome in children with a viral infection, such as chicken pox or the flu. Reye's syndrome can result in swelling of the liver and brain and death. NSAIDs also carry some risk. Young children usually first exhibit diarrhea and dyspnea and older children/adolescents vomiting and lethargy, progressing to confusion, irrational behavior, and seizures.

Question No: 3

The pain management nurse makes an effort to always act for the good of the patient. This is an example of the ethical principle of:

- A. autonomy.
- B. nonmaleficence.
- C. integrity.
- D. beneficence.

Answer: D

Explanation: If the pain management nurse makes an effort to always act for the good of the patient, this is an example of the ethical principle of beneficence. While it is not always possible to prevent all harm (such as adverse effects of analgesics) to a patient, acting to minimize or avoid harm reflects non maleficence. Basing the care of patients on moral standards and being honest with others reflects integrity. Autonomy is the patient's right to self-determination.

Question No: 4

A 28-year-old patient with three young children has ovarian cancer and is to be discharged to her home with fentanyl transdermal patches for pain control. When teaching the patient about the use of the patches, the pain management nurse should stress that discarded patches:

- A. must be immediately flushed down the toilet.
- B. can be discarded into any waste basket.
- C. should be cut into small pieces before discarding.
- D. can be discarded in any manner as they are harmless.

Answer: A

Explanation: If a 28-year-old patient with three young children has ovarian cancer and is to be discharged to her home with fentanyl transdermal patches for pain control, when teaching the patient about the use of the patches, the pain management nurse should stress that discarded patches must be folded and immediately flushed down the toilet. Used patches still contain the opioid and can result in overdose and death of small children who come in contact with them and are a grave risk to drug seekers who smoke discarded patches.

Question No: 5

A patient experiences a traumatic injury and the external stimulus converts into an electrical signal that the patient can perceive as pain. This is an example of:

- A. modulation.
- B. perception.
- C. transduction.
- D. transmission.

Answer: C

Explanation: Transduction occurs when an external stimulus converts into an electrical signal that the patient can perceive as pain. Transduction is an essential element in the perception of nociceptive pain and facilitates the sense of taste, touch, sight, and hearing. The signal is carried by neurons through transmission up the spinal cord to the brain. Perception of the signal occurs at the cerebral cortex in the brain. Modulation occurs when the body stimulates inhibitory responses.

Question No: 6

Which of the following statements by a patient indicates that the pain management nurse needs to provide education?

- A. "I take all kinds of herbal medicines because I know they're always safe."
- B. "I stopped eating grapefruit because it interacts with so many medications."
- C. "I always try to look up the side effects of medicines I'm taking."
- D. "I take acetaminophen for headache instead of NSAIDs or aspirin."

Answer: A

Explanation: The statement by a patient that indicates that the pain management nurse needs to provide education is: "I take all kinds of herbal medicines because I know they're always safe." The pain management nurse should advise the patient that herbal medicines can interact with prescribed medicines, so the patient should always discuss herbal medicines with healthcare providers before taking them and be sure to follow directions regarding recommended dosages. Additionally, some herbal preparations can cause serious adverse effects.

Question No: 7

An older adult has received an opioid for pain but has developed some confusion as a result. The patient, hearing a siren, insists that a woman is screaming. The best response is:

- A. "That sound is nothing to worry about."
- B. "That sound is an ambulance siren."
- C. "Don't worry, we'll help the person."
- D. "She'll stop screaming in just a minute."

Answer: B

Explanation: If an older adult has received an opioid for pain but has developed some confusion as a result; and the patient, hearing a siren, insists that a woman is screaming, the best response is the one that orients the patient to what is real: "That sound is an ambulance siren." It's important not to enter into a debate with the patient (such as when the patient continues to insist on something that is not real/true) but to provide calm support.

Question No: 8

As team leader, the pain management nurse must work collaboratively with a number of team members. When the pain management nurse is delegating a task, the delegation process should begin with:

- A. specific timeline for completion of the task.
- B. identification of necessary resources.
- C. identification of priorities.
- D. the task to be delegated and the expected outcomes.

Answer: D

Explanation: When the pain management nurse is delegating a task, the delegation process should begin with the task to be delegated and the expected outcomes. The pain management nurse should identify priorities if a number of steps or tasks are involved and advise the other team members of monitoring that the pain management nurse may carry out as well as any specific time frame that may be necessary for completion of the task. The team members should be aware of reporting parameters, such as critical information that must be reported immediately.

Question No: 9

The theory of pain that states that pain is produced by the brain and spinal cord and not damage to the tissues and that different parts of the CNS work together to create the perception of pain is the:

- A. Cartesian theory.
- B. Gate keeper theory.
- C. Neuromatrix theory.
- D. Specificity theory.

Answer: C

Explanation: The neuromatrix theory of pain states that pain is produced by the brain and spinal cord and not damage to the tissues and that different parts of the CNS work together to create the perception of pain. Because of this, perceptions of pain may vary. For example, if a patient is tense and believes that an injury is severe, the patient may experience pain more severely than if the patient believes the injury is minor.

Question No: 10

According to the WHO three-step ladder approach to pain management, if a patient's abdominal pain associated with pancreatic cancer varies from 4 to 8 on the pain scale, pain control should be initiated at

- A. step 1.
- B. step 2.
- C. step 3.
- D. whichever step is appropriate at the time of initiation.

Answer: D

Explanation: According to the WHO three-step ladder, pain control should be initiated at whichever step is most appropriate for the level of pain at the time and may later be adjusted to a higher or lower step

Level 1	Mild pain	Pain management usually begins with acetaminophen or aspirin followed by NSAIDS well as adjuvant drugs.
Level 2	Mild-Moderate pain	Aspirin or acetaminophen is given WITH codeine and adjuvants. Medications include hydrocodone, oxycodone, and tramadol.
Level 3	Moderate-severe pain	Opioid drugs (morphine, fentanyl, oxycodone)/ Some non-opioid drugs and adjuvant drugs may also be used.

Question No: 11

A patient's friend is visiting and expresses concern about the patient and asks for an update on the patient's prognosis. The pain management nurse should:

- A. provide a general update about the patient without going into detail.
- B. tell the visitor it's not appropriate to ask for information about the patient.
- C. tell the visitor the pain management nurse cannot discuss the patient's condition.
- D. deny knowledge of the patient's prognosis.

Answer: C

Explanation: If a patient's friend is visiting and expresses concern about the patient and asks for an update on the patient's prognosis, the pain management nurse should tell the visitor the pain management cannot discuss the patient's condition. Doing so would be a HIPAA violation. The pain management nurse can only discuss a patient's condition with a parent/caregiver of a minor child, a spouse, or a person with the patient's power of attorney without permission from the patient.

Question No: 12

If a pain management nurse makes derogatory statements about a patient to a third party, the nurse may be liable for:

- A. libel.
- B. slander.
- C. assault.
- D. battery.

Answer: B

Explanation: If a pain management nurse makes derogatory statements about a patient to a third party, the nurse may be liable for slander. If the derogatory statement is in written form, then the nurse may be liable for libel. Assault can be any act that results in the patient feeling fearful (such as threats). If direct harm (such as from abuse or illegal restraint) occurs to the patient, this is battery~

Question No: 13

A patient with chronic low back pain states he wants to try complementary therapy to relieve pain as medications have been ineffective and asks the pain management nurse which of the therapies are most likely to relieve discomfort. The pain management nurse should reply that therapy that has documented effectiveness is:

- A. acupuncture.
- B. herbal medicines.
- C. homeopathic medicines.
- D. healing touch.

Answer: A

Explanation: If a patient with chronic low back pain states he wants to try complementary therapy to relieve pain as medications have been ineffective and asks the pain management nurse which of the therapies are likely to relieve discomfort, the pain management nurse should reply that the therapy that has documented effectiveness is acupuncture. Acupuncture appears to stimulate the production of endorphins. Acupuncture is generally safe and has no adverse effects if done by an experienced practitioner. There is little discomfort involved in treatment.

Question No: 14

According to the American Pain Society's guideline for the use of chronic opioid therapy for chronic non-cancer pain, the factor that most indicates a risk of drug abuse or misuse after beginning chronic opioid therapy is:

- A. severe pain.
- B. older age.
- C. preexisting cognitive impairment.
- D. personal/family history of substance abuse.

Answer: D

Explanation: According to the American Pain Society's guideline for the use of chronic opioid therapy for chronic non-cancer pain, the factor that most indicates a risk of drug abuse or misuse after beginning chronic opioid therapy is personal/family history of substance abuse. Patients with this history should be educated thoroughly about risks and monitored carefully. Other risk factors for abuse or misuse include a younger age and psychiatric comorbidity.

Question No: 15

Which of the following is characteristic of nociceptive pain?

- A. Acute aching or throbbing pain localized to the site of injury.
- B. Diffuse or cramping pain.
- C. Association with chronic conditions, such as diabetes or cancer.
- D. Burning, stabbing, or shooting pains.

Answer: A

Explanation: Nociceptive pain, often described as aching or throbbing, is usually localized to the area of injury and resolves over time as healing takes place and usually responds to analgesia. Nociceptive pain usually correlates with extent and type of injury: the greater the injury, the greater the pain. It may be procedural pain (related to wound manipulation and dressing changes) or surgical pain (related to cutting of tissue). It may also be continuous or cyclic, depending upon the type of injury.



Question No: 16

A common cause of complex regional pain syndrome is:

- A. chronic/ repetitive overuse.
- B. depression/anxiety.
- C. crushing injury.
- D. systemic lupus erythematosus.

Answer: C

Explanation: A common cause of complex regional pain syndrome is a crushing injury. CRPS affects primarily the limbs. Patients many complain of burning, throbbing, cold or heat sensitivity, edema, or changes in skin appearance (pallor, erythema, cyanosis), stiffness, and muscle spasm. Other causes include extended limb immobilization, stroke, sprains, and infection. If not adequately treated, CRPS may progress to muscle atrophy and contractures.

Question No: 17

The 5 key elements of pain assessment include (1) words, (2) intensity, (3) location, (4) duration, and (5):

- A. method/administration
- B. aggravating/alleviating factors.
- C. frequency.
- D. quality.

Answer: B

Explanation: The 5 key elements of pain assessment include:

- Words: Used to describe pain, such as burning, stabbing, deep, shooting, and sharp. Some may complain of pressure, squeezing, and discomfort rather than pain.
- Intensity\_: Use of 0-10 scale or other appropriate scale to quantify the degree of pain.
- Location: Where patient indicates pain is located.
- Duration: Constant or comes and goes, breakthrough pain.
- Aggravating/alleviating factors: Those things that increase the intensity of pain and those that relieve the pain.

Question No: 18

A 69-year-old patient with severe cognitive impairment has fallen and fractured her elbow. Which if the following pain assessment methods is most appropriate?

- A. PAINAD.
- B. FACES.
- C. 1-10 scale.
- D. LANSS.

Answer: A

Explanation: If a 69-year-old patient with severe cognitive impairment has fallen and fractured her elbow, the pain assessment method that is most appropriate is PAINAD (Pain Assessment in Advanced Dementia).

This scale assesses 5 elements: respirations (hyperventilation, tachypnea, Cheyne-Stokes), vocalization (silence, moan, groan, cry), facial expression (sad, frightened, grimacing), body. language (tense, fidgeting, fist clinched, fetal position, combative), and consolability. (inability to distract or console).

Question No: 19

Tricyclic antidepressants increase the levels of which neurotransmitter(s)?

- A. Dopamine.
- B. Acetylcholine.
- C. Acetylcholine and glutamate.
- D. Serotonin and epinephrine.

Answer: D

Explanation: Tricyclic antidepressants increase the levels of serotonin and epinephrine by inhibiting their uptake.

TCA's serve as antagonists to dopamine and acetylcholine, thus decreasing their levels. Tricyclic antidepressants are lipophilic and highly protein-bound, so they absorb rapidly. TCAs have long half-lives, which increases toxic effects with overdose, and anticholinergic (primarily muscarinic) effects.

Because of this, TCAs tend to have more side effects than newer antidepressants: dry mouth, blurring vision, cardiac abnormalities, constipation, urinary retention, and hyperthermia.

Question No: 20

Which of the following disorders has a pain pathology associated with sensory hypersensitivity?

- A. Post-herpetic neuralgia.
- B. Rheumatoid arthritis.
- C. Fibromyalgia.
- D. Gout.

Answer: C

Explanation: Fibromyalgia has a pain pathology associated with sensory hypersensitivity, which indicates that the cause of the pain cannot be clearly identified. That is, there is no evident damage to nerves or tissue that may account for neuronal dysregulation. Patients often have multiple symptoms and pain in multiple areas of the body. Additionally, patients may be hypersensitive to sensory input (light, heat, sights, smells). Stress may exacerbate pain.

Question No: 21

If a patient receives an antibiotic injection and mistakenly believes it is an analgesic and reports that it has relieved pain, the most likely reason is:

- A. the patient didn't have pain.
- B. the placebo effect relieved the pain.
- C. the pain has simply subsided.
- D. the patient wants attention.

Answer: B

Explanation: The placebo effect may occur when a patient's expectations about a drug providing pain relief produce a physiologic release of endorphins that, in fact, relieve pain. The American Society for Pain Management has taken the position that placebos should never be administered to patients in lieu of other analgesics. However, placebos are widely used in drug trials to determine if the effects of a drug are greater than those achieved with a placebo.

Question No: 22

When collaborating with a patient and family in developing the plan of care, it's important for the patient and family to understand:



- A. their rights and responsibilities.
- B. their limitations.
- C. the organization's philosophy.
- D. the difference between goals and objectives.

Answer: A

Explanation: When collaborating with a patient and family in developing the plan of care, it's important for the patient and family to understand their rights and responsibilities. The pain management nurse should ask them what their goals and expectation are and what is most important to them. The pain management nurse may ask the patient and family members to separately list those things that are important to them and then compare and discuss the lists because they may not always be in agreement.

Question No: 23

If a patient is prescribed extended-release morphine (Kadian®, Avinza®), the pain management nurse must caution the patient to avoid:

- A. grapefruit juice.
- B. exercise.
- C. high-fat foods.
- D. alcohol.

Answer: D

Explanation: If a patient is prescribed extended-release morphine (Kadian®, Avinza®), the pain management nurse must caution the patient to avoid alcohol. The alcohol may speed up the metabolism of the drug, leading to an increased rate of release and absorption of the drug into the circulatory system. This can result in a fatal overdose of the drug. Extended-release drugs should never be utilized to initiate opioid treatment but may be considered after the appropriate drug dosage is obtained through administration of immediate-release drugs.

Question No: 24

A hospice patient who has been taking oral morphine to control the pain of pancreatic cancer reports little relief of constant pain, so the patient is to receive ketamine to relieve pain along with lorazepam once or twice daily in addition to the opioid. When ketamine is administered parenterally, the dosage of the opioid should:

- A. be reduced by 25 to 50%.
- B. remain unchanged.
- C. be increased by 25%.
- D. be increased by 50%.

Answer: A

Explanation: If a patient is to receive parenteral ketamine to relieve pain along with lorazepam 1 mg once or twice daily in addition to the opioid, the dosage of the opioid should be reduced by 25 to 50% when ketamine is initiated. Ketamine can be administered orally, sublingually, or parenterally. An initial test dose, such as 25 mg, is often given and then the dosage is titrated upward until relief of pain is achieved. If PO or SL, doses may be taken 3 or 4 times daily. Continuous infusions are often used for SC or IV dosing. A number of different protocols are in use.

Question No: 25

A hospice patient asks if the pain management nurse or doctor can give her an overdose to cause her death

because she is tired of suffering pain. The most appropriate initial response is:

- A. "It's illegal for nurses and doctors to give overdoses to cause death."
- B. "You don't really mean that!"
- C. "Let's work together to better control your pain."
- D. "You should talk to the doctor about that."

Answer: C

Explanation: If a hospice patient asks if the pain management nurse or doctor can give her an overdose to cause her death because she is tired of suffering pain, the most appropriate initial response is: "Let's work together to better control your pain." Patients who express the desire to die to escape pain often just want to be free of pain rather than really wanting to die, so the patient's pain control should be reviewed and stepped up until pain relief is adequate.

Question No: 26

The principle of the double effect refers to the idea that

- A. drugs may not be used to control pain if they hasten death.
- B. drugs may be used to control pain even if they hasten death.
- C. drugs should not be administered in order to hasten death.
- D. drugs can be administered in order to hasten death.

Answer: B

Explanation: The principle of the double effect is the idea that drugs may be used to control pain even if they hasten death because the intent is not to cause death but rather to relieve suffering. The Supreme Court (1997) affirmed the principle of the double effect. Most all religions also support the double effect. Patients are usually nearing death when they require such high doses that the drugs may shorten life. In practice, sometimes alleviating pain reduces anxiety and may actually prolong life.

Question No: 27

Which of the following opioid drugs should be avoided for pain control in children?

- A. Codeine.
- B. Hydromorphone.
- C. Morphine sulfate.
- D. Fentanyl.

Answer: A

Explanation: Codeine is an opioid drug that is generally not recommended for use in children. Meperidine is also not recommended for children for pain control but it may be used to treat shivering. Children may receive morphine sulfate, hydromorphone, fentanyl, hydrocodone, and methadone. Dosage is lower than adults and usually calculated according to kilograms of weight rather than age of child to prevent overdose.

Question No: 28

Which of the following drugs is most likely to provide relief of pain with intermittent claudication associated with peripheral artery disease?

- A. Statin.
- B. Antihypertensive.
- C. P2Y<sub>12</sub> inhibitor (clopidogrel).
- D. Platelet-aggregation inhibitor (Cilostazol).