

Practice Exam Questions



CHPLN

Certified Hospice and Palliative Licensed Nurse



EXAMAIDES

PASS YOUR EXAM AT FIRST TRY

Total Questions: 50 QAs

Question No: 1

Where is the most common point of metastasis for prostate cancer?

- A. Bone
- B. Brain
- C. Lung
- D. Liver

Answer: A

Explanation: Lymph nodes and bone are the most common remote sites for metastasis in prostate cancer. The majority of pain complaints will be related to pain originating in the bone. Lung and liver metastasis can occur, but are less common than the given choice of bone metastasis. Brain metastasis is the least common of the choices.

Question No: 2

Death may be imminent when the patient exhibits

- A. increased agitation, shallow and irregular respirations, decreased swelling related to third spaced fluid reabsorption, and reduced awareness.
- B. an increased depressive mood marked by statements such as, "I am going to die soon."
- C. a more lucid demeanor than normal and indicates decreased pain.
- D. pupils that are constricted and show sluggish reactions.

Answer: A

Explanation: Imminent death is defined by physical signs and symptoms that indicate death may occur within hours or days. The patient shows signs of profound weakness. They appear gaunt and pale, with extremities that are cool and mottled. He or she lacks interest in food or drink, with difficulty swallowing. Changes in breathing patterns are common, including: dyspnea, easy and shallow respirations with decreased oxygen concentration, Cheyne-Stokes or other irregular patterns, and gurgling or gravely sounds in the back of the throat from excess secretions. There may be a temporary improvement in comfort, pain experiences and mental status, but the overall state is one varying in agitation, restlessness, delirium and confusion, increased pain, profound sleepiness with a reduction in awareness, difficulty concentrating, and disorientation. A semi-comatose or fully comatose state may result. The patient may also experience incontinence, and third-spaced fluids may be reabsorbed, decreasing the amount of swelling present. Pupils become fixed and dilated.

Question No: 3

A patient's weight has increased by eight pounds and peripheral edema is found in the feet and ankles. She is pale, restless, short of breath, and wheezing. Her heartbeat is irregular and breath sounds are diminished. Which of the following is the most likely cause?

- A. Pneumonia
- B. Dysphasia
- C. Congestive heart failure
- D. Kidney failure

Answer: C

Explanation: Congestive heart failure represents the inability of the heart to function properly. It may affect

one ventricle or both. This condition generally results from coronary artery disease. Symptoms can include weight gain, peripheral edema in the feet and ankles with possible pitting, nocturia, decreased urine output, shortness of breath (including nocturnal dyspnea, wheezing, and/or cough), distended neck veins, heart palpitations or irregular heartbeat, anxiety, restlessness, cyanosis or pallor, fatigue, weakness, and fainting. Auscultation may reveal heart murmurs or extra heart sounds, crackles in the lungs, or decreased breath sounds. An enlarged liver may also be present. The disease process can be silent and only manifest during times of infection with high fever, anemia, arrhythmias, hyperthyroidism, and kidney disease.

Question No: 4

Which of the following diagnoses best describes the patient presenting with a barrel chest, restricted coughing ability, and the use of accessory muscles for breathing as a result of elastin breakdown and alveoli impairment?

- A. Emphysema
- B. Chronic obstructive pulmonary disease (COPD)
- C. Pneumonia
- D. Chronic bronchitis

Answer: A

Explanation: When the small airways, or alveoli, of the lungs have chronic spasms from disease, tobacco, or other toxins, the general resulting condition is identified as COPD. There is a further division into the classifications of emphysema and chronic bronchitis. Emphysema is damage to the alveoli resulting from elastin breakdown. The decrease in elastin restricts the ability of the airways to expel air, trapping it in the alveoli and causing dyspnea. The patient displays a barrel chest, progressive muscle wasting, the inability to cough well, and decreased breath sounds while still exhibiting use of accessory muscles. Chronic bronchitis results from a buildup of thick mucus within the air passages that is difficult to clear. It damages the cilia while causing inflammation and damage to the bronchial walls. These patients are generally overweight, rather than just displaying significant increased chest circumference, and exhibit cyanosis and wheezing.

Question No: 5

Which of the following is NOT a priority consideration in the terminal patient experiencing renal failure?

- A. Providing a low sodium, low protein, and low potassium diet
- B. Evaluation for surgical treatment options
- C. Immediately starting hemodialysis
- D. Providing diuretics or other comfort measure through medication

Answer: C

Explanation: The decision to immediately start dialysis, or to stop dialysis, is not universal as suggested by the response wording. It is dependent on the patient's other diagnoses and the underlying cause of the renal failure. Surgical interventions such as tumor reduction or nephrostomy tube placement may be considered if it can increase renal function without causing additional harm. Nutritional and pharmacological supports are universally provided.

Question No: 6

Which of the following assessment tools can be used to help determine a patient's overall ability to perform general activities of daily living (ADLs)?

- A. BEARS Assessment System
- B. EGO Performance Status

- C. Faces Pain Scale
- D. None of the above

Answer: B

Explanation: The ELOC Performance Status is an assessment scale from 0 to 5 used to measure a patient's ability to perform typical activities of daily living. The lower the score, the more assistance is needed. BEARS Assessment System is used to measure sleep patterns and difficulties. Faces Pain Scale is a simplistic rating scale for pain only.

Question No: 7

Which of the following is a multidimensional tool for pain assessment?

- A. Visual analog scale (VAS)
- B. Numeric rating scale (NRS)
- C. McGill pain questionnaire (MPQ)
- D. Wong-Baker Faces Rating Scale

Answer: C

Explanation: Unidimensional tools are limited and evaluate pain with only one standpoint. Visual analog scale (VAS) is a 10-cm line, marked on one end for no pain and the other end for most severe pain.

The patient indicates the place on the line where he feels his pain is represented. Numeric rating scale (NRS) is the most widely known rating scale. Patients rate their pain on a scale. Zero is for no pain and the highest number is the worst pain possible. The Faces Pain Scale (FPS) and the Wong Baker

Faces Rating Scale use words and corresponding images of various facial expressions.

Multidimensional tools allow several different assessment viewpoints. McGill Pain Questionnaire (MPQ) assesses pain on three levels: sensory, affective, and evaluative. It consists of identifying words selected by the patient to describe their pain and can be used in combination with other tools.

The MPQ is available in both long and short forms.

Question No: 8

Which of the following IS NOT a common pharmacological treatment for the COPD patient?

- A. Acebutolol
- B. Tiotropium
- C. Albuterol
- D. Triamcinolone

Answer: A

Explanation: Pharmacological treatments for COPD include bronchodilators (β₂-agonists such as albuterol), corticosteroids (Triamcinolone), xanthines, and anticholinergics (Tiotropium). These are often supplemented with anti-anxiety agents, morphine, and other methods to help reduce stress and anxiety that both result from and feed into the dyspnea. Acebutolol is a beta blocker used to treat high blood pressure or heart failure. Beta blockers are not commonly used to treat the patient with COPD because they directly interact with the essential β₂-agonists essential to COPD patient treatment.

Question No: 9

Which of the following non-pharmacological treatments completely eliminates the need for pain medication?

- A. Meditation and breathing exercises

- B. Acupuncture
- C. Nerve block
- D. None of the above

Answer: D

Explanation: Recognizing that pain is contributed to by multiple factors, non-drug therapies such as cognitive-behavioral techniques and physical measures can serve as supplemental pain control measures for reducing the amount of analgesics required by the patient. But, they should never be used exclusively unless that is the wish of the patient. It should also not be assumed that every patient is a candidate for, or will receive total relief through surgical means such as nerve blocks and cordotomy. Adequate pain control, including the use of medications as prescribed, is a top priority in palliative and end-of-life care.

Question No: 10

Which method of administration is the first choice for providing adequate pain relief?

- A. Transdermal
- B. Intravenous
- C. Intramuscular
- D. Oral

Answer: D

Explanation: Oral medication is the preferred method of pain relief, as long as it is feasible, for its comfort, convenience, and cost effectiveness. Transdermal medication is often used in conjunction with oral medications in a stable patient whose pain level is fairly consistent. Intravenous methods are more expensive and carry greater risks for infection and therefore are often not used except in short term or for those patients who are unable to swallow. Intramuscular injections are painful and absorption is not as predictable as other methods that might be used.

Question No: 11

Which definition most accurately describes neuropathic pain?

- A. Pain resulting from a stimulus that normally would not result in such a response
- B. Pain that has no cause outside of the patient's own perceptions
- C. Pain transmitted from one or more groups of nerves
- D. Pain resulting from direct nerve damage

Answer: D

Explanation: Neuropathic pain results from injury to the actual nervous system rather than the surrounding tissue and organs. When the nerves become damaged they are unable to carry accurate information. This results in more severe, distinct pain messages. The nerves may also relay pain messages long after the original cause of the pain is resolved. It can be described as sharp, burning, shooting, shocking, tingling, or electrical in nature. It may travel the length of the nerve path from the spine to a distal body part such as a hand, or down the buttocks to a foot. NSAIDs and opioids are generally ineffective against neuropathic pain, though adjuvants may enhance the therapeutic effect of opioids. Nerve blocks may also be used.

Question No: 12

Which of the following medications would be the best choice for palliative sedation?

- A. Midazolam
- B. Morphine