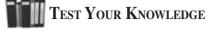
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## **Palliative Care**

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- The World Health Organization's newly revised and broadened definition of palliative care is an attempt to
  - a. Use the terms supportive care and palliative care synonymously.
  - b. Partner in the definition of care provided by the Medicare Hospice Benefit.
  - c. Integrate palliative care interventions in the trajectory of advanced disease from diagnosis until death.
  - d. Empower end-of-life care clinicians to consider palliative care for patients with multiple life-threatening illnesses rather than reserving it for a diagnosis of cancer.
- 2. The term end-of-life care refers primarily to the care of patients who are
  - a. Imminently dying.
  - b. Receiving palliative and supportive care.
  - c. Enrolled in the Medicare Hospice Benefit.
  - d. Experiencing coordinated and continuous care.
- 3. Clinicians who manage the multiple symptoms experienced by patients suffering from advanced disease should be familiar with drug interactions, known as polypharmacy. This is especially important with a patient who
  - a. Is tolerant to opioid interventions.
  - b. Has reduced lipophilic properties as a result of cachexia.
  - c. Is an older adult, dehydrated, and cognitively impaired.
  - d. Has genetic polymorphisms in the cytochrome P450 metabolic pathway.
- 4. Advanced non-small cell lung cancer often precipitates the symptom of dyspnea. Which other concomitant symptom can provoke dyspnea?
  - a. Cough
  - b. Anorexia
  - c. Cachexia
  - d. Hypovolemia

- 5. A 72-year-old male patient with prostate cancer that has metastasized to the bone complains of somatic pain. He has been receiving monthly infusions of zoledronic acid and sustained-release morphine with optimal pain management. He enters the clinic, and you evaluate cognitive changes, tachycardia, diaphoresis 1+ pitting bilateral peripheral edema, and bibasilar crackles. His laboratory tests identify hemoglobin 8.8 g/dl, calcium 5.6 mg/dl, potassium 3.4 mEg/L, glucose 199 mg/dl, chloride 107 mg/dl, and alkaline phosphatase 475 IUL. Based on this information, which secondary diagnosis would you consider that requires an emergent intervention?
  - a. Anemia
  - b. Hypercalcemia
  - c. Hypocalcemia
  - d. Hypovolemia
- 6. Which opioid would you select for patients in severe pain who have compromised renal function?
  - a. Morphine
  - b. Methadone
  - c. Fentanyl
  - d. Hydromorphone
- Which specific group of medications most contributes to reversible delirium?
  a. Opioids
  - b. Antipsychotics
  - c. Anti-infectives
  - d. Benzodiazepines
- During the dying phase, effective management of patients experiencing what is termed "the death rattle" includes
  - a. Prophylactically administering an anticholinergic agent.
  - b. Teaching the family that this is normal and not to worry.
  - c. Using a yankauer suction for the secretions in the upper airway.
  - d. Administering an anticholinergic medication at the onset of noisy respirations.

 Prolonged dehydration experienced by patients with preexisting pleural effusion and seizure disorder who are dying can contribute to

## a. Delirium.

- b. Increased dyspnea.
- c. Decreased seizure activity.
- d. Development of herpes simplex lesions.
- Depressed patients who most likely will die before an antidepressant can become therapeutically effective could benefit from the use of a(n)
  - a. Antianxiety.
  - b. Tricyclic antidepressant.
  - c. Antipsychotic.
  - d. Psychostimulant.
- The least appropriate option for patients who develop bleeding from esophageal varices as a result of prolonged ascites is
  - a. Variceal sclerosis.
  - b. IV propranolol.
  - c. Balloon-occluded retrograde transvenous obliteration.
  - d. Transjugular intrahepatic portosystemic shunt placement.
- 12. Which is the most important intervention in the management of constipation experienced by patients in the palliative care setting?
  - a. Use corticosteroids to decrease bowel inflammation.
  - b. Administer senna and colace twice daily and as needed.

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