LEAP Palliative Care Knowledge Quiz

i. Date ____________________________ (DD/MM/YY)

ii. Name ____________________________

iii. Site/Location: Hamilton (Courtyard Marriott), February 7-8, 2014

iv. ☑ Pre Course ☐ Post Course

My profession is:
☐ Physician ☐ Nurse (RN) ☐ Nurse (RPN)
☐ Nurse Practitioner ☐ Other (please specify): ____________________________

Instructions: For each of the following questions, please circle the letter that best describes your response. Note that there is only one appropriate response for each of the questions.

Pain & Opioids

1. Sandra, 69 years old, has lung cancer with metastasis to bone. She has been taking morphine 30 mg po q4h straight, with a breakthrough of 15 mg po q2h prn (she takes no more than 1 per day). She now presents with confusion and nightmares. After your assessment and delirium work-up, you decide to rotate to hydromorphone. What would be her new dose?

   a. Hydromorphone 15 mg po q4h straight and 10 mg po q2h prn.
   b. Hydromorphone 8 mg po q4h straight and 5 mg po q2h prn
   c. Hydromorphone 6 mg po q4h straight and 4 mg po q2h prn
   d. Hydromorphone 4 mg po q4h straight and 2 mg po q2h prn
   e. Hydromorphone 2 mg po q4h straight and 1 mg po q2h prn

2. You wish to switch a patient from hydromorphone (short acting) to transdermal fentanyl patches. The patient’s pain is now well controlled after titrating the hydromorphone dose. Her hydromorphone dose is 4mg orally every 4 hours which is equivalent to 25 micrograms per hour of fentanyl transdermally changed every 3 days. How will you switch her to the fentanyl?

   a. Tell her to stop the hydromorphone and immediately apply the fentanyl patch
   b. Tell her to stop the hydromorphone and apply the fentanyl patch 4 hours later
   c. Tell her to apply the patch and continue taking the hydromorphone for another 24 hours after applying the patch
   d. Tell her to apply the patch and continue taking the hydromorphone for another 12 hours after applying the patch
   e. Tell her to apply the patch and take one last dose of hydromorphone at the same time

3. Which one of the following is considered a weak opioid?

   a. Oxycodone
   b. Tramadol
   c. Morphine
   d. Methadone
   e. Fentanyl

4. Which one of the following opioids is not recommended for chronic pain management in palliative patients?

   a. Meperidine (Demerol)
   b. Fentanyl
   c. Methadone
   d. Morphine
   e. Codeine
5. Which one of the following regimens is the most appropriate one for initiating opioid treatment in an opioid-naïve cancer patient of average build?

- Short-acting morphine 5 mg orally every 4 hours plus short acting morphine 5mg hourly as needed (PRN).
- Short-acting morphine 5 mg orally every 4 hours as needed (PRN)
- Long-acting morphine 30mg orally every 12 hours
- Fentanyl patch 25 micrograms per hour transdermally every 3 days plus short acting oral morphine 5mg hourly as needed (PRN)
- Morphine 2.5 mg intravenous (IV) or subcutaneous (SubQ) every 4 hours and 2.5mg every hour as needed (PRN)

6. The dose conversion ratio of oral (PO) morphine (M) to oral hydromorphone (HM) in the management of chronic pain is?

- M 10 mg PO = HM 5 mg PO
- M 10 mg PO = HM 20 mg PO
- M 10 mg PO = HM 2 mg PO
- M 10 mg PO = HM 10 mg PO
- M 10mg PO = HM 50 mg PO

7. Which one of the following would not be an appropriate treatment for a patient with advanced cancer requiring morphine treatment for pain who presents with myoclonus, hallucinations, sedation?

- Nalaxone (opioid antagonist)
- Switch the opioid (opioid rotation)
- Reduce the opioid dose while trying other measures to control pain
- Hydrate the patient
- Give haloperidol

8. A 58 year old woman with advanced lung cancer and bone metastases presents with a pain down her left arm that is of a burning nature with occasional shock like episodes. There is a mass in her left supraclavicular area as well. She is on hydromorphone and you have been titrating the dose. You now consider adding an adjuvant to her opioid to improve pain control. Which of the following adjuvant treatments would be least helpful at this time?

- Tricyclic antidepressants
- Anticonvulsants (e.g. carbamazepine or gabapentin)
- Ketamine
- Bisphophonates (e.g. pamidronate)
- Corticosteroids

9. A patient is on a long acting formulation of hydromorphone at a dose of 24mg every 12 hours. What breakthrough dose of short-acting hydromorphone would you provide initially to manage breakthrough pain?

- Hydromorphone 1mg orally every 1 hour if needed (PRN)
- Hydromorphone 2mg orally every 1 hour PRN
- Hydromorphone 4mg orally every 1 hour PRN
- Hydromorphone 8mg orally every 1 hour PRN
- Hydromorphone 24mg orally every 1 hour PRN
10. A patient who is on a slow release formulation of hydromorphone at 18mg orally every 12 hours notices that his pain consistently worsens 2 hours before the next dose is due. Which of the following would you consider first to address this problem?

a. Increase the dose of the long-acting hydromorphone to 24mg every 12 hours.
b. Increase the frequency of administration of the long acting hydromorphone to 18mg orally every 8 hours.
c. Keep the slow acting dose as is but instruct the patient to take a breakthrough dose of short-acting hydromorphone 2 ½ hours before the next dose is due.
d. Keep the slow acting dose as is but instruct the patient to take a breakthrough dose of short-acting hydromorphone as soon as the pain seems to be getting worse.
e. Switch the opioid from hydromorphone to fentanyl patches.

12. Dyspnea in a terminally ill patient is best identified by?

a. The use of accessory breathing muscles.
b. The expression of shortness of breath by the patient.
c. The presence of tachypnea.
d. The presence of hypoxia.
e. The presence of hypercapnia.

13. A palliative patient presents with hallucinations and agitation as a result of a delirium. Which of the following would be least helpful for her symptoms?

a. Haloperidol (traditional neuroleptic)
b. Lorazepam (benzodiazepine)
c. Quatiapine (newer generation neuroleptic)
d. Olanzapine (newer generation neuroleptic)
e. Methotrimeprazine (older, traditional neuroleptic)

14. A patient with colon cancer and intra-abdominal metastases (no bone or lung metastases) presents with delirium. You decide to investigate for underlying causes of the delirium. Which of the following will be the least likely cause for the delirium?

a. Opioid neurotoxicity.
b. Hypercalcemia.
c. Dehydration.
d. Infection.
e. Constipation.

15. A patient with advanced pancreatic cancer who has lost over 15 kg of weight in the last 2 months tells you that he has lost his appetite and is afraid that he is starving to death. He wants you to do something about it. Which of the following would be the most appropriate first step?

a. Prescribe a Dexamethasone as studies show that corticosteroids improve appetite.
b. Initiate parenteral feeding through a central venous line.
c. Initiate enteral feeding through a gastrostomy tube.
d. Explain that his weight loss is not reversible and that he should focus on eating what he enjoys and can tolerate.
e. Prescribe marijuana to improve his appetite.

Other Symptoms

11. A palliative patient who has been initiated on opioid treatment develops nausea within a day of starting the treatment. The most appropriate management is?

a. Dimenhydrinate (Gravol™).
b. Metoclopramide (Maxeran™).
c. Scopolamine patch.
d. Ondansetron (Zofran™).
e. Haloperidol.
16. A patient with end-stage chronic obstructive airway disease presents with severe dyspnea. Which of the following treatments would not be part of your initial treatment?

a. Morphine 1mg orally every 4hrs
b. Lorazepam 1mg orally or sublingually two to three times a day as needed
c. A fan directed across the face of the patient
d. Oxygen at low doses initially
e. Relaxation therapy

Communication

17. A patient who with advanced pancreatic cancer that has metastasized to the liver has severe fatigue and is spending more and more time resting in bed. He asks “How much time do I have to live?” Which one of the following would be the most appropriate response?

a. “I am not sure. It is difficult to predict. On average patients with this condition live for about 3 to 6 months”
b. “I am not sure. It is difficult to predict. Therefore I cannot tell you.”
c. “I am not sure, it is difficult to predict. The important thing is to focus on your quality of life and take each day as it comes”
d. “It must be important for you to know, but it is difficult to predict. I believe it is probably in the order of weeks to a few months”.
e. “I don’t know, but you could live much longer than expected”.

Psychological

18. The prevalence of major depression in palliative cancer patients with life expectancies of many weeks to several months is approximately:

a. 5-10%
b. 15-25%
c. 55-65%
d. 75-85%
e. 90 to 100%

19. A 52 year-old man whose wife died 3 months previously is tearful and says that he occasionally sees glimpses of her in the house. He cannot stop thinking of her. He is back at work and finds that it is a helpful distraction. What is he most likely experiencing?

a. A complicated grief reaction.
b. A major depression.
c. An adjustment disorder.
d. Anxiety disorder
e. A normal grief reaction.

Ethics

20. Which one of the following statements about palliative sedation therapy (a patient is intentionally sedated to manage a refractory symptom) is false?

a. Palliative sedation done appropriately does not invariably shorten life
b. It is an ethically acceptable treatment modality so long as the intention is to control a refractory symptom
c. It invariably shortens life and therefore could be considered a form of euthanasia
d. It is generally required in only about 5 to 10% of patients at the end of life.
e. The most common reasons for initiating it are refractory delirium and dyspnea.

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