1. A chronic pain client reports to you, the charge nurse, that the nurse have not been responding to requests for pain medication. What is your initial action?
   a. Check the MARs and nurses’ notes for the past several days.
   b. Ask the nurse educator to give an in-service about pain management.
   c. Perform a complete pain assessment and history on the client.
   d. Have a conference with the nurses responsible for the care of this client.

2. Family members are encouraging your client to “tough it out” rather than run the risk of becoming addicted to narcotics. The client is stoically abiding by the family’s wishes. Priority nursing interventions for this client should target which dimension of pain?
   a. Sensory
   b. Affective
   c. Sociocultural
   d. Behavioral
   e. Cognitive

3. A client with diabetic neuropathy reports a burning, electrical-type in the lower extremities that is not responding to NSAIDs. You anticipate that the physician will order which adjuvant medication for this type of pain?
   a. Amitriptyline (Elavil)
   b. Corticosteroids
   c. Methylphenidate (Ritalin)
   d. Lorazepam (Ativan)

4. Which client is most likely to receive opioids for extended periods of time?
   a. A client with fibrolyalgia
   b. A client with phantom limb pain
   c. A client with progressive pancreatic cancer
   d. A client with trigeminal neuralgia

5. As the charge nurse, you are reviewing the charts of clients who were assigned to a newly graduated RN. The RN has correctly charted dose and time of medication, but there is no documentation regarding non-pharmaceutical measures. What action should you take first?
   a. Make a note in the nurse’s file and continue to observe clinical performance
   b. Refer the new nurse to the in-service education department.
   c. Quiz the nurse about knowledge of pain management
   d. Give praise for the correct dose and time and discuss the deficits in charting.

6. In caring for a young child with pain, which assessment tool is the most useful?
   a. Simple description pain intensity scale
   b. 0-10 numeric pain scale
c. Faces pain-rating scale
d. McGill-Melzack pain questionnaire

7. In applying the principles of pain treatment, what is the first consideration?
   a. Treatment is based on client goals.
   b. A multidisciplinary approach is needed.
   c. The client must be believed about perceptions of own pain.
   d. Drug side effects must be prevented and managed.

8. Which route of administration is preferred if immediate analgesia and rapid titration are necessary?
   a. Intraspinal
   b. Patient-controlled analgesia (PCA)
   c. Intravenous (IV)
   d. Sublingual

9. When titrating an analgesic to manage pain, what is the priority goal?
   a. Administer smallest dose that provides relief with the fewest side effects.
   b. Titrate upward until the client is pain free.
   c. Titrate downwards to prevent toxicity.
   d. Ensure that the drug is adequate to meet the client’s subjective needs.

10. In educating clients about non-pharmaceutical alternatives, which topic could you delegate to an experienced LPN/LVN, who will function under your continued support and supervision?
    a. Therapeutic touch
    b. Use of heat and cold applications
    c. Meditation
    d. Transcutaneous electrical nerve stimulation (TENS)

11. Place the examples of drugs in the order of usage according to the World Health Organization (WHO) analgesic ladder.
    a. Morphine, hydromorphone, acetaminophen and lorazepam
    b. NSAIDs and corticosteroids
    c. Codeine, oxycodone and diphenhydramine
    _____, _____, _____

12. Which client is at greater risk for respiratory depression while receiving opioids for analgesia?
    a. An elderly chronic pain client with a hip fracture
    b. A client with a heroin addiction and back pain
    c. A young female client with advanced multiple myeloma
    d. A child with an arm fracture and cystic fibrosis

13. A client appears upset and tearful, but denies pain and refuses pain medication, because “my sibling is a drug addict and has ruined out lives.” What is the priority intervention for this client?
    a. Encourage expression of fears on past experiences
    b. Provide accurate information about use of pain medication
    c. Explain that addiction is unlikely among acute care clients.
    d. Seek family assistance in resolving this problem.
14. A client is being tapered off opioids and the nurse is watchful for signs of withdrawal. What is one of the first signs of withdrawal?
   a. Fever
   b. Nausea
   c. Diaphoresis
   d. Abdominal cramps

15. In caring for clients with pain and discomfort, which task is most appropriate to delegate to the nursing assistant?
   a. Assist the client with preparation of a sitz bath.
   b. Monitor the client for signs of discomfort while ambulating
   c. Coach the client to deep breathe during painful procedures
   d. Evaluate relief after applying a cold application.

16. The physician has ordered a placebo for a chronic pain client. You are newly hired nurse and you feel very uncomfortable administering the medication. What is the first action that you should take?
   a. Prepare the medication and hand it to the physician
   b. Check the hospital policy regarding use of the placebo.
   c. Follow a personal code of ethics and refuse to give it.
   d. Contact the charge nurse for advice.

17. For a cognitively impaired client who cannot accurately report pain, what is the first action that you should take?
   a. Closely assess for nonverbal signs such as grimacing or rocking.
   b. Obtain baseline behavioral indicators from family members.
   c. Look at the MAR and chart, to note the time of the last dose and response.
   d. Give the maximum PRS dose within the minimum time frame for relief.

18. Which route of administration is preferable for administration of daily analgesics (if all body systems are functional)?
   a. IV
   b. IM or subcutaneous
   c. Oral
   d. Transdermal
   e. PCA

19. A first day post-operative client on a PCA pump reports that the pain control is inadequate. What is the first action you should take?
   a. Deliver the bolus dose per standing order.
   b. Contact the physician to increase the dose.
   c. Try non-pharmacological comfort measures.
   d. Assess the pain for location, quality, and intensity.

20. Which non-pharmacological measure is particularly useful for a client with acute pancreatitis?
   a. Diversional therapy, such as playing cards or board games
   b. Massage of back and neck with warmed lotion
   c. Side-lying position with knees to chest and pillow against abdomen
   d. Transcutaneous electrical nerve stimulation (TENS)
21. **What is the best way to schedule medication for a client with constant pain?**
   a. PRN at the client’s request
   b. Prior to painful procedures
   c. IV bolus after pain assessment
   d. Around-the-clock

22. **Which client(s) are appropriate to assign to the LPN/LVN, who will function under the supervision of the RN or team leader? (Choose all that apply.)**
   a. A client who needs pre-op teaching for use of a PCA pump
   b. A client with a leg cast who needs neurologic checks and PRN hydrocodone
   c. A client post-op toe amputation with diabetic neuropathic pain
   d. A client with terminal cancer and severe pain who is refusing medication

23. **For a client who is taking aspirin, which laboratory value should be reported to the physician?**
   a. Potassium 3.6 mEq/L
   b. Hematocrit 41%
   c. PT 14 seconds
   d. BUN 20 mg/dL

24. **Which client(s) would be appropriate to assign to a newly graduated RN, who has recently completed orientation? (Choose all that apply.)**
   a. An anxious, chronic pain client who frequently uses the call button
   b. A client second day post-op who needs pain medication prior to dressing changes
   c. A client with HIV who reports headache and abdominal and pleuritic chest pain
   d. A client who is being discharged with a surgically implanted catheter

25. **A family member asks you, “Why can’t you give more medicine? He is still having a lot of pain.” What is your best response?**
   a. “The doctor ordered the medicine to be given every 4 hours.”
   b. “If the medication is given too frequently he could suffer ill effects.”
   c. “Please tell him that I will be right there to check of him.”
   d. “Let’s wait about 30-40 minutes. If there is no relief I’ll call the doctor.”
RATIONALE
PAIN

1. **ANSWER D** – As charge nurse, you must assess for the performance and attitude of the staff in relation to this client. After gathering data from the nurses, additional information from the records and the client can be obtained as necessary. The educator may be of assistance if knowledge deficit or need for performance improvement is the problem.

2. **ANSWER C** – The family is part of the sociocultural dimension of pain. They are influencing the client should be included in the teaching sessions about the appropriate use of narcotics and about the adverse effects of pain on the healing process. The other dimensions should be included to help the client/family understand overall treatment plan and pain mechanism.

3. **ANSWER A** – Antidepressants such as amitriptyline can be given for diabetic neuropathy. Corticosteroids are for pain associated with inflammation. Methylphenidate is given to counteract sedation if the client is on opioids. Lorazepam is an anxiolytic.

4. **ANSWER C** – Cancer pain generally worsens with disease progression and the use of opioids is more generous. Fibromyalgia is more likely to be treated with non-opioid and adjuvant medications. Trigeminal neuralgia is treated with anti-seizure medications such as carbamezepine (Tegretol). Phantom limb pain usually subsides after ambulation begins.

5. **ANSWER D** - In supervising the new RN, good performance should be reinforced first and then areas of improvement can be addressed. Asking the nurse about knowledge of pain management is also an option; however, it would be a more indirect and time-consuming approach. Making an note and watching do not help the nurse to correct the immediate problem. In-service might be considered if the problem persists.

6. **ANSWER C** – The Faces pain rating scale (depicting smiling, neutral, frowning, crying, etc.) is appropriate for young children who may have difficulty describing pain or understanding the correlation of pain to numerical or verbal descriptors. The other tools require abstract reasoning abilities to make analogies and use of advanced vocabulary.

7. **ANSWER C** – The client must be believed and his or her experience of pain must be acknowledged as valid. The data gathered via client reports can then be applied to other options in developing the treatment plan.

8. **ANSWER C** – the IV route is preferred as the fastest and most amenable to titration. A PCA bolus can be delivered; however, the pump will limit the dosage that can be delivered unless the parameters are changed. Intraspinal administration requires special catheter placement and there are more potential complications with this route. Sublingual is reasonably fast, but not a good route for titration, medication variety in this form is limited.
9. **ANSWER A** – the goal is to control pain while minimizing side effects. For severe pain, the medication can be titrated upward until pain is controlled. Downward titration occurs when the pain begins to subside. Adequate dosing is important; however, the concept of controlled dosing applies more to potent vasoactive drugs.

10. **ANSWER B** – Use of heat and cold applications is a standard therapy with guidelines for safe use and predictable outcomes, and an LPN/LVN will be implementing this therapy in the hospital, under the supervision of an RN. Therapeutic touch requires additional training and practice. Meditation is not acceptable to all clients and an assessment of spiritual beliefs should be conducted. Transcutaneous electrical stimulation is usually applied by a physical therapist.

11. **ANSWER B, C, A** – Step 1 includes non-opioids and adjuvant drugs. Step 2 includes opioids for mild pain plus Step 1 drugs and adjuvant drugs as needed. Step 3 includes opioids for severe pain (replacing Step 2 opioids) and continuing Step 1 drugs and adjuvant drugs as needed.

12. **ANSWER D** – at greatest risk are elderly clients, opiate naïve clients, and those with underlying pulmonary disease. The child has two of the three risk factors.

13. **ANSWER A** – This client has strong beliefs and emotions related to the issue of sibling addiction. First, encourage expression. This indicated to the client that the feelings are real and valid. It is also an opportunity to assess beliefs and fears. Giving facts and information is appropriate at the right time. Family involvement is important, bearing in mind that their beliefs about drug addiction may be similar to those of the client.

14. **ANSWER C** – Diaphoresis is one of the early signs that occur between 6 and 12 hours. Fever, nausea, and abdominal cramps are late signs that occur between 48 and 72 hours.

15. **ANSWER A** – The nursing assistant is able to assist the client with hygiene issues and knows the principles of safety and comfort for this procedure. Monitoring the client, teaching techniques, and evaluating outcomes are nursing responsibilities.

16. **ANSWER D** – the charge nurse is a resource person who can help locate and review the policy. If the physician is insistent, he or she could give the placebo personally, but delaying the administration does not endanger the health or safety of the client. While following one’s own ethical code is correct, you must ensure that the client is not abandoned and that care continues.

17. **ANSWER B** – Complete information from the family should be obtained during the initial comprehensive history and assessment. If this information is not obtained, the nursing staff will have to rely on observation of nonverbal behavior and careful documentation to determine pain and relief patterns.

18. **ANSWER C** – If the gastrointestinal system is function, the oral route is preferred for routine analgesics because of lower cost and ease of administration. Oral route is also less painful and less invasive than the IV, IM, subcutaneous, or
PCA routes. Transdermal route is slower and medication availability is limited compared to oral forms.

19. **ANSWER D** – Assess the pain for changes in location, quality, and intensity, as well as changes in response to medication. This assessment will guide the next steps.

20. **ANSWER C** – The side-lying, knee-chest position opens retroperitoneal space and provides relief. The pillow provides a splinting action. Diversional therapy is not the best choice for acute pain, especially if the activity requires concentration. TENS is more appropriate for chronic muscular pain. The additional stimulation of massage may be distressing to the client.

21. **ANSWER D** – If the pain is constant, the best schedule is around-the-clock, to provide steady analgesia and pain control. The other options may actually require higher doses to achieve control.

22. **ANSWER B, C** – The clients with the cast and the toe amputation are stable clients and need ongoing assessment and pain management that are within the scope of practice for an LPN/LVN under the supervision of an RN. The RN should take responsibility for pre-operative teaching, and the terminal cancer needs a comprehensive assessment to determine the reason for refusal of medication.

23. **ANSWER C** – When a client takes aspirin, monitor for increases in PT (normal range 11.0-12.5 seconds in 85%-100%). Also monitor for possible decreases in potassium (normal range 3.5-5.0 mEq/L). If bleeding signs are noted, hematocrit should be monitored (normal range male 42%-52%, female 37%-47%). An elevated BUN could be seen if the client is having chronic gastrointestinal bleeding (normal range 10-20 mg/dL).

24. **ANSWER B** – A second day post-operative client who needs medication prior to dressing changes has predictable and routine care that a new nurse can manage. Although chronic pain clients can be relatively stable, the interaction with this client will be time consuming and may cause the new nurse to fall behind. The HIV client has complex complaints that require expert assessment skills. The client pending discharge will need special and detailed instructions.

25. **ANSWER C** – directly ask the client about the pain and do a complete pain assessment. This information will determine which action to take next.