1. You are caring for a patient with esophageal cancer. Which task could be delegated to the nursing assistant?
   a. Assist the patient with oral hygiene.
   b. Observe the patient’s response to feedings.
   c. Facilitate expression of grief or anxiety.
   d. Initiate daily weights.

2. A 56-year-old patient comes to the walk-in clinic for scant rectal bleeding and intermittent diarrhea and constipation for the past several months. There is a history of polyps and a family history for colorectal cancer. While you are trying to teach about colonoscopy, the patient becomes angry and threatens to leave. What is the priority diagnosis?
   a. Diarrhea/Constipation related to altered bowel patterns
   b. Knowledge Deficit related to disease process and diagnostic procedure
   c. Risk for Fluid Volume Deficit related to rectal bleeding and diarrhea
   d. Anxiety related to unknown outcomes and perceive threat to body integrity

3. Which patient is at greatest risk for pancreatic cancer?
   a. An elderly black male with a history of smoking and alcohol use
   b. A young, white obese female with no known health issues
   c. A young black male with juvenile onset diabetes
   d. An elderly white female with a history of pancreatitis

4. The disease progress of cancers, such as cervical or Hodgkin’s, can be classified according to a clinical staging system. Place the description of stages 0-IV in the correct order.
   a. Metastasis
   b. Limited local spread
   c. Cancer in situ
   d. Tumor limited to tissue of origin
   e. Extensive local and regional spread
   _____, _____, _____, _____, _____

5. In assigning patients with alterations related to gastrointestinal (GI) cancer, which would be the most appropriate nursing care tasks to assign to the LPN/LVN, under supervision of the team leader RN?
   a. A patient with severe anemia secondary to GI bleeding
   b. A patient who needs enemas and antibiotics to control GI bacteria
   c. A patient who needs pre-op teaching for bowel resection surgery
   d. A patient who needs central line insertion for chemotherapy

6. A community health center is preparing a presentation on the prevention and detection of cancer. Which health care professional (RN, LPN/LVN, nurse practitioner, nutritionist) should be assigned to address the following topics?
   a. Explain screening exams and diagnostic testing for common cancers
b. How to plan a balanced diet and reduce fats and preservatives

c. Prepare a poster on the seven warning signs of cancer

d. How to practice breast or testicular self-examination

e. Strategies for reducing risk factors such as smoking and obesity

7. The physician tells the patient that there will be an initial course of
treatment with continued maintenance treatments and ongoing
observation for signs and symptoms over a prolonged period of time.
You can help the patient by reinforcing that the primary goal for this
type of treatment is:
   a. Cure
   b. Control
   c. Palliation
   d. Permanent remission

8. For a patient who is experiencing side effects of radiation therapy,
which task would be the most appropriate to delegate to the nursing
assistant?
   a. Assist the patient to identify patterns of fatigue.
   b. Recommend participation in a walking program.
   c. Report the amount and type of food consumed from the tray.
   d. Check the skin for redness and irritation after the treatment.

9. For a patient on the chemotherapeutic drug vincristine (Oncovin),
which of the following side effects should be reported to the
physician?
   a. Fatigue
   b. Nausea and vomiting
   c. Paresthesia
   d. Anorexia

10. For a patient who is receiving chemotherapy, which laboratory result
     is of particular importance?
    a. WBC
    b. PT and PTT
    c. Electrolytes
    d. BUN

11. For care of a patient who has oral cancer, which task would be
     appropriate to delegate to the LPN/LVN?
    a. Assist the patient to brush and floss.
    b. Explain when brushing and flossing are contraindicated.
    c. Give antacids and sucralfate suspension as ordered.
    d. Recommend saliva substitutes.

12. When assigning staff to patients who are receiving chemotherapy,
what is the major consideration about chemotherapeutic drugs?
    a. During preparation, drugs may be absorbed through the skin or inhaled.
    b. Many chemotherapeutics are vesicants.
c. Chemotherapeutics are frequently given through central nervous access devices.
d. Oral and venous routes are the most common.

13. You have just received the morning report from the night shift nurses. List the order of priority for assessing and caring for these patients.
   a. A patient who developed tumor lysis syndrome around 5:00 AM
   b. A patient with frequent reports of break-through pain over the past 24 hours
   c. A patient scheduled for exploratory laparotomy this morning
   d. A patient with anticipatory nausea and vomiting for the past 24 hours
   _____, _____, _____, _____

14. In monitoring patients who are at risk for spinal cord compression related to tumor growth, what is the most likely early manifestation?
   a. Sudden-onset back pain
   b. Motor loss
   c. Constipation
   d. Urinary hesitancy

15. Chemotherapeutic treatment of acute leukemia is done in four phases. Place these phases in the correct order.
   a. Maintenance
   b. Induction
   c. Intensification
   d. Consolidation
   _____, _____, _____, _____

16. Which set of classification values indicates the most extensive and progressed cancer?
   a. T1 N0 M0
   b. Tis N0 M0
   c. T1 N1 M0
   d. T4 N3 M1

17. For a patient with osteogenic sarcoma, you would be particularly vigilant for elevations in which laboratory value?
   a. Sodium
   b. Calcium
   c. Potassium
   d. Hematocrit

18. Which of the following cancer patients could potentially be placed together as roommates?
   a. A patient with a neutrophil count of 1000/mm³
   b. A patient who underwent debulking of a tumor to relieve pressure
   c. A patient receiving high-dose chemotherapy after a bone marrow harvest
   d. A patient who is post-op laminectomy for spinal cord compression
19. What do you tell patients is the most important risk factor for lung cancer when you are teaching about lung cancer prevention?
   a. Cigarette smoking
   b. Exposure to environmental/occupational carcinogens
   c. Exposure to environmental tobacco smoke (ETS)
   d. Pipe or cigar smoking

20. Following chemotherapy, a patient is being closely monitored for tumor lysis syndrome. Which laboratory value requires particular attention?
   a. Platelet count
   b. Electrolytes
   c. Hemoglobin
   d. Hematocrit

21. Persons at risk are the greater target population for cancer screening programs. Which asymptomatic patient(s) needs extra encouragement to participate in cancer screening? (Choose all that apply).
   a. A 19-year-old white-American female who is sexually inactive for a Pap smear
   b. A 35-year-old white-American female for an annual mammogram
   c. A 45-year-old African-American male for an annual prostate-specific antigen
   d. A 49-year-old African-American male for an annual fecal occult blood test

22. A patient with lung cancer develops syndrome of inappropriate antidiuretic hormone secretion (SIADH). After reporting symptoms of weight gain, weakness, and nausea and vomiting to the physician, you would anticipate which initial order for the treatment of this patient?
   a. A fluid bolus as ordered
   b. Fluid restrictions as ordered
   c. Urinalysis as ordered
   d. Sodium-restricted diet as ordered

23. In caring for a patient with neutropenia, what tasks can be delegated to the nursing assistant? (Choose all that apply).
   a. Take vital signs every 4 hours
   b. Report temperature elevation >100.4°F
   c. Assess for sore throat, cough, or burning with urination.
   d. Gather the supplies to prepare the room for protective isolation.
   e. Report superinfections, such as candidiasis
   f. Practice good handwashing technique.

24. A primary nursing responsibility is the prevention of lung cancer by assisting patients in smoking/tobacco cessation. Which tasks would be appropriate to delegate to the LPN/LVN?
   a. Develop a “quit plan”
   b. Explain the application of a nicotine patch
   c. Discuss strategies to avoid relapse
   d. Suggest ways to deal with urges for a tobacco
RATIONALE
CANCER

1. **ANSWER A** – Oral hygiene is within the scope of responsibilities of the nursing assistant. It is the responsibility of the nurse to observe response to treatments and to help the patient deal with loss or anxiety. The nursing assistant can be directed to weigh the patient, but should not be expected to know when to initiate that measurement.

2. **ANSWER D** – The patient’s physical condition is currently stable, but emotional needs are affecting his or her ability to receive the information required to make an informed decision. The other diagnoses are relevant, but if the patient leaves the clinic for interventions may be delayed or ignored.

3. **ANSWER A** – Pancreatic cancer is more common in blacks, males, and smokers. Other links include alcohol, diabetes, obesity, history of pancreatitis, organic chemicals, a high-fat diet, and previous abdominal radiation.

4. **ANSWER C, D, B, E, A** – This classification system is based on the extent of the disease rather than the histological changes, Stage 0: cancer in situ, stage I: tumor limited to tissue of origin, stage II: limited local spread, stage III: extensive local and regional spread, stage IV: metastasis.

5. **ANSWER B** – Administering enemas and antibiotics is within the scope of practice for LPN/LVNs. Although some states may allow the LPN/LVN to administer blood, in general, blood administration, pre-operative teaching, and assisting with central line insertion are the responsibilities of the RN.

6. **ANSWER A. Nurse Practitioner, B. Nutritionist, C. LPN/LVN, D. Nurse Practitioner, E. RN** – The nurse practitioner is often the provider who performs the physical examinations and recommends diagnostic testing. The nutritionist can give information about diet. The LPN/LVN will know the standard seven warning signs and can educate through standard teaching programs in some states. However, the RN has primary responsibility for educating people about risk factors.

7. **ANSWER B** – The physician has described a treatment for controlling cancer that is not curable. When the goal is cure, the patient will be deemed free of disease after treatments. In palliation, the treatment is given primarily for pain relief. *Permanent remission* is another term to describe cure.

8. **ANSWER C** – The nursing assistant can observe the amount that patient eats (or what is gone from the tray) and report to the nurse. Assessing patterns of fatigue or skin reaction is the responsibility of the RN. The initial recommendation for exercise should come from the physician.

9. **ANSWER C** – Paresthesia is a side effect associated with some chemotherapy drugs such as vincristine (Oncovin). The physician can modify the dose or discontinue the drug. Fatigue, nausea, vomiting, and anorexia are common side effects for many chemotherapy medications. The nurse can assist the patient by
planning for rest periods, giving antiemetics as ordered, and encouraging small meals with high-protein and high-calorie foods.

10. **ANSWER A** – WBC count is especially important because chemotherapy can cause decreases in WBCs, particularly neutrophils, which leaves the patient vulnerable to infection. The other tests are important in the total management, but less directly specific to chemotherapy.

11. **ANSWER C** – Giving medications is within the scope of practice for the LPN/LVN. Assisting the patient to brush and floss should be delegated to the nursing assistant. Explaining contraindications is the responsibility of the RN. Recommendations for saliva substitutes should come from the physician or pharmacist.

12. **ANSWER A** – Ideally, chemotherapy drugs should be given by nurses who have received additional training in how to safely prepare and deliver the drugs and protect themselves from exposure. The other options are a concern but the general principles of drug administration apply.

13. **ANSWER A, C, B, D** – Tumor lysis syndrome is an emergency of electrolyte imbalances and potential renal failure. A patient scheduled for surgery should be assessed and prepared for surgery. A patient with breakthrough pain needs assessment and the physician may need to be contacted for a change of dose or medication. Anticipatory nausea and vomiting has a psychogenic component that requires assessment, teaching, reassurance, and antiemetics.

14. **ANSWER A** – Back pain is an early sign occurring in 95% of patients. The other symptoms are later signs.

15. **ANSWER B, C, D, A** – Induction is the initial aggressive treatment to destroy leukemia cells. Intensification starts immediately after induction, lasting for several months and targeting persistent, undetected leukemia cells. Consolidation occurs after remission to eliminate any remaining leukemia cells. Maintenance involves lower doses to keep the body free of leukemia cells.

16. **ANSWER D** – T (tumor) 0-4 signifies tumors increasing size. N (regional lymph nodes) 0-3 signifies increasing involvement of lymph nodes. M (metastasis) 0 signifies no metastasis and 1 signifies distal metastasis.

17. **ANSWER B** – Potentially life-threatening hypercalcemia can occur in cancers with destruction of bone. Other laboratory values are pertinent for overall patient management but are less specific to bone cancers.

18. **ANSWER B, D** – Debulking of tumor and laminectomy are palliative procedures. These patients can be placed in the same room. The patient with low neutrophil count and the patient who has had a bone marrow harvest need protective isolation.

19. **ANSWER A** – Cigarette smoking is associated with 80-90% of lung cancers. Occupational exposure coupled with cigarette smoking increases risks. ETS increases risk by 35%. Cigar smoking provides higher risk than pipe smoking, but both are lower risks than cigarette smoking.
20. **ANSWER B** – Tumor lysis syndrome can result in severe electrolyte imbalances and potential renal failure. The other laboratory values are important to monitor for general chemotherapy side effects, but are less pertinent to tumor lysis syndrome.

21. **ANSWER A, C** – After age 18, females should annual Pap smears, regardless of sexual activity. African-American males should begin prostate-specific antigen testing at age 45. Annual mammograms are recommended for women over the age of 40. Annual fecal occult blood testing is recommended starting at age 50.

22. **ANSWER B** – Hyponatremia is a concern; therefore, fluid restrictions would be ordered. Urinalysis is less pertinent; however, the nurse should monitor for increased urine specific gravity. The diet may need to include sodium supplements. Fluid bolus is unlikely to be ordered for SIADH.

23. **ANSWER A, B, D,F** – Vital signs and reporting on specific parameters, good hand washing, and gathering equipment are within the scope of duties for an nursing assistant. Assessing for symptoms of infection/superinfections is the responsibility of the RN.

24. **ANSWER B** – The LPN/LVN is versed in medication administration and able to teach patients standardized information. The other options require more in-depth assessment, planning, and teaching, which should be performed by the RN.