



Palliative Care

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- The World Health Organization's newly revised and broadened definition of palliative care is an attempt to
 - Use the terms supportive care and palliative care synonymously.
 - Partner in the definition of care provided by the Medicare Hospice Benefit.
 - Integrate palliative care interventions in the trajectory of advanced disease from diagnosis until death.
 - 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.
- The term end-of-life care refers primarily to the care of patients who are
 - Imminently dying.
 - Receiving palliative and supportive care.
 - Enrolled in the Medicare Hospice Benefit.
 - Experiencing coordinated and continuous care.
- 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
 - Is tolerant to opioid interventions.
 - Has reduced lipophilic properties as a result of cachexia.
 - Is an older adult, dehydrated, and cognitively impaired.
 - Has genetic polymorphisms in the cytochrome P450 metabolic pathway.
- Advanced non-small cell lung cancer often precipitates the symptom of dyspnea. Which other concomitant symptom can provoke dyspnea?
 - Cough
 - Anorexia
 - Cachexia
 - Hypovolemia
- 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 mEq/L, glucose 199 mg/dl, chloride 107 mg/dl, and alkaline phosphatase 475 IU/L. Based on this information, which secondary diagnosis would you consider that requires an emergent intervention?
 - Anemia
 - Hypercalcemia
 - Hypocalcemia
 - Hypovolemia
- Which opioid would you select for patients in severe pain who have compromised renal function?
 - Morphine
 - Methadone
 - Fentanyl
 - Hydromorphone
- Which specific group of medications most contributes to reversible delirium?
 - Opioids
 - Antipsychotics
 - Anti-infectives
 - Benzodiazepines
- During the dying phase, effective management of patients experiencing what is termed "the death rattle" includes
 - Prophylactically administering an anticholinergic agent.
 - Teaching the family that this is normal and not to worry.
 - Using a yankauer suction for the secretions in the upper airway.
 - 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
 - Delirium.
 - Increased dyspnea.
 - Decreased seizure activity.
 - 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)
 - Antianxiety.
 - Tricyclic antidepressant.
 - Antipsychotic.
 - Psychostimulant.
- The least appropriate option for patients who develop bleeding from esophageal varices as a result of prolonged ascites is
 - Variceal sclerosis.
 - IV propranolol.
 - Balloon-occluded retrograde transvenous obliteration.
 - Transjugular intrahepatic portosystemic shunt placement.
- Which is the most important intervention in the management of constipation experienced by patients in the palliative care setting?
 - Use corticosteroids to decrease bowel inflammation.
 - Administer senna and colace twice daily and as needed.

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