Cheap Nursing CEUs

Pain Management and Opioid Abuse

1. Which of the following best describes a nociceptor?

A. A sensory pathway that carries messages from the brain to the muscles
B. A small structure in the brain located above the brain stem
C. A peripherally localized neuron that is sensitive to noxious stimulus
D. A chemical released by damaged tissue that blocks pain messages

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2. After pain information travels up the spinothalamic tract and reaches the thalamus, it is relayed to which part of the brain to be processed and interpreted?

A. Somatosensory cortex
B. Hypothalamus
C. Brain stem
D. Cerebellum

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3. In relation to how an individual experiences pain, perception refers to:

A. The automatic withdrawal reflex that occurs after an injury
B. The process of interpreting stimuli and turning it into useful information
C. The body's ability to repair damaged tissue over time
D. An individual's awareness of self and his or her environment

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4. Two individuals cut their right hands in the same way. One calmly cleans and bandages the wound, while the other becomes hysterical and needs assistance. According to the biopsychosocial model of pain, this difference is best explained by:

A. Biological factors alone, such as tissue health
B. A difference in the depth and severity of each cut
C. Each individual's distinct biological, psychological, and social factors
D. The number of nociceptors located in each individual's hand

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5. How is pain defined from a clinical standpoint?

A. Pain is the severity of discomfort expected for the type of injury the patient has
B. Pain is whatever the patient says he or she is experiencing, whenever he or she says it occurs
C. Pain is only present when it can be confirmed through diagnostic testing
D. Pain is the level of discomfort the health care team observes during a physical exam

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6. A 26-year-old male with multiple rib fractures rates his pain as a 7 or 8, but his mother reports that he smiles, jokes, and moves around easily when his friends visit. Which explanation for the conflicting reports is offered in the material?

A. He may have been in pain when his friends visited but acted as if he was not because of social factors
B. His rib fractures had healed faster than expected
C. His acetaminophen had fully relieved his pain by the time his friends arrived
D. He was exaggerating his pain in order to obtain more medication

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7. The normal healing period for the human body is approximately how long, after which acute pain can become chronic pain?

A. 2 - 4 weeks
B. 6 - 8 weeks
C. 3 - 6 months
D. 12 - 18 months

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8. A 29-year-old patient's fractured left arm and leg have healed, but ten months later he still reports pain and his care team can find nothing structurally or biologically wrong. The team theorizes that his pain is most likely the result of:

A. The trauma of his accident and recurrent stress
B. A new injury that has not yet been identified
C. An allergic reaction to his pain medication
D. An undiagnosed infection in the healed bones

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9. Which ethical concept refers to the act of doing what is best for the patient?

A. Veracity
B. Beneficence
C. Nonmaleficence
D. Autonomy

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10. A 78-year-old nursing facility resident can only tell the care team that he does not "feel right." Through patient observation, which signs of inflammation did the team identify in his right knee?

A. Rash, itching, and drainage
B. Bruising, numbness, and coldness
C. Pallor, tingling, and stiffness
D. Redness, heat, and swelling

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11. What is the first step health care professionals can take toward active listening when a patient is reporting pain?

A. Ask yes-or-no questions to keep the conversation focused
B. Give the patient their full attention
C. Paraphrase what the patient has said
D. Make eye contact with the patient

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12. While a patient describes her pain, the nurse repeats back and paraphrases what she says. This action reflects which step of active listening?

A. Offering words of encouragement
B. Allowing periods of silence
C. Responding to what is being said
D. Limiting interruptions

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13. Which of the following is an example of an open-ended question?

A. Does sitting up make your pain worse?
B. Has your pain medication helped today?
C. What makes your pain worse?
D. Is your pain worse at night?

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14. A 60-year-old female patient is able to carry on a conversation with the care team but has trouble associating a numerical value with her pain on a scale from 0 - 10. Which tool would best help her rate the intensity of her pain?

A. Wong/Baker faces rating scale
B. Critical-Care Pain Observation Tool (CPOT)
C. Pain Assessment in Advanced Dementia (PAINAD) scale
D. Numeric rating scale without visual aids

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15. An 89-year-old patient points to the fourth face on the Wong/Baker faces rating scale. This indicates a pain rating of approximately:

A. 4 out of 10
B. 6 out of 10
C. 8 out of 10
D. 10 out of 10

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16. Which five key components of an effective patient assessment are covered by the WILDA approach assessment guide?

A. Wellness, injury history, location, duration, and allergies

B. Words to describe pain, intensity, location, duration, and aggravating/alleviating factors
C. Warning signs, inflammation, limitations, diagnosis, and analgesic history
D. Words to describe pain, intensity, lifestyle, diet, and activity level

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17. While being assessed with the WILDA approach, a patient reports that her pain flares up in sudden exacerbations even though she is currently being treated for pain. This type of pain is best described as:

A. Chronic pain
B. Acute pain
C. Continuous pain
D. Breakthrough pain

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18. When using the Critical-Care Pain Observation Tool (CPOT) on a patient at rest, how is the muscle tension category scored?

A. By measuring changes in the patient's heart rate during movement
B. By observing the patient's facial expression for one minute
C. By performing passive flexion and extension of the patient's upper limb and noting any resistance
D. By asking the patient to squeeze the health care professional's hand

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19. Before scoring the Pain Assessment in Advanced Dementia (PAINAD) scale, how long should the health care professional observe the patient?

A. 1 minute
B. 5 minutes
C. 10 minutes
D. 15 minutes

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20. Which of the following is one of the five categories scored on the PAINAD scale?

A. Muscle tension
B. Pupil response
C. Compliance with the ventilator
D. Consolability

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21. What is the main purpose of helping a patient establish short-term pain management goals?

A. They provide small, less overwhelming steps toward achieving long-term goals
B. They replace the need for long-term goals
C. They allow the care team to set goals without patient input
D. They focus on eliminating all pain within the first week

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22. Which patient statement is the best example of a specific pain management goal?

A. "I would like to increase my mobility."
B. "I would like to be able to walk up a flight of stairs."
C. "I would like to feel better soon."
D. "I want my pain therapy to go well."

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23. A patient tells the nurse, "I would like to have no pain at the end of my therapy." Why may this not be an appropriate primary goal?

A. For many patients, being pain free is not realistic because of their condition, age, baseline functionality, and comorbidities
B. Pain management goals should only be set by the health care team
C. A goal of no pain is only appropriate for patients with chronic pain
D. The goal is too specific to be measured

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24. In 1842, Dr. Crawford Williamson Long was one of the first individuals to use which of the following to control a patient's pain during surgery?

A. Intravenous morphine
B. Nitrous oxide combined with alcohol
C. Inhaled ether as a general anesthetic
D. Chloroform applied to the skin

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25. Which of the following is an example of a passive physical therapy treatment option?

A. Balance training
B. Strength-building activities
C. Transcutaneous electrical nerve stimulation (TENS)
D. A therapeutic exercise program

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26. When used to manage pain, massage therapy may help reduce pain primarily by:

A. Blocking prostaglandin synthesis at the site of injury
B. Replacing unrealistically negative thought patterns
C. Delivering electrical stimulation to the affected nerves
D. Releasing stress, tension, and anxiety through the manipulation of soft tissue

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27. A patient with chronic back pain tells the nurse, "My pain will never go away." A primary goal of cognitive-behavioral therapy for this patient would be to:

A. Increase the patient's pain medication to match the severity of the thought
B. Replace this unrealistically negative thought with more realistic thinking
C. Reinforce the thought so the patient accepts lifelong pain

D. Avoid discussing the patient's thoughts about pain to reduce stress

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28. A patient is taking several products that contain acetaminophen. When calculating the patient's total daily dose, the nurse knows it should not exceed:

A. 3000 mg
B. 3200 mg
C. 4000 mg
D. 4800 mg

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29. A one-time dose of acetaminophen is ordered for a 26-year-old patient in her first trimester of pregnancy. Which response is most appropriate?

A. Request an order to substitute aspirin
B. Administer the acetaminophen as ordered, since it is often used to manage pain in pregnant women
C. Hold the acetaminophen because it is contraindicated during pregnancy
D. Request an order to substitute ibuprofen

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30. Aspirin is ordered for a patient who takes an anticoagulant medication. Which FDA warning is most important for the nurse to consider?

A. Severe liver injury
B. Serotonin syndrome
C. Driving impairment
D. Serious bleeding

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31. Ibuprofen is ordered for a 29-year-old patient who reports an allergy to aspirin. Which action is most appropriate?

A. Do not administer the ibuprofen, since it should not be given to patients with a known allergy to ibuprofen and/or aspirin
B. Administer the ibuprofen with food to reduce the risk of a reaction
C. Administer the ibuprofen, since an aspirin allergy does not affect ibuprofen use
D. Administer half of the ordered ibuprofen dose

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32. A 42-year-old patient requests another dose of as-needed ibuprofen. She has already received 3200 mg of ibuprofen in the past 24 hours. Which action is most appropriate?

A. Give a half dose and reassess in 4 hours
B. Do not give additional ibuprofen, since another dose would exceed the recommended maximum daily dose
C. Give the dose with acetaminophen to reduce stomach upset
D. Give the dose, since the maximum daily dose of ibuprofen is 4000 mg

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33. Health care professionals should avoid administering ibuprofen to pregnant women starting at 30 weeks gestation because:

A. It can cause severe liver injury in the mother
B. It lowers the mother's blood pressure
C. It falls into FDA pregnancy risk category B
D. Premature closure of the ductus arteriosus in the fetus may occur

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34. Which medication has a warning that it should not be administered to patients right before or after coronary artery bypass surgery (CABG)?

A. Gabapentin
B. Acetaminophen
C. Naproxen
D. Topical lidocaine

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35. Gabapentin is ordered for a 46-year-old patient experiencing pain. Which counseling point should the nurse include?

A. Gabapentin may cause dizziness and somnolence
B. Gabapentin belongs to a group of medications called muscle relaxants
C. Gabapentin has an FDA Boxed Warning for severe liver injury
D. The typical adult dose for pain is 300 mg once a week

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36. Cyclobenzaprine is ordered for a 30-year-old patient who is currently taking a monoamine oxidase (MAO) inhibitor. Which action is most appropriate?

A. Switch to the extended-release form of cyclobenzaprine
B. Hold the cyclobenzaprine and notify the prescriber, since it may not be used with MAO inhibitors
C. Administer the cyclobenzaprine as ordered, since no interaction exists
D. Administer a lower dose of cyclobenzaprine and titrate slowly

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37. Oxycodone is ordered for a 52-year-old patient who is currently taking diazepam. Which action is most appropriate?

A. Request an order to replace the diazepam with lorazepam
B. Use caution and monitor the patient for sedation and respiratory depression
C. Wait 14 days after the last dose of diazepam before giving oxycodone
D. Administer the oxycodone with no additional monitoring

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38. An opioid is ordered for a 69-year-old obese patient with a history of snoring. Which action is most appropriate?

A. Administer the opioid and monitor only for constipation
B. Hold the opioid because of the risk of an allergic reaction
C. Administer the opioid at double the usual interval
D. Administer the opioid and monitor for sedation and opioid-induced respiratory depression

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39. Which statement about sedation and opioid-induced respiratory depression is accurate?

A. Both side effects occur only with intravenous opioids
B. Neither side effect is influenced by the opioid dose or formulation
C. Respiratory depression is more common, but sedation is more dangerous
D. Sedation is more common, but opioid-induced respiratory depression may be more dangerous

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40. A patient takes his prescribed opioid at his own discretion, ignoring the directions given by his health care professional, but does not intend to get "high." This behavior is best described as:

A. Abuse
B. Misuse
C. Tolerance
D. Physical dependence

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41. A patient believes their pain is a punishment and that it may never get better. This patient is more likely to experience:

A. A faster recovery because of lowered expectations
B. Anxiety and depression, which can worsen pain symptoms
C. Fewer side effects from pain medications
D. A higher pain tolerance than other patients

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42. Why might professional counseling be necessary for a patient experiencing pain?

A. To make sure the patient takes medications exactly on schedule
B. To teach the patient exercises that strengthen the painful area
C. To identify dietary changes that eliminate the source of pain
D. To help the patient process the emotional response to pain so the pain can be managed more effectively

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43. Which diagnostic method may be used by health care providers to help determine the source of a patient's pain?

A. Nerve conduction studies
B. Genetic testing for hereditary pain conditions
C. Allergy skin testing
D. Pulmonary function testing

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44. Which of the following best describes nociplastic pain?

A. Pain caused by a malfunction in how the brain processes stimuli that cannot be attributed to injury, inflammation, or disease
B. Pain resulting from nerve damage, such as diabetic neuropathy
C. Pain that occurs in response to noxious stimuli, such as touching a hot surface
D. Pain that starts suddenly from a known cause, such as a surgical wound

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45. How is chronic pain characterized?

A. Pain that only occurs in response to a known trigger
B. Pain that resolves once the patient returns to their baseline state
C. Pain that is ongoing and lasts longer than three months
D. Pain that occurs occasionally at irregular intervals, such as during a sickle cell crisis

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46. In addition to standardized assessment intervals, when should a patient's pain be monitored?

A. After any nursing intervention or when the patient complains of pain
B. Only at the beginning of each shift
C. Once every 24 hours during the patient's stay
D. Only when ordered by the provider

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47. A patient is unable to report pain verbally. Which behavior may indicate pain and require further assessment?

A. Sleeping soundly through the night
B. A calm, relaxed facial expression
C. Refusing to eat
D. An increased appetite

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48. In the OPQRST mnemonic used for pain assessment, what does the "P" represent?

A. Patient's description of pain
B. Past responses and preferences
C. Provocation and palliation
D. Pain intensity

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49. In the QISS TAPED mnemonic, the "E" reminds the provider to ask about:

A. Environmental triggers
B. Expectations to establish pain goals
C. Exacerbating factors
D. Emotional state

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50. Which neonatal pain scale uses facial expressions exclusively to evaluate pain in premature and full-term newborns?

A. PAINAD scale
B. Neonatal/Infant Pain Scale (NIPS)
C. Faces, Legs, Activity, Cry, and Consolability (FLACC)
D. Neonatal Facial Coding System (NFCS)

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51. When setting a personalized pain goal (PPG), what does the patient need to consider?

A. Which activities are important to them and what level of pain they are willing to tolerate to participate
B. Physical activity only, without regard to medication side effects
C. How quickly they can reach a pain level of zero
D. The same pain goal used by other patients with similar conditions

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52. According to the SMART framework, pain management goals should be:

A. Simple, measurable, accurate, reliable, and tracked
B. Structured, monitored, adjustable, reviewed, and tested
C. Specific, manageable, attainable, realistic, and timely
D. Specific, measurable, action-oriented, relevant, and time-based

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53. According to the Dual-Process Model of Goal Adjustment, what might a patient experience if they cannot shift from the assimilative mode to the accommodative mode?

A. A sense of achievement despite difficulties
B. Feeling defeated or depressed
C. An increased likelihood of achieving unrealistic goals
D. An immediate improvement in pain levels

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54. A patient is only about 70% sure he can reach his pain goal within the set time frame. Using the "90% confidence rule," the nurse should:

A. Replace the goal with a pain score target below 2
B. Remove the deadline so the goal has no time frame
C. Adjust the goal by decreasing its level or extending the deadline
D. Keep the goal unchanged to increase the patient's motivation

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55. Which analgesic is used for postherpetic neuralgia and peripheral neuropathic pain?

A. Lidocaine
B. Diazepam
C. Morphine

D. Aspirin

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56. How does transcutaneous electrical nerve stimulation (TENS) alleviate pain?

A. Low-voltage electrical currents relieve pain through chemicals released into the body or a change in the perception of pain
B. Pressure is applied to specific points on the body that correspond to the painful area
C. An implanted lead delivers medication directly to the target nerve
D. High-voltage currents permanently disrupt the neural pathways that carry pain

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57. What is the most common complication of peripheral nerve stimulation?

A. Skin burns at the electrode site
B. Infection
C. Nerve damage
D. Lead migration

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58. Which complementary pain treatment applies pressure to specific points on the feet to alleviate pain in another area of the body?

A. Chiropractic adjustment
B. Osteopathic manipulation
C. Reflexology
D. Acupuncture

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59. Which statement about non-pharmacologic nursing interventions for pain is accurate?

A. They are less effective than medications in every situation
B. They are often effective in relieving pain either independently or in conjunction with medications
C. They are used by nearly all ICU nurses with their patients
D. They should only be used when medications are contraindicated

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60. Which of the following best describes the focus of the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) initiative?

A. Accelerating the discovery of new treatment modalities for chronic pain
B. Developing ways to reduce pain through modulating neural circuitry
C. Accelerating research on surgical treatments for acute pain
D. Funding naloxone distribution programs in local communities

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61. The nurse is providing a class to nursing students about pain. How would the nurse define pain to the students?

A. An objective experience that is defined by a pain rating scale
B. An unpleasant sensation that can only be treated with medications
C. An unpleasant sensation that lasts a short time in one specific location
D. An unpleasant sensory and emotional experience associated with actual or potential tissue damage

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62. The nurse is caring for a patient experiencing chronic pain related to their cancer diagnosis. Which factor can contribute to the way the patient perceives and expresses their pain?

A. The patient has a family history of cancer
B. The patient reports feelings of increased anxiety
C. The patient has a history of smoking
D. The patient reports no new injuries

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63. The nurse is caring for a patient admitted after a car accident. Which symptoms indicate the patient is experiencing acute pain?

A. Sleep disturbances and restlessness
B. Decreased mobility and activities of daily living
C. Fear of reinjury
D. Mood changes such as depression and frustration

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64. The nurse is providing a class to nursing students on chronic pain management. Which example describes chronic pain?

A. A patient recovering from a recent sprained ankle
B. A patient experiencing joint pain from arthritis
C. A patient admitted to the hospital for a broken arm
D. A patient who burned their hand while cooking

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65. A patient diagnosed with liver failure is pleasantly eating dinner while watching their favorite TV show. When asked to rate their pain on a scale of 0 to 10, the patient rates their pain as a "9." The nurse concludes that the patient's pain rating is:

A. Not accurate because the patient does not understand the pain scale
B. What the patient says it is
C. Not accurate because the patient is not showing nonverbal pain behaviors
D. In anticipation of future pain

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66. Which objective data can indicate a patient is experiencing pain?

A. Decreased heart rate
B. Describing the quality of their pain
C. Rating pain using a numeric rating scale
D. Grimacing and guarding

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67. A patient states they have been taking an NSAID frequently for the past several days to reduce their headache. Which side effect would concern the nurse?

A. Increased pain sensitivity
B. Severe constipation
C. Gastrointestinal bleeding
D. Dry mouth

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68. Which of the following medications is considered an adjuvant analgesic?

A. Tramadol
B. Codeine
C. Ibuprofen
D. Amitriptyline

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69. The nurse is assessing a patient who is receiving morphine regularly after back surgery. Which serious side effect should the nurse closely monitor for?

A. Respiratory depression
B. Nausea and vomiting
C. Constipation
D. Itching

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70. Which of the following is a CDC recommendation for using opioids for pain management?

A. Use opioids as the first choice of therapy for chronic pain
B. Prescribe opioids for any type of pain
C. Stop opioids abruptly to prevent physical dependence
D. Avoid opioids for pain management in patients younger than 18 years old

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71. A nurse is teaching nursing students about opioid use disorder. The nurse explains that signs of opioid use disorder can include which of the following?

A. Isolation from friends and family
B. Increased libido
C. Weight gain
D. Improved personal hygiene

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72. A new nurse in the emergency department knows that patients admitted for opioid withdrawal can experience which symptom?

A. Bradycardia
B. Drowsiness
C. Diaphoresis

D. Pinpoint pupils

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73. A patient admitted for opioid withdrawal expresses a desire to seek treatment for opioid use disorder. What education can the nurse provide about medications used for treatment?

A. Medications are the only option for opioid use disorder treatment
B. Methadone and buprenorphine can only be used for short-term treatment
C. Any healthcare provider can prescribe methadone for opioid use disorder
D. Buprenorphine has the potential for adverse interactions with benzodiazepines

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74. A charge nurse is teaching staff about opioid diversion prevention. According to the American Nurse Journal, what is the most common time for opioid diversion to occur?

A. During the wasting of medications
B. During administration at the bedside
C. During storage in the medication room
D. During the intake of medications from the pharmacy

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75. A nurse suspects opioid diversion is occurring on their unit. Which behavior would indicate that a colleague may be diverting controlled medications?

A. Taking responsibility for their own medication errors
B. Asking a coworker to witness a medication waste in person
C. Failure to document wasted medications
D. Consistently arriving to shifts on time

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76. According to the CDC, what was the first wave of the opioid epidemic in the United States?

A. Opioid overdoses and deaths involving heroin use
B. Opioid overdoses and deaths involving synthetic opioids such as fentanyl
C. Opioid overdoses and deaths involving counterfeit pills
D. Opioid overdoses and deaths involving the misuse of prescription opioids

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77. A nurse wants to support their community's efforts to fight the opioid epidemic. Which CDC recommendation for decreasing opioid use disorder rates would the nurse advocate for?

A. Increasing public awareness of opioid use disorder and treatment options
B. Limiting naloxone access to healthcare professionals only
C. Prescribing methadone to all patients with opioid use disorder
D. Promoting the use of opioids with benzodiazepines to treat pain

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78. Distraction can be especially helpful as a non-pharmacological pain management strategy in which patient population?

A. Critically ill patients
B. Nonverbal patients
C. Pediatric patients
D. Older adult patients

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79. The nurse is teaching a patient with chronic pain how to use guided imagery. Which statement by the patient shows an understanding of guided imagery?

A. "I should practice guided imagery for exactly one hour each day."
B. "The goal of guided imagery is to completely eliminate my pain."
C. "I should only practice guided imagery at home before bed."
D. "I should choose a comfortable and quiet place without distractions."

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80. A patient with chronic hip pain asks whether physical therapy could help. What education should the nurse provide about physical therapy?

A. "Physical therapy must always be combined with pain medications."
B. "Physical therapy can be done on your own in any environment."
C. "Physical therapy can improve your strength and flexibility."
D. "Physical therapy is only effective for acute pain."

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