

Cheap Nursing CEUs

Treatment of Pregnant Women with Opioid Use Disorders

1. Neonatal abstinence syndrome (NAS) can refer to the pattern of clinical findings typically associated with opioid withdrawal in newborns.

- A. True
 - B. False
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2. Abrupt discontinuation of opioid use during pregnancy may lead to which of the following?

- A. Premature labor
 - B. Fetal distress
 - C. Miscarriage
 - D. All of the above
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3. Medication-assisted treatment (MAT) is the use of medications in combination with counseling and behavioral therapies to provide a whole-patient approach to the treatment of substance use disorders.

- A. True
 - B. False
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4. The prescribing of methadone and buprenorphine during pregnancy is considered ?off-label.?

- A. True
 - B. False
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5. Which of the following statements is most accurate?

- A. Induction to naltrexone does not require detoxification.
 - B. Induction to naltrexone does not require an opioid-free period.
 - C. Induction to naltrexone requires detoxification and an opioid-free period.
 - D. Naltrexone should always be administered to an individual who is engaged in opioid use.
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6. Pharmacological treatment is the standard of care for an infant with neonatal abstinence syndrome (NAS).

- A. True**
 - B. False**
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7. Which of the following statements is most accurate?

- A. Opioid agonist treatment is thought to have a severe, long-term impact on children.**
 - B. Opioid agonist treatment is thought to have minimal long-term impact on children relative to harms resulting from maternal use of heroin and prescription opioids.**
 - C. Pregnant women who are physically dependent on opioids should receive withdrawal management as first line therapy.**
 - D. Pregnant women who are physically dependent on opioids should be encouraged to embrace abstinence as a means of treatment.**
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8. Treatment with methadone should be initiated as early as possible during pregnancy.

- A. True**
 - B. False**
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9. The five-point intervention framework encourages which of the following interventions?

- A. Pre-pregnancy education**
 - B. Screening pregnant women for substance use**
 - C. Developmental assessment of newborns**
 - D. All of the above**
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10. Which of the following statements regarding steering committees is most accurate?

- A. Steering committees facilitate necessary cabinet, council, commission, and legislative policy changes.**
 - B. Steering committees are responsible for implementing policy changes at each organization.**
 - C. Steering committees consist primarily of mid-management representatives.**
 - D. Steering committees primarily address priorities of the collaborative initiative.**
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11. An organization has established a core team. What should be the core team's first step towards assisting pregnant women in need of MAT?

- A. Fact gathering and sharing by all team members**
- B. Engage Key Stakeholders and Establish Work Groups**

C. Define Shared Goals

D. Identify Strategies and Jointly Monitor Outcomes

12. Which of the following services is typically offered by substance use treatment providers?

A. Education and community awareness

B. Outpatient treatment

C. Case management

D. All of the above

13. A collaborative team can complete a Cross-System Guide to understand the strengths and opportunities for improvement in policies and practices across systems.

A. True

B. False

14. What is the recommended frequency of administration for extended-release injectable naltrexone?

A. Daily

B. Weekly

C. Every other week

D. Monthly

15. Physicians must have a board certification in addiction medicine or addiction psychiatry to prescribe naltrexone?

A. True

B. False

16. Methadone is an opioid antagonist.

A. True

B. False

17. Which of the following statements regarding extended-release injectable naltrexone is most accurate?

A. The clinical use of extended-release injectable naltrexone is for detoxification.

B. The clinical use of extended-release injectable naltrexone is for the prevention of relapse to opioid use disorders following opioid detoxification.

- C. The clinical use of extended-release injectable naltrexone is for the prevention of relapse to opioid use disorders before opioid detoxification.**
 - D. The clinical use of extended-release injectable naltrexone is for the treatment of opioid use disorders.**
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18. Buprenorphine should be part of a comprehensive management program that includes psychosocial support.

- A. True**
 - B. False**
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19. Buprenorphine is ordered for a patient. Upon examination, the patient reports being hypersensitive to naloxone. Which of the following recommendations should be made regarding buprenorphine?

- A. Administer buprenorphine as ordered.**
 - B. Administer buprenorphine with methadone.**
 - C. Use caution - however, the patient does not require monitoring.**
 - D. Discontinue the buprenorphine.**
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20. A 30-year-old female patient is scheduled to receive extended-release injectable naltrexone. Upon examination, the patient reports she is currently using opioids. Which of the following recommendations should be made regarding the extended-release injectable naltrexone?

- A. The extended-release injectable naltrexone should be given as scheduled.**
 - B. The extended-release injectable naltrexone should be given as scheduled- however, it should be administered with methadone.**
 - C. The extended-release injectable naltrexone should be given as scheduled- however, it should be administered with buprenorphine.**
 - D. The extended-release injectable naltrexone should not be given while the patient is concurrently using opioids.**
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21. A female patient is currently receiving extended-release injectable naltrexone. Upon a recent exam, the patient reported experiencing several signs and symptoms of acute hepatitis. Which of the following recommendations should be made regarding the extended-release injectable naltrexone?

- A. Monitor the patient for 12 hours.**
 - B. Continue the extended-release injectable naltrexone.**
 - C. Hold one dose of the extended-release injectable naltrexone.**
 - D. Discontinue the extended-release injectable naltrexone.**
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22. Oral methadone is ordered for a female patient. The patient is currently suffering from hypercarbia. Which of the following recommendations should be made regarding the oral methadone?

- A. Administer with caution; monitor patient for 12 hours.**
 - B. Administer methadone with extended-release injectable naltrexone.**
 - C. Hold one dose of oral methadone.**
 - D. Discontinue methadone due to contraindication.**
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23. Extended-release injectable naltrexone is ordered for a 32-year-old female patient with thrombocytopenia. Which of the following recommendations should be made regarding the extended-release injectable naltrexone?

- A. Discontinue the extended-release injectable naltrexone.**
 - B. Administer the extended-release injectable naltrexone with methadone.**
 - C. Administer with caution; monitor patient for 12 hours.**
 - D. Administer with caution; monitor patient for 24 hours.**
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24. Which of the following statements is most accurate?

- A. Patients may become sensitive to higher doses of opioids after treatment with extended-release injectable naltrexone.**
 - B. Patients may become sensitive to lower doses of opioids after treatment with extended-release injectable naltrexone.**
 - C. Patients may become tolerant to lower doses of opioids after treatment with extended-release injectable naltrexone.**
 - D. Patients may become tolerant to higher doses of opioids after treatment with extended-release injectable naltrexone.**
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25. A 26-year-old female patient has several questions regarding the potential complications of extended-release injectable naltrexone. Which of the following counseling points should be included in the health care professional's response to the patient's questions?

- A. An overdose may not result from trying to overcome the opioid blockade effects of naltrexone.**
 - B. An overdose may result from trying to overcome the opioid blockade effects of naltrexone.**
 - C. Naltrexone can be taken concurrently with long-term opioid therapy.**
 - D. One dose of naltrexone should be held every week if taken concurrently with long-term opioid therapy.**
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26. Buprenorphine includes a warning about somnolence that may preclude driving or

operating equipment.

- A. True
 - B. False
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27. Buprenorphine falls in which of the following FDA pregnancy categories?

- A. FDA pregnancy category A
 - B. FDA pregnancy category B
 - C. FDA pregnancy category C
 - D. FDA pregnancy category D
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28. Mothers maintained on methadone can breastfeed if they are not abusing substances.

- A. True
 - B. False
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29. Buprenorphine does not possess any potential for abuse.

- A. True
 - B. False
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30. Collaborative practice can be defined as the use of 10 system linkage elements by two or more systems, agencies, or providers to improve child and family outcomes.

- A. True
 - B. False
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31. All CHARM women who receive MAT must also receive substance use disorder counseling and nonpharmacological substance use disorder treatment.

- A. True
 - B. False
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32. How many days prior to delivery does CHARM recognize as the most effective time period for the involvement of child welfare systems?

- A. 10 days
 - B. 20 days
 - C. 30 days
 - D. 45 days
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