

# 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**

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**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**

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**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**

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

**A. Daily**

**B. Weekly**

**C. Every other week**

**D. Monthly**

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

**A. True**

**B. False**

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**16. Methadone is an opioid antagonist.**

**A. True**

**B. False**

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**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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