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Question: 1

A patient's pain has been well controlled with morphine sulfate, extended release, but she has developed severe side effects and is being switched to an equianalgesic drug. The dosage of the new drug should be:

- A. equianalgesic dose.
- B. 25% above equianalgesic dose.
- C. 10% below equianalgesic dose.
- D. 25% to 50% below equianalgesic dose.

Answer: D

Explanation:

When a medication has provided good pain control but significant side effects occur, the dose of the new opioid should start at 25 to 50% below the equianalgesic dose in the event that cross-tolerant symptoms occur. Rescue doses may be given with breakthrough of pain. If, on the other hand, pain control was not adequate and significant side effects occurred, then opioids should be rotated at the equianalgesic dose. In either case, the patient must be monitored carefully for adverse effects.

Question: 2

A patient with ovarian cancer is receiving a starting dose of parenteral morphine 5 mg every 4 hours around the clock to control pain but has required 5 rescue doses of supplementary opioids during the past 24 hours. The best action is to:

- A. increase baseline opioid dose.
- B. change to a different opioid.
- C. institute opioid rotation.
- D. add adjuvant medications.

Answer: A

Explanation:

If the starting dose proves ineffective and the patient requires more than 4 rescue doses in 24 hours, then the best action is to increase the baseline opioid dose. During titration, the dosage should be increased until optimal pain relief is achieved. Additionally, the rescue dosage should be increased along with the baseline dose so that they remain proportional. Generally, if one or two side effects occur, the medication is continued and side effects treated unless the side effects are severe. If more than two side effects occur, then opioid rotation may be indicated.

Question: 3

Distraction as a pain management tool is most effective for:

- A. severe, acute pain.
- B. chronic pain.
- C. short periods of acute discomfort.
- D. neuropathic pain.

Answer: C

Explanation:

Distraction is most effective for short periods of discomfort, such as those associated with medical procedures, but it is less effective for severe acute pain or chronic pain although distraction may improve mood and relieve anxiety. Children are often distracted with toys, books, or games during procedures. Patient's interests should always be considered as distracting someone with something to which the person has no interest is not effective. Distraction may be primarily passive, as in watching television, or active, as in singing along with music or clapping hands.

Question: 4

Which of the following ECG findings indicates a patient considered for methadone treatment may be at increased risk of ventricular tachycardia or cardiac arrest with the drug?

- A. Occasional PVCs.
- B. 0.5 mm ST elevation.
- C. QTc <450 ms.
- D. QTc >450 ms.

Answer: D

Explanation:

A prolonged QTc of greater than 450 ms indicates that a patient considered for methadone treatment may be at increased risk of ventricular tachycardia or cardiac arrest with the drug. Therefore, the American Pain Society recommends that any patient at risk of ventricular tachycardia (history of previous prolongation to >450 or previous VT) should have an ECG before treatment with methadone is initiated. The APS also recommends that an ECG should be considered even if no risk factors are present.

Question: 5

Patients with constant severe pain should receive pain medication:

- A. when pain breaks through.

- B. on demand.
- C. routinely around the clock.
- D. four times daily.

Answer: C

Explanation:

Patients with constant severe pain should routinely receive pain medications around the clock. The frequency of administration depends on the degree of pain and the type of medication. The point of pain management is to avoid breakthrough pain, which can be debilitating and increase anxiety. Patients who are fearful of breakthrough pain may experience more pain because of anxiety. An important part of pain management is to anticipate adverse effects, such as constipation or sedation, and provide prophylaxis.

Question: 6

A patient with an implanted pacemaker has persistent low-back pain and asks the pain management nurse about using a TENS machine that a friend loaned the patient. The pain management nurse should advise the patient:

- A. the TENS machine is safe to use with a pacemaker.
- B. the TENS machine is contraindicated with a pacemaker.
- C. the TENS machine should only be used below the waist.
- D. the TENS machine should only be used at low settings.

Answer: B

Explanation:

If a patient with an implanted pacemaker has persistent low-back pain and asks the pain management nurse about using a TENS machine that a friend loaned the patient, the pain management nurse should advise the patient that a TENS machine is contraindicated with a pacemaker because it may interfere with the pacemaker functioning. The patient should also be advised to avoid using other people's medical equipment or taking other people's medications.

Question: 7

The pain management nurse is teaching a patient to manage her pain pump for patient-controlled analgesia (PCA). Although the pain management nurse explains at least 3 times, the patient asks the same questions over and over. The pain management nurse provides a pamphlet with illustrations, but the patient barely looks at them and states she can't figure out what she needs to do. The next best approach is probably to:

- A. suggest a different method of pain control.
- B. arrange for someone else to manage the equipment.
- C. allow a rest period and then start again with instructions.
- D. allow the patient to practice with actual equipment.

Answer: D

Explanation:

The patient's inability to understand oral instructions and disinterest in illustrations suggests a so the nurse should allow the patient to handle the equipment and practice. Kinesthetic learners learn best by handling, doing, and practicing with minimal directions and hands-on experience. Other learning styles include:

Visual learners learn best by seeing and reading:

- Provide written directions, picture guides, or demonstrate procedures.
- Use charts and diagrams.
- Provide photos, videos.

Auditory learners learn best by listening and talking:

- Explain procedures while demonstrating and have learner repeat.
- Plan extra time to discuss and answer questions.
- Provide audiotapes.

Question: 8

When doing a heel prick or blood draw on a young infant, which of the following usually provides the best pain relief?

- A. Non-nutritive sucking with pacifier.
- B. Sucking with pacifier dipped in 24% sucrose.
- C. Caressing the infant.
- D. Holding the infant.

Answer: B

Explanation:

When doing a heel prick or blood draw on a young infant, the best pain relief is likely derived from having the infant suck on a pacifier dipped in 24% sucrose solution. The sucrose is believed to act in the brain in a manner similar to opioids. While non-nutritive sucking alone can provide some comfort for the infant the addition of sucrose provides better control of pain. The child should be given the pacifier 1 to 2 minutes prior to the procedure. Analgesia last 3-5 minutes.

Question: 9

To effectively use guided imagery and visualization as a relaxation technique to reduce anxiety and pain, the child should generally be:

- A. over 4 years old.
- B. over 6 years old.
- C. over 10 years old.
- D. over 12 years old.

Answer: B

Explanation:

To effectively use guided imagery and visualization as a relaxation technique to reduce anxiety and pain, the child should generally be over 6 years old. Younger children usually have difficulty focusing the attention for a prolonged period. To teach the child, the nurse management nurse should ask the child to imagine a favorite place, such as a park or Disneyland, and try to image the sights, sounds, smells, touches, and feelings and to think about what it's like to be there.

Question: 10

According to the CHEOPS pain scale, which of the following combinations of symptoms may indicate that a 1-year old infant is in pain after surgery?

- A. Neutral facial expression, random movements of lower extremities.
- B. Whimpering, restless movement of legs.
- C. Inactive, not touching or reaching toward incision.
- D. Not crying, inactive, random movements of lower extremities.

Answer: B

Explanation:

Whimpering and restless movement of legs indicate pain. Pain 24.

Children's Hospital Eastern Ontario Pain Scale (CHEOPS) (Ages 1-7)

Characteristic	0	1	2
Crying		Not crying	Silent crying, moaning, or whimpering
Facial expression	Smiling, positive	Neutral	Grimacing, negative
Verbalization	Positive, no complaints	Not talking or complaining about other things (not pain).	Complaining about pain or pain and other things.
Torso		Inactive, at rest, relaxed	Tense, moving, shuddering, shivering, and/or sitting upright or restrained.
Upper extremities		Not touching or reaching for wound or injury.	Reaching for, touching gently, or grabbing wound or injury or arms restrained.
Lower extremities		Relaxed, random movement.	Restless or tense moving or legs flexed, kicking crouching, kneeling, or legs restrained.



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