Nursing

HPCC-CHPN
Certified Hospice and Palliative Nurse (CHPN)

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Question: 1

The malignancy most commonly associated with upper extremity lymphedema is

A. prostate cancer.
B. melanoma.
C. breast cancer.
D. brain cancer.

Answer: C

Explanation:
Lymphedema is a distressing and difficult-to-treat edema secondary to impaired drainage of lymphatic fluid. Lymphedema typically occurs in an extremity and is characterized by swelling, skin tightness, variable discomfort, decreased range of motion, and skin changes, such as weeping or thickening. Breast cancer patients who have undergone surgery with dissection of the axillary lymph nodes or radiation therapy account for the most common source of upper extremity lymphedema, although lymphedema may also be associated with other cancers, infection, trauma, or thrombosis. Treatment is long term and may include manual lymphatic drainage, compression devices, skin care, and treatment of underlying conditions, when possible.

Question: 2

Fentanyl is administered transdermally (i.e„ fentanyl patch) to a home hospice patient for treatment of cancer-related pain. VVhich of the following statements most accurately describes the use of transdermal fentanyl in the palliative care setting?

A. transdermal fentanyl administration is helpful for treating pain in the palliative care patient who develops dysphagia
B. heat applied directly over the patch will slow the rate of fentanyl absorption
C. steady-state levels of serum fentanyl are reached within 6 hours of patch application
D. transdermal fentanyl administration is helpful for treating breakthrough pain in the palliative care patient

Answer: A

Explanation:
Fentanyl is a highly potent opioid medication, which can be administered in multiple forms, including intravenously, subcutaneously, and transdermally. Transdermal fentanyl is beneficial in palliative care patients who can no longer take oral medications safely or are experiencing intractable vomiting. The analgesic effects of transdermal fentanyl last about 72 hours, but analgesic effect and steady-state serum levels are delayed until at least 12 hours after the patch is

applied. Absorption may be altered by patient factors, such as body habitus or fever. External heat applied over a fentanyl patch may increase the rate of medication absorption. Given the slow onset and offset oftransdermally absorbed fentanyl, this route is not appropriate or effective for the treatment of breakthrough pain.

Question: 3

If a terminally ill 41-year-old patient is concerned that designating a health care power of attorney (i.e., proxy) in an advance directive will result in loss of control over end-of-life decisions, the hospice nurse should explain that the

A. designated proxy will only dictate end-of-life decision making if the patient is unable to express his or her wishes.
B. patient should only complete an advance directive once he or she is willing to relinquish control of decision making to the designated proxy.
C. advance directive is more important with an elderly palliative care patient.
D. patient should designate his or her primary physician as the health care power of attorney.

Answer: A

Explanation:
One ofthe essential tenets of palliative care is respect for the patient's right to make independent, well-informed choices about his or her life and death. However, one of the most effective tools that a patient has for ensuring that his or her wishes are respected as death approaches, the health care power of attorney or medical advance directive, is underused. There are misconceptions both among health care providers and patients and families that impede the use ofthese legal avenues for maintaining control over medical decision making. Ideally, discussions with patients about advance directives should occur either before serious illness develops or before the terminal phase of an existing illness. Some providers mistakenly believe that bringing up this topic with patients will scare them, but research demonstrates that most patients prefer to be asked about these issues early on. Some patients mistakenly believe that an advance directive makes it less likely that they will receive advanced medical treatment. Patients need to be assured that they will retain full medical decision-making power unless and until they are no longer able to do so.

Question: 4

A 44-year-old hospice patient has a malodorous malignant wound, which is debrided and cleaned regularly. The hospice nurse can recommend which of the following additional therapies to decrease wound odor?

A. topical steroid application
B. topical metronidazole application
C. systemic metronidazole administration
D. calcium alginate dressings

Answer: B

Explanation:
Malodorous malignant wounds create a great deal of distress for patients and families and may result in a patient feeling isolated or ashamed. Suggesting and providing therapeutic options for minimizing wound odor is an important service that the palliative care nurse can provide to assist the patient in maintaining his or her dignity as death approaches. The most common cause of wound odor is colonization with anaerobic bacteria. Treatment and prevention strategies include regular wound cleaning, debridement of necrotic tissue, topical metronidazole application, and charcoal dressings or odor-absorbing charcoal in the patient's room. Topical steroids are not indicated for treatment of wound odor. Calcium alginate dressings are used to control bleeding in wounds. Systemic metronidazole use is not indicated for treatment of local wound colonization.

Question: 5

Impaired coping by the caregivers of a palliative care patient is most likely expressed as

A. uncertainty and fear.
B. hope for the future.
C. resentment about the large amount of attention being paid to the patient
D. seeking support resources beyond the palliative care plan.

Answer: C

Explanation:
Patients and family members can have a wide range of adaptive and healthy coping styles, depending on their personality, past experience, and cultural factors. Caregivers of a terminally ill patient experience a great deal of stress and fatigue as they deal with the physical challenges of a progressively sicker loved one and the emotional strain of the impending death of a family member. It is important for the palliative care nurse to assess and assist the patient's caregivers in the often-monumental tasks that accompany caring for a dying loved one. Signs that may indicate unhealthy or impaired coping of a patient's caregivers include expressing almost exclusively "negative" feelings (e.g„ anger), withholding information from other family members, refusing to accept assistance, focusing exclusively on their own needs, or refusing to acknowledge or accommodate differences in opinion among caregivers. The palliative care nurse who has taken the time to become familiar with the strengths and weaknesses of the patient's loved ones can often recognize impaired coping and intervene early with appropriate support and resources.

Question: 6

Which of the following would most likely lead to inadequate treatment of pain in the palliative care patient?

A. mutual trust between provider and patient
B. frequent multidimensional pain assessments
C. patient concern for developing an addiction to pain medication

D. availability of a variety of pain assessment tools

Answer: C

Explanation:
Pain is a common symptom in terminally ill patients, and many misconceptions and barriers exist that interfere with both adequate assessment and treatment of a patient's pain. Inadequate or overly narrow pain assessment tools, provider prejudices, mistrust between patient and provider, concerns about addiction to pain medication, and cultural variations in communicating pain are just some of the common barriers to adequate pain treatment. Patients may underreport pain for a variety of reasons, such as attempting to avoid side effects of pain medication, concern about hastening death, or family expectations about stoicism in the face of pain. It is important for providers to review the difference between psychological dependence and physical dependence on pain medications if a patient or family member voices concern about drug addiction in the context of analgesic therapy.

Question: 7

According to the American Nurses Association's position statement, a patient's request to not receive artificial hydration or nutrition in association with end-of-life care may

A. be inconsistent with the primary ethical and professional expectations of a palliative care nurse.
B. be decided on an individual case basis and may be consistent with appropriate end-of-life
C. be considered a form of active euthanasia.
D. cause discomfort for the terminally ill patient.

Answer: B

Explanation:
It is important for the palliative care nurse to be familiar with organizational positions and guidelines surrounding common end-of-life issues. The American Nurses Association (ANA) position on artificial hydration and nutrition in the terminally ill patient states that decisions to forgo artificial hydration or nutrition in association with end-of-life care should be made by the patient and the health care team. Artificial (nonoral) hydration is considered a medical intervention in the United States, and its use can, therefore, be refused if the patient or care team feels its burdens outvteigh the benefits. Dehydration is not typically associated with pain or discomfort in the dying patient. The position of the ANA on active euthanasia and assisted suicide states that it is in conflict with the ethical and professional traditions and goals of a nurse to participate in either active euthanasia or assisted suicide. This may evolve as states pass legislation that allows terminally ill patients to pursue medications administered with the express purpose of hastening death.

Question: 8

The most effective support system for assisting the hospice nurse in coping with the emotional strain of caring for dying patients and their families is

A. a combination of professional and personal support strategies.
B. a change to a different nursing specialty if the nurse is having difficulty coping.
C. a leave of absence to pursue individual stress management treatment.
D. urging the hospice nurse to deal with his or her grief reactions outside ofwork.

Answer: A

Explanation:
Caring for patients with terminal illness and their families through the dying process inevitably elicits strong emotional responses in the palliative care nurse. Palliative care nurses become intimately involved with patients and their families and deal with the loss of patient after patient as his or her professional experience grows. Just as patients and families experience nonlinear progression through the grieving and adaptation process, so do palliative care nurses. One model of hospice nurse adjustment (formulated by Bernice Harper) describes five progressive stages: intellectualization, emotional survival, depression, emotional arrival, and deep compassion. Hospice nurses must have both institutional and individual support systems and strategies in place to engage effectively in self-care and to provide the best care for their patients.

Question: 9

Contributors to constipation in the palliative care patient include all of the following EXCEPT

A. Clostridium difficile infection.
B. decreased fluid intake.
C. opioid medications.
D. hypercalcemia.

Answer: A

Explanation:
Constipation is an unpleasant and common symptom in the palliative care patient, and the etiology' is often multifactorial. It is important for the palliative care nurse to anticipate and regularly screen for constipation in the terminally ill patient. Constipation can cause abdominal or rectal pain, leakage of liquid stool, urinary retention, and agitation. Common contributing factors to constipation in the hospice patient include medications (especially opiates), reduced mobility, reduced fluid intake, mechanical obstruction because of tumor or spinal cord compression, and metabolic derangements (e.g., hypercalcemia or hypokalemia). Clostridium difficile infection typically causes diarrhea rather than constipation.

Question: 10

Tricyclic antidepressants are most likely to be effective in treating which of the following types of pain?

A. ischemic pain
B. cancer-related bone pain
C. visceral pain
D. neuropathic pain

Answer: D

Explanation:
Neuropathic pain is not particularly well understood and is difficult to treat. Neuropathic pain does not respond to nonsteroidal anti-inflammatory drugs or opiate medications as reliably as other types of pain. The drug treatment of choice for neuropathic pain is antidepressant medication, generally tricyclics (e.g., amitriptyline) or selective serotonin reuptake inhibitors (e.g„ paroxetine). Onset of analgesic effects with tricyclic antidepressants is generally within 3-4 days of beginning the medication, as opposed to the several weeks it typically takes for depressive symptom relief. Adverse effects frequently occur with use of tricyclic antidepressants. Tricyclic antidepressants are not indicated or effective for non-neuropathic pain (aside from so-called "psychic pain") in the palliative care patient.

Question: 11

Extensive patient and caregiver participation in interdisciplinary team discussions is important so that the

A. patient and caregivers can be informed of the plan of care as formulated by the medical providers.
B. cost of hospice care is reimbursed by the patient's insurance provider.
C. plan of care can be crafted to meet the specific needs and goals of the individual patient and family.
D. patient and caregivers come to terms with a terminal prognosis.

Answer: C

Explanation:
Interdisciplinary palliative care teams ensure that providers from multiple specialties (e.g., physician, social worker, nurse, chaplain) can collaborate with the patient and family to craft a care plan that meets the needs and goals of the patient. Care is directed primarily by the patient. Ideally, the team provides information and elicits patient values, preferences, and goals as they pertain to end-of-life care. Once this is completed, specific challenges can be identified and possible solutions planned. Interventions are then provided for the patient and family in accordance with the formulated plan. Reassessments and changes in the care plan are made as illness progresses or preferences or goals change.

Question: 12

Malignant bowel obstruction would most likely develop in a patient with which of the following cancers?

A. lung.
B. breast.
C. leukemia.
D. ovarian.

Answer: D

Explanation:
Bowel obstruction in the hospice patient is most commonly seen in the patient with ovarian or bowel cancer due to primary tumor or peritoneal metastasis. Bowel obstruction typically presents with abdominal pain and vomiting. Treatment may consist primarily of palliative symptom management with antiemetics and pain medications. Antisecretory medications or promotility agents may be helpful for symptom management in some patients. If the patient wishes to pursue more aggressive treatment, it may be appropriate to provide intravenous hydration, nasogastric tube placement gastrostomy placement, or surgical intervention.

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