

Nursing

HPCC-CHPLN

Certified Hospice and Palliative Licensed Nurse

Questions And Answers PDF Format:

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Question: 1

Which dietary intervention can be utilized to help resolve diarrhea or bowel incontinence?

- A. Adding hot prune juice to the diet
- B. Adding bananas, rice, and applesauce to the diet
- C. Increased fiber intake
- D. Reduced fluid intake

Answer: B

Explanation:

Bananas, rice, and applesauce can be used to help the form up into a more normal consistency. Fiber intake may need to be reduced and fluids increased to prevent dehydration. Fluids should be lukewarm, room temperature, or cool. Extremes in temperature can over-stimulate the bowel. Avoid spicy, greasy, fried goods, caffeine, and large amounts of dairy products as well. Other causes, such as dietary and medication intolerances, should also be assessed.

Question: 2

In the following scenarios, which represents the most probable reason to consider surgery for bowel obstruction?

- A. A first episode of bowel obstruction in a 68-year-old man with congestive heart failure
- B. A 70-year-old woman with metastatic ovarian cancer who has had three previous intestinal blockages
- C. A 92-year-old man with cirrhosis, severe malnutrition, and ascites
- D. A 58-year-old with Crohn disease

Answer: A

Explanation:

Surgery for bowel obstruction is generally only considered in the patient who is experiencing their first blockage at a single, isolated sight that is unrelated to their overall medical diagnosis. Other considerations include the patient's prognosis and overall health, such as nutritional status, that can increase the chances of a positive outcome. Ovarian malignancies are very common, but generally not candidates for surgical intervention. Blockage marks the cause of death in 25-40% of this population. Crohn patients undergo surgery to remove diseased portions of their intestines, not to remove blockages.

Question: 3

Which of the following medications can be used to treat chronic hiccoughs when other interventions have been ineffective?

- A. Tacrine
- B. Baclofen
- C. Fluconazole
- D. Acyclovir

Answer: B

Explanation:

Simethicone (Mylicon, Gas-X) 15-30ml and metoclopramide (Reglan) 10-20mg can be used to reduce gastric distention. Other options might include nebulized lidocaine to numb excitable nerves; baclofen and midazolam as muscle relaxants; and gabapentin, carbamazepine, and valproic acid as anticonvulsive agents. Calcium channel blockers and chlorpromazine may also be considered. Medications such as these are employed only after nonpharmacological interventions such as uvula stimulation, respiration exercises and gastric suctioning or lavage have proved ineffective.

Question: 4

Which of the following is a common nonpharmacological intervention for nausea and vomiting?

- A. Encouraging fluid consumption with meals
- B. Providing aromatic, warm, and appealing dishes
- C. Consuming smaller, more frequent meals
- D. Acupuncture

Answer: C

Explanation:

Preventative measure can be taken to help avoid nausea and vomiting episodes. Provide fresh air but limit sights, sounds, and noxious smells that may precipitate the individual's nausea and vomiting. Food should be bland and served at room temperature or cold. Avoid consuming sweet, salty, fatty, and spicy foods. The patient can also wear loose-fitting clothes during meal times. Fluid consumption with meals should be restricted to just the amount needed to ease the passage of food. Instruct the patient to reduce the quantity of food consumed at one time by eating smaller, more frequent meals and lying down for up to hours after eating. Application of a cool, damp cloth to the forehead, neck, and wrists may also help. If vomiting does occur, provide oral care for relief of unpleasant sensory side effects and general oral health. Other conjunctive therapies might include self-hypnosis, relaxation, biofeedback imagery, distraction, desensitization, acupressure, and music therapy.

Question: 5

Which of the following would be an appropriate intervention for a patient experiencing bladder spasms?

- A. Reassess the need for a Foley catheter.
- B. Irrigate the bladder with ringer's lactate.
- C. Change the catheter to a larger size.
- D. Medicate with fluconazole.

Answer: A

Explanation:

Foley catheters are a frequent cause of bladder spasms. Interventions that may help with this type of spasm would be to remove the catheter, deflate the balloon slightly, or change the catheter to a smaller lumen size. Other treatments might include the use of antibiotics and irrigation with normal saline or increasing the patient's fluid intake. Fecal impactions and poor toileting techniques, such as not being offered toileting every 4 hours or tension related to pain or embarrassment at the more public nature of their bathroom habits may also play a role. Antispasmodic medications and pain relievers may also be provided.

Question: 6

In which of the following scenarios is the use of an incontinence brief most appropriate?

- A. The patient's family complains that it is too hard to get him up and into the bathroom every few hours.
- B. An agitated 84-year-old man with dementia keeps pulling on his indwelling catheter.
- C. A 75-year-old woman has a history of a single incontinence issue in the last week.
- D. A patient with a consistent history of incontinence is being transported in a private vehicle.

Answer: D

Explanation:

Incontinence briefs may be needed for the patient who is consistently incontinent and be transported or undergoing some procedures that would not allow for the use of other interventions. However, they should be used with caution and diligence as they can lead to an increased susceptibility to bed sores and other complications. Protocol may require the brief to be checked/and or changed every two hours to help minimize risk. Other, safer options include offering frequently toileting opportunities with assistive devices as needed, catheters (external is preferred), and moisture-absorbing pads placed underneath patient that allow for better air circulation.

Question: 7

Which of the following patients is the most likely candidate for physical therapy?

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- A. Terminal lung cancer patient
 - B. Left-sided stroke victim
 - C. All of the above
 - D. None of the above

Answer: C

Explanation:

More than half of all hospice and palliative care patients can benefit from physical therapy. It is a means of helping the patient find ways to maintain movement and independence in their care as well as improve their mood and decrease the pain associated with illness. Therapy also helps delay fatigue, weakness, and muscle atrophy. If the family caregivers are actively involved in the physical therapy both the patient and caregiver will learn ways to work together to conserve energy and make necessary activities of daily living more efficient and safe. The patient is able to maintain their dignity even when faced with death for as long as possible.

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