



# Pop Quiz: All About Pain

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1. Sensory nerve root fibers are ablated in which of the following surgical interventions for pain management?
  - a. Peripheral neurectomy
  - b. Dorsal rhizotomy
  - c. Anterolateral cordotomy
  - d. Sympathectomy
2. Mrs. Brown has advanced colorectal cancer and has been receiving 1,000 mg of IV morphine per day with fair control. She rates her pain as a 4 on a 0–10 scale. Sedation is a major side effect, and she frequently falls asleep during conversations. She has been admitted to the hospital for a trial of an intrathecal analgesic in anticipation of placement of an implantable intrathecal pump. What is the approximate equianalgesic dose to begin the intrathecal trial?
  - a. 100 mg/day
  - b. 10 mg/day
  - c. 1 mg/day
  - d. 0.1 mg/day
3. Mr. Roper is admitted to the oncology unit after gradually becoming unresponsive at home. His wife said that he had been taking controlled-release morphine every eight hours for the past six months, and he has not had a dose in about 24 hours. Which of the following is the best intervention?
  - a. Hold the controlled-release morphine because the patient does not appear to be in pain.
  - b. Give the oral morphine as a sublingual solution under the patient's tongue.
  - c. Crush the controlled-release morphine, and administer it via a feeding tube.
  - d. Consult with the physician or advanced practice nurse to discuss an alternative route of administration.
4. How long should a nurse wait to reassess the effectiveness of an immediate-release oral opioid?
  - a. 15 minutes
  - b. 30 minutes
  - c. 60 minutes
  - d. Wait until the next scheduled assessment of vital signs.
5. What part of the pain pathway inhibits nociceptive impulses by releasing serotonin, norepinephrine, and endogenous opioids in the dorsal horn of the spinal cord?
  - a. Transduction
  - b. Transmission
  - c. Modulation
  - d. Perception
6. Antidepressants often are used as an adjuvant treatment for neuropathic cancer pain. All of the following antidepressants are recommended except
  - a. Amitriptyline.
  - b. Nortriptyline.
  - c. Trazodone.
  - d. Fluoxetine.
7. Ms. Spears is a 50-year-old woman with melanoma and spinal metastases. Pain has been a major problem throughout her illness. The spinal invasion of the disease has precluded her from receiving intraspinal opioids. She recently was hospitalized for an exacerbation of the pain that currently is controlled with hydromorphone continuous infusion at 300 mg/hour with an optional bolus dose of 150 mg every 15 minutes as needed. Making rounds in the morning, the nurse notices that Ms. Spears is exhibiting jerking and twitching behaviors. The most likely cause of the behavior is
  - a. Myoclonus.
  - b. Hypercalcemia.
  - c. Brain metastases.
  - d. Renal failure.
8. The nurse places a call to Ms. Spear's medical oncologist to discuss the plan of care. They collaborate about her clinical status and pain management needs and decide that the most appropriate initial intervention is to
  - a. Administer 1 mg naloxone to reverse the opioid.
  - b. Continue to assess Ms. Spears because the symptoms are part of the dying process.
  - c. Administer a benzodiazepine, such as lorazepam 1–2 mg sublingually or via IV, every 8 hours as needed.
  - d. Administer an anticonvulsant, such as phenytoin.
9. Which opioid has an active metabolite more potent than the active drug that can accumulate with chronic dosing and renal failure and contribute to sedation and overall side effects?
  - a. Meperidine
  - b. Morphine
  - c. Methadone
  - d. Hydromorphone
10. Mr. George is a 72-year-old man with metastatic prostate cancer receiving hospice care in his home. During a morning visit by the hospice nurse, his wife reports that he has not been responsive since the previous evening. Previously, Mr. George was taking oral controlled-release morphine 100 mg every eight hours. Mr. George's death is imminent, and the oncologist gives the order to administer the controlled-release morphine rectally. When administering the morphine rectally, the nurse should keep in mind that the rectal route
  - a. Results in a slower onset of action.
  - b. Results in poorer absorption than the oral route; therefore, the dose will have to be increased.
  - c. Depends on first pass metabolism and is identical to the oral route.

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