

Nursing

*ANCC-PMGT-BC
Pain Management Nursing Certification*



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Question: 1

Which of the following drugs is generally most effective for treatment of trigeminal neuralgia?

- A. Baclofen.
- B. Phenytoin.
- C. Gabapentin.
- D. Carbamazepine.

Answer: D

Explanation:

The most effective treatment of trigeminal neuralgia is generally carbamazepine or oxcarbazepine (although the latter drug is not FDA-approved for this condition). If carbamazepine is not tolerated, then phenytoin, baclofen, lamotrigine, or gabapentin may be tried. Trigeminal neuralgia is characterized by severe stabbing facial pains, aggravated by touch, movement, air movement, and eating. Patients may benefit from Gamma radiosurgery to the trigeminal root or surgical decompression with separation of an anomalous vein from the nerve.

Question: 2

If a patient who is addicted to narcotic drugs undergoes a surgical procedure and complains of postoperative pain, the patient should receive:

- A. non-narcotic analgesia only.
- B. analgesia appropriate to the type and degree Of pain.
- C. minimal doses Of opioid analgesia
- D. maximum doses Of opioid analgesia.

Answer: B

Explanation:

If a patient who is addicted to narcotic drugs undergoes a surgical procedure and complains of postoperative pain, the patient should receive analgesia appropriate to the type and degree of pain. Even patients who are addicted to narcotics have the right to pain control although they may require larger doses than normal because of tolerance. However, some patients who were formerly addicted may refuse narcotics because of the fear that they will resume drug use.

Question: 3

If a Hispanic patient shows nonverbal indications Of pain (tense, withdrawn, frowning, holding her chest) as well as increased respiratory and heart rate but describes pain on a 1-to-10 scale as "two," the pain management nurse should:

- A. assume the patient is not in acute pain.
- B. ask the patient about pain in another way.
- C. assume the patient is stoic and simply denying pain.
- D. explain the 1 to 10 scale again.

Answer: B

Explanation:

If a patient shows nonverbal indications of pain (tense, withdrawn, frowning, holding her chest) as well as increased respiratory and heart rate but describes pain on a 1-to-10 scale as "two," the pain management nurse should ask the patient about pain in another way, such as "mild, moderate, or severe." Although the use of the 1-to-10 scale is ubiquitous in healthcare, it is not commonly used or understood in some cultures, and many people are unsure how to rate pain.

Question: 4

A Christian Scientist patient with advanced cancer steadfastly refuses pain medications because of religious beliefs. The best approach for the pain medication nurse is to:

- A. try to reason with the patient about pain medications.
- B. stop working with the patient.
- C. explore alternative/complementary therapies with the patient.
- D. try to convince the patient's family to intervene.

Answer: C

Explanation:

If a Christian Scientist patient with advanced cancer steadfastly refuses pain medication because of religious beliefs, the best approach for the pain medication nurse is to explore alternative/complementary therapy with the patient. Patients have the right to refuse all medical treatments, including pain medication, and they should not be coerced although the pain medication nurse should explain what options are available to the patient. The patient may, for example, benefit from relaxation exercises and imagery.

Question: 5

Which of the following statements by a patient indicates the need for education?

- A. "pain is just a natural part of aging."
- B. "pain should be controlled so that is bearable."
- C. "Healthcare providers should take my pain seriously."
- D. "I have the right to make decisions about treatment for pain."

Answer: A

Explanation:

The statement by a patient that indicates the need for education is: "Pain is just a natural part of aging." While it is true that older adults often have pain, that pain always indicates a problem that should be assessed and treated. Aging itself does not cause pain but the chronic diseases, such as osteoarthritis and diabetes mellitus, which are often associated with pain, are more common in the older population, so undergoing routine screenings can help to identify health conditions before they worsen, resulting in pain.

Question: 6

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. Irritability, restless movement of legs.
- C. Inactive, not touching or reaching toward incision.
- D. Not crying, inactive, random movements of lower extremities.

Answer:

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.

Question: 7

A patient had surgical repair of a knee but over time instead of the pain in the surgical

site lessening, it worsened. This type of pain is referred to as:

- A. allodynia.
- B. hypoalgesia.
- C. secondary hyperalgesia.
- D. primary hyperalgesia.

Answer:D

Explanation:

If a patient had surgical repair of a knee but over time instead of the pain in the surgical site lessening, it worsened, this type of pain is referred to as primary hyperalgesia. If the pain involved the surrounding tissues, it would be classified as secondary hyperalgesia. Both types of hyperalgesia may occur after tissue injury and inflammation with increased pain sensitivity. The cause of hyperalgesia is unclear, but it is a type of neuropathic pain.

Question: 8

Which of the following is an example of therapeutic communication?

- A. "Don't worry. Everything will be fine."
- B. "You should listen to your doctor."
- C. "Is there anything you'd like to talk about?"
- D. "Why are you so upset?"

Answer: C

Explanation:

"Is there anything you'd like to talk about?" is an open-ended question that encourages the patient to share. Other examples of therapeutic communications are statements that show empathy and observations, such as "You are shaking" or "You seem worried," and indicate reality, "That sound is an ambulance siren, not screaming." Pain management nurses should avoid providing advice ("should" or "must") and avoid meaningless clichés, such as "Don't worry. Everything will be fine." Asking for explanations of behavior not directly related to patient care, such as "Why are you so upset?" should also be avoided.

Question: 9

When using music therapy to help a patient relax, the most important criterion is:

- A. genre of music.
- B. patient preference.
- C. delivery system.
- D. rhythm and beat.

Answer: B

Explanation:

Music therapy should be tailored to the patient's preference, and this may vary from time to time. For example, a patient may prefer upbeat music during the daytime and quieter music in the evening. While soft classical music is a good general choice, some patients may prefer other genres. Some patients may favor music related to their cultures. The delivery system may vary. In a single room, a radio or music player may be placed by the bed, but in a shared room, the volume should be turned down or the patient fitted with small earphones.

Question: 10

After a patient receives morphine for pain, which of the following symptoms is most cause for concern?

- A. Patient develops moderate myoclonus (twitching).
- B. Patient's respirations slow from 20 to 16 per minute.
- C. Patient falls into a deep sleep.
- D. Patient appears lethargic.

Answer: A

Explanation:

Myoclonus (twitching) is common after opioid administration and mild twitching is usually not of major concern, but moderate or more pronounced myoclonus may result in seizures. The medication dosage may need to be decreased to control the myoclonus or two or three different medications given in rotation. Respirations of 16 to 20 are both in the range of normal. Lethargy and sleeping often occur with opioids because of their sedative effects and are not cause for concern if patient is otherwise stable.

Question: 11

A patient taking high doses of opioids has had persistent constipation but complains of a sudden episode of diarrhea and increasing urinary incontinence. The most likely cause is:

- A. enteritis.
- B. fecal impaction.
- C. allergic response to medication.
- D. malabsorption syndrome.

Answer: B

Explanation:

Fecal impaction occurs when the hard stool moves into the rectum and becomes a large, dense, immovable mass that cannot be evacuated even with straining, usually as a result of chronic constipation. In addition to abdominal cramps and distention, the person may feel intense rectal pressure and pain accompanied by a sense of urgency to defecate. Nausea and vomiting may also occur. Hemorrhoids will often become engorged. Fecal incontinence, with liquid stool leaking

about the impaction, is common. An impaction may cause pressure on the bladder neck, obstructing urinary flow, resulting in overflow incontinence.

Question: 12

Which type of neuropathic pain occurs with herpes zoster?

- A. Polyneuropathy.
- B. Deafferentation.
- C. Mononeuropathy.
- D. Sympathetically-mediated.

Answer: C

Explanation:

There are four classifications of neuropathic pain:

- Mononeuropathy: Involves only one nerve, such as with trigeminal neuralgia and herpes zoster.
- Polyneuropathy: Involves multiple nerves, such as with AIDS-associated, diabetic, and alcoholic neuropathy.
- Deafferentation: Input into the CNS is impaired, such as with post-herpetic syndrome and phantom pain associated with amputations.
- Sympathetically-mediated: Involves damage to the sympathetic nervous system, such as with complex regional pain syndrome.

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