

Hospice and Palliative Care M4 Test

- 1) Which of the following is the strongest dose of opiate?
 - a. Morphine 2mg IV
 - b. Dilaudid 2 mg IV
 - c. Dilaudid 4 mg po dilaudid
 - d. Oxycodone 15mg po

- 2) All of the following opioid-related side effects will resolve in 3-4 days except:
 - a. Pruritis
 - b. Nausea
 - c. Constipation
 - d. Somnolence

- 3) What is the half-life of methadone?
 - a. 1 hour
 - b. 4 hours
 - c. 12 hrs
 - d. 4-150 hrs

- 4) You are consulted to see a cancer pt for pain. The patient is currently taking Oxycontin 40mg q12h with oxycodone 5/APAP 325 mg q6h prn (Percocet) and is able to take po well. What change would you make to his breakthrough dose of pain medication?
 - a. Change Percocet to q4h prn
 - b. Change Percocet to Oxycodone 10mg q4h prn
 - c. Change Percocet to hydrocodone 5mg/APAP 500mg po q4h prn
 - d. Add morphine to 2mg IV q4h prn (on top of the Percocet)
 - e. Change to ibuprofen – he must be drug-seeking

- 5) Which of the following is **not** a requirement for enrollment in hospice based on the Medicare Hospice Benefit?
 - a. DNR code status
 - b. Life expectancy of \leq 6 months
 - c. Certification of the patient's prognosis by at least 2 physicians

- 6) Which of the following is an indication for admission to an inpatient hospice facility as a general inpatient based on the Medicare Hospice Benefit
 - a. Life expectancy $<$ 2 weeks
 - b. Patient in home hospice with symptoms that cannot be controlled at home
 - c. Patient whose family can no longer care for him at home

7) How is hospice reimbursed by Medicare?

- a. By length of stay
- b. By diagnosis
- c. By setting of care (example - home vs. inpatient) at a per-diem rate
- d. By complexity of care provided

8) Which of the following services is NOT provided by hospice

- a. Chaplain services
- b. Volunteer services
- c. Social work services
- d. All of the above services are provided by hospice

9. A 56-year-old woman with advanced metastatic non-small-cell lung cancer is no longer a candidate for chemotherapy. Her symptoms are well palliated. Although she states that she is not hungry or thirsty, her husband and grown children are very distressed by her lack of nutritional intake and weight loss. She coordinates a family meeting with you to address these concerns, especially now that her husband and children are asking her (and you) about a feeding tube. Which of the following is the **most important** consideration when addressing the option of a feeding tube or parenteral feeding?

- a. Artificial nutrition should be given to this patient to treat cancer anorexia-cachexia syndrome because of legal concerns.
- b. Artificial nutrition has been shown to prolong life only in a few specific cancer-related conditions.
- c. A patient's cultural or religious beliefs should not influence the clinical decision to pursue artificial nutrition.
- d. Artificial nutrition has been shown to reverse anorexia-cachexia syndrome in patients with advanced cancer.
- e. The World Health Organization's (WHO) definition of palliative care specifically excludes artificial nutrition and hydration.

10. A 75-year-old female is seen for the first time in a palliative care clinic. Her oncologist referred her for palliative care. She has colon cancer with metastases to her lung and bone and has progressed through two different chemotherapeutic trials. Her symptoms include fatigue, pain (controlled by opioids), and dyspnea. She spends roughly 60% of her time in bed and needs help with all activities of daily living (ADLs) except for eating and toileting. Her physical examination is remarkable only for wasting and hepatomegaly. Which of the following has clearly been shown to be associated with a poorer prognosis for survival?

- a. Age
- b. Gender
- c. Metastases to lung
- d. Colon cancer

e. Performance status

11. Current studies reveal the mean survival of persons with Alzheimer's dementia after diagnosis is:

- a. 1-3 years
- B. 4-7 years
- C. 7-10 years
- D. More than 10 years

12. An 85-year-old man with metastatic prostate cancer and advanced Parkinson's disease is receiving home hospice care. Although his motor symptoms have remained relatively well controlled with carbidopa/levodopa, he has recently developed worsened auditory hallucinations and paranoia. His family has noted that he has had more urinary tract infections (UTIs) recently and that his general physical condition has declined. They report that his psychotic symptoms are prevalent and bothersome during and immediately after a UTI. During the examination, you find him to be paranoid and fearful about who you are and why you are touching him. He has a low-grade fever but no other symptoms of infection. What is the most appropriate first step in treating this patient's psychosis?

- A. Start ciprofloxacin.
- B. Decrease the dosage of carbidopa/levodopa.
- C. Start donepezil.
- D. Start haloperidol.

13. An 86-year-old woman with advanced dementia who is a resident of a nursing home has lost 10 lbs over the past three weeks. During feedings, she tries to refuse her food and sometimes chokes. The patient's daughter is concerned that her mother is at risk of dying from starvation and asks the nursing home physician about placement of a feeding tube. The outcomes of tube feeding in patients with advanced dementia include which of the following?

- a. Improved healing of decubitus ulcers
- b. Increased use of restraints
- c. Increased life expectancy
- d. Reduced risk of pneumonia

14. All of the following statements about the Medicare Hospice Benefit are true except which one?

- a. The benefit pays a per-diem rate that covers all medicines, biologicals, durable medical equipment, and medical supplies needed to palliate symptoms related to the terminal illness.
- b. The benefit includes coverage for services from home-health aides and homemakers
- c. The benefit covers the costs of a patient's room and board in a nursing home.

d. The benefit covers respite stays for patients to relieve family distress.

15. Patients treated with opioids should receive routine prophylaxis for which side effect?

- a. Constipation
- b. Sedation
- c. Urinary retention
- d. Myoclonus

16. When adjusting for incomplete cross tolerance of opioids for a comfortable patient, decrease by

- a. 75%
- b. 25-30%
- c. 50%
- d. 10-15%

17. You admit a patient to your service who is on 15mg po morphine IR q4h prn. She is NPO for surgery and you wish to change her oral morphine to an equivalent dose of IV morphine. Which of the following is the correct answer?

- a. 2mg IV morphine q4h prn
- b. 5 mg IV morphine q4h prn
- c. 15mg IV morphine q4h prn
- d. 45 mg IV morphine q4h prn

18. You are consulted on a 71-year-old woman with end-stage chronic obstructive pulmonary disease for management of dyspnea and end-of-life care. The patient has severe respiratory distress and tachypnea, and it is difficult for her to speak without worsening distress. She wishes for the dyspnea to be controlled, and her pulmonologist told her she will need sedation to be comfortable. At the bedside, she states that she wants her suffering to end but does not want to choose anything that will shorten her life. She says she is fearful that asking for sedation will shorten her life and she will be judged in the afterlife.

Which of the following should you do now?

- (A) Administer low-dose therapy for her dyspnea that will not cause any side effects or sedation and explain to the patient that you cannot administer more, as it will hasten her death
- (B) Discuss with the patient that effective management of dyspnea may cause sedation but that the use of sedative medications does not hasten death
- (C) Inform the patient's family that her symptoms require aggressive therapy and that the best course is to begin palliative sedation to relieve her physical symptoms
- (D) Meet with the patient and her pastor to discuss her religious convictions

19. A 60-year-old man with metastatic pancreatic cancer who has progressed through multiple regimens of chemotherapy is admitted with a small bowel obstruction. CT scan shows carcinomatosis, and, based on this scan, the surgeons believe he is inoperable and that hospice is the best plan. The surgery team has told the patient that surgery is not an option, but they feel uncomfortable telling him that there is no further curative therapy and that it is time to consider hospice. You are consulted to have this conversation. You call the patient's oncologist but find that he is out of the country for the month. The covering oncologist reviews the notes and scans and agrees with hospice. In your meeting with the patient and his wife, you start by introducing yourself as one of the palliative care physicians and state that his surgeons asked you to come see him to help with his pain and to help figure out where to go from here. After discussing his pain, you find out that he is quite comfortable at the moment and that he really wants to talk about next steps. He wants to know everything and wants his wife present, but no one else.

Which of the following is the best next step in the conversation?

- a. Ask the patient for his understanding of the current situation.
- b. Explain the differences between palliative care and hospice.
- c. Ask the patient to tell you more about his pain so you can get a full history and make sure it is well controlled.
- d. Tell him simply and kindly that curative therapy is no longer an option.
- e. Begin with a warning remark, such as, "Unfortunately, I have some bad news."

20. The vast majority of patients enrolled in hospice care receive care in a (an):

- a. Home
- b. Nursing home
- c. Inpatient facility