

## **“Improving Pain Management with the Department of Veterans Affairs Part 2”**

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### **Webcast Post-test Answers** (Answers are in **bold**)

1. Which statement best indicates that a patient has a realistic understanding of chronic pain management?
  - a. I need more medicine in order to get rid of my pain.
  - b. I want to be as active and able bodied as I was before this happened to me.
  - c. I have to learn to manage my pain.**
  - d. If the doctor could find the cause of the pain, I could get my life back.
  
2. A 52 year old with history of chronic low back pain, PTSD, ETOH abuse in remission ran out of his Percocet a few days early for the second time in two months. What is the diagnosis of this opioid misuse?
  - a. Relapse of past substance use disorder.
  - b. Inadequate analgesia.
  - c. Self-medication of psychiatric disorder.
  - d. Not enough information to diagnose.**
  
3. Practice strategies for management of chronic opioids includes
  - a. Comprehensive pain assessment.
  - b. Informed Consent/Treatment Agreement.
  - c. Regular drug screening.
  - d. All of the above.**

4. Recent research identifies risks for accidental opioid overdose. Based on these research findings, which of the cases below would you rank as highest risk?
  - a. 70 year old with history of spinal stenosis, diabetes, atrial fibrillation on Coumadin, he is treated with Morphine SA 60 mg every 12 hours.
  - b. 68 year old with history of cervical radiculopathy, PTSD, sleep apnea, treated with Fentanyl Patch 75 mcg q 3 days and Alprazolam 1 mg TID prn.**
  - c. 56 year old with history of lumbar facet arthrosis and severe knee oa, past history of substance abuse and is active in addiction treatment program, treated with Percocet 5/325 q 6 hours prn.
  
5. A patient is prescribed Percocet q 6 hours prn for chronic pain as an outpatient. Two recent random urine drug screens have been negative for oxycodone. The most likely explanation and course of action is:
  - a. The patient is selling the Percocet and opioids should be stopped immediately.
  - b. The patient is overusing the Percocet and should be sent for an addiction evaluation.
  - c. Depending on the lab technology, oxycodone screens usually are reported as negative. Check with the lab to see if a confirmation was done.**