“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
   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.