

CHUKA



UNIVERSITY

UNIVERSITY EXAMINATIONS

**EXAMINATION FOR THE AWARD DEGREE OF
BACHELOR OF SCIENCE IN NURSING**

NURS 448: MEDICAL SURGICAL SPECIALITIES (PALLIATIVE CARE NURSING)

STREAM: Y4 S2

TIME: 2 HOURS

DAY/DATE: THURSDAY 9/04/2020

2.30 P.M – 4.30 P.M.

INSTRUCTIONS:

- Do not write anything on the question paper.
- Mobile phones and any other reference materials are NOT allowed in the examination room.
- The paper has three (3) questions. Answer ALL the questions
- All your answers for Section 1 (MCQs) should be on one page.
- Number ALL your answers and indicate the order of appearance in the space provided in the cover page of the examination answer booklet.
- Write your answers legibly and use your time wisely

SECTION 1: MULTIPLE CHOICE QUESTIONS [20 MARKS]

1. You are the nurse on-call and receive a call from a continuous care nurse who states that her patient has started to have ‘rattling’ secretions and the patient’s wife is very concerned. You know from report that this patient is actively dying. What would be the most appropriate response ?
 - a. Reposition patient on his side
 - b. Administer furosemide
 - c. Suction the patient
 - d. Order oxygen for the patient

2. Mary is a 73-year old patient with a 50-year history of smoking and a diagnosis of emphysema. She is very thin with a barrel chest, has intermittent dyspnea both at rest and with exertion, and supraclavicular retractions on exertion. What non-pharmacologic intervention would likely improve dyspnea in this patient?
 - a. Lowering the head of the bed
 - b. Positioning in the tripod position
 - c. Slow, deep meditative
 - d. Guided imagery

3. John is a new hospice patient with heart failure. John reports a six-pound weight gain since his discharge from the hospital 3 days ago. The nurse notes that John has dependent peripheral edema 2+, and he reports feeling nauseated and with poor appetite. Based on these findings, what is the pathophysiology of John's heart disease?
 - a. Systolic dysfunction. With poor cardiac output
 - b. Diastolic dysfunction, with poor ventricle filling
 - c. Decreased ejection fraction
 - d. Generalized organ perfusion failure

4. Of the following, which one may indicate a poor prognosis for the hospice patient with a diagnosis of end-stage cardiac disease?
 - a. Infection
 - b. Edema
 - c. Bleeding
 - d. Unexplained syncope

5. When a hospice patient is facing increasing weakness, with increased fatigue and decreased mobility, which of the following is an important aspect of supporting the patient's care needs?
 - a. Prioritizing energy use
 - b. Honoring the wishes of family members
 - c. Remaining as mobile as possible
 - d. Seeing as many visitors as possible

6. Michelle has metastatic head/neck cancer and is in the last stages of life. She is cared for at home by her niece. In the last 24 hours she has become increasingly restless and is repetitively attempting to get out of bed, while calling out in distress. Which group of interventions would be the most appropriate for Michelle at this time?

- a. Transfer Michelle from home to an inpatient hospice unit; begin IV morphine.
 - b. Confine Michelle to bed; discontinue her narcoleptics
 - c. Dim the lights in Michelle's room; administer haloperidol.
 - d. Raise the head of Michelle's bed; obtain a 24 hour sitters
7. Eric is a 69 year old with end-stage esophageal cancer who has just returned home from the hospital after having a percutaneous endoscopic gastrostomy (PEG) tube placed. His wife, Margaret, will be caring for him, and states that she learned how to give him his tube feedings in the hospital. What is the most effective manner of assessing Margaret's ability to perform this task ?
 - a. Ask her to tell you how she performs it.
 - b. Ask her to show you how she performs it.
 - c. Ask her to describe the instructions she was given.
 - d. Ask her husband if she is performing it correctly
8. If a patient and family are struggling financially, which member of the multidisciplinary team may be most helpful in identifying available community resources for support?
 - a. Hospice chaplain
 - b. Hospice social worker
 - c. Hospice Aide
 - d. Hospice director
9. Which statement is most accurate regarding palliative /hospice interdisciplinary teams (IDT) ?
 - a. All team member can voice opinions, but the medical director is the final decision –maker.
 - b. Centers for Medicare & Medicaid Services (CMS) requires the palliative interdisciplinary teams to include a volunteer as a member of core services.
 - c. Patients and their families are considered members of the interdisciplinary teams.
 - d. Each professional discipline operates independently to provide the most expansive care.
10. You have recently started caring for a new patient who is a member of your church, and the patient permitted news of her hospice admission to be added to the weekly church announcements. At Bible study, a mutual friend asks how she is doing. What is the most appropriate response ?
 - a. Provide an update on your patient's condition.
 - b. Ask her to talk to the pastor
 - c. Kindly reinforce that you cannot share personal information
 - d. Ask the group to pray for her

11. Although some variations in state laws exist, generally, a therapy, including palliative and end of life care, can be withheld or withdrawn under which conditions ?
 - a. The patient's legal surrogate refuses it.
 - b. Only when the patient themselves refuses it.
 - c. The interdisciplinary team determines that further therapy causes existential pain.
 - d. Only when an ethics committee investigation is conducted.

12. Jordan is taking continuous-release morphine every 12 hours for pain control, and has a short-acting prn opioid for break through pain. He is experiencing end –of-dose failure at 9-10 hours. What would be the most appropriate intervention to manage Jordan's pain ?
 - a. The dose should be decreased every 12 hours, but the short-acting prn dose should be increased by 25%.
 - b. An adjuvant therapy such as a corticosteroid should be added.
 - c. Jordan should be switched to an equianalgesic alternative opioid
 - d. The dosing interval of the continuous-release morphine should be decreased to every 8 hours, at the same dose, with no change in the prn dosing.

13. Indicate whether the following statements on Home Based Care are **True or False**
 - a. Home based care empowers the clients and their families with the knowledge needed to ensure long-term care and support.
 - b. Home based care can lead to stigma especially for families with patients living with HIV / AIDS.

14. The termination of a patient's life by the action of a physician whereby the agreement of the patient could be obtained but was not can be referred to as
 - a. Non-voluntary euthanasia
 - b. Involuntary euthanasia
 - c. Doctrine of double effect
 - d. Informed consent

15. An example of a non-disease specific indicator for initiation of palliative care for a geriatric patient is
 - a. Symptomatic congestive heart failure
 - b. Cancer
 - c. Serum albumin of <2.5g/dl
 - d. Frailty

16. The pain caused by damage to the peripheral or central nervous system is referred to as
- Neuropathic pain
 - Nociceptive pain
 - Persistent pain
 - Radiating pain
17. Perpetuating the myth of “ Everything is going to be alright” with a dying child will:
- Help reassure the child
 - Enhance an awareness of eventual death
 - Alleviate fear
 - Prevent exploration of fear
18. Non –verbal communication on palliative care include the following **Except**:
- Voice quality
 - Gestures
 - Body posture
 - Winking
19. Core End-Stage Indicating terminal phase of chronic illness include the following **Except**:
- Weight loss
 - Client being dependence on assistance with most activities of daily living
 - Disability
 - Multiple co-morbidities
20. A home health nurse has been visiting a patient with AIDS who says, - I’m no longer afraid of dying. I think I’ve made my peace with everyone, and I ‘m actually ready to move on. This reflects his progress to which stage of death and dying ?
- Acceptance
 - Anger
 - Bargaining
 - Denial

SECTION 2: SHORT ANSWER QUESTIONS [30 MARKS]

1. State Six (6) principles of palliative care. [6 Marks]
2. State five (5) common symptoms in terminally ill patients. [5 Marks]
3. Briefly describe five (5) possible Consequences of ineffective Communication in palliative care. [5 Marks]
4. Describe the Ethical principle of autonomy as used in palliative Care. [4 Marks]
5. Outline the role of the family in provision of home-based care services. [5 Marks]
6. State five (5) rights of palliative care patients. [5 Marks]

SECTION 3: LONG ANSWER QUESTIONS [20 MARKS]

- a) Pain is a very common symptom in patients requiring palliative care. Define pain. [2 Marks]
 - b) List twelve (12) non verbal and behavioral signs of pain observed in patients on palliative care. [6 Marks]
 - c) Describe three (3) ways in which WHO recommend drugs for pain management be given to palliative patients. [6 Marks]
 - d) Explain the WHO pain relief ladder. [6 Marks]
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