Chapter 10: Analgesic Drugs

Lilley: Pharmacology and the Nursing Process, 8th Edition

MULTIPLE CHOICE

1. A patient was diagnosed with pancreatic cancer last month, and has complained of a dull ache in the abdomen for the past 4 months. This pain has been gradually increasing, and the pain relievers taken at home are no longer effective. What type of pain is the patient experiencing?

   a. Acute pain

   b. Chronic pain

   c. Somatic pain

   d. Neuropathic pain

ANS: B

Chronic pain is associated with cancer and is characterized by slow onset, long duration, and dull, persistent aching. The patient’s symptoms are not characteristics of acute pain, somatic pain, or neuropathic pain.
2. An 18-year-old basketball player fell and twisted his ankle during a game. The nurse will expect to administer which type of analgesic?

a. Synthetic opioid, such as meperidine (Demerol)
b. Opium alkaloid, such as morphine sulfate
c. Opioid antagonist, such as naloxone HCL (Narcan)
d. Nonopioid analgesic, such as indomethacin (Indocin)

ANS: D

Somatic pain, which originates from skeletal muscles, ligaments, and joints, usually responds to nonopioid analgesics such as nonsteroidal anti-inflammatory drugs (NSAIDs). The other options are not the best choices for somatic pain.
3. A patient is recovering from abdominal surgery, which he had this morning. He is groggy but complaining of severe pain around his incision. What is the **most** important assessment data to consider before the nurse administers a dose of morphine sulfate to the patient?

a. His pulse rate

b. His respiratory rate

c. The appearance of the incision

d. The date of his last bowel movement

ANS: B

One of the most serious adverse effects of opioids is respiratory depression. The nurse must assess the patient’s respiratory rate before administering an opioid. The other options are incorrect.

DIF: COGNITIVE LEVEL: Applying (Application)  REF: p. 153

TOP: NURSING PROCESS: Assessment

MSC: NCLEX: Physiological Integrity: Reduction of Risk Potential

4. A 78-year-old patient is in the recovery room after having a lengthy surgery on his hip. As he is gradually awakening, he requests pain medication. Within 10 minutes after receiving a dose of morphine sulfate, he is very lethargic and his respirations...
are shallow, with a rate of 7 per minute. The nurse prepares for which priority action at this time?

a. Assessment of the patient’s pain level

b. Immediate intubation and artificial ventilation

c. Administration of naloxone (Narcan)

d. Close observation of signs of opioid tolerance

ANS: C

Naloxone, an opioid-reversal agent, is used to reverse the effects of acute opioid overdose and is the drug of choice for reversal of opioid-induced respiratory depression. This situation is describing an opioid overdose, not opioid tolerance. Intubation and artificial ventilation are not appropriate because the patient is still breathing at 7 breaths/min. It would be inappropriate to assess the patient’s level of pain.

DIF: COGNITIVE LEVEL: Applying (Application) REF: p. 153

TOP: NURSING PROCESS: Implementation

MSC: NCLEX: Physiological Integrity: Pharmacological and Parenteral Therapies

5. A patient will be discharged with a 1-week supply of an opioid analgesic for pain management after abdominal surgery. The nurse will include which information in the teaching plan?
How to prevent dehydration due to diarrhea

The importance of taking the drug only when the pain becomes severe

How to prevent constipation

The importance of taking the drug on an empty stomach

ANS: C

Gastrointestinal (GI) adverse effects, such as nausea, vomiting, and constipation, are the most common adverse effects associated with opioid analgesics. Physical dependence usually occurs in patients undergoing long-term treatment. Diarrhea is not an effect of opioid analgesics. Taking the dose with food may help minimize GI upset.

DIF: COGNITIVE LEVEL: Applying (Application) REF: p. 149

TOP: NURSING PROCESS: Implementation

MSC: NCLEX: Physiological Integrity: Reduction of Risk Potential

6. A patient has been treated for lung cancer for 3 years. Over the past few months, the patient has noticed that the opioid analgesic is not helping as much as it had previously and more medication is needed for the same pain relief. The nurse is aware that this patient is experiencing which of these?

Opioid addiction
b. Opioid tolerance

c. Opioid toxicity

d. Opioid abstinence syndrome

ANS: B

Opioid tolerance is a common physiologic result of long-term opioid use. Patients with opioid tolerance require larger doses of the opioid agent to maintain the same level of analgesia. This situation does not describe toxicity (overdose), addiction, or abstinence syndrome (withdrawal).

DIF: COGNITIVE LEVEL: Understanding (Comprehension) REF: p. 147

TOP: NURSING PROCESS: Evaluation

MSC: NCLEX: Physiological Integrity: Pharmacological and Parenteral Therapies

7. A 38-year-old man has come into the urgent care center with severe hip pain after falling from a ladder at work. He says he has taken several pain pills over the past few hours but cannot remember how many he has taken. He hands the nurse an empty bottle of acetaminophen (Tylenol). The nurse is aware that the most serious toxic effect of acute acetaminophen overdose is which condition?

a. Tachycardia

b. Central nervous system depression
ANS: C

Hepatic necrosis is the most serious acute toxic effect of an acute overdose of acetaminophen. The other options are incorrect.

DIF: COGNITIVE LEVEL: Understanding (Comprehension) REF: p. 158

TOP: NURSING PROCESS: Assessment

MSC: NCLEX: Safe and Effective Care Environment: Safety and Infection Control

8. A 57-year-old woman being treated for end-stage breast cancer has been using a transdermal opioid analgesic as part of the management of pain. Lately, she has been experiencing breakthrough pain. The nurse expects this type of pain to be managed by which of these interventions?

a. Administering NSAIDs
b. Administering an immediate-release opioid
c. Changing the opioid route to the rectal route
d. Making no changes to the current therapy

ANS: B

If a patient is taking long-acting opioid analgesics, breakthrough pain must be treated with an immediate-release dosage form that is given between scheduled doses of the long-acting opioid. The other options are not appropriate actions.

DIF: COGNITIVE LEVEL: Applying (Application) REF: p. 147

TOP: NURSING PROCESS: Planning

MSC: NCLEX: Physiological Integrity: Pharmacological and Parenteral Therapies

9. The nurse is reviewing herbal therapies. Which is a common use of the herb feverfew?

a. Muscle aches

b. Migraine headaches

c. Leg cramps

d. Incision pain after surgery
ANS: B

Feverfew is commonly used for migraine headaches, menstrual problems, arthritis, and fever. Possible adverse effects include muscle stiffness and muscle and joint pain.

DIF: COGNITIVE LEVEL: Remembering (Knowledge) REF: p. 162

TOP: NURSING PROCESS: Planning

MSC: NCLEX: Physiological Integrity: Pharmacological and Parenteral Therapies

10. A patient is to receive acetylcysteine (Mucomyst) as part of the treatment for an acetaminophen (Tylenol) overdose. Which action by the nurse is appropriate when giving this medication?

a. Giving the medication undiluted for full effect

b. Avoiding the use of a straw when giving this medication

c. Disguising the flavor with soda or flavored water

d. Preparing to give this medication via a nebulizer

ANS: C

Acetylcysteine has the flavor of rotten eggs and so is better tolerated if it is diluted and disguised by mixing with a drink such as cola or flavored water to help increase its palatability. The use of a straw helps to minimize contact with the mucous membranes of the mouth and is recommended. The nebulizer form of this medication is used for certain types of pneumonia, not for acetaminophen overdose.
11. A patient is receiving gabapentin (Neurontin), an anticonvulsant, but has no history of seizures. The nurse expects that the patient is receiving this drug for which condition?

a. Inflammation pain

b. Pain associated with peripheral neuropathy

c. Depression associated with chronic pain

d. Prevention of seizures

ANS: B

Anticonvulsants are often used as adjuvants for treatment of neuropathic pain to enhance analgesic efficacy. The other indications listed are not correct.
12. The nurse is assessing a patient who has been admitted to the emergency department for a possible opioid overdose. Which assessment finding is characteristic of an opioid drug overdose?

a. Dilated pupils
b. Restlessness
c. Respiration rate of 6 breaths/min
d. Heart rate of 55 beats/min

ANS: C

The most serious adverse effect of opioid use is CNS depression, which may lead to respiratory depression. Pinpoint pupils, not dilated pupils, are seen. Restlessness and a heart rate of 55 beats/min are not indications of an opioid overdose.

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TOP: NURSING PROCESS: Assessment
MSC: NCLEX: Physiological Integrity: Pharmacological and Parenteral Therapies

13. The drug nalbuphine (Nubain) is an agonist-antagonist (partial agonist). The nurse understands that which is a characteristic of partial agonists?
a. They have anti-inflammatory effects.

b. They are given to reverse the effects of opiates.

c. They have a higher potency than agonists.

d. They have a lower dependency potential than agonists.

ANS: D

Partial agonists such as nalbuphine are similar to the opioid agonists in terms of their therapeutic indications; however, they have a lower risk of misuse and addiction. They do not have anti-inflammatory effects, nor are they given to reverse the effects of opiates. They do not have a higher potency than agonists.

DIF: COGNITIVE LEVEL: Understanding (Comprehension) REF: p. 156

TOP: NURSING PROCESS: Assessment

MSC: NCLEX: Physiological Integrity: Pharmacological and Parenteral Therapies

14. The nurse is assessing a patient for contraindications to drug therapy with acetaminophen (Tylenol). Which patient should not receive acetaminophen?

a. A patient with a fever of 101°F (38.3°C)
b. A patient who is complaining of a mild headache

c. A patient with a history of liver disease

d. A patient with a history of peptic ulcer disease

ANS: C

Liver disease is a contraindication to the use of acetaminophen. Fever and mild headache are both possible indications for the medication. Having a history of peptic ulcer disease is not a contraindication.

DIF: COGNITIVE LEVEL: Applying (Application) REF: p. 157

TOP: NURSING PROCESS: Assessment

MSC: NCLEX: Physiological Integrity: Pharmacological and Parenteral Therapies

15. A patient arrives at the urgent care center complaining of leg pain after a fall when rock climbing. The x-rays show no broken bones, but he has a large bruise on his thigh. The patient says he drives a truck and does not want to take anything strong because he needs to stay awake. Which statement by the nurse is most appropriate?

a. “It would be best for you not to take anything if you are planning to drive your truck.”

b. “We will discuss with your doctor about taking an opioid
because that would work best for your pain.”

c. “You can take acetaminophen, also known as Tylenol, for pain, but no more than 1000 mg per day.”

d. “You can take acetaminophen, also known as Tylenol, for pain, but no more than 3000 mg per day.”

ANS: D

Acetaminophen is indicated for mild-to-moderate pain and does not cause drowsiness, as an opioid would. Currently, the maximum daily amount of acetaminophen is 3000 mg/day. The 1000-mg amount per day is too low. Telling the patient not to take any pain medications is incorrect.

DIF: COGNITIVE LEVEL: Applying (Application) REF: p. 157

TOP: NURSING PROCESS: Planning

MSC: NCLEX: Physiological Integrity: Pharmacological and Parenteral Therapies

16. A patient is suffering from tendinitis of the knee. The nurse is reviewing the patient’s medication administration record and recognizes that which adjuvant medication is most appropriate for this type of pain?

a. Antidepressant

b. Anticonvulsant
ANS: C

Corticosteroids have an anti-inflammatory effect, which may help to reduce pain. The other medications do not have anti-inflammatory properties.

DIF: COGNITIVE LEVEL: Understanding (Comprehension) REF: p. 166

TOP: NURSING PROCESS: Planning

MSC: NCLEX: Physiological Integrity: Pharmacological and Parenteral Therapies

MULTIPLE RESPONSE

1. Vicodin (acetaminophen/hydrocodone) is prescribed for a patient who has had surgery. The nurse informs the patient that which common adverse effects can occur with this medication? (Select all that apply.)

   a. Diarrhea

   b. Constipation

   c. Lightheadedness
d. Nervousness

e. Urinary retention

f. Itching

ANS: B, C, E, F

Constipation (not diarrhea), lightheadedness (not nervousness), urinary retention, and itching are some of the common adverse effects that the patient may experience while taking Vicodin.

DIF: COGNITIVE LEVEL: Understanding (Comprehension) REF: p. 152

TOP: NURSING PROCESS: Implementation

MSC: NCLEX: Physiological Integrity: Pharmacological Therapies

COMPLETION

1. A patient is to receive codeine, 40 mg subcutaneously, every 6 hours as needed for pain. The solution is available in a concentration of 30 mg/mL. Identify how many milliliters of codeine will be drawn up for this dose. (record answer to one decimal place) _______

ANS:

1.3 mL
DIF: COGNITIVE LEVEL: Applying (Application)       REF: N/A

TOP: NURSING PROCESS: Implementation

MSC: NCLEX: Physiological Integrity: Pharmacological and Parenteral Therapies

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