

## Learner Feedback Questions #304

- Which of the following statements about PCA is true?
  - It is less effective for pain management than the IV delivery route.
  - Once a patient self-administers the allotted dose of medication for the time period, the pump will not deliver another dose.
  - If patients are sedated, they can still push the button for more medication.
  - Patients may experience opioid peaks and valleys with PCA.
- Which negative outcome of PCA did King and Walsh cite in their study?
  - patient overuse of medication
  - increased side effects of nausea and vomiting compared to alternate delivery modes
  - elderly patients could not be taught to use PCA
  - allows nurses to distance themselves from patients
- PCA by proxy:
  - constitutes a dangerous practice
  - is recommended when a patient is sedated
  - had not been shown to cause additional medication errors
  - the proxy should always be a nurse
- Which of the following drugs is the gold standard for acute and chronic pain via PCA?
  - morphine
  - sublimaze
  - hydromorphone
  - oxycodone
- With epidural PCA:
  - the procedure is safer than IV infusion
  - there is less sedation and less nausea
  - cardiac patients are at greater risk
  - there is closer monitoring by nursing staff
- Which of the following data was collected about PCA safety by ISMP in a 5-year period?
  - almost 50 percent of errors were human errors
  - of the errors reported, 6.5 percent resulted in harmful outcomes
  - children ages 10-12 had the highest number of harmful outcomes
  - there were minimal equipment-related errors reported
- If a patient attempts to activate the PCA 2 times more than doses delivered, the nurse should:
  - explain to the patient he has reached his dose maximum
  - request an order for dosage increase or a shortened dose interval
  - suggest to the physician the patient is not a good candidate for PCA
  - monitor the patient more frequently for 1 hour and then call the physician

- Which of the following is NOT a recommendation for safer PCA use?
  - assess for pain and sedation levels every 30 minutes
  - provide PCA education to patients before rather than after surgery
  - restrict fentanyl PCA use to anesthesia, critical care or pain management team
  - add basal doses in patients who are opiate-naive
- Respiratory depression in patients receiving PCA is:
  - rare
  - over 10 percent for all patients
  - high for patients over age 50
  - less than the 10 percent of patients who experience under-treatment of pain
- Hydromorphone is the PCA drug of choice for patients with:
  - diabetes
  - substance abuse
  - renal disease
  - postop cardiac surgery

## Evaluation

- I can compare and contrast patients for whom patient-controlled analgesia (PCA) is appropriate versus inappropriate.
  - strongly agree
  - agree
  - neutral
  - disagree
  - strongly disagree
- I can evaluate patients for complications and risks related to PCA use.
  - strongly agree
  - agree
  - neutral
  - disagree
  - strongly disagree
- I can provide nursing interventions, including education, appropriate to the patient receiving PCA.
  - strongly agree
  - agree
  - neutral
  - disagree
  - strongly disagree
- The objectives relate to the overall goal of the article.
  - strongly agree
  - agree
  - neutral
  - disagree
  - strongly disagree
- The article is well-written and logically organized, and defines terms adequately.
  - strongly agree
  - agree
  - neutral
  - disagree
  - strongly disagree

# Patient-Controlled Analgesia

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## Registration/Answer Form #304

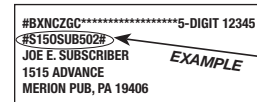
### LEARNER FEEDBACK QUESTIONS

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- A B C D

Before **April 13, 2011**, print this page, complete the multiple choice questions by circling the correct answer and mail or fax to: *ADVANCE for Nurses*, Learning Scope, 2900 Horizon Dr., King of Prussia, PA 19406; 610-278-1426.

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- A B C D E
- A B C D E
- A B C D E
- A B C D E
- A B C D E

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