Learner Feedback Questions #304

1. Which of the following statements about PCA is true?
   a. It is less effective for pain management than the IV delivery route.
   b. Once a patient self-administers the allotted dose of medication for the time period, the pump will not deliver another dose.
   c. If patients are sedated, they can still push the button for more medication.
   d. Patients may experience opioid peaks and valleys with PCA.

2. Which negative outcome of PCA did King and Walsh cite in their study?
   a. patient overuse of medication
   b. increased side effects of nausea and vomiting compared to alternate delivery modes
   c. elderly patients could not be taught to use PCA
   d. allows nurses to distance themselves from patients

3. PCA by proxy:
   a. constitutes a dangerous practice
   b. is recommended when a patient is sedated
   c. had not been shown to cause additional medication errors
   d. the proxy should always be a nurse

4. Which of the following drugs is the gold standard for acute and chronic pain via PCA?
   a. morphine
   b. sublimaze
   c. hydromorphone
   d. oxycodone

5. With epidural PCA:
   a. the procedure is safer than IV infusion
   b. there is less sedation and less nausea
   c. cardiac patients are at greater risk
   d. there is closer monitoring by nursing staff

6. Poor candidates for PCA include the following EXCEPT:
   a. infants and very young children
   b. teenagers
   c. adults with significant developmental delays
   d. adults who are unconscious

7. If a patient attempts to activate the PCA 2 times more than doses delivered, the nurse should:
   a. explain to the patient he has reached his dose maximum
   b. request an order for dosage increase or a shortened dose interval
   c. suggest to the physician the patient is not a good candidate for PCA
   d. monitor the patient more frequently for 1 hour and then call the physician

8. Which of the following is NOT a recommendation for safer PCA use?
   a. assess for pain and sedation levels every 30 minutes
   b. provide PCA education to patients before rather after surgery
   c. restrict fentanyl PCA use to anesthesia, critical care or pain management team
   d. avoid basal doses in patients who are opiate-naive

9. Respiratory depression in patients receiving PCA is:
   a. rare
   b. over 10 percent for all patients
   c. high for patients over age 50
   d. less than the 10 percent of patients who experience under-treatment of pain

10. Hydromorphone is the PCA drug of choice for patients with:
    a. diabetes
    b. substance abuse
    c. renal disease
    d. postop cardiac surgery

Evaluation

1. I can compare and contrast patients for whom patient-controlled analgesia (PCA) is appropriate versus inappropriate.
   a. strongly agree
   b. agree
   c. neutral
   d. disagree
   e. strongly disagree

2. I can evaluate patients for complications and risks related to PCA use.
   a. strongly agree
   b. agree
   c. neutral
   d. disagree
   e. strongly disagree

3. I can provide nursing interventions, including education, appropriate to the patient receiving PCA.
   a. strongly agree
   b. agree
   c. neutral
   d. disagree
   e. strongly disagree

4. The objectives relate to the overall goal of the article.
   a. strongly agree
   b. agree
   c. neutral
   d. disagree
   e. strongly disagree

5. The article is well-written and logically organized, and defines terms adequately.
   a. strongly agree
   b. agree
   c. neutral
   d. disagree
   e. strongly disagree

Patient-Controlled Analgesia
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Registration/Answer Form #304

Before April 4, 2014, 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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