

**PRIORITIZATION, DELEGATION, AND  
ASSIGNMENT**  
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**EXAM 5TH EDITION**

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## Prioritization Delegation and Assignment 5th Edition LaCharity Test Bank

### CHAPTER 1. PAIN

#### *MULTIPLE CHOICE*

1. A client tells the nurse that she rarely experiences pain, but when she does, she seeks medical attention. The nurse realizes this client understands that pain is important because it:

1.	is a protective system.
2.	includes the automatic withdrawal reflex.
3.	creates sensitivity to pain.
4.	helps with healing.

**ANSWER:** 1

Pain is a protective system that includes protection from unsafe behaviors by use of reflexes, memory, and avoidance. Even though the automatic withdrawal reflex is a part of the pain response, it does not explain why pain is important. Pain does not create sensitivity to pain. Pain does not help with healing.

PTS: 1 DIF: Analyze REF: Definitions and Implications of Pain

2. A client complains that the bed sheets touching his skin are extremely painful. The nurse realizes this client is experiencing:

1.	allodynia.
2.	modulation.
3.	kinesthesia.
4.	proprioception.

**ANSWER:** 1

Allodynia or hyperalgesia is a state where a slight or no painful stimulus is interpreted as very painful. Kinesthesia is the awareness of movement. Proprioception is the awareness of body position. Modulation is an influencing factor in the perception of pain.

PTS: 1 DIF: Analyze REF: Peripheral Nervous System

3. A client is complaining of severe abdomen pain. The Nurse realizes this client is experiencing which type of pain?

1.	Neuralgia
2.	Pathological
3.	Somatic
4.	Visceral

**ANSWER:** 4

Visceral pain is pain arising from the body organs or gastrointestinal tract. Somatic pain is pain that originates from the bone, joints, muscles, skin, or connective tissue. Neuralgia and pathological pain are both types of pain that result from injury to a nerve or malfunction of the neuronal transmission process or due to impaired regulation.

PTS:1 DIF:Analyze REF:Types of Pain

4. A CLIENT, diagnosed with acute appendicitis, is experiencing abdominal pain. The best way for the NURSE to describe this CLIENT's pain would be:

1.	chronic.
2.	neuropathic.
3.	referred.
4.	acute.

**ANSWER:** 4

Acute pain onset is sudden and of short duration. Chronic pain is a sudden or slow onset of mild to severe pain that lasts longer than 6 months. Referred pain is the result of the transfer of visceral pain sensations to a body surface at a distance from the actual origin. Neuropathic pain is paroxysmal pain that occurs along the branches of a nerve.

PTS:1 DIF:Apply REF:Types of Pain

5. A CLIENT is observed holding a pillow over the abdominal region with both knees flexed in a side-lying position. Vital signs assessment reveals an elevated blood pressure and heart rate. Which of the following should the NURSE say to this CLIENT?

1.	Can I get you anything?
2.	Would you like something for pain?
3.	You look comfortable.
4.	Your blood pressure is up.

**ANSWER:** 2

Sympathetic responses to pain include elevated blood pressure and heart rate. And since the CLIENT is hugging a pillow over the abdominal region with both knees flexed in a side-lying position, the best thing for the NURSE to say to this CLIENT is "Would you like something for pain?" The other responses are incorrect because they do not acknowledge that the CLIENT is experiencing pain.

PTS: 1 DIF: Apply REF: Assessing the Clinical Manifestations of Pain

6. A CLIENT experiencing chronic pain asks the NURSE why she is not prescribed Demerol like she received when she had a total knee replacement. Which of the following should the NURSE respond to this CLIENT?

1.	You don't need something that strong.
----	---------------------------------------

2.	That medication does not exist anymore.
3.	That medication does not last very long.
4.	It can cause you have high blood pressure.

**ANSWER:** 3

Meperidine is no longer a major drug for acute or chronic pain due to its short analgesic duration of 2 to 3 hours and the potential for accumulative toxic effects of its metabolite, nor meperidine. The best response for the NURSE to make to the CLIENT would be that medication does not last very long. The other responses are inaccurate.

PTS:1 DIF:Apply REF:Opioid Analgesics

7. A CLIENT is informed that a tricyclic antidepressant medication is going to help control his chronic pain. The NURSE would expect the physician to prescribe:

1.	Amitriptyline.
2.	Baclofen.
3.	Gabapentin.
4.	Diazepam.

**ANSWER:** 1

Amitriptyline is an antidepressant. Gabapentin is an anticonvulsant. Baclofen is a muscle relaxant. Diazepam is a benzodiazepine.

PTS: 1 DIF: Analyze REF: Adjuvant Medications

8. A CLIENT receiving around-the-clock medication for terminal cancer experiences additional pain when performing activities of daily living. The NURSE realizes this CLIENT is experiencing:

1.	breakthrough pain.
2.	intractable pain.
3.	psychosomatic pain.
4.	acute pain.

**ANSWER:** 1

Breakthrough pain is commonly seen in the advanced stages of cancer. It is spontaneous, unpredictable, and can be initiated by certain activities such as during activities of daily living. Intractable pain is resistant to some or all forms of therapy. Psychosomatic pain is that which has a psychological origin. The CLIENT is diagnosed with terminal cancer. Acute pain has a sudden onset and resolves within 6 months.

PTS:1 DIF:Analyze REF:Breakthrough Pain

9. A CLIENT recovering from surgery tells the NURSE that she is nauseated and is experiencing an increase in pain. Which of the following does this CLIENT's symptoms suggest to the NURSE?

1	The CLIENT is becoming dependent upon the pain medication.
.	
2	The CLIENT's pain threshold is lower when experiencing nausea.
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3	The CLIENT is experiencing withdrawal symptoms from pain medication.
.	
4	The CLIENT is experiencing referred pain.
.	

**ANSWER:** 2

Pain threshold is influenced by nausea, fatigue, and lack of sleep. The CLIENT experiencing an increase in pain during nausea is demonstrating an alteration in the pain threshold. The CLIENT is not becoming dependent upon the pain medication. The CLIENT is not experiencing withdrawal symptoms. The CLIENT is also not experiencing referred pain.

PTS: 1 DIF: Analyze REF: Pain Threshold and Pain Tolerance

10. A CLIENT with a history of malingering pain tells the NURSE that he needs a prescription for pain medication. Which of the following should the NURSE do first to assist this CLIENT?

1	Ask the physician for a pain medication prescription for the CLIENT.
.	
2	Remind the CLIENT that he does not have pain but just wants the medication.
.	
3	Thoroughly assess the CLIENT for pain.
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4	Suggest the CLIENT seek counseling for his pain medication-seeking behavior.
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**ANSWER:** 3

Pain of a psychological origin is when an individual seeks treatment for pain when no actual pain exists. This is also referred to as malingering or pretending pain. The NURSE should not assume that the pain does not exist but rather should conduct a thorough pain assessment to rule out an actual physiological problem. The NURSE should not immediately ask the physician for pain medication. The NURSE should not remind the CLIENT that he does not have pain but just wants the medication. The NURSE should also not suggest the CLIENT seek counseling for pain medication-seeking behavior.

PTS: 1 DIF: Apply REF: Box 16-1 Pain Descriptions

11. The NURSE is implementing the five Cs of pain management for a CLIENT. Which of the following is included in this intervention?

1	Caring for the CLIENT in a holistic manner
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2	Creating a calm environment
.	
3	Comparing the degree of pain reported with previous episodes
.	
4	Continuously assessing the CLIENT's pain
.	

**ANSWER:** 4