PRACTICE EXAM 6: HPM CERTIFICATION SIMULATION (240 QUESTIONS)

1. A 70-year-old man with metastatic non-small cell lung cancer is being converted from IV morphine 3 mg every 4 hours (18 mg IV per 24 hours) to oral morphine sustained-release for discharge to home hospice. Using the standard equianalgesic conversion, which of the following represents the correct total 24-hour oral morphine dose?

A. 54 mg oral morphine per day (18 mg IV × 3 = 54 mg oral, using the standard 3:1 oral-to-parenteral ratio)

B. 18 mg oral morphine per day (same number as the IV dose — incorrect 1:1 conversion)

C. 36 mg oral morphine per day (doubling the IV dose — incorrect 2:1 conversion)

D. 9 mg oral morphine per day (dividing the IV dose by 2 — incorrect calculation)

2. A hospice medical director reviews a certification narrative reading: "Patient has COPD. Prognosis less than 6 months." He determines this is deficient. The PRIMARY reason is which of the following?

A. The abbreviation "COPD" must be spelled out in full per Medicare documentation standards

B. Certification narratives cannot exceed two sentences under current CMS guidelines

C. The narrative lacks specific clinical findings, functional status, disease-specific prognostic markers, and a clinical rationale connecting these findings to the six-month prognosis estimate

D. The narrative fails to include the patient's ICD-10 diagnosis code within the body of the text

3. A 64-year-old woman with advanced ovarian cancer on hospice develops a UTI causing dysuria, suprapubic pain, and fever of 38.8°C. She is alert, enjoying family visits, and has a 3-month prognosis apart from the UTI. Her goals are comfort-focused. Which antibiotic approach is most consistent with her goals?

A. Withhold antibiotics because hospice patients should not receive antibiotics for any infection

B. Treat with an appropriate oral antibiotic — the UTI causes distressing symptoms that antibiotics can relieve, consistent with comfort goals in a patient with months of quality life remaining

C. Transfer to the hospital for IV antibiotics and urology consultation before treatment

D. Prescribe 30-day prophylactic antibiotics to prevent all future UTIs after treatment

4. A 56-year-old man with advanced sarcoma on hospice is on morphine SR 90 mg every 12 hours with morphine IR 30 mg every 3 hours PRN, using 4 breakthrough doses daily. Total 24-hour oral morphine is 300 mg. He develops complete dysphagia requiring SC morphine infusion. Using the 3:1 oral-to-parenteral ratio, the correct hourly SC rate is which of the following?

A. 12.5 mg/hour (incorrect 1:1 conversion — 300 mg/24 hours)

B. 2.1 mg/hour (incorrect 6:1 ratio — 50 mg/24 hours)

C. 6.25 mg/hour (incorrect 2:1 ratio — 150 mg/24 hours)

D. Approximately 4.2 mg/hour (300 ÷ 3 = 100 mg SC/day ÷ 24 = 4.2 mg/hour — the correct calculation)

5. A palliative care physician meets a 59-year-old woman with metastatic breast cancer who has just learned her chemotherapy failed. She is crying: "What am I going to tell my children?" The physician wants to discuss hospice. Based on communication best practices, what should the physician do FIRST?

A. Outline hospice benefits immediately to provide an actionable plan

B. Ask whether she prefers to discuss feelings or treatment options to determine next steps

C. Respond to the emotion first — acknowledge her pain, validate her fear about her children, allow silence before any clinical discussion

D. Contact the social worker to handle the emotional aspects

6. A 71-year-old man with end-stage heart failure on hospice has an ICD. He has received three shocks in the past two hours. He and his family want shocks stopped. The device representative is unavailable for 8 hours. Which immediate intervention suspends ICD shock delivery?

A. Administer IV amiodarone 150 mg to suppress the arrhythmia triggering shocks

B. Place a strong magnet over the ICD pulse generator and tape securely — providing temporary suspension until the device representative arrives for permanent reprogramming

C. Increase the morphine infusion to sedate the patient through subsequent shocks

D. Disconnect any LVAD present to simultaneously disable the ICD function

7. A 73-year-old woman with metastatic colon cancer develops headache, papilledema, and projectile vomiting. MRI shows three brain metastases with vasogenic edema. Ondansetron 8 mg IV is ineffective. Based on the emesis mechanism, which intervention is most targeted?

A. Dexamethasone 16 mg IV to reduce cerebral edema and the elevated ICP directly stimulating the vomiting center

B. Metoclopramide 10 mg IV for prokinetic improvement of gastric emptying

C. Scopolamine patch for vestibular-mediated nausea

D. Lorazepam 1 mg IV for cortical anticipatory nausea

8. A 69-year-old man with end-stage COPD is dying at home on hospice. He develops loud gurgling breathing 4 hours ago. He is unresponsive. Glycopyrrolate 0.2 mg SC was given 3 hours ago. The rattling persists. His wife is distressed. Which explanation is most accurate?

A. Glycopyrrolate has failed and deep oropharyngeal suctioning should be performed immediately

B. The rattling indicates aspiration pneumonia requiring antibiotics

C. A different anticholinergic must replace glycopyrrolate because it is ineffective for death rattle

D. Anticholinergics prevent NEW secretion production but cannot dry EXISTING pooled secretions — noise persists until secretions are reabsorbed or drain with repositioning; the patient is almost certainly unaware

9. A 62-year-old woman with advanced cervical cancer on hospice develops bilateral ureteral obstruction. Creatinine rises from 1.1 to 5.5 mg/dL over 10 days. She is confused and nauseated. Her oncologist proposes nephrostomy tubes. The decision should be guided primarily by which of the following?

A. Whether interventional radiology determines the procedure is technically feasible

B. Whether the hospice benefit covers the procedure under the current per diem

C. The patient's values, goals, and understanding that nephrostomy tubes relieve the obstruction and extend life but do not treat the cancer

D. The creatinine level, because values above 5.0 mg/dL mandate intervention

10. A 66-year-old man with advanced prostate cancer has been on hospice for five months. He enters his third benefit period (first 60-day period). Which NEW requirement distinguishes this from the first two 90-day periods?

A. A face-to-face encounter with a hospice physician or NP within 30 days before the period starts — required beginning with the third benefit period and all subsequent periods

B. A second opinion from an independent palliative care specialist

C. A mandatory psychiatric evaluation confirming continued hospice acceptance

D. Submission of a formal appeal to Medicare justifying extended enrollment

11. A 58-year-old woman with advanced breast cancer develops bilateral lower extremity edema. Physical exam: non-pitting edema to mid-thighs, thickened woody skin, positive Stemmer's sign. No JVD, no crackles, normal albumin. This is most consistent with which of the following?

A. Congestive heart failure exacerbation requiring aggressive diuretic therapy

B. Lymphedema from lymphatic obstruction — non-pitting edema, skin thickening, positive Stemmer's sign, failure to respond to diuretics

C. Nephrotic syndrome causing edema from massive proteinuria

D. Deep vein thrombosis requiring urgent anticoagulation

12. A 63-year-old man with advanced melanoma develops a painful fungating chest wall mass with severe malodor. The odor prevents family visits. Which topical agent most effectively targets the malodor source?

A. Silver sulfadiazine cream for broad-spectrum antimicrobial coverage

B. Hydrogen peroxide 3% for wound irrigation

C. Povidone-iodine solution for general antisepsis

D. Topical metronidazole 0.75% gel — specifically targeting anaerobic bacteria producing the odor, with dramatic improvement within 24–48 hours

13. A 72-year-old woman with end-stage heart failure is actively dying. Over 24 hours, she had dramatic improvement — alert, eating, conversing, expressing gratitude. Vitals remain abnormal, trajectory unchanged. This is best described as which of the following?

A. Evidence of clinical recovery requiring hospital transfer

B. A medication interaction causing temporary CNS stimulation

C. A terminal rally — transient improvement hours to days before death, not indicating recovery, typically followed by rapid decline

D. Resolution of a concurrent infection suppressing consciousness

14. A 59-year-old man with advanced gastric cancer on hospice has constipation refractory to senna 4 BID and PEG daily. No BM in 11 days. No impaction, no obstruction. On morphine. Which is the most appropriate next step?

A. Start methylnaltrexone 12 mg SC — a PAMORA blocking GI mu receptors without crossing the blood-brain barrier, indicated for OIC refractory to maximal conventional laxatives

B. Add docusate as the missing laxative component

C. Discontinue opioids to eliminate constipation

D. High-fiber diet with increased fluids as definitive treatment

15. A 65-year-old woman with advanced lung cancer on hospice has been on morphine for five months with good pain control. She takes senna-docusate daily with regular BMs. She asks about stopping the laxative. Which is most accurate?

A. She can stop after five months of regular function — her bowels have adapted

B. Continue — tolerance to opioid-induced constipation does NOT develop; constipation will return if stopped

C. Switch to fiber for a more natural approach

D. Stop senna but continue docusate alone

16. A hospice nurse visits a 77-year-old man with end-stage heart failure who is actively dying. Mottling to mid-thighs, absent radial pulses, anuria 12 hours, mandibular breathing, unresponsive. The nurse should communicate which of the following?

A. Hospital transfer needed for acute kidney injury evaluation

B. Signs are inconclusive — reassess in 24 hours

C. Mottling will resolve with warming blankets and leg elevation

D. Death is likely within hours to days — these converging signs represent active dying; the family should be supported in being together

17. A 61-year-old woman with advanced ovarian cancer on hospice has malignant ascites from peritoneal carcinomatosis (NOT portal hypertension). After draining 5 liters via indwelling catheter, she asks about albumin. Which is most accurate?

A. Albumin is always required after draining more than 3 liters regardless of mechanism

B. Albumin must be given before drainage to improve oncotic gradient

C. Albumin is NOT routinely required for malignant ascites from peritoneal carcinomatosis — it is standard for cirrhotic portal hypertensive ascites where post-paracentesis circulatory dysfunction is a specific concern

D. Albumin is mandatory for all home-based drainage procedures

18. A 64-year-old man with advanced hepatocellular carcinoma (Child-Pugh C) requires opioid therapy. GFR 72 mL/min (normal). Bilirubin 15 mg/dL, INR 2.7. He starts morphine at a reduced oral dose. The dose reduction is necessitated by which pharmacokinetic principle?

A. Reduced hepatic first-pass metabolism in severe liver disease increases oral morphine bioavailability — more drug reaches systemic circulation at any given dose, effectively increasing exposure

B. Morphine is entirely renally excreted and elevated bilirubin interferes with clearance

C. Morphine binds to bilirubin creating toxic conjugates

D. Ascites increases volume of distribution requiring lower loading doses

19. A 68-year-old woman with advanced breast cancer on hospice develops a new DVT causing significant right leg pain and swelling. Prognosis 3 months. Comfort measures. Which anticoagulation approach is most appropriate?

A. Anticoagulation is categorically prohibited for all hospice patients

B. Treat with SC LMWH if the symptoms are causing distress — the decision serves comfort goals, not a blanket anticoagulation policy

C. Transfer to the hospital for IV heparin and vascular surgery consultation

D. Compression stockings as sole intervention without pharmacologic therapy

20. A palliative care physician has cared for a 66-year-old woman with advanced pancreatic cancer for five months. After her peaceful death, the physician feels tearful reviewing the chart. This reaction is most accurately described as which of the following?

A. Professional burnout requiring leave of absence

B. A boundary violation indicating inappropriate attachment

C. Compassion fatigue indicating exceeded emotional capacity

D. Normal clinician grief — a natural response to losing a patient with whom the physician had a meaningful relationship, reflecting emotional engagement

21. A 71-year-old man with advanced prostate cancer on hospice develops acute back pain, bilateral leg weakness, urinary retention over 48 hours. Dexamethasone given. MRI: single-level epidural metastasis at T9. Pre-event ECOG 1, expected survival 7 months. Based on the Patchell trial, the best treatment is which of the following?

A. Radiation alone (30 Gy/10 fractions) as the universal MSCC standard

B. High-dose corticosteroids as sole definitive management

C. Surgical decompression followed by radiation — superior to radiation alone for single-level compression in patients with good ECOG and survival >3 months

D. Comfort measures only because MSCC is always irreversible

22. A 55-year-old woman with stage IV non-small cell lung cancer has a painful bone metastasis in her right humerus. ECOG 2, expected survival 4 months. Based on the strongest evidence, which palliative radiation fractionation minimizes burden while providing equivalent relief?

A. A single fraction of 8 Gy — multiple RCTs demonstrate equivalent relief to multi-fraction regimens with significantly less treatment burden

B. 40 Gy in 20 fractions over 4 weeks for maximum tumor response

C. 30 Gy in 10 fractions as the only evidence-based regimen

D. 20 Gy in 5 fractions as the minimum standard course

23. A hospice bereavement coordinator contacts the 71-year-old husband of a patient who died 15 months ago. He has persistent yearning, inability to accept the death, avoidance, functional impairment. Meets DSM-5-TR PGD criteria. Which psychotherapy has the strongest evidence?

A. Standard CBT-D focused on behavioral activation

B. Complicated Grief Treatment (CGT) — 16-session manualized therapy with 50–70% response rates in randomized trials

C. Psychoanalytic therapy exploring attachment dynamics

D. Group supportive therapy as primary treatment

24. A 60-year-old man with advanced colon cancer on hospice tells his chaplain, "What was the point of my life?" He is not depressed. This existential questioning is best addressed through which of the following?

A. Anxiolytic to reduce existential anxiety

B. Psychiatry referral for existential depression evaluation

C. Dismissing as philosophical rumination with no clinical relevance

D. Spiritual care — dignity therapy, narrative life review, meaning exploration; evidence-based interventions for end-of-life existential suffering

25. A 68-year-old woman with advanced pancreatic cancer on hospice has persistent hiccups for six days. Medications: dexamethasone 4 mg daily (started 3 weeks ago), morphine, ondansetron, senna-docusate. The most likely cause and management are which of the following?

A. Morphine causes hiccups through phrenic nerve stimulation — rotate to fentanyl

B. Ondansetron triggers hiccups through 5-HT3 blockade — discontinue and switch

C. Dexamethasone is a well-recognized cause — reduce dose or switch corticosteroids, initiate baclofen 5 mg TID

D. Hiccups are idiopathic — start chlorpromazine as the only FDA-approved agent

26. A 72-year-old man with end-stage renal disease who discontinued dialysis 9 days ago is obtunded. His family notices intermittent hand and arm jerking. The hospice nurse identifies uremic myoclonus. The most appropriate medication is which of the following?

A. Lorazepam 0.5–1 mg SL every 6–8 hours or clonazepam 0.5 mg BID — benzodiazepines effectively suppress uremic myoclonus without anticonvulsant loading

B. Phenytoin loading for presumed seizure activity

C. Haloperidol 2 mg SC every 6 hours for dopaminergic suppression

D. Morphine increase to achieve sedation suppressing the movements

27. A 61-year-old woman with advanced breast cancer on hospice is on morphine SR 60 mg every 12 hours. She develops confusion, hallucinations, myoclonus. Creatinine rose from 0.9 to 3.4 mg/dL. The most appropriate opioid management is which of the following?

A. Continue morphine with increased monitoring

B. Rotate to fentanyl — no active metabolites accumulate in renal failure; M6G is renally excreted and causing the neurotoxicity

C. Increase morphine because symptoms indicate undertreated pain

D. Rotate to meperidine for renal-impaired patients

28. A hospice quality committee reviews data: 42% die within 7 days, median LOS 11 days. This indicates which quality concern?

A. The program enrolls patients too early

B. Symptom management is overly aggressive, hastening death

C. Referral patterns meet industry benchmarks

D. Late referrals deny patients the full benefit of hospice services — symptom management, psychosocial support, spiritual care, and caregiver preparation require time

29. A 54-year-old man with advanced melanoma on ipilimumab develops severe watery diarrhea (10 stools/day), cramping, bloody stool. C. difficile negative. Onset 10 days post-infusion. The most appropriate treatment is which of the following?

A. Loperamide alone as sole intervention

B. Empiric metronidazole for undetected C. difficile

C. Systemic corticosteroids (prednisone 1–2 mg/kg) for immune-related colitis, immunotherapy held, infliximab if steroid-refractory

D. Octreotide 150 mcg SC TID for secretory diarrhea

30. A 69-year-old man with advanced COPD on hospice is on morphine for dyspnea. SpO2 84% on 2 L/min. Despite morphine and fan, dyspnea remains significant. Family asks about increasing oxygen. Which is most evidence-based?

A. This patient IS hypoxemic (SpO2 84%, below 90%) — documented hypoxemia may benefit from increased oxygen, unlike non-hypoxemic patients where it adds no benefit

B. Discontinue oxygen entirely because it never helps dyspnea

C. Replace with heliox for all COPD patients

D. Increase only if the patient specifically requests more

31. A 73-year-old woman with advanced heart failure on hospice has been on furosemide 80 mg daily. Dyspnea worsened. Crackles, JVD, edema increased. The physician considers adding metolazone. The pharmacologic rationale is which of the following?

A. Metolazone has bronchodilating properties reducing dyspnea independently

B. Sequential nephron blockade — metolazone blocks distal tubular sodium reabsorption, overcoming compensatory reabsorption limiting furosemide alone

C. Metolazone replaces furosemide as a more potent loop diuretic

D. Metolazone provides positive inotropic cardiac support

32. A hospice team reviews a 74-year-old man with end-stage liver disease on lactulose for encephalopathy. It significantly reduces his confusion and agitation. The pharmacy questions hospice coverage. The most accurate response is which of the following?

A. Lactulose must be discontinued — all disease-modifying therapies are excluded

B. The patient must pay out of pocket

C. Lactulose requires medical director approval for each refill

D. Lactulose directly relieves distressing symptoms related to the terminal diagnosis — clinical purpose determines coverage, not drug classification

33. A 58-year-old woman with advanced ovarian cancer on hospice asks about MAID. She is in a legal state. Pain controlled, not depressed, wants "control over timing." The most appropriate initial response is which of the following?

A. Provide prescription immediately since criteria are met

B. Refuse to discuss because of the physician's personal beliefs

C. Explore driving factors deeply, assess depression thoroughly, ensure she understands legal requirements, and either participate or refer

D. Inform her MAID is unavailable to hospice patients

34. A 63-year-old man with advanced colon cancer on hospice develops nausea worsened by position changes and head movement. Not meal-related. The most appropriate antiemetic class is which of the following?

A. An antihistamine or anticholinergic (meclizine or scopolamine) for vestibular-mediated nausea — the movement pattern is the diagnostic hallmark

B. A dopamine antagonist (haloperidol) for CTZ nausea

C. A prokinetic (metoclopramide) for gastroparesis

D. A serotonin antagonist (ondansetron) for peripheral GI nausea

35. A 70-year-old man with advanced COPD on hospice says, "I'm terrified of suffocating at the end." The best response is which of the following?

A. "I guarantee you will feel absolutely nothing — zero risk of discomfort."

B. "We have effective medications — morphine for air hunger, medications for anxiety. Our team will be with you. Keeping you comfortable is our commitment. What frightens you most?"

C. "That's something we'll deal with later. Focus on today."

D. "Suffocation is possible and I cannot promise comfort."

36. A 57-year-old woman with advanced breast cancer on hospice develops right upper quadrant pain from hepatic metastases causing capsule distension. Her opioid provides partial relief. The most directly targeted non-opioid is which of the following?

A. Gabapentin for neuropathic pain modulation

B. Acetaminophen for general analgesic augmentation

C. An NSAID for prostaglandin-mediated inflammation

D. Dexamethasone 8 mg daily — reducing hepatic inflammation and peritumoral edema directly decreases capsular stretch

37. A 72-year-old man with metastatic prostate cancer on hospice develops hypercalcemia (corrected calcium 15.1 mg/dL) with confusion, constipation, nausea, polyuria. After IV saline, which provides the most sustained calcium reduction?

A. Zoledronic acid 4 mg IV — inhibiting osteoclast-mediated bone resorption with onset 24–48 hours, nadir 4–7 days, duration 2–4 weeks

B. Calcitonin for rapid and sustained lowering

C. Furosemide for forced calciuresis

D. Oral phosphate to bind calcium in the GI tract

38. A 59-year-old woman with advanced lung cancer on hospice tells her nurse, "I want to go to my daughter's graduation." The nurse's response should reflect which principle?

A. "Travel is too risky. Stay home for symptom management."

B. "You need physician clearance before leaving your residence."

C. "Absolutely — we'll plan medications, arrange equipment, ensure comfort. Living fully on hospice is what we support."

D. "Events interfere with nursing visit schedules."

39. A 66-year-old man with advanced gastric cancer on hospice has nausea worst after meals with early satiety and bloating. Not positional. No obstruction. The most directly targeted antiemetic is which of the following?

A. Scopolamine for vestibular nausea

B. Metoclopramide before meals — combining antiemetic D2 antagonism with prokinetic 5-HT4 agonism to address opioid-related gastroparesis

C. Ondansetron for serotonin-mediated GI nausea

D. Dexamethasone for centrally mediated ICP-related nausea

40. A hospice nurse visits a 78-year-old woman with end-stage COPD. Her husband, the sole caregiver, has lost weight with dark circles and says, "I'm fine — just focus on her." The most appropriate initial response is which of the following?

A. Focus exclusively on the patient — the husband is not enrolled in hospice

B. Arrange immediate mandatory hospitalization of the husband

C. Document and address at next team meeting in one week

D. Express concern, normalize caregiving difficulty, explore respite or support, communicate to IDT — caregiver collapse threatens the patient's care plan

41. A 65-year-old man with advanced pancreatic cancer on hospice has been on morphine with stable dosing for six weeks. He develops confusion, hallucinations, myoclonus. Creatinine rose from 1.0 to 3.9 mg/dL from dehydration. The most appropriate management is which of the following?

A. M6G accumulation from declining renal function — rotate to fentanyl, which has no active metabolites

B. Continue morphine with increased monitoring

C. Increase morphine for undertreated pain

D. Switch to meperidine for renal safety

42. A 68-year-old woman with advanced breast cancer on hospice develops a pathologic humerus fracture. ECOG 2, expected survival 5 months. The most appropriate management is which of the following?

A. Conservative management with sling and opioids

B. Palliative radiation alone without surgery

C. Surgical fixation followed by radiation — restoring function and preventing non-healing in a patient with adequate performance status

D. Amputation to eliminate the pain source

43. A palliative care physician meets a 69-year-old man with advanced lung cancer. He asks, "How much time do I have?" The most appropriate response is which of the following?

A. "Based on statistics, you have exactly 3.7 months."

B. "I wish I could give an exact number, but single-point estimates are almost always inaccurate. We're likely looking at weeks to a few months. I want to help you plan for what matters most."

C. "Medicine cannot tell you anything about prognosis."

D. "You have plenty of time — don't worry."

44. A 56-year-old woman with advanced sarcoma on hospice is on morphine SR 120 mg every 12 hours and duloxetine 60 mg daily. Tramadol 50 mg every 6 hours is added. Within 48 hours: agitation, hyperthermia, clonus, diaphoresis, hyperreflexia. The most likely diagnosis and distinguishing feature from NMS is which of the following?

A. NMS from morphine-duloxetine interaction, distinguished by rigidity

B. Opioid-induced hyperalgesia from tramadol, distinguished by widespread pain

C. Allergic reaction to tramadol, distinguished by urticaria and bronchospasm

D. Serotonin syndrome from tramadol (serotonin reuptake inhibitor) plus duloxetine (SNRI) — distinguished from NMS by clonus, which is present in serotonin syndrome but absent in NMS

45. A 73-year-old man with end-stage heart failure on hospice has a mechanical aortic valve on warfarin for 18 years. Prognosis 4 weeks. Unlike AF alone (where short-term risk is negligible), why does his warfarin warrant continuation?

A. Mechanical valves without anticoagulation carry significant, immediate risk of valve thrombosis and embolization — short-term discontinuation risk is much higher than with AF alone

B. Warfarin provides symptom relief for heart failure dyspnea

C. Medicare mandates warfarin for all mechanical valve patients on hospice

D. Stopping warfarin causes immediate valve failure requiring emergency surgery

46. A 60-year-old woman with advanced ovarian cancer on hospice has refractory pelvic pain on OME 450 mg/day with intolerable side effects. Her specialist recommends an intrathecal pump. Using the 300:1 oral-to-intrathecal ratio, the daily dose is approximately which of the following?

A. 45 mg intrathecal per day (incorrect 10:1)

B. 15 mg intrathecal per day (incorrect 30:1)

C. Approximately 1.5 mg intrathecal morphine per day (450 ÷ 300 — the correct calculation)

D. 4.5 mg intrathecal per day (incorrect 100:1)

47. A 62-year-old man with advanced esophageal cancer has complete dysphagia. Morphine SR 90 mg every 12 hours (180 mg oral/day). Converting to SC hydromorphone: 180÷3=60 mg parenteral morphine; 60/10×1.5=9 mg parenteral hydromorphone; 25% reduction: 9×0.75=6.75 mg/day. The correct hourly rate is which of the following?

A. 0.56 mg/hour (no reduction)

B. Approximately 0.28 mg/hour (6.75 ÷ 24 — the correct final calculation)

C. 1.12 mg/hour (incorrect conversion)

D. 0.14 mg/hour (double reduction error)

48. A hospice physician completes a death certificate for a 72-year-old man who died of aspiration pneumonia from Parkinson's disease. The correct Part I sequence is which of the following?

A. Line a: "Cardiac arrest" — Line b: "Old age"

B. Line a: "Parkinson's disease" with no additional lines

C. Line a: "Natural causes" — Line b: "Neurodegenerative disease"

D. Line a: "Aspiration pneumonia" — Line b: "Dysphagia" — Line c: "Parkinson's disease" — correctly tracing the causal chain

49. A 75-year-old man with advanced COPD on hospice has "good days and bad days." His wife asks if good days mean recovery. The most accurate explanation is which of the following?

A. Fluctuating function within overall decline is the characteristic organ failure pattern — good days reflect natural variability, not recovery

B. Good days indicate medications are working and he may no longer need hospice

C. The pattern requires hospital evaluation

D. Good days represent a terminal rally suggesting death within 48 hours

50. A 60-year-old man with advanced melanoma on nivolumab develops fatigue, constipation, cold intolerance, weight gain. TSH 53 mIU/L, free T4 undetectable. This irAE is managed by which of the following?

A. High-dose corticosteroids and permanent immunotherapy discontinuation

B. Urgent surgical thyroidectomy

C. Levothyroxine replacement — immune-related hypothyroidism is managed with hormone replacement and typically does NOT require immunotherapy discontinuation

D. Radioactive iodine ablation

51. A 67-year-old woman with advanced lung cancer on hospice develops seizures from brain metastases. Given her polypharmacy (opioids, antiemetics, corticosteroids), the most appropriate anticonvulsant is which of the following?

A. Phenytoin for established efficacy

B. Levetiracetam — minimal hepatic metabolism, few interactions, IV and liquid formulations, ideal for palliative polypharmacy

C. Carbamazepine for neuropathic pain benefit

D. Valproic acid for broad-spectrum activity

52. A hospice aide notices handgrip-pattern bruising on an 81-year-old patient with dementia. The caregiver son has a substance use history. The aide reports to the nurse. The most appropriate action is which of the following?

A. Document and reassess at next scheduled visit

B. Confront the son directly about the bruising

C. Attribute bruising to anticoagulant therapy without investigation

D. Assess for elder abuse — private evaluation, additional signs, document, report to APS if suspected; all providers are mandatory reporters

53. A 70-year-old man with end-stage heart failure on hospice has an ICD permanently reprogrammed to disable shocks. His family asks whether the magnet placed earlier is still needed. The most accurate response is which of the following?

A. The magnet can be removed — permanent reprogramming disabled shocks definitively; the magnet provided only temporary suspension and is no longer needed

B. The magnet must remain permanently

C. The magnet should remain as backup

D. The magnet cannot be removed until the device is explanted

54. A 62-year-old woman with advanced breast cancer on hospice has a lytic lesion in her femoral neck (60% cortical destruction). Ambulatory with walker, ECOG 2, expected survival 4 months. In addition to analgesics and radiation, the most strongly indicated intervention is which of the following?

A. Strict bed rest until the lesion heals

B. Hip brace for external support

C. Prophylactic surgical fixation — >50% cortical destruction in a weight-bearing bone carries high fracture risk; fixation prevents catastrophic complication in a patient with adequate performance status

D. Systemic bisphosphonate therapy as sole bone-targeted intervention

55. A 59-year-old man with advanced gastric cancer on hospice develops confusion, nausea, constipation, polyuria. Corrected calcium 14.9 mg/dL. Family attributed symptoms to disease progression. The most important clinical implication is which of the following?

A. The hypercalcemia is incidental and unrelated to symptoms

B. The hypercalcemia explains multiple symptoms simultaneously — a potentially reversible cause of suffering; treating (if consistent with goals) could improve confusion, nausea, constipation, and polyuria at once

C. Treatment is categorically prohibited in hospice

D. The calcium is mildly elevated and will self-correct

56. A 65-year-old woman with advanced pancreatic cancer on hospice has severe epigastric pain radiating to the back, refractory to high-dose opioids. Her specialist recommends celiac plexus neurolysis. The most accurate statement is which of the following?

A. Should be last resort after all other options fail

B. Relief lasts only 48 hours requiring weekly repetition

C. Contraindicated in patients already on opioids

D. Achieves significant relief in 70–90% of pancreatic cancer patients, substantially reduces opioid needs, and evidence supports early consideration

57. A 73-year-old man with end-stage heart failure is dying at home. His breathing has become agonal — gasping every 30–40 seconds. His daughter asks, "Is he suffering?" The most accurate response is which of the following?

A. "The gasping is a brainstem reflex — not conscious effort. Your father is not aware and is not suffering. This is normal in the final stage of dying."

B. "He is struggling to breathe and needs increased medications."

C. "These are seizures requiring anticonvulsant medication."

D. "Call 911 — agonal breathing indicates a cardiac emergency."

58. A hospice bereavement coordinator contacts the 67-year-old wife of a patient who died six months ago. She has returned to activities but cries daily and reaches for her husband in bed. She asks, "Shouldn't I be over this?" The most appropriate response is which of the following?

A. "Six months is long — recommend grief counseling for daily crying."

B. "Daily crying suggests developing PGD requiring evaluation."

C. "What you describe is completely normal. No timeline for grief. Daily crying at six months is expected. Return to activities shows healthy adaptation."

D. "Stay busy and avoid thinking about him."

59. A 53-year-old man with advanced sarcoma on hospice has pain with somatic (deep, aching) and neuropathic (burning, shooting) components. His opioid partially relieves aching but not burning. The best analgesic strategy is which of the following?

A. Increase opioid alone — higher doses address all pain equally

B. Combine opioid for somatic component with adjuvant (gabapentin or duloxetine) for neuropathic component — neither alone addresses both mechanisms optimally

C. Discontinue opioids, use gabapentin monotherapy

D. Replace all with topical lidocaine

60. A 68-year-old man with advanced lung cancer on hospice is on morphine and gabapentin 600 mg TID. Confusion and ataxia have worsened over a week. Creatinine rose from 1.0 to 3.1 mg/dL. Which medication requires MOST urgent adjustment?

A. Morphine is the sole priority

B. Both require identical urgency

C. Neither is affected by renal function

D. Gabapentin — entirely renally excreted, accumulates most rapidly with declining GFR; while morphine also warrants attention, gabapentin's exclusively renal clearance makes adjustment most urgent

61. A 71-year-old man with advanced prostate cancer on hospice has diffuse bone metastases. His physician recommends a non-opioid specifically targeting bone pain. The most appropriate addition is which of the following?

A. An NSAID (celecoxib or ibuprofen) — specifically effective through prostaglandin synthesis inhibition at the metastatic site, where tumor-produced prostaglandins sensitize nociceptors

B. Acetaminophen 1000 mg every 6 hours for general augmentation

C. Gabapentin for neuropathic modulation at the bone-nerve interface

D. Duloxetine for dual analgesic and antidepressant benefit

62. A 63-year-old woman with advanced ovarian cancer on hospice has MBO managed medically. Despite octreotide, glycopyrrolate, dexamethasone, she vomits 500 mL daily. A venting gastrostomy is placed. She asks if she can eat. The most accurate response is which of the following?

A. She must remain NPO because any intake worsens the obstruction

B. She may eat full meals because the gastrostomy bypasses the obstruction

C. She may eat and drink small amounts for pleasure — food enters the stomach, is experienced, then drains through the gastrostomy rather than entering the obstructed bowel

D. Clear liquids only because solid food blocks the gastrostomy tube

63. A hospice program conducts a Medicare compliance review. Volunteer utilization is 3.9%. The regulatory significance is which of the following?

A. Compliant — no volunteer minimum exists

B. Below the Medicare-mandated 5% minimum; must increase volunteer services

C. Volunteer requirement applies only to non-profit programs

D. Exceeds the 2% minimum requirement

64. A palliative care team meets the family of a 70-year-old man with end-stage heart failure in the ICU. His advance directive states no life-prolonging treatment without hope of recovery. His son angrily says, "You're giving up!" The most effective response is which of the following?

A. "Let me show you the data so you understand why treatment is futile."

B. "You're welcome to seek a second opinion."

C. "The medical facts are clear — we need to accept reality."

D. "I can hear how frightened you are — you love your father. What worries you most? I want to make sure we're doing what's best together."

65. A 56-year-old woman with advanced cervical cancer on hospice has severe neuropathic pain — burning, shooting — from sacral nerve root invasion. Her opioid provides partial relief. The most appropriate adjuvant class is which of the following?

A. A gabapentinoid (gabapentin or pregabalin) or SNRI (duloxetine) — first-line adjuvant classes for neuropathic pain

B. An NSAID for prostaglandin-mediated anti-inflammatory relief

C. A benzodiazepine for the anxiety amplifying her pain

D. An acetaminophen-codeine combination for enhanced analgesia

66. A 72-year-old woman with advanced dementia (FAST 7E) on hospice develops fever and tachypnea — her fifth aspiration pneumonia in 14 months. The antibiotic decision should be most influenced by which of the following?

A. The specific organism and antibiotic sensitivity from sputum culture

B. Whether temperature exceeds 39.5°C mandating treatment

C. Whether the recurrent pattern reflects disease trajectory — each course treats infection but does not change aspiration risk — and whether continued treatment serves comfort or prolongs dying

D. Antibiotic cost relative to the hospice per diem budget

67. A 60-year-old man with advanced hepatocellular carcinoma on hospice is on lactulose for encephalopathy and morphine for pain. A team member asks about compatibility. The most accurate statement is which of the following?

A. Lactulose is contraindicated with opioids

B. Lactulose serves dual purpose — treating encephalopathy AND functioning as osmotic laxative counteracting opioid constipation; the medications are complementary

C. Morphine must be stopped before lactulose

D. Lactulose chemically inactivates morphine

68. A hospice social worker conducts bereavement follow-up with the 49-year-old son of a patient who died three months ago. He has returned to work but reports sudden grief waves triggered by reminders. He asks, "Is this normal?" The most appropriate response is which of the following?

A. "Three months should be enough — I recommend psychiatric evaluation."

B. "The episodes suggest developing panic disorder."

C. "Avoid all triggering situations."

D. "Grief waves are completely normal and can persist for months to years. Functioning well between waves shows healthy adaptation. No timeline for grief."

69. A 69-year-old man with advanced lung cancer on hospice tells his chaplain, "I don't believe in God. I don't need spiritual care." The most appropriate chaplain response is which of the following?

A. "Spiritual care addresses meaning, purpose, legacy — not just religion. I'm here for whatever matters to you without imposing beliefs."

B. "I'll note your decline and won't visit again."

C. "Everyone needs spiritual care — let me explain why."

D. "Perhaps reconsider your beliefs given your situation."

70. A 65-year-old woman with advanced breast cancer on hospice develops opioid-induced pruritus after morphine dose increase. Bilirubin and renal function normal. After failing antihistamines, the best rotation is which of the following?

A. Codeine for lower histamine release than morphine

B. Hydromorphone with identical histamine properties

C. Fentanyl — minimal histamine-releasing properties make it preferred when pruritus is the rotation indication

D. Meperidine, historically recommended for pruritus

71. A palliative care team debriefs after a difficult case. A nurse says, "I knew the patient needed sedation earlier, but the attending wanted another medication trial. I felt powerless." This is best described as which of the following?

A. Compassion fatigue from empathic absorption

B. Moral distress — knowing the ethically right action but unable to act due to hierarchical barriers

C. Professional burnout from administrative overwork

D. Normal job dissatisfaction resolving spontaneously

72. A 61-year-old woman with advanced ovarian cancer on hospice develops a new vertebral compression fracture at L1 (severe pain 9/10). ECOG 2, expected survival 5 months. In addition to opioid optimization, the most rapid targeted relief is which of the following?

A. Palliative radiation (single 8 Gy) with onset in 2–4 weeks

B. External thoracolumbar brace as primary analgesic

C. Epidural corticosteroid injection at L1

D. Vertebroplasty or kyphoplasty — relief in 70–90% within 24–72 hours through mechanical stabilization

73. A 63-year-old man with advanced colon cancer on hospice has been on warfarin for AF. Prognosis 2 weeks. No stroke history. The most appropriate anticoagulation management is which of the following?

A. Discontinue warfarin — absolute risk reduction over 2 weeks is negligible while bleeding risk continues and monitoring burden is unjustified

B. Continue warfarin because AF requires lifelong therapy

C. Switch to a direct oral anticoagulant

D. Increase warfarin for enhanced protection

74. A 58-year-old man with advanced gastric cancer on hospice develops acute pulmonary edema. On morphine and furosemide 40 mg daily. Crackles, JVD, S3, SpO2 80%. Comfort measures, DNR. The most appropriate management is which of the following?

A. Continue current medications unchanged

B. Morphine alone without diuretic adjustment

C. Morphine bolus AND furosemide increase to 80 mg IV — addressing both symptom and treatable cause consistent with comfort goals

D. Hospital transfer for BiPAP

75. A hospice program is audited. GIP was billed for a patient admitted for "caregiver respite." This billing error exists because of which of the following?

A. GIP can only be provided in acute care hospitals

B. GIP is for acute symptom management — caregiver respite is IRC, not GIP; billing higher-reimbursement GIP for respite constitutes incorrect billing

C. GIP requires a 14-day minimum stay

D. GIP requires 30-day CMS pre-authorization

76. A 53-year-old woman with advanced breast cancer on hospice has CIPN neuropathic pain and is on tamoxifen. Which adjuvant should be AVOIDED?

A. Gabapentin — no CYP interactions, safe with tamoxifen

B. Pregabalin — renally excreted without hepatic metabolism

C. Nortriptyline at low doses for combined pain and sleep

D. Duloxetine — inhibits CYP2D6, converting tamoxifen to endoxifen, potentially reducing tamoxifen's efficacy

77. A 56-year-old woman with advanced sarcoma on hospice is on high-dose opioids (OME 700 mg/day). Her specialist recommends methadone rotation. Which unique property requires specific monitoring?

A. QTc prolongation with torsades risk — requiring ECG at baseline, after stabilization, and periodically; the only common opioid with this cardiac risk

B. Direct hepatotoxicity requiring weekly LFTs

C. Complete absence of respiratory depression

D. Severe thrombocytopenia requiring CBC monitoring

78. A 70-year-old man with advanced prostate cancer on hospice transitions from IV hydromorphone 0.6 mg/hour (14.4 mg/24h) to oral. Using the 5:1 parenteral-to-oral ratio, the correct daily oral dose is which of the following?

A. 14.4 mg oral (incorrect 1:1)

B. 43.2 mg oral (incorrect 3:1)

C. 72 mg oral per day (14.4 × 5 = 72 mg — the correct 5:1 ratio for hydromorphone)

D. 28.8 mg oral (incorrect 2:1)

79. A 64-year-old man with end-stage COPD on hospice develops acute respiratory distress. SpO2 78%, RR 32, severe anxiety. POLST: comfort measures only. The most appropriate immediate intervention is which of the following?

A. Call 911 for emergency intubation

B. Morphine bolus, midazolam for anxiety, increase O2 (he IS hypoxemic), position upright, fan to face — comprehensive symptom management consistent with comfort goals

C. Withhold opioids due to respiratory depression concern

D. Oxygen only and observe for 60 minutes

80. A hospice physician reviews a death certificate listing "Cardiac arrest" as cause of death. This is problematic because of which of the following?

A. Only appropriate when witnessed by a cardiologist

B. Must include the specific terminal ECG rhythm

C. Acceptable for all deaths and requires no correction

D. "Cardiac arrest" is the mechanism common to all deaths — provides no disease-specific information; the certificate should specify the actual disease process

81. A 69-year-old woman with advanced pancreatic cancer on hospice develops diabetes from tumor and dexamethasone. Glucose consistently >350. Symptomatic with polyuria, thirst, blurred vision. Treatment is justified by which of the following?

A. Treatment for symptom relief — polyuria, thirst, and blurred vision directly impair comfort and quality of life

B. Strict HbA1c <7% for microvascular prevention

C. Insulin excluded from hospice benefit

D. All glucose >300 requires insulin per regulation

82. A palliative care physician conducts ACP with a 62-year-old man with stage IV colon cancer. He names his wife as DPAHC. The physician emphasizes naming alone is insufficient. The most critical additional step is which of the following?

A. DPAHC must be notarized by an attorney

B. Form must be filed with county courthouse

C. The patient must have a detailed conversation with his wife about values, goals, fears, and preferences — a surrogate who doesn't know the patient's values cannot exercise substituted judgment

D. Wife must complete a medical decision-making course

83. A 71-year-old man with advanced COPD on hospice has worsening dyspnea despite morphine 15 mg every 4 hours. SpO2 91%. Anxious with accessory muscle use. Morphine given 30 minutes ago, minimal improvement. The most appropriate next step is which of the following?

A. Increase O2 to achieve saturation above 95%

B. Add lorazepam 0.5–1 mg SL for the anxiety-breathlessness cycle — when opioid alone fails and anxiety is prominent, benzodiazepine addresses the component opioid cannot

C. Switch to hydromorphone for superior dyspnea efficacy

D. Nebulized albuterol as sole additional intervention

84. A 71-year-old man with advanced lung cancer on hospice has a 12-year-old son refusing visits, fighting at school, telling his teacher "My dad is fine." This behavior most likely represents which of the following?

A. Conduct disorder unrelated to his father's illness

B. Evidence the child hasn't been informed

C. Normal pre-adolescent rebellion unconnected to the situation

D. Anticipatory grief — denial, avoidance, and acting out are common in school-age children who understand death's permanence but lack mature coping

85. A 66-year-old woman with advanced lung cancer on hospice develops seizures from brain metastases. Her oncologist recommends prophylactic anticonvulsants for her OTHER non-seizing brain lesions. The most appropriate recommendation is which of the following?

A. Prophylactic anticonvulsants are NOT recommended for non-seizing brain metastasis sites — trials show no benefit, and medications carry significant side effect risks

B. Start phenytoin for all brain metastasis patients

C. Start levetiracetam prophylactically because of fewest interactions

D. Start valproic acid because dexamethasone increases seizure risk

86. A 58-year-old man with advanced colon cancer on hospice develops a DVT causing severe calf pain and swelling. Prognosis 2 months. Comfort measures. The most appropriate management is which of the following?

A. Anticoagulation is prohibited for all hospice DVT patients

B. No treatment needed — DVT is natural part of dying

C. Treat with SC LMWH if symptoms cause distress — decision serves comfort goals, not a blanket policy

D. Transfer to hospital for duplex ultrasound and IV heparin

87. A 72-year-old woman with advanced heart failure on hospice has worsening dyspnea. Furosemide 80 mg daily. Crackles, JVD, 5 kg weight gain, edema. The most appropriate medication adjustment is which of the following?

A. Discontinue furosemide — diuretics are disease-directed

B. Increase furosemide and/or add metolazone — addressing volume overload causing dyspnea, a symptom-directed comfort intervention

C. Replace furosemide with morphine as sole dyspnea treatment

D. Maintain current dose unchanged, add morphine only

88. A 64-year-old man with advanced gastric cancer on hospice develops nausea — constant, non-positional, non-meal-related, gradually improving over 3 days since starting morphine. This pattern is most consistent with which of the following?

A. Gastroparesis requiring indefinite prokinetic therapy

B. Allergic reaction requiring immediate discontinuation

C. Bowel obstruction requiring octreotide

D. CTZ stimulation — tolerance develops within 3–7 days (explaining improvement); short haloperidol course bridges tolerance

89. A 55-year-old woman with advanced cervical cancer on hospice has refractory pelvic pain. Her specialist recommends a superior hypogastric plexus block. This targets which structures?

A. Pelvic visceral organs (uterus, cervix, bladder, rectum) — the superior hypogastric plexus transmits visceral afferent pain from these structures

B. Upper abdominal organs via T12-L1 ganglia (celiac plexus)

C. Perineum and rectum via sacrococcygeal ganglion impar

D. Lower extremities via lumbar sympathetic chain

90. A hospice program reviews bereavement services. Medicare COP require bereavement support for how long after death?

A. Services end on the day of death

B. Single contact at 30 days only

C. At least 13 months — including periodic contacts, memorial events, support groups, and counseling referrals

D. Bereavement is recommended but not mandated

91. A 60-year-old woman with advanced breast cancer on hospice asks, "Can I travel to see my sister?" The most appropriate response is which of the following?

A. "Hospice patients cannot leave their registered residence."

B. "Yes — we'll coordinate care, ensure medications, arrange services at your destination, plan for contingencies."

C. "You'd need to revoke hospice before crossing state lines."

D. "Travel is medically inadvisable."

92. A 68-year-old man with advanced lung cancer on hospice is on morphine SR 120 mg every 12 hours. He develops complete dysphagia. Total oral morphine 240 mg/day. Converting to SC using 3:1, the correct rate is which of the following?

A. 10 mg/hour (no conversion)

B. 1.7 mg/hour (incorrect 6:1)

C. 5 mg/hour (incorrect 2:1)

D. Approximately 3.3 mg/hour (240 ÷ 3 = 80 SC/day ÷ 24 = 3.3 — correct calculation)

93. A 72-year-old woman with end-stage heart failure has been declining. Yesterday: suddenly alert, eating, talking. Today: unresponsive. This is best described as which of the following?

A. A terminal rally — transient improvement before death, not recovery, typically followed by rapid decline

B. Recovery requiring hospital transfer

C. Medication interaction causing temporary alertness

D. Infection resolution

94. A 57-year-old man with advanced gastric cancer on hospice has constipation refractory to senna 4 BID and PEG daily. No BM in 12 days. No impaction, no obstruction. The next step is which of the following?

A. High-fiber diet as definitive treatment

B. Discontinue opioids to eliminate constipation

C. Methylnaltrexone 12 mg SC — PAMORA blocking GI mu receptors without crossing blood-brain barrier, indicated for refractory OIC

D. Add docusate as the missing component

95. A 63-year-old man with advanced colon cancer on hospice has cancer-related fatigue. Hemoglobin 10.7, thyroid normal, depression negative. Non-pharmacologic measures implemented. The medication with strongest evidence is which of the following?

A. Modafinil for wakefulness

B. Methylphenidate 5 mg morning and noon — CNS stimulant with rapid onset and strongest evidence for cancer-related fatigue

C. Dexamethasone for long-term energy

D. ESA to treat mild anemia

96. A palliative care physician cares for a 70-year-old man with advanced pancreatic cancer. His wife asks, "After he dies, will you be available?" The most accurate response about bereavement is which of the following?

A. "Services end when your husband passes."

B. "We provide a single call at 30 days."

C. "Support is available privately only."

D. "Our program provides support for at least 13 months — contacts, events, groups, referrals. We can also help prepare now."

97. A 56-year-old woman with advanced ovarian cancer on hospice develops opioid-induced pruritus after morphine dose increase. Bilirubin and renal function normal. After failing antihistamines, the best rotation is which of the following?

A. Fentanyl — minimal histamine-releasing properties make it preferred when pruritus is the indication

B. Codeine for lower histamine release

C. Hydromorphone with identical properties to morphine

D. Meperidine, historically recommended

98. A 70-year-old man with end-stage heart failure on hospice has an ICD. He agrees to deactivate shocks but maintain pacing. The most accurate statement is which of the following?

A. Shocks and pacing cannot be independently controlled

B. Deactivating shocks automatically disables pacing

C. Shock and pacing can be independently programmed — deactivating shocks while maintaining pacing is standard practice

D. Maintaining pacing is incompatible with hospice

99. A 63-year-old man with advanced lung cancer on hospice tells his nurse, "I've been thinking about taking all my morphine at once. Just the thought — nothing done." Pain 4/10, no plan. The most appropriate response is which of the following?

A. Report to law enforcement

B. Take it seriously — explore factors (fear, depression, undertreated pain), assess depression, optimize symptoms, secure medications, involve IDT

C. Remove all opioids without replacement

D. Dismiss as normal expression

100. A palliative care physician meets a family before delivering an ICU update about a 74-year-old man. The physician asks, "What is your understanding of what's been happening?" This serves which purpose?

A. Shifting responsibility to the family

B. Testing medical knowledge level

C. Determining intellectual participation capability

D. Assessing current understanding — "Perception" step of SPIKES — revealing gaps, misconceptions, and a starting point for the update

101. A 65-year-old woman with advanced pancreatic cancer on hospice has been on dexamethasone 8 mg daily for six weeks. She develops proximal weakness — difficulty rising from chairs, climbing stairs. This is most consistent with which of the following?

A. Steroid-induced proximal myopathy — dose and duration dependent, hip/shoulder girdle, distinguished from cord compression by absent sensory level

B. Spinal cord compression requiring emergent MRI

C. Brain metastasis progression

D. Deconditioning requiring PT only

102. A 57-year-old man with advanced gastric cancer on hospice develops MBO. Not surgical. The standard medical management is which of the following?

A. Metoclopramide plus high-dose oral laxatives

B. TPN as primary intervention

C. Octreotide (reducing secretions) plus glycopyrrolate (secretions and colic) plus dexamethasone (edema) plus parenteral opioids

D. High-fiber diet with aggressive hydration

103. A 72-year-old woman with metastatic colon cancer develops back pain, bilateral weakness, urinary retention over 72 hours. MRI: epidural cord compression at T8. Pre-event ECOG 2, expected survival 4 months. The MOST critical factor determining neurologic outcome is which of the following?

A. Radiation fractionation schedule

B. Her neurologic status at treatment initiation — ambulatory >80% chance remaining so; paraplegic <10% recovery chance

C. Histologic type and radiosensitivity

D. Age as sole determinant

104. A 63-year-old man with advanced lung cancer asks, "My neighbor lived two years with lung cancer. Why can't I?" The most appropriate response is which of the following?

A. "Your neighbor probably had a less aggressive type."

B. "You could definitely live two years."

C. "Medicine cannot predict individual outcomes."

D. "Every person's cancer is different. I can tell you what I see with yours. Would it help to talk about what to expect so we can plan together?"

105. A 58-year-old woman with advanced ovarian cancer on hospice develops opioid-induced nausea — constant, non-positional, improving over 3 days. The most likely mechanism is which of the following?

A. CTZ stimulation — tolerance develops within 3–7 days (explaining improvement); short haloperidol course bridges tolerance

B. Gastroparesis requiring indefinite prokinetic therapy

C. Allergic reaction requiring discontinuation

D. Bowel obstruction requiring octreotide

106. A hospice nurse visits a 68-year-old man with end-stage heart failure. His wife asks, "Can he still hear us?" The most accurate response is which of the following?

A. "Once unresponsive, all sensory function has ceased."

B. "He can hear everything — be careful what you discuss."

C. "Hearing may be the last sense preserved. While we can't know with certainty, I encourage you to keep talking, holding his hand, saying what you need to say."

D. "His hearing has been replaced by hallucinations."

107. A 56-year-old woman with advanced sarcoma on hospice says, "I feel like a burden. They'd be better off without me." PHQ-9 is 20. No suicidal ideation. The most important implication is which of the following?

A. Normal grief expression

B. Perceived burdensomeness is strongly associated with hastened death desire and is a depression red flag — PHQ-9 of 20 confirms severe depression requiring treatment

C. Accurate family assessment

D. Social work referral without depression treatment

108. A hospice team discusses cultural care for a Hindu patient nearing death. The most consistent post-death practice is which of the following?

A. Immediate embalming with multi-day visitation

B. Body should not be left alone with burial within 24 hours

C. Plain pine casket without cosmetic preparation

D. Hindu tradition generally favors cremation, with family potentially washing and preparing the body with specific prayers and rituals

109. A 66-year-old man with advanced prostate cancer on hospice enters his fourth benefit period (second 60-day). Which recertification requirement applies?

A. Face-to-face encounter with hospice physician or NP within 30 days before the period — required from the third period onward

B. Mandatory psychiatric evaluation

C. Second opinion from independent specialist

D. Formal Medicare appeal submission

110. A 53-year-old woman with advanced sarcoma on hospice asks about what happens to her family after death. The most accurate bereavement description is which of the following?

A. "Services end when you pass."

B. "Only available privately."

C. "Our program provides at least 13 months of bereavement support — contacts, events, groups, referrals. We can also prepare your family now."

D. "Single call at 30 days."

111. A 70-year-old man with advanced colon cancer on hospice has bone metastases. His physician recommends a RANKL-inhibiting bone-targeted agent. Which agent uses this mechanism?

A. Zoledronic acid (bisphosphonate, mevalonate pathway)

B. Denosumab — monoclonal antibody blocking RANKL to prevent osteoclast differentiation and activation

C. Calcitonin (direct osteoclast inhibition via receptor)

D. Pamidronate (first-generation IV bisphosphonate)

112. A 64-year-old man with advanced hepatocellular carcinoma on hospice is on morphine. Liver function deteriorates (bilirubin 5→17 mg/dL). He becomes more somnolent despite no dose change. GFR 68 (normal). The most critical adjustment is which of the following?

A. Increase morphine for undertreated pain

B. Switch to meperidine for hepatic safety

C. Discontinue all medications

D. Reduce morphine — worsening liver function reduces first-pass metabolism, increasing oral bioavailability and drug exposure at the same dose

113. A 71-year-old woman with end-stage heart failure on hospice develops confusion and muscle cramps. Na 124, K 2.6. On furosemide 80 mg daily (recently increased). These are most likely caused by which of the following?

A. Diuretic-induced electrolyte derangements — furosemide causes sodium and potassium wasting, producing hyponatremia and hypokalemia

B. Heart failure progression causing SIADH

C. Morphine toxicity causing SIADH

D. Hepatic encephalopathy

114. A 68-year-old man with advanced prostate cancer on hospice develops a seizure-like episode. On morphine SR 90 mg every 12 hours. Creatinine was normal one week ago. The most important consideration is which of the following?

A. Prostate cancer commonly metastasizes to brain

B. Vasovagal event from dehydration

C. Opioid neurotoxicity — check renal function for M6G accumulation; if GFR declined, rotate to fentanyl

D. Epilepsy unrelated to cancer

115. A 59-year-old woman with advanced cervical cancer on hospice has severe perineal pain from sacral nerve invasion. The interventional procedure targeting her specific pain location is which of the following?

A. Celiac plexus block at T12-L1

B. Ganglion impar block — at the sacrococcygeal junction, transmitting visceral pain from perineum, rectum, anus, vulva

C. Superior hypogastric plexus block for pelvic organ pain

D. Lumbar epidural steroid injection

116. A hospice physician counsels a family about planned ventilator withdrawal. Patient on FiO2 100%, PEEP 14, vasopressors, minimal spontaneous effort. The most appropriate prognostic statement is which of the following?

A. "He will die within exactly 5 minutes."

B. "He will survive several days due to reserves."

C. "It is impossible to provide any estimation."

D. "Given his high requirements and minimal breathing, death is likely within minutes to hours. I cannot predict exactly, but we will keep him comfortable and be here with you."

117. A 63-year-old man with advanced colon cancer on hospice has a successful celiac plexus block — pain drops from 8/10 to 1/10. He then becomes sedated with RR 10. This illustrates which principle?

A. Pain is a respiratory stimulant — the block eliminated pain, removing the stimulant effect and unmasking respiratory depression from his now-excessive opioid dose

B. The block always causes respiratory depression

C. The neurolytic agent caused CNS toxicity

D. Phrenic nerve damage from the block

118. A palliative care physician has cared for a 62-year-old woman with lung cancer for six months. She dies. The physician feels tearful. A colleague notices. The most supportive response is which of the following?

A. "You need leave — emotional responses indicate unfitness."

B. "Leave feelings at the door — boundaries require detachment."

C. "That sounds like a normal grief response. You were truly present for her — that's not weakness. Would it help to talk?"

D. "I'll refer you for mandatory psychiatric evaluation."

119. A 54-year-old woman with advanced melanoma on pembrolizumab develops acute fatigue, hypotension (BP 70/38), nausea, hypoglycemia. Cortisol undetectable. The urgent intervention is which of the following?

A. Aggressive IV fluids alone without hormone replacement

B. IV hydrocortisone 100 mg for adrenal insufficiency from immune-related hypophysitis — undetectable cortisol, hypotension, and hypoglycemia require urgent corticosteroid replacement

C. High-dose prednisone for immune-related hepatitis

D. Thyroid hormone replacement

120. A 69-year-old man with advanced COPD on hospice is on morphine and gabapentin 600 mg TID. Confusion and ataxia worsen over a week. Creatinine 1.0→3.0. Which requires MOST urgent adjustment?

A. Morphine is sole priority

B. Both require identical urgency

C. Neither is affected by renal function

D. Gabapentin — entirely renally excreted, accumulates most rapidly with declining GFR; while morphine also warrants attention, gabapentin's exclusively renal clearance makes adjustment most urgent

121. A 68-year-old man with advanced renal cell carcinoma on hospice has been on oxycodone for pain. His GFR has declined from 50 to 11 mL/min over three weeks. He develops progressive confusion, visual hallucinations, and myoclonic jerks. The palliative care physician suspects opioid metabolite accumulation. Which opioid rotation is safest?

A. Fentanyl — metabolized by CYP3A4 to inactive norfentanyl, no active metabolites accumulate in renal failure

B. Morphine, the most extensively studied opioid and therefore safest in all clinical contexts

C. Codeine, which requires only hepatic activation with no renal concerns

D. Meperidine, which was historically recommended for renal-impaired patients

122. A 71-year-old woman with end-stage heart failure on hospice has been on furosemide 80 mg daily. Her dyspnea improved but she develops confusion, lethargy, and muscle cramps. Na 122 mEq/L, K 2.4 mEq/L. These abnormalities are most likely caused by which of the following?

A. Heart failure progression causing neurohormonal-mediated dilutional hyponatremia

B. Morphine toxicity causing SIADH with secondary electrolyte disturbances

C. Diuretic-induced electrolyte derangements — furosemide causes renal sodium and potassium wasting producing hyponatremia and hypokalemia

D. Hepatic encephalopathy from previously undiagnosed concurrent liver disease

123. A hospice physician counsels a family about planned ventilator withdrawal. The patient is on FiO2 100%, PEEP 16, vasopressors, minimal spontaneous effort. The family asks how long after withdrawal. Which response is most appropriate?

A. "He will die within exactly 3 minutes in all ventilator withdrawal cases."

B. "Given his high requirements, minimal breathing, and hemodynamic instability, death is likely within minutes to hours. I cannot predict exactly, but we will keep him comfortable and be here with you."

C. "He will survive several days because the body has significant reserves."

D. "It is completely impossible to provide any estimation about the time course."

124. A 56-year-old woman with advanced ovarian cancer on hospice asks, "Can I travel to visit my daughter in another state?" Which response best reflects hospice philosophy?

A. "Hospice patients cannot leave their registered residence under any circumstances."

B. "You would need to revoke hospice before crossing state lines."

C. "Travel is medically inadvisable for all terminal patients regardless of status."

D. "Yes — we can coordinate care, ensure adequate medications, arrange services at your destination, and plan for contingencies. Let's make this happen."

125. A 64-year-old man with advanced colon cancer on hospice develops MBO. He is not a surgical candidate. The standard medical management combination for inoperable MBO is which of the following?

A. Octreotide (reducing GI secretions) plus glycopyrrolate (reducing secretions and colic) plus dexamethasone (reducing peritumoral edema) plus parenteral opioids for pain

B. Metoclopramide plus high-dose oral laxatives for prokinetic bowel stimulation

C. TPN as primary intervention to maintain nutritional status during obstruction

D. High-fiber diet with aggressive hydration for natural obstruction resolution

126. A palliative care team cares for a 69-year-old man with advanced gastric cancer. His 15-year-old daughter has been withdrawn, refusing visits, expressing hopelessness to her school counselor. Grades dropped. Which hospice response is most appropriate?

A. Defer entirely to the school counselor without hospice involvement

B. Inform the mother that her daughter needs help and leave the referral to the family

C. Arrange for the hospice social worker or bereavement coordinator to meet the daughter, assess emotional state and safety (hopelessness warrants screening), and facilitate referral for adolescent counseling

D. Report the daughter to child protective services for suspected neglect

127. A 61-year-old woman with advanced breast cancer develops back pain worsening when supine, bilateral leg weakness (3/5), and urinary retention over 48 hours. Dexamethasone given. MRI: single-level epidural mass at T7. Pre-event ECOG 1, expected survival 8 months. The MOST critical factor determining neurologic outcome is which of the following?

A. The radiation fractionation schedule selected by the radiation oncologist

B. Her neurologic status at the time treatment is initiated — ambulatory patients have >80% chance remaining ambulatory; paraplegic patients have <10% recovery chance

C. The histologic type and expected radiosensitivity of her breast cancer

D. Her age as the sole determinant of neurologic recovery

128. A hospice program is audited. GIP was billed for a patient admitted for "caregiver respite needs." This billing error exists because of which of the following?

A. GIP can only be provided in acute care hospitals, not hospice inpatient units

B. GIP requires a minimum 14-day stay not met in this case

C. GIP requires 30-day CMS pre-authorization not obtained

D. GIP is for acute symptom management — caregiver respite is the indication for IRC, not GIP; billing the higher-reimbursement GIP for a respite need constitutes incorrect billing

129. A 72-year-old man with metastatic prostate cancer on hospice has painful bone metastases. His physician recommends a bone-targeted agent acting through RANKL inhibition. Which agent uses this mechanism?

A. Denosumab — a monoclonal antibody blocking RANKL to prevent osteoclast differentiation and activation

B. Zoledronic acid, a bisphosphonate inhibiting osteoclasts via the mevalonate pathway

C. Calcitonin, directly inhibiting osteoclasts through calcitonin receptor activation

D. Pamidronate, a first-generation IV bisphosphonate

130. A 58-year-old man with advanced pancreatic cancer on hospice develops hypercalcemia (corrected calcium 15.4 mg/dL) with confusion, constipation, nausea, polyuria. After IV saline, which provides the most sustained calcium reduction?

A. Calcitonin for rapid and sustained calcium lowering over weeks

B. Furosemide for forced calciuresis as the primary strategy

C. Zoledronic acid 4 mg IV — inhibiting osteoclast-mediated bone resorption with onset 24–48 hours, nadir 4–7 days, duration 2–4 weeks

D. Oral phosphate to bind calcium in the GI tract

131. A hospice nurse visits a 77-year-old woman with end-stage COPD. Her husband, the sole caregiver, has lost weight with dark circles and says, "I'm fine — focus on her." The most appropriate initial response is which of the following?

A. Focus exclusively on the patient because the husband is not enrolled in hospice

B. Gently express concern, normalize caregiving difficulty, explore respite or support, and communicate to IDT — caregiver collapse directly threatens the patient's care plan

C. Arrange mandatory hospitalization of the husband for medical evaluation

D. Document without action and reassess at next visit in two weeks

132. A 65-year-old woman with advanced ovarian cancer on hospice has refractory ascites from peritoneal carcinomatosis (NOT portal hypertension). During home drainage, her husband drains 3 liters in 20 minutes. She becomes dizzy and hypotensive (BP 80/46). The most likely cause and preventive counseling are which of the following?

A. Peritonitis from catheter contamination requiring emergency antibiotics

B. Intra-abdominal hemorrhage from catheter erosion requiring surgical consultation

C. Tension pneumoperitoneum from air entering the abdomen

D. Rapid large-volume drainage caused hemodynamic instability — future drainages should be slower (60–90 minutes) with the patient reclined

133. A 53-year-old man with advanced melanoma on hospice develops a painful fungating chest wall lesion with severe malodor from anaerobic colonization. Which topical agent is most effective?

A. Topical metronidazole 0.75% gel — specifically targeting anaerobic bacteria producing the malodor, with dramatic improvement often within 24–48 hours

B. Silver sulfadiazine cream for broad-spectrum coverage

C. Hydrogen peroxide 3% for wound irrigation twice daily

D. Povidone-iodine applied to the wound periphery for antisepsis

134. A 70-year-old man with end-stage liver disease on hospice is on lactulose for encephalopathy and morphine for pain. The pharmacy questions compatibility. Which statement is most accurate?

A. Lactulose is contraindicated with opioids due to severe electrolyte disturbance risk

B. Morphine must be stopped before lactulose can be started

C. Lactulose serves a dual purpose — treating encephalopathy (reducing ammonia) AND functioning as osmotic laxative counteracting opioid-induced constipation; the medications are complementary

D. Lactulose chemically inactivates morphine through direct GI binding

135. A 62-year-old woman with advanced lung cancer tells her chaplain, "I feel like God abandoned me. Why is this happening?" The most appropriate chaplain response is which of the following?

A. Provide theological reassurance that God does not punish with illness

B. Explore her feelings of abandonment without trying to "fix" them, validate her spiritual struggle, facilitate engagement with her faith tradition, and offer pastoral presence

C. Prescribe an anxiolytic to reduce her spiritual distress

D. Refer to psychiatry because spiritual distress of this intensity indicates depression

136. A 68-year-old man with advanced COPD on hospice has persistent hiccups for six days. Medications include dexamethasone 4 mg daily (started 3 weeks ago), morphine, ondansetron, senna-docusate. Temporal relationship to dexamethasone is clear. The most appropriate management is which of the following?

A. Increase dexamethasone because higher doses paradoxically suppress hiccups

B. Add chlorpromazine 50 mg TID without addressing the dexamethasone

C. Discontinue dexamethasone entirely without considering impact on other symptoms

D. Reduce dexamethasone dose or switch corticosteroids, and initiate baclofen 5 mg TID for hiccup-specific treatment

137. A 56-year-old woman with advanced sarcoma on hospice is on morphine SR 120 mg every 12 hours and duloxetine 60 mg daily. Tramadol is added for new pain. Within 48 hours: agitation, hyperthermia, clonus, diaphoresis. After discontinuing serotonergic agents, which specific antidote should be given?

A. Cyproheptadine (serotonin antagonist) 12 mg orally initially, then 4–8 mg every 6 hours — the specific pharmacologic antidote for serotonin syndrome

B. Naloxone 0.4 mg IV for opioid-mediated serotonergic excess

C. Dantrolene IV for the muscular component of the syndrome

D. Bromocriptine as a dopamine agonist to counterbalance serotonin excess

138. A 71-year-old man with end-stage heart failure on hospice has an ICD permanently reprogrammed to disable shocks. His family asks whether the earlier-placed magnet is still needed. The most accurate response is which of the following?

A. The magnet must remain permanently because reprogramming only partially disables shocks

B. The magnet should remain as backup in case reprogramming reverses

C. The magnet can be removed — permanent reprogramming disabled shocks definitively; the magnet provided only temporary suspension and is no longer needed

D. The magnet cannot be removed until the device is surgically explanted

139. A 60-year-old woman with advanced breast cancer on hospice has CIPN neuropathic pain. She is on tamoxifen. Which adjuvant analgesic should be AVOIDED?

A. Gabapentin, which has no CYP interactions and is safe with tamoxifen

B. Duloxetine — it inhibits CYP2D6, the enzyme converting tamoxifen to endoxifen, potentially reducing tamoxifen's anticancer efficacy

C. Pregabalin, which is renally excreted without hepatic metabolism

D. Nortriptyline at low doses for combined pain and sleep benefit

140. A hospice bereavement coordinator contacts the 68-year-old husband of a patient who died nine months ago. He reports resuming activities but still cries daily and sometimes hears his wife's voice. He asks, "Am I going crazy?" Which interpretation is most accurate?

A. Daily crying at nine months indicates prolonged grief disorder requiring CGT

B. The auditory experiences are pathognomonic for psychosis requiring antipsychotics

C. His grief has become stuck and he needs directive counseling to move forward

D. His symptoms are within normal grief — hearing a deceased spouse is reported by 30–60% of bereaved people, is NOT psychosis, and normalizing reduces his fear

141. A 63-year-old man with advanced colon cancer on hospice develops seizures from brain metastases. Given complex polypharmacy (opioids, antiemetics, corticosteroids), which anticonvulsant is most appropriate for maintenance?

A. Levetiracetam — minimal hepatic metabolism, few drug interactions, IV and liquid formulations, ideal for palliative polypharmacy

B. Phenytoin for established efficacy and long track record

C. Carbamazepine for additional neuropathic pain benefit

D. Valproic acid for broad-spectrum activity

142. A 72-year-old woman with advanced dementia (FAST 7E) on hospice has been non-verbal for ten months. During care, the CNA observes grimacing, moaning, and guarding with hip movement. PAINAD 7/10. No analgesics. The most appropriate initial intervention is which of the following?

A. Morphine 10 mg SC every 4 hours given the high PAINAD

B. Comprehensive imaging before initiating any treatment

C. Scheduled acetaminophen trial (650 mg every 6 hours via rectal/crushed route) with PAINAD reassessment after 48–72 hours — safest first-line for suspected pain in non-verbal dementia

D. Psychiatry referral for behavioral evaluation

143. A 58-year-old man with advanced gastric cancer on hospice has constipation refractory to senna 4 BID and PEG daily. No BM in 11 days. No impaction, no obstruction. The most appropriate next step is which of the following?

A. High-fiber diet with increased fluids as definitive treatment

B. Methylnaltrexone 12 mg SC — PAMORA blocking GI mu receptors without crossing blood-brain barrier, indicated for OIC refractory to maximal conventional therapy

C. Discontinue opioids to eliminate constipation

D. Add docusate as the missing component

144. A 65-year-old woman with advanced pancreatic cancer on hospice develops nausea worst after meals with early satiety and bloating. Not positional. No obstruction. The most targeted antiemetic is which of the following?

A. Scopolamine for vestibular nausea

B. Ondansetron for serotonin-mediated GI nausea

C. Dexamethasone for centrally mediated ICP nausea

D. Metoclopramide before meals — combining antiemetic D2 antagonism with prokinetic 5-HT4 agonism to address opioid-related gastroparesis

145. A 69-year-old man with advanced lung cancer on hospice has been on morphine for five months with good pain control and regular BMs on senna-docusate. He asks about stopping the laxative. Which is most accurate?

A. Continue — tolerance to opioid-induced constipation does NOT develop; constipation will return if stopped regardless of prior regularity

B. He can safely stop after five months of regular function

C. Switch to fiber for a more natural approach

D. Stop senna but keep docusate alone

146. A hospice nurse visits a 76-year-old man with end-stage heart failure who is actively dying. Mottling to mid-thighs, absent radial pulses, anuria 14 hours, mandibular breathing, unresponsive. The nurse should communicate which of the following?

A. Hospital transfer needed for acute kidney injury evaluation

B. Signs are inconclusive — reassess in 24 hours

C. Death is likely within hours to days — these converging signs represent active dying; family should be supported in being together

D. Mottling will resolve with warming blankets

147. A 61-year-old woman with advanced ovarian cancer on hospice has malignant ascites from peritoneal carcinomatosis (NOT portal hypertension). After draining 5 liters, she asks about albumin. Which is most accurate?

A. Albumin is always required after draining more than 3 liters

B. Albumin is NOT routinely required for malignant ascites from peritoneal carcinomatosis — it is standard for cirrhotic portal hypertensive ascites where post-paracentesis circulatory dysfunction is a specific concern

C. Albumin must be given before drainage

D. Albumin is mandatory for all home-based drainage

148. A 66-year-old man with advanced colon cancer on hospice develops nausea worsened by head movement and position changes. Not meal-related. Which antiemetic class is most appropriate?

A. Dopamine antagonist (haloperidol) for CTZ nausea

B. Prokinetic (metoclopramide) for gastroparesis

C. Serotonin antagonist (ondansetron) for peripheral GI nausea

D. Antihistamine or anticholinergic (meclizine or scopolamine) for vestibular-mediated nausea — the movement pattern is the diagnostic hallmark

149. A 53-year-old man with advanced melanoma on ipilimumab develops acute fatigue, hypotension (BP 66/36), nausea, hypoglycemia. Cortisol undetectable. Which urgent intervention is required?

A. IV hydrocortisone 100 mg for adrenal insufficiency from immune-related hypophysitis or adrenalitis — undetectable cortisol with hypotension and hypoglycemia requires urgent replacement

B. Aggressive IV fluids alone without hormone replacement

C. High-dose prednisone for immune-related hepatitis

D. Thyroid hormone replacement for presumed hypothyroidism

150. A 70-year-old man with advanced COPD on hospice has been on morphine. SpO2 83% on 2 L/min. Despite morphine and fan, dyspnea severe. Family asks about increasing oxygen. Which is most evidence-based?

A. Discontinue oxygen because it never benefits dyspnea

B. Replace with heliox for all COPD patients

C. This patient IS hypoxemic (SpO2 83%, below 90%) — documented hypoxemia may benefit from increased oxygen, unlike non-hypoxemic patients where it adds no benefit

D. Increase only if patient specifically requests more

151. A hospice physician reviews a death certificate listing "Cardiac arrest" as cause of death. This is problematic because of which of the following?

A. It is only appropriate when witnessed by a cardiologist

B. "Cardiac arrest" is the mechanism common to all deaths — provides no disease-specific information; the certificate should specify the actual disease process

C. It must include the specific terminal ECG rhythm

D. It is acceptable for all deaths and requires no correction

152. A 58-year-old man with advanced melanoma on nivolumab develops fatigue, constipation, cold intolerance, weight gain. TSH 54, free T4 undetectable. This irAE is managed by which of the following?

A. High-dose corticosteroids and permanent immunotherapy discontinuation

B. Urgent surgical thyroidectomy

C. Radioactive iodine ablation

D. Levothyroxine replacement — immune-related hypothyroidism managed with hormone replacement and typically does NOT require stopping immunotherapy

153. A palliative care physician meets a 66-year-old man with advanced gastric cancer. He asks, "How much time do I have?" Which response is most appropriate?

A. "I wish I could give an exact number, but single-point estimates are almost always inaccurate. We're likely looking at weeks to a few months. I want to help you plan for what matters most."

B. "Based on statistics, exactly 4.2 months."

C. "Medicine cannot tell you anything about prognosis."

D. "You have plenty of time — don't worry."

154. A 62-year-old woman with advanced breast cancer on hospice develops a new vertebral compression fracture at T12. Severe pain 9/10. ECOG 2, expected survival 5 months. In addition to opioids, which procedure provides the most rapid targeted relief?

A. Palliative radiation (single 8 Gy) with expected onset in 2–4 weeks

B. External thoracolumbar brace as primary analgesic

C. Vertebroplasty or kyphoplasty — providing relief in 70–90% of patients within 24–72 hours through mechanical stabilization

D. Epidural corticosteroid injection at T12

155. A hospice social worker conducts bereavement follow-up with the 48-year-old daughter of a patient who died four months ago. She has resumed activities but experiences sudden grief waves. She asks, "Why does this keep happening?" Which is most accurate?

A. Continuing waves at four months indicate prolonged grief disorder

B. Grief waves — sudden surges triggered by reminders — are completely normal and can persist for months to years; functioning well between waves indicates healthy adaptation

C. The episodes suggest developing anxiety disorder

D. She should avoid all triggers to prevent the waves

156. A 57-year-old woman with advanced cervical cancer on hospice has refractory pelvic pain. Her specialist recommends a superior hypogastric plexus block. This targets which structures?

A. Upper abdominal visceral organs via T12-L1 ganglia (celiac plexus territory)

B. Perineum and rectum via sacrococcygeal ganglion impar

C. Lower extremities via lumbar sympathetic chain

D. Pelvic visceral organs (uterus, cervix, bladder, rectum) — the superior hypogastric plexus transmits visceral afferent pain from these structures

157. A 71-year-old man with end-stage liver disease on hospice has worsening encephalopathy despite lactulose. His physician considers adding rifaximin. The pharmacy questions coverage. Which principle guides this decision?

A. If rifaximin reduces confusion and agitation (symptom relief), it is consistent with comfort goals and may be covered under the per diem as a medication related to the terminal diagnosis

B. Rifaximin is an antibiotic and all antibiotics are excluded from the hospice benefit

C. Rifaximin cannot be prescribed by a hospice physician

D. Rifaximin requires 30-day Medicare prior authorization

158. A 69-year-old woman with advanced breast cancer on hospice develops a new DVT causing significant right leg pain and swelling. Prognosis 3 months. Comfort measures. Which anticoagulation is most appropriate?

A. Anticoagulation is prohibited for all hospice DVT patients

B. Transfer to hospital for IV heparin and vascular surgery

C. Treat with SC LMWH if symptoms cause distress — the decision serves comfort goals, not a blanket policy

D. Compression stockings as sole intervention

159. A 63-year-old man with advanced lung cancer on hospice tells his nurse, "I've thought about taking all my morphine. Just the thought — nothing done." Pain 4/10. No plan. The most appropriate response is which of the following?

A. Report to law enforcement

B. Take it seriously — explore driving factors, assess depression, optimize symptoms, secure medications, involve IDT

C. Remove all opioids without replacement

D. Dismiss as normal expression

160. A palliative care physician meets a family before delivering an ICU update about a 73-year-old man. The physician asks, "What is your understanding?" This serves which purpose?

A. Shifting responsibility to the family

B. Testing medical knowledge

C. Determining intellectual capability

D. Assessing current understanding — "Perception" step of SPIKES — revealing gaps and providing a starting point

161. A 65-year-old woman with advanced pancreatic cancer on hospice has been on dexamethasone 8 mg daily for six weeks. She develops proximal weakness — difficulty rising, climbing stairs. This is most consistent with which of the following?

A. Steroid-induced proximal myopathy — dose/duration dependent, hip/shoulder girdle, distinguished from cord compression by absent sensory level

B. Spinal cord compression requiring emergent MRI

C. Brain metastasis progression

D. Deconditioning requiring PT only

162. A 60-year-old woman with advanced ovarian cancer on hospice has MBO managed medically. Despite octreotide, glycopyrrolate, dexamethasone, she vomits 500 mL daily. Venting gastrostomy placed. She asks if she can eat. Which is most accurate?

A. Must remain NPO because any intake worsens the obstruction

B. May eat full meals because the gastrostomy bypasses the obstruction

C. May eat and drink small amounts for pleasure — food enters the stomach, is experienced, then drains through the gastrostomy rather than entering the obstructed bowel

D. Clear liquids only because solid food blocks the tube

163. A hospice aide notices handgrip-pattern bruising on a 78-year-old patient with dementia. The caregiver son has a substance use history. The aide reports to the nurse. The most appropriate action is which of the following?

A. Document and reassess at next scheduled visit

B. Assess for elder abuse — private evaluation, additional signs, document, report to APS if suspected; all providers are mandatory reporters

C. Confront the son directly

D. Attribute bruising to anticoagulant therapy without investigation

164. A 68-year-old man with advanced prostate cancer on hospice has diffuse bone metastases. His physician recommends a non-opioid specifically targeting bone pain. Which is most appropriate?

A. Acetaminophen 1000 mg every 6 hours for general augmentation

B. Gabapentin for neuropathic modulation at the bone-nerve interface

C. Duloxetine for dual analgesic and antidepressant benefit

D. An NSAID (celecoxib or ibuprofen) — effective through prostaglandin synthesis inhibition at the metastatic site where tumor-produced prostaglandins sensitize nociceptors

165. A 72-year-old man with end-stage heart failure on hospice has a mechanical mitral valve on warfarin for 20 years. Prognosis 3 weeks. Unlike AF alone, why does his warfarin warrant continuation?

A. Mechanical valves without anticoagulation carry significant, immediate risk of valve thrombosis and embolization — short-term risk is much higher than with AF alone

B. Warfarin provides symptom relief for heart failure dyspnea

C. Medicare mandates continuation for mechanical valve patients

D. Stopping warfarin causes immediate valve calcification

166. A hospice program reviews data: 44% die within 7 days, median LOS 9 days. This most strongly indicates which quality concern?

A. Program enrolls too early

B. Symptom management is overly aggressive

C. Late referrals deny patients full hospice benefit — services require time to provide effectively

D. Referral patterns meet benchmarks

167. A palliative care physician has cared for a 61-year-old woman with lung cancer for six months. She dies peacefully. The physician feels tearful. A colleague notices. The most supportive response is which of the following?

A. "You need leave — emotional responses indicate unfitness."

B. "That sounds like a normal grief response. You were truly present — not weakness. Would it help to talk?"

C. "Leave feelings at the door — boundaries require detachment."

D. "I'll refer you for psychiatric evaluation."

168. A 54-year-old man with advanced gastric cancer on hospice has pain with somatic (deep, aching) and neuropathic (burning, shooting) components from femoral nerve compression. Opioid partially relieves aching but not burning. The best strategy is which of the following?

A. Increase opioid alone — higher doses treat all pain equally

B. Discontinue opioids and use gabapentin monotherapy

C. Replace all with topical lidocaine

D. Combine opioid for somatic component with adjuvant (gabapentin or duloxetine) for neuropathic — neither alone optimally addresses both mechanisms

169. A 71-year-old man with advanced COPD on hospice has persistent dyspnea despite morphine given 30 minutes ago. SpO2 92%. Prominent anxiety with accessory muscles. The most appropriate next step is which of the following?

A. Add lorazepam 0.5–1 mg SL for the anxiety-breathlessness cycle — when opioid alone fails and anxiety is prominent, benzodiazepine addresses what opioid cannot

B. Increase O2 to 5 L/min to achieve saturation above 95%

C. Switch to hydromorphone for superior dyspnea efficacy

D. Nebulized albuterol as sole additional intervention

170. A 66-year-old woman with advanced breast cancer on hospice has severe RUQ pain from hepatic capsule distension. Opioid provides partial relief. The most directly targeted non-opioid is which of the following?

A. Gabapentin for neuropathic modulation

B. An NSAID for prostaglandin-mediated inflammation

C. Dexamethasone 8 mg daily — reducing hepatic inflammation and peritumoral edema directly decreases capsular stretch

D. Acetaminophen for general augmentation

171. A 64-year-old man with advanced hepatocellular carcinoma (Child-Pugh C) requires opioid therapy. GFR 72 (normal). Bilirubin 16. He starts morphine at reduced dose. The dose reduction is because of which of the following?

A. Morphine is entirely renally excreted and bilirubin interferes with clearance

B. Reduced hepatic first-pass metabolism increases oral morphine bioavailability — more drug reaches circulation at any given dose, increasing exposure

C. Morphine binds to bilirubin creating toxic conjugates

D. Ascites dilutes morphine requiring lower loading doses

172. A hospice bereavement coordinator contacts the 66-year-old wife of a patient who died six months ago. She has returned to activities but cries daily and reaches for her husband in bed. She asks, "Shouldn't I be over this?" The most appropriate response is which of the following?

A. "Six months is long — recommend grief counseling for daily crying."

B. "Daily crying suggests developing PGD."

C. "Stay busy and avoid thinking about him."

D. "What you describe is completely normal. No timeline for grief. Daily crying at six months is expected. Return to activities shows healthy adaptation."

173. A 58-year-old man with advanced colon cancer on hospice develops confusion, nausea, constipation, polyuria. Corrected calcium 14.9. Family attributed symptoms to disease progression. The most important implication is which of the following?

A. Hypercalcemia explains multiple symptoms simultaneously — a potentially reversible cause of suffering; treating (if consistent with goals) could improve confusion, nausea, constipation, and polyuria at once

B. Hypercalcemia is incidental and unrelated

C. Treatment is prohibited in hospice

D. Calcium is mildly elevated and will self-correct

174. A 55-year-old woman with advanced cervical cancer on hospice has severe perineal pain from sacral nerve invasion. Her specialist recommends a ganglion impar block. The target and indication are which of the following?

A. T12-L1 ganglia for upper abdominal pain

B. Cervical ganglion for upper extremity pain

C. The ganglion impar at the sacrococcygeal junction transmitting visceral pain from perineum, rectum, anus, vulva — the targeted block for perineal cancer pain

D. Lumbar plexus for lower extremity pain

175. A hospice program's volunteer utilization is 4.1%. Under Medicare COP, the regulatory significance is which of the following?

A. Compliant — minimum is 3%

B. Below the 5% Medicare minimum — must increase volunteer services to achieve compliance

C. Exceeds requirements — no minimum exists

D. Volunteer utilization is recommended but not mandatory

176. A 69-year-old man with advanced prostate cancer on hospice develops acute back pain, bilateral weakness, urinary retention. MRI: single-level cord compression at T10. Pre-event ECOG 1, expected survival 6 months. Based on Patchell trial, the best treatment is which of the following?

A. Radiation alone as universal MSCC standard

B. Corticosteroids alone as definitive management

C. Comfort measures only because recovery is impossible

D. Surgical decompression followed by radiation — superior to radiation alone for single-level compression in patients with good ECOG and survival >3 months

177. A 63-year-old woman with advanced ovarian cancer on hospice has severe epigastric pain from pancreatic invasion radiating to back. High-dose opioids with persistent pain. Her specialist recommends celiac plexus neurolysis. Which is most accurate?

A. Achieves significant relief in 70–90% of pancreatic cancer patients, substantially reduces opioid needs, and evidence supports early consideration

B. Should be last resort after all other options fail

C. Relief lasts only 48 hours requiring weekly repetition

D. Contraindicated in patients on opioids

178. A 72-year-old man with end-stage COPD is dying at home. Breathing has become agonal — gasping every 30–40 seconds. His wife asks, "Is he suffering?" The most accurate response is which of the following?

A. "He is struggling to breathe and needs increased medications."

B. "These are seizures requiring anticonvulsant medication."

C. "The gasping is a brainstem reflex — not conscious effort. Your husband is not aware and is not suffering. This is normal in the final stage of dying."

D. "Call 911 — agonal breathing indicates cardiac emergency."

179. A 58-year-old woman with advanced ovarian cancer on hospice asks about MAID. She is in a legal state, pain controlled, not depressed, wants "control." The most appropriate initial response is which of the following?

A. Provide prescription immediately

B. Explore driving factors, assess depression thoroughly, ensure she understands legal requirements, and either participate or refer

C. Refuse discussion

D. MAID unavailable to hospice patients

180. A 71-year-old man with advanced lung cancer on hospice is on morphine and gabapentin 600 mg TID. Confusion and ataxia worsen over a week. Creatinine 1.1→3.1. Which medication requires MOST urgent adjustment?

A. Morphine is the sole priority

B. Both require identical urgency

C. Neither affected by renal function

D. Gabapentin — entirely renally excreted, accumulates most rapidly with declining GFR; while morphine also warrants attention, gabapentin's exclusively renal clearance makes adjustment most urgent

181. A 70-year-old man with advanced heart failure on hospice has been declining. Yesterday he was suddenly alert, ate a meal, talked to family. Today unresponsive. This is best described as which of the following?

A. A terminal rally — transient improvement hours to days before death, not indicating recovery, typically followed by rapid decline

B. Evidence of recovery requiring hospital transfer

C. Medication interaction causing temporary alertness

D. Resolution of concurrent infection

182. A 60-year-old woman with advanced ovarian cancer on hospice develops a pathologic humerus fracture. ECOG 2, expected survival 4 months. The most appropriate management is which of the following?

A. Conservative management with sling and opioids

B. Palliative radiation alone without surgery

C. Surgical fixation followed by palliative radiation — restoring function and preventing non-healing in a patient with adequate performance status

D. Amputation to eliminate the pain source

183. A hospice IDT reviews a newly enrolled 76-year-old man with advanced heart failure. Medicare COP require the IDT to include which minimum core members?

A. Physician, RN, physical therapist, pharmacist

B. Physician, RN, social worker, and pastoral or other counselor — the four mandatory members under Medicare

C. Physician, NP, occupational therapist, dietitian

D. Physician, RN, chaplain only — social work is optional

184. A 56-year-old man with advanced esophageal cancer has complete dysphagia. Morphine SR 90 mg every 12 hours (180 mg/day oral). Converting to SC hydromorphone: 180÷3=60 parenteral morphine; 60/10×1.5=9 parenteral hydromorphone; 25% reduction: 9×0.75=6.75 mg/day. The correct hourly rate is which of the following?

A. 0.56 mg/hour (no reduction)

B. 0.17 mg/hour (double reduction)

C. 1.12 mg/hour (incorrect conversion)

D. Approximately 0.28 mg/hour (6.75÷24 — the correct calculation)

185. A 68-year-old man with advanced lung cancer on hospice transitions from IV hydromorphone 0.5 mg/hour (12 mg/24h) to oral. Using the 5:1 parenteral-to-oral ratio, the correct daily oral dose is which of the following?

A. 60 mg oral/day (12×5=60 — the correct 5:1 ratio for hydromorphone)

B. 12 mg oral (incorrect 1:1)

C. 36 mg oral (incorrect 3:1)

D. 24 mg oral (incorrect 2:1)

186. A palliative care team cares for a Hindu patient nearing death. His wife mentions post-death care preferences. The most consistent practice is which of the following?

A. Immediate embalming with multi-day visitation

B. Body should not be left alone with burial within 24 hours

C. Hindu tradition generally favors cremation, with family members potentially washing and preparing the body with specific prayers and rituals

D. Plain pine casket without cosmetic preparation

187. A 62-year-old man with advanced colon cancer on hospice has been on warfarin for AF. Prognosis 2 weeks. No stroke history. The most appropriate management is which of the following?

A. Continue warfarin because AF requires lifelong therapy

B. Discontinue warfarin — absolute risk reduction over 2 weeks is negligible while bleeding risk continues and monitoring burden is unjustified

C. Switch to DOAC for easier monitoring

D. Increase warfarin for enhanced protection

188. A 55-year-old woman with advanced sarcoma on hospice is on OME 600 mg/day. Specialist recommends methadone. Which unique property requires specific monitoring?

A. Direct hepatotoxicity requiring weekly LFTs

B. Complete absence of respiratory depression

C. Severe thrombocytopenia requiring CBC monitoring

D. QTc prolongation with torsades risk — requiring ECG at baseline, after stabilization, and periodically; the only common opioid with this cardiac risk

189. A 69-year-old woman with advanced pancreatic cancer on hospice has refractory pelvic pain. Specialist recommends intrathecal pump. OME 600 mg. Using 300:1 ratio, the daily intrathecal dose is approximately which of the following?

A. Approximately 2 mg intrathecal morphine per day (600÷300=2 — correct calculation)

B. 60 mg (incorrect 10:1)

C. 20 mg (incorrect 30:1)

D. 6 mg (incorrect 100:1)

190. A hospice program reviews Medicare bereavement requirements. How long must support be provided?

A. Services end on the day of death

B. Single contact at 30 days only

C. At least 13 months — including contacts, events, groups, and counseling referrals

D. Bereavement is recommended but not required

191. A 60-year-old man with advanced gastric cancer on hospice develops acute pulmonary edema. On morphine and furosemide 40 mg daily. Crackles, JVD, SpO2 79%. Comfort measures, DNR. The most appropriate management is which of the following?

A. Continue medications unchanged

B. Morphine bolus AND furosemide increase to 80 mg IV — addressing both symptom and treatable cause consistent with comfort goals

C. Morphine alone without diuretic adjustment

D. Hospital transfer for BiPAP

192. A 63-year-old woman with advanced breast cancer on hospice develops opioid-induced pruritus after morphine dose increase. Bilirubin and renal function normal. After failing antihistamines, the best rotation is which of the following?

A. Codeine for lower histamine release

B. Hydromorphone with identical histamine properties

C. Meperidine, historically recommended

D. Fentanyl — minimal histamine-releasing properties make it preferred when pruritus is the rotation indication

193. A 72-year-old man with end-stage heart failure on hospice has an ICD. He agrees to deactivate shocks but maintain pacing. Which is most accurate?

A. Shock and pacing can be independently programmed — deactivating shocks while maintaining pacing is standard practice

B. Shocks and pacing cannot be independently controlled

C. Deactivating shocks automatically disables pacing

D. Maintaining pacing is incompatible with hospice

194. A 58-year-old man with advanced lung cancer on hospice has cancer-related fatigue. Hemoglobin 10.8, thyroid normal, depression negative. Non-pharmacologic measures implemented. The medication with strongest evidence is which of the following?

A. Modafinil for wakefulness

B. Dexamethasone for long-term energy

C. Methylphenidate 5 mg morning and noon — CNS stimulant with rapid onset and strongest evidence for cancer-related fatigue

D. ESA to treat mild anemia

195. A 65-year-old woman with advanced ovarian cancer on hospice asks, "Can I go to my granddaughter's recital?" The nurse's response should reflect which principle?

A. "Travel is too risky."

B. "Absolutely — we'll plan medications, arrange equipment, ensure comfort. Living fully on hospice is what we support."

C. "You need medical clearance."

D. "Events interfere with nursing schedules."

196. A hospice nurse educates a family about the death rattle. Glycopyrrolate given 2 hours ago, rattle persists. Which explanation is most accurate?

A. Glycopyrrolate failed — perform deep suctioning

B. Different anticholinergic must be substituted

C. Rattle indicates pneumonia requiring antibiotics

D. Anticholinergics prevent NEW secretions but cannot dry EXISTING pooled ones — noise persists until reabsorbed or repositioned; patient is likely unaware

197. A 61-year-old woman with advanced lung cancer tells her chaplain, "I don't believe in God. I don't need spiritual care." The most appropriate response is which of the following?

A. "Spiritual care addresses meaning, purpose, legacy — not just religion. I'm here for whatever matters to you without imposing beliefs."

B. "I'll note your decline and won't visit."

C. "Everyone needs spiritual care — let me explain."

D. "Perhaps reconsider given your situation."

198. A palliative care physician meets a family about a 68-year-old man with end-stage heart failure in the ICU. The son angrily says, "You're giving up!" The most effective response is which of the following?

A. "Let me show you the data."

B. "You're welcome to a second opinion."

C. "I can hear how frightened you are — you love your father. What worries you most? I want to make sure we're doing what's best together."

D. "The facts are clear — accept reality."

199. A 54-year-old woman with advanced cervical cancer on hospice has severe neuropathic pain — burning, shooting — from sacral nerve invasion. Opioid provides partial relief. Which adjuvant should be added?

A. NSAID for inflammatory pain at the tumor-nerve interface

B. Gabapentinoid (gabapentin or pregabalin) or SNRI (duloxetine) — first-line adjuvant classes for neuropathic pain

C. Benzodiazepine for anxiety amplifying pain

D. Acetaminophen-codeine combination

200. A 70-year-old man with advanced COPD on hospice develops acute dyspnea. SpO2 76%, RR 34, severe anxiety. POLST: comfort measures. The most appropriate immediate intervention is which of the following?

A. Call 911 for intubation

B. Withhold opioids due to respiratory depression concern

C. Oxygen only, observe 60 minutes

D. Morphine bolus, midazolam for anxiety, increase O2 (IS hypoxemic), position upright, fan — comprehensive management consistent with comfort goals

201. A 66-year-old man with advanced prostate cancer on hospice develops confusion, hallucinations, myoclonus. Creatinine 1.0→3.8. On morphine. The most likely cause and management are which of the following?

A. M6G accumulation from renal decline — rotate to fentanyl, which has no active metabolites

B. Brain metastases requiring radiation

C. Serotonin syndrome requiring cyproheptadine

D. New psychiatric disorder requiring haloperidol

202. A hospice program reviews compliance data. Volunteer utilization 3.6%. Under Medicare COP, the significance is which of the following?

A. Compliant — no minimum exists

B. Exceeds the 2% minimum

C. Below the 5% minimum — must increase volunteer services

D. Volunteer requirements apply only to non-profit programs

203. A 72-year-old woman with advanced dementia (FAST 7D) on hospice develops fever and tachypnea — fifth aspiration pneumonia in 14 months. The antibiotic decision should be most influenced by which of the following?

A. Specific organism on culture

B. Whether the recurrent pattern reflects disease trajectory — each course treats infection but doesn't change aspiration risk — and whether treatment serves comfort or prolongs dying

C. Whether temperature exceeds 39.5°C mandating treatment

D. Antibiotic cost relative to per diem

204. A 58-year-old man with advanced melanoma on pembrolizumab develops severe diarrhea (12 stools/day), bloody stool, cramping. Stool negative. 10 days post-infusion. The most appropriate treatment is which of the following?

A. Loperamide alone

B. Empiric metronidazole

C. Octreotide for secretory diarrhea

D. Systemic corticosteroids (prednisone 1–2 mg/kg) for immune-related colitis, immunotherapy held, infliximab if steroid-refractory

205. A 63-year-old woman with advanced lung cancer on hospice develops nausea worsened by position changes. Not meal-related. The most likely pathway is which of the following?

A. Vestibular system via H1 and muscarinic receptors — movement-worsened nausea is the hallmark

B. CTZ via D2 receptors

C. GI tract via 5-HT3 from gastroparesis

D. Higher cortical centers via GABA receptors

206. A 71-year-old man with advanced heart failure on hospice has been on furosemide 80 mg daily. Dyspnea worsened with crackles, JVD, edema. Physician considers metolazone. The rationale is which of the following?

A. Metolazone has bronchodilating properties

B. Metolazone replaces furosemide

C. Sequential nephron blockade — metolazone blocks distal tubular sodium reabsorption, overcoming compensatory reabsorption limiting furosemide alone

D. Metolazone provides inotropic support

207. A 56-year-old woman with advanced sarcoma on hospice has complete dysphagia. Total oral morphine 240 mg/day. Converting to SC using 3:1, the correct rate is which of the following?

A. 10 mg/hour (no conversion)

B. Approximately 3.3 mg/hour (240÷3=80 SC/day ÷24=3.3)

C. 1.7 mg/hour (incorrect 6:1)

D. 5 mg/hour (incorrect 2:1)

208. A 64-year-old man with end-stage liver disease on hospice is on lactulose for encephalopathy. Pharmacy questions coverage. The physician's most accurate response is which of the following?

A. Lactulose must be discontinued as disease-directed

B. Patient must pay out of pocket

C. Requires medical director approval for each refill

D. Lactulose relieves distressing symptoms (confusion, agitation) related to terminal diagnosis — clinical purpose determines coverage, not drug classification

209. A 60-year-old woman with advanced breast cancer on hospice says, "I feel like a burden. They'd be better off without me." PHQ-9 19. No suicidal ideation. The most important implication is which of the following?

A. Perceived burdensomeness strongly associated with hastened death desire and is a depression red flag — PHQ-9 of 19 confirms moderately severe depression requiring treatment

B. Normal grief expression

C. Accurate family assessment

D. Social work referral without depression treatment

210. A hospice physician completes a death certificate listing "Cardiac arrest." This is problematic because of which of the following?

A. Only appropriate when cardiologist witnesses

B. Must include terminal ECG rhythm

C. "Cardiac arrest" is the universal mechanism — provides no disease-specific information; specify the disease process

D. Acceptable for all deaths

211. A hospice nurse cares for a 73-year-old woman with end-stage heart failure who is actively dying. Her daughter asks, "Can she hear us?" The most accurate response is which of the following?

A. "Once unresponsive, all sensory function ceased."

B. "Hearing may be the last sense preserved. While we can't know for certain, I encourage you to keep talking, holding her hand, saying what you need to say."

C. "She hears everything — be careful what you discuss."

D. "Her hearing has been replaced by hallucinations."

212. A 62-year-old man with advanced gastric cancer on hospice develops nausea — constant, non-positional, non-meal-related, improving over 3 days since starting morphine. This is most consistent with which of the following?

A. Gastroparesis requiring indefinite prokinetic therapy

B. Allergic reaction requiring immediate discontinuation

C. Bowel obstruction requiring octreotide

D. CTZ stimulation — tolerance develops in 3–7 days (explaining improvement); short haloperidol course bridges tolerance

213. A 68-year-old man with advanced COPD on hospice has "good days and bad days." His wife asks if good days mean recovery. The most accurate explanation is which of the following?

A. Fluctuating function within overall decline is the characteristic organ failure pattern — good days reflect natural variability, not recovery

B. Good days indicate medications working — consider discharge

C. Pattern requires hospital evaluation

D. Good days represent terminal rally

214. A 71-year-old woman with advanced breast cancer on hospice has a large lytic lesion in her femoral neck (55% cortical destruction). Ambulatory with walker, ECOG 2, expected survival 5 months. In addition to pain management and radiation, which intervention is indicated?

A. Strict bed rest

B. Hip brace for external support

C. Prophylactic surgical fixation — >50% cortical destruction in weight-bearing bone carries high fracture risk; fixation prevents catastrophic complication

D. Bisphosphonate therapy alone

215. A 57-year-old woman with advanced ovarian cancer on hospice asks about MAID in a legal state. Pain controlled, not depressed, wants control. The most appropriate initial response is which of the following?

A. Provide prescription immediately

B. Explore driving factors, assess depression, ensure legal understanding, participate or refer

C. Refuse discussion

D. MAID unavailable to hospice patients

216. A 64-year-old man with advanced colon cancer on hospice has refractory constipation despite senna 4 BID, PEG daily. No BM 11 days. No impaction, no obstruction. The next step is which of the following?

A. High-fiber diet as definitive treatment

B. Discontinue opioids

C. Add docusate as missing component

D. Methylnaltrexone 12 mg SC — PAMORA blocking GI mu receptors without crossing blood-brain barrier

217. A 69-year-old woman with end-stage heart failure on hospice has been declining. Yesterday: suddenly alert, eating, talking. Today: unresponsive. This is best described as which of the following?

A. Terminal rally — transient improvement before death, not recovery

B. Recovery requiring hospital evaluation

C. Medication interaction

D. Infection resolution

218. A 60-year-old man with advanced lung cancer on hospice develops seizures from brain metastases. Complex polypharmacy. The most appropriate anticonvulsant is which of the following?

A. Phenytoin for established efficacy

B. Carbamazepine for neuropathic pain

C. Levetiracetam — minimal hepatic metabolism, few interactions, IV/liquid formulations, ideal for palliative polypharmacy

D. Valproic acid for broad-spectrum activity

219. A 66-year-old man with advanced gastric cancer tells his nurse, "I want to go to my grandson's wedding." The most appropriate response is which of the following?

A. "Too risky to travel."

B. "Absolutely — we'll plan medications, arrange equipment, ensure comfort. Living fully is what hospice supports."

C. "You need physician clearance."

D. "Events interfere with schedules."

220. A 58-year-old woman with advanced cervical cancer on hospice has bilateral ureteral obstruction. Creatinine 5.7. Confused and nauseated. Oncologist proposes nephrostomy. The decision should be guided by which of the following?

A. Technical feasibility

B. Insurance coverage

C. Creatinine level mandating intervention

D. Patient's values, goals, and understanding that nephrostomy extends life but does not treat cancer

221. A hospice program reviews data: 41% die within 7 days, median LOS 11 days. This indicates which quality concern?

A. Late referrals deny patients full hospice benefit — services require time

B. Program enrolls too early

C. Symptom management hastens death

D. Referral patterns meet benchmarks

222. A 71-year-old man with advanced prostate cancer develops hypercalcemia (calcium 15.0) with confusion, constipation, polyuria. The treatment decision should be guided by which of the following?

A. Calcium level mandates treatment regardless of goals

B. Medicare reimbursement determines availability

C. Patient's goals — treating may improve symptoms if he wants relief; if comfort-only and treatment prolongs dying, supportive management alone may be appropriate

D. Oncologist must approve before hospice physician proceeds

223. A 63-year-old woman with advanced lung cancer on hospice has been on dexamethasone 8 mg daily for five weeks. She develops proximal weakness. This is most consistent with which of the following?

A. Spinal cord compression

B. Steroid-induced proximal myopathy — dose/duration dependent, hip/shoulder girdle, distinguished from cord compression by absent sensory level

C. Brain metastasis progression

D. Deconditioning only

224. A 72-year-old man with end-stage COPD on hospice develops death rattle. Glycopyrrolate given 3 hours ago. Rattle persists. The most appropriate explanation is which of the following?

A. Glycopyrrolate failed — try suctioning

B. Rattle indicates pneumonia

C. Different anticholinergic must be substituted

D. Anticholinergics prevent NEW secretions but cannot dry EXISTING pooled ones — noise persists until reabsorbed or repositioned; patient is likely unaware

225. A hospice physician reviews a death certificate: "Cardiac arrest." This is problematic because which of the following?

A. "Cardiac arrest" is the universal mechanism — no disease information; specify the actual disease

B. Only appropriate when cardiologist witnesses

C. Must include terminal rhythm

D. Acceptable for all deaths

226. A 57-year-old man with advanced gastric cancer on hospice has diabetes from dexamethasone. Glucose >350. Polyuria, thirst, blurred vision. Treatment is justified by which of the following?

A. Strict HbA1c <7% for prevention

B. Insulin excluded from hospice

C. Treatment for symptom relief — polyuria, thirst, blurred vision directly impair comfort

D. All glucose >300 requires insulin per regulation

227. A 60-year-old woman with advanced breast cancer on hospice has complete dysphagia. Oral morphine 120 mg/day. Converting to SC using 3:1, the correct rate is which of the following?

A. 5 mg/hour (no conversion)

B. Approximately 1.7 mg/hour (120÷3=40 SC/day ÷24≈1.7)

C. 0.83 mg/hour (incorrect 6:1)

D. 2.5 mg/hour (incorrect 2:1)

228. A hospice social worker meets the 43-year-old wife of a patient who died one week ago. She functions normally, hasn't cried, feels "numb." This is most consistent with which of the following?

A. Pathologic absent grief requiring psychiatry

B. Evidence of poor relationship

C. Dissociative disorder

D. Normal initial bereavement — numbness and functional autopilot are common in the first days to weeks

229. A 68-year-old man with advanced COPD on hospice has worsening dyspnea. Morphine given 30 minutes ago, minimal improvement. SpO2 91%. Prominent anxiety. The most appropriate next step is which of the following?

A. Add lorazepam 0.5–1 mg SL for the anxiety-breathlessness cycle

B. Increase O2 to achieve 95%

C. Switch to hydromorphone

D. Nebulized albuterol as sole intervention

230. A 70-year-old man with advanced heart failure on hospice has worsening dyspnea. On morphine and furosemide 40 mg. Crackles, JVD, 4 kg weight gain, SpO2 82%. Comfort measures, DNR. The most appropriate management is which of the following?

A. Continue medications unchanged

B. Morphine alone without diuretic

C. Morphine bolus AND furosemide increase — addressing both symptom and treatable cause consistent with comfort goals

D. Hospital transfer for BiPAP

231. A 62-year-old woman with advanced ovarian cancer on hospice has severe pelvic pain from tumor invasion. Her specialist recommends a ganglion impar block. The target is which of the following?

A. T12-L1 for upper abdominal pain

B. Sacrococcygeal junction — the ganglion impar transmits visceral pain from perineum, rectum, anus, vulva

C. Cervical ganglion for upper extremity

D. Lumbar plexus for leg pain

232. A hospice program's volunteer utilization is 4.3%. Under Medicare COP, the significance is which of the following?

A. Compliant — minimum is 3%

B. Exceeds requirements — no minimum

C. Recommended but not mandatory

D. Below the 5% Medicare minimum — must increase volunteer services

233. A 71-year-old man with advanced lung cancer on hospice has a seizure-like episode. On morphine SR 90 mg every 12 hours. Creatinine normal one week ago. The most important consideration is which of the following?

A. Opioid neurotoxicity — check renal function for M6G accumulation; if GFR declined, rotate to fentanyl

B. New brain metastases since lung cancer commonly metastasizes to brain

C. Vasovagal event from dehydration

D. Epilepsy unrelated to cancer

234. A 63-year-old man with advanced pancreatic cancer on hospice has refractory epigastric pain. Celiac plexus neurolysis recommended. Which is most accurate?

A. Should be last resort after all options fail

B. Relief lasts only 48 hours

C. Achieves relief in 70–90% of pancreatic cancer patients, reduces opioid needs, evidence supports early consideration

D. Contraindicated in patients on opioids

235. A 56-year-old woman with advanced breast cancer on hospice develops opioid-induced pruritus after morphine increase. Normal bilirubin, normal renal function. After failing antihistamines, the best rotation is which of the following?

A. Codeine for lower histamine release

B. Fentanyl — minimal histamine-releasing properties make it preferred when pruritus is the indication

C. Hydromorphone with identical histamine release

D. Meperidine, historically recommended

236. A 58-year-old man with advanced melanoma on nivolumab develops fatigue, constipation, cold intolerance, weight gain. TSH 56, free T4 undetectable. This irAE is managed by which of the following?

A. High-dose corticosteroids and permanent discontinuation

B. Surgical thyroidectomy

C. Radioactive iodine ablation

D. Levothyroxine replacement — hypothyroidism from immune-related thyroiditis managed with hormone replacement, typically does NOT require stopping immunotherapy

237. A 71-year-old man with advanced prostate cancer on hospice has intrathecal pump recommended. OME 900 mg/day. Using 300:1 ratio, the daily intrathecal dose is approximately which of the following?

A. 3 mg intrathecal morphine per day (900÷300=3 — correct calculation)

B. 90 mg (incorrect 10:1)

C. 30 mg (incorrect 30:1)

D. 9 mg (incorrect 100:1)

238. A hospice bereavement coordinator contacts the 50-year-old widow of a patient who died 15 months ago. She has persistent yearning, avoidance, functional impairment, cannot accept the death. Meets DSM-5-TR PGD criteria. Which psychotherapy has strongest evidence?

A. Standard CBT for depression

B. Group supportive therapy alone

C. Complicated Grief Treatment (CGT) — 16-session manualized therapy with 50–70% response rates

D. Psychoanalytic therapy

239. A 65-year-old woman with advanced ovarian cancer on hospice says, "What was the point of my life? Did it matter?" She is not depressed. This is best addressed through which of the following?

A. Anxiolytic for existential anxiety

B. Spiritual care — dignity therapy, narrative life review, meaning exploration; evidence-based interventions for existential suffering

C. Psychiatry for existential depression

D. Dismissing as philosophical rumination

240. A 70-year-old man with advanced COPD on hospice is on morphine and gabapentin 600 mg TID. Confusion and ataxia worsen. Creatinine 1.0→3.0. Which requires MOST urgent adjustment?

A. Morphine is sole priority

B. Both require identical urgency

C. Neither affected by renal function

D. Gabapentin — entirely renally excreted, accumulates most rapidly; while morphine also warrants attention, gabapentin's exclusively renal clearance makes adjustment most urgent

Practice Exam 6: Answer Key and Full Answer Explanations

1. A — The oral-to-parenteral ratio for morphine is 3:1. To convert IV to oral, multiply by 3: 18 mg IV × 3 = 54 mg oral per day. This reflects morphine's approximately 30% oral bioavailability due to first-pass hepatic metabolism — three times more oral drug is needed for equivalent systemic effect.

2. C — Medicare requires individualized certification narratives with specific clinical findings: functional status, disease-specific prognostic markers, labs, comorbidities, and trajectory. A generic statement provides none of this and is the leading cause of claim denials and audit findings.

3. B — This patient has months of quality life remaining and a symptomatic infection causing distress. Oral antibiotics relieve dysuria, pain, and fever — consistent with comfort goals. The decision serves the patient's comfort, not a blanket hospice antibiotic policy.

4. D — Using the 3:1 ratio: 300 mg oral ÷ 3 = 100 mg SC/day ÷ 24 = approximately 4.2 mg/hour. No cross-tolerance reduction because same drug, different route. Breakthrough doses at 10–15% of daily total.

5. C — The communication priority is responding to emotion before clinical information. She is in acute grief and fear. Medical information cannot be processed in this moment. Acknowledge pain, validate concern, allow silence, then transition.

6. B — A strong magnet over the ICD generator suspends shock delivery while in position. Taping securely provides continuous suspension until the representative arrives for permanent reprogramming. The magnet does not reprogram — it provides temporary suspension only.

7. A — Projectile vomiting with headache and papilledema indicates elevated ICP stimulating the vomiting center. Dexamethasone 16 mg IV reduces vasogenic edema and ICP, addressing the mechanism. Ondansetron and metoclopramide do not target ICP-mediated emesis.

8. D — Anticholinergics prevent NEW secretion production but cannot dry EXISTING pooled secretions. Noise persists until reabsorbed or drained by repositioning. The patient is almost certainly unaware. Deep suctioning is avoided — uncomfortable, stimulates more secretions, temporary only.

9. C — The nephrostomy decision must be guided by the patient's values and understanding: tubes relieve obstruction and extend life but do not treat cancer. She must weigh extension against living with tubes. This is a goals conversation, not a technical decision.

10. A — Beginning with the third benefit period (first 60-day), Medicare requires a face-to-face encounter with a hospice physician or NP within 30 days before the period starts. Not required during the first two 90-day periods.

11. B — Non-pitting edema with thickened skin, woody texture, and positive Stemmer's sign are pathognomonic for lymphedema. It does NOT respond to diuretics — the mechanism is lymphatic obstruction, not fluid overload.

12. D — Topical metronidazole 0.75% specifically targets anaerobic bacteria producing the malodor. Dramatic improvement within 24–48 hours, transforming the patient's social experience and enabling family presence.

13. C — Terminal rally: transient, poorly understood improvement hours to days before death. Vitals remain abnormal, trajectory unchanged. Typically followed by rapid decline. A precious opportunity for connection.

14. A — Failed maximal conventional laxatives → PAMORA. Methylnaltrexone blocks GI mu receptors without crossing the blood-brain barrier, reversing peripheral constipation without affecting analgesia.

15. B — Tolerance to opioid-induced constipation does NOT develop — the only major side effect without tolerance. Stopping the laxative guarantees constipation recurrence regardless of prior regularity.

16. D — Convergence of mottling to mid-thighs, absent pulses, anuria, mandibular breathing, unresponsiveness indicates active dying. Death likely within hours to days. Clear communication, comfort optimization, family support.

17. C — Albumin is NOT routinely required for malignant ascites from peritoneal carcinomatosis. Standard for cirrhotic portal hypertensive ascites where post-paracentesis circulatory dysfunction is a specific concern.

18. A — Severe hepatic impairment reduces first-pass metabolism, increasing oral morphine bioavailability. Normally ~70% metabolized on first pass. When liver fails, more drug reaches circulation at same dose, requiring reduction.

19. B — DVT treatment is individualized based on symptom burden. If pain and swelling cause distress, LMWH relieves symptoms at home. Decision serves comfort goals, not a blanket policy.

20. D — Clinician grief is a normal, healthy response to losing a patient with whom the physician had a meaningful relationship. Reflects emotional engagement, not burnout, compassion fatigue, or boundary violation.

21. C — Patchell trial criteria met: single-level (T9), ECOG 1, survival >3 months (7 months). Surgery plus radiation superior to radiation alone for this population.

22. A — Multiple RCTs show single 8 Gy fraction provides equivalent pain relief to multi-fraction regimens for uncomplicated bone metastases. One visit instead of 10–25. Response rates 60–80%.

23. B — CGT: 16-session manualized therapy, 50–70% response rates in RCTs. Strongest evidence for prolonged grief disorder. Significantly exceeds standard IPT or antidepressants alone.

24. D — Existential questioning addressed through spiritual care: dignity therapy, life review, meaning exploration. Evidence-based interventions designed for end-of-life existential suffering. Anxiolytics medicalize a human experience.

25. C — Dexamethasone is a well-recognized cause of persistent hiccups. Management: dose reduction or corticosteroid switch, plus baclofen 5 mg TID for GABA-B-mediated hiccup suppression.

26. A — Uremic myoclonus managed with benzodiazepines — not anticonvulsant loading. Myoclonus is distinct from seizures. Lorazepam 0.5–1 mg SL every 6–8 hours provides effective relief.

27. B — Morphine neurotoxicity from M6G accumulation (creatinine 0.9→3.4). Fentanyl preferred in renal failure — metabolized to inactive norfentanyl. Meperidine never appropriate (neurotoxic normeperidine).

28. D — 42% dying within 7 days, median LOS 11 days indicate late referrals. Patients miss weeks to months of services requiring time to deliver effectively.

29. C — Severe bloody diarrhea on ipilimumab with negative infectious workup is immune-related colitis. Prompt corticosteroids, immunotherapy hold, infliximab if steroid-refractory. Loperamide alone insufficient.

30. A — This patient IS hypoxemic (SpO2 84%, below 90%). Evidence against oxygen applies to non-hypoxemic patients. Documented hypoxemia may benefit from increased oxygen. Titrate to comfort.

31. B — Sequential nephron blockade: metolazone blocks distal tubular sodium reabsorption, overcoming compensatory reabsorption limiting furosemide alone. Standard approach for diuretic resistance.

32. D — Lactulose directly relieves distressing encephalopathy symptoms. Clinical purpose determines hospice coverage, not drug classification. Comfort medication regardless of pharmacologic category.

33. C — Comprehensive response: explore motivations, assess depression thoroughly, ensure legal understanding, participate or refer. Even in legal states, thorough evaluation before facilitation is essential.

34. A — Movement and position-change worsened nausea is the hallmark of vestibular-mediated emesis via H1 and muscarinic receptors. Meclizine and scopolamine target these. The positional pattern is diagnostic.

35. B — Combines Support ("our team will be with you"), Knowledge ("effective medications — morphine for air hunger"), and Exploration ("what frightens you most?"). Addresses fear without false guarantees.

36. D — Hepatic capsule distension from expanding metastases. Dexamethasone reduces inflammation and peritumoral edema, directly decreasing capsular stretch. Most targeted non-opioid for this mechanism.

37. A — Zoledronic acid inhibits osteoclast bone resorption: onset 24–48 hours, nadir 4–7 days, duration 2–4 weeks. Calcitonin bridges with rapid but transient effect. Furosemide calciuresis no longer primary therapy.

38. C — Living fully — attending meaningful events — is core hospice philosophy. The nurse facilitates by planning medications, equipment, and comfort. Patients are not confined to their homes.

39. B — Postprandial nausea with early satiety and bloating without obstruction is gastroparesis. Metoclopramide combines antiemetic D2 antagonism with prokinetic 5-HT4 agonism — treating both nausea and its cause.

40. D — Caregiver health directly impacts patient care. Express concern, normalize difficulty, explore support, communicate to IDT. Caregiver collapse threatens the entire care plan.

41. A — M6G accumulation from renal decline (creatinine 1.0→3.9). Stable dose then acute toxicity coinciding with rising creatinine confirms metabolite accumulation. Fentanyl rotation resolves it.

42. C — Pathologic fracture with ECOG 2 and 5-month survival warrants surgical fixation plus radiation. Without surgery, tumor-weakened bone won't heal. Fixation restores function; radiation prevents regrowth.

43. B — Uses a range ("weeks to a few months"), acknowledges uncertainty, connects prognosis to planning, avoids false precision and unhelpful vagueness.

44. D — Tramadol (serotonin reuptake inhibitor) plus duloxetine (SNRI) causes serotonin syndrome. Clonus distinguishes it from NMS — present in serotonin syndrome, absent in NMS.

45. A — Mechanical valves without anticoagulation carry significant, immediate thrombosis and embolization risk — much higher than AF alone. Even over 4 weeks, discontinuation risk is substantial.

46. C — 300:1 ratio: 450 ÷ 300 = 1.5 mg intrathecal/day. The 300-fold reduction provides equivalent analgesia with dramatically fewer systemic side effects.

47. B — 6.75 ÷ 24 = 0.28 mg/hour. The multi-step conversion is the exam's most complex equianalgesic calculation.

48. D — Correct death certificate traces causal chain: aspiration pneumonia (Line a), dysphagia (Line b), Parkinson's disease (Line c). "Cardiac arrest" is mechanism. "Natural causes" and "old age" are unacceptable.

49. A — Fluctuating function is the characteristic organ failure trajectory. Good days within overall decline are natural variability, not recovery. Essential family education.

50. C — Immune-related hypothyroidism: levothyroxine replacement, typically does NOT require immunotherapy discontinuation. Straightforward hormone replacement.

51. B — Levetiracetam: no hepatic metabolism, minimal interactions, IV/liquid formulations. Ideal for palliative polypharmacy and patients losing swallowing ability.

52. D — Handgrip bruising on vulnerable patient with substance-using caregiver raises abuse concern. All providers are mandatory reporters. Assess, document, report to APS if suspected.

53. A — Permanent reprogramming disabled shocks definitively. The magnet provided only temporary suspension and is no longer needed. Reprogramming persists regardless of magnet presence.

54. C — Lytic lesion >50% cortical destruction in weight-bearing bone: high fracture risk. Prophylactic fixation in ECOG 2 with 4-month survival prevents catastrophic complication.

55. B — Hypercalcemia explains confusion, nausea, constipation, polyuria simultaneously. Treating (if consistent with goals) could improve multiple symptoms at once — a reversible cause of suffering.

56. D — Celiac plexus neurolysis: 70–90% relief in pancreatic cancer, reduces opioid needs. Evidence supports early consideration, not last-resort status. Classic indication: deep epigastric pain radiating to back.

57. A — Agonal breathing is a brainstem reflex — not conscious effort. Patient is unaware and not suffering. Clear explanation reduces family anxiety.

58. C — Everything described is normal grief at six months. No timeline. Return to activities indicates healthy adaptation. Normalizing counters social pressure.

59. B — Mixed pain requires multimodal therapy. Opioid for somatic; adjuvant for neuropathic. Neither alone addresses both mechanisms optimally.

60. D — Gabapentin is entirely renally excreted, accumulating most rapidly with declining GFR. While morphine also warrants attention, gabapentin's exclusively renal clearance makes adjustment most urgent.

61. A — NSAIDs target bone pain through prostaglandin synthesis inhibition at the metastatic site. Bone metastases produce prostaglandins sensitizing nociceptors. Specific opioid-sparing benefit.

62. C — Venting gastrostomy allows eating small amounts for pleasure. Food enters stomach, is experienced, then drains through tube rather than entering obstructed bowel. Major quality-of-life benefit.

63. B — Medicare requires 5% minimum volunteer utilization. At 3.9%, below threshold. Must increase services. Compliance issue triggering deficiency findings.

64. D — Leading with empathy, validating emotion, opening exploration. Responding to underlying fear enables productive dialogue.

65. A — Burning, shooting, electric-shock pain from nerve invasion is neuropathic. Gabapentinoids and SNRIs are first-line adjuvants targeting the specific neural mechanisms.

66. C — Fifth aspiration pneumonia in 14 months reflects progressive dementia with dysphagia. Each course treats infection but cannot change aspiration risk. Key: comfort or prolonging dying?

67. B — Lactulose serves dual purpose: treating encephalopathy AND counteracting opioid constipation. Complementary, not conflicting.

68. D — Grief waves triggered by reminders are normal, can persist months to years. Functioning well between waves indicates healthy adaptation. No timeline.

69. A — Spiritual care addresses meaning, purpose, legacy — not just religion. Support whatever matters without imposing beliefs. Relevant to all worldviews.

70. C — Fentanyl has minimal histamine release — preferred rotation when pruritus is the indication. Morphine and codeine are strongest releasers.

71. B — Moral distress: knowing the right action but unable to act due to hierarchical barriers. Distinct from compassion fatigue, burnout, normal dissatisfaction.

72. D — Vertebroplasty/kyphoplasty: relief in 70–90% within 24–72 hours through mechanical stabilization. Fastest targeted relief for acute compression fractures.

73. A — With 2-week prognosis and no stroke history, warfarin risk reduction is negligible. Bleeding risk continues, monitoring burden unjustified. Contrasts with mechanical valves.

74. C — Pulmonary edema requires addressing BOTH symptom (morphine) AND cause (furosemide for volume overload). Treating both is more effective than either alone. Comfort-directed.

75. B — GIP is for acute symptom management. Caregiver respite is IRC — different level, lower reimbursement, 5-day max. Billing GIP for respite is incorrect.

76. D — Duloxetine inhibits CYP2D6, converting tamoxifen to endoxifen. Concurrent use reduces endoxifen, potentially decreasing efficacy. Gabapentin and pregabalin are safe alternatives.

77. A — Methadone uniquely prolongs QTc among opioids, creating torsades risk. ECG monitoring required. No other common opioid has this cardiac risk.

78. C — Parenteral-to-oral ratio for hydromorphone is 1:5. Converting: 14.4 IV × 5 = 72 mg oral/day. The 5:1 ratio is distinct from morphine's 3:1.

79. B — Severe hypoxemia (SpO2 78%) on comfort measures: morphine for air hunger, midazolam for anxiety, increased oxygen (IS hypoxemic), upright, fan. Comprehensive management consistent with POLST.

80. D — "Cardiac arrest" is the universal death mechanism — no disease information. The certificate must specify the actual disease process.

81. A — Treatment for symptom relief: polyuria, thirst, blurred vision directly impair comfort. Hospice glucose management targets symptoms, not HbA1c.

82. C — DPAHC is effective only if the surrogate understands the patient's values. Without that conversation, the surrogate substitutes their own judgment. The conversation transforms a legal document into an effective tool.

83. B — When opioid alone fails and anxiety is prominent, lorazepam addresses the anxiety-breathlessness cycle. SpO2 91% is above hypoxemia threshold; anxiety is the target.

84. D — School-age children understand death's permanence but lack mature coping. Grief manifests as denial, academic decline, acting out. Supportive intervention, not discipline.

85. A — Prophylactic anticonvulsants NOT recommended for non-seizing brain metastasis sites. Trials show no benefit. Medications carry significant side effects.

86. C — DVT treatment individualized by symptom burden. If distressing, LMWH relieves symptoms at home. Decision serves comfort goals.

87. B — Volume overload (crackles, JVD, weight gain, edema) causes dyspnea. Increasing furosemide/adding metolazone directly addresses the cause — a comfort intervention.

88. D — CTZ stimulation: constant, non-positional, improving over 3–7 days as tolerance develops. The improving trajectory is diagnostic. Short haloperidol bridges tolerance.

89. A — Superior hypogastric plexus transmits visceral pain from pelvic organs: uterus, cervix, bladder, rectum. Specific target for pelvic cancer pain.

90. C — Medicare requires at least 13 months of bereavement support — contacts, events, groups, referrals. Covers all first-year anniversary milestones.

91. B — Hospice patients can travel. Coordinate care, ensure medications, arrange destination services. Facilitating meaningful experiences is core philosophy.

92. D — 3:1 ratio: 240 ÷ 3 = 80 SC/day ÷ 24 = 3.3 mg/hour. Same drug, different route — no cross-tolerance reduction.

93. A — Terminal rally: transient improvement before death, not recovery. Typically followed by rapid decline. Precious connection opportunity.

94. C — Failed maximal conventional laxatives → PAMORA. Methylnaltrexone blocks GI mu receptors without crossing blood-brain barrier.

95. B — Methylphenidate has strongest evidence for cancer-related fatigue. Rapid onset. Standard: 5 mg morning and noon.

96. D — Medicare requires 13 months of bereavement support. Physician can also help prepare the family now.

97. A — Fentanyl has minimal histamine release — preferred rotation for pruritus. Morphine and codeine are strongest releasers.

98. C — Modern ICDs have independently programmable shock and pacing. Deactivating shocks while maintaining pacing is standard practice.

99. B — Comprehensive response: explore factors, assess depression, optimize symptoms (pain 4/10), secure medications, involve IDT. Neither dismissal nor punishment appropriate.

100. D — "What is your understanding?" is the Perception step of SPIKES. Reveals gaps, misconceptions, provides starting point for the update.

101. A — Steroid myopathy: dose/duration-dependent, proximal, hip/shoulder girdle. Six weeks of dexamethasone 8 mg sufficient. Distinguished from cord compression by absent sensory level.

102. C — Standard MBO management: octreotide + glycopyrrolate + dexamethasone + parenteral opioids. Metoclopramide contraindicated in complete obstruction.

103. B — Neurologic status at treatment initiation is THE critical factor. Ambulatory >80% remaining so; paraplegic <10% recovery. MSCC is a true emergency.

104. D — Validates the question, explains why comparisons are unreliable, offers honest communication, invites collaborative planning. Avoids false hope and dismissal.

105. A — CTZ stimulation with tolerance developing in 3–7 days explains improvement. Short haloperidol bridges the tolerance period.

106. C — Hearing may be last preserved. Encourage family to keep talking, holding hands, saying what they need to say. Improves bereavement outcomes.

107. B — Perceived burdensomeness strongly associated with hastened death desire and depression. PHQ-9 of 20 confirms severe depression requiring treatment.

108. D — Hindu tradition generally favors cremation with family preparation and prayers/rituals. The team should accommodate these practices.

109. A — Face-to-face encounter required from third benefit period onward. Must occur within 30 days before the period starts.

110. C — Medicare requires 13 months of bereavement support — contacts, events, groups, referrals. Preparation can begin before death.

111. B — Denosumab blocks RANKL, preventing osteoclast differentiation. Distinct from bisphosphonates (mevalonate pathway).

112. D — Worsening liver function reduces first-pass metabolism, increasing oral morphine bioavailability. More drug at same dose. Reduction critical.

113. A — Furosemide causes sodium and potassium wasting. Hyponatremia (124) → confusion. Hypokalemia (2.6) → cramps. Common diuretic complication.

114. C — On high-dose morphine with seizure-like episode: check renal function for M6G accumulation. If GFR declined, rotate to fentanyl.

115. B — Ganglion impar at sacrococcygeal junction: perineum, rectum, anus, vulva. Precise target for perineal cancer pain.

116. D — With high requirements and minimal breathing, death likely within minutes to hours. Honest range with comfort commitment and presence.

117. A — Pain is a respiratory stimulant. Block eliminated pain → stimulant removed → depressant effect unmasked at now-excessive dose. Requires opioid reduction.

118. C — Normalizing clinician grief, validating as meaningful engagement, offering support. Emotional responses are expected and healthy.

119. B — Acute adrenal insufficiency (undetectable cortisol, hypotension, hypoglycemia) on checkpoint inhibitor requires urgent IV hydrocortisone 100 mg.

120. D — Gabapentin entirely renally excreted, accumulates most rapidly with declining GFR. While morphine also warrants attention, gabapentin's exclusively renal clearance makes adjustment most urgent.

121. A — Fentanyl is the preferred opioid in severe renal impairment because it is metabolized by CYP3A4 to inactive norfentanyl — no active metabolites accumulate. Morphine (M6G), oxycodone (oxymorphone), and codeine (produces morphine) all generate active metabolites that accumulate. Meperidine is never appropriate due to neurotoxic normeperidine.

122. C — Furosemide causes renal sodium and potassium wasting, producing hyponatremia (122) and hypokalemia (2.4). These manifest as confusion/lethargy (hyponatremia) and muscle cramps (hypokalemia). Common diuretic complication requiring monitoring, supplementation, and possible dose adjustment.

123. B — With high ventilatory requirements, minimal spontaneous effort, and vasopressor dependence, death is likely within minutes to hours. The family needs an honest range, uncertainty acknowledgment, comfort commitment, and assurance of continued presence.

124. D — Hospice patients can travel. The team coordinates care, ensures medications, arranges destination services, and plans contingencies. Facilitating meaningful experiences embodies the core principle of living fully during serious illness.

125. A — Standard MBO management combines octreotide (reducing secretions), glycopyrrolate (secretions and colic), dexamethasone (peritumoral edema), and parenteral opioids. Metoclopramide is contraindicated in complete obstruction due to prokinetic effect against a fixed obstruction.

126. C — The daughter's withdrawal, academic decline, and hopelessness warrant active hospice intervention. The social worker should assess emotional state and safety (hopelessness requires screening for suicidal ideation) and facilitate counseling referral.

127. B — Neurologic status at treatment initiation is THE critical factor. Ambulatory patients >80% chance remaining so; paraplegic <10% recovery. MSCC is a true emergency — every hour of delay risks irreversible damage.

128. D — GIP is for acute symptom management. Caregiver respite is IRC — different level, lower reimbursement, 5-day maximum. Billing GIP for respite is incorrect with potential fraud implications.

129. A — Denosumab blocks RANKL, preventing osteoclast differentiation and activation. Distinct from bisphosphonates (mevalonate pathway). RANKL inhibition prevents osteoclast formation rather than blocking active cells.

130. C — Zoledronic acid inhibits osteoclast bone resorption: onset 24–48 hours, nadir 4–7 days, duration 2–4 weeks. Calcitonin bridges with rapid but transient effect (tachyphylaxis within 48 hours). Furosemide calciuresis no longer primary therapy.

131. B — Caregiver health directly impacts the patient's care. Express concern, normalize difficulty, explore support, communicate to IDT. Caregiver collapse threatens the entire home-based care plan.

132. D — Rapid large-volume drainage (3L in 20 minutes) causes hemodynamic instability from vasovagal response and fluid shift. Future drainages: slower (60–90 minutes), patient reclined, smaller volumes more frequently.

133. A — Topical metronidazole 0.75% specifically targets anaerobic bacteria producing the malodor. Dramatic improvement within 24–48 hours, enabling family presence that was previously impossible.

134. C — Lactulose serves dual purpose: treating encephalopathy (reducing ammonia) AND functioning as osmotic laxative counteracting opioid constipation. Complementary, not conflicting.

135. B — The chaplain's role is pastoral presence and exploration — not theological correction, medication, or psychiatric referral. Spiritual distress requires compassionate exploration and engagement with the patient's faith on her terms.

136. D — Dexamethasone is a recognized cause of persistent hiccups. Optimal approach: address the cause (dose reduction or switch) AND the symptom (baclofen for GABA-B-mediated hiccup suppression).

137. A — Cyproheptadine is the specific serotonin syndrome antidote, blocking 5-HT2A receptors. Standard: 12 mg orally initially, then 4–8 mg every 6 hours. Naloxone reverses opioids, not serotonin toxicity. Dantrolene treats NMS.

138. C — Permanent reprogramming disabled shocks definitively. The magnet provided only temporary suspension before reprogramming and is no longer needed. Reprogramming persists regardless of magnet presence.

139. B — Duloxetine inhibits CYP2D6, converting tamoxifen to endoxifen. Concurrent use reduces endoxifen, potentially decreasing tamoxifen's efficacy. Gabapentin and pregabalin are safe alternatives.

140. D — Daily crying at nine months and hearing a deceased spouse are within normal grief. Auditory experiences reported by 30–60% of bereaved — NOT hallucinations or psychosis. Normalizing reduces the bereaved person's fear.

141. A — Levetiracetam: no hepatic metabolism, minimal interactions, IV/liquid formulations. Ideal for palliative polypharmacy and patients losing swallowing ability.

142. C — Scheduled acetaminophen trial is the evidence-based first step for suspected pain in non-verbal dementia. Safest first-line agent. PAINAD improvement after 48–72 hours supports pain as cause.

143. B — Failed maximal conventional laxatives → PAMORA. Methylnaltrexone blocks GI mu receptors without crossing blood-brain barrier, reversing peripheral constipation without affecting analgesia.

144. D — Postprandial nausea with early satiety/bloating without obstruction is gastroparesis. Metoclopramide combines antiemetic D2 antagonism with prokinetic 5-HT4 agonism — treating both nausea and its cause.

145. A — Tolerance to opioid-induced constipation does NOT develop — the only major side effect without tolerance. Stopping the laxative guarantees constipation return regardless of prior regularity.

146. C — Convergence of mottling, absent pulses, anuria, mandibular breathing, unresponsiveness indicates active dying. Death likely within hours to days. Communication, comfort, and family support are priorities.

147. B — Albumin NOT routinely required for malignant ascites from peritoneal carcinomatosis. Standard for cirrhotic portal hypertensive ascites where post-paracentesis circulatory dysfunction is a specific concern.

148. D — Movement/position-change worsened nausea is the hallmark of vestibular-mediated emesis via H1 and muscarinic receptors. Meclizine and scopolamine target these.

149. A — Acute adrenal insufficiency (undetectable cortisol, hypotension, hypoglycemia) on checkpoint inhibitor requires urgent IV hydrocortisone 100 mg. Life-threatening irAE.

150. C — This patient IS hypoxemic (SpO2 83%, below 90%). Evidence against oxygen applies to non-hypoxemic patients. Documented hypoxemia may benefit from increased oxygen.

151. B — "Cardiac arrest" is the universal death mechanism — no disease information. The certificate must specify the actual disease process for public health statistics.

152. D — Immune-related hypothyroidism: levothyroxine replacement, typically does NOT require immunotherapy discontinuation. Straightforward hormone replacement.

153. A — Uses a range, acknowledges uncertainty, connects prognosis to planning, avoids false precision. Provides actionable information while respecting prognostic limitations.

154. C — Vertebroplasty/kyphoplasty: relief in 70–90% within 24–72 hours through mechanical stabilization. For acute compression fracture pain, the fastest targeted relief available.

155. B — Grief waves triggered by reminders are normal and can persist months to years. Functioning well between waves indicates healthy adaptation. No timeline for grief.

156. D — Superior hypogastric plexus transmits visceral pain from pelvic organs: uterus, cervix, bladder, rectum. Specific target for pelvic cancer pain.

157. A — If rifaximin reduces confusion and agitation (symptom relief), it is consistent with comfort goals and may be covered under per diem. Clinical purpose determines coverage, not drug classification.

158. C — DVT treatment individualized by symptom burden. If distressing, LMWH relieves symptoms at home. Decision serves comfort goals, not a blanket policy.

159. B — Comprehensive response: explore driving factors (fear, depression, undertreated pain at 4/10), assess depression, optimize symptoms, secure medications, involve IDT.

160. D — "What is your understanding?" is the Perception step of SPIKES. Reveals gaps, misconceptions, provides starting point for the medical update.

161. A — Steroid myopathy: dose/duration dependent, proximal, hip/shoulder girdle. Six weeks of dexamethasone 8 mg sufficient. Distinguished from cord compression by absent sensory level.

162. C — Venting gastrostomy allows eating small amounts for pleasure. Food enters stomach, is experienced, then drains through tube. Major quality-of-life benefit.

163. B — Handgrip bruising on vulnerable patient with substance-using caregiver raises abuse concern. All providers are mandatory reporters. Assess, document, report to APS if suspected.

164. D — NSAIDs target bone pain through prostaglandin synthesis inhibition at the metastatic site. Bone metastases produce prostaglandins sensitizing nociceptors. Specific opioid-sparing benefit.

165. A — Mechanical valves without anticoagulation carry significant, immediate thrombosis and embolization risk — much higher than AF alone. Even over 3 weeks, discontinuation risk is substantial.

166. C — 44% dying within 7 days, median LOS 9 days indicate late referrals. Patients miss services that require time to provide effectively.

167. B — Normalizing clinician grief, validating as meaningful engagement, offering support. Emotional responses are expected and healthy in hospice work.

168. D — Mixed pain requires multimodal therapy. Opioid for somatic; adjuvant for neuropathic. Neither alone optimally addresses both mechanisms.

169. A — When opioid alone fails and anxiety is prominent, lorazepam addresses the anxiety-breathlessness cycle. SpO2 92% above threshold; anxiety is the target.

170. C — Hepatic capsule distension from expanding metastases. Dexamethasone reduces inflammation and edema, directly decreasing capsular stretch. Most targeted non-opioid.

171. B — Severe hepatic impairment reduces first-pass metabolism, increasing oral morphine bioavailability. More drug reaches circulation at the same dose. Reduction prevents toxicity.

172. D — Everything described is normal grief at six months. No timeline. Daily crying and reaching for the deceased reflect love, not pathology. Return to activities shows adaptation.

173. A — Hypercalcemia explains confusion, nausea, constipation, polyuria simultaneously. Treating (if consistent with goals) could improve multiple symptoms at once — a reversible cause of suffering.

174. C — Ganglion impar at sacrococcygeal junction transmits visceral pain from perineum, rectum, anus, vulva. The precise target for perineal cancer pain.

175. B — Medicare requires 5% minimum volunteer utilization. At 4.1%, below threshold. Must increase services. Compliance issue.

176. D — Patchell trial criteria met: single-level, ECOG 1, survival >3 months. Surgery plus radiation superior to radiation alone.

177. A — Celiac plexus neurolysis: 70–90% relief in pancreatic cancer, reduces opioid needs. Evidence supports early consideration, not last-resort status.

178. C — Agonal breathing is a brainstem reflex — not conscious effort. Patient is unaware and not suffering. Clear explanation reduces family anxiety.

179. B — Comprehensive response: explore motivations, assess depression, ensure legal understanding, participate or refer. Thorough evaluation before facilitation.

180. D — Gabapentin entirely renally excreted, accumulates most rapidly with declining GFR. While morphine also warrants attention, gabapentin's exclusively renal clearance makes adjustment most urgent.

181. A — Terminal rally: transient improvement before death, not recovery. Typically followed by rapid decline. Precious connection opportunity.

182. C — Pathologic fracture with ECOG 2 and 4-month survival warrants fixation plus radiation. Without surgery, bone won't heal. Fixation restores function.

183. B — Medicare COP require: physician, RN, social worker, pastoral or other counselor. The four mandatory core members.

184. D — 6.75 ÷ 24 = 0.28 mg/hour. The multi-step conversion is the exam's most complex equianalgesic calculation.

185. A — Parenteral-to-oral ratio for hydromorphone is 1:5. Converting: 12 × 5 = 60 mg oral/day. The 5:1 ratio is distinct from morphine's 3:1.

186. C — Hindu tradition generally favors cremation with family preparation and prayers/rituals. The team should accommodate these practices.

187. B — With 2-week prognosis and no stroke history, warfarin risk reduction is negligible. Bleeding risk continues, monitoring burden unjustified.

188. D — Methadone uniquely prolongs QTc among opioids, creating torsades risk. ECG monitoring at baseline, after stabilization, periodically. No other common opioid has this risk.

189. A — 300:1 ratio: 600 ÷ 300 = 2 mg intrathecal/day. The 300-fold reduction provides equivalent analgesia with dramatically fewer side effects.

190. C — Medicare requires at least 13 months of bereavement support. Covers all first-year anniversary milestones.

191. B — Acute pulmonary edema requires addressing BOTH symptom (morphine) AND cause (furosemide). Treating both is more effective than either alone. Comfort-directed.

192. D — Fentanyl has minimal histamine release — preferred rotation for pruritus. Morphine and codeine are strongest releasers. Meperidine never appropriate.

193. A — Modern ICDs have independently programmable shock and pacing. Deactivating shocks while maintaining pacing is standard — preventing painful shocks while preserving beneficial pacing.

194. C — Methylphenidate has strongest evidence for cancer-related fatigue. Rapid onset. Standard: 5 mg morning and noon. Hemoglobin 10.8 unlikely primary cause.

195. B — Living fully — attending meaningful events — is core hospice philosophy. The nurse facilitates by planning medications, equipment, comfort.

196. D — Anticholinergics prevent NEW secretions but cannot dry EXISTING pooled ones. Noise persists until reabsorbed or repositioned. Patient likely unaware.

197. A — Spiritual care addresses meaning, purpose, legacy — not just religion. Support whatever matters without imposing beliefs. Relevant to all worldviews.

198. C — Leading with empathy, validating emotion, opening exploration. Responding to underlying fear enables productive dialogue.

199. B — Burning, shooting pain from nerve invasion is neuropathic. Gabapentinoids and SNRIs are first-line adjuvants targeting the specific mechanisms.

200. D — Severe hypoxemia (SpO2 76%) on comfort measures: morphine for air hunger, midazolam for terror, increased oxygen (IS hypoxemic), upright, fan. Comprehensive management.

201. A — M6G accumulation from renal decline (creatinine 1.0→3.8). Stable dose then toxicity with rising creatinine confirms accumulation. Fentanyl rotation resolves it.

202. C — Medicare requires 5% minimum. At 3.6%, below threshold. Must increase services.

203. B — Fifth aspiration pneumonia in 14 months reflects progressive dementia with dysphagia. Each course treats infection but cannot change aspiration risk. Key: comfort or prolonging dying?

204. D — Severe bloody diarrhea on pembrolizumab with negative infectious workup is immune-related colitis. Prompt corticosteroids, immunotherapy hold, infliximab if refractory.

205. A — Movement-worsened nausea is vestibular-mediated via H1 and muscarinic receptors. The positional pattern is the diagnostic hallmark.

206. C — Sequential nephron blockade: metolazone blocks distal tubular reabsorption, overcoming compensatory reabsorption limiting furosemide alone.

207. B — 3:1 ratio: 240 ÷ 3 = 80 SC/day ÷ 24 = 3.3 mg/hour. Same drug, different route — no cross-tolerance reduction.

208. D — Lactulose relieves distressing encephalopathy symptoms. Clinical purpose determines coverage. Comfort medication regardless of classification.

209. A — Perceived burdensomeness strongly associated with hastened death desire and depression. PHQ-9 of 19 confirms moderately severe depression requiring treatment.

210. C — "Cardiac arrest" is the universal mechanism — no disease information. Specify the actual disease process.

211. B — Hearing may be last preserved. Encourage family to keep talking, holding hands, saying what they need to say. Improves bereavement outcomes.

212. D — CTZ stimulation: constant, non-positional, improving over 3–7 days as tolerance develops. The improving trajectory is diagnostic. Short haloperidol bridges tolerance.

213. A — Fluctuating function is the characteristic organ failure trajectory. Good days within decline are natural variability, not recovery.

214. C — Lytic lesion >50% cortical destruction in weight-bearing bone: high fracture risk. Prophylactic fixation in ECOG 2 with 5-month survival prevents catastrophic complication.

215. B — Comprehensive response: explore motivations, assess depression, ensure legal understanding, participate or refer. Thorough evaluation before facilitation.

216. D — Failed maximal conventional laxatives → PAMORA. Methylnaltrexone blocks GI mu receptors without crossing blood-brain barrier.

217. A — Terminal rally: transient improvement before death, not recovery. Typically followed by rapid decline.

218. C — Levetiracetam: no hepatic metabolism, few interactions, IV/liquid formulations. Ideal for palliative polypharmacy.

219. B — Living fully is core hospice philosophy. Plan medications, equipment, comfort.

220. D — Nephrostomy decision guided by patient's values and understanding: extends life but doesn't treat cancer. Patient weighs tradeoff.

221. A — 41% dying within 7 days, median LOS 11 days: late referrals. Services require time.

222. C — Treatment guided by goals. Treating may improve symptoms; if comfort-only and treatment prolongs dying, supportive management alone may be appropriate.

223. B — Steroid myopathy: dose/duration dependent, proximal, absent sensory level. Distinguished from cord compression.

224. D — Anticholinergics prevent NEW secretions, cannot dry EXISTING. Noise persists until reabsorbed or repositioned. Patient likely unaware.

225. A — "Cardiac arrest" is universal mechanism — no diagnostic information. Specify actual disease.

226. C — Treatment for symptom relief: polyuria, thirst, blurred vision impair comfort. Hospice glucose management targets symptoms.

227. B — 3:1 ratio: 120 ÷ 3 = 40 SC/day ÷ 24 ≈ 1.7 mg/hour. Same drug, different route.

228. D — Numbness, functional autopilot, disbelief are normal in first days/weeks after death. Not pathology.

229. A — When opioid alone fails and anxiety prominent, lorazepam addresses the anxiety-breathlessness cycle. SpO2 91% above threshold; anxiety is the target.

230. C — Pulmonary edema: morphine AND furosemide. Both symptom and treatable cause. More effective than either alone.

231. B — Ganglion impar at sacrococcygeal junction: perineum, rectum, anus, vulva. Precise target for perineal cancer pain.

232. D — Medicare requires 5% minimum. At 4.3%, below threshold. Must increase services.

233. A — On high-dose morphine with seizure-like episode: check renal function for M6G accumulation. If GFR declined, rotate to fentanyl.

234. C — Celiac plexus neurolysis: 70–90% relief in pancreatic cancer, reduces opioid needs. Evidence supports early consideration.

235. B — Fentanyl has minimal histamine release — preferred rotation for pruritus. Morphine and codeine are strongest releasers.

236. D — Immune-related hypothyroidism: levothyroxine replacement. Typically does NOT require stopping immunotherapy.

237. A — 300:1 ratio: 900 ÷ 300 = 3 mg intrathecal/day. The 300-fold reduction provides equivalent analgesia with dramatically fewer side effects.

238. C — CGT: 16-session manualized therapy, 50–70% response rates for prolonged grief disorder. Strongest evidence among psychotherapies.

239. B — Existential questioning addressed through spiritual care: dignity therapy, life review, meaning exploration. Evidence-based interventions for end-of-life suffering.

240. D — Gabapentin entirely renally excreted, accumulates most rapidly with declining GFR. While morphine also warrants attention, gabapentin's exclusively renal clearance makes adjustment most urgent.