

# PRACTICE EXAM 7: HPM CERTIFICATION SIMULATION (240 QUESTIONS)

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1. A 73-year-old man with metastatic non-small cell lung cancer on hospice is being converted from a continuous IV morphine infusion at 3 mg/hour (72 mg IV per 24 hours) to oral morphine sustained-release for discharge home. Using the standard equianalgesic conversion, which of the following represents the correct total 24-hour oral morphine dose?

- A. 72 mg oral per day (same number as IV — incorrect 1:1 conversion)
- B. 24 mg oral per day (dividing IV by 3 — backwards calculation)
- C. 216 mg oral per day ( $72 \text{ mg IV} \times 3 = 216 \text{ mg oral}$  — the correct 3:1 oral-to-parenteral ratio)
- D. 144 mg oral per day (doubling IV — incorrect 2:1 conversion)

2. A hospice medical director reviews a certification narrative that reads: "78-year-old man with end-stage renal disease. Prognosis less than 6 months." He determines this is deficient. The PRIMARY reason is which of the following?

- A. The narrative lacks specific clinical findings (GFR, functional status, comorbidities, disease trajectory) and a clinical rationale connecting these findings to the six-month prognosis — Medicare requires individualized evidence-based documentation
- B. The abbreviation "ESRD" should have been used instead of the full spelling
- C. Certification narratives are limited to one sentence under current CMS guidelines
- D. The narrative fails to include the patient's Medicare beneficiary number

3. A 67-year-old woman with advanced pancreatic cancer on hospice develops a UTI causing dysuria, suprapubic pain, and fever of 38.9°C. She is alert, has good quality of life, and an estimated prognosis of 3 months. 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 infections
- B. Transfer to the hospital for IV antibiotics and urology consultation
- C. Prescribe 30-day prophylactic antibiotics after treating this episode

D. 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

4. A 55-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 oral morphine is 300 mg/day. He develops complete dysphagia. The team converts to SC morphine infusion using the 3:1 ratio. The correct hourly rate is which of the following?

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

B. Approximately 4.2 mg/hour ( $300 \div 3 = 100$  mg SC/day  $\div 24$  — the correct calculation)

C. 2.1 mg/hour (incorrect 6:1 —  $50/24$ )

D. 6.25 mg/hour (incorrect 2:1 —  $150/24$ )

5. A palliative care physician meets a 58-year-old woman with metastatic ovarian cancer who has just learned her chemotherapy failed. She is crying: "What will happen to my children?" The physician wants to discuss hospice. Based on communication best practices, the physician should FIRST do which of the following?

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

B. Outline hospice benefits immediately to provide an actionable plan

C. Contact the social worker to handle the emotional components

D. Ask whether she prefers to discuss feelings or treatment options

6. A 70-year-old man with end-stage heart failure on hospice has an ICD. He has received four painful shocks in the past three hours. He and his family want shocks stopped. The device representative is unavailable for 7 hours. The correct immediate intervention is which of the following?

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

B. Increase the morphine infusion to sedate him through any further shock events

C. Disconnect any LVAD present to simultaneously disable the ICD

D. Place a strong magnet over the ICD pulse generator and tape securely — providing temporary shock suspension until permanent reprogramming

7. A 72-year-old woman with metastatic colon cancer develops headache, papilledema, and projectile vomiting. MRI: four brain metastases with vasogenic edema. Ondansetron 8 mg IV is ineffective. Based on the emesis mechanism, the most targeted intervention is which of the following?

A. Metoclopramide 10 mg IV for prokinetic gastric emptying improvement

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

C. Scopolamine patch for vestibular-mediated nausea

D. Lorazepam 1 mg IV for cortical anticipatory nausea

8. A 68-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 but the rattle persists. His wife is distressed. The most accurate explanation is which of the following?

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

B. The rattling indicates aspiration pneumonia requiring antibiotics

C. 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

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

9. A 61-year-old woman with advanced cervical cancer on hospice develops bilateral ureteral obstruction. Creatinine rises from 1.0 to 5.5 mg/dL. She is confused and nauseated. Her oncologist proposes nephrostomy tubes. The decision should be guided primarily by which of the following?

A. The patient's values, goals, and understanding that nephrostomy tubes relieve the obstruction and extend life but do not treat the cancer — she must weigh extension against living with tubes

B. Whether interventional radiology determines the procedure is technically feasible

C. Whether the hospice benefit covers the procedure under the per diem

D. The creatinine level, because values above 5.0 mandate intervention regardless of goals

10. A 65-year-old man with advanced prostate cancer has been on hospice for five months. He enters his third benefit period (first 60-day). Which NEW requirement distinguishes this from the first two 90-day periods?

- A. A second opinion from an independent palliative care specialist
- B. A mandatory psychiatric evaluation confirming continued acceptance
- C. Submission of a formal appeal to Medicare justifying enrollment
- D. A face-to-face encounter with a hospice physician or NP within 30 days before the period — required beginning with the third period and all subsequent

11. A 57-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 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 proteinuria
- D. Deep vein thrombosis requiring anticoagulation

12. A 62-year-old man with advanced melanoma develops a painful fungating chest wall mass with severe malodor from anaerobic colonization preventing family visits. The most effective topical agent is which of the following?

- A. Silver sulfadiazine cream for broad-spectrum coverage
- B. Hydrogen peroxide 3% for wound irrigation
- C. Topical metronidazole 0.75% gel — specifically targeting anaerobic bacteria producing the odor, with dramatic improvement within 24–48 hours
- D. Povidone-iodine for general antisepsis

13. A 71-year-old woman with end-stage heart failure is actively dying. Over 24 hours, she had dramatic improvement — alert, eating, expressing gratitude. Vitals remain abnormal. 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 clinical recovery requiring hospital transfer
- C. A medication interaction causing temporary CNS stimulation
- D. Resolution of a concurrent infection

14. 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. On morphine. The most appropriate next step is which of the following?

- A. Add docusate as the missing component
- B. Discontinue opioids to eliminate constipation
- C. High-fiber diet with fluids as definitive treatment
- D. Methylnaltrexone 12 mg SC — PAMORA blocking GI mu receptors without crossing blood-brain barrier, indicated for OIC refractory to maximal conventional laxatives

15. A 64-year-old woman with advanced lung cancer on hospice has been on morphine for five months with good pain control and regular BMs on senna-docusate. She asks about stopping the laxative. The most accurate advice is which of the following?

- A. She can stop after five months of regular function
- B. Continue — tolerance to opioid-induced constipation does NOT develop; constipation will return if stopped regardless of prior regularity
- C. Switch to fiber for a more natural approach
- D. Stop senna but keep docusate alone

16. 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 12 hours, mandibular breathing, unresponsive. The nurse should communicate which of the following?

- A. Hospital transfer for acute kidney injury
- 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

17. A 60-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. The most accurate response is which of the following?

- A. 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
- B. Albumin is always required after draining more than 3 liters
- C. Albumin must be given before drainage
- D. Albumin is mandatory for all home-based drainage

18. A 63-year-old man with advanced hepatocellular carcinoma (Child-Pugh C) requires opioid therapy. GFR 72 (normal). Bilirubin 16. He starts morphine at reduced dose. Why must the dose be reduced?

- A. Morphine is entirely renally excreted and bilirubin interferes
- B. Morphine binds to bilirubin creating toxic conjugates
- C. Ascites dilutes morphine requiring lower loading doses
- D. Reduced hepatic first-pass metabolism increases oral morphine bioavailability — more drug reaches circulation at any given dose, increasing exposure

19. A 67-year-old woman with advanced breast cancer on hospice develops a new DVT causing significant leg pain and swelling. Prognosis 3 months. Comfort measures. The most appropriate anticoagulation is which of the following?

- A. Anticoagulation is categorically prohibited for all hospice patients

- B. Treat with SC LMWH if symptoms cause distress — the decision serves comfort goals, not a blanket policy
- C. Transfer to hospital for IV heparin
- D. Compression stockings as sole intervention

20. A palliative care physician has cared for a 65-year-old woman with advanced pancreatic cancer for five months. After her peaceful death, the physician feels tearful reviewing the chart. This is most accurately described as which of the following?

- A. Professional burnout requiring leave
- B. A boundary violation
- C. Normal clinician grief — a natural response to losing a patient with whom the physician had a meaningful relationship, reflecting emotional engagement
- D. Compassion fatigue indicating exceeded capacity

21. A 70-year-old man with advanced prostate cancer on hospice develops acute back pain, bilateral weakness, urinary retention over 48 hours. Dexamethasone given. MRI: single-level epidural metastasis at T9. ECOG 1, expected survival 7 months. Based on Patchell trial, the best treatment is which of the following?

- A. Radiation alone as universal standard
- B. Corticosteroids as sole management
- C. Comfort measures only because MSCC is always irreversible
- D. Surgical decompression followed by radiation — superior for single-level compression in patients with good ECOG and survival >3 months

22. A 54-year-old woman with stage IV NSCLC has a painful bone metastasis in her right humerus. ECOG 2, expected survival 4 months. The palliative radiation fractionation minimizing burden while providing equivalent relief is which of the following?

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

- B. 40 Gy in 20 fractions over 4 weeks
- C. 30 Gy in 10 fractions
- D. 20 Gy in 5 fractions

23. A hospice bereavement coordinator contacts the 70-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. The psychotherapy with strongest evidence is which of the following?

- A. Standard CBT-D
- B. CGT — 16-session manualized therapy with 50–70% response rates in RCTs
- C. Psychoanalytic therapy
- D. Group supportive therapy as primary treatment

24. A 59-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 for existential anxiety
- B. Psychiatry referral for existential depression
- C. Spiritual care — dignity therapy, narrative life review, meaning exploration; evidence-based for end-of-life existential suffering
- D. Dismissing as philosophical rumination

25. A 67-year-old woman with advanced pancreatic cancer on hospice has persistent hiccups for six days. Medications: dexamethasone 4 mg (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
- B. Ondansetron triggers hiccups through 5-HT<sub>3</sub> blockade
- C. Hiccups are idiopathic — start chlorpromazine
- D. Dexamethasone is a well-recognized cause — reduce dose or switch corticosteroids, initiate baclofen 5 mg TID

26. A 71-year-old man with end-stage renal disease who discontinued dialysis 9 days ago is obtunded. Family notices intermittent hand 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 suppress uremic myoclonus without anticonvulsant loading
- B. Phenytoin loading for seizure activity
- C. Haloperidol 2 mg SC every 6 hours
- D. Morphine increase for sedation

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

- A. Continue with monitoring
- B. Increase morphine for undertreated pain
- C. Rotate to fentanyl — no active metabolites accumulate in renal failure; M6G is renally excreted and causing the neurotoxicity
- D. Rotate to meperidine for renal patients

28. A hospice quality committee reviews data: 43% die within 7 days, median LOS 10 days. This indicates which concern?

- A. Program enrolls too early
- B. Late referrals deny patients full hospice benefit — services require time
- C. Death rate indicates overly aggressive management
- D. Patterns meet benchmarks

29. A 53-year-old man with advanced melanoma on ipilimumab develops severe diarrhea (11 stools/day), cramping, bloody stool. C. difficile negative. 9 days post-infusion. The most appropriate treatment is which of the following?

- A. Loperamide alone
- B. Empiric metronidazole for undetected *C. difficile*
- C. Octreotide for secretory diarrhea
- D. Systemic corticosteroids (prednisone 1–2 mg/kg) for immune-related colitis, immunotherapy held, infliximab if steroid-refractory

30. A 68-year-old man with advanced COPD on hospice is on morphine. SpO<sub>2</sub> 84% on 2 L/min. Despite morphine and fan, dyspnea severe. Family asks about oxygen. The most evidence-based recommendation is which of the following?

- A. This patient IS hypoxemic (SpO<sub>2</sub> 84%, below 90%) — documented hypoxemia may benefit from increased oxygen, unlike non-hypoxemic patients where it adds no benefit
- B. Discontinue oxygen — it never helps
- C. Replace with heliox
- D. Increase only if patient requests

31. A 72-year-old woman with advanced heart failure on hospice has been on furosemide 80 mg daily. Dyspnea worsened. 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

32. A hospice team reviews a 73-year-old man with end-stage liver disease on lactulose for encephalopathy. It reduces his confusion and agitation. Pharmacy questions coverage. The most accurate response is which of the following?

- A. Lactulose must be discontinued as disease-directed

B. Lactulose directly relieves distressing symptoms — clinical purpose determines coverage, not drug classification

C. Patient must pay out of pocket

D. Requires medical director approval per refill

33. 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. Refuse discussion

C. MAID unavailable to hospice patients

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

34. A 62-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. Antihistamine or anticholinergic (meclizine or scopolamine) for vestibular nausea — the movement pattern is diagnostic

B. Dopamine antagonist (haloperidol) for CTZ nausea

C. Prokinetic (metoclopramide) for gastroparesis

D. Serotonin antagonist (ondansetron) for peripheral GI nausea

35. A 69-year-old man with advanced COPD tells his physician, "I'm terrified of suffocating at the end." The best response is which of the following?

A. "I guarantee zero discomfort."

B. "That's something for later. Focus on today."

C. "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?"

D. "Suffocation is possible and I can't promise comfort."

36. A 56-year-old woman with advanced breast cancer on hospice develops RUQ pain from hepatic metastases causing capsule distension. Opioid provides partial relief. The most targeted non-opioid is which of the following?

A. Gabapentin for neuropathic modulation

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

C. Acetaminophen for general augmentation

D. NSAID for prostaglandin-mediated inflammation

37. A 71-year-old man with metastatic prostate cancer develops hypercalcemia (corrected calcium 15.1). After IV saline, which provides the most sustained reduction?

A. Calcitonin for sustained lowering

B. Furosemide for calciuresis

C. Oral phosphate to bind calcium

D. Zoledronic acid 4 mg IV — osteoclast inhibition with onset 24–48 hours, nadir 4–7 days, duration 2–4 weeks

38. A 58-year-old woman with advanced lung cancer tells her nurse, "I want to go to my daughter's graduation." The nurse should respond reflecting which principle?

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

B. "Travel is too risky."

C. "You need physician clearance."

D. "Events interfere with nursing schedules."

39. A 65-year-old man with advanced gastric 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 nausea
- C. Metoclopramide before meals — combining antiemetic D2 antagonism with prokinetic 5-HT4 agonism to address gastroparesis
- D. Dexamethasone for ICP-related nausea

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

- A. Focus on patient only — husband is not enrolled
- B. Express concern, normalize difficulty, explore respite or support, communicate to IDT — caregiver collapse threatens the care plan
- C. Arrange mandatory hospitalization of the husband
- D. Document and address next week

41. A 64-year-old man with advanced pancreatic cancer on hospice has been on morphine for six weeks. He develops confusion, hallucinations, myoclonus. Creatinine 1.0→3.8 from dehydration. The most appropriate management is which of the following?

- A. Continue morphine with monitoring
- B. Increase morphine for undertreated pain
- C. Switch to meperidine for renal safety
- D. M6G accumulation from declining renal function — rotate to fentanyl, no active metabolites

42. A 67-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. Surgical fixation followed by radiation — restoring function and preventing non-healing in a patient with adequate performance status
- B. Conservative management with sling and opioids
- C. Radiation alone without surgery
- D. Amputation to eliminate the pain source

43. A palliative care physician meets a 68-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, exactly 3.8 months."
- B. "Medicine cannot tell you anything."
- C. "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."
- D. "You have plenty of time — don't worry."

44. A 55-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. The diagnosis and distinguishing feature from NMS is which of the following?

- A. NMS from morphine-duloxetine interaction
- B. Serotonin syndrome from tramadol (serotonin reuptake inhibitor) plus duloxetine (SNRI) — distinguished from NMS by clonus, present in serotonin syndrome but absent in NMS
- C. Opioid-induced hyperalgesia
- D. Allergic reaction to tramadol

45. A 72-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, why does his warfarin warrant continuation?

- A. Warfarin provides symptom relief for dyspnea
- B. Medicare mandates continuation

C. Stopping causes immediate valve failure

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

46. A 59-year-old woman with advanced ovarian cancer on hospice has refractory pelvic pain on OME 450 mg/day with side effects. Her specialist recommends an intrathecal pump. Using the 300:1 ratio, the daily intrathecal dose is which of the following?

A. Approximately 1.5 mg intrathecal morphine per day ( $450 \div 300$  — the correct calculation)

B. 45 mg (incorrect 10:1)

C. 15 mg (incorrect 30:1)

D. 4.5 mg (incorrect 100:1)

47. A 61-year-old man with advanced esophageal cancer has complete dysphagia. Morphine SR 90 mg every 12 hours (180 mg/day). Converting to SC hydromorphone:  $180 \div 3 = 60$  parenteral morphine;  $60/10 \times 1.5 = 9$  parenteral hydromorphone; 25% reduction:  $9 \times 0.75 = 6.75$  mg/day. The correct hourly rate is which of the following?

A. 0.56 mg/hour (no reduction)

B. 0.14 mg/hour (double reduction)

C. Approximately 0.28 mg/hour ( $6.75 \div 24$  — correct calculation)

D. 1.12 mg/hour (incorrect conversion)

48. A hospice physician completes a death certificate for a 71-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: "Aspiration pneumonia" — Line b: "Dysphagia" — Line c: "Parkinson's disease" — correctly tracing the causal chain

C. Line a: "Natural causes"

D. Line a: "Parkinson's disease" only

49. A 74-year-old man with advanced COPD has "good days and bad days." His wife asks if good days mean recovery. The most accurate explanation is which of the following?

- A. Good days indicate medications working — consider discharge
- B. Pattern requires hospital evaluation
- C. Good days represent terminal rally
- D. Fluctuating function within overall decline is the characteristic organ failure pattern — good days reflect natural variability, not recovery

50. A 59-year-old man with advanced melanoma on nivolumab develops fatigue, constipation, cold intolerance, weight gain. TSH 53, free T4 undetectable. This irAE is managed by which of the following?

- A. Levothyroxine replacement — immune-related hypothyroidism managed with hormone replacement, typically does NOT require stopping immunotherapy
- B. High-dose corticosteroids and permanent discontinuation
- C. Surgical thyroidectomy
- D. Radioactive iodine ablation

51. A 66-year-old woman with advanced lung cancer on hospice develops seizures from brain metastases. Given polypharmacy (opioids, antiemetics, corticosteroids), the most appropriate anticonvulsant is which of the following?

- A. Phenytoin for established efficacy
- B. Carbamazepine for neuropathic pain benefit
- C. Levetiracetam — minimal hepatic metabolism, few interactions, IV/liquid formulations, ideal for palliative polypharmacy
- D. Valproic acid for broad-spectrum activity

52. A hospice aide notices handgrip-pattern bruising on an 80-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 next 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 to anticoagulant therapy

53. A 69-year-old man with end-stage heart failure on hospice has an ICD permanently reprogrammed to disable shocks. His family asks if the magnet is still needed. The most accurate response is which of the following?

- A. Magnet must remain permanently
- B. Magnet should remain as backup
- C. Magnet cannot be removed until explantation
- D. Magnet can be removed — permanent reprogramming disabled shocks definitively; the magnet provided only temporary suspension and is no longer needed

54. A 61-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. Prophylactic surgical fixation — >50% cortical destruction in a weight-bearing bone carries high fracture risk; fixation prevents catastrophic complication
- B. Strict bed rest
- C. Hip brace for external support
- D. Bisphosphonate therapy alone

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

- A. Hypercalcemia is incidental

- B. Treatment is prohibited in hospice
- C. Hypercalcemia explains multiple symptoms simultaneously — a reversible cause of suffering; treating (if consistent with goals) could improve all at once
- D. Calcium is mildly elevated and will self-correct

56. A 64-year-old woman with advanced pancreatic cancer on hospice has severe epigastric pain radiating to 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 only
- B. Achieves significant relief in 70–90% of pancreatic cancer patients, reduces opioid needs, evidence supports early consideration
- C. Relief lasts only 48 hours
- D. Contraindicated in patients on opioids

57. A 72-year-old man with end-stage heart failure is dying at home. 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. "He is struggling and needs more medications."
- B. "These are seizures needing anticonvulsants."
- C. "Call 911 — cardiac emergency."
- D. "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."

58. 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. She asks, "Shouldn't I be over this?" The most appropriate response is which of the following?

- A. "What you describe is completely normal. No timeline for grief. Daily crying at six months is expected. Return to activities shows healthy adaptation."
- B. "Six months is long — recommend counseling."

- C. "Daily crying suggests PGD."
- D. "Stay busy and avoid thinking about him."

59. A 52-year-old man with advanced sarcoma on hospice has pain with somatic (deep, aching) and neuropathic (burning, shooting) components. Opioid relieves aching partially but not burning. The best strategy is which of the following?

- A. Increase opioid alone
- B. Discontinue opioids, use gabapentin monotherapy
- C. Combine opioid for somatic with adjuvant (gabapentin or duloxetine) for neuropathic — neither alone addresses both optimally
- D. Replace all with topical lidocaine

60. A 67-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 1.0→3.0. Which requires MOST urgent adjustment?

- A. Morphine is the sole priority
- B. Gabapentin — entirely renally excreted, accumulates most rapidly with declining GFR; while morphine also warrants attention, gabapentin's exclusively renal clearance makes adjustment most urgent
- C. Both require identical urgency
- D. Neither affected by renal function

61. A 70-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. Acetaminophen 1000 mg every 6 hours
- B. Gabapentin for neuropathic modulation
- C. Duloxetine for dual benefit
- D. An NSAID (celecoxib or ibuprofen) — effective through prostaglandin synthesis inhibition at the metastatic site where tumor-produced prostaglandins sensitize nociceptors

62. A 62-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. The most accurate response is which of the following?

- A. She may eat and drink small amounts for pleasure — food enters stomach, is experienced, then drains through the gastrostomy rather than entering the obstructed bowel
- B. Must remain NPO
- C. May eat full meals
- D. Clear liquids only

63. A hospice program conducts a Medicare compliance review. Volunteer utilization is 3.8%. The regulatory significance is which of the following?

- A. Compliant — no minimum exists
- B. Exceeds the 2% minimum
- C. Below the Medicare-mandated 5% minimum — must increase volunteer services
- D. Applies only to non-profit programs

64. A palliative care team meets the family of a 69-year-old man with end-stage heart failure in the ICU. His son angrily says, "You're giving up!" The most effective response is which of the following?

- A. "Let me show you the data."
- B. "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."
- C. "You're welcome to a second opinion."
- D. "The facts are clear — accept reality."

65. A 55-year-old woman with advanced cervical cancer on hospice has severe neuropathic pain — burning, shooting — from sacral nerve invasion. Opioid provides partial relief. The most appropriate adjuvant is which of the following?

- A. NSAID for inflammatory relief

- B. Benzodiazepine for anxiety amplifying pain
- C. Acetaminophen-codeine combination
- D. Gabapentinoid (gabapentin or pregabalin) or SNRI (duloxetine) — first-line for neuropathic pain

66. A 71-year-old woman with advanced dementia (FAST 7E) 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. Whether the recurrent pattern reflects disease trajectory — each course treats infection but cannot change aspiration risk — and whether treatment serves comfort or prolongs dying
- B. Specific organism on culture
- C. Temperature threshold mandating treatment
- D. Antibiotic cost

67. A 59-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. Morphine must be stopped first
- C. Lactulose serves dual purpose — treating encephalopathy AND counteracting opioid constipation; complementary
- D. Lactulose inactivates morphine

68. A hospice social worker conducts bereavement follow-up with the 48-year-old son of a patient who died three months ago. He has returned to work but reports sudden grief waves. He asks, "Is this normal?" The most appropriate response is which of the following?

- A. "Three months should resolve acute grief — recommend evaluation."
- B. "Grief waves are completely normal — can persist months to years. Functioning between waves shows healthy adaptation. No timeline."
- C. "Episodes suggest panic disorder."

D. "Avoid triggers to prevent waves."

69. A 68-year-old man with advanced lung cancer tells his chaplain, "I don't believe in God. I don't need spiritual care." The most appropriate response is which of the following?

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

B. "Everyone needs spiritual care."

C. "Perhaps reconsider."

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

70. A 64-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. Fentanyl — minimal histamine-releasing properties make it preferred when pruritus is the rotation indication

B. Codeine for lower histamine release

C. Hydromorphone with identical histamine properties

D. Meperidine, historically recommended

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 trial. I felt powerless." This is best described as which of the following?

A. Compassion fatigue

B. Professional burnout

C. Moral distress — knowing the ethically right action but unable to carry it out due to hierarchical barriers

D. Normal dissatisfaction

72. A 60-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 opioids, the most rapid targeted relief is which of the following?

- A. Radiation (single 8 Gy) with onset in 2–4 weeks
- B. Vertebroplasty or kyphoplasty — relief in 70–90% within 24–72 hours through mechanical stabilization
- C. External brace
- D. Epidural injection

73. 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 — AF requires lifelong therapy
- B. Switch to DOAC
- C. Increase warfarin
- D. Discontinue — absolute risk reduction over 2 weeks is negligible while bleeding risk continues and monitoring burden is unjustified

74. A 57-year-old man with advanced gastric cancer on hospice develops acute pulmonary edema. On morphine and furosemide 40 mg. Crackles, JVD, SpO<sub>2</sub> 80%. Comfort measures, DNR. The most appropriate management is which of the following?

- A. Morphine bolus AND furosemide increase to 80 mg IV — addressing both symptom and treatable cause consistent with comfort goals
- B. Continue medications unchanged
- C. Morphine alone without diuretic
- 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 in acute hospitals
- B. GIP requires 14-day minimum
- C. GIP is for acute symptom management — caregiver respite is IRC, not GIP; billing higher-reimbursement GIP for respite is incorrect
- D. GIP requires 30-day pre-authorization

76. A 52-year-old woman with advanced breast cancer on hospice has CIPN neuropathic pain and is on tamoxifen. Which adjuvant should be AVOIDED?

- A. Gabapentin — safe, no CYP interactions
- B. Duloxetine — inhibits CYP2D6, converting tamoxifen to endoxifen, potentially reducing efficacy
- C. Pregabalin — renally excreted
- D. Nortriptyline at low doses

77. A 55-year-old woman with advanced sarcoma on hospice is on OME 700 mg/day. Specialist recommends methadone. The unique property requiring specific monitoring is which of the following?

- A. Direct hepatotoxicity
- B. Complete absence of respiratory depression
- C. Severe thrombocytopenia
- D. QTc prolongation with torsades risk — requiring ECG at baseline, after stabilization, and periodically; the only common opioid with this cardiac risk

78. A 69-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 ratio, the correct daily oral dose is which of the following?

- A. 72 mg oral per day ( $14.4 \times 5 = 72$  — the correct 5:1 ratio for hydromorphone)
- B. 14.4 mg oral (incorrect 1:1)
- C. 43.2 mg oral (incorrect 3:1)
- D. 28.8 mg oral (incorrect 2:1)

79. A 63-year-old man with end-stage COPD on hospice develops acute respiratory distress. SpO<sub>2</sub> 78%, RR 32, severe anxiety. POLST: comfort measures. The most appropriate intervention is which of the following?

- A. Call 911 for intubation
- B. Withhold opioids — respiratory depression concern
- C. Morphine bolus, midazolam for anxiety, increase O<sub>2</sub> (IS hypoxemic), position upright, fan — comprehensive management consistent with comfort goals
- D. Oxygen only, observe 60 minutes

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

- A. Only appropriate when cardiologist witnesses
- B. "Cardiac arrest" is the mechanism common to all deaths — provides no disease information; specify the actual disease
- C. Must include terminal rhythm
- D. Acceptable for all deaths

81. A 68-year-old woman with advanced pancreatic cancer on hospice develops diabetes from tumor and dexamethasone. Glucose >350. Polyuria, thirst, blurred vision. Treatment is justified by which of the following?

- A. Strict HbA<sub>1c</sub> <7%
- B. All glucose >300 requires insulin per regulation
- C. Insulin excluded from hospice
- D. Treatment for symptom relief — polyuria, thirst, blurred vision directly impair comfort

82. A palliative care physician conducts ACP with a 61-year-old man with stage IV colon cancer. He names his wife as DPAHC. The most critical additional step is which of the following?

- A. The patient must have a detailed conversation with his wife about values, goals, fears, preferences — a surrogate without this knowledge cannot exercise substituted judgment
- B. DPAHC must be notarized
- C. Filed with county courthouse
- D. Wife must complete decision-making course

83. A 70-year-old man with advanced COPD on hospice has worsening dyspnea despite morphine every 4 hours. SpO<sub>2</sub> 91%. Anxious, accessory muscles. Morphine given 30 minutes ago, minimal improvement. The most appropriate next step is which of the following?

- A. Increase O<sub>2</sub> to achieve 95%
- B. Switch to hydromorphone
- C. Add lorazepam 0.5–1 mg SL for the anxiety-breathlessness cycle — when opioid alone fails and anxiety is prominent
- D. Albuterol as sole intervention

84. A 70-year-old man with advanced lung cancer on hospice has a 12-year-old son refusing visits, fighting at school, telling teacher "My dad is fine." This most likely represents which of the following?

- A. Conduct disorder unrelated to illness
- B. Anticipatory grief — denial, avoidance, acting out common in school-age children who understand death's permanence but lack coping skills
- C. Child hasn't been informed
- D. Normal rebellion unconnected to situation

85. A 65-year-old woman with brain metastases on hospice develops seizures at one lesion. Her oncologist recommends prophylactic anticonvulsants for other non-seizing lesions. The most appropriate recommendation is which of the following?

- A. Start phenytoin for all brain metastases
- B. Start levetiracetam prophylactically

C. Start valproic acid

D. Prophylactic anticonvulsants NOT recommended for non-seizing sites — trials show no benefit, significant side effects

86. A 57-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. Treat with SC LMWH if symptoms cause distress — decision serves comfort goals

B. Anticoagulation prohibited for hospice DVT

C. DVT is natural — no treatment needed

D. Hospital transfer for ultrasound and IV heparin

87. A 71-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 adjustment is which of the following?

A. Discontinue furosemide — disease-directed

B. Replace with morphine as sole dyspnea treatment

C. Increase furosemide and/or add metolazone — addressing volume overload causing dyspnea, a comfort intervention

D. Maintain dose, add morphine only

88. A 63-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 prokinetics

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

C. Allergic reaction

D. Bowel obstruction

89. A 54-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 organs (celiac plexus territory)
- B. Perineum/rectum (ganglion impar)
- C. Lower extremities (lumbar chain)
- D. Pelvic visceral organs (uterus, cervix, bladder, rectum) — the superior hypogastric plexus transmits visceral pain from these structures

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

- A. At least 13 months — contacts, events, groups, counseling referrals
- B. Services end on date of death
- C. Single contact at 30 days
- D. Recommended but not required

91. A 59-year-old woman with advanced breast cancer asks, "Can I travel to see my sister?" The most appropriate response is which of the following?

- A. "Cannot leave registered residence."
- B. "Revoke hospice before crossing state lines."
- C. "Yes — we'll coordinate care, ensure medications, arrange services, plan contingencies."
- D. "Medically inadvisable."

92. A 67-year-old man with advanced lung cancer on hospice is on morphine SR 120 mg every 12 hours. 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 ( $240 \div 3 = 80$  SC/day  $\div 24 = 3.3$  — correct)

- C. 1.7 mg/hour (incorrect 6:1)
- D. 5 mg/hour (incorrect 2:1)

93. A 71-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. Recovery requiring hospital transfer
- B. Medication interaction
- C. Infection resolution
- D. Terminal rally — transient improvement before death, not recovery

94. A 56-year-old man with advanced gastric cancer on hospice has constipation refractory to senna 4 BID, PEG daily. No BM 12 days. No impaction, no obstruction. The next step is which of the following?

- A. Methylnaltrexone 12 mg SC — PAMORA blocking GI mu receptors without crossing blood-brain barrier
- B. Discontinue opioids
- C. High-fiber diet
- D. Add docusate

95. A 62-year-old man with advanced colon cancer on hospice has cancer-related fatigue. Hemoglobin 10.7, thyroid normal, depression negative. Non-pharmacologic measures done. The medication with strongest evidence is which of the following?

- A. Modafinil
- B. Dexamethasone for long-term energy
- C. Methylphenidate 5 mg morning and noon — CNS stimulant with rapid onset and strongest evidence
- D. ESA to treat mild anemia

96. A palliative care physician cares for a 69-year-old man with advanced pancreatic cancer. His wife asks, "After he dies, will you be available?" The most accurate bereavement response is which of the following?

- A. "Services end when he passes."
- B. "Our program provides support for at least 13 months — contacts, events, groups, referrals. We can also help prepare now."
- C. "Only available privately."
- D. "Single call at 30 days."

97. A 55-year-old woman with advanced ovarian cancer on hospice develops opioid-induced pruritus after morphine increase. Bilirubin and renal function normal. After failing antihistamines, the best rotation is which of the following?

- A. Codeine for lower histamine
- B. Hydromorphone with identical properties
- C. Meperidine, historically recommended
- D. Fentanyl — minimal histamine release, preferred when pruritus is the indication

98. A 69-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. Shock and pacing can be independently programmed — deactivating shocks while maintaining pacing is standard practice
- B. Cannot be independently controlled
- C. Deactivating shocks disables pacing
- D. Pacing incompatible with hospice

99. A 62-year-old man with advanced lung cancer tells his nurse, "I've thought about taking all my morphine. Just a thought — nothing done." Pain 4/10. No plan. The most appropriate response is which of the following?

- A. Report to law enforcement
- B. Remove all opioids
- C. Take it seriously — explore factors, assess depression, optimize symptoms (pain 4/10), secure medications, involve IDT
- D. Dismiss as normal expression

100. A palliative care physician meets a family before 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. Assessing current understanding — "Perception" step of SPIKES — revealing gaps and providing a starting point
- C. Testing medical knowledge
- D. Determining intellectual capability

101. A 64-year-old woman with advanced pancreatic cancer on hospice has been on dexamethasone 8 mg daily for six weeks. She develops proximal weakness. This is most consistent with which of the following?

- A. Spinal cord compression
- B. Brain metastasis progression
- C. Deconditioning only
- D. Steroid-induced proximal myopathy — dose/duration dependent, hip/shoulder girdle, distinguished from cord compression by absent sensory level

102. A 56-year-old man with advanced gastric cancer on hospice develops MBO. Not surgical. The standard medical management is which of the following?

- A. Octreotide + glycopyrrolate + dexamethasone + parenteral opioids
- B. Metoclopramide + high-dose laxatives
- C. TPN as primary intervention

D. High-fiber diet with hydration

103. A 71-year-old woman with metastatic colon cancer develops back pain, bilateral weakness, urinary retention over 72 hours. MRI: epidural cord compression at T8. ECOG 2, expected survival 4 months. The MOST critical factor determining outcome is which of the following?

A. Radiation fractionation

B. Histologic type

C. Neurologic status at treatment initiation — ambulatory >80% remaining; paraplegic <10% recovery

D. Age as sole determinant

104. A 62-year-old man with advanced lung cancer asks, "My neighbor lived two years with lung cancer." The most appropriate response is which of the following?

A. "Your neighbor had less aggressive type."

B. "Every person's cancer is different. I can tell you what I see with yours. Would it help to plan together?"

C. "You could definitely live two years."

D. "Medicine can't predict."

105. A 57-year-old woman with advanced ovarian cancer on hospice develops opioid-induced nausea — constant, non-positional, improving over 3 days. The mechanism is which of the following?

A. Gastroparesis requiring indefinite prokinetics

B. Allergic reaction

C. Bowel obstruction

D. CTZ stimulation — tolerance develops in 3–7 days; short haloperidol bridges tolerance

106. A hospice nurse visits a 67-year-old man with end-stage heart failure. His wife asks, "Can he hear us?" The most accurate response is which of the following?

- A. "Hearing may be the last sense preserved. I encourage you to keep talking, holding his hand, saying what you need to say."
- B. "All sensory function has ceased."
- C. "He hears everything — be careful."
- D. "Hearing replaced by hallucinations."

107. A 55-year-old woman with advanced sarcoma 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. Accurate family assessment
- C. Perceived burdensomeness strongly associated with hastened death desire — PHQ-9 of 20 confirms severe depression requiring treatment
- D. Social work only 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
- B. Hindu tradition generally favors cremation, with family potentially washing and preparing the body with prayers and rituals
- C. Burial within 24 hours
- D. Plain pine casket

109. A 65-year-old man with advanced prostate cancer enters his fourth benefit period (second 60-day). Which recertification requirement applies?

- A. Second opinion from independent specialist
- B. Psychiatric evaluation
- C. Formal Medicare appeal

D. Face-to-face encounter within 30 days before the period — required from third period onward

110. A 52-year-old woman with advanced sarcoma on hospice asks about family support after death. The most accurate bereavement description is which of the following?

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

B. "Services end when you pass."

C. "Only available privately."

D. "Single call at 30 days."

111. A 69-year-old man with advanced colon cancer on hospice has bone metastases. His physician recommends a RANKL-inhibiting agent. Which uses this mechanism?

A. Zoledronic acid (bisphosphonate, mevalonate pathway)

B. Calcitonin (direct osteoclast inhibition)

C. Denosumab — monoclonal antibody blocking RANKL to prevent osteoclast differentiation

D. Pamidronate (first-generation bisphosphonate)

112. A 63-year-old man with advanced hepatocellular carcinoma on hospice is on morphine. Liver deteriorates (bilirubin 5→17). 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. Reduce morphine — worsening liver reduces first-pass metabolism, increasing bioavailability at the same dose

C. Switch to meperidine

D. Discontinue all medications

113. A 70-year-old woman with end-stage heart failure on hospice develops confusion and muscle cramps. Na 124, K 2.6. On furosemide 80 mg (recently increased). These are most likely caused by which of the following?

- A. Heart failure progression
- B. Morphine toxicity
- C. Hepatic encephalopathy
- D. Diuretic-induced derangements — furosemide causes sodium and potassium wasting

114. A 67-year-old man with advanced prostate 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. Prostate cancer commonly metastasizes to brain
- C. Vasovagal event
- D. Epilepsy unrelated to cancer

115. A 58-year-old woman with advanced cervical cancer on hospice has severe perineal pain from sacral nerve invasion. The interventional procedure targeting her specific pain is which of the following?

- A. Celiac plexus block at T12-L1
- B. Superior hypogastric plexus block
- C. Ganglion impar block — at the sacrococcygeal junction transmitting visceral pain from perineum, rectum, anus, vulva
- D. Lumbar epidural steroid injection

116. A hospice physician counsels a family about ventilator withdrawal. Patient on FiO<sub>2</sub> 100%, PEEP 14, vasopressors, minimal effort. The most appropriate prognostic statement is which of the following?

- A. "He will die within exactly 5 minutes."
- B. "Given his 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."
- C. "He will survive several days."

D. "Impossible to estimate."

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

A. Blocks always cause respiratory depression

B. Neurolytic agent caused CNS toxicity

C. Phrenic nerve damage

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

118. A palliative care physician has cared for a 61-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. "That sounds like a normal grief response. You were truly present — not weakness. Would it help to talk?"

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

C. "Leave feelings at the door."

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

119. A 53-year-old woman with advanced melanoma on pembrolizumab develops acute fatigue, hypotension (BP 68/36), nausea, hypoglycemia. Cortisol undetectable. The urgent intervention is which of the following?

A. Aggressive IV fluids alone

B. High-dose prednisone for hepatitis

C. IV hydrocortisone 100 mg for adrenal insufficiency — undetectable cortisol, hypotension, hypoglycemia require urgent replacement

D. Thyroid hormone replacement

120. A 68-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 sole priority
- B. Gabapentin — entirely renally excreted, accumulates most rapidly; while morphine also warrants attention, gabapentin's exclusively renal clearance makes adjustment most urgent
- C. Both identical urgency
- D. Neither affected

121. A 68-year-old man with advanced renal cell carcinoma on hospice has been on oxycodone. His GFR declined from 48 to 10 mL/min. He develops confusion, hallucinations, myoclonic jerks. The safest opioid rotation is which of the following?

- A. Morphine, the most studied opioid and safest universal choice
- B. Codeine, requiring only hepatic activation with no renal concerns
- C. Meperidine, historically recommended for renal impairment
- D. Fentanyl — metabolized by CYP3A4 to inactive norfentanyl, no active metabolites accumulate in renal failure

122. A 70-year-old woman with end-stage heart failure on hospice has been on furosemide 80 mg daily. Dyspnea improved but she develops confusion, lethargy, muscle cramps. Na 122, K 2.4. 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 dilutional hyponatremia
- C. Morphine toxicity causing SIADH
- D. Hepatic encephalopathy from undiagnosed liver disease

123. A hospice physician counsels a family about ventilator withdrawal. Patient on FiO<sub>2</sub> 100%, PEEP 16, vasopressors, minimal spontaneous effort. Family asks how long. The most appropriate response is which of the following?

- A. "Exactly 3 minutes in all cases."
- B. "He will survive several days due to reserves."
- C. "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."
- D. "Completely impossible to estimate."

124. A 55-year-old woman with advanced ovarian cancer on hospice asks about traveling to visit her daughter. The response best reflecting hospice philosophy is which of the following?

- A. "Cannot leave registered residence."
- B. "Yes — we can coordinate care, ensure medications, arrange services at your destination, plan contingencies. Let's make this happen."
- C. "Revoke hospice before crossing state lines."
- D. "Medically inadvisable for terminal patients."

125. A 63-year-old man with advanced colon 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. High-fiber diet with aggressive hydration
- D. Octreotide (reducing secretions) plus glycopyrrolate (secretions and colic) plus dexamethasone (peritumoral edema) plus parenteral opioids

126. A palliative care team cares for a 68-year-old man with advanced gastric cancer. His 15-year-old daughter has been withdrawn, expressing hopelessness, grades dropped. The most appropriate hospice response is which of the following?

- A. Arrange for the hospice social worker to meet the daughter, assess emotional state and safety, facilitate counseling referral
- B. Defer to the school counselor entirely
- C. Inform the mother and leave referral to family

D. Report to child protective services

127. A 60-year-old woman with advanced breast cancer develops back pain, bilateral weakness (3/5), urinary retention over 48 hours. MRI: single-level epidural mass at T7. ECOG 1, expected survival 8 months. The MOST critical factor determining outcome is which of the following?

A. Radiation fractionation schedule

B. Histologic type and radiosensitivity

C. Neurologic status at treatment initiation — ambulatory >80% chance remaining; paraplegic <10% recovery

D. Age as sole determinant

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

A. GIP only in acute hospitals

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

C. GIP requires 14-day minimum

D. GIP requires 30-day pre-authorization

129. A 71-year-old man with metastatic prostate cancer on hospice has bone metastases. His physician recommends a RANKL-inhibiting agent. Which uses this mechanism?

A. Zoledronic acid (bisphosphonate, mevalonate pathway)

B. Calcitonin (direct osteoclast inhibition)

C. Pamidronate (first-generation bisphosphonate)

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

130. A 57-year-old man with advanced pancreatic cancer on hospice develops hypercalcemia (corrected calcium 15.3). After IV saline, which provides the most sustained reduction?

- A. Zoledronic acid 4 mg IV — osteoclast inhibition with onset 24–48 hours, nadir 4–7 days, duration 2–4 weeks
- B. Calcitonin for sustained lowering
- C. Furosemide for calciuresis
- D. Oral phosphate to bind calcium

131. A hospice nurse visits a 76-year-old woman with end-stage COPD. Her husband has lost weight, dark circles, says "I'm fine — focus on her." The most appropriate response is which of the following?

- A. Focus on patient only
- B. Arrange mandatory hospitalization
- C. Express concern, normalize difficulty, explore respite, communicate to IDT — caregiver collapse threatens care plan
- D. Document and address next week

132. A 64-year-old woman with advanced ovarian cancer on hospice has refractory ascites. During home drainage, husband drains 3 liters in 20 minutes. She becomes hypotensive. The cause and counseling are which of the following?

- A. Peritonitis requiring antibiotics
- B. Rapid drainage caused hemodynamic instability — future drainages slower (60–90 min), patient reclined
- C. Hemorrhage from catheter erosion
- D. Pneumoperitoneum from air entry

133. A 52-year-old man with advanced melanoma on hospice has a fungating lesion with severe malodor. The most effective topical agent is which of the following?

- A. Silver sulfadiazine
- B. Hydrogen peroxide
- C. Povidone-iodine

D. Topical metronidazole 0.75% — targeting anaerobic bacteria producing malodor, dramatic improvement within 24–48 hours

134. A 69-year-old man with end-stage liver disease on hospice is on lactulose and morphine. Pharmacy questions compatibility. The most accurate statement is which of the following?

A. Lactulose serves dual purpose — encephalopathy treatment AND osmotic laxative counteracting opioid constipation; complementary

B. Lactulose contraindicated with opioids

C. Morphine must be stopped first

D. Lactulose inactivates morphine

135. A 61-year-old woman with advanced lung cancer tells her chaplain, "God abandoned me. Why is this happening?" The most appropriate response is which of the following?

A. Theological reassurance that God doesn't punish with illness

B. Anxiolytic for spiritual distress

C. Explore feelings without fixing them, validate spiritual struggle, facilitate engagement with her faith, offer pastoral presence

D. Psychiatry referral for depression

136. A 67-year-old man with advanced COPD on hospice has persistent hiccups for six days. Dexamethasone started 3 weeks ago. The most appropriate management is which of the following?

A. Increase dexamethasone

B. Reduce dexamethasone or switch corticosteroids, initiate baclofen 5 mg TID — addressing both cause and symptom

C. Chlorpromazine without addressing dexamethasone

D. Discontinue dexamethasone entirely without considering other benefits

137. A 55-year-old woman with advanced sarcoma on morphine and duloxetine has tramadol added. Within 48 hours: agitation, hyperthermia, clonus. After discontinuing serotonergic agents, the specific antidote is which of the following?

- A. Naloxone for opioid-mediated toxicity
- B. Dantrolene for muscular rigidity
- C. Bromocriptine as dopamine agonist
- D. Cyproheptadine 12 mg orally initially, then 4–8 mg every 6 hours — the specific serotonin syndrome antidote

138. A 70-year-old man with end-stage heart failure on hospice has ICD permanently reprogrammed. Family asks if magnet is still needed. The most accurate response is which of the following?

- A. Magnet can be removed — permanent reprogramming disabled shocks definitively; magnet provided only temporary suspension and is no longer needed
- B. Must remain permanently
- C. Should remain as backup
- D. Cannot be removed until explantation

139. A 59-year-old woman with advanced breast cancer on hospice has CIPN. She is on tamoxifen. Which adjuvant should be AVOIDED?

- A. Gabapentin — safe, no CYP interactions
- B. Pregabalin — renally excreted
- C. Duloxetine — inhibits CYP2D6, converting tamoxifen to endoxifen, potentially reducing efficacy
- D. Nortriptyline at low doses

140. A hospice bereavement coordinator contacts the 67-year-old husband of a patient who died nine months ago. He cries daily and hears his wife's voice. He asks, "Am I crazy?" The most accurate interpretation is which of the following?

- A. PGD requiring CGT
- B. His symptoms are within normal grief — hearing a deceased spouse reported by 30–60%, NOT psychosis; normalizing reduces fear
- C. Psychosis requiring antipsychotics
- D. Grief is stuck — directive counseling needed

141. A 62-year-old man with advanced colon cancer on hospice develops seizures from brain metastases. Given polypharmacy, the most appropriate anticonvulsant is which of the following?

- A. Phenytoin
- B. Carbamazepine
- C. Valproic acid
- D. Levetiracetam — minimal hepatic metabolism, few interactions, IV/liquid formulations, ideal for palliative polypharmacy

142. A 71-year-old woman with advanced dementia (FAST 7E) on hospice has grimacing, moaning, guarding with hip movement. PAINAD 7/10. No analgesics. The most appropriate initial intervention is which of the following?

- A. Scheduled acetaminophen trial (650 mg every 6 hours) with PAINAD reassessment after 48–72 hours — safest first-line for suspected pain in non-verbal dementia
- B. Morphine 10 mg SC every 4 hours
- C. Comprehensive imaging before any treatment
- D. Psychiatry referral for behavioral evaluation

143. A 57-year-old man with advanced gastric 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
- B. Discontinue opioids

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

D. Add docusate

144. A 64-year-old woman with advanced pancreatic cancer on hospice develops postprandial nausea with early satiety and bloating. Not positional. No obstruction. The most targeted antiemetic is which of the following?

A. Scopolamine for vestibular

B. Ondansetron for serotonin-mediated

C. Dexamethasone for ICP nausea

D. Correction needed for key match. Let me match B=144.

144. A 64-year-old woman with advanced pancreatic cancer on hospice develops postprandial nausea with early satiety and bloating. Not positional. No obstruction. The most 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 gastroparesis

C. Ondansetron for serotonin-mediated nausea

D. Dexamethasone for centrally mediated ICP nausea

145. A 68-year-old man with advanced lung cancer on hospice has been on morphine for five months with regular BMs on senna-docusate. He asks about stopping the laxative. The most accurate advice is which of the following?

A. He can stop after five months of regularity

B. Switch to fiber

C. Stop senna but keep docusate

D. Continue — tolerance to opioid-induced constipation does NOT develop; constipation returns if stopped

146. A hospice nurse visits a 75-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. Death is likely within hours to days — converging signs represent active dying; family should be together

B. Hospital transfer for AKI evaluation

C. Inconclusive — reassess in 24 hours

D. Mottling resolves with warming

147. A 60-year-old woman with advanced ovarian cancer on hospice has malignant ascites (NOT portal hypertension). After draining 5 liters, she asks about albumin. The most accurate response is which of the following?

A. Always required after >3 liters

B. Must be given before drainage

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

D. Mandatory for home drainage

148. A 65-year-old man with advanced colon cancer develops nausea worsened by head movement and position changes. Not meal-related. The most appropriate antiemetic is which of the following?

A. Haloperidol for CTZ nausea

B. Antihistamine or anticholinergic (meclizine or scopolamine) for vestibular nausea — the movement pattern is diagnostic

C. Metoclopramide for gastroparesis

D. Ondansetron for GI nausea

149. A 52-year-old man with advanced melanoma on ipilimumab develops acute fatigue, hypotension (BP 66/36), nausea, hypoglycemia. Cortisol undetectable. The urgent intervention is which of the following?

- A. Aggressive fluids alone
- B. High-dose prednisone for hepatitis
- C. Thyroid replacement
- D. IV hydrocortisone 100 mg for adrenal insufficiency — undetectable cortisol, hypotension, hypoglycemia require urgent replacement

150. A 69-year-old man with advanced COPD on hospice has SpO<sub>2</sub> 83% on 2 L/min. Despite morphine and fan, dyspnea severe. Family asks about oxygen. The most evidence-based recommendation is which of the following?

- A. This patient IS hypoxemic (SpO<sub>2</sub> 83%, below 90%) — documented hypoxemia may benefit from increased oxygen, unlike non-hypoxemic patients
- B. Discontinue oxygen — never helps
- C. Replace with heliox
- D. Increase only if patient requests

151. A hospice physician reviews 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 rhythm
- C. "Cardiac arrest" is the universal mechanism — no disease information; specify actual disease
- D. Acceptable for all deaths

152. A 57-year-old man with advanced melanoma on nivolumab develops fatigue, constipation, cold intolerance, weight gain. TSH 54, free T<sub>4</sub> undetectable. This irAE is managed by which of the following?

- A. High-dose corticosteroids and permanent discontinuation

B. Levothyroxine replacement — hypothyroidism managed with hormone replacement, typically does NOT require stopping immunotherapy

C. Surgical thyroidectomy

D. Radioactive iodine

153. A palliative care physician meets a 65-year-old man with advanced gastric cancer. He asks, "How much time?" The most appropriate response is which of the following?

A. "Exactly 4.2 months based on statistics."

B. "Medicine cannot tell you anything."

C. "Plenty of time — don't worry."

D. "I wish I could give an exact number. We're looking at weeks to a few months. I want to help you plan for what matters most."

154. A 61-year-old woman with advanced breast cancer on hospice develops a vertebral compression fracture at T12 (9/10 pain). ECOG 2, expected survival 5 months. In addition to opioids, the most rapid relief is which of the following?

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

B. Radiation (single 8 Gy) with onset in 2–4 weeks

C. External brace

D. Epidural injection

155. A hospice social worker conducts bereavement follow-up with the 47-year-old daughter of a patient who died four months ago. She has resumed activities but has sudden grief waves. She asks, "Why does this keep happening?" The most accurate explanation is which of the following?

A. Continuing waves indicate PGD

B. Episodes suggest anxiety disorder

C. Grief waves are normal — can persist months to years; functioning between waves shows healthy adaptation

D. Avoid triggers to prevent waves

156. A 56-year-old woman with advanced cervical cancer on hospice has refractory pelvic pain. Her specialist recommends a superior hypogastric plexus block. This targets which of the following?

- A. Upper abdominal organs (celiac territory)
- B. Pelvic visceral organs (uterus, cervix, bladder, rectum) — the superior hypogastric plexus transmits visceral pain from these structures
- C. Perineum (ganglion impar)
- D. Lower extremities (lumbar chain)

157. A 70-year-old man with end-stage liver disease on hospice has worsening encephalopathy despite lactulose. Physician considers rifaximin. Pharmacy questions coverage. The guiding principle is which of the following?

- A. Rifaximin is an antibiotic — all excluded from hospice
- B. Cannot be prescribed by hospice physician
- C. Requires 30-day prior authorization
- D. If rifaximin reduces confusion and agitation (symptom relief), it is consistent with comfort goals and may be covered under per diem

158. A 68-year-old woman with advanced breast cancer on hospice develops a DVT causing significant leg pain and swelling. Prognosis 3 months. Comfort measures. The most appropriate approach is which of the following?

- A. Treat with SC LMWH if symptoms cause distress — decision serves comfort goals
- B. Anticoagulation prohibited for hospice DVT
- C. Hospital transfer for IV heparin
- D. Compression stockings only

159. A 62-year-old man with advanced lung cancer tells his nurse, "I've thought about taking all my morphine. Just a thought." Pain 4/10. No plan. The most appropriate response is which of the following?

- A. Law enforcement
- B. Remove all opioids
- C. Take it seriously — explore factors, assess depression, optimize symptoms, secure medications, involve IDT
- D. Dismiss as normal

160. A palliative care physician meets a family before an ICU update. The physician asks, "What is your understanding?" This serves which of the following?

- A. Shifting responsibility
- B. Assessing understanding — "Perception" step of SPIKES — revealing gaps and starting point
- C. Testing knowledge
- D. Determining capability

161. A 64-year-old woman with advanced pancreatic cancer on hospice has been on dexamethasone 8 mg daily for six weeks. Proximal weakness develops. This is most consistent with which of the following?

- A. Cord compression
- B. Brain metastasis
- C. Deconditioning only
- D. Steroid-induced proximal myopathy — dose/duration dependent, hip/shoulder girdle, distinguished from cord compression by absent sensory level

162. A 59-year-old woman with advanced ovarian cancer on hospice has MBO. Despite medical management, vomits 500 mL daily. Venting gastrostomy placed. She asks if she can eat. The most accurate response is which of the following?

- A. She may eat small amounts for pleasure — food enters stomach, is experienced, then drains through the gastrostomy rather than entering the obstructed bowel
- B. Must remain NPO
- C. Full meals because gastrostomy bypasses obstruction

D. Clear liquids only

163. A hospice aide notices handgrip bruising on a 79-year-old patient with dementia. Caregiver son has substance use history. The most appropriate action is which of the following?

A. Document and reassess next visit

B. Confront the son

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

D. Attribute to anticoagulant therapy

164. A 67-year-old man with advanced prostate cancer on hospice has diffuse bone metastases. His physician recommends a non-opioid targeting bone pain. The most appropriate addition is which of the following?

A. Acetaminophen for general augmentation

B. An NSAID (celecoxib or ibuprofen) — effective through prostaglandin synthesis inhibition at metastatic sites where tumor prostaglandins sensitize nociceptors

C. Gabapentin for neuropathic modulation

D. Duloxetine for dual benefit

165. A 71-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 continue warfarin?

A. Warfarin provides symptom relief

B. Medicare mandates continuation

C. Stopping causes immediate calcification

D. Mechanical valves without anticoagulation carry significant, immediate thrombosis and embolization risk — much higher than AF alone

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

- A. Late referrals deny patients full hospice benefit — services require time
- B. Program enrolls too early
- C. Overly aggressive management
- D. Patterns meet benchmarks

167. A palliative care physician has cared for a 60-year-old woman with lung cancer for six months. She dies. 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."
- C. "That sounds like a normal grief response. You were truly present — not weakness. Would it help to talk?"
- D. "I'll refer you for evaluation."

168. A 53-year-old man with advanced gastric cancer on hospice has somatic (aching) and neuropathic (burning, shooting) pain from femoral nerve compression. Opioid relieves aching but not burning. The best strategy is which of the following?

- A. Increase opioid alone
- B. Combine opioid for somatic with adjuvant (gabapentin or duloxetine) for neuropathic — neither alone addresses both
- C. Gabapentin monotherapy
- D. Topical lidocaine alone

169. A 70-year-old man with advanced COPD on hospice has persistent dyspnea despite morphine. SpO<sub>2</sub> 92%. Prominent anxiety. Morphine given 30 minutes ago, minimal improvement. The next step is which of the following?

- A. Increase O<sub>2</sub> to achieve 95%
- B. Switch to hydromorphone
- C. Nebulized albuterol only

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

170. A 65-year-old woman with advanced breast cancer on hospice has severe RUQ pain from hepatic capsule distension. Opioid provides partial relief. The most targeted non-opioid is which of the following?

A. Dexamethasone 8 mg daily — reducing inflammation and edema, directly decreasing capsular stretch

B. Gabapentin

C. NSAID

D. Acetaminophen

171. A 63-year-old man with advanced hepatocellular carcinoma (Child-Pugh C) starts morphine at reduced dose. GFR 72 (normal). Bilirubin 16. The reduction is because of which of the following?

A. Morphine is renally excreted and bilirubin interferes

B. Bilirubin creates toxic morphine conjugates

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

D. Ascites dilutes morphine

172. A hospice bereavement coordinator contacts the 65-year-old wife of a patient who died six months ago. She has returned to activities, cries daily, reaches for her husband. She asks, "Shouldn't I be over this?" The most appropriate response is which of the following?

A. "Six months is long — recommend counseling."

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

C. "Daily crying suggests PGD."

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

173. A 57-year-old man with advanced colon cancer develops confusion, nausea, constipation, polyuria. Corrected calcium 14.9. Family attributed to progression. The most important implication is which of the following?

- A. Hypercalcemia is incidental
- B. Treatment prohibited in hospice
- C. Calcium mildly elevated, will self-correct
- D. Hypercalcemia explains multiple symptoms simultaneously — reversible cause of suffering; treating (if consistent with goals) could improve all at once

174. A 54-year-old woman with advanced cervical cancer on hospice has perineal pain from sacral nerve invasion. Her specialist recommends a ganglion impar block. The target is which of the following?

- A. Ganglion impar at sacrococcygeal junction — transmitting visceral pain from perineum, rectum, anus, vulva
- B. T12-L1 for upper abdominal pain
- C. Cervical ganglion
- D. Lumbar plexus

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

- A. Compliant — minimum is 3%
- B. Exceeds requirements
- C. Below the 5% Medicare minimum — must increase
- D. Recommended but not mandatory

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

- A. Radiation alone
- B. Surgical decompression followed by radiation — superior for single-level in good ECOG with survival >3 months
- C. Corticosteroids alone
- D. Comfort only

177. A 62-year-old woman with advanced ovarian cancer on hospice has epigastric pain from pancreatic invasion radiating to back. High-dose opioids, persistent pain. Celiac plexus neurolysis recommended. The most accurate statement is which of the following?

- A. Last resort only
- B. Relief lasts 48 hours only
- C. Contraindicated on opioids
- D. Achieves relief in 70–90%, reduces opioid needs, evidence supports early consideration

178. A 71-year-old man with end-stage COPD is dying. Agonal breathing — gasping every 30–40 seconds. Wife asks, "Is he suffering?" The most accurate response is which of the following?

- A. "The gasping is a brainstem reflex — not conscious effort. He is not aware and not suffering. Normal in the final stage."
- B. "He is struggling — increase medications."
- C. "These are seizures."
- D. "Call 911."

179. A 57-year-old woman with advanced ovarian cancer 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. Refuse discussion
- C. Explore driving factors, assess depression, ensure legal understanding, participate or refer

D. MAID unavailable to hospice

180. A 70-year-old man with advanced lung cancer on hospice is on morphine and gabapentin 600 mg TID. Confusion and ataxia worsen. Creatinine 1.1→3.1. Which requires MOST urgent adjustment?

A. Morphine sole priority

B. Gabapentin — entirely renally excreted, accumulates most rapidly; gabapentin's exclusively renal clearance makes adjustment most urgent

C. Both identical urgency

D. Neither affected

181. A 69-year-old man with advanced heart failure on hospice has been declining. Yesterday: suddenly alert, ate, talked to family. Today: unresponsive. This is best described as which of the following?

A. Recovery requiring hospital transfer

B. Medication interaction

C. Infection resolution

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

182. A 59-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. Surgical fixation followed by radiation — restoring function in a patient with adequate performance status

B. Conservative with sling and opioids

C. Radiation alone

D. Amputation

183. A hospice IDT reviews a newly enrolled 75-year-old man with advanced heart failure. Medicare COP require the IDT to include which minimum core members?

- A. Physician, RN, PT, pharmacist
- B. Physician, NP, OT, dietitian
- C. Physician, RN, social worker, pastoral or other counselor — the four mandatory members
- D. Physician, RN, chaplain only

184. A 55-year-old man with advanced esophageal cancer has complete dysphagia. Morphine SR 90 mg every 12 hours (180 mg/day). Converting to SC hydromorphone:  $180 \div 3 = 60$  parenteral morphine;  $60 / 10 \times 1.5 = 9$  hydromorphone; 25% reduction:  $9 \times 0.75 = 6.75$  mg/day. The correct hourly rate is which of the following?

- A. 0.56 mg/hour (no reduction)
- B. Approximately 0.28 mg/hour ( $6.75 \div 24$  — correct)
- C. 1.12 mg/hour (incorrect conversion)
- D. 0.14 mg/hour (double reduction)

185. A 67-year-old man with advanced lung cancer transitions from IV hydromorphone 0.5 mg/hour (12 mg/24h) to oral. Using the 5:1 ratio, the correct daily oral dose is which of the following?

- A. 12 mg (incorrect 1:1)
- B. 36 mg (incorrect 3:1)
- C. 24 mg (incorrect 2:1)
- D. 60 mg oral/day ( $12 \times 5 = 60$  — the correct 5:1 ratio for hydromorphone)

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

- A. Hindu tradition generally favors cremation, with family potentially washing and preparing the body with specific prayers and rituals
- B. Immediate embalming with visitation
- C. Burial within 24 hours

D. Plain pine casket

187. A 61-year-old man with advanced colon cancer on hospice has warfarin for AF. Prognosis 2 weeks. No stroke history. The most appropriate management is which of the following?

A. Continue — AF requires lifelong therapy

B. Switch to DOAC

C. Discontinue — absolute risk reduction over 2 weeks is negligible while bleeding risk continues

D. Increase for enhanced protection

188. A 54-year-old woman with advanced sarcoma on hospice is on OME 600 mg/day. Specialist recommends methadone. The unique property requiring monitoring is which of the following?

A. Hepatotoxicity requiring weekly LFTs

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

C. Thrombocytopenia requiring CBC

D. No respiratory depression

189. A 68-year-old woman with advanced pancreatic cancer on hospice has refractory pain. Intrathecal pump recommended. OME 600 mg. Using 300:1 ratio, the daily intrathecal dose is which of the following?

A. 60 mg (incorrect 10:1)

B. 20 mg (incorrect 30:1)

C. 6 mg (incorrect 100:1)

D. Approximately 2 mg intrathecal morphine ( $600 \div 300 = 2$  — correct)

190. A hospice program reviews Medicare bereavement requirements. Support must be provided for how long?

- A. At least 13 months — contacts, events, groups, counseling referrals
- B. Ends on day of death
- C. Single contact at 30 days
- D. Recommended but not required

191. A 59-year-old man with advanced gastric cancer develops acute pulmonary edema. On morphine and furosemide 40 mg. Crackles, JVD, SpO<sub>2</sub> 79%. 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

192. A 62-year-old woman with advanced breast cancer develops opioid-induced pruritus after morphine increase. Bilirubin and renal function normal. After failing antihistamines, the best rotation is which of the following?

- A. Codeine
- B. Fentanyl — minimal histamine release, preferred when pruritus is the indication
- C. Hydromorphone with identical properties
- D. Meperidine

193. A 71-year-old man with end-stage heart failure on hospice has an ICD. He agrees to deactivate shocks, maintain pacing. The most accurate statement is which of the following?

- A. Cannot be independently controlled
- B. Deactivating shocks disables pacing
- C. Pacing incompatible with hospice
- D. Shock and pacing independently programmable — deactivating shocks while maintaining pacing is standard

194. A 57-year-old man with advanced lung cancer has cancer-related fatigue. Hemoglobin 10.8, thyroid normal, depression negative. The medication with strongest evidence is which of the following?

- A. Methylphenidate 5 mg morning and noon — CNS stimulant with rapid onset and strongest evidence
- B. Modafinil
- C. Dexamethasone
- D. ESA

195. A 64-year-old woman with advanced ovarian cancer asks, "Can I go to my granddaughter's recital?" The nurse should respond reflecting which principle?

- A. "Too risky."
- B. "Need clearance."
- C. "Absolutely — we'll plan medications, equipment, comfort. Living fully on hospice is what we support."
- D. "Interferes with schedules."

196. A hospice nurse educates family about the death rattle. Glycopyrrolate given 2 hours ago, rattle persists. The most accurate explanation is which of the following?

- A. Glycopyrrolate failed — suction
- B. Anticholinergics prevent NEW secretions but cannot dry EXISTING — noise persists until reabsorbed or repositioned; patient likely unaware
- C. Rattle indicates pneumonia
- D. Different anticholinergic needed

197. A 60-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. "I'll note your decline."

- B. "Everyone needs spiritual care."
- C. "Perhaps reconsider."
- D. "Spiritual care addresses meaning, purpose, legacy — not just religion. I'm here for whatever matters to you."

198. A palliative care physician meets a family about a 67-year-old man in the ICU. Son angrily says, "You're giving up!" The most effective response is which of the following?

- A. "I can hear how frightened you are — you love your father. What worries you most? I want us to do what's best together."
- B. "Let me show you the data."
- C. "Second opinion available."
- D. "Facts are clear — accept reality."

199. A 53-year-old woman with advanced cervical cancer has severe neuropathic pain — burning, shooting — from sacral invasion. Opioid partial relief. The adjuvant to add is which of the following?

- A. NSAID
- B. Benzodiazepine
- C. Gabapentinoid or SNRI — first-line for neuropathic pain
- D. Acetaminophen-codeine combination

200. A 69-year-old man with advanced COPD develops acute dyspnea. SpO<sub>2</sub> 76%, RR 34, severe anxiety. POLST: comfort measures. The immediate intervention is which of the following?

- A. Call 911
- B. Morphine bolus, midazolam, increase O<sub>2</sub> (IS hypoxemic), upright, fan — comprehensive management consistent with comfort goals
- C. Withhold opioids
- D. Oxygen only, observe 60 minutes

201. A 65-year-old man with advanced prostate cancer develops confusion, hallucinations, myoclonus. Creatinine 1.0→3.8. On morphine. The cause and management are which of the following?

- A. Brain metastases requiring radiation
- B. Serotonin syndrome
- C. New psychiatric disorder
- D. M6G accumulation from renal decline — rotate to fentanyl, no active metabolites

202. A hospice program reviews compliance. Volunteer utilization 3.6%. The significance is which of the following?

- A. Below the 5% minimum — must increase services
- B. Compliant — no minimum
- C. Exceeds 2% minimum
- D. Applies only to non-profit

203. A 71-year-old woman with advanced dementia (FAST 7D) develops fever and tachypnea — fifth aspiration pneumonia in 14 months. The antibiotic decision should be most influenced by which of the following?

- A. Organism on culture
- B. Temperature threshold
- C. Whether recurrent pattern reflects trajectory — each course treats infection but doesn't change aspiration risk — and whether treatment serves comfort or prolongs dying
- D. Antibiotic cost

204. A 57-year-old man with advanced melanoma on pembrolizumab develops severe diarrhea (12 stools/day), bloody stool. Stool negative. 10 days post-infusion. The treatment is which of the following?

- A. Loperamide alone

- B. Systemic corticosteroids for immune-related colitis, immunotherapy held, infliximab if steroid-refractory
- C. Empiric metronidazole
- D. Octreotide

205. A 62-year-old woman with advanced lung cancer develops nausea worsened by position changes. Not meal-related. The most likely pathway is which of the following?

- A. CTZ via D2
- B. GI via 5-HT<sub>3</sub>
- C. Higher cortical via GABA
- D. Vestibular via H<sub>1</sub> and muscarinic receptors — movement-worsened nausea is the hallmark

206. A 70-year-old man with advanced heart failure on hospice has furosemide 80 mg daily. Dyspnea worsened, crackles, JVD, edema. Physician considers metolazone. The rationale is which of the following?

- A. Sequential nephron blockade — metolazone blocks distal tubular sodium reabsorption, overcoming compensatory reabsorption limiting furosemide alone
- B. Metolazone replaces furosemide
- C. Bronchodilating properties
- D. Inotropic support

207. A 55-year-old woman with advanced sarcoma 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. 1.7 mg/hour (incorrect 6:1)
- C. Approximately 3.3 mg/hour ( $240 \div 3 = 80 \div 24 = 3.3$  — correct)
- D. 5 mg/hour (incorrect 2:1)

208. A 63-year-old man with end-stage liver disease on hospice is on lactulose. Pharmacy questions coverage. The most accurate response is which of the following?

- A. Discontinue as disease-directed
- B. Lactulose relieves distressing symptoms — clinical purpose determines coverage, not classification
- C. Patient pays out of pocket
- D. Requires MD approval per refill

209. A 59-year-old woman with advanced breast cancer says, "I feel like a burden." PHQ-9 19. No suicidal ideation. The most important implication is which of the following?

- A. Normal grief
- B. Accurate family assessment
- C. Social work only
- D. Perceived burdensomeness strongly associated with hastened death desire — PHQ-9 of 19 confirms depression requiring treatment

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

- A. "Cardiac arrest" is universal mechanism — no disease information; specify actual disease
- B. Only when cardiologist witnesses
- C. Must include rhythm
- D. Acceptable for all deaths

211. A hospice nurse cares for a 72-year-old woman actively dying. Daughter asks, "Can she hear?" The most accurate response is which of the following?

- A. "All function ceased."
- B. "She hears everything — be careful."

C. "Hearing may be last preserved. I encourage you to keep talking, holding her hand, saying what you need to say."

D. "Hearing replaced by hallucinations."

212. A 61-year-old man with advanced gastric cancer develops nausea — constant, non-positional, improving over 3 days since starting morphine. This is most consistent with which of the following?

A. Gastroparesis

B. CTZ stimulation — tolerance develops in 3–7 days; short haloperidol bridges tolerance

C. Allergic reaction

D. Bowel obstruction

213. A 67-year-old man with advanced COPD has "good days and bad days." Wife asks if recovery. The most accurate explanation is which of the following?

A. Good days mean medications working

B. Pattern requires hospital evaluation

C. Good days represent terminal rally

D. Fluctuating function within decline is characteristic organ failure pattern — natural variability, not recovery

214. A 70-year-old woman with advanced breast cancer has a lytic femoral neck lesion (55% cortical destruction). Ambulatory with walker, ECOG 2, survival 5 months. In addition to pain management and radiation, the indicated intervention is which of the following?

A. Prophylactic surgical fixation — >50% cortical destruction in weight-bearing bone carries high fracture risk

B. Strict bed rest

C. Hip brace

D. Bisphosphonate alone

215. A 56-year-old woman with advanced ovarian cancer asks about MAID in a legal state. Pain controlled, not depressed, wants control. The initial response is which of the following?

- A. Provide prescription
- B. Refuse discussion
- C. Explore driving factors, assess depression, ensure understanding, participate or refer
- D. MAID unavailable to hospice

216. A 63-year-old man with advanced colon cancer 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
- B. Methylnaltrexone 12 mg SC — PAMORA blocking GI mu receptors without crossing blood-brain barrier
- C. Discontinue opioids
- D. Add docusate

217. A 68-year-old woman with end-stage heart failure has been declining. Yesterday: alert, eating, talking. Today: unresponsive. This is which of the following?

- A. Recovery requiring hospital
- B. Medication interaction
- C. Infection resolution
- D. Terminal rally — transient improvement before death

218. A 59-year-old man with advanced lung cancer develops seizures from brain metastases. Complex polypharmacy. The most appropriate anticonvulsant is which of the following?

- A. Levetiracetam — minimal hepatic metabolism, few interactions, IV/liquid formulations
- B. Phenytoin

- C. Carbamazepine
- D. Valproic acid

219. A 65-year-old man with advanced gastric cancer tells his nurse, "I want to go to my grandson's wedding." The response is which of the following?

- A. "Too risky."
- B. "Need clearance."
- C. "Absolutely — we'll plan medications, equipment, comfort. Living fully is what hospice supports."
- D. "Interferes with schedules."

220. A 57-year-old woman with advanced cervical cancer has bilateral ureteral obstruction. Creatinine 5.7. Confused, nauseated. Oncologist proposes nephrostomy. The decision should be guided by which of the following?

- A. Technical feasibility
- B. The patient's values, goals, and understanding that nephrostomy extends life but does not treat cancer
- C. Insurance coverage
- D. Creatinine mandating intervention

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

- A. Program enrolls too early
- B. Overly aggressive management
- C. Patterns meet benchmarks
- D. Late referrals deny patients full benefit — services require time

222. A 70-year-old man with advanced prostate cancer develops hypercalcemia (calcium 15.0). The treatment decision should be guided by which of the following?

- A. The patient's goals — treating may improve symptoms; if comfort-only and treatment prolongs dying, supportive management may be appropriate
- B. Calcium level mandates treatment
- C. Medicare reimbursement
- D. Oncologist must approve

223. A 62-year-old woman with advanced lung cancer has been on dexamethasone 8 mg for five weeks. Proximal weakness develops. This is most consistent with which of the following?

- A. Cord compression
- B. Brain metastasis
- C. Steroid-induced proximal myopathy — dose/duration dependent, distinguished from cord compression by absent sensory level
- D. Deconditioning only

224. A 71-year-old man with end-stage COPD develops death rattle. Glycopyrrolate given 3 hours ago, rattle persists. The explanation is which of the following?

- A. Glycopyrrolate failed — suction
- B. Anticholinergics prevent NEW secretions but cannot dry EXISTING — noise persists until reabsorbed or repositioned; patient likely unaware
- C. Pneumonia requiring antibiotics
- D. Different anticholinergic needed

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

- A. Only when cardiologist witnesses
- B. Must include rhythm
- C. Acceptable for all deaths

D. Universal mechanism — no disease information; specify actual disease

226. A 56-year-old man with advanced gastric cancer has diabetes from dexamethasone. Glucose >350. Polyuria, thirst, blurred vision. Treatment justified by which of the following?

- A. Treatment for symptom relief — polyuria, thirst, blurred vision impair comfort
- B. HbA1c <7% for prevention
- C. Insulin excluded from hospice
- D. All glucose >300 requires insulin

227. A 59-year-old woman with advanced breast cancer has complete dysphagia. Oral morphine 120 mg/day. Converting to SC using 3:1, the rate is which of the following?

- A. 5 mg/hour (no conversion)
- B. 0.83 mg/hour (incorrect 6:1)
- C. Approximately 1.7 mg/hour ( $120 \div 3 = 40 \div 24 \approx 1.7$  — correct)
- D. 2.5 mg/hour (incorrect 2:1)

228. A hospice social worker meets the 42-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
- B. Normal initial bereavement — numbness, autopilot, disbelief are common in first days to weeks
- C. Poor relationship evidence
- D. Dissociative disorder

229. A 67-year-old man with advanced COPD has worsening dyspnea. Morphine given 30 minutes ago, minimal improvement. SpO<sub>2</sub> 91%. Prominent anxiety. The next step is which of the following?

- A. Increase O<sub>2</sub> to 95%

- B. Switch to hydromorphone
- C. Albuterol only
- D. Lorazepam 0.5–1 mg SL for anxiety-breathlessness cycle

230. A 69-year-old man with advanced heart failure has worsening dyspnea. On morphine and furosemide 40 mg. Crackles, JVD, weight gain, SpO<sub>2</sub> 82%. Comfort measures, DNR. The management is which of the following?

- A. Morphine bolus AND furosemide increase — both symptom and cause consistent with comfort
- B. Continue unchanged
- C. Morphine alone
- D. Hospital transfer

231. A 61-year-old woman with advanced ovarian cancer has pelvic pain from sacral invasion. Specialist recommends ganglion impar block. The target is which of the following?

- A. T12-L1 for abdominal pain
- B. Cervical ganglion
- C. Sacrococcygeal junction — ganglion impar transmits visceral pain from perineum, rectum, anus, vulva
- D. Lumbar plexus

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. Below the 5% minimum — must increase
- C. Exceeds requirements
- D. Recommended not mandatory

233. A 70-year-old man with advanced lung cancer 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. Brain metastases
- B. Vasovagal event
- C. Epilepsy unrelated to cancer
- D. Opioid neurotoxicity — check renal function for M6G accumulation; if GFR declined, rotate to fentanyl

234. A 62-year-old man with advanced pancreatic cancer has refractory epigastric pain. Celiac plexus neurolysis recommended. The most accurate statement is which of the following?

- A. Achieves relief in 70–90%, reduces opioid needs, evidence supports early consideration
- B. Last resort only
- C. Relief lasts 48 hours
- D. Contraindicated on opioids

235. A 55-year-old woman with advanced breast cancer develops opioid-induced pruritus after morphine increase. Normal bilirubin and renal function. After failing antihistamines, the best rotation is which of the following?

- A. Codeine
- B. Hydromorphone
- C. Fentanyl — minimal histamine release, preferred when pruritus is the indication
- D. Meperidine

236. A 57-year-old man with advanced melanoma on nivolumab develops fatigue, constipation, cold intolerance, weight gain. TSH 56, free T4 undetectable. Management is which of the following?

- A. High-dose corticosteroids and permanent discontinuation

- B. Levothyroxine replacement — hypothyroidism from immune-related thyroiditis, typically does NOT require stopping immunotherapy
- C. Thyroidectomy
- D. Radioactive iodine

237. A 70-year-old man with advanced prostate cancer has intrathecal pump recommended. OME 900 mg/day. Using 300:1, the intrathecal dose is which of the following?

- A. 90 mg (incorrect 10:1)
- B. 30 mg (incorrect 30:1)
- C. 9 mg (incorrect 100:1)
- D. 3 mg intrathecal morphine ( $900 \div 300 = 3$  — correct)

238. A hospice bereavement coordinator contacts the 49-year-old widow who died 15 months ago. Persistent yearning, avoidance, impairment. Meets PGD criteria. The psychotherapy with strongest evidence is which of the following?

- A. CGT — 16-session manualized, 50–70% response rates
- B. Standard CBT-D
- C. Group therapy alone
- D. Psychoanalytic therapy

239. A 64-year-old woman with advanced ovarian cancer says, "What was the point of my life?" Not depressed. This is best addressed through which of the following?

- A. Anxiolytic
- B. Psychiatry referral
- C. Spiritual care — dignity therapy, life review, meaning exploration; evidence-based for existential suffering
- D. Dismissing as philosophical

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

- A. Morphine sole priority
- B. Gabapentin — entirely renally excreted, accumulates most rapidly; while morphine warrants attention, gabapentin's renal clearance makes adjustment most urgent
- C. Both identical
- D. Neither affected

## Practice Exam 7: Answer Key and Full Answer Explanations

1. C — The oral-to-parenteral ratio for morphine is 3:1. To convert IV to oral, multiply by 3:  $72 \text{ mg IV} \times 3 = 216 \text{ mg oral per day}$ . This reflects morphine's approximately 30% oral bioavailability due to first-pass hepatic metabolism.

2. A — Medicare requires individualized certification narratives with specific clinical findings: GFR/dialysis status, functional status, comorbidities, disease trajectory, and clinical rationale connecting findings to the six-month prognosis. A generic statement is the leading cause of claim denials.

3. D — 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 comfort, not a blanket hospice antibiotic policy.

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

5. A — The communication priority is responding to emotion before clinical information. She is in acute grief and fear about her children. Acknowledge pain, validate concern, allow silence, then transition to next steps.

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

7. B — 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. C — 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. A — 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. A goals conversation, not a technical decision.

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

14. D — 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 return regardless of prior regularity.

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

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

25. D — Dexamethasone is a well-recognized cause of persistent hiccups with clear temporal relationship. 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. C — 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. B — 43% dying within 7 days, median LOS 10 days indicate late referrals. Patients miss weeks to months of services requiring time to deliver effectively.

29. D — 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 (SpO<sub>2</sub> 84%, below 90%). Evidence against oxygen applies to non-hypoxemic patients. Documented hypoxemia may benefit from increased oxygen. Titrate to comfort.

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

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

33. D — 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 H<sub>1</sub> and muscarinic receptors. Meclizine and scopolamine target these. The positional pattern is diagnostic.

35. C — 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. B — Dexamethasone reduces hepatic inflammation and peritumoral edema, directly decreasing capsular stretch. Most targeted non-opioid for hepatic capsule distension pain.

37. D — 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. A — 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. C — 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.

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

41. D — M6G accumulation from renal decline (creatinine 1.0→3.8). Stable dose then acute toxicity with rising creatinine confirms metabolite accumulation. Fentanyl rotation resolves it.

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

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

45. D — 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. A — 300:1 ratio:  $450 \div 300 = 1.5$  mg intrathecal/day. The 300-fold reduction provides equivalent analgesia with dramatically fewer systemic side effects.

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

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

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

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

52. 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.

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

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

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

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

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

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

62. A — 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. C — Medicare requires 5% minimum volunteer utilization. At 3.8%, below threshold. Must increase services. Compliance issue triggering deficiency findings.

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

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

66. A — 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. C — Lactulose serves dual purpose: treating encephalopathy AND counteracting opioid constipation. Complementary, not conflicting.

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

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

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

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

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

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

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

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

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

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

78. A — Parenteral-to-oral ratio for hydromorphone is 1:5. Converting:  $14.4 \text{ IV} \times 5 = 72 \text{ mg oral/day}$ . The 5:1 ratio is distinct from morphine's 3:1.

79. C — Severe hypoxemia (SpO<sub>2</sub> 78%) on comfort measures: morphine for air hunger, midazolam for anxiety, increased oxygen (IS hypoxemic), upright, fan. Comprehensive management consistent with POLST.

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

81. D — Treatment for symptom relief: polyuria, thirst, blurred vision directly impair comfort. Hospice glucose management targets symptoms, not HbA<sub>1c</sub>.

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

83. C — When opioid alone fails and anxiety is prominent, lorazepam addresses the anxiety-breathlessness cycle. SpO<sub>2</sub> 91% above threshold; anxiety is the target.

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

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

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

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

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

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

90. A — Medicare requires at least 13 months of bereavement support. Covers all first-year anniversary milestones.

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

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

93. D — Terminal rally: transient improvement before death, not recovery. Typically followed by rapid decline.

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

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

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

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

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

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

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

101. D — 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. A — Standard MBO management: octreotide + glycopyrrolate + dexamethasone + parenteral opioids. Metoclopramide contraindicated in complete obstruction.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

120. B — 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. D — 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. Meperidine is never appropriate due to neurotoxic normeperidine.

122. A — 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. C — 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 presence.

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

125. D — Standard MBO management combines octreotide (reducing secretions), glycopyrrolate (secretions and colic), dexamethasone (peritumoral edema), parenteral opioids. Metoclopramide is contraindicated in complete obstruction.

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

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

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

129. D — Denosumab blocks RANKL, preventing osteoclast differentiation and activation. Distinct from bisphosphonates (mevalonate pathway). RANKL inhibition prevents osteoclast formation.

130. 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.

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

132. B — Rapid large-volume drainage (3L in 20 minutes) causes hemodynamic instability. Future drainages: slower (60–90 min), patient reclined, smaller volumes more frequently.

133. D — Topical metronidazole 0.75% specifically targets anaerobic bacteria producing malodor. Dramatic improvement within 24–48 hours, enabling family presence.

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

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

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

137. D — Cyproheptadine is the specific serotonin syndrome antidote, blocking 5-HT<sub>2A</sub> receptors. Standard: 12 mg orally initially, then 4–8 mg every 6 hours. Naloxone reverses opioids, not serotonin toxicity.

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

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

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

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

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

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

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

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

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

148. B — Movement/position-change nausea is vestibular-mediated via H1 and muscarinic receptors. Meclizine and scopolamine target these. The positional pattern is diagnostic.

149. D — Acute adrenal insufficiency (undetectable cortisol, hypotension, hypoglycemia) on checkpoint inhibitor requires urgent IV hydrocortisone 100 mg. Life-threatening irAE.

150. A — This patient IS hypoxemic (SpO<sub>2</sub> 83%, below 90%). Evidence against oxygen applies to non-hypoxemic patients. Documented hypoxemia may benefit from increased oxygen.

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

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

153. D — Uses a range, acknowledges uncertainty, connects prognosis to planning. Provides actionable information while respecting limitations.

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

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

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

157. D — 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.

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

159. C — Comprehensive response: explore factors (fear, depression, undertreated pain at 4/10), assess depression, optimize symptoms, secure medications, involve IDT.

160. B — "What is your understanding?" is the Perception step of SPIKES. Reveals gaps, misconceptions, provides starting point.

161. D — 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. A — Venting gastrostomy allows eating small amounts for pleasure. Food enters stomach, is experienced, then drains through tube. Major quality-of-life benefit.

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

164. B — NSAIDs target bone pain through prostaglandin synthesis inhibition at metastatic sites where tumor prostaglandins sensitize nociceptors. Specific opioid-sparing benefit.

165. D — Mechanical valves without anticoagulation carry significant, immediate thrombosis and embolization risk — much higher than AF alone. Even over 3 weeks, substantial.

166. A — 44% dying within 7 days, median LOS 9 days indicate late referrals. Patients miss services requiring time to deliver effectively.

167. C — Normalizing clinician grief, validating as meaningful engagement, offering support. Emotional responses are expected and healthy in hospice work.

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

169. D — When opioid alone fails and anxiety is prominent, lorazepam addresses the anxiety-breathlessness cycle. SpO<sub>2</sub> 92% above threshold; anxiety is the target.

170. A — Hepatic capsule distension from expanding metastases. Dexamethasone reduces inflammation and edema, directly decreasing capsular stretch.

171. C — Severe hepatic impairment reduces first-pass metabolism, increasing oral morphine bioavailability. More drug reaches circulation at same dose. Reduction prevents toxicity.

172. B — Everything described is normal grief at six months. No timeline. Daily crying reflects love, not pathology. Return to activities shows adaptation.

173. D — Hypercalcemia explains confusion, nausea, constipation, polyuria simultaneously. Treating (if consistent with goals) could improve all at once — a reversible cause of suffering.

174. A — Ganglion impar at sacrococcygeal junction transmits visceral pain from perineum, rectum, anus, vulva. Precise target for perineal cancer pain.

175. C — Medicare requires 5% minimum volunteer utilization. At 4.1%, below threshold. Must increase services.

176. B — Patchell trial criteria met: single-level, ECOG 1, survival >3 months. Surgery plus radiation superior to radiation alone.

177. D — Celiac plexus neurolysis: 70–90% relief in pancreatic cancer, reduces opioid needs. Evidence supports early consideration, not last-resort.

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

179. C — Comprehensive response: explore motivations, assess depression, ensure legal understanding, participate or refer. Thorough evaluation before facilitation.

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

182. A — Pathologic fracture with ECOG 2 and 4-month survival warrants fixation plus radiation. Without surgery, bone won't heal. Fixation restores function.

183. C — Medicare COP require: physician, RN, social worker, pastoral or other counselor. The four mandatory core members.

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

185. D — Parenteral-to-oral ratio for hydromorphone is 1:5. Converting:  $12 \times 5 = 60$  mg oral/day. The 5:1 ratio is distinct from morphine's 3:1.

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

187. C — With 2-week prognosis and no stroke history, warfarin risk reduction is negligible. Bleeding risk continues, monitoring burden unjustified.

188. B — Methadone uniquely prolongs QTc among opioids, creating torsades risk. ECG monitoring at baseline, after stabilization, periodically. No other common opioid has this risk.

189. D — 300:1 ratio:  $600 \div 300 = 2$  mg intrathecal/day. The 300-fold reduction provides equivalent analgesia with dramatically fewer side effects.

190. A — Medicare requires at least 13 months of bereavement support. Covers all first-year anniversary milestones.

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

192. B — Fentanyl has minimal histamine release — preferred rotation for pruritus. Morphine and codeine are strongest releasers. Meperidine never appropriate.

193. D — Modern ICDs have independently programmable shock and pacing. Deactivating shocks while maintaining pacing is standard — preventing painful shocks while preserving beneficial pacing.

194. A — Methylphenidate has strongest evidence for cancer-related fatigue. Rapid onset (hours). Standard: 5 mg morning and noon.

195. C — Living fully — attending meaningful events — is core hospice philosophy. The nurse facilitates by planning medications, equipment, comfort.

196. B — Anticholinergics prevent NEW secretions but cannot dry EXISTING pooled ones. Noise persists until reabsorbed or repositioned. Patient likely unaware.

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

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

199. C — Burning, shooting pain from nerve invasion is neuropathic. Gabapentinoids and SNRIs are first-line adjuvants targeting the specific mechanisms.

200. B — Severe hypoxemia (SpO<sub>2</sub> 76%) on comfort measures: morphine for air hunger, midazolam for terror, increased oxygen (IS hypoxemic), upright, fan. Comprehensive management.

201. D — M6G accumulation from renal decline (creatinine 1.0→3.8). Stable dose then toxicity with rising creatinine confirms accumulation. Fentanyl rotation resolves it.

202. A — Medicare requires 5% minimum. At 3.6%, below threshold. Must increase services. Compliance issue.

203. 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?

204. B — Severe bloody diarrhea on pembrolizumab with negative infectious workup is immune-related colitis. Prompt corticosteroids, immunotherapy hold, infliximab if refractory.

205. D — Movement-worsened nausea is vestibular-mediated via H1 and muscarinic receptors. The positional pattern is the diagnostic hallmark.

206. A — Sequential nephron blockade: metolazone blocks distal tubular reabsorption, overcoming compensatory reabsorption limiting furosemide alone.

207. C — 3:1 ratio:  $240 \div 3 = 80 \text{ SC/day} \div 24 = 3.3 \text{ mg/hour}$ . Same drug, different route — no cross-tolerance reduction.

208. B — Lactulose relieves distressing encephalopathy symptoms. Clinical purpose determines coverage. Comfort medication regardless of classification.

209. D — Perceived burdensomeness strongly associated with hastened death desire and depression. PHQ-9 of 19 confirms depression requiring treatment.

210. A — "Cardiac arrest" is universal mechanism — no disease information. Specify actual disease.

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

212. B — CTZ stimulation: constant, non-positional, improving over 3–7 days as tolerance develops. Short haloperidol bridges tolerance.

213. D — Fluctuating function is the characteristic organ failure trajectory. Good days within decline are natural variability, not recovery.

214. A — 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. C — Comprehensive response: explore motivations, assess depression, ensure legal understanding, participate or refer.

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

217. D — Terminal rally: transient improvement before death, not recovery. Typically followed by rapid decline.

218. A — Levetiracetam: no hepatic metabolism, few interactions, IV/liquid formulations. Ideal for palliative polypharmacy.

219. C — Living fully is core hospice philosophy. Plan medications, equipment, comfort.

220. B — Nephrostomy decision guided by patient's values: extends life but doesn't treat cancer. Patient weighs tradeoff.

221. D — 41% dying within 7 days, median LOS 11 days: late referrals. Services require time.

222. A — Treatment guided by goals. Treating may improve symptoms; if comfort-only and treatment prolongs dying, supportive management may be appropriate.

223. C — Steroid myopathy: dose/duration dependent, proximal. Distinguished from cord compression by absent sensory level.

224. B — Anticholinergics prevent NEW secretions, cannot dry EXISTING. Noise persists until reabsorbed or repositioned. Patient likely unaware.

225. D — "Cardiac arrest" is universal mechanism — no diagnostic information. Specify actual disease.

226. A — Treatment for symptom relief: polyuria, thirst, blurred vision impair comfort. Hospice glucose management targets symptoms.

227. C — 3:1 ratio:  $120 \div 3 = 40$  SC/day  $\div 24 \approx 1.7$  mg/hour. Same drug, different route.

228. B — Numbness, functional autopilot, disbelief are normal in first days/weeks after death. Not pathology.

229. D — When opioid alone fails and anxiety prominent, lorazepam addresses the anxiety-breathlessness cycle. SpO<sub>2</sub> 91% above threshold; anxiety is the target.

230. A — Pulmonary edema: morphine AND furosemide. Both symptom and treatable cause. More effective than either alone.

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

232. B — Medicare requires 5% minimum. At 4.3%, below threshold. Must increase services.

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

234. A — Celiac plexus neurolysis: 70–90% relief in pancreatic cancer, reduces opioid needs. Evidence supports early consideration.

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

236. B — Immune-related hypothyroidism: levothyroxine replacement. Typically does NOT require stopping immunotherapy.

237. D — 300:1 ratio:  $900 \div 300 = 3$  mg intrathecal/day. The 300-fold reduction provides equivalent analgesia with dramatically fewer side effects.

238. A — CGT: 16-session manualized therapy, 50–70% response rates for prolonged grief disorder. Strongest evidence among psychotherapies.

239. C — Existential questioning addressed through spiritual care: dignity therapy, life review, meaning exploration. Evidence-based for end-of-life suffering.

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