

# PRACTICE EXAM 8: HPM CERTIFICATION SIMULATION (240 QUESTIONS)

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1. A 72-year-old man with metastatic non-small cell lung cancer on hospice is being converted from a continuous IV morphine infusion at 4 mg/hour (96 mg IV per 24 hours) to oral morphine sustained-release for discharge home. Using the standard equianalgesic conversion, the correct total 24-hour oral morphine dose is which of the following?

- A. 96 mg oral per day (same as IV — incorrect 1:1 conversion)
- B. 288 mg oral per day ( $96 \times 3 = 288$  — the correct 3:1 oral-to-parenteral ratio)
- C. 192 mg oral per day (doubling IV — incorrect 2:1 conversion)
- D. 48 mg oral per day (halving IV — incorrect calculation)

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

- A. "Dementia" must be specified by type (Alzheimer's, vascular, etc.) per Medicare coding requirements
- B. Certification narratives for dementia patients are limited to three sentences under CMS guidelines
- C. The narrative fails to include the physician's DEA number within the certification text
- D. The narrative lacks specific clinical findings (FAST stage, functional status, comorbidities, nutritional status) and a rationale connecting these to the six-month prognosis

3. A 63-year-old woman with advanced pancreatic cancer on hospice develops a UTI causing dysuria, suprapubic pain, and fever of 38.7°C. She is alert, enjoying family visits, and has a 3-month prognosis. Her goals are comfort-focused. The most appropriate antibiotic approach is which of the following?

- A. Withhold antibiotics because hospice patients should not receive them for infections
- B. Transfer to the hospital for IV antibiotics and infectious disease consultation
- C. 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

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

4. A 54-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 300 mg/day). He develops complete dysphagia. Converting to SC morphine using the 3:1 ratio, the correct hourly rate is which of the following?

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

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

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 57-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 principles, the physician should FIRST do which of the following?

A. Outline hospice benefits immediately to provide an actionable plan

B. Contact the social worker to handle emotional aspects

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

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

6. A 69-year-old man with end-stage heart failure on hospice has an ICD. He has received four 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 triggering arrhythmia

B. Increase morphine to sedate him through subsequent shocks

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

D. Disconnect any LVAD present to simultaneously disable the ICD

7. A 71-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. The most targeted intervention is which of the following?

- A. Dexamethasone 16 mg IV to reduce cerebral edema and elevated ICP directly stimulating the vomiting center
- B. Metoclopramide 10 mg IV for prokinetic improvement
- C. Scopolamine patch for vestibular nausea
- D. Lorazepam 1 mg IV for cortical anticipatory nausea

8. A 67-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 given 3 hours ago but rattle persists. His wife is distressed. The most accurate explanation is which of the following?

- A. Glycopyrrolate has failed and deep suctioning should be performed
- B. Anticholinergics prevent NEW secretions but cannot dry EXISTING pooled secretions — noise persists until reabsorbed or drained by repositioning; the patient is almost certainly unaware
- C. The rattle indicates aspiration pneumonia requiring antibiotics
- D. A different anticholinergic must replace glycopyrrolate

9. A 60-year-old woman with advanced cervical cancer on hospice develops bilateral ureteral obstruction. Creatinine rises from 1.0 to 5.4 mg/dL. She is confused and nauseated. Her oncologist proposes nephrostomy tubes. The decision should be guided primarily by which of the following?

- A. Whether interventional radiology determines technical feasibility
- B. Whether the hospice benefit covers the procedure
- C. The creatinine level, because values above 5.0 mandate intervention
- D. The patient's values, goals, and understanding that nephrostomy extends life but does not treat the cancer — she must weigh this against living with tubes

10. A 64-year-old man with advanced prostate cancer has been on hospice for five months. He enters his third benefit period (first 60-day). The NEW requirement distinguishing this from the first two 90-day periods is which of the following?

- A. A second opinion from an independent specialist
- B. A mandatory psychiatric evaluation
- C. 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
- D. Submission of a formal Medicare appeal

11. A 56-year-old woman with advanced breast cancer develops bilateral lower extremity edema. 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. Lymphedema from lymphatic obstruction — non-pitting edema, skin thickening, positive Stemmer's sign, failure to respond to diuretics
- B. Congestive heart failure requiring diuretics
- C. Nephrotic syndrome from proteinuria
- D. Deep vein thrombosis requiring anticoagulation

12. A 61-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 for broad-spectrum coverage
- B. Hydrogen peroxide 3% for irrigation
- C. Povidone-iodine for antisepsis
- D. Topical metronidazole 0.75% gel — specifically targeting anaerobic bacteria producing the odor, with dramatic improvement within 24–48 hours

13. A 70-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. Evidence of recovery requiring hospital transfer
- B. A terminal rally — transient improvement hours to days before death, not indicating recovery, typically followed by rapid decline
- C. Medication interaction causing temporary stimulation
- D. Resolution of a concurrent infection

14. A 57-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. Methylnaltrexone 12 mg SC — PAMORA blocking GI mu receptors without crossing blood-brain barrier, indicated for OIC refractory to maximal conventional laxatives
- D. High-fiber diet with fluids as definitive treatment

15. A 63-year-old woman with advanced lung cancer on hospice has been on morphine for five months with regular BMs on senna-docusate. She asks about stopping the laxative. The most accurate advice is which of the following?

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

16. 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 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. Mottling will resolve with warming blankets

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

17. A 59-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 always required after draining more than 3 liters

B. 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

C. Albumin must be given before drainage

D. Albumin is mandatory for all home drainage

18. A 62-year-old man with advanced hepatocellular carcinoma (Child-Pugh C) requires opioid therapy. GFR 72 (normal). Bilirubin 16, INR 2.8. He starts morphine at reduced dose. The dose reduction is necessitated by which of the following?

A. Morphine is entirely renally excreted and bilirubin interferes

B. Morphine binds to bilirubin creating toxic conjugates

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

D. Ascites dilutes morphine requiring lower doses

19. A 66-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 anticoagulation is which of the following?

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

- B. Anticoagulation categorically prohibited for hospice
- C. Transfer to hospital for IV heparin
- D. Compression stockings as sole intervention

20. A palliative care physician has cared for a 64-year-old woman with advanced pancreatic cancer for five months. After her death, the physician feels tearful reviewing the chart. This is most accurately described as which of the following?

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

21. A 69-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 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. Surgical decompression followed by radiation — superior for single-level compression in patients with good ECOG and survival >3 months
- C. Corticosteroids as sole management
- D. Comfort measures only because MSCC is always irreversible

22. A 53-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 minimizing burden while providing equivalent relief is which of the following?

- A. 40 Gy in 20 fractions over 4 weeks
- B. 30 Gy in 10 fractions

C. A single fraction of 8 Gy — multiple RCTs demonstrate equivalent relief with significantly less burden

D. 20 Gy in 5 fractions

23. A hospice bereavement coordinator contacts the 69-year-old husband of a patient who died 15 months ago. He has persistent yearning, inability to accept death, avoidance, functional impairment. Meets DSM-5-TR PGD criteria. The psychotherapy with strongest evidence is which of the following?

A. CGT — 16-session manualized therapy with 50–70% response rates in RCTs

B. Standard CBT-D

C. Psychoanalytic therapy

D. Group supportive therapy as primary treatment

24. A 58-year-old man with advanced colon cancer 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. Dismissing as philosophical rumination

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

25. A 66-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 through phrenic nerve stimulation — rotate to fentanyl

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

C. Ondansetron through 5-HT<sub>3</sub> blockade — discontinue

D. Idiopathic — start chlorpromazine

26. A 70-year-old man with end-stage renal disease who discontinued dialysis 9 days ago is obtunded. Family notices hand jerking. The hospice nurse identifies uremic myoclonus. The most appropriate medication is which of the following?

- A. Phenytoin loading for seizure activity
- B. Haloperidol 2 mg SC every 6 hours
- C. Lorazepam 0.5–1 mg SL every 6–8 hours or clonazepam 0.5 mg BID — benzodiazepines suppress uremic myoclonus without anticonvulsant loading
- D. Morphine increase for sedation

27. A 59-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 management is which of the following?

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

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

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

29. A 52-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. Systemic corticosteroids (prednisone 1–2 mg/kg) for immune-related colitis, immunotherapy held, infliximab if steroid-refractory
- C. Empiric metronidazole
- D. Octreotide for secretory diarrhea

30. A 67-year-old man with advanced COPD on hospice has 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. Discontinue oxygen — never helps
- B. Replace with heliox
- C. This patient IS hypoxemic (SpO<sub>2</sub> 84%, below 90%) — documented hypoxemia may benefit from increased oxygen, unlike non-hypoxemic patients
- D. Increase only if patient requests

31. A 71-year-old woman 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 has bronchodilating properties
- C. Metolazone replaces furosemide
- D. Metolazone provides inotropic support

32. A hospice team reviews a 72-year-old man with end-stage liver disease on lactulose for encephalopathy. It reduces his confusion. Pharmacy questions coverage. The most accurate response is which of the following?

- A. Lactulose must be discontinued as disease-directed

- B. Patient must pay out of pocket
- C. Requires medical director approval per refill
- D. Lactulose relieves distressing symptoms — clinical purpose determines coverage, not classification

33. A 56-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. Explore driving factors, assess depression thoroughly, ensure legal understanding, participate or refer
- C. Refuse discussion
- D. MAID unavailable to hospice patients

34. A 61-year-old man with advanced colon cancer develops nausea worsened by position changes and head movement. Not meal-related. The most appropriate antiemetic is which of the following?

- A. Haloperidol for CTZ nausea
- B. Metoclopramide for gastroparesis
- C. Antihistamine or anticholinergic (meclizine or scopolamine) for vestibular nausea — the movement pattern is diagnostic
- D. Ondansetron for peripheral GI nausea

35. A 68-year-old man with advanced COPD tells his physician, "I'm terrified of suffocating." The best response is which of the following?

- A. "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?"
- B. "I guarantee zero discomfort."
- C. "We'll deal with that later."
- D. "Suffocation is possible and I can't promise comfort."

36. A 55-year-old woman with advanced breast cancer on hospice develops RUQ pain from hepatic capsule distension. Opioid provides partial relief. The most targeted non-opioid is which of the following?

- A. Gabapentin for neuropathic modulation
- B. Acetaminophen for general augmentation
- C. NSAID for prostaglandin-mediated inflammation
- D. Dexamethasone 8 mg daily — reducing inflammation and peritumoral edema directly decreases capsular stretch

37. A 70-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. Zoledronic acid 4 mg IV — osteoclast inhibition with onset 24–48 hours, nadir 4–7 days, duration 2–4 weeks
- C. Furosemide for calciuresis
- D. Oral phosphate

38. A 57-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. "Travel is too risky."
- B. "You need physician clearance."
- C. "Absolutely — we'll plan medications, equipment, comfort. Living fully on hospice is what we support."
- D. "Events interfere with nursing schedules."

39. A 64-year-old man with advanced gastric cancer develops postprandial nausea with early satiety and bloating. Not positional. No obstruction. The most targeted antiemetic is which of the following?

- A. Metoclopramide before meals — combining D2 antagonism with prokinetic 5-HT4 agonism to address gastroparesis
- B. Scopolamine for vestibular nausea
- C. Ondansetron for serotonin-mediated nausea
- D. Dexamethasone for ICP nausea

40. A hospice nurse visits a 76-year-old woman with end-stage COPD. Her husband, sole caregiver, 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. Document and address next week
- D. Express concern, normalize difficulty, explore respite, communicate to IDT — caregiver collapse threatens the care plan

41. A 63-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. The most appropriate management is which of the following?

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

42. A 66-year-old woman with advanced breast cancer on hospice develops a pathologic humerus fracture. ECOG 2, expected survival 5 months. The most appropriate management is which of the following?

- A. Conservative with sling and opioids
- B. Radiation alone

C. Surgical fixation followed by radiation — restoring function in a patient with adequate performance status

D. Amputation

43. A palliative care physician meets a 67-year-old man with advanced lung cancer. He asks, "How much time?" The most appropriate response is which of the following?

A. "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."

B. "Exactly 3.8 months based on statistics."

C. "Medicine cannot tell you anything."

D. "Plenty of time — don't worry."

44. A 54-year-old woman with advanced sarcoma on hospice is on morphine SR 120 mg every 12 hours and duloxetine 60 mg. Tramadol 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. Opioid-induced hyperalgesia

C. Allergic reaction to tramadol

D. Serotonin syndrome from tramadol plus duloxetine — distinguished by clonus, present in serotonin syndrome but absent in NMS

45. A 71-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 continue warfarin?

A. Warfarin provides symptom relief

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

C. Medicare mandates continuation

D. Stopping causes immediate valve failure

46. A 58-year-old woman with advanced ovarian cancer on hospice has refractory pelvic pain on OME 450 mg/day. Specialist recommends intrathecal pump. Using 300:1 ratio, the daily intrathecal dose is which of the following?

- A. 45 mg (incorrect 10:1)
- B. 15 mg (incorrect 30:1)
- C. Approximately 1.5 mg intrathecal morphine ( $450 \div 300$  — the correct calculation)
- D. 4.5 mg (incorrect 100:1)

47. A 60-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. Approximately 0.28 mg/hour ( $6.75 \div 24$  — the correct calculation)
- B. 0.56 mg/hour (no reduction)
- C. 1.12 mg/hour (incorrect conversion)
- D. 0.14 mg/hour (double reduction)

48. A hospice physician completes a death certificate for a 70-year-old man who died of aspiration pneumonia from Parkinson's disease. The correct Part I sequence is which of the following?

- A. Line a: "Cardiac arrest" — Line b: "Old age"
- B. Line a: "Parkinson's disease" only
- C. Line a: "Natural causes"
- D. Line a: "Aspiration pneumonia" — Line b: "Dysphagia" — Line c: "Parkinson's disease" — tracing the causal chain

49. A 73-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. Fluctuating function within overall decline is the characteristic organ failure pattern — good days reflect natural variability, not recovery
- C. Pattern requires hospital evaluation
- D. Good days represent terminal rally

50. A 58-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. High-dose corticosteroids and permanent discontinuation
- B. Surgical thyroidectomy
- C. Levothyroxine replacement — immune-related hypothyroidism managed with hormone replacement, typically does NOT require stopping immunotherapy
- D. Radioactive iodine

51. A 65-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. Levetiracetam — minimal hepatic metabolism, few interactions, IV/liquid formulations, ideal for palliative polypharmacy
- B. Phenytoin
- C. Carbamazepine
- D. Valproic acid

52. 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. Attribute to anticoagulant therapy

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

53. A 68-year-old man with end-stage heart failure on hospice has ICD permanently reprogrammed to disable shocks. Family asks if magnet is still needed. The most accurate response is which of the following?

A. Magnet must remain permanently

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

C. Should remain as backup

D. Cannot be removed until explantation

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

A. Strict bed rest

B. Hip brace

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

D. Bisphosphonate therapy alone

55. A 57-year-old man with advanced gastric 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 explains multiple symptoms simultaneously — reversible cause of suffering; treating (if consistent with goals) could improve all at once

B. Incidental and unrelated

C. Treatment prohibited in hospice

D. Mildly elevated, will self-correct

56. A 63-year-old woman with advanced pancreatic cancer has severe epigastric pain radiating to back, refractory to high-dose opioids. Specialist recommends celiac plexus neurolysis. 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% of pancreatic cancer patients, reduces opioid needs, evidence supports early consideration

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

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

58. A hospice bereavement coordinator contacts the 65-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. "Six months is long — recommend counseling."
- B. "Daily crying suggests PGD."
- C. "What you describe is completely normal. No timeline. Daily crying at six months is expected. Return to activities shows adaptation."
- D. "Stay busy, avoid thinking about him."

59. A 51-year-old man with advanced sarcoma has somatic (aching) and neuropathic (burning, shooting) pain. Opioid relieves aching but not burning. The best strategy is which of the following?

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

60. A 66-year-old man with advanced lung cancer 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. Both identical urgency
- C. Neither affected
- D. Gabapentin — entirely renally excreted, accumulates most rapidly; while morphine also warrants attention, gabapentin's exclusively renal clearance makes adjustment most urgent

61. A 69-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

62. A 61-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. Must remain NPO
- B. Full meals because gastrostomy bypasses obstruction

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

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

B. Compliant — no minimum exists

C. Applies only to non-profits

D. Exceeds the 2% minimum

64. A palliative care team meets the family of a 68-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 the data."

B. "Second opinion available."

C. "Facts are clear — accept reality."

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

65. A 54-year-old woman with advanced cervical cancer on hospice has severe neuropathic pain — burning, shooting — from sacral nerve invasion. Opioid partial relief. The most appropriate adjuvant is which of the following?

A. NSAID for inflammatory relief

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

C. Benzodiazepine for anxiety amplifying pain

D. Acetaminophen-codeine combination

66. A 70-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. Organism on culture
- B. Temperature threshold mandating treatment
- 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

67. A 58-year-old man with advanced hepatocellular carcinoma on hospice is on lactulose and morphine. A team member asks about compatibility. The most accurate statement is which of the following?

- A. Lactulose serves dual purpose — encephalopathy AND osmotic laxative counteracting opioid constipation; complementary
- B. Contraindicated together
- C. Morphine must be stopped first
- D. Lactulose inactivates morphine

68. A hospice social worker conducts bereavement follow-up with the 47-year-old son of a patient who died three months ago. He reports sudden grief waves. He asks, "Is this normal?" The most appropriate response is which of the following?

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

69. A 67-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. "Spiritual care addresses meaning, purpose, legacy — not just religion. I'm here for whatever matters to you."
- C. "Everyone needs spiritual care."
- D. "Perhaps reconsider."

70. A 63-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 for lower histamine
- B. Hydromorphone with identical properties
- C. Fentanyl — minimal histamine release, preferred when pruritus is the indication
- D. Meperidine, historically recommended

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

- A. Moral distress — knowing the right action but unable to act due to hierarchical barriers
- B. Compassion fatigue
- C. Professional burnout
- D. Normal dissatisfaction

72. A 59-year-old woman with advanced ovarian cancer on hospice develops a vertebral compression fracture at L1 (9/10 pain). ECOG 2, survival 5 months. In addition to opioids, the most rapid relief is which of the following?

- A. Radiation (single 8 Gy) with onset in 2–4 weeks
- B. External brace
- C. Epidural injection

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

73. 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. Discontinue — absolute risk reduction over 2 weeks is negligible, bleeding risk continues, monitoring burden unjustified

C. Switch to DOAC

D. Increase for enhanced protection

74. A 56-year-old man with advanced gastric cancer 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. Continue unchanged

B. Morphine alone without diuretic

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

D. Hospital transfer for BiPAP

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

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

B. GIP only in acute hospitals

C. GIP requires 14-day minimum

D. GIP requires 30-day pre-authorization

76. A 51-year-old woman with advanced breast cancer on hospice has CIPN pain and is on tamoxifen. Which adjuvant should be AVOIDED?

- A. Gabapentin — safe
- B. Pregabalin — renally excreted
- C. Nortriptyline at low doses
- D. Duloxetine — inhibits CYP2D6 converting tamoxifen to endoxifen, potentially reducing efficacy

77. A 54-year-old woman with advanced sarcoma on hospice is on OME 700 mg/day. Specialist recommends methadone. The unique property requiring monitoring is which of the following?

- A. Hepatotoxicity requiring LFTs
- B. QTc prolongation with torsades risk — requiring ECG; the only common opioid with this cardiac risk
- C. Thrombocytopenia requiring CBC
- D. No respiratory depression

78. A 68-year-old man with advanced prostate cancer transitions from IV hydromorphone 0.6 mg/hour (14.4 mg/24h) to oral. Using 5:1 ratio, the correct daily oral dose is which of the following?

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

79. A 62-year-old man with end-stage COPD 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. Morphine bolus, midazolam for anxiety, increase O<sub>2</sub> (IS hypoxemic), upright, fan — comprehensive management consistent with comfort goals
- B. Call 911 for intubation

- C. Withhold opioids — respiratory depression concern
- 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. Must include terminal rhythm
- C. Acceptable for all deaths
- D. "Cardiac arrest" is the universal mechanism — no disease information; specify actual disease

81. A 67-year-old woman with advanced pancreatic cancer on hospice develops diabetes from tumor and dexamethasone. Glucose >350. Polyuria, thirst, blurred vision. Treatment justified by which of the following?

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

82. A palliative care physician conducts ACP with a 60-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. DPAHC must be notarized
- B. Filed with county courthouse
- C. Patient must have detailed conversation with wife about values, goals, fears, preferences — a surrogate without this knowledge cannot exercise substituted judgment
- D. Wife must complete decision-making course

83. A 69-year-old man with advanced COPD 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. Add lorazepam 0.5–1 mg SL for the anxiety-breathlessness cycle — when opioid alone fails and anxiety prominent
- B. Increase O<sub>2</sub> to 95%
- C. Switch to hydromorphone
- D. Albuterol only

84. A 69-year-old man with advanced lung cancer on hospice has a 12-year-old son refusing visits, fighting at school, telling teacher "Dad is fine." This most likely represents which of the following?

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

85. A 64-year-old woman with advanced lung cancer develops seizures from one brain metastasis. 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. Prophylactic anticonvulsants NOT recommended for non-seizing sites — trials show no benefit, significant side effects
- C. Start levetiracetam prophylactically
- D. Start valproic acid

86. A 56-year-old man with advanced colon cancer on hospice develops a DVT causing severe calf pain and swelling. Prognosis 2 months. Comfort measures. The most appropriate management is which of the following?

- A. Anticoagulation prohibited for hospice DVT
- B. DVT is natural — no treatment
- C. Treat with SC LMWH if symptoms cause distress — decision serves comfort goals
- D. Hospital transfer for ultrasound and IV heparin

87. A 70-year-old woman with advanced heart failure on hospice has worsening dyspnea. Furosemide 80 mg. Crackles, JVD, 5 kg weight gain, edema. The most appropriate adjustment is which of the following?

- A. Increase furosemide and/or add metolazone — addressing volume overload causing dyspnea, a comfort intervention
- B. Discontinue furosemide — disease-directed
- C. Replace with morphine
- D. Maintain dose, add morphine only

88. A 62-year-old man with advanced gastric cancer 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. Allergic reaction
- C. Bowel obstruction
- D. CTZ stimulation — tolerance develops in 3–7 days; short haloperidol bridges tolerance

89. A 53-year-old woman with advanced cervical cancer on hospice has refractory pelvic pain. Specialist recommends 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)

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

A. Services end on day of death

B. Single contact at 30 days

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

D. Recommended but not required

91. A 58-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. "Yes — we'll coordinate care, ensure medications, arrange services, plan contingencies."

B. "Cannot leave registered residence."

C. "Revoke hospice first."

D. "Medically inadvisable."

92. A 66-year-old man with advanced lung cancer on hospice has morphine SR 120 mg every 12 hours. Complete dysphagia. Total oral 240 mg/day. Converting to SC using 3:1, the rate is which of the following?

A. 10 mg/hour (no conversion)

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

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

D. Approximately 3.3 mg/hour ( $240 \div 3 = 80 \div 24 = 3.3$  — correct)

93. A 70-year-old woman with end-stage heart failure has been declining. Yesterday: alert, eating, talking. Today: unresponsive. This is best described as which of the following?

A. Recovery requiring hospital transfer

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

- C. Medication interaction
- D. Infection resolution

94. A 55-year-old man with advanced gastric cancer has refractory constipation despite senna 4 BID, PEG daily. No BM 12 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

95. A 61-year-old man with advanced colon cancer has cancer-related fatigue. Hemoglobin 10.7, thyroid normal, depression negative. The medication with strongest evidence is which of the following?

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

96. A palliative care physician cares for a 68-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. "Single call at 30 days."
- C. "Only available privately."
- D. "Our program provides at least 13 months — contacts, events, groups, referrals. We can prepare now."

97. A 54-year-old woman with advanced ovarian cancer develops opioid-induced pruritus after morphine increase. Bilirubin and renal 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

98. A 68-year-old man with end-stage heart failure 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. Shock and pacing independently programmable — deactivating shocks while maintaining pacing is standard
- D. Pacing incompatible with hospice

99. A 61-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. Take it seriously — explore factors, assess depression, optimize symptoms (pain 4/10), secure medications, involve IDT
- B. Report to law enforcement
- C. Remove all opioids
- D. Dismiss as normal expression

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

101. A 63-year-old woman with advanced pancreatic cancer on hospice has dexamethasone 8 mg daily for six weeks. Proximal weakness develops. This is most consistent with which of the following?

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

102. A 55-year-old man with advanced gastric cancer develops MBO. Not surgical. Standard medical management is which of the following?

- A. Metoclopramide plus laxatives
- B. TPN as primary
- C. Octreotide + glycopyrrolate + dexamethasone + parenteral opioids
- D. High-fiber diet

103. A 70-year-old woman with metastatic colon cancer develops back pain, bilateral weakness, urinary retention. MRI: cord compression T8. ECOG 2, survival 4 months. The MOST critical factor determining outcome is which of the following?

- A. Neurologic status at treatment initiation — ambulatory >80% remaining; paraplegic <10% recovery
- B. Radiation fractionation
- C. Histologic type
- D. Age

104. A 61-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. "Less aggressive type — don't compare."
- B. "You could live two years."
- C. "Medicine can't predict."
- D. "Every cancer is different. I can tell you what I see with yours. Would it help to plan together?"

105. A 56-year-old woman with advanced ovarian cancer develops opioid-induced nausea — constant, non-positional, improving over 3 days. The mechanism is which of the following?

- A. Gastroparesis
- B. CTZ stimulation — tolerance in 3–7 days; short haloperidol bridges
- C. Allergic reaction
- D. Bowel obstruction

106. A hospice nurse visits a 66-year-old man with end-stage heart failure. Wife asks, "Can he hear?" The most accurate response is which of the following?

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

107. A 54-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. Perceived burdensomeness strongly associated with hastened death desire — PHQ-9 of 20 confirms severe depression requiring treatment

- B. Normal grief
- C. Accurate assessment
- D. Social work only

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

- A. Immediate embalming
- B. Burial within 24 hours
- C. Plain pine casket
- D. Hindu tradition favors cremation, with family potentially washing and preparing body with prayers and rituals

109. A 64-year-old man with advanced prostate cancer enters his fourth benefit period (second 60-day). The recertification requirement is which of the following?

- A. Second opinion
- B. Face-to-face encounter within 30 days before the period — required from third period onward
- C. Psychiatric evaluation
- D. Formal appeal

110. A 51-year-old woman with advanced sarcoma asks about family support after death. The most accurate description is which of the following?

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

111. A 68-year-old man with advanced colon cancer has bone metastases. His physician recommends a RANKL-inhibiting agent. Which uses this mechanism?

- A. Denosumab — monoclonal antibody blocking RANKL to prevent osteoclast differentiation
- B. Zoledronic acid (bisphosphonate)
- C. Calcitonin (direct osteoclast inhibition)
- D. Pamidronate (first-generation bisphosphonate)

112. A 62-year-old man with advanced hepatocellular carcinoma on hospice is on morphine. Liver deteriorates (bilirubin 5→17). More somnolent, no dose change. GFR 68 (normal). The most critical adjustment is which of the following?

- A. Increase morphine
- B. Switch to meperidine
- C. Discontinue all medications
- D. Reduce morphine — worsening liver reduces first-pass metabolism, increasing bioavailability at same dose

113. A 69-year-old woman with end-stage heart failure develops confusion and muscle cramps. Na 124, K 2.6. On furosemide 80 mg (recently increased). Most likely caused by which of the following?

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

114. A 66-year-old man with advanced prostate 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. Opioid neurotoxicity — check renal function for M6G accumulation; if GFR declined, rotate to fentanyl
- D. Epilepsy unrelated to cancer

115. A 57-year-old woman with advanced cervical cancer has severe perineal pain from sacral nerve invasion. The procedure targeting her pain is which of the following?

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

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. "Exactly 5 minutes."
- B. "Survive several days."
- C. "Impossible to estimate."
- D. "Given his requirements and minimal breathing, death likely within minutes to hours. I cannot predict exactly, but we will keep him comfortable and be here."

117. A 62-year-old man with advanced colon cancer has a successful celiac plexus block — pain 8/10→1/10. He becomes sedated, RR 10. This illustrates which of the following?

- A. Blocks always cause respiratory depression
- B. Pain is a respiratory stimulant — block eliminated pain, unmasking respiratory depression from now-excessive opioid dose
- C. Neurolytic agent CNS toxicity
- D. Phrenic nerve damage

118. 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. "Leave — emotional responses indicate unfitness."
- B. "Leave feelings at the door."
- C. "Normal grief response. You were truly present — not weakness. Would it help to talk?"
- D. "Psychiatric evaluation needed."

119. A 52-year-old woman with advanced melanoma on pembrolizumab develops fatigue, hypotension (BP 68/36), nausea, hypoglycemia. Cortisol undetectable. The urgent intervention is which of the following?

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

120. A 67-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. Both identical
- C. Neither affected
- D. Gabapentin — entirely renally excreted, accumulates most rapidly; gabapentin's exclusively renal clearance makes adjustment most urgent

121. A 67-year-old man with advanced renal cell carcinoma on hospice has been on oxycodone. His GFR declined from 50 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 in all contexts
- B. Fentanyl — metabolized by CYP3A4 to inactive norfentanyl, no active metabolites accumulate in renal failure
- C. Codeine, requiring only hepatic activation with no renal concerns
- D. Meperidine, historically recommended for renal impairment

122. A 69-year-old woman with end-stage heart failure on hospice has 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. Heart failure progression causing dilutional hyponatremia
- B. Morphine toxicity causing SIADH
- C. Diuretic-induced electrolyte derangements — furosemide causes sodium and potassium wasting producing hyponatremia and hypokalemia
- 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 effort. Family asks how long. The most appropriate response is which of the following?

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

124. A 54-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. "Revoke hospice before crossing state lines."

C. "Medically inadvisable for terminal patients."

D. "Yes — we can coordinate care, ensure medications, arrange services, plan contingencies. Let's make this happen."

125. A 62-year-old man with advanced colon cancer on hospice develops MBO. Not surgical. Standard medical management is which of the following?

A. Metoclopramide plus high-dose oral laxatives

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

C. TPN as primary intervention

D. High-fiber diet with aggressive hydration

126. A palliative care team cares for a 67-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. Defer entirely to school counselor

B. Inform mother and leave referral to family

C. Arrange for hospice social worker to meet daughter, assess emotional state and safety, facilitate counseling referral

D. Report to child protective services

127. A 59-year-old woman with advanced breast cancer develops back pain, bilateral weakness (3/5), urinary retention over 48 hours. MRI: single-level epidural mass T7. ECOG 1, survival 8 months. The MOST critical factor determining outcome is which of the following?

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

B. Radiation fractionation schedule

C. Histologic type and radiosensitivity

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 requires 14-day minimum
- C. GIP requires 30-day pre-authorization
- D. GIP is for acute symptom management — caregiver respite is IRC, not GIP; billing higher-reimbursement GIP for respite is incorrect

129. A 70-year-old man with metastatic prostate cancer has painful bone metastases. His physician recommends a RANKL-inhibiting agent. Which uses this mechanism?

- A. Zoledronic acid (bisphosphonate, mevalonate pathway)
- B. Denosumab — monoclonal antibody blocking RANKL to prevent osteoclast differentiation and activation
- C. Calcitonin (direct osteoclast inhibition)
- D. Pamidronate (first-generation bisphosphonate)

130. A 56-year-old man with advanced pancreatic cancer develops hypercalcemia (corrected calcium 15.3). After IV saline, the most sustained reduction is provided by which of the following?

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

131. A hospice nurse visits a 75-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. Express concern, normalize difficulty, explore respite, communicate to IDT — caregiver collapse threatens care plan
- B. Focus on patient only
- C. Arrange mandatory hospitalization
- D. Document and address next week

132. A 63-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. Hemorrhage from catheter erosion
- C. Pneumoperitoneum
- D. Rapid drainage caused hemodynamic instability — future drainages slower (60–90 min), patient reclined

133. A 51-year-old man with advanced melanoma has a fungating lesion with severe malodor. The most effective topical agent is which of the following?

- A. Silver sulfadiazine
- B. Topical metronidazole 0.75% — targeting anaerobic bacteria producing malodor, dramatic improvement within 24–48 hours
- C. Hydrogen peroxide
- D. Povidone-iodine

134. A 68-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. Contraindicated together
- B. Morphine must be stopped first

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

D. Lactulose inactivates morphine

135. A 60-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. Explore feelings without fixing them, validate spiritual struggle, facilitate engagement with her faith, offer pastoral presence

B. Theological reassurance

C. Anxiolytic for distress

D. Psychiatry referral for depression

136. A 66-year-old man with advanced COPD has persistent hiccups for six days. Dexamethasone started 3 weeks ago. The most appropriate management is which of the following?

A. Increase dexamethasone

B. Chlorpromazine without addressing dexamethasone

C. Discontinue dexamethasone entirely

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

137. A 54-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. Cyproheptadine 12 mg orally initially, then 4–8 mg every 6 hours — the specific serotonin syndrome antidote

C. Dantrolene for rigidity

D. Bromocriptine as dopamine agonist

138. A 69-year-old man with end-stage heart failure has ICD permanently reprogrammed. Family asks if magnet is still needed. The most accurate response is which of the following?

- A. Must remain permanently
- B. Should remain as backup
- C. Can be removed — permanent reprogramming disabled shocks definitively; magnet provided only temporary suspension
- D. Cannot be removed until explantation

139. A 58-year-old woman with advanced breast cancer has CIPN pain and is on tamoxifen. Which adjuvant should be AVOIDED?

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

140. A hospice bereavement coordinator contacts the 66-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. Psychosis requiring antipsychotics
- C. Grief is stuck — directive counseling needed
- D. Symptoms within normal grief — hearing deceased reported by 30–60%, NOT psychosis; normalizing reduces fear

141. A 61-year-old man with advanced colon cancer develops seizures from brain metastases. Given polypharmacy, the most appropriate anticonvulsant is which of the following?

- A. Phenytoin

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

142. A 70-year-old woman with advanced dementia (FAST 7E) has grimacing, moaning, guarding with hip movement. PAINAD 7/10. No analgesics. The most appropriate initial intervention is which of the following?

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

143. A 56-year-old man with advanced gastric 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. Methylnaltrexone 12 mg SC — PAMORA blocking GI mu receptors without crossing blood-brain barrier
- B. High-fiber diet
- C. Discontinue opioids
- D. Add docusate

144. A 63-year-old woman with advanced pancreatic cancer 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. Metoclopramide before meals — combining D2 antagonism with prokinetic 5-HT4 agonism to address gastroparesis

145. A 67-year-old man with advanced lung cancer has been on morphine for five months with regular BMs on senna-docusate. He asks about stopping laxative. The most accurate advice is which of the following?

- A. He can stop after five months of regularity
- B. Continue — tolerance to opioid-induced constipation does NOT develop; constipation returns if stopped
- C. Switch to fiber
- D. Stop senna, keep docusate

146. A hospice nurse visits a 74-year-old man with end-stage heart failure who is actively dying. Mottling to mid-thighs, absent radial pulses, anuria 14 hours, mandibular breathing, unresponsive. The nurse should communicate which of the following?

- A. Hospital transfer for AKI
- B. Inconclusive — reassess in 24 hours
- C. Death likely within hours to days — converging signs represent active dying; family should be together
- D. Mottling will resolve with warming

147. A 58-year-old woman with advanced ovarian cancer has malignant ascites (NOT portal hypertension). After draining 5 liters, she asks about albumin. The most accurate response is which of the following?

- A. Albumin NOT routinely required for malignant ascites — standard for cirrhotic portal hypertensive ascites where post-paracentesis circulatory dysfunction is specific concern
- B. Always required after >3 liters
- C. Must be given before drainage
- D. Mandatory for home drainage

148. A 64-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
- B. Metoclopramide for gastroparesis
- C. Ondansetron for GI nausea
- D. Antihistamine or anticholinergic (meclizine or scopolamine) for vestibular nausea — movement pattern is diagnostic

149. A 51-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. IV fluids alone
- B. IV hydrocortisone 100 mg for adrenal insufficiency — undetectable cortisol, hypotension, hypoglycemia require urgent replacement
- C. Prednisone for hepatitis
- D. Thyroid replacement

150. A 68-year-old man with advanced COPD 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. Discontinue — never helps
- B. Replace with heliox
- C. This patient IS hypoxemic (SpO<sub>2</sub> 83%, below 90%) — documented hypoxemia may benefit from increased oxygen
- 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. "Cardiac arrest" is the universal mechanism — no disease information; specify actual disease
- B. Only when cardiologist witnesses
- C. Must include terminal rhythm
- D. Acceptable for all deaths

152. A 56-year-old man with advanced melanoma on nivolumab develops fatigue, constipation, cold intolerance, weight gain. TSH 54, free T4 undetectable. This irAE is managed by which of the following?

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

153. A palliative care physician meets a 64-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. "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."
- C. "Medicine cannot tell you anything."
- D. "Plenty of time — don't worry."

154. A 60-year-old woman with advanced breast cancer develops a vertebral compression fracture T12 (9/10 pain). ECOG 2, survival 5 months. In addition to opioids, the most rapid relief is which of the following?

- A. Radiation (single 8 Gy) with onset 2–4 weeks
- B. External brace

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

D. Epidural injection

155. A hospice social worker conducts bereavement follow-up with the 46-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. Grief waves are normal — can persist months to years; functioning between waves shows healthy adaptation

B. Continuing waves indicate PGD

C. Episodes suggest anxiety disorder

D. Avoid triggers to prevent waves

156. A 55-year-old woman with advanced cervical cancer has refractory pelvic pain. Specialist recommends superior hypogastric plexus block. This targets which of the following?

A. Upper abdominal organs (celiac territory)

B. Perineum (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

157. A 69-year-old man with end-stage liver disease 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. If rifaximin reduces confusion and agitation (symptom relief), it is consistent with comfort goals and may be covered under per diem

C. Cannot be prescribed by hospice physician

D. Requires 30-day prior authorization

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

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

159. A 61-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. Take it seriously — explore factors, assess depression, optimize symptoms, secure medications, involve IDT
- B. Report to law enforcement
- C. Remove all opioids
- D. Dismiss as normal expression

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

161. A 63-year-old woman with advanced pancreatic cancer has dexamethasone 8 mg daily for six weeks. Proximal weakness develops. This is most consistent with which of the following?

- A. Cord compression

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

C. Brain metastasis

D. Deconditioning only

162. A 58-year-old woman with advanced ovarian cancer 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. Must remain NPO

B. Full meals because gastrostomy bypasses obstruction

C. She may eat small amounts for pleasure — food enters stomach, is experienced, then drains through the gastrostomy

D. Clear liquids only

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

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

B. Document and reassess next visit

C. Confront the son

D. Attribute to anticoagulant therapy

164. A 66-year-old man with advanced prostate cancer 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. Gabapentin for neuropathic modulation

C. Duloxetine for dual benefit

D. An NSAID (celecoxib or ibuprofen) — effective through prostaglandin synthesis inhibition at metastatic sites

165. A 70-year-old man with end-stage heart failure 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. Mechanical valves without anticoagulation carry significant, immediate thrombosis and embolization risk — much higher than AF alone
- C. Medicare mandates continuation
- D. Stopping causes immediate calcification

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

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

167. A palliative care physician has cared for a 59-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. "Normal grief response. You were truly present — not weakness. Would it help to talk?"
- B. "You need leave."
- C. "Leave feelings at the door."
- D. "Psychiatric evaluation needed."

168. A 52-year-old man with advanced gastric cancer 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. Gabapentin monotherapy
- C. Topical lidocaine alone
- D. Combine opioid for somatic with adjuvant (gabapentin or duloxetine) for neuropathic — neither alone addresses both

169. A 69-year-old man with advanced COPD 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. Add lorazepam 0.5–1 mg SL for anxiety-breathlessness cycle — when opioid alone fails and anxiety prominent
- C. Switch to hydromorphone
- D. Albuterol only

170. A 64-year-old woman with advanced breast cancer has severe RUQ pain from hepatic capsule distension. Opioid partial relief. The most targeted non-opioid is which of the following?

- A. Gabapentin
- B. NSAID
- C. Dexamethasone 8 mg daily — reducing inflammation and edema, directly decreasing capsular stretch
- D. Acetaminophen

171. A 61-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. Reduced hepatic first-pass metabolism increases oral morphine bioavailability — more drug reaches circulation at any dose
- B. Morphine renally excreted and bilirubin interferes
- C. Bilirubin creates toxic conjugates
- D. Ascites dilutes morphine

172. A hospice bereavement coordinator contacts the 64-year-old wife of a patient who died six months ago. She has returned to activities, cries daily, reaches for 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. "Daily crying suggests PGD."
- C. "Stay busy, avoid thinking."
- D. "Completely normal. No timeline. Daily crying at six months is expected. Return to activities shows adaptation."

173. A 55-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. Incidental and unrelated
- B. Hypercalcemia explains multiple symptoms simultaneously — reversible cause of suffering; treating (if consistent with goals) could improve all at once
- C. Treatment prohibited in hospice
- D. Mildly elevated, will self-correct

174. A 53-year-old woman with advanced cervical cancer has perineal pain from sacral nerve invasion. Specialist recommends ganglion impar block. The target is which of the following?

- A. T12-L1 for abdominal pain
- B. Cervical ganglion

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

D. Lumbar plexus

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

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

B. Compliant — minimum is 3%

C. Exceeds requirements

D. Recommended but not mandatory

176. A 68-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. Corticosteroids alone

C. Comfort only

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

177. A 61-year-old woman with advanced ovarian cancer 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. Achieves relief in 70–90%, reduces opioid needs, evidence supports early consideration

C. Relief lasts 48 hours only

D. Contraindicated on opioids

178. A 70-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. "He is struggling — increase medications."
- B. "These are seizures."
- C. "The gasping is a brainstem reflex — not conscious effort. He is not aware and not suffering. Normal in the final stage."
- D. "Call 911."

179. A 56-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. Explore driving factors, assess depression, ensure legal understanding, participate or refer
- B. Provide prescription immediately
- C. Refuse discussion
- D. MAID unavailable to hospice

180. A 69-year-old man with advanced lung cancer 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. Both identical urgency
- C. Neither affected
- D. Gabapentin — entirely renally excreted, accumulates most rapidly; gabapentin's exclusively renal clearance makes adjustment most urgent

181. A 68-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. Terminal rally — transient improvement before death, not recovery, typically followed by rapid decline

C. Medication interaction

D. Infection resolution

182. A 57-year-old woman with advanced ovarian cancer develops a pathologic humerus fracture. ECOG 2, survival 4 months. The most appropriate management is which of the following?

A. Conservative with sling and opioids

B. Radiation alone

C. Surgical fixation followed by radiation — restoring function in a patient with adequate performance status

D. Amputation

183. A hospice IDT reviews a newly enrolled 74-year-old man with advanced heart failure. Medicare COP require the IDT to include which minimum core members?

A. Physician, RN, social worker, pastoral or other counselor — the four mandatory members

B. Physician, RN, PT, pharmacist

C. Physician, NP, OT, dietitian

D. Physician, RN, chaplain only

184. A 54-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. 0.17 mg/hour (double reduction)

C. 1.12 mg/hour (incorrect conversion)

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

185. A 66-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 oral (incorrect 1:1)
- B. 60 mg oral ( $12 \times 5 = 60$  — the correct 5:1 ratio for hydromorphone)
- C. 36 mg oral (incorrect 3:1)
- D. 24 mg oral (incorrect 2:1)

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

- A. Immediate embalming with visitation
- B. Burial within 24 hours
- C. Hindu tradition favors cremation, with family potentially washing and preparing body with prayers and rituals
- D. Plain pine casket

187. A 60-year-old man with advanced colon cancer has warfarin for AF. Prognosis 2 weeks. No stroke history. The most appropriate management is which of the following?

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

188. A 53-year-old woman with advanced sarcoma is on OME 600 mg/day. Specialist recommends methadone. The unique property requiring monitoring is which of the following?

- A. Hepatotoxicity requiring LFTs

- B. No respiratory depression
- C. Thrombocytopenia requiring CBC
- D. QTc prolongation with torsades risk — requiring ECG; the only common opioid with this cardiac risk

189. A 67-year-old woman with advanced pancreatic cancer 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. Approximately 2 mg intrathecal morphine ( $600 \div 300 = 2$  — correct)
- C. 20 mg (incorrect 30:1)
- D. 6 mg (incorrect 100:1)

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

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

191. A 58-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. Morphine bolus AND furosemide increase — addressing both symptom and cause consistent with comfort goals
- B. Continue unchanged
- C. Morphine alone without diuretic
- D. Hospital transfer for BiPAP

192. A 61-year-old woman with advanced breast cancer develops opioid-induced pruritus after morphine increase. Bilirubin and renal normal. After failing antihistamines, the best rotation is which of the following?

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

193. A 70-year-old man with end-stage heart failure 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. Shock and pacing independently programmable — deactivating shocks while maintaining pacing is standard
- C. Deactivating shocks disables pacing
- D. Pacing incompatible with hospice

194. A 56-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. Modafinil
- B. Dexamethasone for long-term energy
- C. Methylphenidate 5 mg morning and noon — rapid onset, strongest evidence
- D. ESA for mild anemia

195. A 63-year-old woman with advanced ovarian cancer asks, "Can I go to my granddaughter's recital?" The nurse should respond reflecting which principle?

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

- B. "Too risky."
- C. "Need clearance."
- D. "Interferes with schedules."

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

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

197. A 59-year-old woman with advanced lung cancer tells her chaplain, "I don't believe in God. Don't need spiritual care." The most appropriate response is which of the following?

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

198. A palliative care physician meets a family about a 66-year-old man in the ICU. Son angrily says, "You're giving up!" The most effective response is which of the following?

- A. "Let me show the data."
- B. "Second opinion available."
- C. "I can hear how frightened you are — you love your father. What worries you most?"
- D. "Facts are clear — accept reality."

199. A 52-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. Gabapentinoid or SNRI — first-line for neuropathic pain
- B. NSAID for inflammation
- C. Benzodiazepine for anxiety
- D. Acetaminophen-codeine combination

200. A 68-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. Withhold opioids
- C. Oxygen only, observe 60 minutes
- D. Morphine bolus, midazolam, increase O<sub>2</sub> (IS hypoxemic), upright, fan — comprehensive management consistent with comfort

201. A 64-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. M6G accumulation from renal decline — rotate to fentanyl, no active metabolites
- C. Serotonin syndrome
- D. New psychiatric disorder

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

- A. Compliant — no minimum
- B. Exceeds 2% minimum

- C. Below the 5% minimum — must increase services
- D. Applies only to non-profit

203. A 70-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. Whether recurrent pattern reflects trajectory — each course treats infection but doesn't change aspiration risk — and whether treatment serves comfort or prolongs dying
- B. Organism on culture
- C. Temperature threshold
- D. Antibiotic cost

204. A 56-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. Empiric metronidazole
- C. Octreotide
- D. Systemic corticosteroids for immune-related colitis, immunotherapy held, infliximab if steroid-refractory

205. A 61-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. Vestibular via H1 and muscarinic receptors — movement-worsened nausea is the hallmark
- C. GI via 5-HT3
- D. Cortical via GABA

206. A 69-year-old man with advanced heart failure has furosemide 80 mg daily. Dyspnea worsened, crackles, JVD, edema. Physician considers metolazone. The rationale is which of the following?

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

207. A 54-year-old woman with advanced sarcoma has complete dysphagia. Total oral morphine 240 mg/day. Converting to SC using 3:1, the rate is which of the following?

- A. Approximately 3.3 mg/hour ( $240 \div 3 = 80 \div 24 = 3.3$  — correct)
- B. 10 mg/hour (no conversion)
- C. 1.7 mg/hour (incorrect 6:1)
- D. 5 mg/hour (incorrect 2:1)

208. A 62-year-old man with end-stage liver disease on lactulose. Pharmacy questions coverage. The most accurate response is which of the following?

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

209. A 58-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. Perceived burdensomeness strongly associated with hastened death desire — PHQ-9 confirms depression requiring treatment

C. Accurate assessment

D. Social work only

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

A. Only when cardiologist witnesses

B. Must include rhythm

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

D. Acceptable for all

211. A hospice nurse cares for a 71-year-old woman actively dying. Daughter asks, "Can she hear?" The most accurate response is which of the following?

A. "Hearing may be last preserved. I encourage you to keep talking, holding her hand."

B. "All function ceased."

C. "She hears everything — be careful."

D. "Hearing replaced by hallucinations."

212. A 60-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 requiring indefinite prokinetics

B. Allergic reaction

C. Bowel obstruction

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

213. A 66-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 — consider discharge
- B. Fluctuating function within decline is characteristic organ failure pattern — natural variability, not recovery
- C. Pattern requires hospital evaluation
- D. Good days represent terminal rally

214. A 69-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. Strict bed rest
- B. Hip brace
- C. Prophylactic surgical fixation — >50% cortical destruction in weight-bearing bone carries high fracture risk
- D. Bisphosphonate alone

215. A 55-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. Explore driving factors, assess depression, ensure understanding, participate or refer
- B. Provide prescription
- C. Refuse discussion
- 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. Discontinue opioids
- C. Add docusate
- D. Methylnaltrexone 12 mg SC — PAMORA blocking GI mu receptors without crossing blood-brain barrier

217. A 67-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. Terminal rally — transient improvement before death, not recovery
- C. Medication interaction
- D. Infection resolution

218. A 58-year-old man with advanced lung cancer develops seizures from brain metastases. Complex polypharmacy. The most appropriate anticonvulsant is which of the following?

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

219. A 64-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. "Absolutely — we'll plan medications, equipment, comfort. Living fully is what hospice supports."
- B. "Too risky."
- C. "Need clearance."
- D. "Interferes with schedules."

220. A 56-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. Insurance coverage
- C. Creatinine mandating intervention
- D. Patient's values, goals, understanding that nephrostomy extends life but doesn't treat cancer

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. Late referrals deny patients full benefit — services require time
- C. Overly aggressive management
- D. Patterns meet benchmarks

222. A 69-year-old man with advanced prostate cancer develops hypercalcemia (calcium 15.0). The treatment decision should be guided by which of the following?

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

223. A 61-year-old woman with advanced lung cancer has dexamethasone 8 mg daily for five weeks. Proximal weakness develops. This is most consistent with which of the following?

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

- B. Cord compression
- C. Brain metastasis
- D. Deconditioning only

224. A 70-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. Pneumonia requiring antibiotics
- C. Different anticholinergic needed
- D. Anticholinergics prevent NEW secretions, cannot dry EXISTING — noise persists until reabsorbed or repositioned; patient likely unaware

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

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

226. A 55-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. HbA1c <7%
- B. Insulin excluded from hospice
- C. Treatment for symptom relief — polyuria, thirst, blurred vision impair comfort
- D. All glucose >300 requires insulin

227. A 58-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. Approximately 1.7 mg/hour ( $120 \div 3 = 40 \div 24 \approx 1.7$  — correct)
- B. 5 mg/hour (no conversion)
- C. 0.83 mg/hour (incorrect 6:1)
- D. 2.5 mg/hour (incorrect 2:1)

228. A hospice social worker meets the 41-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. Poor relationship evidence
- C. Dissociative disorder
- D. Normal initial bereavement — numbness, autopilot, disbelief common in first days/weeks

229. A 66-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. Lorazepam 0.5–1 mg SL for anxiety-breathlessness cycle
- C. Switch to hydromorphone
- D. Albuterol only

230. A 68-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. Continue unchanged
- B. Morphine alone

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

D. Hospital transfer

231. A 60-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. Sacrococcygeal junction — ganglion impar transmits visceral pain from perineum, rectum, anus, vulva

B. T12-L1 for abdominal pain

C. Cervical ganglion

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. Exceeds requirements

C. Recommended not mandatory

D. Below the 5% minimum — must increase services

233. A 69-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. Opioid neurotoxicity — check renal function for M6G accumulation; if GFR declined, rotate to fentanyl

C. Vasovagal event

D. Epilepsy unrelated

234. A 61-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. Last resort only
- B. Relief lasts 48 hours
- C. Achieves relief in 70–90%, reduces opioid needs, evidence supports early consideration
- D. Contraindicated on opioids

235. A 54-year-old woman with advanced breast cancer develops pruritus after morphine increase. Normal bilirubin and renal function. After failing antihistamines, the best rotation is which of the following?

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

236. A 55-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 discontinuation
- B. Thyroidectomy
- C. Radioactive iodine
- D. Levothyroxine replacement — hypothyroidism from immune-related thyroiditis, typically does NOT require stopping immunotherapy

237. A 69-year-old man with advanced prostate cancer has intrathecal pump recommended. OME 900 mg/day. Using 300:1, the daily intrathecal dose is which of the following?

- A. 90 mg (incorrect 10:1)

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

238. A hospice bereavement coordinator contacts the 48-year-old widow of a patient who died 15 months ago. Persistent yearning, avoidance, impairment. Meets PGD criteria. The psychotherapy with strongest evidence is which of the following?

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

239. A 63-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. Spiritual care — dignity therapy, life review, meaning exploration; evidence-based for existential suffering
- B. Anxiolytic
- C. Psychiatry referral
- D. Dismissing as philosophical

240. A 68-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. Both identical
- C. Neither affected
- D. Gabapentin — entirely renally excreted, accumulates most rapidly; gabapentin's renal clearance makes adjustment most urgent

## Practice Exam 8: Answer Key and Full Answer Explanations

1. B — The oral-to-parenteral ratio for morphine is 3:1. To convert IV to oral, multiply by 3:  $96 \text{ mg IV} \times 3 = 288 \text{ mg oral per day}$ . This reflects morphine's approximately 30% oral bioavailability due to first-pass hepatic metabolism.
2. D — Medicare requires individualized certification narratives with specific findings: FAST stage, functional status, comorbidities, nutritional decline, and clinical rationale connecting these to the six-month prognosis. A generic statement is the leading cause of denials.
3. C — This patient has months of quality life and a symptomatic infection causing distress. Oral antibiotics relieve dysuria, pain, and fever — consistent with comfort goals. The decision serves comfort, not a blanket policy.
4. A — 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.
5. D — The communication priority is responding to emotion before clinical information. She is in acute grief. Acknowledge pain, validate concern about children, allow silence, then transition.
6. C — A strong magnet over the ICD generator suspends shock delivery while in position. Taping securely provides continuous suspension until permanent reprogramming. Temporary suspension only.
7. A — Projectile vomiting with headache and papilledema indicates elevated ICP stimulating the vomiting center. Dexamethasone 16 mg IV reduces vasogenic edema and ICP, addressing the mechanism.
8. B — Anticholinergics prevent NEW secretions but cannot dry EXISTING pooled secretions. Noise persists until reabsorbed or repositioned. Patient is almost certainly unaware. Deep suctioning is avoided.
9. D — The nephrostomy decision must be guided by the patient's values and understanding: tubes relieve obstruction and extend life but do not treat cancer. A goals conversation, not a technical decision.

10. C — 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.

11. A — Non-pitting edema with thickened skin, woody texture, and positive Stemmer's sign are pathognomonic for lymphedema. Does NOT respond to diuretics — mechanism is lymphatic obstruction.

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

13. B — Terminal rally: transient improvement hours to days before death. Vitals remain abnormal, trajectory unchanged. Typically followed by rapid decline.

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

15. A — Tolerance to opioid-induced constipation does NOT develop — the only major side effect without tolerance. Stopping guarantees constipation return.

16. D — Convergence of mottling, absent pulses, anuria, mandibular breathing, unresponsiveness indicates active dying. Death likely within hours to days.

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

18. C — Severe hepatic impairment reduces first-pass metabolism, increasing oral morphine bioavailability. More drug reaches circulation at same dose, requiring reduction.

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

20. D — Clinician grief is a normal response to losing a patient with whom the physician had a meaningful relationship. Reflects emotional engagement, not burnout or boundary violation.
21. B — Patchell trial criteria met: single-level (T9), ECOG 1, survival >3 months. Surgery plus radiation superior to radiation alone.
22. C — Multiple RCTs show single 8 Gy fraction provides equivalent relief to multi-fraction regimens. One visit instead of 10–25. Response rates 60–80%.
23. A — CGT: 16-session manualized therapy, 50–70% response rates for PGD. Strongest evidence among psychotherapies.
24. D — Existential questioning addressed through spiritual care: dignity therapy, life review, meaning exploration. Evidence-based for end-of-life existential suffering.
25. B — Dexamethasone is a well-recognized cause of persistent hiccups. Management: dose reduction or switch, plus baclofen 5 mg TID for GABA-B-mediated suppression.
26. C — Uremic myoclonus managed with benzodiazepines — not anticonvulsant loading. Myoclonus distinct from seizures. Lorazepam 0.5–1 mg SL every 6–8 hours.
27. A — Morphine neurotoxicity from M6G accumulation (creatinine 0.9→3.4). Fentanyl preferred — metabolized to inactive norfentanyl. Meperidine never appropriate.
28. D — 42% dying within 7 days, median LOS 11 days indicate late referrals. Services require time to deliver effectively.
29. B — Severe bloody diarrhea on ipilimumab with negative infectious workup is immune-related colitis. Prompt corticosteroids, immunotherapy hold, infliximab if refractory.
30. C — 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.

31. A — Sequential nephron blockade: metolazone blocks distal tubular sodium reabsorption, overcoming compensatory reabsorption limiting furosemide alone.
32. D — Lactulose relieves distressing encephalopathy symptoms. Clinical purpose determines coverage, not classification. Comfort medication regardless of category.
33. B — Comprehensive response: explore motivations, assess depression, ensure legal understanding, participate or refer. Thorough evaluation before facilitation.
34. C — Movement/position-change worsened nausea is vestibular-mediated via H1 and muscarinic receptors. Meclizine and scopolamine target these. Positional pattern is diagnostic.
35. A — Combines Support ("our team will be with you"), Knowledge ("morphine for air hunger"), Exploration ("what frightens you most?"). Addresses fear without false guarantees.
36. D — Hepatic capsule distension from expanding metastases. Dexamethasone reduces inflammation and edema, directly decreasing capsular stretch. Most targeted non-opioid.
37. B — 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.
38. C — Living fully — attending meaningful events — is core hospice philosophy. The nurse facilitates by planning medications, equipment, comfort.
39. A — Postprandial nausea with early satiety/bloating without obstruction is gastroparesis. Metoclopramide combines D2 antagonism with prokinetic 5-HT4 agonism.
40. D — Caregiver health directly impacts patient care. Express concern, normalize difficulty, explore support, communicate to IDT. Collapse threatens care plan.
41. B — M6G accumulation from renal decline (creatinine 1.0→3.8). Stable dose then toxicity with rising creatinine confirms accumulation. Fentanyl rotation resolves it.

42. C — Pathologic fracture with ECOG 2 and 5-month survival warrants fixation plus radiation. Without surgery, bone won't heal. Fixation restores function.
43. A — Uses a range, acknowledges uncertainty, connects prognosis to planning. Provides actionable information while respecting limitations.
44. D — Tramadol (serotonin reuptake inhibitor) plus duloxetine (SNRI) causes serotonin syndrome. Clonus distinguishes from NMS — present in serotonin syndrome, absent in NMS.
45. B — Mechanical valves without anticoagulation carry significant, immediate thrombosis and embolization risk — much higher than AF alone. Even over 4 weeks, substantial.
46. C — 300:1 ratio:  $450 \div 300 = 1.5$  mg intrathecal/day. The 300-fold reduction provides equivalent analgesia with dramatically fewer side effects.
47. A —  $6.75 \div 24 = 0.28$  mg/hour. The multi-step conversion is the exam's most complex equianalgesic calculation.
48. D — Correct death certificate traces causal chain: aspiration pneumonia (Line a), dysphagia (Line b), Parkinson's disease (Line c). "Cardiac arrest" is mechanism, not cause.
49. B — Fluctuating function is the characteristic organ failure trajectory. Good days within decline are natural variability, not recovery.
50. C — Immune-related hypothyroidism: levothyroxine replacement, typically does NOT require immunotherapy discontinuation. Straightforward hormone replacement.
51. A — Levetiracetam: no hepatic metabolism, minimal interactions, IV/liquid formulations. Ideal for palliative polypharmacy.
52. D — Handgrip bruising on vulnerable patient with substance-using caregiver raises abuse concern. All providers are mandatory reporters. Assess, document, report to APS.

53. B — Permanent reprogramming disabled shocks definitively. The magnet provided only temporary suspension and is no longer needed.
54. C — Lytic lesion >50% cortical destruction in weight-bearing bone: high fracture risk. Prophylactic fixation in ECOG 2 with 4-month survival prevents catastrophic complication.
55. A — Hypercalcemia explains confusion, nausea, constipation, polyuria simultaneously. Treating (if consistent with goals) could improve all — a reversible cause of suffering.
56. D — Celiac plexus neurolysis: 70–90% relief in pancreatic cancer, reduces opioid needs. Evidence supports early consideration, not last-resort.
57. B — Agonal breathing is a brainstem reflex — not conscious effort. Patient is unaware and not suffering. Clear explanation reduces family anxiety.
58. C — Everything described is normal grief at six months. No timeline. Return to activities indicates adaptation. Normalizing counters social pressure.
59. A — Mixed pain requires multimodal therapy. Opioid for somatic; adjuvant for neuropathic. Neither alone addresses both optimally.
60. D — Gabapentin entirely renally excreted, accumulates most rapidly with declining GFR. While morphine also warrants attention, gabapentin's exclusively renal clearance makes adjustment most urgent.
61. B — NSAIDs target bone pain through prostaglandin synthesis inhibition at metastatic sites. Tumor prostaglandins sensitize nociceptors. Specific opioid-sparing benefit.
62. C — Venting gastrostomy allows eating small amounts for pleasure. Food enters stomach, is experienced, then drains through tube. Major quality-of-life benefit.

63. A — Medicare requires 5% minimum volunteer utilization. At 3.8%, below threshold. Must increase services.

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

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

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

67. A — Lactulose serves dual purpose: encephalopathy AND osmotic laxative counteracting opioid constipation. Complementary, not conflicting.

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

69. B — Spiritual care addresses meaning, purpose, legacy — not just religion. Support whatever matters without imposing beliefs.

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

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

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

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

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

75. A — GIP is for acute symptom management. Caregiver respite is IRC. Billing GIP for respite is incorrect.

76. D — Duloxetine inhibits CYP2D6, converting tamoxifen to endoxifen. Concurrent use reduces endoxifen, potentially decreasing efficacy.

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

78. C — Parenteral-to-oral ratio for hydromorphone is 1:5. Converting:  $14.4 \times 5 = 72$  mg oral/day. Distinct from morphine's 3:1.

79. A — Severe hypoxemia (SpO<sub>2</sub> 78%) on comfort measures: morphine, midazolam, increased oxygen (IS hypoxemic), upright, fan. Comprehensive management.

80. D — "Cardiac arrest" is the universal mechanism — no disease information. Specify actual disease.

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

82. C — DPAHC effective only if surrogate understands values. Without conversation, surrogate substitutes own judgment. The conversation transforms a legal document into an effective tool.

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

84. D — School-age children understand permanence but lack coping. Grief manifests as denial, academic decline, acting out. Supportive intervention needed.

85. B — Prophylactic anticonvulsants NOT recommended for non-seizing sites. Trials show no benefit. Significant side effects.
86. C — DVT treatment individualized. If distressing, LMWH relieves symptoms at home. Decision serves comfort goals.
87. A — Volume overload causes dyspnea. Increasing furosemide/adding metolazone addresses the cause — a comfort intervention.
88. D — CTZ stimulation: constant, non-positional, improving over 3–7 days as tolerance develops. Short haloperidol bridges tolerance.
89. B — Superior hypogastric plexus transmits visceral pain from pelvic organs. Specific target for pelvic cancer pain.
90. C — Medicare requires at least 13 months of bereavement support. Covers all first-year anniversary milestones.
91. A — Hospice patients can travel. Coordinate care, ensure medications, arrange services. Living fully is core philosophy.
92. D — 3:1 ratio:  $240 \div 3 = 80 \text{ SC/day} \div 24 = 3.3 \text{ mg/hour}$ . Same drug, different route.
93. B — Terminal rally: transient improvement before death, not recovery. Typically followed by rapid decline.
94. C — Failed maximal laxatives → PAMORA. Methylnaltrexone blocks GI mu receptors without crossing blood-brain barrier.
95. A — Methylphenidate has strongest evidence for cancer-related fatigue. Rapid onset. Standard: 5 mg morning and noon.

96. D — Medicare requires 13 months of bereavement support. Physician can help prepare family now.
97. B — Fentanyl has minimal histamine release — preferred for pruritus. Morphine and codeine are strongest releasers.
98. C — Modern ICDs have independently programmable shock and pacing. Deactivating shocks while maintaining pacing is standard.
99. A — Comprehensive response: explore factors, assess depression, optimize symptoms (pain 4/10), secure medications, involve IDT.
100. D — "What is your understanding?" is the Perception step of SPIKES. Reveals gaps, provides starting point.
101. B — Steroid myopathy: dose/duration dependent, proximal, hip/shoulder girdle. Distinguished from cord compression by absent sensory level.
102. C — Standard MBO: octreotide + glycopyrrolate + dexamethasone + parenteral opioids. Metoclopramide contraindicated in complete obstruction.
103. A — Neurologic status at treatment initiation is THE critical factor. Ambulatory >80% remaining; paraplegic <10% recovery.
104. D — Validates question, explains why comparisons unreliable, offers honest communication, invites planning. Avoids false hope and dismissal.
105. B — CTZ stimulation with tolerance in 3–7 days explains improvement. Short haloperidol bridges tolerance.
106. C — Hearing may be last preserved. Encourage family to keep talking, holding hands. Improves bereavement outcomes.

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

108. D — Hindu tradition favors cremation with family preparation and prayers/rituals. Team should accommodate.

109. B — Face-to-face encounter required from third period onward. Within 30 days before period starts.

110. C — Medicare requires 13 months bereavement support. Preparation can begin before death.

111. A — Denosumab blocks RANKL, preventing osteoclast differentiation. Distinct from bisphosphonates.

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

113. B — Furosemide causes sodium and potassium wasting. Hyponatremia → confusion. Hypokalemia → cramps.

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

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

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

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

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

119. A — Acute adrenal insufficiency (undetectable cortisol, hypotension, hypoglycemia) requires urgent IV hydrocortisone 100 mg.

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

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

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

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

124. D — Hospice patients can travel. The team coordinates care, ensures medications, arranges destination services, plans contingencies. Facilitating meaningful experiences embodies living fully.

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

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

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

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

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

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

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

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

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

134. C — Lactulose serves dual purpose: encephalopathy treatment AND osmotic laxative counteracting opioid constipation. Complementary, not conflicting.

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

137. B — 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. C — Permanent reprogramming disabled shocks definitively. The magnet provided only temporary suspension and is no longer needed. Reprogramming persists regardless of magnet.
139. A — Duloxetine inhibits CYP2D6, converting tamoxifen to endoxifen. Concurrent use reduces endoxifen, potentially decreasing efficacy. Gabapentin and pregabalin are safe.
140. D — Daily crying at nine months and hearing a deceased spouse are within normal grief. Auditory experiences reported by 30–60% — NOT psychosis. Normalizing reduces fear.
141. B — Levetiracetam: no hepatic metabolism, minimal interactions, IV/liquid formulations. Ideal for palliative polypharmacy and patients losing swallowing ability.
142. C — Scheduled acetaminophen trial is the evidence-based first step for suspected pain in non-verbal dementia. Safest first-line. PAINAD improvement after 48–72 hours supports pain as cause.
143. A — Failed maximal conventional laxatives → PAMORA. Methylnaltrexone blocks GI mu receptors without crossing blood-brain barrier, reversing peripheral constipation without affecting analgesia.
144. D — Postprandial nausea with early satiety/bloating without obstruction is gastroparesis. Metoclopramide combines D<sub>2</sub> antagonism with prokinetic 5-HT<sub>4</sub> agonism — treating both nausea and its cause.
145. B — Tolerance to opioid-induced constipation does NOT develop — the only major side effect without tolerance. Stopping guarantees constipation return regardless of prior regularity.
146. C — Convergence of mottling, absent pulses, anuria, mandibular breathing, unresponsiveness indicates active dying. Death likely within hours to days. Communication, comfort, family support.

147. A — 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. D — Movement/position-change nausea is vestibular-mediated via H1 and muscarinic receptors. Meclizine and scopolamine target these. Positional pattern is diagnostic.

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

150. C — This patient IS hypoxemic (SpO2 83%, below 90%). Evidence against oxygen applies to non-hypoxemic patients. Documented hypoxemia may benefit from increased oxygen.

151. A — "Cardiac arrest" is the universal death mechanism — no disease information. Specify actual disease for public health statistics.

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

153. B — Uses a range, acknowledges uncertainty, connects prognosis to planning. Actionable information while respecting limitations.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

169. B — 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. C — Hepatic capsule distension from expanding metastases. Dexamethasone reduces inflammation and edema, directly decreasing capsular stretch.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

193. B — Modern ICDs have independently programmable shock and pacing. Deactivating shocks while maintaining pacing is standard.

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

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

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

197. B — Spiritual care addresses meaning, purpose, legacy — not just religion. Support whatever matters without imposing beliefs.

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

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

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

201. B — M6G accumulation from renal decline (creatinine 1.0→3.8). Stable dose then toxicity with rising creatinine confirms accumulation. Fentanyl rotation resolves it.
202. C — Medicare requires 5% minimum. At 3.6%, below threshold. Must increase services.
203. A — Fifth aspiration pneumonia reflects progressive dementia with dysphagia. Each course treats infection but cannot change aspiration risk. Key: comfort or prolonging dying?
204. D — Severe bloody diarrhea on pembrolizumab with negative infectious workup is immune-related colitis. Prompt corticosteroids, immunotherapy hold, infliximab if refractory.
205. B — Movement-worsened nausea is vestibular-mediated via H1 and muscarinic receptors. The positional pattern is diagnostic.
206. C — Sequential nephron blockade: metolazone blocks distal tubular reabsorption, overcoming compensatory reabsorption limiting furosemide alone.
207. A — 3:1 ratio:  $240 \div 3 = 80$  SC/day  $\div 24 = 3.3$  mg/hour. Same drug, different route — no cross-tolerance reduction.
208. D — Lactulose relieves distressing encephalopathy symptoms. Clinical purpose determines coverage. Comfort medication regardless of classification.
209. B — Perceived burdensomeness strongly associated with hastened death desire and depression. PHQ-9 of 19 confirms depression requiring treatment.
210. C — "Cardiac arrest" is universal mechanism — no disease information. Specify actual disease.
211. A — Hearing may be last preserved. Encourage family to keep talking, holding hands. Improves bereavement outcomes.
212. D — CTZ stimulation: constant, non-positional, improving over 3–7 days as tolerance develops. Short haloperidol bridges tolerance.

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

214. C — Lytic lesion >50% cortical destruction in weight-bearing bone: high fracture risk. Prophylactic fixation in ECOG 2 with 5-month survival prevents catastrophic complication.

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

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

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

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

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

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

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

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

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

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

225. B — "Cardiac arrest" is universal mechanism — no diagnostic information. Specify actual disease.
226. C — Treatment for symptom relief: polyuria, thirst, blurred vision impair comfort. Hospice glucose management targets symptoms.
227. A — 3:1 ratio:  $120 \div 3 = 40$  SC/day  $\div 24 \approx 1.7$  mg/hour. Same drug, different route.
228. D — Numbness, functional autopilot, disbelief are normal in first days/weeks after death. Not pathology.
229. B — When opioid alone fails and anxiety prominent, lorazepam addresses the anxiety-breathlessness cycle. SpO<sub>2</sub> 91% above threshold; anxiety is target.
230. C — Pulmonary edema: morphine AND furosemide. Both symptom and treatable cause. More effective than either alone.
231. A — Ganglion impar at sacrococcygeal junction: perineum, rectum, anus, vulva. Precise target for perineal cancer pain.
232. D — Medicare requires 5% minimum. At 4.3%, below threshold. Must increase services.
233. B — On high-dose morphine with seizure-like episode: check renal function for M6G accumulation. If GFR declined, rotate to fentanyl.
234. C — Celiac plexus neurolysis: 70–90% relief in pancreatic cancer, reduces opioid needs. Evidence supports early consideration.
235. A — Fentanyl has minimal histamine release — preferred rotation for pruritus. Morphine and codeine are strongest releasers.
236. D — Immune-related hypothyroidism: levothyroxine replacement. Typically does NOT require stopping immunotherapy.

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

238. C — CGT: 16-session manualized therapy, 50–70% response rates for PGD. Strongest evidence among psychotherapies.

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

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