

# PRACTICE EXAM 9: HPM CERTIFICATION SIMULATION (240 QUESTIONS)

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1. A 71-year-old man with metastatic non-small cell lung cancer on hospice is being converted from IV morphine 4 mg/hour (96 mg IV/24 hours) to oral morphine SR for home discharge. Using the standard equianalgesic conversion, the correct 24-hour oral morphine dose is which of the following?

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

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

- A. "Liver disease" must specify etiology (alcoholic, viral, etc.) per Medicare coding
- B. The narrative lacks specific clinical findings (Child-Pugh score, MELD, functional status, complications) and a rationale connecting these to the six-month prognosis
- C. Certification narratives cannot exceed two sentences under CMS rules
- D. The narrative must include the patient's Medicare beneficiary number

3. A 62-year-old woman with advanced pancreatic cancer on hospice develops a UTI causing dysuria, suprapubic pain, and fever 38.8°C. She is alert, enjoying family, prognosis 3 months. Her goals are comfort-focused. The most appropriate antibiotic approach is which of the following?

- A. Withhold antibiotics — hospice patients should not receive them
- B. Transfer to hospital for IV antibiotics and ID consultation
- C. Treat with appropriate oral antibiotic — the UTI causes distressing symptoms that antibiotics can relieve, consistent with comfort goals

D. Prescribe 30-day prophylactic antibiotics to prevent recurrence

4. A 53-year-old man with advanced sarcoma on hospice is on morphine SR 90 mg every 12 hours with morphine IR 30 mg PRN (4 breakthrough doses daily). Total oral morphine 300 mg/day. He develops complete dysphagia. Converting to SC using 3:1, the correct hourly rate is which of the following?

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

B. 12.5 mg/hour (incorrect 1:1)

C. 2.1 mg/hour (incorrect 6:1)

D. 6.25 mg/hour (incorrect 2:1)

5. A palliative care physician meets a 56-year-old woman with metastatic ovarian cancer who just learned her chemotherapy failed. She cries: "What will happen to my children?" The physician wants to discuss hospice. The physician should FIRST do which of the following?

A. Outline hospice benefits immediately

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

C. Contact social worker to handle emotional aspects

D. Ask if she prefers discussing feelings or treatment options

6. A 68-year-old man with end-stage heart failure on hospice has an ICD. He has received four shocks in three hours. He and family want shocks stopped. Device representative unavailable for 7 hours. The correct immediate intervention is which of the following?

A. Administer IV amiodarone to suppress the arrhythmia

B. Increase morphine to sedate through shocks

C. Disconnect any LVAD present

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

7. A 70-year-old woman with metastatic colon cancer develops headache, papilledema, projectile vomiting. MRI: four brain metastases with vasogenic edema. Ondansetron ineffective. The most targeted intervention is which of the following?

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

8. A 66-year-old man with end-stage COPD is dying at home. Loud gurgling breathing for 4 hours. Unresponsive. Glycopyrrolate 0.2 mg SC given 3 hours ago. Rattle persists. Wife distressed. The most accurate explanation is which of the following?

- A. Anticholinergics prevent NEW secretions but cannot dry EXISTING pooled secretions — noise persists until reabsorbed or repositioned; patient almost certainly unaware
- B. Glycopyrrolate failed — deep suctioning needed
- C. Rattle indicates aspiration pneumonia requiring antibiotics
- D. A different anticholinergic must replace glycopyrrolate

9. A 59-year-old woman with advanced cervical cancer develops bilateral ureteral obstruction. Creatinine 1.0→5.5. Confused, nauseated. Oncologist proposes nephrostomy. The decision should be guided primarily by which of the following?

- A. Whether IR determines technical feasibility
- B. Patient's values, goals, and understanding that nephrostomy extends life but does not treat cancer — she must weigh extension against living with tubes
- C. Whether hospice covers the procedure
- D. Creatinine level mandating intervention

10. A 63-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. Second opinion from independent specialist
- B. Mandatory psychiatric evaluation
- C. Formal appeal to Medicare
- D. Face-to-face encounter with hospice physician or NP within 30 days before the period — required beginning with the third period and all subsequent

11. A 55-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. CHF requiring diuretics
- B. DVT requiring anticoagulation
- C. Lymphedema from lymphatic obstruction — non-pitting edema, skin thickening, positive Stemmer's sign, failure to respond to diuretics
- D. Nephrotic syndrome

12. A 60-year-old man with advanced melanoma develops a painful fungating chest wall mass with severe malodor preventing family visits. The most effective topical agent is which of the following?

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

13. A 69-year-old woman with end-stage heart failure is actively dying. Over 24 hours, dramatic improvement — alert, eating, expressing gratitude. Vitals abnormal. This is best described as which of the following?

- A. Recovery requiring hospital transfer
- B. Terminal rally — transient improvement hours to days before death, not indicating recovery, typically followed by rapid decline

- C. Medication interaction
- D. Resolution of infection

14. A 56-year-old man with advanced gastric cancer has constipation refractory to senna 4 BID and PEG daily. No BM 11 days. No impaction, no obstruction. On morphine. The most appropriate next step is which of the following?

- A. Add docusate
- B. Discontinue opioids
- C. High-fiber diet
- D. Methylnaltrexone 12 mg SC — PAMORA blocking GI mu receptors without crossing blood-brain barrier, indicated for OIC refractory to maximal conventional laxatives

15. A 62-year-old woman with advanced lung cancer 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. She can stop after five months of regularity
- B. Switch to fiber
- C. Continue — tolerance to opioid-induced constipation does NOT develop; constipation returns if stopped
- D. Stop senna, keep docusate

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

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

D. Mottling resolves with warming

17. A 58-year-old woman with advanced ovarian cancer 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. Always required after >3 liters

B. Must be given before drainage

C. Mandatory for home drainage

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

18. A 61-year-old man with advanced hepatocellular carcinoma (Child-Pugh C) requires opioid therapy. GFR 72 (normal). Bilirubin 16. He starts morphine at reduced dose. The reduction is because of which of the following?

A. Morphine is renally excreted and bilirubin interferes

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

C. Bilirubin creates toxic morphine conjugates

D. Ascites dilutes morphine

19. A 65-year-old woman with advanced breast cancer develops a DVT causing significant leg pain and swelling. Prognosis 3 months. Comfort measures. The most appropriate anticoagulation is which of the following?

A. Categorically prohibited for hospice

B. Transfer for IV heparin

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

D. Compression stockings only

20. A palliative care physician has cared for a 63-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. Normal clinician grief — a natural response to losing a patient with whom the physician had a meaningful relationship
- B. Burnout requiring leave
- C. Boundary violation
- D. Compassion fatigue

21. A 68-year-old man with advanced prostate cancer develops acute back pain, bilateral weakness, urinary retention over 48 hours. Dexamethasone given. MRI: single-level epidural metastasis T9. ECOG 1, survival 7 months. Based on Patchell trial, the best treatment is which of the following?

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

22. A 52-year-old woman with stage IV NSCLC has a painful bone metastasis in her right humerus. ECOG 2, survival 4 months. The palliative radiation minimizing burden while providing equivalent relief is which of the following?

- A. 40 Gy in 20 fractions
- B. Single fraction 8 Gy — multiple RCTs show equivalent relief with less burden
- C. 30 Gy in 10 fractions
- D. 20 Gy in 5 fractions

23. A hospice bereavement coordinator contacts the 68-year-old husband of a patient who died 15 months ago. Persistent yearning, avoidance, functional impairment. Meets PGD criteria. The psychotherapy with strongest evidence is which of the following?

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

24. A 57-year-old man with advanced colon cancer tells his chaplain, "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 for existential anxiety
- C. Psychiatry for existential depression
- D. Dismissing as philosophical

25. A 65-year-old woman with advanced pancreatic cancer has persistent hiccups for six days. Dexamethasone 4 mg started 3 weeks ago. The most likely cause and management are which of the following?

- A. Morphine through phrenic nerve stimulation
- B. Ondansetron through 5-HT<sub>3</sub> blockade
- C. Idiopathic — start chlorpromazine
- D. Dexamethasone is a well-recognized cause — reduce dose or switch, initiate baclofen 5 mg TID

26. A 69-year-old man with end-stage renal disease who discontinued dialysis 9 days ago is obtunded. Family notices hand jerking. Uremic myoclonus identified. The most appropriate medication is which of the following?

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

D. Morphine increase for sedation

27. A 58-year-old woman with advanced breast cancer on morphine SR 60 mg every 12 hours develops confusion, hallucinations, myoclonus. Creatinine 0.9→3.4. The most appropriate management is which of the following?

A. Continue with monitoring

B. Increase morphine for undertreated pain

C. Rotate to fentanyl — no active metabolites accumulate in renal failure; M6G causing the neurotoxicity

D. Rotate to meperidine

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

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

B. Program enrolls too early

C. Overly aggressive management

D. Patterns meet benchmarks

29. A 51-year-old man with advanced melanoma on ipilimumab develops severe diarrhea (11 stools/day), cramping, bloody stool. C. difficile negative. 9 days post-infusion. The most appropriate treatment is which of the following?

A. Loperamide alone

B. Empiric metronidazole

C. Octreotide for secretory diarrhea

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

30. A 66-year-old man with advanced COPD 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 — never helps
- B. This patient IS hypoxemic (SpO<sub>2</sub> 84%, below 90%) — documented hypoxemia may benefit from increased oxygen
- C. Replace with heliox
- D. Increase only if patient requests

31. A 70-year-old woman 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 sodium reabsorption, overcoming compensatory reabsorption limiting furosemide alone
- D. Inotropic support

32. A hospice team reviews a 71-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 relieves distressing symptoms — clinical purpose determines coverage, not drug classification
- B. Must be discontinued as disease-directed
- C. Patient pays out of pocket
- D. Requires medical director approval per refill

33. A 55-year-old woman with advanced ovarian cancer asks about MAID in a legal state. Pain controlled, not depressed, wants "control." The most appropriate initial response is which of the following?

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

34. A 60-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. Antihistamine or anticholinergic (meclizine or scopolamine) for vestibular nausea — the movement pattern is diagnostic
- C. Metoclopramide for gastroparesis
- D. Ondansetron for GI nausea

35. A 67-year-old man with advanced COPD tells his physician, "I'm terrified of suffocating." The best response is which of the following?

- A. "I guarantee zero discomfort."
- B. "We'll deal with that later."
- C. "We have effective medications — morphine for air hunger, medications for anxiety. Our team will be with you. Keeping you comfortable is our commitment. What frightens you most?"
- D. "Suffocation is possible and I can't promise comfort."

36. A 54-year-old woman with advanced breast cancer develops RUQ pain from hepatic capsule distension. Opioid partial relief. The most targeted non-opioid is which of the following?

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

37. A 69-year-old man with metastatic prostate cancer develops hypercalcemia (corrected calcium 15.1). After IV saline, which provides the most sustained reduction?

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

38. A 56-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. "Absolutely — we'll plan medications, equipment, comfort. Living fully on hospice is what we support."
- C. "You need physician clearance."
- D. "Events interfere with schedules."

39. A 63-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. Scopolamine for vestibular
- B. Ondansetron for serotonin-mediated
- C. Metoclopramide before meals — combining D2 antagonism with prokinetic 5-HT4 agonism to address gastroparesis
- D. Dexamethasone for ICP nausea

40. A hospice nurse visits a 75-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. 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

41. A 62-year-old man with advanced pancreatic cancer on morphine for six weeks develops confusion, hallucinations, myoclonus. Creatinine 1.0→3.8. The most appropriate management is which of the following?

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

42. A 65-year-old woman with advanced breast cancer develops a pathologic humerus fracture. ECOG 2, survival 5 months. The most appropriate management is which of the following?

- A. Conservative with sling and opioids
- B. Surgical fixation followed by radiation — restoring function in a patient with adequate performance status
- C. Radiation alone
- D. Amputation

43. A palliative care physician meets a 66-year-old man with advanced lung cancer. He asks, "How much time?" The most appropriate response is which of the following?

- A. "Exactly 3.8 months based on statistics."
- B. "Medicine cannot tell you anything."
- C. "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."

D. "Plenty of time — don't worry."

44. A 53-year-old woman with advanced sarcoma on morphine SR 120 mg every 12 hours and duloxetine 60 mg has tramadol added. Within 48 hours: agitation, hyperthermia, clonus, diaphoresis. The diagnosis and distinguishing feature from NMS is which of the following?

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

B. NMS from morphine-duloxetine interaction

C. Opioid-induced hyperalgesia

D. Allergic reaction to tramadol

45. A 70-year-old man with end-stage heart failure 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. Medicare mandates continuation

C. Stopping causes immediate valve failure

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

46. A 57-year-old woman with advanced ovarian cancer has refractory pelvic pain on OME 450 mg/day. Specialist recommends intrathecal pump. Using 300:1, the daily intrathecal dose is which of the following?

A. 45 mg (incorrect 10:1)

B. Approximately 1.5 mg intrathecal morphine ( $450 \div 300$  — correct)

C. 15 mg (incorrect 30:1)

D. 4.5 mg (incorrect 100:1)

47. A 59-year-old man with advanced esophageal cancer has complete dysphagia. Morphine SR 90 mg every 12 hours (180 mg/day). Converting to SC hydromorphone:  $180 \div 3 = 60$ ;  $60 / 10 \times 1.5 = 9$ ; 25% reduction:  $9 \times 0.75 = 6.75$  mg/day. The correct hourly rate is which of the following?

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

48. A hospice physician completes a death certificate for a 69-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: "Aspiration pneumonia" — Line b: "Dysphagia" — Line c: "Parkinson's disease" — correctly tracing the causal chain
- B. Line a: "Cardiac arrest" — Line b: "Old age"
- C. Line a: "Natural causes"
- D. Line a: "Parkinson's disease" only

49. A 72-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 indicate medications working — consider discharge
- B. Pattern requires hospital evaluation
- C. Good days represent terminal rally
- D. Fluctuating function within decline is the characteristic organ failure pattern — natural variability, not recovery

50. A 57-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. Levothyroxine replacement — immune-related hypothyroidism managed with hormone replacement, typically does NOT require stopping immunotherapy
- C. Surgical thyroidectomy
- D. Radioactive iodine

51. A 64-year-old woman with advanced lung cancer develops seizures from brain metastases. Given polypharmacy (opioids, antiemetics, corticosteroids), the most appropriate anticonvulsant is which of the following?

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

52. 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

53. A 67-year-old man with end-stage heart failure has ICD permanently reprogrammed. Family asks if magnet still needed. The most accurate response is which of the following?

- A. Must remain permanently
- B. Should remain as backup
- C. Cannot be removed until explantation

D. Can be removed — permanent reprogramming disabled shocks definitively; magnet provided only temporary suspension

54. A 59-year-old woman with advanced breast cancer 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. Prophylactic surgical fixation — >50% cortical destruction in weight-bearing bone carries high fracture risk

C. Hip brace

D. Bisphosphonate alone

55. A 55-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. Incidental and unrelated

B. Treatment prohibited in hospice

C. Hypercalcemia explains multiple symptoms simultaneously — reversible cause of suffering; treating (if consistent with goals) could improve all at once

D. Mildly elevated, will self-correct

56. A 62-year-old woman with advanced pancreatic cancer has severe epigastric pain radiating to back, refractory to opioids. Specialist recommends celiac plexus neurolysis. The most accurate statement is which of the following?

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

B. Last resort only

C. Relief lasts 48 hours

D. Contraindicated on opioids

57. A 70-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. "These are seizures."
- C. "Call 911 — cardiac emergency."
- D. "The gasping is a brainstem reflex — not conscious effort. He is not aware and not suffering. Normal in the final stage."

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

59. A 50-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. Increase opioid alone
- B. Gabapentin monotherapy
- C. Combine opioid for somatic with adjuvant (gabapentin or duloxetine) for neuropathic — neither alone addresses both
- D. Topical lidocaine alone

60. A 64-year-old man with advanced lung cancer on morphine and gabapentin 600 mg TID. Confusion and ataxia worsen. Creatinine 1.0→3.0. Which requires MOST urgent adjustment?

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

61. A 68-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

62. A 60-year-old woman with advanced ovarian cancer 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. She may eat small amounts for pleasure — food enters stomach, is experienced, then drains through gastrostomy rather than entering obstructed bowel
- C. Full meals because gastrostomy bypasses obstruction
- D. Clear liquids only

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

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

64. A palliative care team meets the family of a 67-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. "I can hear how frightened you are — you love your father. What worries you most? I want to do what's best together."
- B. "Let me show the data."
- C. "Second opinion available."
- D. "Facts are clear — accept reality."

65. A 53-year-old woman with advanced cervical cancer 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 inflammation
- B. Benzodiazepine for anxiety amplifying pain
- C. Acetaminophen-codeine combination
- D. Gabapentinoid or SNRI — first-line for neuropathic pain

66. A 69-year-old woman with advanced dementia (FAST 7E) 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. Whether recurrent pattern reflects trajectory — each course treats infection but doesn't change aspiration risk — and whether treatment serves comfort or prolongs dying
- C. Temperature threshold mandating treatment
- D. Antibiotic cost

67. A 57-year-old man with advanced hepatocellular carcinoma on lactulose and morphine. Team asks about 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

68. A hospice social worker conducts bereavement follow-up with the 46-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. "Grief waves are normal — can persist months to years. Functioning between waves shows adaptation. No timeline."
- B. "Three months should resolve — recommend evaluation."
- C. "Episodes suggest panic disorder."
- D. "Avoid triggers."

69. A 66-year-old man with advanced lung cancer tells his 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. "Everyone needs spiritual care."
- C. "Perhaps reconsider."
- D. "Spiritual care addresses meaning, purpose, legacy — not just religion. I'm here for whatever matters to you."

70. A 62-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. Fentanyl — minimal histamine release, preferred when pruritus is the indication
- C. Hydromorphone with identical properties
- D. Meperidine

71. A palliative care team debriefs. 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. Compassion fatigue
- B. Burnout
- C. Moral distress — knowing the right action but unable to act due to hierarchical barriers
- D. Normal dissatisfaction

72. A 58-year-old woman with advanced ovarian cancer develops a vertebral compression fracture L1 (9/10 pain). ECOG 2, survival 5 months. In addition to opioids, the most rapid relief is which of the following?

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

73. A 61-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. Continue — AF requires lifelong therapy
- B. Switch to DOAC
- C. Increase for protection
- D. Discontinue — absolute risk reduction over 2 weeks is negligible, bleeding risk continues, monitoring unjustified

74. A 55-year-old man with advanced gastric cancer develops acute pulmonary edema. On morphine and furosemide 40 mg. Crackles, JVD, SpO2 80%. Comfort measures, DNR. The most appropriate management is which of the following?

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

76. A 50-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
- C. Pregabalin — renally excreted
- D. Nortriptyline at low doses

77. A 53-year-old woman with advanced sarcoma is on OME 700 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

78. A 67-year-old man with advanced prostate cancer transitions from IV hydromorphone 0.6 mg/hour (14.4 mg/24h) to oral. Using 5:1, the correct daily oral dose is which of the following?

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

79. A 61-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. Call 911 for intubation
- B. Withhold opioids — respiratory depression concern
- C. Morphine bolus, midazolam, increase O<sub>2</sub> (IS hypoxemic), upright, fan — comprehensive management consistent with comfort
- 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. "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

81. A 66-year-old woman with advanced pancreatic cancer develops diabetes from tumor and dexamethasone. Glucose >350. Polyuria, thirst, blurred vision. Treatment justified by which of the following?

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

82. A palliative care physician conducts ACP with a 59-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. Patient must have detailed conversation with wife about values, goals, fears, preferences — a surrogate without this cannot exercise substituted judgment
- C. Filed with courthouse
- D. Wife must complete decision-making course

83. A 68-year-old man with advanced COPD has worsening dyspnea despite morphine. SpO<sub>2</sub> 91%. Anxious, accessory muscles. Morphine given 30 minutes ago, minimal improvement. The most appropriate next step is which of the following?

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

84. A 68-year-old man with advanced lung cancer 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. Anticipatory grief — denial, avoidance, acting out common in school-age children who understand permanence but lack coping
- B. Conduct disorder unrelated
- C. Child hasn't been informed

D. Normal rebellion

85. A 63-year-old woman with brain metastases on hospice develops seizures at one lesion. Oncologist recommends prophylactic anticonvulsants for non-seizing lesions. The most appropriate recommendation is which of the following?

A. Start phenytoin for all lesions

B. Start levetiracetam prophylactically

C. Start valproic acid

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

86. A 55-year-old man with advanced colon cancer develops DVT causing severe calf pain and swelling. Prognosis 2 months. Comfort measures. The most appropriate management is which of the following?

A. Anticoagulation prohibited

B. Treat with SC LMWH if symptoms cause distress — decision serves comfort goals

C. DVT is natural — no treatment

D. Hospital transfer for ultrasound and IV heparin

87. A 69-year-old woman with advanced heart failure has worsening dyspnea. Furosemide 80 mg. Crackles, JVD, 5 kg weight gain, edema. The most appropriate adjustment is which of the following?

A. Discontinue furosemide — disease-directed

B. Replace with morphine

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

D. Maintain dose, add morphine only

88. A 61-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. CTZ stimulation — tolerance develops in 3–7 days; short haloperidol bridges tolerance
- B. Gastroparesis requiring indefinite prokinetics
- C. Allergic reaction
- D. Bowel obstruction

89. A 52-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

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

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

91. A 57-year-old woman with advanced breast cancer asks, "Can I travel to see my sister?" The most appropriate response is which of the following?

- A. "Cannot leave registered residence."
- B. "Revoke hospice before crossing state lines."

- C. "Yes — we'll coordinate care, ensure medications, arrange services, plan contingencies."
- D. "Medically inadvisable."

92. A 65-year-old man with advanced lung cancer 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. 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)

93. A 69-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
- B. Medication interaction
- C. Infection resolution
- D. Terminal rally — transient improvement before death, not recovery

94. A 54-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. Methylnaltrexone 12 mg SC — PAMORA blocking GI mu receptors without crossing blood-brain barrier
- C. Discontinue opioids
- D. Add docusate

95. A 60-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. Modafinil
- B. Dexamethasone for energy
- C. Methylphenidate 5 mg morning and noon — rapid onset, strongest evidence
- D. ESA for mild anemia

96. A palliative care physician cares for a 67-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. "Our program provides at least 13 months — contacts, events, groups, referrals. We can prepare now."
- B. "Services end when he passes."
- C. "Single call at 30 days."
- D. "Only available privately."

97. A 53-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. Hydromorphone with identical properties
- C. Meperidine
- D. Fentanyl — minimal histamine release, preferred when pruritus is the indication

98. A 67-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

99. A 60-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. Report to law enforcement
- B. Remove all opioids
- C. Take it seriously — explore factors, assess depression, optimize symptoms, secure medications, involve IDT
- 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. Assessing understanding — "Perception" step of SPIKES — revealing gaps and starting point
- B. Shifting responsibility
- C. Testing knowledge
- D. Determining capability

101. A 62-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. Brain metastasis
- C. Deconditioning only
- D. Steroid-induced proximal myopathy — dose/duration dependent, hip/shoulder girdle, distinguished from cord compression by absent sensory level

102. A 54-year-old man with advanced gastric cancer develops MBO. Not surgical. Standard medical management is which of the following?

- A. Metoclopramide plus laxatives

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

103. A 69-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. Radiation fractionation
- B. Histologic type
- C. Neurologic status at treatment initiation — ambulatory >80% remaining; paraplegic <10% recovery
- D. Age

104. A 60-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. "Every cancer is different. I can tell you what I see with yours. Would it help to plan together?"
- B. "Less aggressive type — don't compare."
- C. "You could live two years."
- D. "Medicine can't predict."

105. A 55-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. Allergic reaction
- C. Bowel obstruction
- D. CTZ stimulation — tolerance in 3–7 days; short haloperidol bridges

106. A hospice nurse visits a 65-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. "Hearing may be last preserved. I encourage you to keep talking, holding his hand."
- C. "He hears everything — be careful."
- D. "Hearing replaced by hallucinations."

107. A 53-year-old woman with advanced sarcoma says, "I feel like a burden. They'd be better off without me." PHQ-9 is 20. No suicidal ideation. The most important implication is which of the following?

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

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

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

109. A 63-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. Psychiatric evaluation
- C. Formal appeal

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

110. A 50-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. "Our program provides at least 13 months of support — contacts, events, groups, referrals. We can also prepare your family now."

C. "Only available privately."

D. "Single call at 30 days."

111. A 67-year-old man with advanced colon cancer has bone metastases. His physician recommends a RANKL-inhibiting agent. Which uses this mechanism?

A. Zoledronic acid (bisphosphonate)

B. Calcitonin (direct osteoclast inhibition)

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

D. Pamidronate (first-generation bisphosphonate)

112. A 61-year-old man with advanced hepatocellular carcinoma 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. Reduce morphine — worsening liver reduces first-pass metabolism, increasing bioavailability at same dose

B. Increase for undertreated pain

C. Switch to meperidine

D. Discontinue all medications

113. A 68-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. Morphine toxicity
- C. Hepatic encephalopathy
- D. Diuretic-induced derangements — furosemide causes sodium and potassium wasting

114. A 65-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. Opioid neurotoxicity — check renal function for M6G accumulation; if GFR declined, rotate to fentanyl
- C. Vasovagal event
- D. Epilepsy unrelated

115. A 56-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. Celiac plexus block
- B. Superior hypogastric plexus block
- C. Ganglion impar block — at sacrococcygeal junction transmitting visceral pain from perineum, rectum, anus, vulva
- 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. "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."
- B. "Exactly 5 minutes."
- C. "Survive several days."
- D. "Impossible to estimate."

117. A 61-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. Neurolytic CNS toxicity
- C. Phrenic nerve damage
- D. Pain is a respiratory stimulant — block eliminated pain, unmasking depression from now-excessive opioid dose

118. A palliative care physician has cared for a 58-year-old woman with lung cancer for six months. She dies. Physician feels tearful. Colleague notices. The most supportive response is which of the following?

- A. "You need leave."
- B. "Normal grief response. You were truly present — not weakness. Would it help to talk?"
- C. "Leave feelings at the door."
- D. "Psychiatric evaluation needed."

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

120. A 66-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. Gabapentin — entirely renally excreted, accumulates most rapidly; gabapentin's renal clearance makes adjustment most urgent

- B. Morphine sole priority
- C. Both identical
- D. Neither affected

121. A 66-year-old man with advanced renal cell carcinoma on hospice has been on oxycodone. GFR declined from 48 to 10 mL/min. He develops confusion, hallucinations, myoclonic jerks. The safest opioid rotation is which of the following?

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

122. A 68-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. Diuretic-induced electrolyte derangements — furosemide causes sodium and potassium wasting producing hyponatremia and hypokalemia
- C. Morphine toxicity causing SIADH
- D. Hepatic encephalopathy from undiagnosed liver disease

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

- A. "Exactly 3 minutes in all cases."
- B. "He will survive several days due to reserves."

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

D. "Completely impossible to estimate."

124. A 53-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. "Yes — we can coordinate care, ensure medications, arrange services, plan contingencies. Let's make this happen."

B. "Cannot leave registered residence."

C. "Revoke hospice before crossing state lines."

D. "Medically inadvisable for terminal patients."

125. A 61-year-old man with advanced colon cancer develops MBO. Not surgical. Standard medical management is which of the following?

A. Metoclopramide plus high-dose oral laxatives

B. TPN as primary intervention

C. High-fiber diet with aggressive hydration

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

126. A palliative care team cares for a 66-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. Arrange for hospice social worker to meet daughter, assess emotional state and safety, facilitate counseling referral

C. Inform mother and leave referral to family

D. Report to child protective services

127. A 58-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. Radiation fractionation schedule
- B. Histologic type and radiosensitivity
- C. Neurologic status at treatment initiation — ambulatory >80% remaining; paraplegic <10% recovery
- D. Age as sole determinant

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

- A. GIP 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

129. A 69-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. Calcitonin (direct osteoclast inhibition)
- C. Pamidronate (first-generation bisphosphonate)
- D. Denosumab — monoclonal antibody blocking RANKL to prevent osteoclast differentiation and activation

130. A 55-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. 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

131. A hospice nurse visits a 74-year-old woman with end-stage COPD. Her husband has lost weight, dark circles, says "I'm fine — focus on her." The most appropriate response is which of the following?

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

132. A 62-year-old woman with advanced ovarian cancer 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. Rapid drainage caused hemodynamic instability — future drainages slower (60–90 min), patient reclined
- B. Peritonitis requiring antibiotics
- C. Hemorrhage from catheter erosion
- D. Pneumoperitoneum

133. A 50-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. Hydrogen peroxide
- C. Povidone-iodine

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

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

135. A 59-year-old woman with advanced lung cancer tells her chaplain, "God abandoned me. Why is this happening?" The most appropriate response is which of the following?

- A. Theological reassurance
- B. Anxiolytic for distress
- C. Explore feelings without fixing them, validate spiritual struggle, facilitate engagement with her faith, offer pastoral presence
- D. Psychiatry referral for depression

136. A 65-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. Reduce dexamethasone or switch corticosteroids, initiate baclofen 5 mg TID — addressing both cause and symptom
- B. Increase dexamethasone
- C. Chlorpromazine without addressing dexamethasone
- D. Discontinue dexamethasone entirely

137. A 53-year-old woman with advanced sarcoma on morphine and duloxetine has tramadol added. Within 48 hours: agitation, hyperthermia, clonus. After discontinuing serotonergic agents, the specific antidote is which of the following?

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

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

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

139. A 57-year-old woman with advanced breast cancer has CIPN pain and is on tamoxifen. Which adjuvant should be AVOIDED?

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

140. A hospice bereavement coordinator contacts the 65-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. Symptoms within normal grief — hearing deceased reported by 30–60%, NOT psychosis; normalizing reduces fear
- B. PGD requiring CGT
- C. Psychosis requiring antipsychotics
- D. Grief is stuck

141. A 60-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. Carbamazepine
- C. Valproic acid
- D. Levetiracetam — minimal hepatic metabolism, few interactions, IV/liquid formulations, ideal for palliative polypharmacy

142. A 69-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. Scheduled acetaminophen trial (650 mg every 6 hours) with PAINAD reassessment after 48–72 hours — safest first-line for non-verbal dementia pain
- C. Imaging before treatment
- D. Psychiatry for behavioral evaluation

143. A 55-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. High-fiber diet
- B. Discontinue opioids

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

D. Add docusate

144. A 62-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. Metoclopramide before meals — combining D2 antagonism with prokinetic 5-HT4 agonism to address gastroparesis

B. Scopolamine for vestibular

C. Ondansetron for serotonin-mediated

D. Dexamethasone for ICP nausea

145. A 66-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

B. Switch to fiber

C. Stop senna, keep docusate

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

146. A hospice nurse visits a 73-year-old man with end-stage heart failure who is actively dying. Mottling to mid-thighs, absent pulses, anuria 14 hours, mandibular breathing, unresponsive. The nurse should communicate which of the following?

A. Hospital transfer for AKI

B. Death likely within hours to days — converging signs represent active dying; family should be together

C. Inconclusive — reassess in 24 hours

D. Mottling resolves with warming

147. A 57-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. Always required after >3 liters

B. Must be given before drainage

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

D. Mandatory for home drainage

148. A 63-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. Antihistamine or anticholinergic (meclizine or scopolamine) for vestibular nausea — movement pattern is diagnostic

B. Haloperidol for CTZ

C. Metoclopramide for gastroparesis

D. Ondansetron for GI nausea

149. A 50-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. Prednisone for hepatitis

C. Thyroid replacement

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

150. A 67-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. This patient IS hypoxemic (SpO<sub>2</sub> 83%, below 90%) — documented hypoxemia may benefit from increased oxygen
- C. Replace with heliox
- D. Increase only if patient requests

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

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

152. A 55-year-old man with advanced melanoma on nivolumab develops fatigue, constipation, cold intolerance, weight gain. TSH 54, free T<sub>4</sub> undetectable. This irAE is managed by which of the following?

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

153. A palliative care physician meets a 63-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."

B. "Medicine cannot tell you anything."

C. "Plenty of time — don't worry."

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

154. A 59-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. Vertebroplasty or kyphoplasty — relief in 70–90% within 24–72 hours through mechanical stabilization

C. External brace

D. Epidural injection

155. A hospice social worker conducts bereavement follow-up with the 45-year-old daughter of a patient who died four months ago. She has resumed activities but has sudden grief waves. She asks, "Why does this keep happening?" The most accurate explanation is which of the following?

A. Continuing waves indicate PGD

B. Episodes suggest anxiety disorder

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

D. Avoid triggers to prevent waves

156. A 54-year-old woman with advanced cervical cancer has refractory pelvic pain. Specialist recommends superior hypogastric plexus block. This targets which of the following?

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

B. Upper abdominal organs (celiac territory)

C. Perineum (ganglion impar)

D. Lower extremities (lumbar chain)

157. A 68-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. Cannot be prescribed by hospice physician

C. Requires 30-day prior authorization

D. If rifaximin reduces confusion and agitation (symptom relief), it is consistent with comfort goals and may be covered under per diem

158. A 66-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. Treat with SC LMWH if symptoms cause distress — decision serves comfort goals

C. Hospital transfer for IV heparin

D. Compression stockings only

159. A 60-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. Report to law enforcement

B. Remove all opioids

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

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

161. A 62-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. Brain metastasis
- C. Deconditioning only
- D. Steroid-induced proximal myopathy — dose/duration dependent, hip/shoulder girdle, distinguished from cord compression by absent sensory level

162. A 57-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. She may eat small amounts for pleasure — food enters stomach, is experienced, then drains through gastrostomy rather than entering obstructed bowel
- C. Full meals because gastrostomy bypasses obstruction
- D. Clear liquids only

163. A hospice aide notices handgrip bruising on a 77-year-old patient with dementia. Caregiver son has substance history. The most appropriate action is which of the following?

- A. Document and reassess next visit

B. Confront the son

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

D. Attribute to anticoagulant therapy

164. A 65-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. An NSAID (celecoxib or ibuprofen) — effective through prostaglandin synthesis inhibition at metastatic sites

B. Acetaminophen for general augmentation

C. Gabapentin for neuropathic modulation

D. Duloxetine for dual benefit

165. A 69-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. Medicare mandates continuation

C. Stopping causes immediate calcification

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

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

A. Program enrolls too early

B. Late referrals deny patients full benefit — services require time

C. Overly aggressive management

D. Patterns meet benchmarks

167. A palliative care physician has cared for a 58-year-old woman with lung cancer for six months. She dies. Physician feels tearful. Colleague notices. The most supportive response is which of the following?

- A. "You need leave."
- 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."

168. A 51-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. 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

169. A 68-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. Switch to hydromorphone
- C. Albuterol only
- D. Add lorazepam 0.5–1 mg SL for anxiety-breathlessness cycle — when opioid alone fails and anxiety prominent

170. A 63-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. Dexamethasone 8 mg daily — reducing inflammation and edema, directly decreasing capsular stretch
- C. NSAID
- D. Acetaminophen

171. A 60-year-old man with advanced hepatocellular carcinoma (Child-Pugh C) starts morphine at reduced dose. GFR 72 (normal). Bilirubin 16. The reduction is because of which of the following?

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

172. A hospice bereavement coordinator contacts the 63-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. "Completely normal. No timeline. Daily crying at six months is expected. Return to activities shows adaptation."
- B. "Six months is long — recommend counseling."
- C. "Daily crying suggests PGD."
- D. "Stay busy, avoid thinking."

173. A 54-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. Treatment prohibited in hospice
- C. Mildly elevated, will self-correct

D. Hypercalcemia explains multiple symptoms simultaneously — reversible cause of suffering; treating (if consistent with goals) could improve all at once

174. A 52-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. Ganglion impar at sacrococcygeal junction — transmitting visceral pain from perineum, rectum, anus, vulva

C. Cervical ganglion

D. Lumbar plexus

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

A. Compliant — minimum is 3%

B. Exceeds requirements

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

D. Recommended but not mandatory

176. A 67-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. Surgical decompression followed by radiation — superior for single-level in good ECOG with survival >3 months

B. Radiation alone

C. Corticosteroids alone

D. Comfort only

177. A 60-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. Relief lasts 48 hours only
- C. Contraindicated on opioids
- D. Achieves relief in 70–90%, reduces opioid needs, evidence supports early consideration

178. A 69-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. "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."

179. A 55-year-old woman with advanced ovarian cancer asks about MAID in a legal state. Pain controlled, not depressed, wants "control." The most appropriate initial response is which of the following?

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

180. A 68-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. Gabapentin — entirely renally excreted, accumulates most rapidly; gabapentin's renal clearance makes adjustment most urgent

- B. Morphine sole priority
- C. Both identical
- D. Neither affected

181. A 67-year-old man with advanced heart failure on hospice has been declining. Yesterday: suddenly alert, ate, talked to family. Today: unresponsive. This is best described as which of the following?

- A. Recovery requiring hospital transfer
- B. Medication interaction
- C. Infection resolution
- D. Terminal rally — transient improvement before death, not recovery, typically followed by rapid decline

182. A 56-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. Surgical fixation followed by radiation — restoring function in a patient with adequate performance status
- C. Radiation alone
- D. Amputation

183. A hospice IDT reviews a newly enrolled 73-year-old man with advanced heart failure. Medicare COP require the IDT to include which minimum core members?

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

184. A 53-year-old man with advanced esophageal cancer has complete dysphagia. Morphine SR 90 mg every 12 hours (180 mg/day). Converting to SC hydromorphone:  $180 \div 3 = 60$ ;  $60/10 \times 1.5 = 9$ ; 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 ( $6.75 \div 24$  — correct)
- B. 0.56 mg/hour (no reduction)
- C. 1.12 mg/hour (incorrect conversion)
- D. 0.14 mg/hour (double reduction)

185. A 64-year-old man with advanced lung cancer transitions from IV hydromorphone 0.5 mg/hour (12 mg/24h) to oral. Using 5:1 ratio, the correct daily oral dose is which of the following?

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

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

187. A 59-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. Continue — AF requires lifelong therapy
- B. Switch to DOAC

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

D. Increase for protection

188. A 52-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. QTc prolongation with torsades risk — requiring ECG; the only common opioid with this cardiac risk

B. Hepatotoxicity requiring LFTs

C. No respiratory depression

D. Thrombocytopenia requiring CBC

189. A 66-year-old woman with advanced pancreatic cancer has refractory pain. Intrathecal pump recommended. OME 600 mg. Using 300:1, the daily intrathecal dose is which of the following?

A. 60 mg (incorrect 10:1)

B. 20 mg (incorrect 30:1)

C. 6 mg (incorrect 100:1)

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

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

A. Ends on day of death

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

C. Single contact at 30 days

D. Recommended but not required

191. A 57-year-old man with advanced gastric cancer develops acute pulmonary edema. On morphine and furosemide 40 mg. Crackles, JVD, SpO<sub>2</sub> 79%. Comfort measures, DNR. The most appropriate management is which of the following?

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

192. A 60-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. Fentanyl — minimal histamine release, preferred when pruritus is the indication
- B. Codeine
- C. Hydromorphone with identical properties
- D. Meperidine

193. A 69-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. Pacing incompatible with hospice
- D. Shock and pacing independently programmable — deactivating shocks while maintaining pacing is standard

194. A 55-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. Methylphenidate 5 mg morning and noon — rapid onset, strongest evidence
- C. Dexamethasone for long-term energy

D. ESA for mild anemia

195. A 62-year-old woman with advanced ovarian cancer asks, "Can I go to my granddaughter's recital?" The nurse should respond reflecting which principle?

A. "Too risky."

B. "Need clearance."

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

D. "Interferes with schedules."

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

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

B. Glycopyrrolate failed — suction

C. Different anticholinergic needed

D. Rattle indicates pneumonia

197. A 58-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. "Everyone needs spiritual care."

C. "Perhaps reconsider."

D. "Spiritual care addresses meaning, purpose, legacy — not just religion. I'm here for whatever matters to you."

198. A palliative care physician meets a family about a 65-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. "I can hear how frightened you are — you love your father. What worries you most?"
- C. "Second opinion available."
- D. "Facts are clear — accept reality."

199. A 51-year-old woman with advanced cervical cancer has severe neuropathic pain — burning, shooting — from sacral invasion. Opioid partial relief. The adjuvant to add is which of the following?

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

200. A 67-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. Morphine bolus, midazolam, increase O<sub>2</sub> (IS hypoxemic), upright, fan — comprehensive management consistent with comfort
- B. Call 911
- C. Withhold opioids
- D. Oxygen only, observe 60 minutes

201. A 63-year-old man with advanced prostate cancer develops confusion, hallucinations, myoclonus. Creatinine 1.0→3.8. On morphine. The cause and management are which of the following?

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

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

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

203. A 69-year-old woman with advanced dementia (FAST 7D) develops fever and tachypnea — fifth aspiration pneumonia in 14 months. The antibiotic decision should be most influenced by which of the following?

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

204. A 55-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. Systemic corticosteroids for immune-related colitis, immunotherapy held, infliximab if steroid-refractory
- B. Loperamide alone
- C. Empiric metronidazole
- D. Octreotide

205. A 60-year-old woman with advanced lung cancer develops nausea worsened by position changes. Not meal-related. The most likely pathway is which of the following?

- A. CTZ via D2
- B. GI via 5-HT3
- C. Cortical via GABA
- D. Vestibular via H1 and muscarinic receptors — movement-worsened nausea is the hallmark

206. A 68-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. Sequential nephron blockade — metolazone blocks distal tubular reabsorption, overcoming compensatory reabsorption limiting furosemide alone
- C. Replaces furosemide
- D. Inotropic support

207. A 53-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. 10 mg/hour (no conversion)
- B. 1.7 mg/hour (incorrect 6:1)
- C. Approximately 3.3 mg/hour ( $240 \div 3 = 80 \div 24 = 3.3$  — correct)
- D. 5 mg/hour (incorrect 2:1)

208. A 61-year-old man with end-stage liver disease on lactulose. Pharmacy questions coverage. The most accurate response is which of the following?

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

209. A 57-year-old woman with advanced breast cancer says, "I feel like a burden." PHQ-9 19. No suicidal ideation. The most important implication is which of the following?

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

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

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

211. A hospice nurse cares for a 70-year-old woman actively dying. Daughter asks, "Can she hear?" The most accurate response is which of the following?

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

212. A 59-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. CTZ stimulation — tolerance develops in 3–7 days; short haloperidol bridges tolerance
- B. Gastroparesis requiring indefinite prokinetics

- C. Allergic reaction
- D. Bowel obstruction

213. A 65-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. Pattern requires hospital evaluation
- C. Good days represent terminal rally
- D. Fluctuating function within decline is characteristic organ failure pattern — natural variability, not recovery

214. A 68-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. Prophylactic surgical fixation — >50% cortical destruction in weight-bearing bone carries high fracture risk
- C. Hip brace
- D. Bisphosphonate alone

215. A 54-year-old woman with advanced ovarian cancer asks about MAID in a legal state. Pain controlled, not depressed, wants control. The initial response is which of the following?

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

216. A 62-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. Methylnaltrexone 12 mg SC — PAMORA blocking GI mu receptors without crossing blood-brain barrier
- B. High-fiber diet
- C. Discontinue opioids
- D. Add docusate

217. A 66-year-old woman with end-stage heart failure has been declining. Yesterday: alert, eating, talking. Today: unresponsive. This is which of the following?

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

218. A 57-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. Levetiracetam — minimal hepatic metabolism, few interactions, IV/liquid formulations
- C. Carbamazepine
- D. Valproic acid

219. A 63-year-old man with advanced gastric cancer tells his nurse, "I want to go to my grandson's wedding." The response is which of the following?

- A. "Too risky."
- B. "Need clearance."

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

220. A 55-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. Patient's values, goals, understanding that nephrostomy extends life but doesn't treat cancer
- B. Technical feasibility
- C. Insurance coverage
- D. Creatinine mandating intervention

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

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

222. A 68-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. Patient's goals — treating may improve symptoms; if comfort-only and treatment prolongs dying, supportive management may be appropriate
- C. Medicare reimbursement
- D. Oncologist must approve

223. A 60-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. Cord compression
- B. Brain metastasis
- C. Steroid-induced proximal myopathy — dose/duration dependent, distinguished from cord compression by absent sensory level
- D. Deconditioning only

224. A 69-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. Anticholinergics prevent NEW secretions, cannot dry EXISTING — noise persists until reabsorbed or repositioned; patient likely unaware
- B. Glycopyrrolate failed — suction
- C. Pneumonia requiring antibiotics
- D. Different anticholinergic needed

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. Must include rhythm
- C. Acceptable for all deaths
- D. Universal mechanism — no disease information; specify actual disease

226. A 54-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. Treatment for symptom relief — polyuria, thirst, blurred vision impair comfort
- C. Insulin excluded from hospice
- D. All glucose >300 requires insulin

227. A 57-year-old woman with advanced breast cancer has complete dysphagia. Oral morphine 120 mg/day. Converting to SC using 3:1, the rate is which of the following?

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

228. A hospice social worker meets the 40-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. Normal initial bereavement — numbness, autopilot, disbelief common in first days/weeks
- B. Pathologic absent grief
- C. Poor relationship evidence
- D. Dissociative disorder

229. A 65-year-old man with advanced COPD has worsening dyspnea. Morphine given 30 minutes ago, minimal improvement. SpO<sub>2</sub> 91%. Prominent anxiety. The next step is which of the following?

- A. Increase O<sub>2</sub> to 95%
- B. Switch to hydromorphone
- C. Albuterol only
- D. Lorazepam 0.5–1 mg SL for anxiety-breathlessness cycle

230. A 67-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 bolus AND furosemide increase — addressing both symptom and cause consistent with comfort
- C. Morphine alone
- D. Hospital transfer

231. A 59-year-old woman with advanced ovarian cancer has pelvic pain from sacral invasion. Specialist recommends ganglion impar block. The target is which of the following?

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

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

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

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

- A. Brain metastases
- B. Vasovagal event
- C. Epilepsy unrelated

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

234. A 60-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. Achieves relief in 70–90%, reduces opioid needs, evidence supports early consideration
- C. Relief lasts 48 hours
- D. Contraindicated on opioids

235. A 53-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. Codeine
- B. Hydromorphone
- C. Fentanyl — minimal histamine release, preferred when pruritus is the indication
- D. Meperidine

236. A 54-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. Levothyroxine replacement — hypothyroidism from immune-related thyroiditis, typically does NOT require stopping immunotherapy
- B. High-dose corticosteroids and discontinuation
- C. Thyroidectomy
- D. Radioactive iodine

237. A 68-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. 30 mg (incorrect 30:1)
- C. 9 mg (incorrect 100:1)
- D. 3 mg intrathecal morphine ( $900 \div 300 = 3$  — correct)

238. A hospice bereavement coordinator contacts the 47-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. CGT — 16-session manualized, 50–70% response rates
- C. Group therapy alone
- D. Psychoanalytic therapy

239. A 62-year-old woman with advanced ovarian cancer says, "What was the point of my life?" Not depressed. This is best addressed through which of the following?

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

240. A 66-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. Gabapentin — entirely renally excreted, accumulates most rapidly; gabapentin's renal clearance makes adjustment most urgent
- B. Morphine sole priority
- C. Both identical
- D. Neither affected

## Practice Exam 9: Answer Key and Full Answer Explanations

### Questions 1–120

1. D — 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. B — Medicare requires individualized certification narratives with specific findings: Child-Pugh/MELD scores, functional status, complications (ascites, encephalopathy, variceal bleeding), and 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, 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. B — 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. D — 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. C — 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. A — Anticholinergics prevent NEW secretions but cannot dry EXISTING pooled secretions. Noise persists until reabsorbed or repositioned. Patient almost certainly unaware. Deep suctioning avoided.
9. B — 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. D — Beginning with the third benefit period (first 60-day), Medicare requires a face-to-face encounter with a hospice physician or NP within 30 days before the period starts.

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

12. A — 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. Typically followed by rapid decline. Precious connection opportunity.

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

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

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

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

19. C — DVT treatment individualized by symptom burden. If distressing, LMWH relieves symptoms at home. Decision serves comfort goals, not a blanket policy.

20. A — 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. D — Patchell trial criteria met: single-level (T9), ECOG 1, survival >3 months (7 months). Surgery plus radiation superior to radiation alone.
22. B — 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. C — CGT: 16-session manualized therapy, 50–70% response rates for PGD. Strongest evidence among psychotherapies.
24. A — Existential questioning addressed through spiritual care: dignity therapy, life review, meaning exploration. Evidence-based for end-of-life suffering. Anxiolytics medicalize a human experience.
25. D — 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. B — Uremic myoclonus managed with benzodiazepines — not anticonvulsant loading. Myoclonus distinct from seizures. Lorazepam 0.5–1 mg SL every 6–8 hours provides relief.
27. C — Morphine neurotoxicity from M6G accumulation (creatinine 0.9→3.4). Fentanyl preferred — metabolized to inactive norfentanyl. Meperidine never appropriate.
28. A — 43% dying within 7 days, median LOS 10 days indicate late referrals. Services require time to deliver effectively.
29. D — Severe bloody diarrhea on ipilimumab with negative infectious workup is immune-related colitis. Prompt corticosteroids, immunotherapy hold, infliximab if refractory.
30. B — 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. C — Sequential nephron blockade: metolazone blocks distal tubular reabsorption, overcoming compensatory reabsorption limiting furosemide alone.
32. A — Lactulose relieves distressing encephalopathy symptoms. Clinical purpose determines coverage, not classification. Comfort medication regardless of category.
33. D — Comprehensive response: explore motivations, assess depression, ensure legal understanding, participate or refer. Thorough evaluation before facilitation.
34. B — Movement/position-change nausea is vestibular-mediated via H1 and muscarinic receptors. Meclizine and scopolamine target these. Positional pattern is diagnostic.
35. C — Combines Support ("our team will be with you"), Knowledge ("morphine for air hunger"), Exploration ("what frightens you most?"). Addresses fear without false guarantees.
36. A — Hepatic capsule distension from expanding metastases. Dexamethasone reduces inflammation and edema, directly decreasing capsular stretch. Most targeted non-opioid.
37. D — Zoledronic acid inhibits osteoclast bone resorption: onset 24–48 hours, nadir 4–7 days, duration 2–4 weeks. Calcitonin bridges with rapid but transient effect.
38. B — Living fully — attending meaningful events — is core hospice philosophy. The nurse facilitates by planning medications, equipment, comfort.
39. C — Postprandial nausea with early satiety/bloating without obstruction is gastroparesis. Metoclopramide combines D2 antagonism with prokinetic 5-HT4 agonism.
40. A — Caregiver health directly impacts patient care. Express concern, normalize difficulty, explore support, communicate to IDT. Collapse threatens care plan.
41. D — M6G accumulation from renal decline (creatinine 1.0→3.8). Stable dose then toxicity with rising creatinine confirms accumulation. Fentanyl rotation resolves it.

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

53. D — Permanent reprogramming disabled shocks definitively. Magnet provided only temporary suspension and is no longer needed.

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

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

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

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

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

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

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

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

63. C — Medicare requires 5% minimum volunteer utilization. At 3.8%, below threshold. Must increase services.
64. A — Leading with empathy, validating emotion, opening exploration. Responding to underlying fear enables productive dialogue.
65. D — Burning, shooting pain from nerve invasion is neuropathic. Gabapentinoids and SNRIs are first-line adjuvants targeting specific mechanisms.
66. B — Fifth aspiration pneumonia reflects progressive dementia with dysphagia. Each course treats infection but cannot change aspiration risk. Key: comfort or prolonging dying?
67. C — Lactulose serves dual purpose: encephalopathy AND osmotic laxative counteracting opioid constipation. Complementary, not conflicting.
68. A — Grief waves are normal, can persist months to years. Functioning between waves indicates adaptation. No timeline.
69. D — Spiritual care addresses meaning, purpose, legacy — not just religion. Support whatever matters without imposing beliefs.
70. B — Fentanyl has minimal histamine release — preferred rotation when pruritus is the indication. Morphine and codeine are strongest releasers.
71. C — Moral distress: knowing the right action but unable to act due to hierarchical barriers. Distinct from compassion fatigue, burnout, dissatisfaction.
72. A — Vertebroplasty/kyphoplasty: relief in 70–90% within 24–72 hours through mechanical stabilization. Fastest targeted relief for compression fractures.
73. D — With 2-week prognosis and no stroke history, warfarin risk reduction is negligible. Bleeding risk continues, monitoring unjustified.

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

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

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

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

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

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

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

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

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

85. D — Prophylactic anticonvulsants NOT recommended for non-seizing sites. Trials show no benefit. Significant side effects.

86. B — DVT treatment individualized. If distressing, LMWH relieves symptoms at home. Decision serves comfort goals.

87. C — Volume overload causes dyspnea. Increasing furosemide/adding metolazone addresses cause — a comfort intervention.

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

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

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

91. C — Hospice patients can travel. Coordinate care, ensure medications, arrange services. Living fully is core philosophy.

92. A — 3:1 ratio:  $240 \div 3 = 80$  SC/day  $\div 24 = 3.3$  mg/hour. Same drug, different route.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

123. C — With high ventilatory requirements, minimal effort, vasopressor dependence, death likely within minutes to hours. Family needs honest range, uncertainty acknowledgment, comfort commitment, presence assurance.

124. A — Hospice patients can travel. Coordinate care, ensure medications, arrange services, plan contingencies. Living fully is core philosophy.

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

126. B — Daughter's withdrawal, hopelessness, academic decline warrant active intervention. Social worker should assess emotional state and safety, facilitate counseling referral.

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

128. A — GIP is for acute symptom management. Caregiver respite is IRC — different level, lower reimbursement. Billing GIP for respite is incorrect.

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

130. 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.

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

132. A — Rapid large-volume drainage (3L in 20 min) causes hemodynamic instability. Future drainages: slower, patient reclined, smaller volumes.

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

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

135. C — Chaplain's role is pastoral presence and exploration — not theological correction, medication, or psychiatric referral. Spiritual distress requires compassionate engagement.

136. A — Dexamethasone is a recognized cause of persistent hiccups. Address cause (dose reduction/switch) AND symptom (baclofen for GABA-B suppression).

137. D — Cyproheptadine is the specific serotonin syndrome antidote, blocking 5-HT<sub>2A</sub> receptors. Standard: 12 mg initially, then 4–8 mg every 6 hours.

138. B — Permanent reprogramming disabled shocks definitively. Magnet provided only temporary suspension and is no longer needed.

139. C — Duloxetine inhibits CYP2D6, converting tamoxifen to endoxifen. Concurrent use reduces endoxifen, potentially decreasing efficacy. Gabapentin and pregabalin are safe.
140. A — Daily crying at nine months and hearing decreased are within normal grief. Auditory experiences reported by 30–60% — NOT psychosis. Normalizing reduces fear.
141. D — Levetiracetam: no hepatic metabolism, minimal interactions, IV/liquid formulations. Ideal for palliative polypharmacy.
142. B — Scheduled acetaminophen trial is the evidence-based first step for suspected pain in non-verbal dementia. Safest first-line. PAINAD improvement supports pain as cause.
143. C — Failed maximal conventional laxatives → PAMORA. Methylnaltrexone blocks GI mu receptors without crossing blood-brain barrier.
144. A — Postprandial nausea with early satiety/bloating without obstruction is gastroparesis. Metoclopramide combines D2 antagonism with prokinetic 5-HT4 agonism.
145. D — Tolerance to opioid-induced constipation does NOT develop — the only major side effect without tolerance. Stopping guarantees return.
146. B — Convergence of mottling, absent pulses, anuria, mandibular breathing, unresponsiveness indicates active dying. Death likely hours to days.
147. C — Albumin NOT routinely required for malignant ascites from peritoneal carcinomatosis. Standard for cirrhotic portal hypertensive ascites.
148. A — Movement/position-change nausea is vestibular-mediated via H1 and muscarinic receptors. Positional pattern is diagnostic.
149. D — Acute adrenal insufficiency (undetectable cortisol, hypotension, hypoglycemia) requires urgent IV hydrocortisone 100 mg. Life-threatening irAE.

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

151. C — "Cardiac arrest" is universal mechanism — no disease information. Specify actual disease.

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

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

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

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

156. A — Superior hypogastric plexus transmits visceral pain from pelvic organs. Specific target for pelvic cancer pain.

157. D — If rifaximin reduces confusion and agitation (symptom relief), it is consistent with comfort goals and may be covered under per diem.

158. B — DVT treatment individualized. If distressing, LMWH relieves symptoms at home. Decision serves comfort goals.

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

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

161. D — Steroid myopathy: dose/duration dependent, proximal, hip/shoulder girdle. Distinguished from cord compression by absent sensory level.

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

163. C — Handgrip bruising on vulnerable patient with substance-using caregiver raises abuse concern. All providers are mandatory reporters.

164. A — NSAIDs target bone pain through prostaglandin synthesis inhibition at metastatic sites. Specific opioid-sparing benefit.

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

166. B — 44% dying within 7 days, median LOS 9 days indicate late referrals. Services require time to deliver effectively.

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

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

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

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

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

172. A — Everything described is normal grief at six months. No timeline. Return to activities indicates adaptation.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

203. C — Fifth aspiration pneumonia reflects progressive dementia with dysphagia. Each course treats infection but cannot change aspiration risk.

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

205. D — Movement-worsened nausea is vestibular-mediated via H1 and muscarinic receptors. Positional pattern is diagnostic.

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

207. C — 3:1 ratio:  $240 \div 3 = 80$  SC/day  $\div 24 = 3.3$  mg/hour. Same drug, different route.

208. A — Lactulose relieves distressing encephalopathy symptoms. Clinical purpose determines coverage, not classification.

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

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

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

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

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

214. B — Lytic lesion >50% cortical destruction in weight-bearing bone: high fracture risk. Prophylactic fixation prevents catastrophic complication.

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

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

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

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

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

220. A — Nephrostomy decision guided by patient's values: extends life but doesn't treat cancer.

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

222. B — Treatment guided by goals. Treating may improve symptoms; supportive management if comfort-only.

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

224. A — Anticholinergics prevent NEW secretions, cannot dry EXISTING. Noise persists. Patient likely unaware.

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

226. B — Treatment for symptom relief: polyuria, thirst, blurred vision impair comfort.

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

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

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

230. B — Pulmonary edema: morphine AND furosemide. Both symptom and cause. More effective together.

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

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

233. D — On high-dose morphine with seizure-like episode: check renal function for M6G accumulation. Rotate to fentanyl if declined.

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

235. C — Fentanyl has minimal histamine release — preferred for pruritus.

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

237. D — 300:1 ratio:  $900 \div 300 = 3$  mg intrathecal/day.

238. B — CGT: 16-session manualized, 50–70% response rates for PGD.

239. C — Existential questioning: spiritual care — dignity therapy, life review, meaning exploration.

240. A — Gabapentin entirely renally excreted, accumulates most rapidly. Adjustment most urgent.