

PRACTICE EXAM 17: CHPN CERTIFIED HOSPICE AND PALLIATIVE NURSE SIMULATION (150 QUESTIONS)

This standalone practice exam contains 150 four-option questions and is designed for a three-hour session. Select the single best answer for every question. The current HPCC CHPN examination contains 135 scored items and 15 unscored pretest items. The minimum passing score is 500 on the reported 200-800 scaled-score range.

1. A hospice patient is prescribed 26.25 mg of a liquid analgesic. The available concentration is 10 mg/mL. How many milliliters should the nurse administer?
 - A. Administer 3.125 mL of the prescribed solution
 - B. Administer 1.312 mL of the prescribed solution
 - C. Administer 5.25 mL of the prescribed solution
 - D. Administer 2.625 mL of the prescribed solution

2. The nurse caring for Parker James, age 46, in an assisted-living apartment learns that the patient nods during teaching but cannot describe the medication plan. What is the best response?
 - A. Repeat all instructions rapidly so the entire plan is covered again
 - B. Document successful education because the caregiver agreed during the visit
 - C. Use teach-back with plain language and demonstrate one task at a time
 - D. Provide additional written pages without checking literacy or understanding

3. At an interdisciplinary review, the team hears that Sage Chen, age 53, finds a controlled-substance count that does not match the record. Which nursing action is most appropriate?
 - A. Alter the record so it agrees with the amount that remains
 - B. Accuse the caregiver publicly before verifying the discrepancy
 - C. Ignore the mismatch because the patient is receiving end-of-life care

D. Secure the medication, reassess the count, document, and escalate per policy

4. While reassessing Alex Turner, age 63, in an inpatient hospice unit, the nurse notes that the patient describes a cultural practice unfamiliar to the hospice team. What should the nurse do next?

A. Ask a relative to speak for the patient without first seeking permission

B. Ask what the practice means and how the team can support it safely

C. Apply assumptions learned from another family with a similar background

D. Refuse the practice because it is not part of standard hospice routine

5. During a visit in a private home, Emery Moore, age 73, is exhausted and says caregiving can no longer continue without relief. Which action should the hospice nurse take first?

A. Assess immediate safety and mobilize respite and interdisciplinary support

B. Wait for a crisis because caregiver fatigue is not a patient-care concern

C. Recommend permanent placement before exploring available supports and preferences

D. Tell the caregiver that accepting hospice requires providing continuous care

6. The plan of care for Finley Nguyen, age 74, is reviewed after the patient has worsening weakness and spends nearly the entire day in bed. Which response best supports hospice and palliative nursing practice?

A. Assume the decline proves death will occur within the next twenty-four hours

B. Tell the caregiver that functional change is expected and requires no follow-up

C. Reassess function, intake, symptoms, and caregiver needs with the team

D. Stop all medications without reviewing their purpose or current benefit

7. The nurse caring for Jordan Lewis, age 84, in an assisted-living apartment learns that the patient receives a family request to omit a significant symptom from the record. What is the best response?

A. Create a separate unofficial note that is not available to the team

- B. Document the assessment accurately and explain why the record must be complete
- C. Delete the finding because the family controls all hospice documentation
- D. Record only interventions so the symptom remains indirectly concealed

8. The nurse caring for Lane Singh, age 88, in an assisted-living apartment learns that the patient develops noisy upper-airway secretions during active dying. What is the best response?

- A. Reposition gently and explain the sound while assessing for patient distress
- B. Tell the family the sound proves that the patient is suffocating
- C. Perform repeated deep suctioning as the routine first intervention
- D. Begin forced oral fluids to thin secretions despite impaired swallowing

9. A caregiver calls about Parker Long, age 48, who has nausea that began after a medication change. Which intervention should the nurse prioritize?

- A. Stop all medications permanently before contacting the prescribing clinician
- B. Administer every available antiemetic at once without identifying a target
- C. Assess timing, likely mechanism, bowel status, and other associated findings
- D. Assume nausea is psychological because vomiting has not occurred

10. The plan of care for Taylor Jones, age 58, is reviewed after the patient has abdominal distention, colicky pain, vomiting, and no stool. Which response best supports hospice and palliative nursing practice?

- A. Increase oral fiber immediately without further abdominal assessment
- B. Reassure the caregiver that constipation alone never requires urgent review
- C. Encourage a large meal to stimulate normal intestinal motility
- D. Assess urgently for possible bowel obstruction and notify the clinical team

11. The plan of care for Winter Patel, age 62, is reviewed after the patient states a wish to remain home while the family requests hospitalization. Which response best supports hospice and palliative nursing practice?

- A. Follow the family's request because relatives provide most of the daily care
- B. Ask the attending physician to decide without further patient participation
- C. Arrange hospitalization immediately and revisit preferences after the transfer
- D. Explore the patient's informed preferences and facilitate a goals-of-care discussion

12. The plan of care for Bailey White, age 66, is reviewed after the patient develops predictable severe pain during dressing changes. Which response best supports hospice and palliative nursing practice?

- A. Increase the long-acting dose immediately without reviewing baseline pain
- B. Delay analgesia until the procedure confirms that severe pain has begun
- C. Plan a rapid-onset rescue dose before the painful procedure
- D. Cancel all future wound care because procedural pain cannot be prevented

13. A caregiver calls about Harper Hayes, age 82, who has fluctuating confusion and visual hallucinations. Which intervention should the nurse prioritize?

- A. Assess for delirium, safety risks, discomfort, medications, and reversible contributors
- B. Diagnose dementia because hallucinations always indicate chronic cognitive decline
- C. Provide lengthy teaching during the most confused periods of the episode
- D. Use physical restraints before trying environmental or symptom-focused measures

14. The plan of care for Lane Brooks, age 92, is reviewed after the patient has escalating anxiety during episodes of breathlessness. Which response best supports hospice and palliative nursing practice?

- A. Explain that anxiety is the sole cause and stop evaluating respiratory distress
- B. Treat dyspnea and anxiety together using calm coaching and the prescribed plan
- C. Use confrontation to prove that the patient is receiving enough air
- D. Leave the room to reduce stimulation until the episode resolves unaided

15. While reassessing Morgan Cole, age 93, in an inpatient hospice unit, the nurse notes that the patient is being transferred from an inpatient unit to home hospice. What should the nurse do next?

- A. Ask the family to relay clinical changes and pending care needs from memory
- B. Complete a structured handoff covering symptoms, medications, equipment, and contacts
- C. Send only the discharge medication list because hospice will repeat the assessment
- D. Delay communication until the first home visit has already been completed

16. During a visit in a private home, Quinn Adams, age 53, has advanced dementia, recurrent aspiration, and declining oral intake. Which action should the hospice nurse take first?

- A. Recommend feeding-tube placement as the required response to reduced intake
- B. Tell the family that all assisted oral feeding must stop immediately
- C. Avoid discussing nutrition because the decision belongs only to the prescriber
- D. Clarify goals and explain the benefits and burdens of available feeding approaches

17. A caregiver calls about Winter White, age 66, who has painful lower-extremity edema and fragile skin. Which intervention should the nurse prioritize?

- A. Elevate and reposition for comfort while assessing skin and circulatory tolerance
- B. Apply tight compression without evaluating arterial status or goals
- C. Massage reddened bony areas vigorously to move accumulated fluid
- D. Limit all position changes because movement can worsen visible swelling

18. At an interdisciplinary review, the team hears that Alex Young, age 67, asks whether intense grief several weeks after death is abnormal. Which nursing action is most appropriate?

- A. Avoid discussion because bereavement begins only after several months
- B. State that normal grief should resolve completely within a fixed short period
- C. Listen, assess function and safety, and explain that grief varies widely
- D. Recommend medication before assessing the person's experience or risks

19. During a visit in a private home, Gray Ibrahim, age 83, has a malodorous fungating wound causing embarrassment. Which action should the hospice nurse take first?

- A. Use aggressive debridement automatically regardless of bleeding risk or goals
- B. Avoid discussing odor because acknowledging it may increase embarrassment
- C. Keep the wound uncovered so moisture cannot accumulate beneath a dressing
- D. Address odor, exudate, pain, and privacy with a comfort-focused wound plan

20. At an interdisciplinary review, the team hears that Kai Cole, age 93, has dry mouth and repeatedly requests small sips. Which nursing action is most appropriate?

- A. Withhold all oral comfort because aspiration risk can never be modified
- B. Start intravenous hydration automatically because dry mouth proves dehydration
- C. Provide frequent mouth care and offer safe sips according to swallowing ability
- D. Use lemon-glycerin products repeatedly without checking for irritation

21. While reassessing Oakley Adams, age 53, in an inpatient hospice unit, the nurse notes that the patient has urinary retention, suprapubic discomfort, and frequent small voids. What should the nurse do next?

- A. Wait for complete absence of urine before notifying the clinical team
- B. Assess bladder fullness and obtain timely intervention consistent with comfort goals
- C. Increase oral fluid rapidly despite worsening suprapubic discomfort
- D. Label the behavior as agitation without examining for a physical cause

22. The nurse caring for Noel James, age 48, in an assisted-living apartment learns that the patient has a sudden functional decline after several stable weeks. What is the best response?

- A. Assess for an acute reversible problem before attributing the change to progression
- B. Document expected decline and defer assessment until the next scheduled visit
- C. Tell the family that sudden changes are never reversible in hospice care
- D. Increase every symptom medication because decline indicates uncontrolled suffering

23. The nurse caring for Winter Flores, age 70, in an assisted-living apartment learns that the patient has new unilateral weakness and difficulty speaking. What is the best response?

- A. Clarify goals while rapidly assessing onset, safety, and desired level of intervention
- B. Assume the symptoms are expected progression and perform no assessment
- C. Give food and oral medication before checking swallowing safety
- D. Promise full neurologic recovery if transfer occurs immediately

24. A caregiver calls about Devon Diaz, age 80, who has severe pruritus with jaundice and excoriated skin. Which intervention should the nurse prioritize?

- A. Encourage vigorous scratching because it temporarily reduces the sensation
- B. Dismiss itching because it is less urgent than visible jaundice
- C. Assess likely causes and use skin protection plus mechanism-directed symptom measures
- D. Apply an irritating fragranced product to every excoriated area

25. The plan of care for Bailey Hill, age 72, is reviewed after the patient cannot explain how or when to use the newly delivered comfort medications. Which response best supports hospice and palliative nursing practice?

- A. Repeat the same instructions more loudly without checking comprehension
- B. Use teach-back and create a simple written medication schedule
- C. Remove all as-needed medicines until the next interdisciplinary meeting
- D. Document nonadherence and ask another family member to assume care

26. The nurse caring for Finley Foster, age 82, in an assisted-living apartment learns that the patient shows cool extremities, mottling, reduced urine output, and longer sleep periods. What is the best response?

- A. Promise that death will occur within a precise number of hours
- B. Begin aggressive hydration to reverse every observed physiologic change
- C. Withhold information until the family specifically asks about prognosis

D. Explain that the pattern may indicate approaching death and review the comfort plan

27. While reassessing Emery Price, age 77, in an inpatient hospice unit, the nurse notes that the patient is asked for patient information by a relative not authorized to receive it. What should the nurse do next?

- A. Send the information and ask the patient for permission at the next visit
- B. Share details because close relatives are automatically entitled to the record
- C. Confirm the hospice enrollment but withhold only medication information
- D. Verify permission before disclosing protected information

28. While reassessing Gray Chen, age 81, in an inpatient hospice unit, the nurse notes that the patient cannot self-report pain because of advanced cognitive impairment. What should the nurse do next?

- A. Combine an observational pain tool with caregiver knowledge and clinical assessment
- B. Use vital signs as the only reliable measure of pain intensity
- C. Administer analgesia only after the patient becomes verbally communicative
- D. Record no pain because a numeric rating cannot be obtained

29. At an interdisciplinary review, the team hears that Morgan Grant, age 47, wants a ritual performed immediately after death. Which nursing action is most appropriate?

- A. Ask staff to improvise the ritual without guidance from the family
- B. Clarify the ritual and coordinate it when consistent with law and safety
- C. Begin routine postmortem care before asking what the ritual requires
- D. Refuse all delays because hospice procedures must be identical for every family

30. While reassessing Quinn Ellis, age 57, in an inpatient hospice unit, the nurse notes that the patient says illness has destroyed all meaning and asks why this is happening. What should the nurse do next?

- A. Promise that spiritual distress will resolve once pain is controlled
- B. Redirect the conversation to physical symptoms because meaning is not clinical

- C. Remain present, explore the concern, and offer spiritual-care support if desired
- D. Provide a personal religious explanation as the definitive answer

31. The plan of care for Devon Foster, age 82, is reviewed after the patient reports frightening breathlessness while oxygen saturation is unchanged from baseline. Which response best supports hospice and palliative nursing practice?

- A. State that dyspnea is absent because the saturation has not declined
- B. Focus only on oxygen flow without assessing anxiety or symptom intensity
- C. Require bed rest in a flat position until breathing becomes regular
- D. Position upright, reduce air hunger, and evaluate the individualized dyspnea plan

32. A caregiver calls about Taylor Lewis, age 62, who develops myoclonus, hallucinations, and increasing sedation after opioid escalation. Which intervention should the nurse prioritize?

- A. Reassure the family that these findings are always normal near death
- B. Assess for opioid neurotoxicity and contributing renal or hydration problems
- C. Stop all analgesia abruptly and provide no alternative pain treatment
- D. Escalate the same opioid because the symptoms prove pain remains uncontrolled

33. At an interdisciplinary review, the team hears that Emery Chen, age 81, is afraid that using rescue medication correctly will cause addiction. Which nursing action is most appropriate?

- A. Explore the fear and teach the intended use, monitoring, and safe storage
- B. Remove rescue medication even though severe symptoms remain likely
- C. Dismiss the concern because substance-related risks never occur in hospice
- D. Tell the caregiver to hide every medication from the patient

34. During a visit in a private home, Emery Scott, age 79, begins a scheduled opioid and has no bowel regimen. Which action should the hospice nurse take first?

- A. Wait for severe constipation before discussing any preventive intervention
- B. Stop the opioid even though it is controlling otherwise severe pain
- C. Assess bowel function and initiate preventive management according to the plan
- D. Recommend restricting fluids so bowel movements occur less frequently

35. The nurse caring for Harper Jones, age 86, in an assisted-living apartment learns that the patient feels persistent moral distress after repeated conflicts about care. What is the best response?

- A. Use supervision, team debriefing, and an organizational ethics resource
- B. Suppress the concern because distress proves inadequate professional resilience
- C. Post details on social media to obtain advice from other nurses
- D. Withdraw emotionally from patients to prevent further involvement

36. A caregiver calls about Lane Davis, age 46, who uses every rescue dose and still reports poorly controlled pain. Which intervention should the nurse prioritize?

- A. Assume drug-seeking behavior because all rescue medication was used
- B. Add several sedating medicines simultaneously without a defined target
- C. Repeat the current regimen without reassessing response or pain type
- D. Review adherence, timing, total use, adverse effects, and pain mechanism before titration

37. While reassessing Oakley Price, age 53, in an inpatient hospice unit, the nurse notes that the patient notices repeated delays in delivering comfort medications. What should the nurse do next?

- A. Remind staff to work faster without examining the medication workflow
- B. Map the process, measure delays, and test a targeted improvement
- C. Discipline the most recent nurse before reviewing contributing conditions
- D. Collect complaints indefinitely without defining an improvement measure

38. At an interdisciplinary review, the team hears that Val Young, age 69, has decision-making capacity but asks the nurse not to share details with relatives. Which nursing action is most appropriate?

- A. Disclose the full plan because family members are involved in daily caregiving
- B. Avoid documenting the patient's communication preference in the care plan
- C. Respect the request and clarify what information may be shared
- D. Ask the family to obtain information directly from the electronic record

39. While reassessing Cameron Scott, age 79, in an inpatient hospice unit, the nurse notes that the patient reports a new symptom that conflicts with the assumptions in the current plan. What should the nurse do next?

- A. Dismiss the report because earlier documentation described the symptom differently
- B. Change the medical plan independently without consulting an authorized prescriber
- C. Perform a focused assessment and bring the new findings to the interdisciplinary team
- D. Continue the existing plan until the next mandatory recertification review

40. A caregiver calls about Jordan Hill, age 48, who develops noisy upper-airway secretions during active dying. Which intervention should the nurse prioritize?

- A. Reposition gently and explain the sound while assessing for patient distress
- B. Tell the family the sound proves that the patient is suffocating
- C. Begin forced oral fluids to thin secretions despite impaired swallowing
- D. Perform repeated deep suctioning as the routine first intervention

41. A caregiver calls about Finley Foster, age 84, who is asked to perform a task outside personal competence. Which intervention should the nurse prioritize?

- A. Attempt the task once and report only if an adverse event occurs
- B. Decline until appropriate training, supervision, and scope requirements are met
- C. Perform the task because a manager's request overrides competence concerns
- D. Delegate the task to an unlicensed caregiver without assessing suitability

42. The plan of care for Jordan White, age 94, is reviewed after the patient cares for a stable home hospice patient who is not in crisis. Which response best supports hospice and palliative nursing practice?

- A. Request general inpatient care because hospice patients qualify automatically
- B. Begin continuous home care solely because a relative prefers constant staff presence
- C. Use inpatient respite care as long-term residential placement for the patient
- D. Continue routine home care with visits based on the individualized plan

43. The nurse caring for Noel Ross, age 54, in an assisted-living apartment learns that the patient asks the nurse to make a treatment decision on the patient's behalf. What is the best response?

- A. Avoid answering any questions because decisions are entirely private
- B. Clarify values and provide balanced information without choosing for the family
- C. Select the option the nurse would want for a close relative
- D. Present only the option favored by the attending clinician

44. While reassessing Sage Turner, age 67, in an inpatient hospice unit, the nurse notes that the patient has multiple comorbidities and gives inconsistent accounts of medication use. What should the nurse do next?

- A. Assume inconsistent reporting means intentional nonadherence by the patient
- B. Discard every medication that was prescribed before hospice enrollment
- C. Copy the electronic medication list without comparing it with medicines in the home
- D. Reconcile prescriptions, actual use, effects, and access barriers with the caregiver

45. A caregiver calls about Devon Jones, age 86, who has nausea that began after a medication change. Which intervention should the nurse prioritize?

- A. Administer every available antiemetic at once without identifying a target
- B. Assume nausea is psychological because vomiting has not occurred
- C. Assess timing, likely mechanism, bowel status, and other associated findings

D. Stop all medications permanently before contacting the prescribing clinician

46. The nurse caring for Devon Foster, age 84, in an assisted-living apartment learns that the patient appears unable to understand a proposed change in care. What is the best response?

- A. Assess decision-making capacity for this decision and identify the authorized surrogate if needed
- B. Proceed with the change because the recommendation is clinically reasonable
- C. Ask any available relative to consent without checking legal authority
- D. Assume incapacity because the patient has a serious life-limiting diagnosis

47. The plan of care for Devon Bennett, age 82, is reviewed after the patient cannot manage severe symptoms safely in the current setting despite plan changes. Which response best supports hospice and palliative nursing practice?

- A. Maintain routine care because changing levels indicates failure by the team
- B. End hospice enrollment before arranging any higher-intensity palliation
- C. Use caregiver respite as the sole rationale for acute symptom management
- D. Coordinate the level of care needed for short-term intensive symptom management

48. The nurse caring for Noel Hayes, age 60, in an assisted-living apartment learns that the patient has abdominal distention, colicky pain, vomiting, and no stool. What is the best response?

- A. Encourage a large meal to stimulate normal intestinal motility
- B. Assess urgently for possible bowel obstruction and notify the clinical team
- C. Increase oral fiber immediately without further abdominal assessment
- D. Reassure the caregiver that constipation alone never requires urgent review

49. The plan of care for Harper Nolan, age 90, is reviewed after the patient refuses morphine because a relative says it always hastens death. Which response best supports hospice and palliative nursing practice?

- A. Explore the concern and explain the purpose, dosing, monitoring, and expected effects
- B. Tell the patient the concern is irrational and administer the medication anyway
- C. Ask the relative to authorize treatment instead of speaking with the patient
- D. Remove opioid therapy from consideration without discussing other preferences

50. A caregiver calls about Noel Thomas, age 56, who has limited English proficiency during a complex goals discussion. Which intervention should the nurse prioritize?

- A. Use a young family member because relatives understand the situation best
- B. Rely on gestures and obtain agreement without confirming comprehension
- C. Arrange a qualified interpreter and speak directly to the patient
- D. Postpone all communication until the patient learns common medical terms

51. At an interdisciplinary review, the team hears that Oakley Adams, age 57, can no longer swallow an effective oral analgesic regimen. Which nursing action is most appropriate?

- A. Continue oral tablets despite repeated choking during administration
- B. Crush every formulation together without checking whether crushing is safe
- C. Assess an alternative route that preserves comfort and reliable delivery
- D. Discontinue analgesia because equivalent relief requires the oral route

52. While reassessing Sage Reed, age 67, in an inpatient hospice unit, the nurse notes that the patient reports pain only when being turned in bed. What should the nurse do next?

- A. Coordinate gentle positioning and premedication based on the predictable trigger
- B. Increase baseline sedation without evaluating the turning technique
- C. Keep the patient in one position indefinitely to prevent all movement-related pain
- D. Perform turning rapidly so the painful episode lasts fewer seconds

53. The nurse caring for Harper Flores, age 48, in an assisted-living apartment learns that the patient has fluctuating confusion and visual hallucinations. What is the best response?

- A. Diagnose dementia because hallucinations always indicate chronic cognitive decline
- B. Assess for delirium, safety risks, discomfort, medications, and reversible contributors
- C. Provide lengthy teaching during the most confused periods of the episode
- D. Use physical restraints before trying environmental or symptom-focused measures

54. The nurse caring for Devon Diaz, age 84, in an assisted-living apartment learns that the patient reports severe pain but appears calm and is talking with visitors. What is the best response?

- A. Lower the pain rating because behavior does not match the reported severity
- B. Ask visitors to decide whether the patient's pain report is credible
- C. Delay treatment until objective signs such as tachycardia become evident
- D. Accept the self-report and complete a multidimensional pain assessment

55. A caregiver calls about Harper Usman, age 94, who has localized bone pain that remains severe despite systemic medication. Which intervention should the nurse prioritize?

- A. Discuss mechanism-focused options such as positioning, adjuvants, or palliative radiation
- B. Conclude that no further palliation is possible once an opioid has been tried
- C. Avoid interdisciplinary consultation because localized pain is solely a nursing issue
- D. Replace all analgesics with massage regardless of fracture or instability risk

56. The plan of care for Lane Nguyen, age 54, is reviewed after the patient becomes difficult to arouse shortly after an analgesic dose increase. Which response best supports hospice and palliative nursing practice?

- A. Give the next dose early to prevent pain when the patient awakens
- B. Assume the finding reflects natural sleep because the patient has hospice care
- C. Assess respiratory status, sedation, timing, and other contributing medications immediately
- D. Document adequate comfort and wait until the next routine visit

57. The plan of care for Noel Bennett, age 58, is reviewed after the patient reports that a family member is taking the patient's controlled medication. Which response best supports hospice and palliative nursing practice?

- A. Replace the medication repeatedly without documenting the discrepancy
- B. Confront the suspected person alone without first considering safety
- C. Ignore the report to preserve family relationships during end-of-life care
- D. Protect immediate safety and follow policy for assessment, reporting, and medication control

58. At an interdisciplinary review, the team hears that Sage Young, age 71, develops new restlessness and fluctuating attention. Which nursing action is most appropriate?

- A. Transfer the patient to an emergency department before contacting the team
- B. Assess for reversible causes while reviewing the established goals of care
- C. Label the behavior terminal agitation and request immediate deep sedation
- D. Ask the family to manage the behavior without further clinical assessment

59. While reassessing Alex Scott, age 81, in an inpatient hospice unit, the nurse notes that the patient has worsening weakness and spends nearly the entire day in bed. What should the nurse do next?

- A. Tell the caregiver that functional change is expected and requires no follow-up
- B. Reassess function, intake, symptoms, and caregiver needs with the team
- C. Assume the decline proves death will occur within the next twenty-four hours
- D. Stop all medications without reviewing their purpose or current benefit

60. A caregiver calls about Bailey Thomas, age 82, who asks what to expect as oral intake and alertness decrease. Which intervention should the nurse prioritize?

- A. Give a precise prediction of the date and hour of death
- B. Recommend forcing food and fluid whenever the patient sleeps longer
- C. Describe common changes, uncertainty in timing, and specific comfort actions
- D. Avoid anticipatory teaching because it could increase caregiver anxiety

61. While reassessing Kai Adams, age 57, in an inpatient hospice unit, the nurse notes that the patient has escalating anxiety during episodes of breathlessness. What should the nurse do next?

- A. Treat dyspnea and anxiety together using calm coaching and the prescribed plan
- B. Explain that anxiety is the sole cause and stop evaluating respiratory distress
- C. Leave the room to reduce stimulation until the episode resolves unaided
- D. Use confrontation to prove that the patient is receiving enough air

62. A caregiver calls about Finley Lewis, age 90, who has a prognosis consistent with hospice eligibility but improves temporarily. Which intervention should the nurse prioritize?

- A. Ignore all improvement because prognosis is never reassessed after election
- B. Discharge immediately because any improvement permanently ends eligibility
- C. Base continued eligibility only on the caregiver's preference for services
- D. Review the overall trajectory and documentation rather than using one good day alone

63. The plan of care for Jordan Flores, age 50, is reviewed after the patient observes a colleague discussing a patient in a public elevator. Which response best supports hospice and palliative nursing practice?

- A. Wait for a visitor to complain before taking any action
- B. Stop the conversation and address the privacy breach through policy channels
- C. Join the discussion quietly because no patient name was initially spoken
- D. Record the event only in the patient's symptom-management note

64. While reassessing Quinn Turner, age 69, in an inpatient hospice unit, the nurse notes that the patient states a wish to remain home while the family requests hospitalization. What should the nurse do next?

- A. Explore the patient's informed preferences and facilitate a goals-of-care discussion
- B. Ask the attending physician to decide without further patient participation

- C. Arrange hospitalization immediately and revisit preferences after the transfer
- D. Follow the family's request because relatives provide most of the daily care

65. At an interdisciplinary review, the team hears that Quinn Owens, age 67, identifies a near miss involving look-alike medication packaging. Which nursing action is most appropriate?

- A. Take no action because the patient did not receive the wrong medication
- B. Warn only the nurse involved and leave storage unchanged
- C. Remove the package without documenting the underlying hazard
- D. Report the near miss and seek a system change that reduces selection error

66. While reassessing Val Irwin, age 77, in an inpatient hospice unit, the nurse notes that the patient has a valid directive but currently expresses a different informed preference. What should the nurse do next?

- A. Delay documentation until the patient can meet with an attorney
- B. Ask the family to vote on which preference should control treatment
- C. Clarify the current capable choice and communicate it to the care team
- D. Follow the older document without discussing the patient's present wishes

67. The plan of care for Harper James, age 52, is reviewed after the patient has painful lower-extremity edema and fragile skin. Which response best supports hospice and palliative nursing practice?

- A. Elevate and reposition for comfort while assessing skin and circulatory tolerance
- B. Massage reddened bony areas vigorously to move accumulated fluid
- C. Apply tight compression without evaluating arterial status or goals
- D. Limit all position changes because movement can worsen visible swelling

68. The nurse caring for Finley Singh, age 94, in an assisted-living apartment learns that the patient nods during teaching but cannot describe the medication plan. What is the best response?

- A. Document successful education because the caregiver agreed during the visit

- B. Repeat all instructions rapidly so the entire plan is covered again
- C. Provide additional written pages without checking literacy or understanding
- D. Use teach-back with plain language and demonstrate one task at a time

69. A caregiver calls about Jordan Long, age 54, who describes a cultural practice unfamiliar to the hospice team. Which intervention should the nurse prioritize?

- A. Apply assumptions learned from another family with a similar background
- B. Ask a relative to speak for the patient without first seeking permission
- C. Ask what the practice means and how the team can support it safely
- D. Refuse the practice because it is not part of standard hospice routine

70. The plan of care for Noel Jones, age 64, is reviewed after the patient is exhausted and says caregiving can no longer continue without relief. Which response best supports hospice and palliative nursing practice?

- A. Recommend permanent placement before exploring available supports and preferences
- B. Assess immediate safety and mobilize respite and interdisciplinary support
- C. Tell the caregiver that accepting hospice requires providing continuous care
- D. Wait for a crisis because caregiver fatigue is not a patient-care concern

71. A caregiver calls about Noel Foster, age 62, who describes burning, electric pain radiating along one leg. Which intervention should the nurse prioritize?

- A. Use only nonpharmacologic measures regardless of pain severity or goals
- B. Treat the report as anxiety because neuropathic pain lacks visible findings
- C. Assess neuropathic features and discuss an appropriate adjuvant analgesic
- D. Wait for complete loss of sensation before changing the analgesic plan

72. The nurse caring for Taylor James, age 78, in an assisted-living apartment learns that the patient is being transferred from an inpatient unit to home hospice. What is the best response?

- A. Send only the discharge medication list because hospice will repeat the assessment
- B. Delay communication until the first home visit has already been completed
- C. Ask the family to relay clinical changes and pending care needs from memory
- D. Complete a structured handoff covering symptoms, medications, equipment, and contacts

73. A caregiver calls about Bailey Hayes, age 88, who has advanced dementia, recurrent aspiration, and declining oral intake. Which intervention should the nurse prioritize?

- A. Clarify goals and explain the benefits and burdens of available feeding approaches
- B. Recommend feeding-tube placement as the required response to reduced intake
- C. Tell the family that all assisted oral feeding must stop immediately
- D. Avoid discussing nutrition because the decision belongs only to the prescriber

74. The plan of care for Finley Brooks, age 48, is reviewed after the patient has a sudden functional decline after several stable weeks. Which response best supports hospice and palliative nursing practice?

- A. Tell the family that sudden changes are never reversible in hospice care
- B. Assess for an acute reversible problem before attributing the change to progression
- C. Document expected decline and defer assessment until the next scheduled visit
- D. Increase every symptom medication because decline indicates uncontrolled suffering

75. The plan of care for Harper Hill, age 52, is reviewed after the patient asks whether intense grief several weeks after death is abnormal. Which response best supports hospice and palliative nursing practice?

- A. State that normal grief should resolve completely within a fixed short period
- B. Recommend medication before assessing the person's experience or risks
- C. Listen, assess function and safety, and explain that grief varies widely
- D. Avoid discussion because bereavement begins only after several months

76. A caregiver calls about Noel Patel, age 68, who has a malodorous fungating wound causing embarrassment. Which intervention should the nurse prioritize?

- A. Address odor, exudate, pain, and privacy with a comfort-focused wound plan
- B. Avoid discussing odor because acknowledging it may increase embarrassment
- C. Keep the wound uncovered so moisture cannot accumulate beneath a dressing
- D. Use aggressive debridement automatically regardless of bleeding risk or goals

77. The plan of care for Reese James, age 78, is reviewed after the patient has dry mouth and repeatedly requests small sips. Which response best supports hospice and palliative nursing practice?

- A. Start intravenous hydration automatically because dry mouth proves dehydration
- B. Withhold all oral comfort because aspiration risk can never be modified
- C. Use lemon-glycerin products repeatedly without checking for irritation
- D. Provide frequent mouth care and offer safe sips according to swallowing ability

78. The nurse caring for Winter Hayes, age 88, in an assisted-living apartment learns that the patient has urinary retention, suprapubic discomfort, and frequent small voids. What is the best response?

- A. Wait for complete absence of urine before notifying the clinical team
- B. Assess bladder fullness and obtain timely intervention consistent with comfort goals
- C. Label the behavior as agitation without examining for a physical cause
- D. Increase oral fluid rapidly despite worsening suprapubic discomfort

79. The plan of care for Winter Diaz, age 86, is reviewed after the patient cannot explain how or when to use the newly delivered comfort medications. Which response best supports hospice and palliative nursing practice?

- A. Use teach-back and create a simple written medication schedule
- B. Remove all as-needed medicines until the next interdisciplinary meeting
- C. Repeat the same instructions more loudly without checking comprehension
- D. Document nonadherence and ask another family member to assume care

80. The plan of care for Bailey Jones, age 90, is reviewed after the patient wants a ritual performed immediately after death. Which response best supports hospice and palliative nursing practice?

- A. Begin routine postmortem care before asking what the ritual requires
- B. Refuse all delays because hospice procedures must be identical for every family
- C. Ask staff to improvise the ritual without guidance from the family
- D. Clarify the ritual and coordinate it when consistent with law and safety

81. At an interdisciplinary review, the team hears that Gray Irwin, age 53, shows cool extremities, mottling, reduced urine output, and longer sleep periods. Which nursing action is most appropriate?

- A. Promise that death will occur within a precise number of hours
- B. Explain that the pattern may indicate approaching death and review the comfort plan
- C. Withhold information until the family specifically asks about prognosis
- D. Begin aggressive hydration to reverse every observed physiologic change

82. At an interdisciplinary review, the team hears that Cameron Green, age 89, is offered an expensive personal gift by a grateful family. Which nursing action is most appropriate?

- A. Trade the gift for additional visits outside the established plan
- B. Ask another employee to accept it and transfer it after discharge
- C. Thank the family and follow agency policy while maintaining professional boundaries
- D. Accept the gift privately so the family does not feel rejected

83. The nurse caring for Parker Flores, age 76, in an assisted-living apartment learns that the patient has new unilateral weakness and difficulty speaking. What is the best response?

- A. Promise full neurologic recovery if transfer occurs immediately
- B. Assume the symptoms are expected progression and perform no assessment
- C. Clarify goals while rapidly assessing onset, safety, and desired level of intervention
- D. Give food and oral medication before checking swallowing safety

84. While reassessing Oakley Turner, age 71, in an inpatient hospice unit, the nurse notes that the patient says illness has destroyed all meaning and asks why this is happening. What should the nurse do next?

- A. Promise that spiritual distress will resolve once pain is controlled
- B. Remain present, explore the concern, and offer spiritual-care support if desired
- C. Redirect the conversation to physical symptoms because meaning is not clinical
- D. Provide a personal religious explanation as the definitive answer

85. While reassessing Alex Owens, age 93, in an inpatient hospice unit, the nurse notes that the patient has severe pruritus with jaundice and excoriated skin. What should the nurse do next?

- A. Dismiss itching because it is less urgent than visible jaundice
- B. Encourage vigorous scratching because it temporarily reduces the sensation
- C. Apply an irritating fragranced product to every excoriated area
- D. Assess likely causes and use skin protection plus mechanism-directed symptom measures

86. At an interdisciplinary review, the team hears that Alex Kim, age 91, has decision-making capacity but asks the nurse not to share details with relatives. Which nursing action is most appropriate?

- A. Respect the request and clarify what information may be shared
- B. Avoid documenting the patient's communication preference in the care plan
- C. Ask the family to obtain information directly from the electronic record
- D. Disclose the full plan because family members are involved in daily caregiving

87. At an interdisciplinary review, the team hears that Cameron Reed, age 45, is afraid that using rescue medication correctly will cause addiction. Which nursing action is most appropriate?

- A. Dismiss the concern because substance-related risks never occur in hospice
- B. Remove rescue medication even though severe symptoms remain likely
- C. Tell the caregiver to hide every medication from the patient
- D. Explore the fear and teach the intended use, monitoring, and safe storage

88. A caregiver calls about Winter Ross, age 84, who develops predictable severe pain during dressing changes. Which intervention should the nurse prioritize?

- A. Cancel all future wound care because procedural pain cannot be prevented
- B. Plan a rapid-onset rescue dose before the painful procedure
- C. Increase the long-acting dose immediately without reviewing baseline pain
- D. Delay analgesia until the procedure confirms that severe pain has begun

89. While reassessing Cameron Ibrahim, age 91, in an inpatient hospice unit, the nurse notes that the patient finds a controlled-substance count that does not match the record. What should the nurse do next?

- A. Alter the record so it agrees with the amount that remains
- B. Ignore the mismatch because the patient is receiving end-of-life care
- C. Secure the medication, reassess the count, document, and escalate per policy
- D. Accuse the caregiver publicly before verifying the discrepancy

90. During a visit in a private home, Gray Cole, age 51, cannot self-report pain because of advanced cognitive impairment. Which action should the hospice nurse take first?

- A. Combine an observational pain tool with caregiver knowledge and clinical assessment
- B. Administer analgesia only after the patient becomes verbally communicative
- C. Use vital signs as the only reliable measure of pain intensity
- D. Record no pain because a numeric rating cannot be obtained

91. At an interdisciplinary review, the team hears that Quinn Irwin, age 79, reports a new symptom that conflicts with the assumptions in the current plan. Which nursing action is most appropriate?

- A. Change the medical plan independently without consulting an authorized prescriber
- B. Dismiss the report because earlier documentation described the symptom differently
- C. Perform a focused assessment and bring the new findings to the interdisciplinary team
- D. Continue the existing plan until the next mandatory recertification review

92. At an interdisciplinary review, the team hears that Morgan Green, age 65, receives a family request to omit a significant symptom from the record. Which nursing action is most appropriate?

- A. Create a separate unofficial note that is not available to the team
- B. Record only interventions so the symptom remains indirectly concealed
- C. Delete the finding because the family controls all hospice documentation
- D. Document the assessment accurately and explain why the record must be complete

93. While reassessing Quinn Young, age 75, in an inpatient hospice unit, the nurse notes that the patient develops myoclonus, hallucinations, and increasing sedation after opioid escalation. What should the nurse do next?

- A. Stop all analgesia abruptly and provide no alternative pain treatment
- B. Assess for opioid neurotoxicity and contributing renal or hydration problems
- C. Reassure the family that these findings are always normal near death
- D. Escalate the same opioid because the symptoms prove pain remains uncontrolled

94. While reassessing Cameron Turner, age 47, in an inpatient hospice unit, the nurse notes that the patient asks the nurse to make a treatment decision on the patient's behalf. What should the nurse do next?

- A. Clarify values and provide balanced information without choosing for the family
- B. Avoid answering any questions because decisions are entirely private
- C. Present only the option favored by the attending clinician
- D. Select the option the nurse would want for a close relative

95. During a visit in a private home, Gray Moore, age 57, has limited English proficiency during a complex goals discussion. Which action should the hospice nurse take first?

- A. Use a young family member because relatives understand the situation best

- B. Arrange a qualified interpreter and speak directly to the patient
- C. Postpone all communication until the patient learns common medical terms
- D. Rely on gestures and obtain agreement without confirming comprehension

96. While reassessing Morgan Vega, age 73, in an inpatient hospice unit, the nurse notes that the patient reports frightening breathlessness while oxygen saturation is unchanged from baseline. What should the nurse do next?

- A. State that dyspnea is absent because the saturation has not declined
- B. Focus only on oxygen flow without assessing anxiety or symptom intensity
- C. Require bed rest in a flat position until breathing becomes regular
- D. Position upright, reduce air hunger, and evaluate the individualized dyspnea plan

97. At an interdisciplinary review, the team hears that Gray Evans, age 53, is asked for patient information by a relative not authorized to receive it. Which nursing action is most appropriate?

- A. Verify permission before disclosing protected information
- B. Confirm the hospice enrollment but withhold only medication information
- C. Share details because close relatives are automatically entitled to the record
- D. Send the information and ask the patient for permission at the next visit

98. The nurse caring for Taylor Hayes, age 90, in an assisted-living apartment learns that the patient develops noisy upper-airway secretions during active dying. What is the best response?

- A. Perform repeated deep suctioning as the routine first intervention
- B. Tell the family the sound proves that the patient is suffocating
- C. Reposition gently and explain the sound while assessing for patient distress
- D. Begin forced oral fluids to thin secretions despite impaired swallowing

99. The plan of care for Taylor Diaz, age 88, is reviewed after the patient has multiple comorbidities and gives inconsistent accounts of medication use. Which response best supports hospice and palliative nursing practice?

- A. Discard every medication that was prescribed before hospice enrollment
- B. Reconcile prescriptions, actual use, effects, and access barriers with the caregiver
- C. Copy the electronic medication list without comparing it with medicines in the home
- D. Assume inconsistent reporting means intentional nonadherence by the patient

100. The nurse caring for Bailey Usman, age 48, in an assisted-living apartment learns that the patient appears unable to understand a proposed change in care. What is the best response?

- A. Ask any available relative to consent without checking legal authority
- B. Proceed with the change because the recommendation is clinically reasonable
- C. Assume incapacity because the patient has a serious life-limiting diagnosis
- D. Assess decision-making capacity for this decision and identify the authorized surrogate if needed

101. The nurse caring for Devon Davis, age 52, in an assisted-living apartment learns that the patient reports that a family member is taking the patient's controlled medication. What is the best response?

- A. Ignore the report to preserve family relationships during end-of-life care
- B. Replace the medication repeatedly without documenting the discrepancy
- C. Protect immediate safety and follow policy for assessment, reporting, and medication control
- D. Confront the suspected person alone without first considering safety

102. At an interdisciplinary review, the team hears that Alex Green, age 91, begins a scheduled opioid and has no bowel regimen. Which nursing action is most appropriate?

- A. Assess bowel function and initiate preventive management according to the plan
- B. Stop the opioid even though it is controlling otherwise severe pain
- C. Recommend restricting fluids so bowel movements occur less frequently
- D. Wait for severe constipation before discussing any preventive intervention

103. While reassessing Emery Young, age 51, in an inpatient hospice unit, the nurse notes that the patient uses every rescue dose and still reports poorly controlled pain. What should the nurse do next?

- A. Assume drug-seeking behavior because all rescue medication was used
- B. Add several sedating medicines simultaneously without a defined target
- C. Repeat the current regimen without reassessing response or pain type
- D. Review adherence, timing, total use, adverse effects, and pain mechanism before titration

104. The plan of care for Noel Brooks, age 76, is reviewed after the patient asks what to expect as oral intake and alertness decrease. Which response best supports hospice and palliative nursing practice?

- A. Give a precise prediction of the date and hour of death
- B. Describe common changes, uncertainty in timing, and specific comfort actions
- C. Recommend forcing food and fluid whenever the patient sleeps longer
- D. Avoid anticipatory teaching because it could increase caregiver anxiety

105. The plan of care for Jordan Thomas, age 62, is reviewed after the patient feels persistent moral distress after repeated conflicts about care. Which response best supports hospice and palliative nursing practice?

- A. Use supervision, team debriefing, and an organizational ethics resource
- B. Withdraw emotionally from patients to prevent further involvement
- C. Post details on social media to obtain advice from other nurses
- D. Suppress the concern because distress proves inadequate professional resilience

106. At an interdisciplinary review, the team hears that Oakley Vega, age 75, refuses morphine because a relative says it always hastens death. Which nursing action is most appropriate?

- A. Remove opioid therapy from consideration without discussing other preferences
- B. Tell the patient the concern is irrational and administer the medication anyway
- C. Explore the concern and explain the purpose, dosing, monitoring, and expected effects
- D. Ask the relative to authorize treatment instead of speaking with the patient

107. At an interdisciplinary review, the team hears that Quinn Evans, age 79, notices repeated delays in delivering comfort medications. Which nursing action is most appropriate?

- A. Map the process, measure delays, and test a targeted improvement
- B. Remind staff to work faster without examining the medication workflow
- C. Collect complaints indefinitely without defining an improvement measure
- D. Discipline the most recent nurse before reviewing contributing conditions

108. While reassessing Emery Khan, age 57, in an inpatient hospice unit, the nurse notes that the patient has a valid directive but currently expresses a different informed preference. What should the nurse do next?

- A. Follow the older document without discussing the patient's present wishes
- B. Delay documentation until the patient can meet with an attorney
- C. Clarify the current capable choice and communicate it to the care team
- D. Ask the family to vote on which preference should control treatment

109. During a visit in a private home, Cameron Turner, age 49, can no longer swallow an effective oral analgesic regimen. Which action should the hospice nurse take first?

- A. Discontinue analgesia because equivalent relief requires the oral route
- B. Crush every formulation together without checking whether crushing is safe
- C. Continue oral tablets despite repeated choking during administration
- D. Assess an alternative route that preserves comfort and reliable delivery

110. At an interdisciplinary review, the team hears that Gray Moore, age 59, reports pain only when being turned in bed. Which nursing action is most appropriate?

- A. Keep the patient in one position indefinitely to prevent all movement-related pain
- B. Coordinate gentle positioning and premedication based on the predictable trigger
- C. Perform turning rapidly so the painful episode lasts fewer seconds
- D. Increase baseline sedation without evaluating the turning technique

111. The nurse caring for Noel Davis, age 78, in an assisted-living apartment learns that the patient develops new restlessness and fluctuating attention. What is the best response?

- A. Transfer the patient to an emergency department before contacting the team
- B. Ask the family to manage the behavior without further clinical assessment
- C. Label the behavior terminal agitation and request immediate deep sedation
- D. Assess for reversible causes while reviewing the established goals of care

112. A caregiver calls about Reese Bennett, age 88, who nods during teaching but cannot describe the medication plan. Which intervention should the nurse prioritize?

- A. Provide additional written pages without checking literacy or understanding
- B. Use teach-back with plain language and demonstrate one task at a time
- C. Repeat all instructions rapidly so the entire plan is covered again
- D. Document successful education because the caregiver agreed during the visit

113. The plan of care for Winter Singh, age 48, is reviewed after the patient describes a cultural practice unfamiliar to the hospice team. Which response best supports hospice and palliative nursing practice?

- A. Ask what the practice means and how the team can support it safely
- B. Refuse the practice because it is not part of standard hospice routine
- C. Apply assumptions learned from another family with a similar background
- D. Ask a relative to speak for the patient without first seeking permission

114. During a visit in a private home, Cameron Grant, age 55, has nausea that began after a medication change. Which action should the hospice nurse take first?

- A. Assume nausea is psychological because vomiting has not occurred
- B. Administer every available antiemetic at once without identifying a target
- C. Assess timing, likely mechanism, bowel status, and other associated findings

D. Stop all medications permanently before contacting the prescribing clinician

115. At an interdisciplinary review, the team hears that Alex Owens, age 47, reports severe pain but appears calm and is talking with visitors. Which nursing action is most appropriate?

- A. Ask visitors to decide whether the patient's pain report is credible
- B. Lower the pain rating because behavior does not match the reported severity
- C. Accept the self-report and complete a multidimensional pain assessment
- D. Delay treatment until objective signs such as tachycardia become evident

116. A caregiver calls about Jordan Patel, age 72, who has abdominal distention, colicky pain, vomiting, and no stool. Which intervention should the nurse prioritize?

- A. Encourage a large meal to stimulate normal intestinal motility
- B. Assess urgently for possible bowel obstruction and notify the clinical team
- C. Reassure the caregiver that constipation alone never requires urgent review
- D. Increase oral fiber immediately without further abdominal assessment

117. The plan of care for Harper Bennett, age 64, is reviewed after the patient has localized bone pain that remains severe despite systemic medication. Which response best supports hospice and palliative nursing practice?

- A. Discuss mechanism-focused options such as positioning, adjuvants, or palliative radiation
- B. Conclude that no further palliation is possible once an opioid has been tried
- C. Avoid interdisciplinary consultation because localized pain is solely a nursing issue
- D. Replace all analgesics with massage regardless of fracture or instability risk

118. At an interdisciplinary review, the team hears that Gray Khan, age 59, is asked to perform a task outside personal competence. Which nursing action is most appropriate?

- A. Delegate the task to an unlicensed caregiver without assessing suitability

- B. Attempt the task once and report only if an adverse event occurs
- C. Perform the task because a manager's request overrides competence concerns
- D. Decline until appropriate training, supervision, and scope requirements are met

119. While reassessing Kai Ibrahim, age 69, in an inpatient hospice unit, the nurse notes that the patient cares for a stable home hospice patient who is not in crisis. What should the nurse do next?

- A. Continue routine home care with visits based on the individualized plan
- B. Use inpatient respite care as long-term residential placement for the patient
- C. Begin continuous home care solely because a relative prefers constant staff presence
- D. Request general inpatient care because hospice patients qualify automatically

120. The nurse caring for Winter Usman, age 50, in an assisted-living apartment learns that the patient is exhausted and says caregiving can no longer continue without relief. What is the best response?

- A. Wait for a crisis because caregiver fatigue is not a patient-care concern
- B. Tell the caregiver that accepting hospice requires providing continuous care
- C. Assess immediate safety and mobilize respite and interdisciplinary support
- D. Recommend permanent placement before exploring available supports and preferences

121. During a visit in a private home, Alex Vega, age 51, has worsening weakness and spends nearly the entire day in bed. Which action should the hospice nurse take first?

- A. Assume the decline proves death will occur within the next twenty-four hours
- B. Stop all medications without reviewing their purpose or current benefit
- C. Tell the caregiver that functional change is expected and requires no follow-up
- D. Reassess function, intake, symptoms, and caregiver needs with the team

122. At an interdisciplinary review, the team hears that Val Green, age 93, cannot manage severe symptoms safely in the current setting despite plan changes. Which nursing action is most appropriate?

- A. Maintain routine care because changing levels indicates failure by the team
- B. Coordinate the level of care needed for short-term intensive symptom management
- C. Use caregiver respite as the sole rationale for acute symptom management
- D. End hospice enrollment before arranging any higher-intensity palliation

123. While reassessing Cameron Young, age 53, in an inpatient hospice unit, the nurse notes that the patient has a prognosis consistent with hospice eligibility but improves temporarily. What should the nurse do next?

- A. Review the overall trajectory and documentation rather than using one good day alone
- B. Ignore all improvement because prognosis is never reassessed after election
- C. Base continued eligibility only on the caregiver's preference for services
- D. Discharge immediately because any improvement permanently ends eligibility

124. During a visit in a private home, Morgan Grant, age 81, asks whether intense grief several weeks after death is abnormal. Which action should the hospice nurse take first?

- A. Recommend medication before assessing the person's experience or risks
- B. Avoid discussion because bereavement begins only after several months
- C. Listen, assess function and safety, and explain that grief varies widely
- D. State that normal grief should resolve completely within a fixed short period

125. The nurse caring for Jordan Jones, age 70, in an assisted-living apartment learns that the patient observes a colleague discussing a patient in a public elevator. What is the best response?

- A. Join the discussion quietly because no patient name was initially spoken
- B. Stop the conversation and address the privacy breach through policy channels
- C. Wait for a visitor to complain before taking any action
- D. Record the event only in the patient's symptom-management note

126. A caregiver calls about Noel Davis, age 80, who identifies a near miss involving look-alike medication packaging. Which intervention should the nurse prioritize?

- A. Warn only the nurse involved and leave storage unchanged
- B. Take no action because the patient did not receive the wrong medication
- C. Remove the package without documenting the underlying hazard
- D. Report the near miss and seek a system change that reduces selection error

127. The plan of care for Reese Bennett, age 90, is reviewed after the patient is offered an expensive personal gift by a grateful family. Which response best supports hospice and palliative nursing practice?

- A. Accept the gift privately so the family does not feel rejected
- B. Ask another employee to accept it and transfer it after discharge
- C. Thank the family and follow agency policy while maintaining professional boundaries
- D. Trade the gift for additional visits outside the established plan

128. At an interdisciplinary review, the team hears that Alex Young, age 53, states a wish to remain home while the family requests hospitalization. Which nursing action is most appropriate?

- A. Ask the attending physician to decide without further patient participation
- B. Follow the family's request because relatives provide most of the daily care
- C. Arrange hospitalization immediately and revisit preferences after the transfer
- D. Explore the patient's informed preferences and facilitate a goals-of-care discussion

129. During a visit in a private home, Alex Turner, age 51, becomes difficult to arouse shortly after an analgesic dose increase. Which action should the hospice nurse take first?

- A. Assess respiratory status, sedation, timing, and other contributing medications immediately
- B. Assume the finding reflects natural sleep because the patient has hospice care
- C. Give the next dose early to prevent pain when the patient awakens
- D. Document adequate comfort and wait until the next routine visit

130. The nurse caring for Jordan Usman, age 76, in an assisted-living apartment learns that the patient wants a ritual performed immediately after death. What is the best response?

- A. Begin routine postmortem care before asking what the ritual requires
- B. Clarify the ritual and coordinate it when consistent with law and safety
- C. Refuse all delays because hospice procedures must be identical for every family
- D. Ask staff to improvise the ritual without guidance from the family

131. The nurse caring for Lane Davis, age 80, in an assisted-living apartment learns that the patient has fluctuating confusion and visual hallucinations. What is the best response?

- A. Diagnose dementia because hallucinations always indicate chronic cognitive decline
- B. Provide lengthy teaching during the most confused periods of the episode
- C. Assess for delirium, safety risks, discomfort, medications, and reversible contributors
- D. Use physical restraints before trying environmental or symptom-focused measures

132. A caregiver calls about Parker Bennett, age 90, who has escalating anxiety during episodes of breathlessness. Which intervention should the nurse prioritize?

- A. Treat dyspnea and anxiety together using calm coaching and the prescribed plan
- B. Leave the room to reduce stimulation until the episode resolves unaided
- C. Use confrontation to prove that the patient is receiving enough air
- D. Explain that anxiety is the sole cause and stop evaluating respiratory distress

133. The plan of care for Noel Flores, age 82, is reviewed after the patient describes burning, electric pain radiating along one leg. Which response best supports hospice and palliative nursing practice?

- A. Use only nonpharmacologic measures regardless of pain severity or goals
- B. Assess neuropathic features and discuss an appropriate adjuvant analgesic
- C. Treat the report as anxiety because neuropathic pain lacks visible findings
- D. Wait for complete loss of sensation before changing the analgesic plan

134. The nurse caring for Reese Diaz, age 92, in an assisted-living apartment learns that the patient develops predictable severe pain during dressing changes. What is the best response?

- A. Delay analgesia until the procedure confirms that severe pain has begun
- B. Cancel all future wound care because procedural pain cannot be prevented
- C. Increase the long-acting dose immediately without reviewing baseline pain
- D. Plan a rapid-onset rescue dose before the painful procedure

135. At an interdisciplinary review, the team hears that Val Owens, age 49, finds a controlled-substance count that does not match the record. Which nursing action is most appropriate?

- A. Alter the record so it agrees with the amount that remains
- B. Accuse the caregiver publicly before verifying the discrepancy
- C. Secure the medication, reassess the count, document, and escalate per policy
- D. Ignore the mismatch because the patient is receiving end-of-life care

136. The plan of care for Devon Nguyen, age 62, is reviewed after the patient is being transferred from an inpatient unit to home hospice. Which response best supports hospice and palliative nursing practice?

- A. Ask the family to relay clinical changes and pending care needs from memory
- B. Complete a structured handoff covering symptoms, medications, equipment, and contacts
- C. Delay communication until the first home visit has already been completed
- D. Send only the discharge medication list because hospice will repeat the assessment

137. A caregiver calls about Jordan White, age 78, who says illness has destroyed all meaning and asks why this is happening. Which intervention should the nurse prioritize?

- A. Redirect the conversation to physical symptoms because meaning is not clinical
- B. Provide a personal religious explanation as the definitive answer
- C. Promise that spiritual distress will resolve once pain is controlled
- D. Remain present, explore the concern, and offer spiritual-care support if desired

138. During a visit in a private home, Indigo Martin, age 73, receives a family request to omit a significant symptom from the record. Which action should the hospice nurse take first?

- A. Document the assessment accurately and explain why the record must be complete
- B. Record only interventions so the symptom remains indirectly concealed
- C. Delete the finding because the family controls all hospice documentation
- D. Create a separate unofficial note that is not available to the team

139. At an interdisciplinary review, the team hears that Morgan Grant, age 83, is asked for patient information by a relative not authorized to receive it. Which nursing action is most appropriate?

- A. Confirm the hospice enrollment but withhold only medication information
- B. Verify permission before disclosing protected information
- C. Send the information and ask the patient for permission at the next visit
- D. Share details because close relatives are automatically entitled to the record

140. At an interdisciplinary review, the team hears that Oakley Moore, age 87, cannot self-report pain because of advanced cognitive impairment. Which nursing action is most appropriate?

- A. Use vital signs as the only reliable measure of pain intensity
- B. Record no pain because a numeric rating cannot be obtained
- C. Combine an observational pain tool with caregiver knowledge and clinical assessment
- D. Administer analgesia only after the patient becomes verbally communicative

141. The nurse caring for Winter Davis, age 56, in an assisted-living apartment learns that the patient has painful lower-extremity edema and fragile skin. What is the best response?

- A. Massage reddened bony areas vigorously to move accumulated fluid
- B. Limit all position changes because movement can worsen visible swelling
- C. Apply tight compression without evaluating arterial status or goals
- D. Elevate and reposition for comfort while assessing skin and circulatory tolerance

142. During a visit in a private home, Alex Evans, age 57, feels persistent moral distress after repeated conflicts about care. Which action should the hospice nurse take first?

- A. Use supervision, team debriefing, and an organizational ethics resource
- B. Withdraw emotionally from patients to prevent further involvement
- C. Post details on social media to obtain advice from other nurses
- D. Suppress the concern because distress proves inadequate professional resilience

143. At an interdisciplinary review, the team hears that Emery Chen, age 67, notices repeated delays in delivering comfort medications. Which nursing action is most appropriate?

- A. Map the process, measure delays, and test a targeted improvement
- B. Discipline the most recent nurse before reviewing contributing conditions
- C. Remind staff to work faster without examining the medication workflow
- D. Collect complaints indefinitely without defining an improvement measure

144. While reassessing Indigo Turner, age 77, in an inpatient hospice unit, the nurse notes that the patient is asked to perform a task outside personal competence. What should the nurse do next?

- A. Delegate the task to an unlicensed caregiver without assessing suitability
- B. Attempt the task once and report only if an adverse event occurs
- C. Decline until appropriate training, supervision, and scope requirements are met
- D. Perform the task because a manager's request overrides competence concerns

145. During a visit in a private home, Morgan Moore, age 87, cares for a stable home hospice patient who is not in crisis. Which action should the hospice nurse take first?

- A. Request general inpatient care because hospice patients qualify automatically
- B. Continue routine home care with visits based on the individualized plan
- C. Use inpatient respite care as long-term residential placement for the patient
- D. Begin continuous home care solely because a relative prefers constant staff presence

146. A caregiver calls about Lane Davis, age 82, who develops myoclonus, hallucinations, and increasing sedation after opioid escalation. Which intervention should the nurse prioritize?

- A. Stop all analgesia abruptly and provide no alternative pain treatment
- B. Escalate the same opioid because the symptoms prove pain remains uncontrolled
- C. Reassure the family that these findings are always normal near death
- D. Assess for opioid neurotoxicity and contributing renal or hydration problems

147. The plan of care for Parker Bennett, age 92, is reviewed after the patient begins a scheduled opioid and has no bowel regimen. Which response best supports hospice and palliative nursing practice?

- A. Wait for severe constipation before discussing any preventive intervention
- B. Recommend restricting fluids so bowel movements occur less frequently
- C. Stop the opioid even though it is controlling otherwise severe pain
- D. Assess bowel function and initiate preventive management according to the plan

148. A caregiver calls about Winter Flores, age 58, who is afraid that using rescue medication correctly will cause addiction. Which intervention should the nurse prioritize?

- A. Dismiss the concern because substance-related risks never occur in hospice
- B. Remove rescue medication even though severe symptoms remain likely
- C. Explore the fear and teach the intended use, monitoring, and safe storage
- D. Tell the caregiver to hide every medication from the patient

149. The nurse caring for Winter Brooks, age 56, in an assisted-living apartment learns that the patient has advanced dementia, recurrent aspiration, and declining oral intake. What is the best response?

- A. Clarify goals and explain the benefits and burdens of available feeding approaches
- B. Recommend feeding-tube placement as the required response to reduced intake
- C. Avoid discussing nutrition because the decision belongs only to the prescriber
- D. Tell the family that all assisted oral feeding must stop immediately

150. The plan of care for Finley Jones, age 72, is reviewed after the patient has a malodorous fungating wound causing embarrassment. Which response best supports hospice and palliative nursing practice?

- A. Keep the wound uncovered so moisture cannot accumulate beneath a dressing
- B. Address odor, exudate, pain, and privacy with a comfort-focused wound plan
- C. Use aggressive debridement automatically regardless of bleeding risk or goals
- D. Avoid discussing odor because acknowledging it may increase embarrassment

Practice Exam 17: Answer Key and Explanations

1. **D** — Volume equals the ordered dose divided by the available concentration: 26.25 mg divided by 10 mg/mL equals 2.625 mL. The other values result from doubling, halving, or adding to the calculated volume rather than applying the dose-over-concentration relationship. The nurse should independently verify the label and prescribed dose before administration..
2. **C** — Agreement is not proof of understanding. Teach-back and focused demonstration reveal gaps, reduce cognitive load, and allow correction before the caregiver administers medication independently. This response protects autonomy, understanding, dignity, and caregiver safety. The alternatives substitute assumptions or professional preferences for patient-led communication and do not verify that the resulting plan is both informed and workable..
3. **D** — A discrepancy requires immediate, objective action. Securing medication, confirming facts, documenting, and following reporting procedures protect the patient and preserve evidence. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional processes..
4. **B** — Cultural humility begins with curiosity and avoids treating group identity as a fixed script. The patient's explanation helps the team support meaningful practices while addressing safety. This response protects autonomy, understanding, dignity, and caregiver safety. The alternatives substitute assumptions or professional preferences for patient-led communication and do not verify that the resulting plan is both informed and workable..
5. **A** — Caregiver strain can threaten both patient and caregiver safety. Prompt assessment and practical support may preserve the preferred care setting and reduce preventable crisis transfer. This response protects autonomy, understanding, dignity, and caregiver safety. The alternatives substitute assumptions or professional preferences for patient-led communication and do not verify that the resulting plan is both informed and workable..
6. **C** — Functional decline can signal disease progression, complications, or an unmet symptom burden. Reassessment provides the information needed to update the interdisciplinary plan and prepare caregivers. This approach gathers actionable information, preserves patient preferences, and gives the

interdisciplinary team a sound basis for revising the plan. The alternatives make unsupported assumptions, bypass assessment, or weaken continuity and shared decision-making..

7. B — Accurate documentation supports continuity, accountability, and safe decision-making. Patient or family preferences belong in the record, but they do not justify removing relevant clinical findings. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional processes..

8. A — Terminal secretions often distress observers more than the patient. Repositioning, mouth care, education, and selective medication can be appropriate, while deep suction may add burden. This response addresses suffering while preserving proportionate, goal-concordant care. The alternatives overlook important causes, rely on a single observation, or add burdens without first establishing how the intervention would improve comfort..

9. C — Nausea has multiple possible mechanisms, and treatment is more effective when assessment addresses medication effects, constipation, obstruction, metabolic causes, vestibular symptoms, and anxiety. This response addresses suffering while preserving proportionate, goal-concordant care. The alternatives overlook important causes, rely on a single observation, or add burdens without first establishing how the intervention would improve comfort..

10. D — Distention, colicky pain, vomiting, and obstipation can indicate obstruction. Prompt assessment is necessary because routine constipation measures may be ineffective or harmful. This response addresses suffering while preserving proportionate, goal-concordant care. The alternatives overlook important causes, rely on a single observation, or add burdens without first establishing how the intervention would improve comfort..

11. D — A patient with decision-making capacity directs care. The nurse should clarify understanding, values, and tradeoffs, then help the patient and family reach a plan that honors informed preferences. This approach gathers actionable information, preserves patient preferences, and gives the interdisciplinary team a sound basis for revising the plan. The alternatives make unsupported assumptions, bypass assessment, or weaken continuity.

12. C — Predictable incident pain is best addressed proactively. Timing rescue analgesia before the trigger can reduce suffering while avoiding an unnecessary increase in baseline medication. This response links intervention to pain mechanism, timing, safety, and the patient's goals. The alternatives discount the report, delay relief, or change therapy without the reassessment needed to balance analgesia with adverse effects..

13. A — Acute fluctuating cognition suggests delirium rather than a stable dementia pattern. Assessment should address safety, pain, retention, constipation, infection, medication effects, and environmental triggers. This response addresses suffering while preserving proportionate, goal-concordant care. The alternatives overlook important causes, rely on a single observation, or add burdens without first establishing how the intervention would improve comfort..

14. B — Dyspnea and anxiety can amplify one another. Calm presence, breathing coaching, environmental measures, and appropriately prescribed therapy address both symptom experience and physiologic contributors. This response addresses suffering while preserving proportionate, goal-concordant care. The alternatives overlook important causes, rely on a single observation, or add burdens without first establishing how the intervention would improve comfort..

15. B — A structured handoff protects continuity during a vulnerable transition. Current symptoms, medication changes, equipment, pending needs, goals, and emergency contacts should reach the receiving team before arrival. This approach gathers actionable information, preserves patient preferences, and gives the interdisciplinary team a sound basis for revising the plan. The alternatives make unsupported assumptions, bypass assessment, or weaken continuity and.

16. D — Nutrition decisions in advanced illness should follow the patient's values and clinical goals. Balanced teaching supports informed choice without presenting one intervention as automatically required. This approach gathers actionable information, preserves patient preferences, and gives the interdisciplinary team a sound basis for revising the plan. The alternatives make unsupported assumptions, bypass assessment, or weaken continuity and shared decision-making..

17. A — Edema care should prioritize comfort, skin protection, and tolerance. Elevation and careful repositioning may help, while compression or massage requires individualized assessment. This response addresses suffering while preserving proportionate, goal-concordant care. The alternatives overlook important causes, rely on a single observation, or add burdens without first establishing how the intervention would improve comfort..

18. C — Early grief can be intense and highly variable. Supportive listening, risk assessment, and bereavement follow-up help distinguish expected grief from needs requiring more specialized intervention. This response protects autonomy, understanding, dignity, and caregiver safety. The alternatives substitute assumptions or professional preferences for patient-led communication and do not verify that the resulting plan is both informed and workable..

19. D — Palliative wound care targets distressing symptoms rather than healing at any cost. Appropriate dressings, odor control, analgesia, bleeding precautions, and respectful privacy can improve quality of life. This response addresses suffering while preserving proportionate, goal-concordant care. The alternatives overlook important causes, rely on a single observation, or add burdens without first establishing how the intervention would improve comfort..

20. C — Dry mouth often responds to meticulous oral care, moisture, and safe preferred fluids. Hydration decisions require broader assessment and goals rather than relying on one symptom. This response addresses suffering while preserving proportionate, goal-concordant care. The alternatives overlook important causes, rely on a single observation, or add burdens without first establishing how the intervention would improve comfort..

21. B — Retention can present as discomfort, agitation, overflow voiding, or restlessness. Focused assessment can identify a reversible source of suffering and guide catheter or other management. This response addresses suffering while preserving proportionate, goal-concordant care. The alternatives

overlook important causes, rely on a single observation, or add burdens without first establishing how the intervention would improve comfort..

22. A — Hospice care does not eliminate the need to evaluate abrupt changes. Infection, medication effects, dehydration, retention, constipation, and other reversible contributors may warrant treatment when consistent with goals. This approach gathers actionable information, preserves patient preferences, and gives the interdisciplinary team a sound basis for revising the plan. The alternatives make unsupported assumptions, bypass assessment, or weaken continuity.

23. A — New focal deficits may represent an acute neurologic event. The nurse should assess, protect safety, clarify preferences, and coordinate a response consistent with the patient's goals. This response addresses suffering while preserving proportionate, goal-concordant care. The alternatives overlook important causes, rely on a single observation, or add burdens without first establishing how the intervention would improve comfort..

24. C — Pruritus can cause major suffering and skin injury. Gentle skin care, trigger reduction, and cause-directed therapy should be individualized to disease, medications, and comfort goals. This response addresses suffering while preserving proportionate, goal-concordant care. The alternatives overlook important causes, rely on a single observation, or add burdens without first establishing how the intervention would improve comfort..

25. B — Teach-back reveals whether education was understood and gives the nurse an opportunity to correct errors. A plain schedule can reduce dosing confusion and caregiver anxiety. This approach gathers actionable information, preserves patient preferences, and gives the interdisciplinary team a sound basis for revising the plan. The alternatives make unsupported assumptions, bypass assessment, or weaken continuity and shared decision-making..

26. D — Clusters of circulatory, renal, and consciousness changes can indicate active decline, but exact timing remains uncertain. Honest preparation and a reviewed comfort plan support informed caregiving. This approach gathers actionable information, preserves patient preferences, and gives the interdisciplinary team a sound basis for revising the plan. The alternatives make unsupported assumptions, bypass assessment, or weaken continuity and shared.

27. D — Family relationship alone does not automatically authorize disclosure. The nurse should verify the patient's permission or another lawful basis before sharing protected information. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional processes..

28. A — Loss of verbal reporting does not eliminate pain. Behavior, function, context, examination, prior patterns, and caregiver observations provide converging evidence for assessment and response. This response links intervention to pain mechanism, timing, safety, and the patient's goals. The alternatives discount the report, delay relief, or change therapy without the reassessment needed to balance analgesia with adverse effects..

29. B — Post-death care should respect cultural and spiritual preferences whenever feasible. Early clarification allows the team to protect dignity while meeting legal and safety obligations. This response protects autonomy, understanding, dignity, and caregiver safety. The alternatives substitute assumptions or professional preferences for patient-led communication and do not verify that the resulting plan is both informed and workable..

30. C — Spiritual distress calls for presence and patient-led exploration, not imposed beliefs. Referral may help, but the nurse's attentive response is itself an important intervention. This response protects autonomy, understanding, dignity, and caregiver safety. The alternatives substitute assumptions or professional preferences for patient-led communication and do not verify that the resulting plan is both informed and workable..

31. D — Dyspnea is a subjective symptom and may be severe despite stable oxygen saturation. Positioning, calm presence, airflow, prescribed medication, and cause-focused assessment can reduce distress. This response addresses suffering while preserving proportionate, goal-concordant care. The alternatives overlook important causes, rely on a single observation, or add burdens without first establishing how the intervention would improve comfort..

32. B — Myoclonus, hallucinations, and sedation after escalation can indicate opioid neurotoxicity, especially with impaired clearance. Prompt assessment supports dose adjustment, rotation, or other measures. This response links intervention to pain mechanism, timing, safety, and the patient's goals. The alternatives discount the report, delay relief, or change therapy without the reassessment needed to balance analgesia with adverse effects..

33. A — Clear education distinguishes appropriate symptom treatment from misconceptions while still addressing storage, administration, monitoring, and diversion risk. Respectful discussion supports adherence and safety. This response protects autonomy, understanding, dignity, and caregiver safety. The alternatives substitute assumptions or professional preferences for patient-led communication and do not verify that the resulting plan is both informed and workable..

34. C — Opioids commonly reduce gastrointestinal motility, so constipation prevention should begin early unless a contraindication exists. Ongoing assessment guides individualized bowel management. This response links intervention to pain mechanism, timing, safety, and the patient's goals. The alternatives discount the report, delay relief, or change therapy without the reassessment needed to balance analgesia with adverse effects..

35. A — Moral distress is not resolved by isolation or detachment. Structured reflection, ethics support, and organizational action can address both personal impact and recurring system contributors. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional processes..

36. D — Frequent rescue use signals the need for systematic reassessment. The nurse should verify administration, characterize pain, identify toxicity, and communicate data needed for safe titration. This response links intervention to pain mechanism, timing, safety, and the patient's goals. The alternatives

discount the report, delay relief, or change therapy without the reassessment needed to balance analgesia with adverse effects..

37. B — Repeated delays suggest a process problem. Measurement and small tests can identify bottlenecks, assess change, and avoid relying only on vigilance or blame. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional processes..

38. C — A capable patient controls disclosure of personal health information. Clarifying permitted communication respects autonomy while helping the team coordinate within the patient's stated boundaries. This approach gathers actionable information, preserves patient preferences, and gives the interdisciplinary team a sound basis for revising the plan. The alternatives make unsupported assumptions, bypass assessment, or weaken continuity and shared decision-making..

39. C — The plan of care must evolve when the patient's condition or priorities change. Focused findings allow the team to revise interventions safely and responsively. This approach gathers actionable information, preserves patient preferences, and gives the interdisciplinary team a sound basis for revising the plan. The alternatives make unsupported assumptions, bypass assessment, or weaken continuity and shared decision-making..

40. A — Terminal secretions often distress observers more than the patient. Repositioning, mouth care, education, and selective medication can be appropriate, while deep suction may add burden. This response addresses suffering while preserving proportionate, goal-concordant care. The alternatives overlook important causes, rely on a single observation, or add burdens without first establishing how the intervention would improve comfort..

41. B — A nurse remains accountable for practicing within legal scope and demonstrated competence. Escalation and appropriate support protect the patient while addressing the service need. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional processes..

42. D — Medicare hospice levels of care are based on clinical circumstances and purpose. Stable care at home generally remains routine home care rather than crisis or inpatient care. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable.

43. B — Advocacy supports informed decision-making rather than substituting the nurse's values. Balanced information and values clarification help the patient or surrogate choose among reasonable options. This response protects autonomy, understanding, dignity, and caregiver safety. The alternatives substitute assumptions or professional preferences for patient-led communication and do not verify that the resulting plan is both informed and workable..

44. D — Medication reconciliation requires comparing records with what the patient actually takes. Effects, understanding, access, and caregiver administration can reveal discrepancies that alter symptoms or safety. This approach gathers actionable information, preserves patient preferences, and gives the interdisciplinary team a sound basis for revising the plan. The alternatives make unsupported assumptions, bypass assessment, or weaken continuity and shared decision-making..

45. C — Nausea has multiple possible mechanisms, and treatment is more effective when assessment addresses medication effects, constipation, obstruction, metabolic causes, vestibular symptoms, and anxiety. This response addresses suffering while preserving proportionate, goal-concordant care. The alternatives overlook important causes, rely on a single observation, or add burdens without first establishing how the intervention would improve comfort..

46. A — Capacity is decision-specific and should not be inferred solely from diagnosis. Assessment and proper surrogate identification protect autonomy and lawful decision-making. This approach gathers actionable information, preserves patient preferences, and gives the interdisciplinary team a sound basis for revising the plan. The alternatives make unsupported assumptions, bypass assessment, or weaken continuity and shared decision-making..

47. D — When pain or symptoms cannot be managed in the current setting, the team should coordinate an appropriate higher level of hospice care rather than delay relief. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional.

48. B — Distention, colicky pain, vomiting, and obstipation can indicate obstruction. Prompt assessment is necessary because routine constipation measures may be ineffective or harmful. This response addresses suffering while preserving proportionate, goal-concordant care. The alternatives overlook important causes, rely on a single observation, or add burdens without first establishing how the intervention would improve comfort..

49. A — Respectful exploration can correct misconceptions without coercion. Proportionate opioid therapy aims to relieve pain or dyspnea, with dosing and monitoring individualized to response. This response links intervention to pain mechanism, timing, safety, and the patient's goals. The alternatives discount the report, delay relief, or change therapy without the reassessment needed to balance analgesia with adverse effects..

50. C — A qualified interpreter improves accuracy, confidentiality, and informed participation. The nurse should address the patient directly and use teach-back through the interpreter. This response protects autonomy, understanding, dignity, and caregiver safety. The alternatives substitute assumptions or professional preferences for patient-led communication and do not verify that the resulting plan is both informed and workable..

51. C — Loss of swallowing calls for route reassessment, not loss of analgesia. Formulation, onset, caregiver ability, setting, and patient goals guide selection of a feasible alternative. This response links intervention to pain mechanism, timing, safety, and the patient's goals. The alternatives discount the

report, delay relief, or change therapy without the reassessment needed to balance analgesia with adverse effects..

52. A — Movement-related pain can often be reduced by coordinated handling, positioning aids, pacing, and appropriately timed analgesia. These measures target the trigger while protecting comfort and skin care. This response links intervention to pain mechanism, timing, safety, and the patient's goals. The alternatives discount the report, delay relief, or change therapy without the reassessment needed to balance analgesia with.

53. B — Acute fluctuating cognition suggests delirium rather than a stable dementia pattern. Assessment should address safety, pain, retention, constipation, infection, medication effects, and environmental triggers. This response addresses suffering while preserving proportionate, goal-concordant care. The alternatives overlook important causes, rely on a single observation, or add burdens without first establishing how the intervention would improve comfort..

54. D — Pain is subjective, and outward behavior varies with culture, coping, fatigue, and context. The patient's report should lead assessment rather than be discounted by appearance alone. This response links intervention to pain mechanism, timing, safety, and the patient's goals. The alternatives discount the report, delay relief, or change therapy without the reassessment needed to balance analgesia with adverse.

55. A — Persistent localized bone pain may benefit from combined pharmacologic, physical, and disease-directed palliative approaches. Interdisciplinary review can improve relief while considering burden and goals. This response links intervention to pain mechanism, timing, safety, and the patient's goals. The alternatives discount the report, delay relief, or change therapy without the reassessment needed to balance analgesia with adverse effects..

56. C — Marked new sedation after a dose change requires prompt safety assessment. Timing, ventilation, organ function, interactions, and goals inform urgent communication and proportionate intervention. This response links intervention to pain mechanism, timing, safety, and the patient's goals. The alternatives discount the report, delay relief, or change therapy without the reassessment needed to balance analgesia with adverse effects..

57. D — Possible diversion requires a structured response that protects the patient, caregiver, staff, and medication supply. Documentation and team escalation are essential. This response protects autonomy, understanding, dignity, and caregiver safety. The alternatives substitute assumptions or professional preferences for patient-led communication and do not verify that the resulting plan is both informed and workable..

58. B — New restlessness may reflect pain, urinary retention, constipation, medication effects, hypoxia, or delirium. A focused assessment must precede treatment and remain consistent with the patient's goals. This approach gathers actionable information, preserves patient preferences, and gives the interdisciplinary team a sound basis for revising the plan. The alternatives make unsupported assumptions, bypass assessment, or weaken continuity and shared.

59. B — Functional decline can signal disease progression, complications, or an unmet symptom burden. Reassessment provides the information needed to update the interdisciplinary plan and prepare caregivers. This approach gathers actionable information, preserves patient preferences, and gives the interdisciplinary team a sound basis for revising the plan. The alternatives make unsupported assumptions, bypass assessment, or weaken continuity and shared decision-making..

60. C — Anticipatory guidance reduces fear and helps caregivers respond safely. Honest uncertainty should accompany practical teaching about mouth care, medication routes, positioning, and when to call hospice. This response protects autonomy, understanding, dignity, and caregiver safety. The alternatives substitute assumptions or professional preferences for patient-led communication and do not verify that the resulting plan is both informed and workable..

61. A — Dyspnea and anxiety can amplify one another. Calm presence, breathing coaching, environmental measures, and appropriately prescribed therapy address both symptom experience and physiologic contributors. This response addresses suffering while preserving proportionate, goal-concordant care. The alternatives overlook important causes, rely on a single observation, or add burdens without first establishing how the intervention would improve comfort..

62. D — Hospice eligibility depends on the documented clinical picture and expected course, not a single isolated day. Temporary stabilization should be interpreted within the broader trajectory. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional processes..

63. B — Public clinical discussion can expose protected information and erode trust. Immediate redirection limits disclosure, while policy-based follow-up supports accountability and prevention. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional processes..

64. A — A patient with decision-making capacity directs care. The nurse should clarify understanding, values, and tradeoffs, then help the patient and family reach a plan that honors informed preferences. This approach gathers actionable information, preserves patient preferences, and gives the interdisciplinary team a sound basis for revising the plan. The alternatives make unsupported assumptions, bypass assessment, or weaken continuity.

65. D — Near misses reveal system vulnerabilities before harm occurs. Reporting and redesign, such as separation or clearer labeling, create stronger protection than memory-based warnings alone. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional processes..

66. C — A capable patient's current informed decision generally guides care. The nurse should clarify the choice, notify the appropriate clinician, and ensure the plan reflects it. This response protects autonomy, understanding, dignity, and caregiver safety. The alternatives substitute assumptions or

professional preferences for patient-led communication and do not verify that the resulting plan is both informed and workable..

67. A — Edema care should prioritize comfort, skin protection, and tolerance. Elevation and careful repositioning may help, while compression or massage requires individualized assessment. This response addresses suffering while preserving proportionate, goal-concordant care. The alternatives overlook important causes, rely on a single observation, or add burdens without first establishing how the intervention would improve comfort..

68. D — Agreement is not proof of understanding. Teach-back and focused demonstration reveal gaps, reduce cognitive load, and allow correction before the caregiver administers medication independently. This response protects autonomy, understanding, dignity, and caregiver safety. The alternatives substitute assumptions or professional preferences for patient-led communication and do not verify that the resulting plan is both informed and workable..

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71. C — Burning, electric, radiating pain suggests a neuropathic mechanism. Mechanism-based assessment supports selection of an adjuvant while preserving individualized opioid and nonpharmacologic options. This response links intervention to pain mechanism, timing, safety, and the patient's goals. The alternatives discount the report, delay relief, or change therapy without the reassessment needed to balance analgesia with adverse effects..

72. D — A structured handoff protects continuity during a vulnerable transition. Current symptoms, medication changes, equipment, pending needs, goals, and emergency contacts should reach the receiving team before arrival. This approach gathers actionable information, preserves patient preferences, and gives the interdisciplinary team a sound basis for revising the plan. The alternatives make unsupported assumptions, bypass assessment, or weaken continuity and.

73. A — Nutrition decisions in advanced illness should follow the patient's values and clinical goals. Balanced teaching supports informed choice without presenting one intervention as automatically required. This approach gathers actionable information, preserves patient preferences, and gives the interdisciplinary team a sound basis for revising the plan. The alternatives make unsupported assumptions, bypass assessment, or weaken continuity and shared decision-making..

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78. B — Retention can present as discomfort, agitation, overflow voiding, or restlessness. Focused assessment can identify a reversible source of suffering and guide catheter or other management. This response addresses suffering while preserving proportionate, goal-concordant care. The alternatives overlook important causes, rely on a single observation, or add burdens without first establishing how the intervention would improve comfort..

79. A — Teach-back reveals whether education was understood and gives the nurse an opportunity to correct errors. A plain schedule can reduce dosing confusion and caregiver anxiety. This approach gathers actionable information, preserves patient preferences, and gives the interdisciplinary team a sound basis for revising the plan. The alternatives make unsupported assumptions, bypass assessment, or weaken continuity and shared decision-making..

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81. B — Clusters of circulatory, renal, and consciousness changes can indicate active decline, but exact timing remains uncertain. Honest preparation and a reviewed comfort plan support informed caregiving. This approach gathers actionable information, preserves patient preferences, and gives the

interdisciplinary team a sound basis for revising the plan. The alternatives make unsupported assumptions, bypass assessment, or weaken continuity and shared.

82. C — Professional boundaries protect the therapeutic relationship and public trust. A gracious explanation and consistent policy response acknowledge gratitude without creating obligation or unequal treatment. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional processes..

83. C — New focal deficits may represent an acute neurologic event. The nurse should assess, protect safety, clarify preferences, and coordinate a response consistent with the patient's goals. This response addresses suffering while preserving proportionate, goal-concordant care. The alternatives overlook important causes, rely on a single observation, or add burdens without first establishing how the intervention would improve comfort..

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89. C — A discrepancy requires immediate, objective action. Securing medication, confirming facts, documenting, and following reporting procedures protect the patient and preserve evidence. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional processes..

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92. D — Accurate documentation supports continuity, accountability, and safe decision-making. Patient or family preferences belong in the record, but they do not justify removing relevant clinical findings. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional processes..

93. B — Myoclonus, hallucinations, and sedation after escalation can indicate opioid neurotoxicity, especially with impaired clearance. Prompt assessment supports dose adjustment, rotation, or other measures. This response links intervention to pain mechanism, timing, safety, and the patient's goals. The alternatives discount the report, delay relief, or change therapy without the reassessment needed to balance analgesia with adverse effects..

94. A — Advocacy supports informed decision-making rather than substituting the nurse's values. Balanced information and values clarification help the patient or surrogate choose among reasonable options. This response protects autonomy, understanding, dignity, and caregiver safety. The alternatives substitute assumptions or professional preferences for patient-led communication and do not verify that the resulting plan is both informed and workable..

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100. D — Capacity is decision-specific and should not be inferred solely from diagnosis. Assessment and proper surrogate identification protect autonomy and lawful decision-making. This approach gathers actionable information, preserves patient preferences, and gives the interdisciplinary team a sound basis for revising the plan. The alternatives make unsupported assumptions, bypass assessment, or weaken continuity and shared decision-making..

101. C — Possible diversion requires a structured response that protects the patient, caregiver, staff, and medication supply. Documentation and team escalation are essential. This response protects autonomy, understanding, dignity, and caregiver safety. The alternatives substitute assumptions or professional preferences for patient-led communication and do not verify that the resulting plan is both informed and workable..

102. A — Opioids commonly reduce gastrointestinal motility, so constipation prevention should begin early unless a contraindication exists. Ongoing assessment guides individualized bowel management. This response links intervention to pain mechanism, timing, safety, and the patient's goals. The alternatives discount the report, delay relief, or change therapy without the reassessment needed to balance analgesia with adverse effects..

103. D — Frequent rescue use signals the need for systematic reassessment. The nurse should verify administration, characterize pain, identify toxicity, and communicate data needed for safe titration. This response links intervention to pain mechanism, timing, safety, and the patient's goals. The alternatives discount the report, delay relief, or change therapy without the reassessment needed to balance analgesia with adverse effects..

104. B — Anticipatory guidance reduces fear and helps caregivers respond safely. Honest uncertainty should accompany practical teaching about mouth care, medication routes, positioning, and when to call hospice. This response protects autonomy, understanding, dignity, and caregiver safety. The alternatives substitute assumptions or professional preferences for patient-led communication and do not verify that the resulting plan is both informed and workable..

105. A — Moral distress is not resolved by isolation or detachment. Structured reflection, ethics support, and organizational action can address both personal impact and recurring system contributors. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional processes..

106. C — Respectful exploration can correct misconceptions without coercion. Proportionate opioid therapy aims to relieve pain or dyspnea, with dosing and monitoring individualized to response. This response links intervention to pain mechanism, timing, safety, and the patient's goals. The alternatives discount the report, delay relief, or change therapy without the reassessment needed to balance analgesia with adverse effects..

107. A — Repeated delays suggest a process problem. Measurement and small tests can identify bottlenecks, assess change, and avoid relying only on vigilance or blame. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional processes..

108. C — A capable patient's current informed decision generally guides care. The nurse should clarify the choice, notify the appropriate clinician, and ensure the plan reflects it. This response protects autonomy, understanding, dignity, and caregiver safety. The alternatives substitute assumptions or professional preferences for patient-led communication and do not verify that the resulting plan is both informed and workable..

109. D — Loss of swallowing calls for route reassessment, not loss of analgesia. Formulation, onset, caregiver ability, setting, and patient goals guide selection of a feasible alternative. This response links intervention to pain mechanism, timing, safety, and the patient's goals. The alternatives discount the report, delay relief, or change therapy without the reassessment needed to balance analgesia with adverse effects..

110. B — Movement-related pain can often be reduced by coordinated handling, positioning aids, pacing, and appropriately timed analgesia. These measures target the trigger while protecting comfort and skin care. This response links intervention to pain mechanism, timing, safety, and the patient's goals. The alternatives discount the report, delay relief, or change therapy without the reassessment needed to balance analgesia with.

111. D — New restlessness may reflect pain, urinary retention, constipation, medication effects, hypoxia, or delirium. A focused assessment must precede treatment and remain consistent with the patient's goals. This approach gathers actionable information, preserves patient preferences, and gives

the interdisciplinary team a sound basis for revising the plan. The alternatives make unsupported assumptions, bypass assessment, or weaken continuity and shared.

112. B — Agreement is not proof of understanding. Teach-back and focused demonstration reveal gaps, reduce cognitive load, and allow correction before the caregiver administers medication independently. This response protects autonomy, understanding, dignity, and caregiver safety. The alternatives substitute assumptions or professional preferences for patient-led communication and do not verify that the resulting plan is both informed and workable..

113. A — Cultural humility begins with curiosity and avoids treating group identity as a fixed script. The patient's explanation helps the team support meaningful practices while addressing safety. This response protects autonomy, understanding, dignity, and caregiver safety. The alternatives substitute assumptions or professional preferences for patient-led communication and do not verify that the resulting plan is both informed and workable..

114. C — Nausea has multiple possible mechanisms, and treatment is more effective when assessment addresses medication effects, constipation, obstruction, metabolic causes, vestibular symptoms, and anxiety. This response addresses suffering while preserving proportionate, goal-concordant care. The alternatives overlook important causes, rely on a single observation, or add burdens without first establishing how the intervention would improve comfort..

115. C — Pain is subjective, and outward behavior varies with culture, coping, fatigue, and context. The patient's report should lead assessment rather than be discounted by appearance alone. This response links intervention to pain mechanism, timing, safety, and the patient's goals. The alternatives discount the report, delay relief, or change therapy without the reassessment needed to balance analgesia with adverse.

116. B — Distention, colicky pain, vomiting, and obstipation can indicate obstruction. Prompt assessment is necessary because routine constipation measures may be ineffective or harmful. This response addresses suffering while preserving proportionate, goal-concordant care. The alternatives overlook important causes, rely on a single observation, or add burdens without first establishing how the intervention would improve comfort..

117. A — Persistent localized bone pain may benefit from combined pharmacologic, physical, and disease-directed palliative approaches. Interdisciplinary review can improve relief while considering burden and goals. This response links intervention to pain mechanism, timing, safety, and the patient's goals. The alternatives discount the report, delay relief, or change therapy without the reassessment needed to balance analgesia with adverse effects..

118. D — A nurse remains accountable for practicing within legal scope and demonstrated competence. Escalation and appropriate support protect the patient while addressing the service need. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional processes..

119. A — Medicare hospice levels of care are based on clinical circumstances and purpose. Stable care at home generally remains routine home care rather than crisis or inpatient care. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable.

120. C — Caregiver strain can threaten both patient and caregiver safety. Prompt assessment and practical support may preserve the preferred care setting and reduce preventable crisis transfer. This response protects autonomy, understanding, dignity, and caregiver safety. The alternatives substitute assumptions or professional preferences for patient-led communication and do not verify that the resulting plan is both informed and workable..

121. D — Functional decline can signal disease progression, complications, or an unmet symptom burden. Reassessment provides the information needed to update the interdisciplinary plan and prepare caregivers. This approach gathers actionable information, preserves patient preferences, and gives the interdisciplinary team a sound basis for revising the plan. The alternatives make unsupported assumptions, bypass assessment, or weaken continuity and shared decision-making..

122. B — When pain or symptoms cannot be managed in the current setting, the team should coordinate an appropriate higher level of hospice care rather than delay relief. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional.

123. A — Hospice eligibility depends on the documented clinical picture and expected course, not a single isolated day. Temporary stabilization should be interpreted within the broader trajectory. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional processes..

124. C — Early grief can be intense and highly variable. Supportive listening, risk assessment, and bereavement follow-up help distinguish expected grief from needs requiring more specialized intervention. This response protects autonomy, understanding, dignity, and caregiver safety. The alternatives substitute assumptions or professional preferences for patient-led communication and do not verify that the resulting plan is both informed and workable..

125. B — Public clinical discussion can expose protected information and erode trust. Immediate redirection limits disclosure, while policy-based follow-up supports accountability and prevention. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional processes..

126. D — Near misses reveal system vulnerabilities before harm occurs. Reporting and redesign, such as separation or clearer labeling, create stronger protection than memory-based warnings alone. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional processes..

127. C — Professional boundaries protect the therapeutic relationship and public trust. A gracious explanation and consistent policy response acknowledge gratitude without creating obligation or unequal treatment. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional processes..

128. D — A patient with decision-making capacity directs care. The nurse should clarify understanding, values, and tradeoffs, then help the patient and family reach a plan that honors informed preferences. This approach gathers actionable information, preserves patient preferences, and gives the interdisciplinary team a sound basis for revising the plan. The alternatives make unsupported assumptions, bypass assessment, or weaken continuity.

129. A — Marked new sedation after a dose change requires prompt safety assessment. Timing, ventilation, organ function, interactions, and goals inform urgent communication and proportionate intervention. This response links intervention to pain mechanism, timing, safety, and the patient's goals. The alternatives discount the report, delay relief, or change therapy without the reassessment needed to balance analgesia with adverse effects..

130. B — Post-death care should respect cultural and spiritual preferences whenever feasible. Early clarification allows the team to protect dignity while meeting legal and safety obligations. This response protects autonomy, understanding, dignity, and caregiver safety. The alternatives substitute assumptions or professional preferences for patient-led communication and do not verify that the resulting plan is both informed and workable..

131. C — Acute fluctuating cognition suggests delirium rather than a stable dementia pattern. Assessment should address safety, pain, retention, constipation, infection, medication effects, and environmental triggers. This response addresses suffering while preserving proportionate, goal-concordant care. The alternatives overlook important causes, rely on a single observation, or add burdens without first establishing how the intervention would improve comfort..

132. A — Dyspnea and anxiety can amplify one another. Calm presence, breathing coaching, environmental measures, and appropriately prescribed therapy address both symptom experience and physiologic contributors. This response addresses suffering while preserving proportionate, goal-concordant care. The alternatives overlook important causes, rely on a single observation, or add burdens without first establishing how the intervention would improve comfort..

133. B — Burning, electric, radiating pain suggests a neuropathic mechanism. Mechanism-based assessment supports selection of an adjuvant while preserving individualized opioid and nonpharmacologic options. This response links intervention to pain mechanism, timing, safety, and the patient's goals. The alternatives discount the report, delay relief, or change therapy without the reassessment needed to balance analgesia with adverse effects..

134. D — Predictable incident pain is best addressed proactively. Timing rescue analgesia before the trigger can reduce suffering while avoiding an unnecessary increase in baseline medication. This response links intervention to pain mechanism, timing, safety, and the patient's goals. The alternatives

discount the report, delay relief, or change therapy without the reassessment needed to balance analgesia with adverse effects..

135. C — A discrepancy requires immediate, objective action. Securing medication, confirming facts, documenting, and following reporting procedures protect the patient and preserve evidence. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional processes..

136. B — A structured handoff protects continuity during a vulnerable transition. Current symptoms, medication changes, equipment, pending needs, goals, and emergency contacts should reach the receiving team before arrival. This approach gathers actionable information, preserves patient preferences, and gives the interdisciplinary team a sound basis for revising the plan. The alternatives make unsupported assumptions, bypass assessment, or weaken continuity and.

137. D — Spiritual distress calls for presence and patient-led exploration, not imposed beliefs. Referral may help, but the nurse's attentive response is itself an important intervention. This response protects autonomy, understanding, dignity, and caregiver safety. The alternatives substitute assumptions or professional preferences for patient-led communication and do not verify that the resulting plan is both informed and workable..

138. A — Accurate documentation supports continuity, accountability, and safe decision-making. Patient or family preferences belong in the record, but they do not justify removing relevant clinical findings. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional processes..

139. B — Family relationship alone does not automatically authorize disclosure. The nurse should verify the patient's permission or another lawful basis before sharing protected information. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional processes..

140. C — Loss of verbal reporting does not eliminate pain. Behavior, function, context, examination, prior patterns, and caregiver observations provide converging evidence for assessment and response. This response links intervention to pain mechanism, timing, safety, and the patient's goals. The alternatives discount the report, delay relief, or change therapy without the reassessment needed to balance analgesia with adverse effects..

141. D — Edema care should prioritize comfort, skin protection, and tolerance. Elevation and careful repositioning may help, while compression or massage requires individualized assessment. This response addresses suffering while preserving proportionate, goal-concordant care. The alternatives overlook important causes, rely on a single observation, or add burdens without first establishing how the intervention would improve comfort..

142. A — Moral distress is not resolved by isolation or detachment. Structured reflection, ethics support, and organizational action can address both personal impact and recurring system contributors. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional processes..

143. A — Repeated delays suggest a process problem. Measurement and small tests can identify bottlenecks, assess change, and avoid relying only on vigilance or blame. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional processes..

144. C — A nurse remains accountable for practicing within legal scope and demonstrated competence. Escalation and appropriate support protect the patient while addressing the service need. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable professional processes..

145. B — Medicare hospice levels of care are based on clinical circumstances and purpose. Stable care at home generally remains routine home care rather than crisis or inpatient care. This action supports safe, ethical, accountable practice and creates a clear path for team follow-through. The alternatives normalize risk, bypass policy, or rely on secrecy and individual vigilance instead of reliable.

146. D — Myoclonus, hallucinations, and sedation after escalation can indicate opioid neurotoxicity, especially with impaired clearance. Prompt assessment supports dose adjustment, rotation, or other measures. This response links intervention to pain mechanism, timing, safety, and the patient's goals. The alternatives discount the report, delay relief, or change therapy without the reassessment needed to balance analgesia with adverse effects..

147. D — Opioids commonly reduce gastrointestinal motility, so constipation prevention should begin early unless a contraindication exists. Ongoing assessment guides individualized bowel management. This response links intervention to pain mechanism, timing, safety, and the patient's goals. The alternatives discount the report, delay relief, or change therapy without the reassessment needed to balance analgesia with adverse effects..

148. C — Clear education distinguishes appropriate symptom treatment from misconceptions while still addressing storage, administration, monitoring, and diversion risk. Respectful discussion supports adherence and safety. This response protects autonomy, understanding, dignity, and caregiver safety. The alternatives substitute assumptions or professional preferences for patient-led communication and do not verify that the resulting plan is both informed and workable..

149. A — Nutrition decisions in advanced illness should follow the patient's values and clinical goals. Balanced teaching supports informed choice without presenting one intervention as automatically required. This approach gathers actionable information, preserves patient preferences, and gives the

interdisciplinary team a sound basis for revising the plan. The alternatives make unsupported assumptions, bypass assessment, or weaken continuity and shared decision-making..

150. B — Palliative wound care targets distressing symptoms rather than healing at any cost. Appropriate dressings, odor control, analgesia, bleeding precautions, and respectful privacy can improve quality of life. This response addresses suffering while preserving proportionate, goal-concordant care. The alternatives overlook important causes, rely on a single observation, or add burdens without first establishing how the intervention would improve comfort..