

ACGME Competencies Project
PAIN MANAGEMENT Pre-Test

Number	Question
1.	<p>A patient with metastatic colon cancer requires his dose of MSO₄ to be increased because of increasingly severe pain, rated as 7 out of 10. The most common explanation for the need to raise the MSO₄ dose in this patient is:</p> <ul style="list-style-type: none">A. Change in the distribution of the drugB. Decreased absorption of the drugC. Decreased receptor sensitivity to the drugD. Increased clearance of the drugE. Worsening of the underlying disease
2.	<p>For patients receiving opioids for analgesia, physical dependence exists when:</p> <ul style="list-style-type: none">A. Medications are used for purposes other than analgesiaB. Patients continue to use despite harmC. Patients develop a withdrawal syndrome upon discontinuanceD. There is loss of control over use.E. There is need for increasing doses over time
3.	<p>For patients who are receiving opioids for analgesia, tolerance exists when:</p> <ul style="list-style-type: none">A. Medications are used for purposes other than analgesiaB. Patients continue to use despite harmC. Patients develop a withdrawal syndrome upon discontinuanceD. There is loss of control over use.E. There is need for increasing doses over time
4.	<p>Mrs. P is 49 year old woman on long-acting morphine orally, 200 mg q12h, for pain related to the liver and bone metastases of breast cancer. She has taken 10 relief doses of morphine, 40 mg each, in the last 24 hours. She rates her pain as a 3/10 most of the time in the last 24 hours as long as she took the frequent relief dose. She is fully alert, needs relief, and wants to stay at home and on oral medication.</p> <p>The appropriate choice for the change in her long-acting morphine would be:</p> <ul style="list-style-type: none">A. 300 mg q12hB. 400 mg q12hC. 500 mg q12hD. 600 mg q12hE. 700 mg q12h

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<p>Questions 5-9 are based on the following:</p> <p>A patient with metastatic cancer is admitted to the hospital. His pain has been well controlled (average pain level of 2/10 which is acceptable to the patient) on 180 mg of long-acting oral morphine twice per day.</p>	
5.	<p>What would be a best prn (as needed) dose of oral morphine for breakthrough pain?</p> <p>A. 5 mg B. 10 mg C. 40 mg D. 80 mg E. 120 mg</p>
6.	<p>How frequently should this prn oral dose be made available to the patient?</p> <p>A. Every 30 minutes B. Every 1 hour C. Every 3 hours D. Every 6 hours E. Every 8 hours</p>
7.	<p>One week later, the patient develops an inability to swallow. He has been taking 270 mg of long-acting morphine every 12 hours, and he has taken an additional total of 200 mg of prn doses of short-acting morphine over 24 hours. His average pain level is 3/10. You want to start him on an equivalent intravenous infusion of morphine. What is the best hourly rate?</p> <p>A. 5 mg per hour B. 10 mg per hour C. 15 mg per hour D. 20 mg per hour E. 25 mg per hour</p>
8.	<p>One week later he is stabilized on 30 mg/hr. What is the best prn intravenous dose?</p> <p>A. 10 mg B. 25 mg C. 50 mg D. 75 mg E. 100 mg</p>

Number	Question
9.	<p>How frequently should the intravenous prn dose be made available to the patient?</p> <ul style="list-style-type: none"> A. Every 30 minutes B. Every 2 hours C. Every 4 hours D. Every 6 hours E. Every 8 hours
10.	<p>You have been caring for a 39 year old man with sickle cell disease. He has frequent painful crises and is on chronic maintenance opioid therapy. He works at the bus station and rarely misses work unless hospitalized. He is on long-acting MS04 60 mg q12 and rarely uses prns. Three days ago while you were still on vacation your partner refused to refill Mr. S's short-acting morphine. The patient is very upset today. He tells you he needs more medication because he is in a lot of pain and that he had to borrow morphine from a friend with sickle cell disease in order to make it to this appointment today.</p> <p>His behavior is compatible with:</p> <ul style="list-style-type: none"> A. Addiction B. Physical dependence C. Pseudoaddiction D. Tolerance