

## CHAPTER 1, 2 & 3

### INTRODUCTION, COMMUNICATION SKILLS, ETHICS & SPIRITUALITY

#### Multiple Choice Questions

1. Palliative Care is
  - a. Providing a space to die
  - B. Using a strong narcotic in patients who are at the end stage of life
  - C. Prevention and relief of suffering by means of early identification, impeccable assessment and treatment
  - D. Communicating well and praying together with family
  
2. Principles of palliative care are
  - A. Providing adequate analgesic , disease management, and place to die
  - B. Psychosocial care, symptom control, & disease management
  - C. Religious /spiritual support and psycho social care
  - D. Disease management, intensive care & symptom control
  
3. This is an example of an open question
  - A. Your pain is better today, isn't it?
  - B. How is your pain and how is your vomiting?
  - C. How are you feeling today?
  - D. You agree with what I say, don't you?
  
4. Which of the below is an example of good communication skill
  - A. Interrupting
  - B. Changing the topics to physical concerns
  - C. Allowing silence
  - D. Looking away
  
5. Treatment decisions are to be made by
  - A. Patient alone
  - B. Doctor alone
  - C. Patient empowered with information
  - D. Senior relatives and the doctor
  
6. Breaking bad news in a seriously ill patient
  - A. Destroys hope completely
  - B. Hastens death
  - C. Fosters appropriate hope
  - D. Disturbs treatment plans
  
7. Palliative care begins when
  - A. Diagnosis of a chronic illness is made
  - B. When the patient is terminally ill
  - C. When disease is advanced and non responsive to curative treatment
  - D. Only when the patient cannot afford curative treatment

8. Denial
  - A. is a helpful coping mechanism
  - B. be never be broken
  - C. implies that the patient accepts the disease
  - D. is consequence of poor communication by the doctor
  
9. Collusion is when a relative asks the doctor not to reveal the diagnosis to the patient. Which statement below is true in this context
  - a. Relative is insensitive
  - b. This will always help the patient to cope
  - c. Ideal way to improve chances of patient taking treatment
  - d. Will ultimately lead to distrust and distress in the patient
  
10. Which of the statements below is true with respect to spirituality
  - a. Implies a person's religion
  - b. Has nothing to do with physical ailments
  - c. Discussing this issue is not permitted as it is a personal matter
  - d. Help the patient cope with illness and attempts must be made to discuss it with patient's permission

### **True or False**

1. Palliative care aims to prolong life in a patient with an incurable illness
2. Hospice Care means a building constructed to look after dying patients
3. Communication is mainly verbal
4. Withholding bad news from the patients helps him cope better
5. Silence is a means of communicating
6. Breaking bad news must be completed in a single interview
7. Every patient has to be told details of their diagnosis and prognosis
8. Spirituality and religion are different
9. Intractable symptoms could be an expression of spiritual distress
10. Communication skills come naturally to a person and cannot be taught

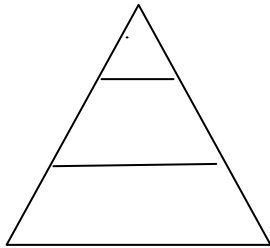
### **Short answer questions**

1. Enumerate principles of palliative care
2. What is meant by rehabilitation in palliative care
3. Enumerate differences between caring for acutely and chronically ill patients
4. How is bad news to be conveyed? Enumerate steps?
5. What are anxiety disorders in palliative care?
6. Briefly discuss depressive disorders seen in palliative care patients?
7. Define distress? How do you screen for distress?
8. Define active listening? What are the components?
9. Enumerate the four cardinal principles of patient care?
10. Explain beneficence and maleficence with one example for each

11. What do you understand by patient autonomy?
12. Enumerate the factors that you would consider before prescribing artificial hydration in a terminally ill patient.
13. Define supportive care

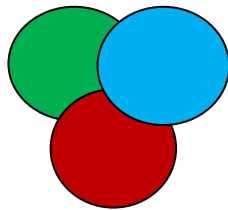
### Spotting Examination

1.



What do these three sections denote in palliative care?

2.



What do these circles represent in palliative care?

3. Ashok is a 45 year old patient with advanced carcinoma of the liver. He has multiple metastases and is very sick. His relatives insist on his being given IV Fluids. How will you respond? (With an actor patient)

4. Vijay is suffering from advanced pancreatic cancer. He keeps asking why he has been punished by god despite living life correctly. What would be your approach to answer to questions? (With an actor patient)
5. A patient has been considered for a chemotherapy course with 6 sessions. The first and second courses were accompanied by major side effects and has not been useful in curtailing the progress of the disease. He is back for the next round. How will you proceed? (With an actor patient)
6. Ram is a 60 year patient admitted with ca stomach. His sons do not want him to be told about the diagnosis but are willing of further treatment. (With a mock relative)
7. Ashok is a patient with carcinoma of colon. When his doctor revealed the diagnosis to him, he says he does not believe the biopsy report and demands for a review of the slide. How will you proceed? (with an actor patient)
8. Jayesh, a 26 year juvenile diabetic gets married without informing his bride about his condition. Not taking insulin on his honeymoon, he gets very sick and gets admitted to his usual hospital under his usual doctor. Jayesh's sister Rashmi pleads with the doctor not to reveal the fact that he is a Juvenile diabetic to Jayeash's wife Bina. What would your approach be? (With a mock relative)
9. Mr. Krishnan, a 80 year old person has been told by his doctors that he has prostate cancer and needs oral medication. While agreeing to take oral medication, Mr. Krishnan keeps saying that he is perfectly well and that the doctors are making undue fuss. What will be your approach to the denial? (With an actor patient)

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## CHAPTER 4

### PAIN

#### Multiple Choice Questions

1. Pain is a common symptom and is purely  
(a) objective            (b) subjective   (c) mixed            (d) none
2. When prescribing drugs for pain management one should follow the following aspects except  
(a) by the clock            (b) by the mouth            (c) only on p.r.n basis   (d) by the ladder
3. Pain in spinal cord damage is predominantly  
(a) neuropathic  
(b) nociceptive  
(c) sympathetically mediated pain  
(d) none of the above

4. which of the following is not correct
  - (a) almost a third of patients with advanced cancer do not experience pain
  - (b) more than 80% of the patients with advanced cancer have more than one pain
  - (c) up to 90% patients can have their pain controlled by application of WHO ladder
  - (d) All types of pain can be controlled with morphine
5. Which of the following is not a cancer related pain
  - (a) Nerve compression pain
  - (b) Pain associated with lymphoedema
  - (c) Arthritic pain
  - (d) Soft tissue infiltration
6. The following drugs are not included in step I WHO analgesic ladder
  - (a) Codeine
  - (b) Paracetamol
  - (c) Aceclofenac
  - (d) Ibuprofen
7. Which of the step III analgesics is not available in our country?
  - (a) morphine
  - (b) methadone
  - (c) fentanyl
  - (d) buprenorphine
8. Ketamine is used in the management of
  - (a) Visceral pain
  - (b) pain due to raised intracranial pressure
  - (c) Neuropathic pain
  - (d) none of the above
9. Bone pain is
  - (a) opioid pseudo resistant.
  - (b) Opioid responsive.
  - (c) Opioid resistant
  - (d) Opioid semi resistant
10. The following is not a bisphosphonate
  - (a) Pamidronate
  - (b) Zoledronate
  - (c) Naproxen
  - (d) Ibandronate
11. Which of the following is not used in the management of headache due to increased intra cranial pressure?
  - (a) Dexamethazone
  - (b) Mannitol
  - (c) Paracetamol
  - (d) Dicyclomine
12. Which of the following measures can be tried in the management of opioid induced delirium?
  - (a) Reduction of dose of morphine
  - (b) Adding 2.5 to 5 mg haloperidol PO/SC
  - (c) Adding 1 to 2 mg Midazolam SC
  - (d) All the above
13. Half life of Naloxone is
  - (a) 5 to 20 minutes
  - (b) 20 to 40 minutes
  - (c) 1 to 2 hours
  - (d) 3 to 4 hours
14. For a patient receiving MST 120 mg bid the appropriate dose for break through medication is
  - (a) 10 mg
  - (b) 20mg
  - (c) 30mg
  - (d) 40mg

## True or False statements

1. Assessment of a patients pain should be done objectively
2. Most of the patients with advanced cancer have more than one pain
3. Pain history begins with wide angle open questions
4. Treatment of pain is complete with the prescription of analgesics and adjuvant medications
5. Up to 60% of patients can have control of pain by using WHO ladder
6. In the management of neuropathic pain , first we should try WHO analgesic ladder
7. Management of cancer pain can be initiated with sustained release tablets of Morphine
8. Clonazepam has been used in cancer related neuropathic pain with an added element of anxiety
9. Antibiotics has no role in the control of pain as an adjuvant
10. Incident pain is a form of breakthrough pain
11. Spontaneous pain occurs with out an action aggravating cause
12. intestinal colic is largely sensitive to morphine
13. Liver capsule pain is a visceral pain
14. Headache due to increased intracranial pressure is resistant to opioids
15. Opioids side effects cannot be managed easily
16. Psychological dependence occurs commonly inpatients receiving morphine
17. Haloperidol is contraindicated in morphine induced vomiting
18. Opioid induce induced pruritus is more common with spinal than systemic opioids
19. Half life of Naloxone is longer than morphine
20. Fentanyl is suitable for patients with unstable pain
21. Tramadol is listed as a controllable drug
22. Buprenorphine is a weak opioid
23. Efficacy refers to the strength of attachment between a drug and its receptors
24. Potency refers to the response produced by particular drug
25. Buprenorphine has ceiling effect

## Short Answer Questions

1. Define pain. How will you classify pain
2. What is neuropathic pain? List the drugs recommended for treatment of neuropathic pain

3. Write **briefly** about WHO ladder
4. What are adjuvant analgesics? Mention different groups of secondary analgesics with one example each for each group
5. Write the equipotent dose of morphine with Codeine, Dextropropoxyphene, Tramadol, Buprenorphine and Fentanyl
6. Write the comparative doses of Dexamethazone, Prednisolone, Hydrocortisone and Methyl prednisolone
7. List five NSAIDS used in palliative care with their dose and frequency of administration
8. Define break through pain and list drugs used for management of incident pain
9. What are the side effects of opioids
10. List opioid resistant cancer pain
11. What are the indications for Naloxone? How is it administered
12. Enumerate five complementary therapies suggested for chronic pain management
13. What is spiritual pain? How does it get manifested?
14. Various formulations available to morphine?
15. How will you manage cancer related bone pain?
16. What is sympathetically maintained pain?
17. what are the warning signs of morphine toxicity

### **Spotting Examination**

**Drug** - Indication, dose and route of administration  
 If opioid conversion to another opioid can be asked

## **CHAPTER 5**

### **SYMPTOM MANAGEMENT I**

#### **Multiple Choice Questions**

1. Management of G I symptoms include
  - a. anticipation of problems before they occur
  - b. Ongoing assessment of treatment and their effectiveness
  - c. Reassess the treatment
  - d. All of the above
  
2. Normal secretion of saliva in 24 hours
  - a. 0.5L
  - b. 1L
  - c. 1.5L
  - d. 2L

3. Mouth care should be undertaken in all patients
  - a. Once in the morning
  - b. 2-4 hours
  - c. 6-8 hours
  - d. On request by the family
  
4. Which is not a feature of oral candidiasis
  - a. Intense inflammation
  - b. Reddish appearance of mucosa
  - c. White patches in the mucous membrane
  - d. Leukoplakia
  
5. Management options for candidiasis
  - a. Antibiotic
  - b. Antiviral
  - c. Antifungal
  - d. Hormone Therapy
  - e.
  
6. Causes of stomatitis include the following except
  - a. Dry mouth
  - b. Vitamin D deficiency
  - c. Infection
  - d. Vitamin C deficiency
  
7. Causes of xerostomia include the following except one
  - a. Anti muscarinics
  - b. Anti depressants
  - c. Opioids
  - d. Laxatives
  
8. Bio chemical mediator for vomiting include the following except
  - a. Histamine
  - b. Hydroxytryptamine
  - c. Dopamine
  - d. Serotonin
  
9. First line drug for opioid induced nausea and vomiting
  - a. Haloperidol
  - b. Prokinetic agents
  - c. 5HT3 Antagonists
  - d. Steroids
  
10. In intractable opioid induced nausea and vomiting
  - a. Try another opioid
  - b. Reduce the dose of opioid

- c. Try combination of antiemetics
  - d. All of above
11. Drug of choice for vomiting induced by raised intracranial pressure
- a. Prokinetics
  - b. 5HT3 Antagonists
  - c. Haloperidol
  - d. Steroids
12. Which of the following drugs should be discontinued in vomiting due to gastric irritation
- a. Antacids
  - b. Omeprazole
  - c. NSAID
  - d. Metoclopramide
13. Side effect of antiemetics include all the following except
- A. Extrapiramidal symptoms
  - b .Akathisia
  - c. Itching
  - d Constipation
14. Treatment of vomiting due to hypercalcemia should be initiated by
- a. Bisphosphonates
  - b. Rehydration
  - c. Antiemetics
  - d. Steroids
15. All of these drugs are used for opioid induced constipation except
- a. Stimulants
  - b. Faecal softeners
  - c. Rectal agents
  - d. Bulk forming agents
16. Treatment of choice in severe constipation
- a. Phosphate enema
  - b. Rectal laxatives
  - c. Oral laxatives
  - d. Soap & water enema
17. Which laxatives has earliest onset of action
- a. Phosphate Enema
  - b. Polyethylene glycol
  - c. Senna
  - d. Lactulose

18. Commonest causes of diarrhea in palliative care setting is
- Malabsorption
  - Bowel fistulae
  - Odd dietary habits
  - Imbalance of laxative therapy
19. Which antiemetics causes constipation
- Steroids
  - Ondansetron
  - Metoclopramide
  - Domperidone
20. Drugs to be used with caution in suspected bowel obstruction
- Prokinetic drugs
  - Hyoscine butyl bromide
  - Dexamethasone
  - Octreotide
21. Drug of choice in panic with hyperventilation
- Theophylline
  - Furosemide
  - Benzodiazepine
  - Steroids
22. Breathlessness common in all these cancers except
- Lung
  - Prostate
  - Breast
  - Stomach

### **True or False**

- Laxative should be routinely prescribed while starting a strong opioid
- Quick response to treatment is seen with treatment for pain than for GI symptom
- Majority of patients in palliative care have oral problem of varying severity
- Xerostomia is an objective feeling
- Non humidified Oxygen therapy causes xerostomia
- Halitosis can be caused by suppurative lung diseases
- 5- Hydroxytryptamine which causes vomiting is found in gut lining
- In complete bowel obstruction Prokinetic drugs should be given
- In palliative care setting morphine can be used for treatment of breathlessness
- Blood gases are always abnormal in malignant lung diseases
- Oxygen is indispensable in all cases of breathlessness

### **Short Answer Questions**

- List any five reasons for the increased risk of oral problems for the patients with palliative care needs

2. List the symptoms of oral candidiasis and their management
3. List five causes of stomatitis and the five steps in the general measures in the management
4. List five causes and management of Xerostomia
5. Enumerate five reasons for opioid induced nausea and vomiting
6. Enumerate non pharmacological management of nausea and vomiting
7. List five aspects of pharmacological management of nausea and vomiting
8. List three categories of laxatives differentiating the mechanism of action
9. Role of Morphine in breathlessness in palliative care
10. List any five nursing measures in the management of breathlessness
11. List five principles in the management of intestinal obstruction and the drugs used for the same
12. What is over flow diarrhoea

### **Spotting Examination**

1. Photograph of candidiasis diagnosis and management.
  2. Drugs: Haloperidol, Hyoscine Butyl Bromide, Dexamethasone, Midazolam
  3. Enema / Suppository
  4. Nasogastric tube
- 

## **CHAPTER 5**

### **SYMPTOM MANAGEMENT II NURSING ISSUES**

#### **Short Answer Questions**

1. Discuss the methods for controlling bleeding from a wound
2. How will you manage a painful wound with excessive exudates and maggots?
3. What steps will you take to prevent malodor from wound?
4. Enumerate the principles in planning colostomy care
5. List the five aspects of tracheostomy care
6. How will you protect the skin around a colostomy?
7. List any five nursing problems that can occur in a colostomy
8. What are the four corner stones in the management of lymphodema
9. What are the signs & symptoms of lymphodema?
10. How will you take care of the skin in lymphodema patients?
11. List five common psychological issues in a patient with lymphoedema?
12. What is lymphoedema? What the types?
13. What are the nursing priorities while caring for an unconscious patient?
14. What are the measures to prevent pressure sores in a bed ridden patient?
15. How will you provide mouth care to an unconscious patient?
16. What are the common solutions used for mouth wash?

17. What are main purposes of bed bath?
18. Mention at least five important points to remember while giving bed bath to a patient?
19. How will you take care of perineum in a bed ridden patient

### Multiple Choice Questions

1. The solution of choice to remove maggot
  - a. Betadine
  - b. Turpentine
  - c. Normal saline
  - d. Hydrogen peroxide
2. Which of the following methods are used for controlling bleeding from a wound?
  - a. Local pressure
  - b. Adrenaline pack
  - c. Local application of Sucralfate
  - d. All of the above
3. The food to be avoided after colostomy to prevent malodour include all except
  - a. Onion
  - b. Rice
  - c. Cabbage
  - d. Egg
4. Tracheostomy suction should not be done continuously for more than
  - a. 2 seconds
  - b. 5 seconds
  - c. 10 seconds
  - d. 15 seconds
5. Which of the following is done for humidification of air in tracheostomy?
  - a. Oxygen
  - b. Syringing with NS
  - c. To sit in front of the table fan
  - d. To keep a moist gauze piece over tracheostomy
6. What is stemmer's sign?
  - e. Pitting edema
  - f. Dry thick skin
  - g. Lymphorrhoea
  - h. Inability to pinch the fold of skin at the base of 2<sup>nd</sup> toe
7. The following should be avoided in arm affected with lymphoedema
  - i. Tight clothes
  - j. Injection
  - k. Checking BP
  - l. All the above

8. The following should be done during massage for lymphodema limb except
  - m. Deep massage
  - n. Direction of massage should be towards heart
  - o. Superficial massage
  - p. Starting from normal area to the affected side
  
9. The major problem in a bed ridden patient
  - q. Corneal ulcer
  - r. Pressure sore
  - s. Malnutrition
  - t. All of the above
  
10. Eye care in an unconscious patient include the following except
  8. cleaning from inner to outer canthus
  9. cleaning from outer to inner canthus
  10. using separate swabs for both eyes
  11. None of the above

### **True or False Statements**

1. Prior to wound dressing extra dose of analgesia is used to reduce pain
2. Dressing must be soaked prior to removal to reduce pain and bleeding from the wound
3. Tap water is used for bowel irrigation in patients with colostomy
4. Patients should be advised not to travel with colostomy bag
5. Putting charcoal in the colostomy will prevent mal odour
6. Outer tube of tracheostomy should be cleaned and boiled every day
7. Tracheostomy patients can be trained to speak
8. Blood pressure should not be checked on the lymphodema arm
9. Compression bandage promotes lymph flow
10. Exercise should be strictly avoided in lymphoedema limb
11. Whole body should be exposed and bathed at the time of giving bed bath
12. Soaps which contain less alkali should be used for bed bath
13. Good hair care enhances self image of the patient
14. Cleaning of the perineum starts from urethra
15. Patients with colostomy should not indulge in sexual activity
16. Elevation of limb reduces lymph oedema
17. Lymphorrea dry hard skin
18. Peaud' orange is leaking of lymph
19. Bed bath should be given immediately after meals
20. Cleaning is done from a clean area to a less clean area

### **Spotting Examination**

1. **Colostomy Bag:**

- Name the object  
List four points in the bowel management while using it
- 2. Turpentine:**  
Identify the object  
What is it used for?
  - 3. Potassium permanganate solution**  
Identify the object  
Name its use
  - 4. Tracheostomy tube:**  
Identify the object  
How will you clean it?
  - 5. Metronidazole tablets:**  
Identify the object  
Mention the ways in which it can be used?
  - 6. Charcoal:**  
Identify the object  
How does this act? Mention its uses in palliative care.
  - 7. Nasogastric tube:**  
Identify the object  
Mention its uses in palliative care
  - 8. Crepe bandage:**  
Identify the object  
Why is it used in palliative care?
  - 9. Sucralfate tablets:**  
Identify the object  
Mention its use in palliative care
  - 10. Vaseline gauze**  
Identify the object  
What is its advantage over ordinary dressing?
  - 11. Suction catheter:**  
Identify the object  
Mention its uses in palliative care
  - 12. Water bed:**  
Identify the object  
Why is it used in palliative care?
  - 13. Fungating wound**  
Identify the lesion  
Name two complications and management for the same
  - 14. Oral candidiasis**  
Identify the clinical condition  
Mention two nursing strategies in the management

## CHAPTER 6

### PALLIATIVE CARE EMERGENCIES.....I

#### Multiple Choice Questions

1. Upper Motor Neuron disease leads to all except
  - a. Spasticity
  - b. Hyperreflexia
  - c. Flaccidity
  - d. Emotional lability
  
2. Lower Motor Neuron disease leads to all except
  - a. Flaccidity
  - b. Muscle wasting
  - C Positive Babinski sign
  - D Fasciculation
  
3. Study of aging is called
  - a. Geriatrics
  - b. Gerontology
  - c. Paleontology
  - d. Entomology
  
4. The National Policy on older persons was announced in
  - a. 1969
  - b. 1977
  - c. 1989
  - d. 1999
  
5. Most common site of spinal injury is at the level
  - a. T4
  - b. T10
  - c. T12
  - d. L3
  
6. Features of neurogenic bladder include all except
  - a. Spastic bladder
  - b. Detrusor sphincter dyssynergia
  - c. Risk of upper urinary tract complications
  - d. High volume bladder
  
7. Manifestation of Autonomic dysreflexia AD include all except
  - a. Paroxysmal hypertension
  - b Bradycardia
  - c Tachycardia
  - d Hypotension
  
8. The common mechanism of stroke is
  - a. Embolism

- b. Intracerebral bleed
  - c. Thrombosis
  - d. Subarachnoid haemorrhage
9. Central post stroke pain occurs in
- a. 2%
  - b. 10%
  - c. 30%
  - d. 50%
10. Nocturnal hypoventilation is characterized by all except
- a. Poor sleep
  - b. Delirium
  - c. Night mares
  - d. Impaired concentration

### True or False

1. We should never use sedatives in Motor Neuron Disease (MND)
2. Morphine can not be used in MND
3. Depression disorder can also exhibit psychiatric features
4. Sphincter tone is lost in UMN bowel
5. Pain in spinal cord injuries can only be neuropathic
6. The most common pathology of stroke is atherosclerosis
7. Hormone replacement therapy/ Oral contraceptive pills can contribute to the development of stroke
8. Reversible Ischemic neurological Deficit resolve within 24hours
9. Old age pension is being provided as part of the national social assistance programme
10. Geriatric age group generally refers to people above 65 years

### Short Answer Questions

1. List five common features of Motor Neuron Disease
2. List the clinical care services that can be provided to patients with HIV & AIDS
3. List the social problems commonly seen in elderly patients
4. List any five preventive measures that can be included in elderly care
5. List the principles of management of urinary problems in spinal cord injury
6. Describe the management of
7. List the factors that contribute to the development of pressure sores in patients with spinal cord injury
8. List the common causes of autonomic dysreflexia
9. List the major modifiable risk factors in stroke
10. Enumerate the guideline for primary prevention of stroke

### Spotting Examination

Any clinical situation can be given with a **mock patient**

## CHAPTER 6

### PALLIATIVE CARE EMERGENCIES.....II

#### Multiple Choice Questions

1. Which of the following is not mandatory to diagnose delirium?  
A) Agitation b) Drowsiness c) Disturbance of comprehension d) Decreased attention
2. The following drug should be avoided while treating a patient with history cerebrovasculr thrombosis  
a) Midazolam) Haloperidol c) Olanzapine d)Phenobarbitone
3. The maximum fall in neutrophil count in a patient on chemotherapy is severe in  
a) First week b) Third week c) Second week d) Fifth week
4. The highest incidence of spinal cord compression occurs at the following levels  
a) cervical b)thoracic c) lumbar d) sacral
5. The least incidence of spinal meets is seen in  
a) carcinoma prostate b) multiple myeloma c) carcinoma breast d) carcinoma tongue
6. The incidence of cord compression in patients with spinal metastases is  
a) 50% b) 10% c) 60% d) 100%
7. The following are the features of spinal cord compression below L1 level, except  
a) perianal numbness b) overflow incontinence c) flaccid paralysis  
d) exaggerated ankle jerk
8. The following is the recommended dose of dexamethazone in spinal cord compression  
a) 24 mg                      b) 8 mg                      c) 4 mg                      d) 2 mg
9. The following are the indications for RT in spinal cord compression, except  
a) radiosensitive tumour    b) multiple levels of compression    c) unfit for surgery  
d)unstable spine
- 10 Most common cause of SVC Obstruction is  
a) thymoma b) carcinoma bronchus c) lymphoma d) carcinoma breast
11. The following drug should be avoided in a terminally ill with convulsions  
a) Chlorpromazine b) Midazolam c) Clonazepam d) Phenobarbitone
12. The following Calcium level is diagnostic of hypercalcemia

- a) 2.3mmol/litre b) 2.7 mmol/litre c) 2 mmol/litre d) 2.1mmol/litre
13. Infections due to recurrent aspiration occurs most commonly in  
 a) Rt Upper lobe b) Rt lower lobe c) Lt Upper lobe d) Lt Lower lobe
14. What % of patients die of chronic heart failure within the first year after diagnosis  
 a) 100% b) 40% c) 60% d) 80%
15. A patient with heart failure complains of dyspnoea with less than ordinary activities and he belongs to NYHA Class.  
 a) I b) II c) III d) IV
16. Long term use of the following drug in a patient with chronic heart failure needs to be avoided.  
 a) NSAID b) Opioids c) Benzodiazepines d) Anticonvulsants

### **Spotting Examination**

Clinical situations like delirium, spinal cord compression, SVC obstruction (with mock patients) and a bleeding wound (picture) can be kept. Investigation reports of patients with hypercalcemia and sepsis also may be asked

### **Short Answer Questions**

1. List five diagnostic features of delirium?
2. State principles of management of acute confusional state?
3. Mention the indications for surgical decompression in a patient with spinal compression
4. Mention the components of non pharmacologist management of delirium?
5. Mention 3 drugs used in the management of delirium
6. List diagnostic features the sepsis in an immune compromised patient and the principles of management
7. Mention the primary malignancies which has got increased incidence of bone metastases
8. What are common sites of spinal cord compression?
9. List the diagnostic features of spinal cord compression?
10. What are the symptoms and signs of superior venacaval obstruction
11. List the principles of management of SVO
12. What are the causes for haemorrhage in a patient with advanced cancer
13. Outline the management of superficial bleeding.
14. List the principles of management of convulsion in a terminally ill patient
15. Mention the common tumours causing hypercalcemia. What are the symptoms of major hypercalcemia

16. List common conditions requiring palliative care other than malignancies and HIV infection
17. Enumerate the complications of end stage respiratory diseases
18. State the principles of management of death rattle
19. Enumerate the presenting features of chronic heart failure
20. State the four classes and the corresponding symptoms in NYHA classification
21. State the pharmacological principles in the management of chronic respiratory failure/ chronic heart failure
22. List the key drugs to be avoided in patients with chronic heart failure
23. What are the types of pain in multiple sclerosis
24. List the commonly used drugs in the management of spasticity in multiple sclerosis
25. What are the common cognitive disturbances associated with multiples sclerosis
26. List the urinary symptoms in multiple sclerosis and mention the management

**True or False**

1. There are no emergency situations in palliative care.
  2. An emergency situation in palliative care will always require management in intensive care unit
  3. Delirium is always seen during terminal phase of an illness
  4. Dementia is irreversible
  5. Antibiotics have to be given to a neutropenic patient with sepsis only after C&S tests
  6. Sudden deterioration of general condition without fever, tachycardia and sweating. can occur in a neutropenic patient having sepsis
  7. In a patient with Ca. Breast complaining of recent onset of back ache, spinal metastases should always be ruled out
  8. Clinical diagnosis of spinal cord compression can be made only when there is sphincter disturbance
  9. Basic pain and weakness alone can be early signs of spinal cord compression
  10. MRI Scan is mandatory in a patient with spinal cord compression before starting radiotherapy
  11. Management of spinal cord compression needs multi team approach
  12. Steroids can be a first line management option in patients with spinal cord compression
  13. Myoclonic twitching can occur in uremia
  14. Palliative care is applicable only in the care of cancer patients
  15. All the patients having dyspnoea will be having respiratory failure
  16. Treatment with opioid can worsen dyspnoea in a terminally ill patient
  17. Opioids are contraindicated in dyspnoea
  18. Oxygen therapy is mandatory for all patients having dyspnoea
  19. In terminal dyspnoea opioids and benzodiazepines should not be combined
  20. In terminal dyspnoea nebulised opioids are better than oral opioids
  21. Chronic heart failure can lead to multiple organ failure
  22. Towards end of life phase discontinuation of cardiac drugs may be appropriate
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## **CHAPTER 7**

### **END OF LIFE CARE & PRACTICAL ISSUES.....**

#### **Multiple Choice Questions**

1. The following are the sign of approaching death except
  - a) Weakness b) Drowsiness c) Diminished intake d) Worsening of pain
  
2. Issues related to death of a patient
  - a) Should not be discussed with the patient at
  - b) Should be discussed only in the last 24 hours
  - c) Discussed only with distant relatives
  - d) Should be discussed with patient as early as possible
  
3. Care of a dying patient should be
  - a) By a team approach
  - b) Always in the hospital
  - c) By a family and friends alone
  - d) A doctor alone
  
4. Causes of increased anxiety in a terminally ill patient include except
  - a) Feeling that people are lying about the diagnosis
  - b) Poor symptom control
  - c) Absence of religious faith
  - d) Unfinished business
  
5. The preferred routes for administration of drugs in a dying patient include all except
  - a) Buccal b) Intramuscular c) Intravenous d) Subcutaneous
  
6. Indications for switching from oral to subcutaneous route include all except
  - a) Intractable vomiting b) Decreased Cancerous level c) Severe dysphagia
  - d) Demand from relatives

7. Following are the absolute contradictions for tissue donation except
- a) Cancer b) HIV c) Hepatitis B d) Motor Neuron Diseases
8. What are the ways of helping a bereaved Person?
- a) Non judgmental listening b) Providing information c) Becoming familiar with your own feelings d) All
9. The following are the common emotional manifestations of grief except
- a) Sadness b) Anger c) Depression d) Anxiety
10. Common reactions in a bereaved child include
- a) Denial b) Guilt c) Anxiety d) All
11. The following drugs should be continued in a dying patients except
- a) Analgesics b) Anticonvulsants c) Antiemetics d) Oral hypoglycemic agents
12. Management option for death rattle include all except
- a) Pharyngeal Suction b) Glycopyrrolate c) Repositioning the patient d) Reassurance of patient and family members
13. Common Physical manifestations of grief include all except
- a) Hollowness in the stomach b) Shortness of breath c) Lack of energy d) None
14. Helping children cope with their grief include all except
- a) Withholding information
  - b) Allowing expression of feeling
  - c) Giving reassurance
  - d) Getting them involved in the ritual.....

### **True or Falls Statements**

1. It is always good to predict prognosis when the patient is in terminal phase.
2. Profound weakness in a patient with advanced disease can be symptom of death.
3. Sudden development of symptoms is always a sign of impending death
4. Views of the family and friends on the care of the patient are important in the case of terminal illness
5. Patient should always be encouraged to die in the hospital
6. A single person in the caring team should take responsibility for terminal care when the patient is dying.
7. Dying patients are always less anxious if they are not aware of the diagnosis.
8. **Buccal** route is ideal for administration of medicines in a patient with dry mouth.
9. All the long term medications need to be continued in the terminal phase.
10. Regular suction is the best way to manage death rattle
11. Patients in terminal phase should not be catheterized
12. It is always necessary to use explicit language while informing the family about the patient's death
13. If the patient dies at home, it is the family's responsibility to inform the registration office.
14. Grief is an abnormal reaction to death.
15. Children should be excluded from rituals related to death.

### **Short Answer Questions**

1. List any five symptoms in impending death?

2. List any five signs in impending death?
3. Mention two situations where a dying patient needs to be referred to a specialist palliative care centre?
4. List five reasons for increased anxiety in a terminally ill patient?
5. List five possible routes of administration of medicines in a dying patient?
6. Mention five common symptoms in the last stage of illness?
7. What is death rattle ?Mention the management plan
8. How do you manage terminal restlessness?
9. Five indications for switching from oral route for administration of drugs in terminal phase?
10. How will you clinically confirm death?
11. Mention five absolute contraindications for tissue donation?
12. List the things that you can do to help a bereaved person?
13. Mention the factors which make grief more difficult?
14. Mention five behavioral manifestations that occur in grief

### **Spotting Examination**

#### **11. Specimen - Inj.Glycopyrrolate/Inj. Atropine**

- Identify the drug
- Mention its use in terminal care
- What is the recommended dose

#### **12. Specimen - Foley's Catheter**

- Identify the object
- Volume required to inflate the bulb

- Mention two complications that can occur in a patient while this is in place

### **13. Specimen-Inj. Midazolam**

- Identify the drug
- Mention its use in the terminal care
- What is the recommended dose

### **14. Specimen –Subcutaneous /Butterfly needle**

- Identify the object
- Mention its use in the terminal care
- How long it can be placed at a site

### **15. Specimen –Indian Care Pathway**

- Identify the document
- What is it used