

# Cheap Nursing CEUs

## Effective Pain Management Strategies

### 1. Which of the following best describes nociplastic pain?

- A. Pain resulting from nerve damage observed in diabetic neuropathy.
  - B. Pain without a clear injury, inflammation, or disease source, typically involving chronic dysfunction of nociception.
  - C. Pain occurring in response to noxious physical stimuli like touching something hot.
  - D. Pain that starts suddenly with a known cause such as a surgical wound.
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### 2. How does psychological counseling potentially help patients with pain management?

- A. It provides physical exercises to relieve pain in affected areas.
  - B. It helps patients process emotional responses to pain, reducing anxiety and depression linked to increased pain.
  - C. It ensures patients adhere strictly to their prescribed medication schedules.
  - D. It identifies dietary changes that could alleviate pain.
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### 3. In the context of setting pain goals with patients, why is understanding a patient's personal beliefs crucial?

- A. It allows healthcare providers to predict the exact duration of pain relief necessary.
  - B. It helps in tailoring pain management strategies that align with patient expectations and cultural perceptions of pain.
  - C. It ensures that patients follow the prescribed medicinal regimen without deviation.
  - D. It assists in identifying potential allergies to pain medications.
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### 4. When assessing pain, which diagnostic tool is NOT typically used to determine the type of pain a patient is experiencing?

- A. Laboratory tests to assess biochemical markers.
  - B. Imaging studies to identify structural issues.
  - C. Electrodiagnostic procedures to test nerve conductivity.
  - D. Genetic testing to reveal hereditary pain conditions.
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### 5. What aspect of chronic pain distinguishes it from acute pain?

- A. Chronic pain is characterized by a short duration and quickly resolves after the cause is addressed.
- B. Chronic pain persists beyond the usual healing period and may not have an identifiable cause.

- C. Chronic pain is always caused by a noticeable injury or immediate acute condition.
  - D. Chronic pain occurs only at predictable intervals and has known triggers.
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**6. What is the importance of conducting a frequent pain assessment in managing a patient's pain?**

- A. It helps establish a baseline for pain treatment.
  - B. Frequent assessments can identify any changes in pain that may need additional intervention.
  - C. Frequent assessments ensure that the patient's pain is monitored right after they report pain.
  - D. It helps in adjusting pain medication based solely on the patient's first impression of it.
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**7. When assessing pain in a nonverbal patient, which of the following signs would NOT be an indicator of pain?**

- A. Agitation
  - B. Improved sleep patterns
  - C. Moaning
  - D. Refusal to eat
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**8. In the OPQRST mnemonic tool used for pain assessment, what does the 'P' represent?**

- A. Pain intensity
  - B. Palliation and provocation
  - C. Past experiences
  - D. Patient's description
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**9. Which pain assessment tool is most appropriate for evaluating pain in a preterm infant?**

- A. Neonatal/Infant Pain Scale (NIPS)
  - B. Neonatal Pain, Agitation, and Sedation Scale (N-PASS)
  - C. Faces, Legs, Activity, Cry, and Consolability (FLACC)
  - D. Pain Assessment in Advanced Dementia Scale (PAINAD)
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**10. When setting pain management goals with patients, what is essential to consider?**

- A. The patient's self-reported pain experience and treatment expectations
  - B. The healthcare provider's previous experiences with similar cases
  - C. The potential side effects of pain medication
  - D. The patient's immediate pain relief without consideration of long-term goals
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**11. What is a key component of setting a personalized pain goal (PPG) with a patient?**

- A. Focusing solely on achieving a pain level of zero.

- B. Considering what activities are important to the patient and what pain they are willing to tolerate.
  - C. Only addressing physical activity without considering medication side effects.
  - D. Setting the same pain goal for each patient regardless of individual circumstances.
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**12. How can the SMART framework contribute to effective pain management goal setting?**

- A. By providing a flexible approach that can change daily.
  - B. By ensuring pain goals are vague and open to interpretation.
  - C. By creating goals that are Specific, Measurable, Action-oriented, Relevant, and Time-based.
  - D. By allowing goals to be set without a clear timeline.
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**13. Which analgesic is primarily used for postherpetic neuralgia and peripheral neuropathic pain?**

- A. Aspirin
  - B. Lidocaine
  - C. Acetaminophen
  - D. Diazepam
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**14. According to the Dual-Process Model of Goal Adjustment, what might a patient experience if they cannot shift from assimilative to accommodative mode?**

- A. Increased likelihood of achieving unrealistic goals.
  - B. A sense of achievement despite difficulties.
  - C. Feeling defeated or depressed.
  - D. Immediate improvement in pain levels.
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**15. When using the '90% confidence rule' in pain goal setting, what is considered?**

- A. Whether the patient can consistently reach the goal without any changes.
  - B. Ensuring the patient's goals are unrealistic to increase motivation.
  - C. Determining if the patient is 90% or more sure they can achieve the goal within the set timeframe.
  - D. Focusing on achieving a pain score below 2 regardless of patient confidence.
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**16. Which of the following best describes the primary focus of the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) initiative?**

- A. Enhancing the discovery of new treatment modalities for chronic pain management.
  - B. Exploring the development of non-opioid pain interventions to reduce opioid use disorders.
  - C. Developing ways to reduce pain through modulating neural circuitry.
  - D. Accelerating research on pain management therapies for acute pain.
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**17. What is a potential risk of Peripheral Nerve Stimulation as a pain management technique?**

- A. Excessive nerve damage leading to chronic pain.
  - B. Lead migration followed by infection.
  - C. Inadequate pain relief due to incorrect lead placement.
  - D. Stimulator device malfunction requiring surgical correction.
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**18. How does Transcutaneous Electrical Nerve Stimulation (TENS) primarily alleviate pain?**

- A. By raising the pain threshold in the central nervous system.
  - B. By altering the perception of pain using low-voltage electrical currents.
  - C. By improving tissue healing with electrical stimulation.
  - D. By disrupting neural pathways through high-voltage currents.
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**19. What is the role of non-pharmacological nursing interventions in pain management?**

- A. To provide intermittent relief alongside pharmacological methods.
  - B. To replace the need for any medication in managing chronic pain.
  - C. To support patients physically and emotionally through complementary techniques.
  - D. To primarily focus on correcting structural bodily dysfunctions.
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**20. Among the following, which complementary medicine technique is based on the principle of applying pressure to specific points on the feet?**

- A. Chiropractic adjustments
  - B. Osteopathic Manipulation
  - C. Reflexology
  - D. Acupuncture
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