UNIVERSITY OF SWAZILAND FACULTY OF HEALTH SCIENCES FINAL EXAMINATION MAY 2018

TITLE OF COURSE: PALLIATIVE CARE

COURSE CODE: GNS 630

TIME ALLOWED: THREE (3) HOURS

PAGES: NINE (09) INCLUDING COVER PAGE

MARKS: 100

INSTRUCTIONS:

- 1. THERE ARE FIVE (5) QUESTIONS IN THIS EXAM.
- 2. ANSWER ALL FIVE (5) QUESTIONS.
- 3. START EACH QUESTION ON A NEW PAGE.
- 4. WRITE LEGIBLY

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QUESTION 1

MULTIPLE CHOICE: Please choose the ONE BEST answer for each question e. G. 1. A (ONE MARK EACH).

- 1. What is the BEST reason why codeine administration is not recommended in children?
 - A. They are likely to abuse it.
 - B. Its use is associated with a high level of respiratory arrest.
 - C. It is generally ineffective.
 - D. It can lead to the use of illegal substances.
- 2. Which is the best pain assessment tool to use on a two-year-old child?
 - A. The numeric scale.
 - B. The finger scale.
 - C. The FLACC scale.
 - D. The thermometer.
- 3. Pethidine has been removed from the World Health Organization (WHO) Essential

Medication list. The BEST reason for this removal is that it (is):

- A. Rarely used.
- B. Difficult and expensive to obtain.
- C. Must be dosed every 2-3 hours and it has multiple side effects.
- D. Causes constipation.

Scenario: Phiwa is a 30 year-old female who complains of pain in her lower back that radiates down her right leg to the foot. She describes this pain as occurring constantly at a level of 8/10. Questions 4 – 5 relate to this scenario.

- 4. In considering which medication to start her on, you will refer to which step on the WHO Analgesic Ladder?
 - A. One (1)
 - B. Two (2)
 - C. Three (3)
 - D. Four (4)
- Which would be the BEST choice of medication to start her on to manage the pain in addition to morphine.
 - A. Panadol, it has the fewest side effects.
 - B. Tramadol because of the pain severity.
 - C. Pethidine as this is one of its main uses.
 - D. Amitriptyline because the pain is likely neuropathic pain.
- 6. Jabulane is smiling and joking with you. When you ask the level of his pain he says that it is 8/10. What would record as his pain level on the chart?
 - A. 2/10
 - B. 8/10
 - C. 0/10
 - D. I would not record his pain; if he is joking he is not having significant pain.

7.	Siyabonga is a 3-year-old boy with severe pain in his leg due to a fracture. You determine
	that his pain level is 9/10. Which step in the WHO Analgesic Ladder for Children would you
	refer to in determining his pain medication.
	A. One (1)
	B. Two (2)
	C. Three (3)
	D. Four (4)

- 8. When referring to a pain medication, a ceiling effect is:
 - A. Treating the highest level of pain possible.
 - B. A favourable characteristic of opioid medications.
 - C. The most effective pain medication for the type of pain the patient has.
 - D. The medication has reached its maximal efficacy; increasing the dose will not offer more pain relief.
- 9. Africa consumes about 7% of the world's opiate supply. Approximately what percentage (%) of the world's population lives in sub Saharan Africa?
 - A. 10%
 - B. 25%
 - C. 70%
 - D. 85%

- Depression is common in those with life-threatening illnesses. In treating depression it is important to realize that
 - A. Depression need not be treated because it is a normal reaction to serious illness.
 - B. Medications are generally not effective.
 - C. Counselling is rarely helpful.
 - D. A combination of counselling and medication is the most effective approach.
- 11. Fatigue is a common symptom in patients with chronic illness. The first step in managing fatigue is:
 - A. Prescribing stimulant medications.
 - B. Treating the underlying cause, such as anaemia, and pacing physical activities.
 - C. No treatment is likely to be helpful since it is a normal part of the disease process.
 - D. Encouragement to ignore the difficult feelings and focus on the positive.
- 12. Shortness of breath or breathlessness is best managed in most patients by
 - A. Low doses of opioid medication and the use of a fan.
 - B. Oxygen supplementation.
 - C. Ignoring the symptom and learning to focus the mind elsewhere.
 - D. Encouraging exercise.

TOTAL = 12 MARKS

QUESTION 2

	SHORT ANSWER: ANSWER EA	CH QUESTION AS	S INSTRUCTED.
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Λ.	bescribe paniative care according to wito.	(3)
В.	Differentiate disease-modifying treatment from palliative care.	(5)
C.	Empathetic responses can be identified by using the mnemonic NURSE. State wh	at each
	letter of this mnemonic represents. Give an example of a response that incorpor	ates
	each technique.	(4)
	EXAMPLE: N=naming "That is overwhelming."	
	U	
	R ·	
	S	
	E	
D.	State three (3) non-pharmacological interventions for the symptom of fatigue.	(3)
E.	Identify any three (3) non-pharmacological interventions for anxiety.	(3)
F.	Describe two (2) potential complications of administering IV fluids to a patient w	ho is in
	the final hours of life.	(2)

TOTAL = 22 MARKS

QUESTON 3

SCENERIO: Wandile is HIV-positive and has been on morphine for chronic pain. You make a home visit and find that he is taking Panadol 1 gram four times a day and morphine sulphate 10 mg/5 ml 30 ml every four (4) hours orally. He takes an additional dose of 30 ml of morphine four (4) times a day.

- A. Calculate a new routine dose of morphine for Wandile, taking the breakthrough dosing into account.
- B. Include a new breakthrough dose. Show your calculations. (2)
- C. Briefly explain the steps you are taking to decide upon a new dose. (4)

 SCENARIO CONTINUES: Wandile is hospitalized for complications related to HIV.

 On admission to the hospital he was taking oral morphine 30 mg orally every four (4) hours. He is unable to eat because they are planning surgery, so you must convert his dose to be administered intravenously (IV). Calculate an IV dose equivalent to the dose he was receiving at home.

Equi-analgesic Table

Mediedion	NV/SColose	Orikiose
Morphine	10 mg	20 Mg

a.	24-hour Oral Dose	(5)
b.	24-hour IV dose	
c.	Give mg IV every hours	

B. What other medication will you order while Wandile is on the morphine?

(2)

TOTAL = 18 MARKS

QUESTION 4

SCENARIO: Sifiso, a six-year-old, has been living with a leukaemia since age three (3). His mother died when he was 4-years-old. His Grandmother has not discussed the illness with him because, she says, "He is too young to understand." She says that she wants him to be as happy as he can be while he is alive and she does not want to burden him with "depressing thoughts." His Grandmother comes in this morning, stating that she found him packing a suitcase this morning. When she asked him what he was doing he said, "I am packing to go to heaven. Last night I talked with my Mother and she told me that I would soon be joining her there." This upset his Grandmother and she is seeking advice as to what to do.

- A. How can the FNP assess this patient's developmental stage and his understanding of death?(4)
- B. Grandmother says that she just cannot tell him he is dying. How would you recommend that she begin the conversation with him about death?
 (4)

TOTAL = 8 MARKS

QUESTION 5

SCENARIO: Mrs Bhembe is looking after her very ill husband on stage 4 of prostate cancer. She has already at the state of anticipatory loss and is grieving. The husband in on-and-off a hospice at home for palliative care and pain management.

- A. Describe factors that would reduce the stress of Mrs Bhedu in relation to her husband's condition (10)
- B. Discuss coping mechanism that Mrs Bhedu could utilize to cope should the death
 occurs, not forgetting your own culture.
- C. Describe bereavement as an opportunity for growth (10)

As a nurse discuss how would you break the news of Mr, Bhedus death to his wife, kids and the community related to your own culture. (10)

TOTAL = 40 MARKS