

Care CEUs

Practical Approaches to End-of-Life Care

1. Which approach best exemplifies a holistic assessment for an elderly patient nearing end of life?

- A. Measuring vital signs and recording intake-output without further discussion
 - B. Focusing solely on adjusting pain medication doses
 - C. Monitoring respiratory rate and suctioning secretions when noisy breathing occurs
 - D. Exploring physical symptoms, emotional concerns, spiritual preferences, family dynamics, and care goals simultaneously
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2. Which strategy most effectively fosters interdisciplinary communication when introducing advance care planning discussions?

- A. Using detailed medical terminology to explain prognosis
 - B. Scheduling a single meeting exclusively with the attending physician
 - C. Facilitating regular team meetings with open-ended questions and shared documentation involving nurses, social workers, and chaplains
 - D. Waiting until a health crisis arises before discussing preferences
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3. To proactively manage pain for a patient who can no longer verbalize discomfort, which intervention is most appropriate?

- A. Administering scheduled low-dose opioids before nonverbal pain indicators worsen
 - B. Increasing IV fluid rates to enhance drug distribution
 - C. Waiting until moaning is audible before giving analgesics
 - D. Offering high-protein nutritional supplements to prevent agitation
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4. When a dying patient develops the 'death rattle', what is the most evidence-based intervention to enhance comfort?

- A. Initiating emergency intubation to secure the airway
 - B. Performing deep oropharyngeal suctioning to clear airway secretions
 - C. Encouraging oral fluid intake to thin respiratory secretions
 - D. Raising the head of the bed and administering anticholinergic medication to reduce secretions
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5. Which statement correctly distinguishes palliative care from hospice care?

- A. Hospice care is introduced immediately at diagnosis of a serious illness
- B. Palliative care can begin at any stage alongside curative treatments, not limited by prognosis
- C. Hospice care covers emergency room and inpatient treatments

D. Palliative care is supported exclusively by private insurance plans

6. What role should a healthcare professional take when assisting a resident with selecting a healthcare proxy?

- A. Guiding the resident to choose a trusted advocate, educating them on responsibilities, and ensuring proper documentation
 - B. Having family members decide among themselves who will be the proxy
 - C. Filling out the living will for the resident to speed up the process
 - D. Waiting until the resident loses decision-making capacity to assign a proxy
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7. Which postmortem practice most effectively preserves dignity and supports family viewing?

- A. Bathing the body in cold water to hasten algor mortis
 - B. Leaving medical equipment in place until mortuary staff arrive
 - C. Gently closing the eyes, positioning the body with head elevation, labeling personal items for safe custody, and providing fresh linens
 - D. Packing cotton in the mouth to prevent fluid leakage without closing the eyelids
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8. Which strategy best addresses grief support for staff after a long-term resident's death?

- A. Suggesting staff avoid discussing the resident's death with each other
 - B. Encouraging staff to maintain emotional distance to prevent future distress
 - C. Assigning extra duties immediately to keep staff busy
 - D. Implementing regular debriefing sessions, peer support programs, and access to counseling resources
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9. When initiating spiritual care conversations with a dying resident, which question is most likely to facilitate meaningful dialogue?

- A. Have you completed all your religious rituals today?
 - B. What gives you strength and hope during this time?
 - C. Do you believe you are ready to die?
 - D. Would you like me to pray with you right now?
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10. Which postmortem sign indicates livor mortis has begun?

- A. Progressive stiffening of facial muscles several hours after death
 - B. Gradual cooling of the body until it matches ambient temperature
 - C. Purplish discoloration of skin in dependent areas due to blood pooling
 - D. Fixed dilated pupils with no response to light
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