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

---

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

---

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

---

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

---

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

---

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

---

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

---

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?

---

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

Copyright © 2026 Care CEUs

Visit us at https://www.careceus.com