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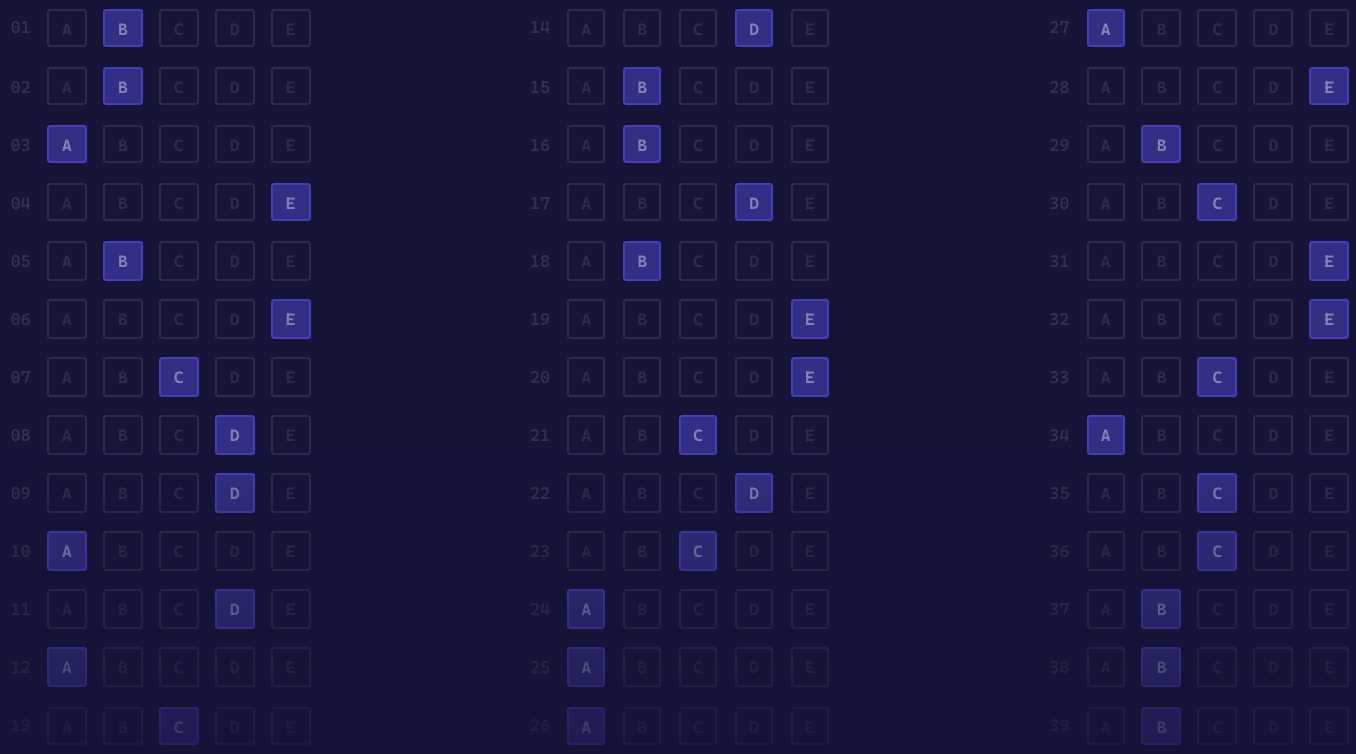

PRACTICE QUESTIONS

American Nurses Credentialing Center (ANCC)

56FT

Pain Management Nursing - Field Test

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for American Nurses Credentialing Center (ANCC) `56FT`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `56FT`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

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QUESTION 1 SINGLE CHOICE

A patient with a history of chronic neuropathic pain reports burning, shooting sensations in the lower extremities. Which assessment tool is most appropriate for evaluating the neuropathic component of this patient's pain?

A Numeric Rating Scale (NRS)

B Visual Analog Scale (VAS)

C Douleur Neuropathique 4 (DN4)

D Wong-Baker FACES Scale

ANSWER C

WHY The DN4 (Douleur Neuropathique 4) is a validated screening tool specifically designed to identify and assess neuropathic pain characteristics, including burning, cold, electric shocks, tingling, pins and needles, numbness, and itching, as well as clinical examination findings. While the NRS, VAS, and Wong-Baker FACES scale are valid pain intensity tools, they do not specifically differentiate neuropathic from nociceptive pain.

QUESTION 2 SINGLE CHOICE

A patient with severe renal impairment (creatinine clearance 15 mL/min) requires an opioid for moderate to severe pain. Which opioid is the most appropriate choice given the renal function?

A Morphine

B Methadone

C Oxycodone

D Meperidine

ANSWER B

WHY Methadone is considered one of the safer opioid choices in severe renal impairment because it does not have active metabolites that accumulate in renal failure, unlike morphine (which has active metabolite M6G) and oxycodone (which has active noroxycodone). Meperidine is contraindicated in renal impairment due to the accumulation of its neurotoxic metabolite normeperidine. However, methadone requires careful ECG monitoring due to QT prolongation risk.

QUESTION 3 SINGLE CHOICE

A patient with chronic low back pain is interested in complementary therapies. Which non-pharmacological intervention has the strongest evidence base for chronic low back pain management according to clinical guidelines?

A Acupuncture

B **Cognitive behavioral therapy (CBT)**

C Aromatherapy

D Reiki

ANSWER **B**

WHY Cognitive behavioral therapy (CBT) has strong evidence for managing chronic low back pain by helping patients develop coping strategies, address catastrophizing, and modify pain behaviors. While acupuncture has shown some benefit, CBT has more consistent evidence across multiple clinical practice guidelines. Aromatherapy and Reiki have limited or insufficient evidence for chronic low back pain management.

QUESTION 4 SINGLE CHOICE

An 80-year-old patient with dementia is unable to self-report pain. Which behavioral assessment tool is specifically validated for pain assessment in non-verbal patients with dementia?

A McGill Pain Questionnaire

B **PAINAD (Pain Assessment in Advanced Dementia)**

C Brief Pain Inventory

D Oswestry Disability Index

ANSWER **B**

WHY The PAINAD scale is specifically designed and validated for assessing pain in patients with advanced dementia who cannot self-report. It evaluates breathing, vocalization, facial expression, body language, and consolability. The McGill Pain Questionnaire and Brief Pain Inventory require self-report, while the Oswestry Disability Index assesses functional disability rather than pain in non-verbal patients.

QUESTION 5 SINGLE CHOICE

A patient receiving morphine via patient-controlled analgesia (PCA) develops respiratory depression. Which medication is the appropriate first-line reversal agent?

A Flumazenil

B Naloxone

C Naltrexone

D Atropine

ANSWER B

WHY Naloxone is a pure opioid antagonist that rapidly reverses opioid-induced respiratory depression. Flumazenil reverses benzodiazepine overdose. Naltrexone is a long-acting opioid antagonist used for maintenance therapy, not acute reversal. Atropine is an anticholinergic used for bradycardia and certain toxic exposures. The nurse should administer naloxone per protocol and monitor the patient closely, as its half-life is shorter than most opioids.

QUESTION 6 SINGLE CHOICE

A patient with a spinal cord injury at T10 reports severe pain at the level of the injury described as burning and shooting. Which type of pain is most consistent with this presentation?

A Nociceptive somatic pain

B Nociceptive visceral pain

C Neuropathic pain

D Psychogenic pain

ANSWER C

WHY Neuropathic pain arises from damage to or dysfunction of the somatosensory nervous system. Pain described as burning, shooting, or electric shock-like at the level of a spinal cord injury is characteristic of neuropathic pain. Nociceptive somatic pain arises from damage to non-neural tissue and is typically aching or throbbing. Nociceptive visceral pain originates from organs. Psychogenic pain is not consistent with this presentation.

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QUESTION 7 MULTIPLE CHOICE

A patient with a history of opioid use disorder is prescribed buprenorphine for chronic pain. Which statements accurately describe buprenorphine? (Choose two.)

A **It is a partial mu-opioid agonist**

B **It has a ceiling effect for respiratory depression**

C It is contraindicated in patients with liver failure

D It should never be used for acute pain

E It has no analgesic properties

ANSWER **A** · **B**

WHY Buprenorphine is a partial mu-opioid agonist and a kappa-opioid antagonist. It has a ceiling effect for respiratory depression, which provides a safety advantage, though not for analgesia. It is approved for both chronic pain (Butrans transdermal, Belbuca buccal) and acute pain. While it undergoes hepatic metabolism, it is not strictly contraindicated in all liver disease but requires dose adjustment and monitoring. It does have analgesic properties.

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QUESTION 8 SINGLE CHOICE

A patient with terminal cancer is requesting increased opioid doses despite concerns raised by family members about addiction. Which ethical principle supports providing adequate pain relief in this scenario?

A **Nonmaleficence**

B Veracity

C Justice

D Autonomy alone

ANSWER **A**

WHY Nonmaleficence (the duty to do no harm) supports providing adequate pain relief because uncontrolled pain itself causes harm. In terminal illness, the principle of double effect acknowledges that opioids used to relieve pain are ethically appropriate even if they may hasten death. The nurse should advocate for adequate analgesia based on the patient's clinical needs and goals of care, while also respecting patient autonomy and providing education to the family about addiction versus physical dependence in this context.

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QUESTION 9 SINGLE CHOICE

A patient with chronic pancreatitis continues to have severe abdominal pain despite optimized medical management. Which interventional procedure is most commonly considered for managing this type of visceral pain?

A Lumbar epidural steroid injection

B Celiac plexus block

C Stellate ganglion block

D Trigger point injection

ANSWER B

WHY The celiac plexus block targets the celiac ganglion, which transmits pain from the upper abdominal viscera, including the pancreas, liver, and gastrointestinal tract. It is commonly used for pain from chronic pancreatitis and pancreatic cancer. Lumbar epidural steroid injections target spinal nerve roots, not visceral structures. Stellate ganglion blocks target sympathetic nerves in the neck. Trigger point injections address myofascial pain, not visceral pain.

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