

# Palliative Care: Prognostication and the Chronically Ill

**1. Among Americans 65 years old or older, the leading cause of death is**

- a. cancer.
- b. infection.
- c. stroke.
- d. heart disease.

**2. To be eligible for hospice care, a patient must**

- a. have cancer.
- b. be at least age 65.
- c. be dying.
- d. have a chronic illness.

**3. During the first phase of the perideath period,**

- a. the patient and family realize the illness is terminal.
- b. family members must make arrangements for the patient's end-of-life care.
- c. the nurse must explain that there is no hope for a cure.
- d. the patient should be comforted because death is imminent.

**4. A primary goal of postdeath nursing care is to**

- a. prepare the body for the funeral home or crematorium.
- b. help the family achieve optimal adjustment.
- c. validate that the patient's wishes were honored.
- d. make sure the family gets a copy of the death certificate.

**5. According to the Institute of Medicine, the trajectory of illness and dying most often experienced by older adults is a**

- a. prolonged decline in health, punctuated by periodic crises.
- b. sudden and unexpected death.
- c. relatively short terminal phase.
- d. steady decline in physical health.

**6. Of the following, the symptom most often experienced by older adults at the end of life is**

- a. depression.
- b. pain.
- c. confusion.
- d. fear.

**7. According to Christakis and Lamont, when a terminally ill patient and his physician have a long and close relationship, the physician is**

- a. less able to predict the patient's prognosis accurately.
- b. more likely to recommend palliative care for the patient.
- c. more willing to share a pessimistic prognosis with the family.
- d. better able to help the patient manage end-of-life symptoms.

**8. An event in the trajectory of an illness that moves a patient closer to death is called a**

- a. prognostic indicator.
- b. mortality predictor.
- c. risk signal.
- d. transition point.

**9. An 89-year-old male resident at an assisted living facility normally manages activities of daily living without assistance but has congestive heart failure, frequent episodes of shortness of breath with minimal exertion, a BMI of 23 kg/m<sup>2</sup>, and occasional difficulties swallowing. Using Flacker and Kiely's mortality tool, this patient's risk of dying within one year is**

- a. 7.1%.
- b. 19.2%.
- c. 50.5%.
- d. 85.7%.

**10. The same patient, who needs assistance only when he's short of breath, would have a Karnofsky Performance Status of**

- a. 70%.
- b. 60%.
- c. 50%.
- d. 40%.

**11. According to Walter and colleagues, determining risk of death within one year of discharge in older adults takes into account a diagnosis of**

- a. rheumatoid arthritis.
- b. dementia.
- c. cancer.
- d. HIV-AIDS.

**12. An 86-year-old female resident of a long-term care facility has multifactorial dementia and type 1 diabetes mellitus, is incontinent of bladder and bowel, needs assistance with all activities of daily living, and has dysphagia. However, she shows no evidence of heart or lung disease. Using Flacker and Kiely's mortality tool, her risk of dying within one year is**

- a. 7.1%.
- b. 19.2%.
- c. 50.5%.
- d. 85.7%.

**13. This same patient would have a Karnofsky Performance Status of**

- a. 80%.
- b. 70%.
- c. 60%.
- d. 50%.

**14. An example of a core end-stage indicator is**

- a. weight loss.
- b. urinary incontinence.
- c. impaired mobility.
- d. aspiration pneumonia.

**15. An example of a disease-specific indicator for congestive heart failure is**

- a. persistent productive cough with frothy sputum.
- b. New York Heart Association class III disease.
- c. symptomatic at rest despite optimal diuretic-vasodilator therapy.
- d. aspiration pneumonia. ▼