**ED**ucation on Chronic Pain Management in the **ED**

Pharmacy Technician Post-test

After completing this continuing education activity, pharmacy technicians will be able to

1. Describe risk factors and common causes of chronic pain
2. Compare patient scoring systems used in opioid risk management
3. Identify pharmacological regimens based on pain type
4. Evaluate the role of pharmacy technicians in medication reconciliation in chronic pain patients

**1. The emergency department is not intended to treat chronic pain, yet emergency medicine providers will often find themselves caring for patients who suffer from chronic pain. Which chronic pain patients are most likely to have acute pain episodes and why?**

A. Some patients with chronic pain prefer the personalized attention they receive in the emergency department.

B. Some patients with chronic pain experience a change or of pain severity or symptoms from baseline.

C. Some patients with chronic back pain can only obtain the opioids they need through the emergency department.

**2. Which of the following statements about chronic pain is TRUE?**

1. Chronic pain generally well-managed with opioids alone.
2. Psychiatric disorders reduce a patient’s risk of developing chronic pain.
3. All chronic pain starts with an acute pain presentation.

**3. A visually impaired patient presents to the ED with acute on chronic pain. Which of the following tools is best to use to assess this patient’s pain?**

1. Numeric rating scale
2. Visual analogue scale
3. Faces rating scale

**4. When reconciling a pain patient’s medications and asking questions, which of the following is important to keep in mind?**

1. Younger patients generally have a higher pain tolerance than older patients.
2. The numeric rating scale is the preferred pain scale for all patients.
3. Record the pain level the patient reports, not what you think it is.

**5. Which of the following statements is TRUE regarding how to choose an analgesic regimen based on patient reported pain scores?**

1. Mild pain (pain score 1 to 3) should initially be treated with nonopioid analgesics
2. Moderate pain (pain score 4 to 6) and severe pain (pain score 7 to 10) should be treated with opioid monotherapy
3. Intravenous (IV) opioids are preferred over oral (PO) opioids in a patient with a pain score of 5, even if the patient is able to tolerate PO

**6. Which of the following best describes neuropathic pain?**

1. Throbbing, aching, less localized
2. Dull, deep, diffuse pain over internal organ(s)
3. Burning, shooting, stabbing, tingling, pins and needles

**7. Which of the following is important to document during a medication reconciliation?**

A. Patient adherence

B. Patient copayment

C. 2-year medication history

**8. Which of the following scoring systems would be helpful for predicting the patient’s compliance to long-term opioid use?**

A. The CDC’s Online Opioid Risk Tool (ORT)

B. Diagnosis, Intractability, Risk and Efficacy Score (DIRE)

C. Faces pediatric pain rating scale

**9. Which of the following questions would help you report the patient’s adherence to their prescribed pain regiment during a medication reconciliation?**

A. “What do you take for breakthrough pain and how often do you need it?”

B. “May I talk to your family members about your pain medications?”

C. “Has the doctor ever talked to you about taking too much medication?”

**10. The pharmacist asks you to find the date that the patient last filled a controlled prescription, and the morphine milligram equivalents (MME). Where should the healthcare team look?**

A. Your state’s prescription drug monitoring programs

B. Morphine milligram equivalents (MME)

C. The patient’s local emergency department record