

b. Angerc. Deniald. Depression

Hospice Orientation for Skilled Nursing Facilities

<u>Post-Test—ANSWER KEY</u>	
Name	Date
a.	aces a special emphasis on controlling a patient's pain and discomfort. True False
used for skill <mark>a.</mark>	dosages used in hospice patients may bethan those routinely ed nursing facility patients. Higher Lower
given1 a.	ns used for pain and symptom management in Hospice patients may be frequently than those routinely used for skilled nursing facility patients. More Less
a.	rations in Hospice are only given by mouth. True <mark>False</mark>
a. b. c.	managed by Hospice may include: Emotional pain Shortness of breath Nausea & vomiting All of the above
a. b. <u>c.</u>	gns of approaching death may include: Increased urinary output Insomnia Decreased appetite & thirst Warm hands & feet
according to	ne following is not listed as an expected reaction to death/loss, Kubler-Ross? Fatigue



- 8. Hospice Patients have the right (circle all that apply):
 - a. To receive effective pain management
 - b. To injure or harm others
 - c. To refuse care or treatment
 - d. To be involved in developing his/her Plan of Care
- 9. When the SNF staff assess a significant change in condition in a Hospice patient, the SNF staff should:
 - a. Call 911
 - b. Call the hospice provider
 - c. Call the doctor to get a change in orders
 - d. None of the above
- 10. When a hospice patient residing in a SNF receives a new order for medication, the SNF staff should:
 - a. Call the pharmacy and have the medication filled
 - b. Call the hospice to alert them to the change
 - c. Call the patient's responsible party to update them on the change
 - d. All of the above—but call the hospice first to discuss plan of care changes before calling pharmacy to fill the medication order