

sOpioids In Eyecare Quiz

1. Pain that has a known cause and typically resolves within three months is known as _____.
 - a. Acute pain
 - b. Chronic pain
 - c. Inflammatory pain
 - d. Phantom pain
2. Pain related to stimulation of sensory nerves is known as _____.
 - a. Chronic pain
 - b. Nociceptive pain
 - c. Phantom pain
 - d. Neuropathic pain
3. Pain resulting from tissue disruption (such as cellulitis) is known as _____.
 - a. Inflammatory pain
 - b. Nociceptive pain
 - c. Chronic pain
 - d. Neuropathic pain
4. An spike in pain which is beyond the control of a patient's usual and customary pain control, be it medication, behavioral therapy, or a combination thereof, is known as _____.
 - a. Phantom pain
 - b. Neuropathic pain
 - c. Breakthrough pain
 - d. Acute pain
5. Which of the following is NOT true regarding the non-narcotic analgesic acetaminophen?
 - a. It has significant effects on platelet aggregation
 - b. It carries little risk for GI side effects
 - c. It is antipyretic
 - d. It has no cross-over sensitivity with non-steroidal anti-inflammatory drugs (NSAIDS)
6. Opioid analgesics work by bonding to opioid receptors mimicking the gold standard opioid _____.
 - a. Cortisol
 - b. Adenine
 - c. Acetylsalicylic acid
 - d. Morphine

7. The usual and customary dosage for an oral opioid analgesic is one pill taken _____.
- Every 4 to 6 hours
 - Every 1 to 2 hours
 - Once a day
 - Every 12 hours
8. Opioids are commonly prescribed along with _____ for enhanced pain control by different mechanisms of action.
- Non-narcotic analgesics such as acetaminophen
 - Additional opioids
 - Anesthetics
 - Sedatives
9. The most common causes of ocular pain which require an opioid prescription for pain control _____.
- Require chronic therapy
 - Resolve within 2-3 days
 - Require more than one opioid analgesic
 - Do not resolve within 2-3 weeks
10. Contraindications/cautions with opioid therapy include _____.
- Pregnancy
 - Alcoholism
 - Depressed respiration
 - All of the above
11. More of a substance being needed to achieve the desired effect is known as _____.
- Overdose
 - Addiction
 - Dependence
 - Withdrawal
12. What percentage of heroin users start out with an addiction to a prescribed opioid medication with accepted medicinal value?
- 75%
 - 25%
 - 12.5%

- d. 40%
13. The significant increase in synthetic opioid related deaths in the U.S. in recent history is largely attributed to _____ being introduced to users with or without their consent and/or knowledge.
- a. Fentanyl
 - b. Heroin
 - c. Cocaine
 - d. Oxycodone
14. Behavioral cues pointing to opioid addiction and a patient's subsequent seeking out a prescription for illicit drug use include _____.
- a. Signs and symptoms not matching
 - b. Early or frequent calls for refills
 - c. Symptoms of withdrawal present
 - d. All of the above
15. Signs/symptoms of overdose include _____.
- a. Depressed respiration
 - b. Pupillary miosis
 - c. Lethargy
 - d. All of the above
16. A medication commonly administered to reverse opioid effects during overdose, the most important or which is restoring proper respiration, is _____.
- a. Fentanyl
 - b. Naloxone
 - c. Naproxen
 - d. Phenobarbital
17. The most important goal in treating overdose is _____.
- a. Restoring proper visual function
 - b. Restoring proper cognition
 - c. Restoring proper respiratory function
 - d. Alleviating nausea / vomiting
18. The concomitant use of an opioid and a _____ is contraindicated.
- a. Benzodiazepine

- b. Topical beta blocker
- c. Non-steroidal anti-inflammatory drug (NSAID)
- d. Stimulant

19. When addiction is manifest, _____.

- a. Communicating with the patient and/or family is important
- b. Communicating with the patient's primary care doctor is important
- c. A support system is key to recovery
- d. All of the above are true

20. When prescribing an opioid, it is recommended to start with a(n) _____ in order to mitigate the risk of dependence and addiction .

- a. Extended-release opioid
- b. Immediate-release opioid
- c. Opioid NOT in combination with a non-narcotic analgesic
- d. Pulse dose, such as every 1 to 2 hours