

TAPM Audio Series 2006
Module 8: Nausea - Assessment & Management
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Module Objectives

1. Discuss the prevalence of nausea in the palliative care setting, including the suffering that nausea causes
2. Describe several pathophysiologic mechanisms for nausea
3. Describe specific management regimens for each such mechanism

Post-test

Each question has one correct answer. Please record your answers on the separate answer/evaluation sheet and submit to TAPM if credit is desired.

1. Which of the following statements is correct?
 - a. Previous alcohol abuse is relatively protective from nausea.
 - b. Nausea is more common in patients with lung or gastric cancer.
 - c. There is no gender difference in nausea prevalence.
 - d. Geriatric patients are more likely to have nausea.
2. Which of the following statements is *incorrect*?
 - a. The chemoreceptor trigger zone is not protected by the blood brain barrier.
 - b. Cortical nausea is a learned neurobehavioral response.
 - c. Vagotomy would be expected to reduce nausea of gastrointestinal origin.
 - d. The vomiting center is clearly defined within the reticular formation.
3. A middle-aged breast cancer patient with severe nausea and an aversion to 'mind-altering drugs', might respond well to:
 - a. Ginger root
 - b. Acupressure
 - c. Hypnosis
 - d. All of the above
4. An elderly gentleman with recurrent lymphoma states that ondansetron was the only medication that relieved his nausea during chemotherapy. Using this drug for end-disease nausea is the most likely anti-nausea agent to be effective.
 - a. True
 - b. False
5. Which of the following is *not* an example of rationale "layering" of anti-nausea medications to blockade multiple nausea-associated chemoreceptors?
 - a. Haloperidol – Scopolamine – Hydroxyzine
 - b. Granisetron – Prochlorperazine – Metoclopramide
 - c. Ginger Root – Promethazine – Metoclopramide
 - d. Promethazine – Haloperidol – Prochlorperazine