The Role of the Nurse in Buprenorphine Treatment

**Multiple Choice**
*Identify the choice that best completes the statement or answers the question.*

1. **The Role of the Nurse**
   The nurse’s role in working collaboratively with a physician to improve the care provided to individuals who are addicted to opioids is a very important one. Which of the following is NOT one of the responsibilities of the nurse working with these clients?
   - a. Dispensing buprenorphine products when instructed by and under the supervision of the physician
   - b. Conducting screening, assessment, treatment monitoring, counseling, and supportive services
   - c. Enhancing treatment readiness, supporting treatment completion, ensuring safety, and promoting sustained recovery outcomes for individuals undergoing buprenorphine treatment for opioid addiction
   - d. Assisting patients in accessing other treatment options as needed, such as day treatment, residential, outpatient, and methadone detoxification or maintenance services

2. **Buprenorphine Pharmacology**
   The molecules on the surface of cells to which opioid compounds attach and through which they exert their effects are known as:
   - a. Opioid Agonists
   - b. Antagonists
   - c. Opioid Receptors
   - d. None of the above

3. The repeated administration of opioid drugs results in tolerance and dose-dependent physical dependence. Which of the following is a correct statement about tolerance, dependence, and withdrawal from these substances?
   - a. Dependence is characterized by a decreased subjective and objective response to the same amount of opioids used over time or by the need to keep increasing the amount used to achieve the desired effect
   - b. Tolerance is manifested as a set of withdrawal signs and symptoms in response to reduction, cessation, or loss of the active compound at
   - c. Spontaneous withdrawal can occur when an individual who is physically dependent on opioids suddenly discontinues that use, and for an individual who is physically dependent on heroin, spontaneous withdrawal usually begins 12-18 hours after the last dose and peaks in intensity 72-84 hours after the last use
   - d. Precipitated withdrawal usually occurs when an individual who is physically dependent on opioids is administrated an opioid antagonist, but for
4. Buprenorphine is characterized pharmacologically as an opioid partial agonist and at lower doses, buprenorphine acts as an opioid agonist. At moderate doses, the agonist effects reach a plateau, and at higher doses, the opioid antagonist properties dominate and, in certain circumstances can precipitate withdrawal symptoms in acutely opioid intoxicated individuals.

a. True
b. False

5. Which of the following most accurately describes the use of buprenorphine monotherapy and combination therapy products and other buprenorphine medications to treat opioid addiction?

a. Suboxone is added to buprenorphine to decrease the potential for abuse by the parenteral route, and initial prescriptions are usually limited to 2 or 3 day doses before a full prescription is given
b. Most patients find that 6 mg of either medication alleviates withdrawal symptoms, and the average maintenance dose is usually 12 mg
c. Because of its opioid-agonist effects, buprenorphine can be abused, particularly by individuals who are physically dependent on opioids
d. Under certain circumstances, buprenorphine may precipitate withdrawal in opioid dependent individuals, which is more likely to occur with higher levels of opioid dependence and with higher doses of buprenorphine

6. The adverse effects of buprenorphine are similar to those of other opioids, but usually these effects are less intense than those seen with full agonists, and the most common adverse reactions are vomiting, headaches and constipation.

a. True
b. False

7. Several medical conditions and medications, as well as concurrent abuse of other drugs and alcohol, necessitate caution or are relative contraindications to buprenorphine treatment. These include each of the following EXCEPT:

a. Seizures
b. HIV
c. Pregnancy
d. Depression and Anxiety

8. **Buprenorphine Treatment Protocols: Office-Based Treatment**

Office-based treatment of opioid dependence is now permitted and offers many advantages compared to federally regulated opioid treatment programs. These advantages include increasing the availability of treatment, the ability to tailor services to the needs of patients, limiting patients’ contact with other drug abusers, and:

a. Minimization of the potential stigma
c. The ability to provide or recommend
associated with treatment appropriate psychosocial services within the office

b. Giving health care providers an opportunity to acquire experience with new populations
d. Both B and C above

9. Medically supervised withdrawal is a critical first stage of addiction treatment and often has a significant impact on long-term drug use. Additionally, medically supervised withdrawal is strongly indicated as a precursor to effective drug-addiction treatment for most individuals.

a. True b. False

10. Patients with a desire to be opioid free and to engage in rehabilitation may be withdrawn over a period of 10-30 days, and fall into the _________ classification of medically supervised withdrawal.

a. Short-term b. Mid-term
c. Long-term d. None of the above

11. The maintenance phase of buprenorphine treatment begins when patients who have discontinued or greatly reduced the use of their drug of abuse no have cravings and are experiencing few or no side effects.

a. True b. False

12. Precipitated withdrawal is more likely to occur with higher levels of opioid dependence, with short-time intervals between doses, and with higher doses of buprenorphine, and withdrawal may be intense and of rapid onset. Which of the following is NOT one of authors’ suggestions to avoid precipitated withdrawal?

a. Accurately assess the patterns of opioid use
b. Determine whether the patient was on short-or long-acting opioid medications before initiating buprenorphine
c. Monitor trial dosing
d. Be alert so withdrawal can be stopped before it becomes overwhelming

13. Fully developed opioid withdrawal usually occurs between one and three days after last use and includes:

a. Vomiting and diarrhea b. Rhinorrhea and piloerection
c. Muscle twitching and insomnia d. Both A and C above

14. Medical withdrawal from Suboxone causes mild withdrawal symptoms, such as muscle pain, nausea, gastrointestinal distress, and insomnia. Patients may benefit from over-the-counter medications or prescribed medications to alleviate symptoms including:

a. Diphenhydramine, 25 mg by mouth at bedtime as needed for severe insomnia
c. Promethazine, 25 mg by mouth every 6 hours as needed for nausea
b. Dicyclomine, 50 mg by mouth every 4 hours as needed for abdominal pain
d. Acetaminophen, 500 mg by mouth every 6 hours as needed for pain

15. The first approach to the treatment of pain is pharmacologic intervention, while the second approach is nonpharmacological strategies including exercise, immobilization, acupuncture, relaxation and imagery, distraction and reframing, patient education, structured support, hypnosis, and pastoral counseling.

a. True
b. False

16. If the patient requires opioid analgesics for the management of acute pain while receiving buprenorphine maintenance therapy, each of the following options may be appropriate EXCEPT:

a. Provide titrated short-acting opioid analgesics while continuing buprenorphine maintenance therapy
b. Divide buprenorphine dose, and administer every 4-6 hours
c. Administer opioid analgesics while discontinuing buprenorphine maintenance therapy until acute pain is less intense and does not require opioid analgesics
d. Discontinue buprenorphine in case of hospitalization, and provide methadone for treating opioid dependence and short-acting opioid analgesics for treating pain

17. According to the authors, in order to improve outcomes of pharmacologic therapies provided in office-based settings, practitioners must be clear about their treatment philosophy, office rules, and:

a. Participation requirements
b. Confidentiality statements
c. Expectations
d. All of the above

18. Relapse to opioid drug use can be life threatening, and those who relapse should be immediately discharged from buprenorphine treatment for their own safety.

a. True
b. False

19. In opioid treatment programs, nonphysician health care professionals such as nurses, nurse case managers, and NPs are permitted to conduct various activities. For example, they may under the supervision of the program physician conduct the required initial physical examination, although they may not determine a patient’s eligibility for take-home medication.

a. True
b. False

20. **Nursing Practice and the Use of Buprenorphine for the Treatment of Opioid Addiction**

Nurses have a valuable role in screening and assessing the health status of patients who have addiction problems. Which of the following accurately describes their role in this process?

a. They should assist in the ruling out of
c. The nurse should conduct a
comorbid acute or chronic pain disorders and opioid dependence

comprehensive biopsychosocial assessment to determine the appropriateness of office-based or other opioid-agonist treatment, and this may be accomplished over a 1-2 week period

b. Nurses should use brief interviews and standardized assessments, as they are the most effective means of gathering further necessary information after the initial assessment
d. All of the above

21. Which of the following is NOT one of the assessment components recommended for a patient who is addicted to opioids?

a. Complete history
c. Intoxication and overdose assessment
b. Physical examination
d. Risk assessment to ensure ability to cooperate with treatment

22. Nurses may be instrumental in the development of a treatment plan, and this plan should contain clear and achievable targets and time scales, and

a. The venue in which care/intervention will be offered
c. The involvement of other services such as counseling and psychotherapy
b. The role of the family in the treatment process
d. Both A and C above

23. Treatment must be assessed continually to ensure that it meets changing needs. Matching treatment settings, interventions, and services to each individual’s particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.

a. True
b. False

24. To be effective, treatment must address the individual’s drug use and any associated medical, psychological, social, vocational, and legal problems, and appropriate duration depends on problems and needs. For most patients, the threshold of significant improvement is about _____ months in treatment.

a. Two
c. Four
b. Three
d. Five

25. While it is not recommended that physicians who are providing opioid treatment provide psychosocial services in their own practices because of potential conflicts, it is important that they make appropriate referrals to reputable behavioral health practitioners in their communities.

a. True
b. False
26. Individual and group counseling and other behavioral therapies are critical components of effective treatment, and the authors state that in therapy patients must be helped to:

   a. Address influences on their drug abuse patterns
   b. Evaluate post-treatment support systems
   c. Improve problem solving abilities
   d. None of the above

27. Relapse can happen because of the presence of both physical and emotional triggers in the patient’s life, and nurses must help patients understand these triggers and create strategies to avoid and manage them. Each of the following is a correct statement about the nurse’s role in treatment retention EXCEPT:

   a. Nurses should help patients develop alternative adaptive responses to stresses and constructive ways to manage these stresses
   b. Nurses and other health care providers must continuously ask patients open questions to facilitate constructive discussion rather than resistance
   c. The aim of nursing intervention in recovery management is to help patients prioritize their needs and maintain their motivation as well as to empower patients to achieve desired recovery outcomes
   d. Nurses must continuously monitor urine drug testing or other toxicology testing, and if the client violates the program’s treatment policies, the nurse must make an appropriate referral to another agency

28. **Confidentiality and Privacy**
Prior to initiating office-based opioid addiction treatment, practice policies and procedures should be established that will guarantee the privacy and confidentiality of patients treated for addiction. Furthermore, federal regulations mandate that addiction treatment information in the possession of substance abuse treatment providers be handled with a greater degree of confidentiality than general medical information.

   a. True
   b. False