

# Opioid Analgesics and Pain Management Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

**Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.**

**ALL RIGHTS RESERVED.**

**No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.**

**Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.**

**SAMPLE**

# Table of Contents

<b>Copyright</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>How to Use This Guide</b> .....	<b>4</b>
<b>Questions</b> .....	<b>5</b>
<b>Answers</b> .....	<b>8</b>
<b>Explanations</b> .....	<b>10</b>
<b>Next Steps</b> .....	<b>16</b>

SAMPLE

# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

**Remember:** successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

**This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:**

## **1. Start with a Diagnostic Review**

**Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.**

## **2. Study in Short, Focused Sessions**

**Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.**

## **3. Learn from the Explanations**

**After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.**

## **4. Track Your Progress**

**Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.**

## **5. Simulate the Real Exam**

**Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.**

## **6. Repeat and Review**

**Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.**

**There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!**

## Questions

SAMPLE

- 1. What is a common indication for Fentanyl (Sublimaze)?**
  - A. Moderate or acute pain**
  - B. Severe or chronic pain and breakthrough pain**
  - C. Post-operative nausea**
  - D. Long-term treatment of diabetes-related pain**
  
- 2. What is the first-line recommended treatment for mild pain (1-3)?**
  - A. Opioid analgesic**
  - B. Acetaminophen and/or NSAID**
  - C. Corticosteroids**
  - D. Combination therapy with muscle relaxants**
  
- 3. What condition are Naloxegol (Movantik), Methylnaltrexone (Relistor), and Naldemedine (Symproic) indicated for?**
  - A. Anxiety disorders**
  - B. Chronic pain**
  - C. Opioid-induced constipation**
  - D. Diarrhea**
  
- 4. What potential side effect should be monitored when administering opioid antagonists?**
  - A. Increased appetite**
  - B. Respiratory depression**
  - C. Elevated blood pressure**
  - D. Diarrhea**
  
- 5. Which of the following is NOT an example of acute pain?**
  - A. Injury**
  - B. Post-operative flare**
  - C. Chronic back pain**
  - D. Burn from a hot surface**

- 6. Which of the following medications is a tricyclic antidepressant that can be used as an adjuvant analgesic?**
- A. Gabapentin**
  - B. Duloxetine**
  - C. Amitriptyline**
  - D. Pregabalin**
- 7. Which of the following is characterized as a type of mixed pain?**
- A. Only nerve-related pain**
  - B. Pain from chronic injury and nerve damage**
  - C. Only acute pain**
  - D. Pain resulting from disease**
- 8. In the pain pathway, what does the perception phase involve?**
- A. Transmission of signals to the spinal cord**
  - B. Recognition of pain by the cortex**
  - C. Interpretation of signals in the thalamus**
  - D. Release of inflammatory mediators**
- 9. What is a sign of physical dependence on opioids?**
- A. Increase in energy levels**
  - B. Occurrence of abstinence syndrome**
  - C. Decreased tolerance to opioids**
  - D. Improved mood**
- 10. What is one important consideration when prescribing opioids?**
- A. Start high and fast**
  - B. Prescribe extended-release opioids for acute pain**
  - C. Follow up and reassess the risk of harm**
  - D. Use only IV opioids for chronic conditions**

## Answers

SAMPLE

1. B
2. B
3. C
4. D
5. C
6. C
7. B
8. C
9. B
10. C

SAMPLE

## **Explanations**

SAMPLE

## 1. What is a common indication for Fentanyl (Sublimaze)?

- A. Moderate or acute pain
- B. Severe or chronic pain and breakthrough pain**
- C. Post-operative nausea
- D. Long-term treatment of diabetes-related pain

Fentanyl (Sublimaze) is primarily indicated for the management of severe or chronic pain and breakthrough pain. It is a potent synthetic opioid that is often utilized in settings where patients require rapid relief from severe pain, especially those who are tolerant to other opioids or need high doses due to their pain conditions. In cancer patients or those experiencing significant postoperative pain, Fentanyl provides effective analgesia. Its fast-acting formulation allows for quick relief, making it well-suited for breakthrough pain scenarios where patients experience sudden spikes in pain despite being on a baseline opioid therapy. While moderate or acute pain may be treated with various opioids, Fentanyl's high potency and rapid onset make it more appropriate for severe pain levels. Options related to post-operative nausea or long-term treatment of diabetes-related pain do not align with Fentanyl's primary therapeutic use, as those conditions typically require different approaches or medications. Thus, the correct answer is directly associated with the specific pain management needs that Fentanyl is designed to address.

## 2. What is the first-line recommended treatment for mild pain (1-3)?

- A. Opioid analgesic
- B. Acetaminophen and/or NSAID**
- C. Corticosteroids
- D. Combination therapy with muscle relaxants

The first-line recommended treatment for mild pain, typically rated between 1 to 3 on a pain scale, is acetaminophen and/or nonsteroidal anti-inflammatory drugs (NSAIDs). These medications are generally effective for managing mild pain due to their analgesic and anti-inflammatory properties. Acetaminophen works primarily as a pain reliever and fever reducer, while NSAIDs provide pain relief by reducing inflammation. Using acetaminophen and/or NSAIDs first is a strategy that aligns with clinical guidelines for pain management. These options are favored for their safety profile and effectiveness. They also have a lower risk of side effects compared to opioids, which makes them suitable for mild pain management. Considering other treatment options, opioid analgesics are typically reserved for moderate to severe pain due to their potential for dependence, side effects, and the complexities involved in prescribing and managing their use. Corticosteroids, while effective in reducing inflammation, are not typically the first choice for mild pain management and come with significant side effects when used long-term. Combination therapy with muscle relaxants is generally utilized for specific conditions involving muscle spasms rather than as a first-line treatment for mild pain.

**3. What condition are Naloxegol (Movantik), Methylnaltrexone (Relistor), and Naldemedine (Symproic) indicated for?**

- A. Anxiety disorders
- B. Chronic pain
- C. Opioid-induced constipation**
- D. Diarrhea

Naloxegol (Movantik), Methylnaltrexone (Relistor), and Naldemedine (Symproic) are specifically designed to treat opioid-induced constipation. This condition arises in patients who are on opioid therapy for pain management, as opioids can lead to gastrointestinal issues, including constipation, by slowing bowel motility. These medications work as opioid receptor antagonists, meaning they block the effect of opioids on the mu-opioid receptors in the gastrointestinal tract without significantly affecting pain relief. By counteracting the constipating effects of opioids, they help improve bowel function in patients who continue to require opioid analgesics for pain management. The use of these agents is an important aspect of pain management, as it encourages adherence to opioid regimens by alleviating one of the most common side effects associated with opioid therapy, thus contributing to a better quality of life for patients experiencing chronic pain.

**4. What potential side effect should be monitored when administering opioid antagonists?**

- A. Increased appetite
- B. Respiratory depression
- C. Elevated blood pressure
- D. Diarrhea**

When administering opioid antagonists, the primary consideration is the potential for respiratory depression. Opioid antagonists, such as Naloxone, are specifically used to reverse the effects of opioids, particularly respiratory depression, which can occur due to opioid overdose or excessive use. Respiratory depression is a serious and potentially life-threatening side effect, as opioids depress the central nervous system and can lead to a decrease in breath rate and depth. The administration of an opioid antagonist works by binding to the same receptors as the opioids, effectively displacing them and reversing their action, particularly on the respiratory centers of the brain. While monitoring for gastrointestinal issues such as diarrhea may be relevant in a broader pharmaceutical context, it is not the primary concern when administering opioid antagonists. The immediate risk associated with opioid use is respiratory depression, making it crucial to monitor breathing patterns and ensure the patient maintains adequate respiratory function during and after treatment with antagonists.

**5. Which of the following is NOT an example of acute pain?**

- A. Injury
- B. Post-operative flare
- C. Chronic back pain**
- D. Burn from a hot surface

Acute pain is typically defined as pain that occurs suddenly and is usually associated with a specific injury or illness. It serves a biological purpose, alerting the body to potential harm and facilitating healing. In this context, chronic back pain does not fit into the category of acute pain because it persists over a long duration, often lasting for months or even years, and is usually due to underlying conditions rather than a specific, short-term injury. In contrast, the other examples—such as injury, post-operative flare, and burn from a hot surface—represent situations where pain is acute, arising from an identifiable source and typically resolving as the underlying issue heals. Thus, understanding these definitions helps clarify why chronic back pain is distinctly categorized separate from acute pain scenarios.

**6. Which of the following medications is a tricyclic antidepressant that can be used as an adjuvant analgesic?**

- A. Gabapentin
- B. Duloxetine
- C. Amitriptyline**
- D. Pregabalin

Amitriptyline is a tricyclic antidepressant that has been found effective in the management of neuropathic pain and other chronic pain conditions. Its mechanism of action involves the inhibition of the reuptake of norepinephrine and serotonin, which can help modulate pain pathways and improve the overall pain experience. In addition to its analgesic properties, amitriptyline has a sedative effect, which can benefit patients who may also be experiencing insomnia related to pain or other conditions. It's particularly useful in treating conditions like fibromyalgia and other chronic pain syndromes, making it a valuable adjuvant in pain management. The other medications listed, while also used in pain management, do not fall under the category of tricyclic antidepressants. Gabapentin and pregabalin are anticonvulsants indicated for neuropathic pain, while duloxetine is a serotonin-norepinephrine reuptake inhibitor (SNRI), which, though effective for chronic pain, is not classified as a tricyclic antidepressant.

**7. Which of the following is characterized as a type of mixed pain?**

- A. Only nerve-related pain**
- B. Pain from chronic injury and nerve damage**
- C. Only acute pain**
- D. Pain resulting from disease**

Mixed pain is characterized by the presence of both nociceptive (e.g., pain from physical injury or inflammation) and neuropathic components (e.g., pain stemming from nerve damage or dysfunction). The correct response highlights pain that arises from both chronic injuries, which typically involve nociceptive pain mechanisms, and nerve damage, which reflects a neuropathic pain process. This combination mirrors the complexity of mixed pain, where treatment may also require a multifaceted approach, addressing the different underlying mechanisms. In contrast, options that specify only nerve-related pain, only acute pain, or pain resulting from disease do not capture the dual nature of mixed pain. Nerve-related pain alone is typically classified as neuropathic; acute pain does not imply the ongoing presence of chronic conditions; and while disease can lead to a variety of pain types, it doesn't inherently represent a mixed pain situation. Thus, option B stands out as the most comprehensive descriptor of mixed pain.

**8. In the pain pathway, what does the perception phase involve?**

- A. Transmission of signals to the spinal cord**
- B. Recognition of pain by the cortex**
- C. Interpretation of signals in the thalamus**
- D. Release of inflammatory mediators**

The perception phase of the pain pathway is primarily concerned with the recognition of pain by the cortex. During this phase, the brain receives and interprets signals that have been transmitted from the site of injury or damage through the spinal cord and thalamus, leading to the conscious awareness of pain. This involves integrating sensory information and contextual factors, allowing an individual to recognize and respond to painful stimuli. While the other options represent important components in the overall process of pain transmission and processing, they do not specifically capture the essence of the perception phase. The transmission of signals to the spinal cord is part of the initial nociceptive signaling process, while the interpretation of signals occurs in the thalamus but is more about preliminary processing rather than the conscious acknowledgment of pain. The release of inflammatory mediators is related to the body's response to tissue damage but happens prior to the perception of pain and does not reflect the conscious experience itself. Recognizing pain through the cortex is what characterizes the perception phase, making it a vital step in understanding how we experience pain.

## 9. What is a sign of physical dependence on opioids?

- A. Increase in energy levels
- B. Occurrence of abstinence syndrome**
- C. Decreased tolerance to opioids
- D. Improved mood

The occurrence of abstinence syndrome is a primary sign of physical dependence on opioids. When a person who has been using opioids regularly suddenly reduces their dose or stops taking the drug, their body responds negatively due to the absence of the substance it has come to rely on. This withdrawal manifests as a collection of physical and psychological symptoms, collectively referred to as abstinence syndrome. These symptoms can include nausea, sweating, agitation, muscle aches, and insomnia, among others. In contrast, an increase in energy levels, decreased tolerance to opioids, or an improved mood are not indicators of physical dependence. Increased energy levels can occur for a variety of reasons unrelated to opioid dependence, and they do not indicate reliance on the drug. Decreased tolerance would suggest that the body is less adapted to the drug's effects, which is the opposite of what one would expect with physical dependence, as tolerance typically increases—the body requires higher doses to achieve the same effect over time. Improved mood might occur during treatment but does not reflect physical dependence and might be attributed to other factors, such as effective pain management or the euphoric effects of opioids.

## 10. What is one important consideration when prescribing opioids?

- A. Start high and fast
- B. Prescribe extended-release opioids for acute pain
- C. Follow up and reassess the risk of harm**
- D. Use only IV opioids for chronic conditions

Following up and reassessing the risk of harm is crucial when prescribing opioids due to the potential for developing tolerance, dependence, and opioid use disorder. Opioids are effective for managing pain but also carry significant risks that can impact patient safety. Regular follow-up appointments allow healthcare providers to monitor the patient's response to treatment, assess pain relief, and identify any adverse effects or signs of misuse. This ongoing evaluation enables practitioners to adjust dosages or change treatment approaches as necessary, ensuring that the benefits of opioid therapy continue to outweigh the risks. Understanding the complexity of each patient's situation promotes responsible opioid prescribing and helps mitigate potential negative outcomes associated with opioid use. Other options, while they may seem feasible, do not align with best practices for responsible opioid management. Starting high and fast can lead to an increased risk of side effects and potential overdose. Prescribing extended-release opioids for acute pain is typically inappropriate, as these medications are designed for chronic pain management rather than short-term use. Finally, exclusively using IV opioids for chronic conditions is not practical or effective given the chronic nature of these conditions and the risks associated with long-term intravenous access.

## Next Steps

**Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.**

**As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.**

**If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://opioidanalgesicspainmgmt.examzify.com>**

**We wish you the very best on your exam journey. You've got this!**

SAMPLE