BNURS506 Quiz Answering

Term: Spring 2025
Module 1: Cranial Nerves & Mental Health
Name: Student K

#:	Your Answer	Feedback from Grader	Score
1	CN VII, the facial nerve, is most linked to Bell's palsy. To assess CN VII, you would have the patient make various facial expressions (smile, frown, puff out the cheeks, and wrinkle their forehead) and observe for any asymmetries. You could also assess for impaired taste on the left-side of the face, but the patient has already reported that. The most likely trigger for the patient's current medical condition is her recent upper respiratory infection causing an inflammatory response in the body. Glucocorticoids (prednisone) are recommended for all patients with new-onset Bell's palsy to reduce the inflammation of CN VII that cause the condition. Starting treatment within 3 days of symptom beginning gives the patient higher chances of the condition resolving. Antiviral medications (valacyclovir) are recommended to be given with the glucocorticoid to patients with severe symptoms. While it is unclear if the antiviral medications notably improve the patient's chance of a full recovery, they are still given due to the potential for high reward with limited risk. Also, activation of HSV-1 is the most frequent cause of Bell's palsy, so it would make sense that an antiviral medication could help treat the condition. References: Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2023). Seidel's guide to physical examination: An interprofessional approach. (10th ed.). Elsevier - Health Science.	You've done a great job in this assignment and clearly understood the scenario and questions. Your answers captured the needed assessments as well as the physiology and pharmacology in this scenario-based questions. One area of improvement could be citing the answers in APA-style in-text citation but overall, you did a fantastic job! Kudos! Thank you for your feedback as well to this question. I appreciate your kind words and evaluation.	10/ 10

	Ronthal, M. & Greenstein, P. (2025, January 28). *Bell's palsy: Pathogenesis, clinical features, and diagnosis in adults*. Retrieved April 4, 2025. UpToDate. https://www-uptodate-com.offcampus.lib.washington.edu/contents/bells-palsy-pathogenesis-clinical-features-and-diagnosis-in-adults?search=Acute%20Peripheral%20Facial%20Palsy&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1#H3 Ronthal, M. & Greenstein, P. (2023, June 12). *Bell's palsy: Treatment and prognosis in adults*. Retrieved April 4, 2025. UpToDate. https://www-uptodate-com.offcampus.lib.washington.edu/contents/bells-palsy-treatment-and-prognosis-in-adults?search=bells%20palsy&source=search_result&selectedTitle=4%7E150&usage_type=default&display_rank=4 Feedback: This question was amazing. It covered all the key points of the condition while also making the reader filter out non-relevant information. The question was also very clearly worded with a great use of visuals.		
2	To assess CN III, CN IV, and CN VI, you inspect the eyelids for drooping, inspect the pupils for equal size/direct and consensual response to	I like your concise description of the assessment techniques and the	10 / 10

	light/accommodation, and test extraocular eye movements. To assess CN V, you inspect the face for muscle atrophy and tremors, palpate jaw muscles for strength and tone while the patient's jaw is clenched, test touch and superficial pain sensations in all 3 branches, and test corneal reflex. To assess CN VII, you assess for any asymmetries while the patient makes various facial expressions (smile, frown, puff out the cheeks, and wrinkle their forehead) and you test the patient's ability to taste salty and sweet on both sides of their tongue. During an assessment of Sally, I would expect to find unequal pupils, decreased touch and superficial pain sensation on the left side of her face, and facial asymmetry with the various facial movements due to limited or nonexistent movement of the left side of the face due to the tumor compressing the cranial nerves on the left side of her brain. If Sally's condition deteriorates, I would anticipate that Sally would need assistance breathing (potentially requiring a respirator) due to the pons, which is being compressed by the tumor, housing part of the respiratory center of the brain. I would also anticipate that surgeons would attempt to either remove or resect the tumor to alleviate/limit the pressure it has been putting on Sally's brain in the hopes of helping her symptoms. References: Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2023). Seidel's guide to physical examination: An interprofessional approach. (10th ed.). Elsevier - Health Science. Feedback: Overall, the question was extremely thorough and the visual added a lot to the question. Regarding the question about if Sally deteriorates further, I	abnormalities you describe are the most likely ones. A surgical intervention is the best answer as it would fix the primary problem. Given the size of her tumor, she likely has a poor prognosis, and some temporizing measures might allow us to have goals of care conversations with her before surgery. Mannitol or hypertonic saline may relieve elevated ICP while a long term plan is made. Steroids, especially dexamethasone, would help to reduce swelling on the brain. Additionally, a ventriculostomy would likely relieve the pressure to provide her with time, and to defer intubation. Sally could certainly lose her airway and require a ventilator if her ICP is not addressed quickly, but by trying some other interventions it can be avoided. However, it is technically correct so I awarded full points. Nice job! Thank you very much for the feedback! I absolutely could have made it more clear that I was looking for expected medical interventions, although I would have accepted answers specific to nursing. I appreciate this insight and will be more specific in the future.	

	was unsure if you were looking for nursing specific interventions or general medical interventions, and I feel that there is a large spectrum of potential interventions that are dependent on how much she deteriorates. I did love that you made your expectations very clear by specifying that you were looking for 2 interventions.		
3	References: Feedback:		/ 10
4	References: Feedback:		/ 10
5			/ 10

	References: Feedback:		
6	References: Feedback:		/ 10
7	The patient would need to get a head CT or as soon as they arrived at the emergency department, but a head CT is preferred due to the scan taking less time and there being no way to ask the patient if he has any metal in his body. References: McBride, W. (2024, October 02). *Subdural hematoma in adults: Etiology,*	I felt like this answer could have been further developed. Although the question was very simple as nurses we can use labs to provide better assessments for these type of head injuries. I appreciate the feedback.	8/ 10

	clinical features, and diagnosis. Retrieved April 4, 2025. UpToDate. https://www-uptodate.com.offcampus.lib.washington.edu/contents/subdural-hematoma-in-adults-etiology-clinical-features-and-diagnosis?search=subdural%20hematoma&source=search_result&selectedTitle=1~142&usage_type=default&display_rank=1#H10 Feedback: The question was very clearly worded with a nice use of visuals.		
8	The patient is most likely suffering from acute peripheral facial palsy which is caused by dysfunction of CN VII. This condition presents with sudden, unilateral weakness of facial muscles but does not cause aphasia or impact the limbs on the side of the face that is affected. The Code Stroke was most likely cancelled due to the patient not presenting with any stroke-like symptoms other than the facial droop. Additional assessment findings associated with this condition are increased tear production, impaired taste, and increased sensitivity to sound on the left side of the face, in addition to the patient being unable to close their left eye. The patients medical history of diabetes could be the cause of the condition, given that microvascular changes related to diabetes is one cause, but the patient also having a history of cold sores or genital herpes caused by HSV-1 would also put the patient at a higher risk of developing this condition. References: Migdady, I., Fedorowicz, Z., & Rae-Grant, A. (Eds.). (2025, February 07).	Nice job answering with the risk factors. I especially appreciate your additional assessment findings, which I'll give 0.5 back since most students did not provide this information. I was looking for recognition that stroke only typically affects the lower face and not the forehead and that stroke occurs more suddenly than this patient's gradual worsening.	9/ 10

	Acute Peripheral Facial Palsy. Retrieved April 4, 2025. DynaMedex. https://www-dynamedex-com.offcampus.lib.washington.edu/condition/acute-peripheral-facial-palsy Feedback: This question was extremely thorough with clear wording. While I understand that visuals need to be properly cited, the name of the article that the visual was retrieved from did somewhat give the answer away.		
9	Yes, I am concerned about trigeminal neuralgia due to the patients symptoms fitting the clinical presentation of the condition and MS being a potential cause of the condition. To assess for the condition, I will first ask the patient if they have any other headache disorders which could explain the symptoms. If not, I would assess the patient to see if the pain radiates past the divisions of the trigeminal nerves. This would be followed by asking the patient how long the pain lasts at a time and if there's anything that seems to trigger the pain, such as cold air blowing past their face. This condition impacts the trigeminal nerve (CN V). References: Ho, C., Khan, S., & Whealey, M. (2024, October 7). *Trigeminal Neuralgia*. Retrieved April 4, 2025. UpToDate. https://www-uptodate-com.offcampus.lib.washington.edu/contents/trigeminal-neuralgia?search=trigeminal%20neuralgia&source=search	Good job at pointing out which cranial nerve is affected with trigeminal neuralgia (trigeminal nerve, cranial nerve V). Great job at catching the link between trigeminal neuralgia and MS! How you would perform the assessment skills could have been fleshed out a bit more, however you hit all the points I was looking for, well done.	9.5 / 10

	_result&selectedTitle=1%7E63&usage_type=default&display_rank=1 Feedback: This question was well done. It was clearly worded and covered a large portion of the condition.		
10	Cranial nerve VII was at risk of being damaged during the procedure. To assess this, I would inspect the patient's face for symmetry while having the patient smile, frown, puff out their cheeks, and wrinkle their forehead. For a total parotidectomy, the post-op care should include keeping the incision clean, educating the patient on guarding against thermal injury, monitoring for any changes in the patient's symptoms, and repeat assessments of CN VII to assess for whether any facial asymmetries are resolving. References: Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2023). Seidel's guide to physical examination: An interprofessional approach. (10th ed.). Elsevier - Health Science. Smith, R. V. (2025, February 24). *Parotidectomy*. Retrieved April 4, 2025.	You correctly identified cranial nerve VII as being at risk during a parotidectomy. Your facial nerve assessment includes all the important points. Your post-operative care plan included clear steps and included excellent interventions. Another thing to add to post-operative care would be eye protection due to the patient's difficulty in eye closure. I appreciate your feedback about the question construction.	9/ 10

	UpToDate. https://www-uptodate-com.offcampus.lib.washington.edu/contents/parotidectomy?search=parotidectomy&source=search_result&selectedTitle=1%7E14&usage_type=default&display_rank=1#H3763853253 Feedback: As someone who isn't well versed in the potential complications of neurosurgery or its post-op care, I really learned a lot with this question. In terms of post-op care though, I was unsure if you were looking for the general post-op care of a parotidectomy or just the post-op care related to the patient's symptoms.		
11	References: Feedback:		/ 10
12			/ 10

	References: Feedback:		
13	References: Feedback:		/ 10
14	References: Feedback:		/ 10

15	Some of the key signs and symptoms of serotonin syndrome are tachycardia, hypertension, hyperthermia, diaphoresis, akathisia, dilated pupils, deep tendon hyperreflexia, and inducible or spontaneous muscle clonus. When educating the patient on what to look for at home, I would instruct her to seek immediate medical treatment if she developed unexplainable sweating, muscle rigidity or spasms, tremors, increased anxiety/agitation, and a fever. Given that serotonin syndrome can also cause confusion, I would also provide this education to any family at the bedside in case the patient becomes too confused to seek medical treatment on her own. References: Boyer, E. (2024, September 12). *Serotonin syndrome (serotonin toxicity)*. Retrieved April 4, 2025. UpToDate. https://www-uptodate-com.offcampus.lib.washington.edu/contents/serotonin-syndrome-serotonin-toxicity?search=serotonin%20syndrome&source=search_result&selectedTitle=1%7E133&usage_type=default&display_rank=1 Feedback:	This answer is concise and touches on each part of the question asked. You provide a comprehensive list of symptoms experienced with serotonin syndrome and what patients should look out for at home. Additionally, I liked that you emphasized that family education can be included since confusion can become a symptom of serotonin syndrome, potentially preventing the patient from seeking medical care. To further bolster this answer, you could discuss how serotonin syndrome occurs due to taking serotonergic medications, increasing medication dosages, and through drug interactions. Finally, a point of education to include for the patient is how many of the symptoms of serotonin syndrome are often associated with other health conditions, which can delay diagnosis. Therefore, patients shouldn't overlook symptoms such as nausea, diarrhea, or fluxuatoins in anxiety when they are already taking anxiolytics/anti-depressants.	8.5 / 10
16	All the sign/symptoms that Anna is presenting with are related to stress and burn out. Of these, the key PTSD-related signs are the presence of flashbacks to witnessed traumatic events, avoidance of certain aspects of	This answer is comprehensive, trauma-informed, empathetic, clinically	10/ 10

	her nursing role and conversations about her experiences, negative changes in mood (difficulty connecting with peers and emotional detachment from work), and changes to arousal/reactivity (difficulty sleeping and increased anxiety/feeling on edge) after experiencing a traumatic event (working at the bedside during the peak of the COVID-19 pandemic). When assessing these, you should try to avoid asking questions about specific traumatic incidents related to working during the pandemic that she has flashbacks to avoid increased anxiety and/or Anna shutting down completely and instead provide a safe space in which Anna can discuss these when she is ready to. Questions should be phrased in an open-ended, nonjudgemental manner to provide Anna with the opportunity to disclose as much or as little as she is comfortable with. If possible, speaking with someone that is close to Anna could also provide additional information on the impact that her symptoms are having on her. Using clarifying questions are important to help limit the risk of miscommunication. When documenting this information, the severity of Anna's symptoms and their impact on her life she be charted as she describes them, and patient quotes can be used when applicable to help strengthen the charting. References: Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2023). Seidel's guide to physical examination: An interprofessional approach. (10th ed.). Elsevier - Health Science. Sareen, J. (2024, October 29). *Posttraumatic stress disorder in adults: Epidemiology, pathophysiology, clinical features, assessment, and diagnosis*. Retrieved April 4, 2025.	accurate, and well-articulated. Excellent discussion on how to assess symptoms—highlighting open-ended, non-judgmental language and the risks of retraumatization. Great job!	

	https://www-uptodate-com.offcampus.lib.washington.edu/contents/posttraumatic-stress-disorder-in-adults-epidemiology-pathophysiology-clinical-features-assessment-and-diagnosis?search=post%20traumatic%20stress%20disorder&source=search_result&selectedTitle=2%7E150&usage_type=default&display_rank=2 Feedback: I really love how this question addresses the mental health impacts that the pandemic had on healthcare workers, and it did a really good job describing everything that Anna was experiencing. I was a bit confused by the first part of the question itself because every physical and psychological signs/symptoms that Anna is experiencing are related to burn out. This left me unsure if you wanted me to list out which were physical signs and which where psychological signs or if the question was more aimed at which are the key signs of PTSD or something else. Also, this may just be a nomenclature thing, but I wasn't quite sure what you meant by documenting something in a care plan. Is this just charting in the EHR, using the assessment information in the patient's care plan, or something else?		
17	To ensure courtesy with the patient I would make sure to knock before entering the room, formally address the patient, introduce myself and my role, ask if the patient would like me to sit down to speak with them, ask the patient how they would like to be addressed, and make sure that I was present in the conversation instead of charting or taking notes while the patient was speaking. To ensure comfort I would start by asking if they were experiencing any physical discomfort and if there is anything that has relived similar discomfort before. I would then offer various potential interventions for any physical discomfort that I was able to provide the	This is a very good response that covers all the appropriate measures one should take when interacting with a patient like this. Ideally, with these measures in place, you'll be able to get a more thorough and accurate assessment of this patient. As you mentioned, it is important to be cautious	9/ 10

	patient before asking if they would like me to get the items I need for said interventions before we continue talking. I would also offer to dim the lights and shut the door behind me when leaving given that alcohol withdrawal causes an overstimulation of the nervous system which can be made worse by bright lights and loud noises. To establish connection with my patient, I would allow the patient to dictate what order we do/talk about things when able and ensure that my language is nonjudgemental and not patronizing while keeping open, relaxed body language. During this process, it is important to remain vigilante for potentially unsafe situations (the patient being in between you and the only way out of the room) and any environmental safety concerns (spare oxygen tank that is not secured to the bed) due alcohol withdrawal having the potential to cause agitation, impulsivity, and hallucinations. References: Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2023). Seidel's guide to physical examination: An interprofessional approach. (10th ed.). Elsevier - Health Science. Feedback: The question was extremely well written and addresses the stigma that those experiencing addiction can experience while receiving healthcare.	during your interaction with the patient. Boundaries should also be kept in mind so the patient doesn't take too much time and develop an inappropriate relationship or dependence. Additionally, it is important to be cautious when engaging in sensitive subject matter such as the patient's alcoholism.	
18	B. Patient is experiencing a medication side effect. The nurse should notify the doctor and expect to switch to a different medication	Excellent! Haloperidol is a first generation antipsychotic and carries a higher risk for EPS, especially in the elderly population. My intent for this question was to ask the user to critically	10 / 10

	Haldol can cause extrapyramidal symptoms (EPS) and tardive dyskinesia (TD) especially when given in larger quantities (patient received several doses over the last few days). Side effects from the Haldol would explain all of the symptoms noted in the patient. References: Kizior, R. J., & Hodgson, K. J. (2018). Saunders Nursing Drug Handbook 2018. Elsevier. Feedback: I love that the question highlights the potential side effects of patients receiving multiple doses of antipsychotics for agitation. From what I've seen in practice, the side effects noted would also probably be treated with a medication like Benadryl or Cogentin given that the protruding tongue is a sign of TD, which can become permanent, even after stopping the antipsychotic, if left untreated for long enough. Overall though, great question!	assess the symptoms of the patient and determine the next course of action. The nurse would expect the doctor to discontinue haloperidol and order a second generation antipsychotic like olanzapine. Great job! Thank you for your feedback! I appreciate your comment on the treatment for EPS symptoms in addition to stopping the medication. This is information I could add to the question in the future!	
19	References: Feedback:		/ 10
20			/ 10

	References: Feedback:		