

BNURS506 Quiz Answering

Term: Spring 2025

Module 2: HEENT, Integumentary, & Lymphatic

Name: Student S

#:	Your Answer	Feedback from Grader	Score
1	References: Feedback:		/ 10
2	Crouzon syndrome is a complex craniosynostosis inherited in an autosomal dominant manner, resulting in varied phenotypic features. Some individuals have a mild form that allows for functional living, while others face severe challenges impacting their quality of life (Helman, Badhey, Kadakia, & Myers, 2014). Children diagnosed with Crouzon syndrome often require multiple surgeries, averaging three to five major operations, to address craniosynostosis and facial abnormalities. Common procedures include cranial vault reconstruction to reshape the skull and improve brain growth, along with additional surgeries to enhance facial symmetry and rectify functional issues like vision or breathing difficulties. These interventions are essential for preventing complications and promoting healthy development.	Thank you for your very thorough answer. The criteria for full credit was to identify that surgical repair is necessary due to the premature fusion of sutures, that multiple surgeries are necessary during childhood and that you accurately named and described at least one surgery. You hit all of these points and the bonus question for the rationale for surgery. Very well done! I'm glad you developed a deeper understanding of the diagnosis! Great job on your APA format.	10/ 10

	Reference: Helman, S. N., Badhey, A., Kadakia, S., & Myers, E. (2014). Revisiting Crouzon syndrome: reviewing the background and management of a multifaceted disease. <i>Oral Maxillofac Surg</i>, 18(4), 373-379. https://doi.org/10.1007/s10006-014-0467-0 Feedback: Your question does a great job of addressing the complexities of Crouzon syndrome in a way that encourages thoughtful responses. By asking about the number of surgeries and requiring a specific procedure, you're inviting a deeper understanding of the condition and its treatment. The bonus question really adds to a layer of empathy, prompting us to think about how these surgeries can improve the child's quality of life.		
3	References: Feedback:		/ 10
4	Based on Peter's presentation, rhegmatogenous retinal detachment (RRD) is the most likely diagnosis, given his sudden onset of visual disturbances, including flashes, floaters, and a "curtain" effect, coupled with risk factors like high myopia and prior cataract surgery (Steel, 2014). While scleral buckling, pneumatic retinopexy, and vitrectomy are all effective for RRD, vitrectomy may be preferred in	Your answer demonstrates a thorough understanding of rhegmatogenous retinal detachment, including both its clinical presentation and risk factors. You nailed the reasoning behind	10/ 10

	pseudophakic patients like Peter, as it allows precise break localization (Steel, 2014). Post-operative instructions should emphasize the importance of positioning to ensure tamponade effectiveness, activity restrictions, medication adherence, recognizing warning signs, attending follow-up appointments, and managing expectations regarding visual recovery, which can be a prolonged process (Steel, 2014). References: Steel D. Retinal detachment. BMJ Clin Evid. 2014 Mar 3;2014:0710. PMID: 24807890; PMCID: PMC3940167. Feedback: The question presents a strong, realistic scenario prompting a comprehensive response on retinal detachment management. Its strengths lie in its clear, specific inquiries about diagnosis, treatment, and patient education, incorporating key risk factors.	vitrectomy being the most likely treatment in his case and gave thorough, well-explained post-op instructions. Everything is clinically accurate, well-structured, and easy to follow.	
5	References: Feedback:		/ 10

6	As a school nurse, upon receiving a 3-year-old with reported ear touching, distraction, unresponsiveness, and a history of a recent cold, my priority would be a thorough assessment, including an otoscopic examination noting the bilateral membrane bulging, fluid buildup, and discoloration, along with temperature and palpation for tenderness. Based on these findings, acute otitis media (AOM) would be my primary concern, necessitating sending the student home with a recommendation for medical evaluation due to the likelihood of an active infection impacting their well-being and learning (Lieberthal et al., 2013). While awaiting pickup, I would provide comfort and reassurance, ensuring clear communication with the parents about my observations and the need for professional medical advice, while meticulously documenting all findings and communications. References: Lieberthal, A. S., Carroll, A. E., Chonmaitree, T., Ganiats, T. G., Hoberman, A., Jackson, M. A., Joffe, M. D., Miller, D. T., Rosenfeld, R. M., Sevilla, X. D., Schwartz, R. H., Thomas, P. A., & Tunkel, D. E. (2013). The diagnosis and management of acute otitis media. <i>Pediatrics</i>, 131(3), e964-e999. https://doi.org/10.1542/peds.2012-3488 Feedback: This is a well-structured and clinically relevant question for a school nurse! It presents a common scenario with clear presenting symptoms and a relevant medical history, prompting a comprehensive response that covers assessment, diagnosis, management, and communication. The inclusion of the otoscopic findings and images adds to a valuable layer of realism.	Great thought process on AOM. They are very similar to otitis media with effusion (OME). The biggest difference is that OME is not considered an infection and can typically resolve on its own. Your assessment and recommendation are appropriate. OME would need a visit to a provider if symptoms do not improve. In this case going home is not warranted. The nurse can help accommodate staying at school by managing pain if any and helping teacher come up with accommodation re-hearing deficits.	9/ 10
7			/ 10

	References: Feedback:		
8	Given Lisa's sudden onset of vertigo, tinnitus, and reported hearing difficulties, cerumen impaction is the most likely differential diagnosis, warranting immediate inspection of the ear canal with an otoscope and subsequent irrigation if impaction is confirmed. The pathophysiology of cerumen impaction involves the accumulation of earwax, leading to physical obstruction of the ear canal and pressure on the tympanic membrane, disrupting normal sound transmission and potentially affecting balance mechanisms within the inner ear, thus causing dizziness and tinnitus (Michaudet & Malaty, 2018). While other conditions like BPPV, Meniere's disease, or even central causes should be considered, the presence of both dizziness and hearing-related symptoms strongly suggests a simple, easily treatable cause like earwax buildup, making otoscopic examination the most appropriate next step in her evaluation. Reference: Michaudet, C., & Malaty, J. (2018). Cerumen Impaction: Diagnosis and Management. <i>American Family Physician</i>, 98(8), 525-529.	Wonderful job! You've given a very clear, concise answer and your explanation of your rationale is thoughtful. I appreciate that you've also included BPPV, Meniere's disease and other potential causes in your answer. Thank you for your thoughtful feedback! That is an excellent point, and I will choose more nursing focused wording for my next question.	10 / 10

	Feedback: To better align with nursing practice, the question should be revised to focus on assessment and intervention rather than diagnosis. Instead of asking for a "differential diagnosis," inquire about the "most likely potential causes" contributing to Lisa's symptoms. Clarify whether the question seeks the nurse's next assessment, a nursing intervention, or an anticipated medical intervention, and use objective language like "most appropriate" to encourage evidence-based reasoning. This will shift the focus to the nurse's role in assessment, intervention, and collaboration within the healthcare team.		
9	References: Feedback:		/ 10
10	As John's nurse, I would meticulously assess the irregularly shaped mole (nevus) using the ABCDE criteria: Asymmetry, Border, Color, Diameter, and Evolving. I would note its location, size, elevation, and any surrounding skin changes, while also inquiring about associated symptoms like itching or bleeding. Checking for asymmetry is crucial, as one half differing from the other may be concerning. I would examine the borders to determine if they are smooth and	You did a good job discussing and utilizing the ABCDE criteria tool, featuring examples for each category and how it could be applied when assessing a mole. You clearly understand the difference between normal nevi and	9.5/10

	even, which is typical of normal moles, versus irregular or poorly defined, which could indicate a problem. Observing the mole's color is also important; normal moles are usually a single shade of brown, whereas atypical moles may show multiple colors such as brown, black, tan, red, white, or blue. Measuring the diameter is vital, as melanomas often exceed 6 mm, though they can be smaller. Additionally, I would watch for any evolving features, such as recent changes in size, shape, or color. Given John's family history of melanoma and his outdoor occupation, I would communicate my concerns to the provider, emphasizing the need for further evaluation and potential biopsy. I would also educate John on the importance of skin self-exams and sun protection to reduce his risk as supported by the findings of Poniewierska-Baran et al. (2023), which highlight the significance of early detection and intervention in cutaneous malignant melanoma (Poniewierska-Baran et al., 2023). References: Poniewierska-Baran A, Zadroga Ł, Danilyan E, Małkowska P, Niedźwiedzka-Rystwej P, Pawlik A. MicroRNA as a Diagnostic Tool, Therapeutic Target and Potential Biomarker in Cutaneous Malignant Melanoma Detection-Narrative Review. <i>Int J Mol Sci.</i> 2023 Mar 11;24(6):5386. doi: 10.3390/ijms24065386. PMID: 36982460; PMCID: PMC10048937. Feedback: Your question is well-structured and clear, providing important context about John, including his age, family history of melanoma, and occupational exposure to the sun. This information is crucial for understanding the potential risk factors involved in assessing the irregular mole. Overall, it lays a solid foundation for discussing nursing assessment practices related to skin lesions.	atypical/melanoma, but you could have discussed more distinguishing characteristics between atypical nevi and melanoma. Though they are very similar, some of the differences are that dysplastic moles are benign, are 5mm or larger, and have colors mainly consisting of brown, pink, and tan, compared to melanoma, which can have multiple color variations ranging from brown, black, pink, grey, red, blue, and white. I also like how you included information about John's family history and occupation to communicate your concerns to a provider and recommend a biopsy, which is crucial for diagnosing melanoma. Highlighting topics for patient education is also essential to consider, even though it wasn't explicitly asked in the question. Good job!	
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11	References: Feedback:		/ 10
12	Based on the symptoms presented: fatigue, anxiety, depression, forgetfulness, weight loss, sleep disturbance, dry eyes, muscle weakness, joint pain, swelling in the ankles, a diffuse rash, and photosensitivity, the likely diagnosis for this 26-year-old woman is systemic lupus erythematosus (SLE), an autoimmune disease. To confirm this diagnosis, several laboratory tests would typically be ordered, including an Antinuclear Antibody (ANA) test, which is commonly positive in lupus patients; anti-double-stranded DNA (anti-dsDNA) antibodies, which are more specific to lupus and can indicate disease activity; and complement levels (C3 and C4), which may be decreased during active disease due to consumption in the immune response. Other tests, such as anti-Smith antibodies and anti-Ro/SSA or anti-La/SSB antibodies, may also be considered to further support the diagnosis. Effective interventions for managing cutaneous manifestations in SLE highlight the need for comprehensive care which includes pharmacological management with NSAIDs and immunosuppressive agents, regular monitoring of disease status, and patient education on self-management. Encouraging lifestyle modifications like a balanced diet, exercise,	Amazing job with answering the question. You have accurately diagnosed this patient with systemic lupus erythematosus and named at least three appropriate labs that would be ordered. You have also gone above and beyond with your connection to various aspects of the treatment of the disease. This is what I ideally hoped for with the question. I wanted people to be able to pursue further knowledge of the disease without additional pressure added through grading, and seeing your answer made me very happy. I appreciate your feedback!	10/ 10

	and sun protection is important, along with addressing mental health issues through counseling. Coordinated care among healthcare providers ensures a tailored approach that enhances the overall quality of life for SLE patients. (Hannon et al., 2021). References: Hannon CW, McCourt C, Lima HC, Chen S, Bennett C. Interventions for cutaneous disease in systemic lupus erythematosus. Cochrane Database Syst Rev. 2021 Mar 9;3(3):CD007478. doi: 10.1002/14651858.CD007478.pub2. PMID: 33687069; PMCID: PMC8092459. Feedback: Your question effectively highlights the clinical presentation of a patient with systemic lupus erythematosus (SLE) and prompts consideration of nursing assessments and interventions. It provides a comprehensive overview of the symptoms, encouraging critical thinking about potential nursing diagnoses, care planning, and patient education.		
13	References: Feedback:		/ 10

14	Subungual melanoma is a rare form of melanoma that presents unique challenges due to the complex anatomy of the nail unit. It often appears as longitudinal melanonychia, a pigmented band running along the length of the nail. This underscores the importance of having high clinical suspicion when encountering longitudinal melanonychia in any patient, especially in children. Practitioners should maintain a low threshold for performing biopsy to rule out melanoma. The "ABCDE" guide, standing for Asymmetry, Border irregularity, Color variation, Diameter greater than 6 mm, Elevation or enlargement, and Family history, can be a valuable tool for screening any lesion of the nail bed. Biopsies of the nail unit should be conducted by a surgeon experienced in the Patho anatomy of subungual melanoma to ensure accurate diagnosis and appropriate management (Hannon et al., 2021). References: Littleton TW, Murray PM, Baratz ME. Subungual Melanoma. Orthop Clin North Am. 2019 Jul;50(3):357-366. doi: 10.1016/j.ocl.2019.03.003. PMID: 31084838. Feedback: Your question does a great job of encouraging an important discussion about a potential diagnosis in a young patient with longitudinal melanonychia. It brings attention to the critical need for early detection of subungual melanoma, which can often be overlooked. By focusing on the significance of a biopsy and clinical suspicion, it emphasizes the proactive role healthcare providers must take in similar cases. To make it even more impactful, you might consider including elements like asking about the child's family history or any other symptoms she may have, which can add depth to the assessment. Overall, it's a solid question that highlights the critical thinking and attention to detail needed in nursing care. Great work!	This response is insightful and demonstrates a solid understanding of subungual melanoma and its clinical presentation. You've accurately described the disease as a rare form of melanoma that typically appears as longitudinal melanonychia and emphasized the need for high clinical suspicion, especially in children. Your reference to the ABCDE guide is an excellent addition, as it provides a systematic way to assess suspicious lesions, which is crucial for early detection of melanoma.	10/ 10
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15	References: Feedback:		/ 10
16	The presence of Reed-Sternberg cells is characteristic of Hodgkin lymphoma, which primarily arises from germinal-center B cells. These cells are crucial for confirming the diagnosis and guiding treatment decisions. Despite advances in research, many questions remain about the mechanisms that allow Reed-Sternberg cells to resist apoptosis and their genetic alterations (Thomas et al., 2004). Regarding Nigel's lymphoma staging, Hodgkin lymphoma is classified using the Ann Arbor system based on lymph node location and number. With palpable lymphadenopathy in the left cervical supraclavicular and right inguinal nodes, Nigel may be classified as at least stage II, indicating involvement of two lymph node regions on the same side of the diaphragm. This distribution is vital for determining staging and subsequent treatment options. References: Thomas RK, Re D, Wolf J, Diehl V. Part I: Hodgkin's lymphoma--molecular biology of Hodgkin and Reed-Sternberg cells.	Reed-Sternberg (RS) Cells are the hallmark of Hodgkin's lymphoma. RS cells are typically large and binucleate and are often described as having an owl eye appearance. The presence of RS cells is critical because it differentiates Hodgkin and Non-Hodgkin lymphomas which have different prognosis, staging, and treatment protocols. (5 pts) Based on the Ann-Arbor Staging for Hodgkin lymphoma, Nigel has stage III because there is involvement of lymph nodes on both sides of the diaphragm. (5 pts)	5 / 10

	Lancet Oncol. 2004 Jan;5(1):11-8. doi: 10.1016/s1470-2045(03)01319-6. PMID: 14700604. Feedback: Your question effectively addresses the key aspects of diagnosing and staging Hodgkin lymphoma, prompting important considerations for assessing Reed-Sternberg cells and their significance in diagnosis. It encourages critical thinking about how lymph node distribution impacts staging, which is essential for treatment planning. Overall, it's a well-constructed question that fosters a comprehensive understanding of Hodgkin lymphoma in a clinical context. Great job!	You had a nice answer here, unfortunately you lost points because you have misidentified the location of the lymph nodes. The supraclavicular are located above the diaphragm and the inguinal nodes are located below the diaphragm.	
17	References: Feedback:		/ 10
18	To properly examine the thyroid gland from behind, the patient should sit comfortably with a relaxed neck. As the clinician stands behind the patient, they should place their fingers around the lower part of the neck, just above the clavicles, and ask the patient to swallow a sip of water to facilitate movement of the thyroid gland. This allows for easier palpation to assess its size, consistency, and	Question 1: You correctly identified the patient positioning and the swallowing instructions to assess movement of the gland. I was looking for mention of the cricoid cartilage as an anatomic landmark	8/ 10

	any nodules. Given the symptoms presented: heart palpitations, weight loss despite increased appetite, heat intolerance, irregular menstrual periods, and mild exophthalmos, along with the finding of a diffusely enlarged, non-tender thyroid gland, the most likely diagnosis is Graves' disease, a form of hyperthyroidism. The laboratory results further support this diagnosis, revealing a suppressed Thyroid Stimulating Hormone (TSH) level of less than 0.01 mU/L, elevated Free T4 at 3.5 ng/dL, and increased Free T3 at 7.8 pg/mL. In hyperthyroidism, the TSH is typically low due to negative feedback from elevated thyroid hormones on the pituitary gland. For this diagnosis, the medication commonly prescribed is methimazole, which works by inhibiting the production of thyroid hormones, helping to manage hyperthyroid symptoms and stabilize the patient's condition. Methimazole is preferred due to its efficacy and favorable safety profile, effectively addressing the symptoms of palpitations, heat intolerance, and weight loss associated with hyperthyroidism (Subekti & Pramono, 2018). References: Subekti I, Pramono LA. Current Diagnosis and Management of Graves' Disease. Acta Med Indones. 2018 Apr;50(2):177-182. PMID: 29950539. Feedback: Your question does a great job of guiding the discussion around a patient who might have Graves' disease, prompting important considerations about both the physical exam and the lab findings. It effectively highlights the symptoms that are key to diagnosis and the expected treatment options, which are essential for understanding how to manage hyperthyroidism. Overall, it's a thoughtful and well-crafted question that encourages a deeper look into the clinical scenario. Great work!	for hand placement and tracheal displacement when palpating both lobes. 2/4 pts Question 2: You correctly identified the most likely diagnosis with a strong rationale connecting the patient's symptoms and lab results to the diagnosis. 3/3 pts Question 3: You correctly identified a potential medication to be prescribed for this diagnosis, also including the mechanism of action of the medication and rationale for prescription. 3/3 pts Thank you for the feedback!	
19			/ 10

	References: Feedback:		
20	In prioritizing the nursing actions for Mr. Jefferson, the first step should be to notify the provider about the persistent abdominal pain and recurrent urinary tract infections (UTIs), as addressing these worsening symptoms is critical for ensuring timely medical evaluation, particularly given his history of metastatic melanoma. Next, it is essential to administer the prescribed anti-nausea medication to manage his nausea effectively, which will improve his comfort, appetite, and overall quality of life. Following this, encouraging fluid intake is important to help prevent further UTIs; adequate hydration plays a crucial role in flushing the urinary system and reducing the risk of infections, as highlighted in recent studies indicating the high incidence of UTIs among patients (Mengistu et al., 2023). Finally, while educating Mr. Jefferson about dietary changes to reduce nausea and improve appetite is valuable, this should be addressed after his immediate symptoms are managed and he receives the necessary medical assessment. This prioritization effectively focuses on Mr. Jefferson's immediate medical needs while laying the groundwork for ongoing care and preventive strategies.	Great job answering the question. I liked the way you formatted your answer and bolded the responses. I thought you did a great job providing rationale for each priority action. I liked your choice of wording used for the rationale. You did great! Thanks for your positive feedback. I appreciate it.	10 / 10

	References: Mengistu DA, Alemu A, Abdukadir AA, Mohammed Husen A, Ahmed F, Mohammed B. Incidence of Urinary Tract Infection Among Patients: Systematic Review and Meta-Analysis. Inquiry. 2023 Jan-Dec;60:469580231168746. doi: 10.1177/00469580231168746. PMID: 37096884; PMCID: PMC10134187. Feedback: Your question effectively highlights key nursing considerations for managing a complex patient like Mr. Jefferson, prompting a thoughtful evaluation of priorities in his care. It encourages the identification of immediate medical needs, symptom management, and preventive strategies, which are all critical aspects of nursing practice. It's a well-structured question that fosters critical thinking and emphasizes the role of the nurse in coordinating effective patient care. Great job!	
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