BNURS506 Quiz Answering

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

#:	Your Answer	Feedback from Grader	Score
1	**Answer:** 1. Cranial nerve VII (facial) dysfunction is linked to Bell's Palsy (BP) .CN VII controls the movement of facial expression and the ability to taste on the anterior portion of the tongue. To assess this nerve, look for facial asymmetry by asking the patient to raise the eyebrows, squeeze the eyes shut, wrinkle the forehead, frown, smile, show the teeth, purse the lips to whistle, and puff out the cheeks. In addition, a taste test of sweet and salty can be applied to each lateral portion of the tongue. Common symptoms of BP include drooping of the eyebrow, eyelid, and corner of lips on one affected side, inability to taste on one side, drooling, and food pocketing, although sensation will likely be intact. 2. Based on the patient's history, she had an upper respiratory infection which she never sought medical attention for. This could possibly trigger BP although, BP is more commonly associated with HSV or varicella zoster infection which would cause either facial sores or pox-like sores on the skin. 3. Prednisone is used to treat the inflammation of the nerve. Valacyclovir is used to treat the viral infection. 4. **References:** Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., Stewart, R. W., & Seidel, H. M. (2023). *Seidel's guide to physical examination* (Tenth edition.). Elsevier. Gagyor, I., Madhok, V. B., Daly, F., & Sullivan, F. (2019). Antiviral treatment for Bell's palsy (idiopathic facial paralysis). *The Cochrane database of systematic reviews*, *9*(9), CD001869. https://doi-org.offcampus.lib.washington.edu/10.1002/14651858.CD001869.pub9 McCance, K. L., & Huether, S. E. (Eds.). (2019). *Pathophysiology: The biologic basis for disease in adults and children* (Eighth edition). Elsevier. **Feedback:**	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 these 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.	10/ 10

	I liked how comprehensive this question was with a three-part question. It helped to consider the pathophysiology of BP and understand why treatment is given. I wasn't sure if I understood the history correctly and I may have missed what specifically triggered her BP. I answer URI because etiology suggest that it is trigger by viral infection.		
2	References: Feedback:		/ 10
3	**Answer:** As her nurse, I would do a complete head to toe assessment but mainly focusing on her neurological assessment. I would do a NIHSS and cranial nerve assessment. Some common findings that are associated with middle cerebral artery stroke are aphasia/dysphasia and motor and/or sensory deficits (face, arms, legs) especially if on one side of the body. Sometimes their vision can be affected as well, specifically if they have half a visual field loss. You would expect that management of an acute stroke patient would include blood pressure control, fluid management, treatment of any swallow issues, and treatment of any infection. If they have mobile deficits, they will likely need PT/OT in-hospital and possibly after discharge. **References:** Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., Stewart, R. W., & Seidel, H. M. (2023). *Seidel's guide to physical examination* (Tenth edition.). Elsevier. McCance, K. L., & Huether, S. E. (Eds.). (2019). *Pathophysiology: The biologic basis for disease in adults and children* (Eighth edition). Elsevier Oliveria-Filho, J., & Mullen, M. (2024, October 1). *Initial assessment and management of acute stroke*. UpToDate. https://www-uptodate-com.offcampus.lib.washington.edu/contents/initial-assessment-and-management-of-acute-stroke?search=stroke%20management&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1 **Feedback:** The question was thorough and detailed. My only feedback would be that the question was a bit confusing. It asked what assessment the nurse would perform after activating a code stroke. But the question already had assessment finding in it. My thought process to	Thanks for your response! I really liked how you emphasized the importance of both a full head-to-toe assessment and a focused neurological assessment, including the NIHSS and cranial nerves. Your summary of common MCA stroke symptoms was clear and accurate—especially the note about one-sided motor/sensory deficits and visual field changes. You also did a great job mentioning the core management priorities like BP and fluid control, as well as the importance of addressing swallowing and mobility. One suggestion I have is to expand a little on the acute phase care, like code stroke activation,	8.5/ 10

	answer this question was that I noticed common signs of a stroke, then I activated the code, then after confirmation of stroke I would complete a more thorough and standardize stroke assessment using the NIH stroke scale. Also, I think you could rephrase the second part of the question. Instead of asking what management care can be, maybe saying “what types of interventions would the nurse expect in the initial treatment of the stroke.	timing for tPA, or how often neuro checks should be done. Since the patient is also diabetic, would you also include blood glucose monitoring as part of stroke management? Overall, your post is a strong summary, and it helped reinforce the key areas we need to watch for during a stroke case. Thanks again for sharing!	
4	References: Feedback:		/ 10
5	References: Feedback:		/ 10
6	**Answer:** The patient may have had a syncopal episode cause by overactive Vagus (CN 10) nerve related to the stress of his surgery. The nurse’s immediate response should be to assist the patient to the ground, lay the patient supine with legs elevated, assess vital signs, observe for other signs (pallor, diaphoresis). The recovery nurse should educate the mother and patient how to prevent recurrent syncope episodes by identifying symptoms early and using counterpressure measures such as leg-crossing with simultaneous tensing of leg, abdominal and buttock muscles, firmly gripping a rubber ball, arm-tensing. **References:** Benditt, D. (2024a, September 24). *Reflex syncope in adults and adolescents: Clinical presentation and diagnostic evaluation*. UpToDate.	Thanks for the feedback - I was indeed looking for specific things in the education piece so that’s helpful. Your ideas on education and interventions was specific so that was excellent. I awarded 8 out of 10 because I would have liked more description of the physiology of vasovagal syncope including	8/ 10

	https://www.uptodate.com/contents/reflex-syncope-in-adults-and-adolescents-clinical-presentation-and-diagnostic-evaluation?search=vagal%20syncope&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1 Benditt, D. (2024b, November 20). *Reflex syncope in adults and adolescents: Treatment Topic*. UpToDate. https://www.uptodate.com/contents/reflex-syncope-in-adults-and-adolescents-treatment?search=vagal%20syncope&source=search_result&selectedTitle=2%7E150&usage_type=default&display_rank=2 **Feedback:** This was a great question! My only feedback would be to specify what you mean in the second part of the question. For example, "What might the recovery nurse educate… regarding prevention of future episodes of what happened?".	vasodilation due to vagus nerve stimulation and stress that dropped the patient's blood pressure and decreased blood flow to the brain. I would also was looking for more in terms of what the immediate intervention would accomplish physiologically - laying patient supine and elevating feet, maybe stimulating the patient, to restore blood flow to the brain. Education could also include reassurance to the patient and his mother that this is a temporary issue and not a sign of some larger problem as syncope of this nature can be startling and scary for some patients. The nurse could also help the patient identify their specific signs and symptoms as many people can anticipate an episode and intervene earlier. Interventions that are specific to a pediatric patient could also be considered.	
7	**Answer:** Diagnostic labs such CT, MRI, and PET scans would be required to confirm cranial subdural hemorrhage but also identify the area and severity of the bleed. ICP should also be measured as ICP rises as the veins in brain are compressed and may also cause herniation.	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	8/ 10

	References: McCance, K. L., & Huether, S. E. (Eds.). (2019). *Pathophysiology: The biologic basis for disease in adults and children* (Eighth edition). Elsevier. **Feedback:** I work with a lot of patients that come in with SDH! This question was very familiar for me. One area of improvement could be asking "what are some findings from their neuro assessment would cause the nurse to suspect the patient has an SDH".	for these type of head injuries. I appreciate the feedback.	
8	References: Feedback:		/ 10
9	**Answer:** To assess for trigeminal neuralgia, you would do a thorough pain assessment. Note that subjective information like sharp pain on one side of the face, pain that is triggered by chewing, swallowing, talking, washing the face, brushing the teeth, exposure to cold or breeze. Trigeminal neuralgia affects the 5th cranial nerve which conducts those sensory impulses from the month, nose, surface of the eye. It also stimulates chewing muscles. To assess the 5th CN, test for sensations of pain, touch, and temperature using safety pins and hot/cold devices. You may also ask the patient to clench teeth, open against resistance, and move jaw side to side. **References:** McCance, K. L., & Huether, S. E. (Eds.). (2019). *Pathophysiology: The biologic basis for disease in adults and children* (Eighth edition). Elsevier **Feedback:** In my experience, patients with trigeminal neuralgia have a significant amount of pain and I really emphasize with them. My feedback would be to ask the quiz taker about the assumed the symptoms point to rather than telling them.	Excellent job at describing the specific assessment skills when concerned with trigeminal neuralgia. Correctly identified the cranial nerve (V) involved with trigeminal neuralgia. Thank you for the question feedback as well!	10 / 10
10	**Answer:** Cranial Nerve VII (Facial) is at risk for damage during a parotid glad surgery. To assess this nerve, look for facial asymmetry by asking the patient to raise the eyebrows, squeeze the eyes shut, wrinkle the forehead, frown, smile, show the teeth, purse the lips to	You correctly identified the facial nerve as at risk during parotid gland surgery. You also included a	9/ 10

	whistle, and puff out the cheeks. In addition, a taste test of sweet and salty can be applied to each lateral portion of the tongue. In the post-operative care to the patient, you should include education about notifying the doctor if the patient experiences facial weakness. **References:** Allen, S. (2025, February 11). *Anatomic danger zones for nerve injury in cutaneous surgery of the head and neck*. UpToDate. https://www.uptodate.com/contents/anatomic-danger-zones-for-nerve-injury-in-cutaneous-surgery-of-the-head-and-neck?search=parotid%20surgery&source=search_result&selectedTitle=2%7E150&usage_type=default&display_rank=2 Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., Stewart, R. W., & Seidel, H. M. (2023). *Seidel's guide to physical examination* (Tenth edition.). Elsevier. **Feedback:** It would be helpful to clarify what you meant be what should be included in the post-operative care. For example, what should the nurse education the patient on regarding possible abnormal side effects that may experience after their parotid gland surgery.	comprehensive facial nerve assessment. Regarding post-operative care and education, an important part is eye protection and monitoring for complications. Thank you for the feedback on the question construction!	
11	References: Feedback:		/ 10
12	References: Feedback:		/ 10
13	References: Feedback:		/ 10
14			/ 10

	References: Feedback:		
15	**Answer:** Some key signs and symptoms of serotonin syndrome is altered mental status (restlessness, confusion, agitation), autonomic hyperactivity (sweating, tachycardia, hyperthermia, hypertension), and neuromuscular hyperactivity (tremors, spasm, rigidity). I would educate the patient to notify their provider if they are feeling restless or confused, having muscle spasms or shaking, fever, and vomiting/diarrhea. Future, I would educate them on severe symptoms that could include seizure, high fever, sudden changes to blood pressure or heart rate, or passing out and that they should go to the ER or call 911. **References:** Boyer, E. (2024, September 12). *Serotonin syndrome (serotonin toxicity)*. UpToDate. https://www.uptodate.com/contents/serotonin-syndrome-serotonin-toxicity?search=serotonin%20syndrome&source=search_result&selectedTitle=1%7E133&usage_type=default&display_rank=1 **Feedback:** This was a great question! I was a bit confused about the two questions as they sounded almost similar. A additional question could be related to the patho-pharmacology of why SSRIs and polypharmacy cause serotonin syndrome.	I like how you listed the three main symptom categories of serotonin syndrome and included how you would educate the patient to recognize these signs and symptoms. Another point to educate your patient on would be how serotonin syndrome occurs due to taking serotonergic medications, increasing medication dosages, or through drug interactions. Finally, many of the milder symptoms can go unnoticed or be associated with other conditions, therefore, patients should be diligent and not look past their symptoms. Based on your feedback, I realize my second question could have been clearer, so thank you for pointing that out.	8.5 / 10
16	**Answer:** The following are the key symptoms of stress and burnout Anna is experiencing: - Physical – elevated heart rate, muscle tension, shallow breathing	Your answer shows a strong understanding of the symptoms and uses	9/ 10

	- Psychological – heightened anxiety, emotional exhaustion, difficulty sleeping, emotional detachment, difficulty connecting with peers/patients - PTSD-related – nightmares, flashbacks to traumatic events As a nurse, I would assess Anna's overall mental health and wellness by doing a Mental Status Exam, asking questions related to her emotional stability and cognitive abilities, while also observing appearance, behavior and speech/language. I would also assess for depression and suicide ideation using the Patient Health Questionnaire and the Columbia-Suicide Severity Risk Screener. I would expect the Anna fits the criteria for a degree of depression and anxiety disorder. **References:** Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., Stewart, R. W., & Seidel, H. M. (2023). *Seidel's guide to physical examination* (Tenth edition.). Elsevier. **Feedback:** I really enjoyed this question because most of the questions related to regular non-healthcare worker patients, but others forget (and sometimes we do as well) that nurses must take care of themselves. My only feedback would be adding in a question regarding treatment of anxiety and depression related to burn out. But that's more because I was thinking about while answering this question! Great question!	appropriate clinical tools like PHQ and CSSR-S for assessment, and discusses mental status exam, emotional stability, and observation. You could have expanding documentation strategies (e.g., how to track changes, what specific notes to make) a bit.	
17	**Answer:** Some examples of being courteous include addressing the patient formally, ensuring confidentiality, and knocking on the door before entering. Examples of comfort include maintaining privacy and not overtiring the patient. To establish a connection with the patient, the nurse could avoid being judgmental, listen intently and allow the patient to lead the conversation, and be open to what the patient has to say and the nurse's observation rather than relying on the subjective information of previous nurses. The nurse should be cautious when discussing sensitive issues like alcohol use. Some guidelines for a successful interview is to provide privacy, be direct, ensure you are asking appropriate questions at an appropriate time, avoid confrontation and judgement, use language that the patient can understand, and don't push the patient too hard. **References:** Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., Stewart, R. W., & Seidel, H. M. (2023). *Seidel's guide to physical examination* (Tenth edition). Elsevier.	I appreciate the feedback and see that it is a common occurrence with responses. I may have relied too heavily on the context of the question to relay the intention regarding caution. You made some great points with your measures, and these are great steps in building a therapeutic relationship to get accurate assessment data. You also	10/ 10

	Feedback: I appreciated the scenario that you described. Sometimes, nurses can be judgmental or use the subjective information (difficult, uncooperative) from another nurse rather than making their own assessment. I was a little confused by the second question. I wasn't sure if the caution the nurse should be taking is related to talking to the patient or to the nature of alcohol withdrawal.	accurately identified the area of caution around the patient's alcoholism as this can be a very sensitive subject.	
18	References: Feedback:		/ 10
19	References: Feedback:		/ 10
20	**Answer:** C. Cranial Nerve VII (Facial) Cranial nerve VII (facial) dysfunction is linked to Bell's Palsy (BP). CN VII controls the movement of facial expression and the ability to taste on the anterior portion of the tongue. The patient that may be newly diagnosed with Bell's Palsy may cause increased anxiety and depressive symptoms. **References:** McCance, K. L., & Huether, S. E. (Eds.). (2019). *Pathophysiology: The biologic basis for disease in adults and children* (Eighth edition). Elsevier. **Feedback:** The question was mostly clear. I didn't understand what you meant by "How might the assessment relate to his mental health during cancer treatment?". I was struggling to find a connection between his possible Bell's Palsy to mental health during cancer treatment and I answered based on my opinion rather than evidence-based information.		/ 10
