

BNURS506 Quiz Answering

Term: Spring 2025

Module 2: HEENT, Integumentary, & Lymphatic

Name: Student L

#:	Your Answer	Feedback from Grader	Score
1	<p><i>What specific HEENT findings should be monitored during the assessment of an oncology patient, particularly one undergoing radiation therapy to the head and neck region, to identify potential complications such as mucositis, xerostomia, and impact on swallowing and nutrition?</i></p> <p>Signs of potential complications related to oncology treatment include the following:</p> <ul style="list-style-type: none"> - Dry mouth: Also referred to as xerostomia. The nurse should inspect the mouth carefully to look for dryness and ask the patient how they feel. - Oral lesions: Lesions in the mouth usually indicate mucositis in these patients. The nurse should inspect the mouth carefully and look for white patchy lesions. It is important to monitor for this early as it can progress quickly and cause severe discomfort and decreased PO intake. - Swelling in the neck, face, or shoulders: this is indicative of lymphedema and/or fibrosis which impacts swallowing (resulting in decreased PO intake), range of motion, airway compromise, and discomfort. The nurse should inspect and palpate the neck, visualize the throat and palate, and observe neck range of motion. - Carotid artery compromise: radiation to the head and neck can cause stroke, severe bleeding and death. Fragile tissue around the neck can increase risk for rupture. The nurse should carefully inspect tissue around the neck. - Decreased range of movement in the jaw: this is a sign of trismus which is caused by fibrosis and damage around the temporomandibular joint. The nurse should ask the patient to 		/ 10

	<p>open and close their mouth and ask about discomfort with chewing or difficulty with speech.</p> <ul style="list-style-type: none"> - Difficulty swallowing: this is a sign of dysphagia which can be related to a number of the complications listed here, or damage to the esophagus. The nurse should ask the patient about their ability to swallow, review nutrition intake, and observe for signs of malnutrition and dehydration (observe the temples and complexion, identify trends in weight, and lethargy and weakness which can be assessed through conversation with the patient). - Signs of hypothyroidism: severe fatigue, skin/hair/nail changes (thinning or fragility), and cold intolerance. The nurse should assess the thyroid gland by inspecting the neck and palpating the thyroid gland. These symptoms can be related to many complications of radiation so ensuring that TSH levels are ordered is an important intervention. - Vision changes: retinopathy can be caused by damage to the optic nerve from radiation treatment. The nurse should conduct a cranial nerve exam of the optic nerve using a Snellen chart and ask the patient if they have any changes to their vision. - Hearing changes: radiation can cause ototoxicity so assessing the patients hearing by conducting a cranial nerve exam of the vestibular nerve. This can be done by performing the whisper test in both ears and the Weber and Rinne tests using a tuning fork. The nurse should also ask the patient about any noticeable changes to their hearing. - Dry eye: damage to the lacrimal glands can cause decreased tear production. The nurse should ask the patient if they have any symptoms of dry eye and inspect the eye for redness and irritation. - Voice changes: changes in tone or speech can indicate damage to the larynx, dysphagia, or decreased range of movement in the jaw. The nurse should ask the patient or their loved ones if they notice changes in their voice over the course of treatment. 		
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	<p>- Signs of poor dentition: radiation can cause increased cavities and tooth loss. The nurse should inspect the teeth for caries and ask the patient about pain or sensation changes in their teeth. A referral to a dentist should be made.</p> <p style="text-align: center;">References:</p> <p>Galloway T., & Amdur J. R. (2024, April 30). <i>Management of late complications of head and neck cancer and its treatment</i>. UpToDate. Retrieved April 19, 2025 from https://www.uptodate.com/contents/management-of-late-complications-of-head-and-neck-cancer-and-its-treatment?search=head%20and%20neck%20radiation&source=search_result&selectedTitle=2%7E150&usage_type=default&display_rank=2#H3822453</p> <p style="text-align: center;">Feedback:</p> <p>I think the goal of this question was good as complications from cancer treatment can cause serious HEENT complications. However, I found it difficult to answer efficiently because it was a little vague. The author mentioned complications to the mouth, but there are also complications related to the eyes and ears, so it was difficult to know what to include. I think this question would have benefitted from some specificity about what the author was looking for, and since there are so many potential HEENT complications a specific number of findings to list would be helpful (i.e. name 3 important findings to look for).</p>		
2	<i>Not answered</i>		/ 10
3	<p>1. <i>What eye assessment would you as the nurse perform to test her peripheral vision? What would constitute as an abnormal test result?</i></p> <ul style="list-style-type: none"> Peripheral vision testing should be performed using the confrontation test. The nurse should sit or stand approximately 3 feet away from the patient. Ask the patient to cover their right 	<p>Great description of the confrontation test and what an abnormal result would be.</p> <p>Correct identification of bilateral papilledema.</p> <p>Great job at describing further diagnostic tests such as MRI/CT and lumbar</p>	10 / 10

	<p>eye while you cover your left eye. Instruct the patient to look at your eye and then extend your arm outward (midline). Wiggle your fingers and slowly move your arm towards you and the patient and instruct them to tell you when they see your fingers. This should be done in all four quadrants of the eye (temporal, nasal, superior, inferior) and then repeated with the opposite eye. Results are abnormal when the patient sees your fingers later than you do (Ball et al., 2019).</p> <p>2. <i>What is the concern seen here on eye exam?</i></p> <ul style="list-style-type: none"> • This patient has papilledema which is swelling of the optic disc caused by increased intracranial pressure (Brazis, 2024). <p>3. <i>Based on this exam and her reports of headaches, what would you expect could happen next with this patient in terms of diagnostics and treatment?</i></p> <ul style="list-style-type: none"> • This patient is showing signs of elevated ICP which should be treated urgently. CT and MRI with contrast will identify the cause of increased ICP and should be used to rule out intracranial tumors and hydrocephalus. A lumbar puncture should be performed to measure ICP, test quality of CSF, and may temporarily decrease ICP. More advanced visual field testing using perimetry should be done at a regular cadence to monitor the swelling (Brazis, 2024). This patient should also be referred to a neurologist and if she experiences worsening symptoms directed to the emergency room for urgent treatment of her elevated ICP which should include steroids, mannitol/hypertonic saline, and possible ventriculostomy, or lumbar drain. This patient may also be prescribed carbonic anhydrase inhibitors, such as acetazolamide, to reduce CSF production and relieve pressure (Wall & Lee, 2024). <p>References:</p>	<p>puncture, as well as medications such as acetazolamide and oral steroids. Excellent job!</p>	
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	<p>Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). Eyes. <i>Seidel's guide to physical examination: An interprofessional approach</i> (9th ed., pp. 225-252). El Sevier.</p> <p>Brazis, P. W. (2024, May 15). <i>Overview and differential diagnosis of papilledema</i>. UpToDate. Retrieved April 19, 2025 from https://www.uptodate.com/contents/overview-and-differential-diagnosis-of-papilledema?search=papilledema&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1</p> <p>Wall, M., & Lee, A. G. (2024, April 1). <i>Idiopathic intracranial hypertension (pseudotumor cerebri): Prognosis and treatment</i>. UpToDate. Retrieved April 19, 2025 from https://www.uptodate.com/contents/idiopathic-intracranial-hypertension-pseudotumor-cerebri-prognosis-and-treatment?search=papilledema&topicRef=5241&source=see_link</p> <p style="text-align: center;">Feedback:</p> <p>I really enjoyed answering this question! I had sufficient context to thoroughly answer, and the questions were specific. I felt that it was easy to determine what the author was looking for in an answer and the use of the image was meaningful. Great job!</p>		
4	<i>Not answered</i>		/ 10
5	<p><i>Based on the child's distressing signs and symptoms, what common childhood infection would you want MD Aldrin to consider and when asked, how would you simply discuss its pathophysiology and suggestive measures of treatment?</i></p> <ul style="list-style-type: none"> • Diagnosis: Acute otitis media (ear infection). In children the symptoms of an ear infection can be more subtle. They often present with unusual fussiness, restlessness, poor appetite, 	<p>Thank you for giving such specific and definite answers in this complex situation. The scenario does not just question our knowledge and skills in the assessment, pathophysiology and pharmacology of Acute Otitis Media (AOM) but also tests our professionalism, advocate for patient safety and collaboration in an ethical dilemma such</p>	10/ 10

	<p>emesis, loose stools, and fever. These infections can often be triggered by upper respiratory infections. Based on the description of this child he likely has an ear infection and possibly a perforated tympanic membrane based on the drainage coming from his ear, but this can only be diagnosed through otoscopy (Wald, 2024).</p> <ul style="list-style-type: none"> ● Pathophysiology: The middle ear is lined with respiratory mucosa. When a respiratory infection occurs edema in the nasopharynx and Eustachian tube obstructs the isthmus. This causes increased pressure, and the ear is filled with secretions causing the respiratory pathogen to enter the ear. This process leads to bulging tympanic membrane and fluid accumulation (Tahtinen & Frost, 2025b). ● Treatment: After confirming diagnosis with otoscopy, the child should be prescribed antibiotics (amoxicillin or amoxicillin-clavulanate) and the parent should be instructed to treat the child's pain with over-the-counter pain relievers such as acetaminophen and ibuprofen which will also serve as antipyretics (Tahtinen & Frost, 2025a). <p style="text-align: center;">References:</p> <p>Tahtinen, P. & Frost, H. M. (2025a, March 21). <i>Acute otitis media in children: Treatment</i>. UpToDate. Retrieved April 19, 2025 from https://www.uptodate.com/contents/acute-otitis-media-in-children-treatment?search=Acute%20otitis%20media%20children&topicRef=6009&source=see_link#H3731632185</p> <p>Tahtinen, P., & Frost, H. M. (2025b, April 2). <i>Acute otitis media in children: Epidemiology, microbiology, and complications</i>. UpToDate. Retrieved April 19, 2025 from https://www.uptodate.com/contents/acute-otitis-media-in-children-epidemiology-microbiology-and-complications?search=Acute+otitis+media+children&topicRef=6009&source=see_link</p>	<p>as this, and you did the right things in the right way. Impressive and kudos!</p>	
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	<p>Wald, E. R. (2024, June 25). <i>Acute otitis media in children: Clinical manifestations and diagnosis</i>. UpToDate. Retrieved April 19, 2025 from https://www.uptodate.com/contents/acute-otitis-media-in-children-clinical-manifestations-and-diagnosis?search=Acute%20otitis%20media%20children&source=search_result&selectedTitle=3%7E150&usage_type=default&display_rank=3#H454912762</p> <p>Feedback:</p> <p>I really liked the straightforward nature of this question. I know nothing about pediatrics, but based on the context provided I was still able to easily answer the question. I also appreciated the situation described because it is very true to clinical practice. The nurse often needs to be able to identify a likely diagnosis when they work in a teaching hospital to safeguard the patient. Initially, I felt there was too much detail provided, but after reading about what an ear infection looks like in children, I realized that the author included only essential information. This question helped me learn, thanks!</p>		
6	<i>Not answered</i>		/ 10
7	<p><i>What recommendation is the provider likely to give in accordance with the American Academy of Pediatrics guidelines?</i></p> <ul style="list-style-type: none"> The recommendation should be placement of tympanostomy tubes with an adenoidectomy due to the child's hearing loss and symptoms of obstructive sleep apnea (Marom, 2024). <p><i>What patient/family education will you provide this nervous family surrounding this intervention?</i></p> <ul style="list-style-type: none"> The parents should be aware of the benefits and risks of the procedure and post-operative recovery. The benefits include 	<p>Nice work! The guidelines I was referencing recommend adenotonsillectomy as the first line treatment, which would be indicated based on her sleep apnea, tonsillar hypertrophy and eustachian blockage. I was also looking education that included pain control.</p> <p>I'm so sorry the AAP guidelines were a distractor and I've noted this for future questions. I returned one point.</p>	8.5/10

	<p>improvement of hearing in the affected ear and improvement in symptoms of sleep apnea. It may also reduce the risk of re-accumulation of fluid. The risks associated with the tympanic tubes are persistent tympanic membrane perforation, post-op infection, displacement of the tube, and cholesteatoma. The risks of adenoidectomy are bleeding and risks associated with anesthesia and endotracheal intubation (sore throat, nausea/vomiting, allergic reaction, aspiration pneumonia, nerve damage, and malignant hyperthermia). The child's recovery will require follow up appointments, hearing tests, ear drops, and rest (Marom, T.)</p> <p style="text-align: center;">References:</p> <p>Marom, T. (2024, November 14). <i>Otitis media with effusion (serous otitis media) in children: Management</i>. UpToDate. Retrieved April 19, 2025 from https://www.uptodate.com/contents/otitis-media-with-effusion-serous-otitis-media-in-children-management?search=chronic%20serous%20otitis%20media%20pediatrics&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1</p> <p style="text-align: center;">Feedback:</p> <p>I am not a pediatrics nurse, but I was still able to answer this question effectively due to the context provided. I thought the question was well-written, concise, and incorporated both identification of treatment and nursing education. My only problem was I was unable to access the American Academy of Pediatrics Guidelines and had to turn to other sources. This was somewhat frustrating for me as I was unsure if the guidelines I found matched.</p>		
8	Not Answered		/ 10

<p>9</p>	<p>1. <i>What description would you include with the photo?</i></p> <ul style="list-style-type: none"> I would include the site (left upper back), size (9 mm), color description (mixture of light and dark brown patches), surface (it appears raised in the photo), border/symmetry (irregular/asymmetrical), and the information the patient shared about it (growing in size). <p>2. <i>What do you suspect and why?</i></p> <ul style="list-style-type: none"> I suspect this dysplastic mole is likely a melanoma. The patient is immunosuppressed due to their HIV status, making them more susceptible to melanoma (Ball et al., 2019). Additionally, they have described a change in size, and the mole is now 9mm which is a sign of a dysplastic mole. The irregular border and color variation within the mole are also indicative of melanoma (Ball et al., 2019). <p>3. <i>What additional history would you ask the patient to support your suspicion? Give at least 3.</i></p> <ul style="list-style-type: none"> I would want to know when the patient first noticed the mole, and what it looked like when they last looked at it to identify how much it has changed over time (or to share pictures if they had any). I would also want to know how often they are exposed to sunlight, for what duration, and if they routinely use sunscreen. I would also ask if they had any family history of melanoma since that is associated with higher risk (Ball et al., 2019). <p style="text-align: center;">References:</p> <p>Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). Skin, Hair, and Nails. <i>Seidel's guide to physical examination: An interprofessional approach</i> (9th ed., pp. 131-183). El Sevier.</p> <p style="text-align: center;">Feedback:</p>	<p>1 - Your answer correctly indicated the shape, border, color, size, and evolution of the nevi. Excellent! (3/3 pts)</p> <p>2 - Your answer correctly indicated the likely diagnosis of melanoma and that the patient was at high risk due to immunosuppression from HIV. This specific case was superficial spreading melanoma. The key answer includes specifically using the ABCDE method to support the diagnosis. (3.5/4 pts)</p> <p>3 - Your answer correctly identified at least 3 questions that would provide additional history to support the suspicion of melanoma. (3/3 pts)</p>	<p>9.5 / 10</p>
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	<p>This was a really well-written question! It gave me a chance to assess the mole, think about why this patient is at risk, and what other information I would need to make a conclusion. I really appreciated that it was concise, but I had enough context to answer the question appropriately. Good job!</p>		
10	<i>Not Answered</i>		/ 10
11	<p><i>Based on the image, what stage of pressure injury does John have on his sacrum (please also state your rationale for your answer)?</i></p> <ul style="list-style-type: none"> John has an unstageable pressure injury. Because the wound bed cannot be visualized, it is impossible to tell the difference between stage 3 and 4. Once the slough/drainage is removed, the wound bed will be visible, and the wound can be staged. On the left buttock there is another wound that has partial thickness skin loss and a red wound bed that is a stage 2 pressure injury (Ball et al., 2019). <p><i>What are three interventions that could be used to help treat John's pressure ulcer?</i></p> <ul style="list-style-type: none"> Air-fluidized mattress (aka "sand bed") – pressure-redistribution is key to ensuring this wound does not get worse, and air-fluidized mattresses can continuously re-distribute pressure. Considering John's immobility status this is especially helpful in conjunction with Q2 turns (as tolerated) and HOB <30 degrees (Berlowitz, 2023). Optimize nutrition status – John's nutrition status should be evaluated by a dietician and if unable to take in enough PO, enteral nutrition/hydration should be started to promote wound healing (Berlowitz, 2023). Surgical intervention – John's injury is extensive, and a general surgery consult for surgical debridement of this wound is indicated. In addition, a wound nurse should see this to provide 	<p>Great job correctly staging John's wound and listing the appropriate rationale for this wound stage. Also, thank you for pointing out the second wound located in the upper left portion of the photo (I honestly didn't even see it before reading your answer). I love your interventions and really appreciate the fact that you listed your rationale for them, even though I didn't specifically ask for it!</p>	10 / 10

	<p>dressing recommendations both pre and post debridement (Berlowitz, 2023).</p> <p>References:</p> <p>Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). Skin, Hair, and Nails. <i>Seidel's guide to physical examination: An interprofessional approach</i> (9th ed., pp. 131-183). El Sevier.</p> <p>Berlowitz, D. (2023, August 16). <i>Clinical staging and general management of pressure-induced skin and soft tissue injury</i>. UpToDate. Retrieved April 19, 2025 from https://www.uptodate.com/contents/clinical-staging-and-general-management-of-pressure-induced-skin-and-soft-tissue-injury?search=pressure%20ulcers&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1</p> <p>Feedback:</p> <p>This was a great question! I liked that there were both assessment and management aspects to the question. Even though it wasn't technically necessary for the question, I appreciated the scenario. It's important to remember that there are real people behind these pictures, and the context adds depth to the question.</p>		
12	<i>Not Answered</i>		/ 10
13	<p><i>What kind of diagnosis are you expecting?</i></p> <ul style="list-style-type: none"> This patient has cellulitis associated with his abscesses based on the purulent drainage, pain, edema, erythema, and lymph involvement. His vital signs and presentation suggest that he is also septic based on his elevated heart rate and temperature (Spelman & Baddour, 2024). <p><i>What labs and diagnostic tests will the ER provider going to order?</i></p>	<p>Great answer, given the history and current problem, it's easy to find out what's happening with the patient. This was a real patient which I took care of for almost two to three months before we transferred him. I could've posted a wound picture. It's easy to visualize the wound without any picture since I have</p>	10/ 10

	<ul style="list-style-type: none"> ● Wound culture ● Blood cultures ● CBC and BMP ● MRI to rule out osteomyelitis (Spelman & Baddour, 2024) <p><i>What are the nursing priorities for this patient?</i></p> <ul style="list-style-type: none"> ● Ensuring the patient has adequate pain control and is comfortable, obtaining cultures as quickly as possible so that antibiotics can be administered, and fluid resuscitation for his septic presentation (Spelman & Baddour, 2024). <p style="text-align: center;">References:</p> <p>Spelman, D. & Baddour, L. M. (2024, June 17). <i>Cellulitis and skin abscess: Epidemiology, microbiology, clinical manifestations, and diagnosis</i>. UpToDate. Retrieved April 19, 2025 from https://www.uptodate.com/contents/cellulitis-and-skin-abscess-epidemiology-microbiology-clinical-manifestations-and-diagnosis?search=abscess%20treatment&topicRef=110530&source=see_link#H3993200902</p> <p style="text-align: center;">Feedback:</p> <p>I appreciated the detail provided in this scenario, and reading it reminded me of handoff I would get from the ER which made it realistic. I think this question would have been enhanced with a picture to visualize what an abscess like this would look like. While I liked the straight forward questions, I think having a question about expected interventions related to the wounds would have been helpful for the class.</p>	<p>given all the details. I appreciate the feedbacks.</p>	
14	<i>Not Answered</i>		/ 10
15	<i>Apply your knowledge of physical assessment and pathophysiology to interpret the clinical significance of this finding in Mr. Smith. Identify and briefly explain at least one potential underlying cause that could be considered, given his normal SpO₂, new-onset dyspnea, and history of smoking.</i>	Great job with your responses! Your response to the first question was exactly what I was looking for, with a potential underlying cause being lung cancer, considering his history and	10/ 10

<ul style="list-style-type: none"> • The presence of clubbing usually indicates an underlying heart or respiratory condition. Considering Mr. Smith's smoking history and relatively new dyspnea, his clubbing could be a sign of lung cancer. Even though his Spo2 is normal (no hypoxia), he could still be chronically hypoxemic which is associated with digital clubbing (Shah & Cappelli, 2024). <p><i>As the nurse in this setting, what are your top two clinical priorities for this patient? Describe how you would escalate your findings and collaborate with the provider.</i></p> <ul style="list-style-type: none"> • I would discuss obtaining further diagnostic tests and imaging with the provider. Obtaining lab work (CBC, BMP, VBG), and a chest X-Ray to rule out lung cancer is important. New-onset clubbing is most frequently caused by lung cancer (Shah & Cappelli, 2024). • I would also want to get further information about Mr. Smith's dyspnea and so further assessment of his lungs and information gathering about the start of his dyspnea is important. Based on the information from that assessment I would talk with the provider about obtaining pulmonary function tests and medication management of his dyspnea (Midthun, 2024). <p style="text-align: center;">References:</p> <p>Midthun, D. E. (2024, July 31). <i>Clinical manifestations of lung cancer</i>. UpToDate. Retrieved April 21, 2025 from https://www.uptodate.com/contents/clinical-manifestations-of-lung-cancer?search=lung%20cancer%20clubbing&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1</p> <p>Shah, A. A. & Cappelli, L. (2024, December 16). <i>Malignancy and rheumatic disorders</i>. UpToDate. Retrieved April 21, 2025 from https://www.uptodate.com/contents/malignancy-and-rheumatic-disorders?sectionName=Hypertrophic%20osteoarthropathy&s</p>	<p>symptoms. I also appreciate you identifying that while his SpO2 was normal, he may still be chronically hypoxemic. You also nailed the second question with the need for further lab work and diagnostic testing, as well as identifying that new-onset clubbing is associated with lung cancer. Great job!</p>	
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	<p>earch=digital%20clubbing&topicRef=4310&anchor=H13&source=see_link#H13</p> <p>Feedback:</p> <p>The scenario and context provided were well-written and sufficient to answer the question. I thought the picture added a great visual. The questions themselves were also well-written and specific, which I appreciated. Nice job!</p>		
16	<i>Not Answered</i>		/ 10
17	<p><i>What assessment findings and reported symptoms should lead the nurse to suspect Hodgkin's Lymphoma in this patient, and what priority nursing actions should follow?</i></p> <p>The following assessment findings and symptoms are associated with Hodgkin's Lymphoma (Ng et al., 2025)</p> <ul style="list-style-type: none"> ● Enlarged lymph node that is firm and not tender ● Fevers ● Night sweats ● Weight loss <p>The priority for the nursing actions listed in the question are (LaCasce & Ng, 2024):</p> <ol style="list-style-type: none"> 1. Obtain lab work first – this will help to confirm the diagnosis and rule out other causes 2. Coordinate imaging – this will identify other lymph nodes that may be involved – a PET scan should also be ordered 3. Vital signs – continue to monitor for evolving fever, consider antipyretic if patient continues to have fever 4. Detailed health history and symptom review – rule out differential diagnoses 	<p>Great job answering the questions with detailed assessments and clear prioritization of the workup. I also appreciate how you used bullet points to clearly highlight the symptoms present in the illness. Although you got the first action priority right, To earn full points, additional information was needed, such as a discussion of continued education or a detailed explanation of your reasoning behind your answers. I appreciate the feedback received</p>	9.5/ 10

<p>5. Reassure and educate the patient – make sure that the patient knows he is safe. This could be particularly scary for him as he is young and has no other known health issues.</p> <p>Outside of the interventions listed in the question – preparation for biopsy should be obtained as quickly as possible to confirm diagnosis and initiate treatment. The nurse should coordinate with the provider to obtain a plan.</p> <p style="text-align: center;">References:</p> <p>LaCasce, A. S., & Ng, A. K. (2024, July 30). <i>Pretreatment evaluation, staging, and treatment stratification of classic Hodgkin lymphoma</i>. UpToDate. Retrieved April 21, 2025 from https://www.uptodate.com/contents/pretreatment-evaluation-staging-and-treatment-stratification-of-classic-hodgkin-lymphoma?search=hodgkin%20lymphoma&topicRef=4688&source=see_link#H3339555956</p> <p>Ng, A. K., Aster, J. C., & Herrera, A. F. (2025, February 18). <i>Classic Hodgkin lymphoma: Presentation, evaluation, and diagnosis in adults</i>. UpToDate. Retrieved April 21, 2025 from https://www.uptodate.com/contents/classic-hodgkin-lymphoma-presentation-evaluation-and-diagnosis-in-adults?search=hodgkin%20lymphoma&topicRef=4748&source=see_link#H3189011158</p> <p style="text-align: center;">Feedback:</p> <p>I liked the scenario provided and the context was sufficient to provide an answer. I did find the second half of the question a little tricky because I wasn't sure if the author was looking for me to prioritize the nursing actions listed or if they wanted me to identify actions outside of that list. When looking into the priority nursing actions for a patient like this, I didn't find anything different than what was listed, so I assumed the author intended for me to prioritize those actions. My only feedback would be to make that part clearer, but otherwise, fantastic question!</p>		
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18	<i>Not Answered</i>		/ 10
19	<p><i>What education might you provide to this patient about the function of lymph nodes and the rationale for doing x-ray imaging at this stage of the patient's care?</i></p> <ul style="list-style-type: none"> The lymph nodes are an important part of the immune system that filter fluids in your body for waste and infectious materials. Sometimes a lymph node can become swollen due to an infection, and other times it can be a sign of cancer. A chest X-Ray will take an image that will help determine what might be happening around that area and what the next steps should be. <p>References: Freedman, A. S. & Friedberg, J. W. (2022, November 28). <i>Pretreatment evaluation and staging of non-Hodgkin lymphomas</i>. UpToDate. Retrieved April 21, 2025 from https://www.uptodate.com/contents/pretreatment-evaluation-and-staging-of-non-hodgkin-lymphomas?search=lymphoma&topicRef=4695&source=see_link</p> <p>Feedback: I really liked the picture that was included with this question, it was a great visual! Additionally, I like that this question asked me to explain what I know to the patient. This is always good practice, and with a potentially concerning diagnosis the patient will be scared, and this gave me a chance to reflect on how I would convey this information truthfully in the patient's language. Thanks for this great question!</p>	I really appreciate your straightforward and basic answer. One of the main goals was for the student to not only assess what might be happening but then translate that understanding for the patient. I agree this could be a very scary experience for a patient. For that reason some reassurance would be helpful, especially when mentioning it could be a sign of cancer. Also I think it would have been helpful for the patient to know there are lymph nodes throughout the body and that swollen nodes inside that are not visible or palpable can be detected by xray. A specificity that can help the patient understand.	9/ 10
20	<i>Not Answered</i>		/ 10