BNURS506 Quiz Answering

Term: Spring 2025
Module 5: Digestive & Reproductive
Name: Student L

#:	Your Answer	Feedback from Grader	Score
2	**Identify 3 things you can do to promote an environment of inclusivity, respect, and dignity for Kiry during this visit. (6 points)** This is promoting respect, dignity and privacy. First thing is using the name they put in the forms. Talk and call them by using correct pronouns which is " they and them." Second thing is to make them feel comfortable and keep the room private free from distraction. Reassure them , " you are in safe place and information is confidential. Please feel free to tell me anything you need to address; I am here for you to listen and help." Since Kiry appears anxious, maintain calm, a neutral tone , making eye contact and relaxed posture. **During the exam, the provider notes white, thick, cottage cheese-like discharge and vulvar erythema. What diagnosis do you anticipate based on these symptoms? (2 points)** Based on the symptoms described including white, thick, cottage cheese like discharge and vulvar erythema, symptoms suggest a vaginal yeast infection (Vulvovaginitis Candidiasis) **The provider prescribes miconazole due to its low expense and availability over the counter. The provider instructs Kiry on how to apply the cream. While the provider is talking, you see Kiry grimace and struggle with tears. Regarding medication, what could you discuss with Kiry regarding their options? (2 points)** " it appeared that you were uncomfortable when the doctor was discussing the treatment options. I just want you to feel comfortable with the treatment option. If Miconazole is causing discomfort, there are other forms of antifungal treatments like oral fluconazole and other topical antifungal	Thank you for your answer and feedback. 1. Three measures identified - correct name and pronouns, private room free from distraction, maintaining an open and calm posture and demeanor. FYI I didn't consider the statement as a measure. I was looking for tangible things you could do that promote a safe environment, not just stating it is so. However you identified 3 other things so I awarded full points. 6 points 2. Correct 2 points 3. Correct 2 points	10 / 10

	creams. Let's discuss what might work best for you and we can find a solution which suits your preferences." References: Martin Lopez J. E. (2015). Candidiasis (vulvovaginal). *BMJ clinical evidence*, *2015*, 0815. Nyirjesy, P., Brookhart, C., Lazenby, G., Schwebke, J., & Sobel, J. D. (2022). Vulvovaginal Candidiasis: A Review of the Evidence for the 2021 Centers for Disease Control and Prevention of Sexually Transmitted Infections Treatment Guidelines. *Clinical infectious diseases : an official publication of the Infectious Diseases Society of America*, *74*(Suppl_2), S162–S168. https://doi-org./10.1093/cid/ciab1057 Feedback: This scenario does a great job of addressing the importance of gender-specific care and good communications with patients. It shows how nurses need to treat everyone fairly, with clear communications and without any judgement or bias. It's essential for healthcare providers to create a space where all patients feel respected and understood, no matter their gender identity. The information about vulvovaginal candidiasis is also helpful. It is the second most common cause of vaginitis after bacterial vaginosis. Overall, this is a great scenario which have a good balance of clinical care and patient interaction.		
4	**What is the most likely diagnosis? Why? (hint: include risk factors and symptoms)** Given the symptoms of pelvis pain during her menstrual cycle and chronic lower abdominal pain, reporting pain radiating to her lower back, discomfort during intercourse , the most likely diagnosis is Endometriosis. The risk factors are associated with woman of reproductive age, having difficulty conceiving, which is common in those with endometriosis. **What is one of the diagnostic approaches that would help support suspicion or confirm the diagnosis? (State one method and a sentence on what it looks for)**	1. Awesome job using Quinn's symptoms (i.e dysmenorrhea, painful intercourse, and low back pain [most people missed this]) and her risk factor (reproductive age) as to support your diagnosis of endometriosis! (3/3 pts) 2. Laparoscopy with biopsy is the definitive diagnostic tool for	10 / 10

	The diagnostic approach will be laparoscopy. It allows for direct visualization of the pelvic organs and identify the endometrial tissue outside the uterus. It also allows to biopsy which can help to identify the tissue type. **What two pieces of education could you provide the patient regarding management? (Answers can include pharmacological interventions, surgical interventions, or supportive resources. Give 1-2 sentences on when and why each intervention is used)** The patient education on management includes educating the patient on pain management, hormonal therapies such as birth control (pills, IUDs, or GnRH agonists) can be prescribed to reduce menstruation and prevent further tissue growth. These options help control symptoms and may improve fertility by reducing inflammation. Surgical intervention: if medications do not work or if Quinn desires pregnancy, laparoscopic surgery to remove endometriosis lesions may be recommended. Surgery can improve fertility and reduce pain by removing or destroying the tissue but may not cure the condition and symptoms could return over time. References: Vercellini, P., Viganò, P., Somigliana, E., & Fedele, L. (2014). Endometriosis: pathogenesis and treatment. *Nature reviews. Endocrinology*, *10*(5), 261–275. https://doi-org./10.1038/nrendo.2013.255 Falcone, T., & Flyckt, R. (2018). Clinical Management of Endometriosis. *Obstetrics and gynecology*, *131*(3), 557–571. https://doi-org./10.1097/AOG.0000000000002469 Feedback: It was a very thorough scenario. I did not have to think too much about the diagnosis. Great questions as well. Good Job. Endometriosis is a common and difficult condition for women of childbearing age, with a high cost to both individual and society. According to the articles, the difference between the normal uterine tissues and endometriosis tissue makes it hard to develop new medications and treatments. Surgery is still the best option to diagnose but it comes with	endometriosis. Other diagnostic tools can include MRIs, transvaginal ultrasound, or by presumption based on clinical symptoms. Awesome job! (3/3 pts) 3. I appreciate the way you worded your response! NSAIDs + continuous hormonal therapies are the first line treatment as it helps with pain and prevents excessive endometrial tissue growth. Surgery is also an option if medications are ineffective or if lesiona prevents pregnancy! Great work! (3/3 pts) +1 pt for citation Thank you for your feedback and sharing your findings from the articles you read! It reinforces the notion that learning can go both ways between educator and learner 🙂	

	risks such as complications from the surgery and potential harm to the ovaries.		
6	**What is a TPE, and why is it a curative option? (2-3 sentences is sufficient)** A Total pelvic Exenteration (TPE) is a major surgical procedure that involves the removal of all organs in the pelvic cavity, including the bladder, rectum, uterus, cervix and vagina. It may be considered curative option if the cancer is confined to the pelvis and is resectable, as it removes all visible and potentially microscopic cancerous tissue, offering a change for long-term survival. **What organs/anatomical body parts are involved in this surgery (name at least 5)?** Bladder, Rectum, Uterus, Cervix and Vagina. **What are some postoperative and patient care considerations involved with this surgery? Hint: Please consider topics such as mental health, drains/ostomies, infection, etcetera. Name and briefly discuss at least 3 considerations.** Mental health: the emotional impact of a TPE due to loss of multiple organs and changes in body function. Offering counseling, support groups and mental health resources to help the patient cope with these changes. Drains/ostomies: Patients may require drains to remove fluids or infection from the surgical site, as well as colostomy or urostomy if the portions of bowel and bladder are removed. Proper care and monitoring of these are necessary to prevent infection and ensure proper function. Infection prevention: given the extensive surgery, the risk of infections is high. nurses should monitor for signs and symptoms of infection at the surgical site, in drains and in ostomies. Also provide appropriate wound care and administer antibiotic as prescribed.	Wonderful job answering this question. You answered each part of the question with precision and detail. Each postoperative and patient care consideration you discussed is crucial for patient care, especially the mental health component. This procedure is truly life-altering physically and mentally, so patient support is necessary for patient success, especially with the amount of risks involved with this surgery.	10/ 10

	References: BRUNSCHWIG A. (1948). Complete excision of pelvic viscera for advanced carcinoma; a one-stage abdominoperineal operation with end colostomy and bilateral ureteral implantation into the colon above the colostomy. *Cancer*, *1*(2), 177–183. Miri, S. R. , Akhavan, S. , Mousavi, A. S. , Hashemi, S. R. , Sheikhhasan, S. , Almasi-Hashiani, A. , Sadegh Fakhari, M. and Esmailzadeh, A. (2022). A Systematic Review on Overall Survival and Disease-Free Survival Following Total Pelvic Exenteration. *Asian Pacific Journal of Cancer Prevention*, *23*(4), 1137-1145. doi: 10.31557/APJCP.2022.23.4.1137 Feedback: This scenario had great details about the symptoms. I never heard about that procedure before, so it was a great opportunity learning about the total pelvic exenteration. I was able to find an article about the first surgeon who performed this surgery and later introduced to the others. It was amazing to see how large the survival rate after this surgery were, but comorbidities are high as well. Patient needs more of psychological support as well as education managing drains and ostomies.		
8	**A 14-year-old client with cerebral palsy and a right-sided shunt is experiencing persistent vomiting and has not had a bowel movement in over 36 hours. Client has vomited multiple times in an hour period and is requiring constant suctioning. He is showing signs of discomfort, including intermittent crying, swinging his hands, and he is unable to verbally communicate his needs. He is severely malnourished and receives continuous 24-hour GJ tube feeds, with only short pauses for medication administration. Despite receiving Miralax, an enema and Tylenol, client is still showing signs of discomfort and no bowel movement.**	Great job answering all parts of the question. Your answers were easy to follow. You did a great job including physical assessments, some students did not include that part in their responses. Great work! I took 0.5 points off for APA formatting.	9.5 / 10

	Client is taken to the ED for a workup. You are giving report to the ED nurse on client's medications. Here is a list of his medications: metoclopramide, docusate, levetiracetam, miralax, and erythromycin. **Given his symptoms and risk factors, could this be an indication of acute pancreatitis? What labs and assessments are necessary to confirm that the client has pancreatitis?** Yes, the client is experiencing symptoms of acute pancreatitis. The persistent vomiting, discomfort and inability to have a bowel movement may suggests some GI issues, and the fact that he is severely malnourished and received continuous tube feeds could increases his risk of pancreatitis. Labs and assessment to confirm pancreatitis: Serum Amylase and Lipase levels: elevated levels of these enzymes are the primary indicators of pancreatitis. Abdominal ultrasound or CT scan: these imaging test help detect inflammation of the pancreas, pancreatitis pseudocysts and related complications like biliary obstruction. CBCs, Liver function tests, electrolyte panel . Physical assessment: a detailed abdominal assessment including checking for tenderness, guarding or rebound tenderness, which could indicate peritonitis or acute pancreatitis. Monitoring for signs of dehydration skin turgor, labs like BUN/Creatinine, monitoring urine output, bowel functions and signs of pain. References: Saeed S. A. (2020). Acute pancreatitis in children: Updates in epidemiology, diagnosis and management. *Current problems in pediatric and adolescent health care*, *50*(8), 100839. https://doi-org./10.1016/j.cppeds.2020.100839 Szatmary, P., Grammatikopoulos, T., Cai, W., Huang, W., Mukherjee, R., Halloran, C., Beyer, G., & Sutton, R. (2022). Acute Pancreatitis: Diagnosis and Treatment. *Drugs*, *82*(12), 1251–1276. https://doi-org./10.1007/s40265-022-01766-4		

	Feedback: Great scenario. Really appreciated the diagnoses given. Not much experience with children. The management is the same as adults. The most important thing is to monitor in your case, is pain management and nutrition.		
10	Mosty likely diagnosis of this patient is Helicobacter pylori, which is supported by the patient's symptoms and positive urea breath test. The patient's symptoms: upper abdominal pain, nausea, bloating and early satiety are consistent with gastritis or peptic ulcer disease caused by H.pylori infection (Malferteriner et al,. 2023). The fact that pain is worse at night and the patient experience bloating after eating and positive urea breath test is an indicator of active H. pylori infection. Treatment regimen: According to Malferteriner (2023), the standard treatment regimen is PPI-triple therapy which consists of A proton pump inhibitor (PPI) such as pantoprazole, omeprazole, along with clarithromycin and amoxicillin. If necessary, metronidazole can replace either amoxicillin or clarithromycin. Initially a 7-day treatment showed over 90% success, but it is now recommended to extend the treatment to 14 days because it works better. Antibiotic resistance is common so Malferteriner et al,. (2023), Adabi&Kusters (2016) suggests quadruple therapy which includes PPI, Bismuth subsalicylate, tetracycline and metronidazole. Follow up appointment: According to the Cleveland clinic, 2024, the provider will schedule a follow up appointment after two weeks of completing the PPI and 4 weeks follow up after completing the antibiotics. They will order urea breath test or stool test to confirm the H.pylori infection eradication. References: Abadi, A.T.B., Kusters, J.G. Management of Helicobacter pylori infections. *BMC Gastroenterol 16*, 94 (2016). https://doi-org./10.1186/s12876-016-0496-2	#1 Correct diagnosis of peptic ulcer disease, rationalized by patient's signs and symptoms: 3/3 points #2 Any of the following options to eradicate *H.pylori* w/specific medications: Optimized bismuth quadruple therapy, low-dose rifabutin triple therapy, triple therapy, vonoprazan dual therapy, or vonoprazan triple therapy: 3/3 points #3 Follow-up after a month, but not more than 2 months; ideally this should be stated in a way that the patient will understand:3/ 3 points References & in-text citations: 1/1 point Great job on your answers, thank you for the feedback, I'm glad you were able to learn a lot from your readings!	10/ 10

	Cleveland Clinic. (2024, March 18). H.pylori infection: symptoms, causes & treatment. *Cleveland Clinic*. https://my.clevelandclinic.org/health/diseases/21463-h-pylori-infection Malfertheiner, P., Camargo, M.C., El-Omar, E. *et al.* Helicobacter pylori infection. *Nat Rev Dis Primers 9*, 19 (2023). https://doi.org/10.1038/s41572-023-00431-8 Feedback: It was a great patient representation and scenario. I thought it was an easy diagnosis based on the urea breath test, but I had to do extensive research on the topic. About 50% of the world population is affected by H.pylori which is a significant number. I learnt a lot from my research. The other piece of information I struggled with and ended up doing google search, was patient follow up. I ended up using Cleveland clinic as a reliable source of information.		
12	Based on the finding during colonoscopy, Barbie's diagnosis is likely colonic polyps, they are a potential precursor to colorectal cancer. Polyps are abnormal growth of tissue that can develop in the colon or rectum. Since they discovered during the colonoscopy, they are scheduled for removal via polypectomy, which is the surgical procedure to remove polyps from the colon. Significant of early detection of Polyps: because colonic polyps can be precursors to colorectal cancer. By removing them early, before they have a chance to grow or become cancerous, Barbie can reduce her risk of developing colorectal cancer in the future. References: Pidala, M. J., & Cusick, M. V. (2017). The Difficult Colorectal Polyp. *The Surgical clinics of North America*, *97*(3), 515–527. https://doi-org./10.1016/j.suc.2017.01.003 Kahi C. J. (2019). Reviewing the Evidence that Polypectomy Prevents Cancer. *Gastrointestinal endoscopy clinics of North America*, *29*(4), 577–585. https://doi-org./10.1016/j.giec.2019.05.001	You got it! you were able to correctly identify the diagnosis, procedure, and also answer my bonus question. I did make the question tricky by giving the surgical procedure name already, however it did not fool you. good work, thank for the feedback.	10/ 10

	Feedback: The scenario clearly described the symptoms of colon polyps. The planned polypectomy is a good next step to prevent the risk of colorectal cancer. Early detection is the key, and your scenario correctly emphasizes the importance of colonoscopy. Great Work!		
14	**Heather gets a CT scan with contrast, which shows the right image.** **1. What do you suspect that Heather is suffering from? (2 pts) Small bowel obstruction** Based on the CT scan results, Heather is suffering from Small Bowel Obstruction(SBO) and also her symptoms like abdominal cramping , nausea, vomiting , bloating and lack of gas passage, history of ulcerative colitis could also contribute to SBO. **2. Beyond the CT scan, what additional assessments might you as the nurse perform to confirm your suspicion? Name 2 assessments and what assessment findings you would expect to find with Heather's diagnosis. (2 pts)** Physical assessment: abdominal distention, tenderness and bowel sounds (high pitch= early stages of obstruction, silent =late stage). Rebound tenderness Abdominal xray: could show dilated loops of bowel with air fluid levels. This imaging can help confirm the diagnosis alongside the CT scan. **3. What is included in typical treatment of this condition? List general management for non-surgical and surgical options. (6 pts)** The treatment plan would depend on the severity of the obstruction and her repones to nonsurgical management as well. **Non-surgical:** keeping heather NPO(nothing by mouth) to rest her bowel and prevent further obstruction. IV fluids to keep her hydrated and maintain electrolyte balance since she had been vomiting and had inability to keep her food down. NG tube: to decompress her stomach and remove excess gas and fluid, reducing bloating and nausea. Pain management: mild pain relievers may be used to control discomfort, narcotics should be avoided due to their potential to worsen constipation.	1. Correct (2/2)4 2. Good job at identifying assessment findings with inspection, palpation and auscultation. The high-pitched tinkling sounds are typically hypoactive, but you are correct that late stage they can be absent, though rare. (2/2) 3. Non-surgical: Great job at identifying typical management. I was looking for NG tube for decompression, NPO and IVF. Great job at identifying the avoidance of narcotics for it's side effect of slowing down the gut. (3/3) 4. Bowel resection can occur, but typically the approach is to start with an exploratory laparotomy with a lysis of adhesions to remove any strictures causing the obstruction, it could progress to a resection if there is evidence of bowel necrosis (⅔). Thank you for the feedback! I didn't intend to give away the answer to the first question, but consider it a freebie for the last class 🙂	9 / 10

	Surgical: may requires bowel resection, depending on any evidence of bowel ischemia, strangulation, or failure to improve with conservative measures. **References:** Azagury, D., Liu, R. C., Morgan, A., & Spain, D. A. (2015). Small bowel obstruction: A practical step-by-step evidence-based approach to evaluation, decision making, and management. *The journal of trauma and acute care surgery*, *79*(4), 661–668. https://doi-org./10.1097/TA.0000000000000824 Schick, M. A., Kashyap, S., Collier, S. A., et al. (2025, January 19). Small bowel obstruction. *StatPearls Publishing*. Available from https://www.ncbi.nlm.nih.gov/books/NBK448079/ **Feedback:** Well organized and detailed scenario. Really appreciated that you provided the diagnosis. I was able to use my own knowledge and critical thinking to answer these questions. It's always gets tougher to find the suitable resources. SBO is becoming a common reason for admission on my unit especially elderly patients from skilled nursing facilities.		
16	**Correct answer: C) small bowel perforation** The patient's symptoms worsening abdominal pain, constipation, cramping , distended abdomen with guarding and rebound tenderness, fever and elevated white blood cell count suggest a serious condition of small bowel perforation. A small bowel perforation can lead to peritonitis, an infection of the abd cavity that often requires surgery. Elevated lactate level and elevated WBC indicate sepsis which is common in bowel perforation. Nurse should respond with empathy and clear information to address **Mr. Jones concerns**. " I understand you are feeling anxious about surgery and the need for IV access, I want to reassure you that we are here to take care of you and make sure you feel as comfortable as possible. The reason we need to give you IV fluids and antibiotics and prepare you for surgery. You may have a serious infection in your abdomen that requires urgent treatment. The surgery will help fix the problem and prevent further complications. I understand that you don't like needles, but we need IV	Grading Criteria 1.Multiple Choice: 2/2 2.Response to Pt: 3.5/4 3.Response to Wife: 2.5/3 4.APA Format: 0.5/1 Rationale for Point Deduction: 2. Answer did not explain the underlying reason for why he needs surgery (the performation) 3. When someone is taking Clozaril, it should be paired with a stimulant laxative such as senna to help compat the slowed GI motility seen with the medication and the person may also need to take a stool softener if the	8.5/ 10

	access to give you the medicine to make you get better. I'll call someone who is an expert in placing IV so it's quick and easy as possible." **Response to Mrs. Jones question:** The nurse should provide clear, concise information that helps Mrs. jones understand the situation while also considering Mr. Jone's medical history and medications. " Mrs. Jones, your husband's symptoms are concerning and based on his history and findings today, we suspect a small bowel obstruction. This can happen when there's a hole in the bowel, which can leak bacteria into the abdominal cavity and cause an infection. In his case, his constipation and use of clozapine which can cause constipation as a side effect. Additionally, his type II diabetes and hypertension can make it harder for the body to fight infections. To prevent this from happening again, it's important to manage his constipation carefully, especially given his medication. we will also monitor his closely after the surgery and work with his doctors to adjust his medications as needed to help prevent any further complications." **References:** Rami Reddy, S.R., Cappell, M.S. A Systematic Review of the Clinical Presentation, Diagnosis, and Treatment of Small Bowel Obstruction. *Curr Gastroenterol Rep 19,* 28 (2017). https://doi.org/10.1007/s11894-017-0566-9 Schiessel, R. (2015). The research progress of acute small bowel perforation. *Journal of Acute Disease*, *4*(3), 173-177. **Feedback:** Great scenario. I felt that the questions you asked were primarily focused on communication between the nurse and the family, especially when it comes to elderly family members and patients who may be anxious about the outcomes of their conditions. Helping both patients and their families understand the medical situation and addressing their emotional concerns is a crucial aspect of nursing care.	stimulant laxative isn't enough. Bulk forming laxatives should be avoided though because they can increase the risk of constipation in the setting of slowed GI motility s/t Clozaril. 4.No in-text citations Thank you for the kind words! I couldn't agree with you more about the importance of providing education and support to patients and their loved ones.	

18	It seems like Marco is experiencing hepatic encephalopathy, a common complication of cirrhosis, especially in the context of decompensated liver disease. HE involves impaired liver function, which leads to accumulation of toxins, particularly ammonia, in the bloodstream. The liver's inability to metabolize ammonia and other waste products results in their buildup, which crosses the blood brain barrier and causes neurologic symptoms such as confusion, lethargy, asterixis and changes in behavior (like irritability and forgetfulness). The musty odor of his breath is another sign of hallmark of hepatic encephalopathy. Pharmacologic treatment: lactulose: the priority is to treat the encephalopathy with lactulose. Lactulose works by reducing blood ammonia levels. The most used treatment disaccharides, antimicrobials, and enemas. Disaccharides include Lactulose which convert ammonia to ammonium. This helps to decrease the systemic ammonia levels, thus alleviating the symptoms of hepatic encephalopathy. It also promotes bowel movement, which further helps to excrete ammonia. Non-pharmacologic treatment: protein restriction A non-pharmacologic priority would be limiting protein intake in Marco's diet, because he was recently started on a high-protein nutritional supplement. High protein intake can exacerbate hepatic encephalopathy by increasing ammonia production in the gut from the breakdown of protein. Moderate protein restriction may help to reduce the burden of ammonia production, "Recently, the European Society for Parenteral and Enteral Nutrition consensus review27, 28 recommended a normal/higher supply of dietary proteins (1–1.5 g/kg protein and 25–40 kcal/kg per day) to achieve nitrogen balance, which can be tolerated without risk of HE"(Wright&Jalan,2007). References: Wright, G., & Jalan, R. (2007). Management of hepatic encephalopathy in patients with cirrhosis. *Best practice & research. Clinical gastroenterology*, *21*(1), 95–110. https://doi-org/10.1016/j.bpg.2006.07.009 Rodenbaugh, D., Vo, C. T., Redulla, R., & McCauley, K. (2020). Nursing Management of Hepatic Encephalopathy. *Gastroenterology nursing*	Your answer gave a solid explanation of the condition and suggested appropriate treatments. Your take on lactulose was great and the protein restriction part was understandable given the context. Nice job!	10/ 10

	: the official journal of the Society of Gastroenterology Nurses and Associates, *43*(2), E35–E47. https://doi-org./10.1097/SGA.0000000000000434 Feedback: This is a very detailed scenario, and the information provided made it easy to find resources to support the clinical details. The scenario does an excellent job on the clinical presentation and labs which are all important when managing these patients.		
20	**You are precepting a new graduate nurse in the PICU and admit Sarah, a 15 year old female arriving via the emergency department following a Tylenol ingestion. As you begin your initial assessment, you notice that Sarah's level of consciousness is rapidly declining and there is blood noted when you place her NG to LIS. You gather supplies, including a Belmont rapid infuser and lab draw supplies.** **What would you teach your orientee about Sarah's likely diagnosis and the rationale for necessary lab, medication and assessment interventions for Sarah?** Sarah's likely diagnosis is a suspected Tylenol(acetaminophen)overdose, the first thing to emphasize is that acetaminophen toxicity can lead to acute liver failure due to the liver's inability to metabolize the large amount of the drug. Acetaminophen is metabolized by liver and excessive amounts lead to the formation of toxic metabolites that overwhelm the liver's detoxification mechanisms, causing liver cell death. Assessment: as you noted, Sarah's level of consciousness is rapidly declining. This could be due to hepatic encephalopathy which affects the brain due to the accumulation of toxins like ammonia that liver can no longer process. Gastrointestinal bleeding: the presence of blood when placing the NG tube could be indicative of GI bleed, which is common in acute liver failure due to varices or coagulopathy. It's essential to monitor for signs of shock, which may result from blood loss. Labs to monitor for: Liver function test (AST,ALT, alkaline phosphatase, bilirubin) to assess the extent of liver injury. These tests will help identify the degrees of liver damage and guide further management. Coagulation studies: due to liver dysfunction, Sarah may be experiencing coagulopathy, so checking PT/INR and aPTT is necessary. The liver synthesizes clotting	For full credit, answer should include diagnosis of **acute/fulminant liver failure (1 pts - taking 0.5 points off here – you are mostly right, but she has acute liver failure secondary to a suspected tylenol overdose)**;interventions, including **necessary labs (liver enzymes, ammonia, coags) (2 pts)**, medications to consider **(acetylcysteine) (2 pts)**, assessments (**bleeding, LOC (2 pts**) Liver functions that place Sarah at the highest risk at this point are **clotting factors and hepatic encephalopathy (2 pts)**. **APA citation (1 pt —taking off 0.5 pt for no in-text citations).** Excellent answer! You did a great job answering this question. I'm sorry that it was hard to find answers, but you were clearly on the right track. Great job and thank you for the feedback.	9/10

	factors, if it is impaired, bleeding complications may worsen. Ammonia level: elevated ammonia level can point to hepatic encephalopathy, which requires urgent management. Tylenol serum level: which will guide treatment with N-acetylcysteine, an antidote for acetaminophen toxicity. Timing of the level is crucial as NAC is most effective within 8 hours of ingestion but can still be helpful even after that. Electrolytes and renal function: monitoring kidney function and electrolytes is important as acute renal failure can complicate liver failure. **Medication management:** if the Tylenol ingestion was significant, administering N-acetylcysteine is the first line of treatment. NAC replenishes glutathione, a substance that helps detoxify the toxic metabolites produced during acetaminophen metabolism. Vitamin K: if Sarah's coagulation profile is abnormal, vitamin K may be required to correct the coagulopathy, helping to prevent bleeding complications. Belmont rapid infuser given Sarah's declining consciousness and potential for shock, using the Belmont rapid infuser to administer fluids and blood products is essential. The goal is to stabilize her circulatory volume and improve perfusion to vital organ. **What primary functions of the liver will cause the most immediate risk to Sarah?** Primary function of liver is to metabolize drugs, including acetaminophen. In the case of an overdose, the liver's ability to detoxify the system becomes impaired, leading to toxic buildup of metabolites which cause hepatocellular injury. Synthesis of clotting factors, in acute liver failure , the synthesis of these factors is impaired, which can result in coagulopathy and increase the risk of bleeding, which Sarah is showing with the GI bleeding. Ammonia detoxification: the liver converts ammonia into urea, which is then excreted by kidneys and then through urine. In liver failure, this process becomes impaired, leading to elevated ammonia levels in the blood, which can cause hepatic encephalopathy, as seen in Sarah's declining level of consciousness. The most immediate risk to Sarah involves liver failure leading to hepatic encephalopathy, coagulopathy and shock from GI bleeding and fluid loss. Early intervention with NAC, fluids and monitoring for these complications is critical to improving her prognosis.		

	Reference: Corcoran, G. B., & Wong, B. K. (1986). Role of glutathione in prevention of acetaminophen-induced hepatotoxicity by N-acetyl-L-cysteine in vivo: studies with N-acetyl-D-cysteine in mice. *The Journal of pharmacology and experimental therapeutics*, *238*(1), 54–61. Mitchell J. R. (1988). Acetaminophen toxicity. *The New England journal of medicine*, *319*(24), 1601–1602. Saccomano S. J. (2019). Acute acetaminophen toxicity in adults. *The Nurse practitioner*, *44*(11), 42–47. https://doi-org./10.1097/01.NPR.0000586020.15798.c6 Feedback: A very detailed shorthand question. I was really struggling to find the answers. I have taken care of patient with Tylenol toxicity and answered numerous calls from the poison control for the Tylenol levels checks, almost every 4 hrs.		