

BNURS506 Quiz Answering

Term: Spring 2025

Module 2: HEENT, Integumentary, & Lymphatic

Name: Student E

| #: | Your Answer | Feedback from Grader | Score |
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| 1 | <p>It is important to do an HEENT assessment to identify treatment-related complications. Mucositis (oral cavity) can lead to edema or ulcerations of the mucosa, painful lesions, bleeding or signs of infection, painful to swallow. Xerostomia (dry mouth) can lead to dry/cracked lips, reduced salivary pooling and difficulty speaking/swallowing. Nose could cause sinus congestion or infection which can impact comfort and breathing. Eyes could cause conjunctival irritation or dry eyes or blurred vision. Ears can have hearing changes or tinnitus. Head/neck needed to be looked at to see if there is facial asymmetry and it would be important to look at cranial nerve function. Throat would need to look at any difficulty swallowing, sore throat, voice changes, hoarseness, and gag reflex.</p> <p>The nutritional impact would be any weight loss, decrease oral intake, monitor for dehydration, and any taste changes that can reduce appetite/intake.</p> <p>References: Des Moines University. (n.d.). <i>HEENT exam teaching docket</i>. Des Moines University. https://www.dmu.edu/wp-content/uploads/HEENT-Exam-Teaching-Docket.pdf</p> <p>Feedback: I thought the question was well worded, it was easy to understand, but still made you think about the answer.</p> | | / 10 |
| 2 | <p>References: Feedback:</p> | | / 10 |
| 3 | <p>I would ask the patient to sit at eye level with me about an arm's length away. Ask the patient to cover one eye and I cover the opposite eye. And move an object slowly that both of us follow at the same time, then ask the patient if they can see first. The goal is to try to compare the visual field. An abnormal test would show</p> | <p>Great description of the confrontation test and what an abnormal result would look like. Correct identification of bilateral papilledema.</p> | 8 / 10 |

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| | <p>that the patient does not see the object move at the same time as me or the narrowing of the peripheral vision. The biggest concern would be bilateral papilledema which can include blurred disc margins and/or increase in intracranial pressure.</p> <p>The next steps that I would suggest for this is to get an MRI or CT to rule out anything that can cause increased cranial pressure. Treatment plan would be close follow-up with neuro-ophthalmology to monitor vision.</p> <p>References: Searight, F. T., Singh, R., & Peterson, D. C. (2023). Papilledema. In <i>StatPearls</i>. StatPearls Publishing. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK538295/</p> <p>Feedback: Great question! A suggestion would be to write the questions at the end, just to make it follow differently and that way the person understands the scenario first.</p> | <p>Diagnostics do include MRI with or without contrast. Missing the potential for lumbar puncture as part of diagnostic and treatment, as measuring of intracranial hypertension and offloading fluid will be important to decrease symptoms. Additionally, medications such as acetazolamide and an oral steroid course are part of treatment course.</p> | |
| 4 | <p>References: Feedback:</p> | | / 10 |
| 5 | <p>I would ask the Dr. Aldrin if we could go over his symptoms together because there are other symptoms that are not being looked at. I would let the doctor know that I saw the child has been pulling at his left ear with some yellow discharge noted with edema and redness of the ear canal.</p> <p>I would suggest that the child has acute otitis media. After having an allergen exposure, inflammation can block drainage, causing fluid to build-up behind the eardrum. This environment can help bacteria grow and lead to infection/pressure causing the client to have yellow drainage.</p> <p>I would suggest the doctor to prescribe antibiotics for the ear infection and then continue with Tylenol for comfort and then have a follow-up with ENT to see how the ear is doing and there isn't a recurrent infection.</p> <p>References:</p> | <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 as this, and you did the right things in the right way. Impressive and kudos!</p> | 10/ 10 |

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| | <p>Searight, F. T., Singh, R., & Peterson, D. C. (2023). Acute Otitis Media. In <i>StatPearls</i>. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK470332/</p> <p>Feedback: The question is a well worded question with good depth of information. I think that the question was easy to understand and made me think about how I would talk to a provider.</p> | | |
| 6 | <p>References: Feedback:</p> | | / 10 |
| 7 | <p>The provider will most likely recommend an adenotonsillectomy since the patient has been having snoring and apnea because of enlarged tonsils.</p> <p>As a nurse, I would try to explain the purpose of the procedure to the family and patient. I would try to talk to the patient in a language that they are familiar in hopes that they understand. I would hear the parents voice their concern about the surgery and help alleviate their anxiety about the surgery. I would let the family and patient know the benefits of this surgery will help the patient improve their sleep and improve their airway obstruction which could reduce their apneic episodes.</p> <p>References: Li, Y., Du, J., Yin, H., & Wang, Y. (2023). Efficacy and safety of adenotonsillectomy in the management of obstructive sleep apnea syndrome in children with Down syndrome: A systematic review and meta-analysis. <i>Journal of Sleep Research</i>, 33(2), e13946. https://doi.org/10.1111/jsr.13946 Wiley Online Library</p> <p>Feedback: Your question was great. I liked the two parts to the question. I think it is always challenging to talk to parents about procedures and making sure that you give them a good answer. This question helped me practice and think about talking to parents/caregivers.</p> | <p>You concisely answered this question, and nearly got it all! I was also looking for the recommendation of tympanostomy tube for the chronic serous otitis media.</p> <p>As for family education, I was hoping for more education about recovery with practical education surrounding the intervention including pain control and monitoring for bleeding. I realize I might have needed to be more specific about that so I returned a point.</p> | 7/ 10 |
| 8 | <p>References: Feedback:</p> | | / 10 |

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| 9 | <p>Description of the mole: One 9mm lesion located on the left upper back. Lesion is asymmetrical with no shape to the border and a mix of brown/black color. The lesion is slightly raised.</p> <p>I suspect that it is a malignant melanoma due to the fact that the lesion had a change in size, the size of the lesion, the client is HIV positive, and the irregular shape of the lesion.</p> <p>The three questions I would ask is if the client has any family history of melanoma or skin cancer, has the mole ever become painful, and when did you first notice the mole, and what changes has the mole made?</p> <p>References: Waseh, S., & Lee, J. B. (2023). Advances in melanoma: Epidemiology, diagnosis, and prognosis. <i>Frontiers in Medicine</i>, 10, 1268479. https://doi.org/10.3389/fmed.2023.1268479</p> <p>Feedback: Good question. I thought you did a good creating the question with good attention to the description of the mole and including past medical history. I liked the section of three other questions to ask the patient because it made me think about how I ask patients follow up questions.</p> | <p>1 - Your answer correctly indicated the shape, border, color, and size of the nevi. The key answer also included that the nevi change over time, according to the patient (evolution) (2.5/3 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 also included specifically using the ABCDE method to support the suspicion of melanoma. (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> | 9 / 10 |
| 10 | <p>References: Feedback:</p> | | / 10 |
| 11 | <p>Based on the picture, I think that John has a stage 4 pressure injury. The reason I think that is because the picture shows tunneling, which is mostly seen in advanced injuries, the surrounding tissue shows inflammation, redness, shiny skin, and possible infection. In the picture, there is full thickness tissue loss with a visible wound bed.</p> <p>The interventions I would use for John would be get him on a special pressure mattress to help alternate the pressure, make sure that he is getting repositioned every 2 hours, have pillows to keep pressure off wound site. I would make sure that his wound is being cleaned and has special dressings to help prevent infection. I would monitor his glucose because of his diabetes and monitor for any signs of infection.</p> | <p>In the image provided, the slough prevents the wound bed from being visualized, making the wound unstageable. Unstageable pressure injuries are classified as stage 3 or 4 once debrided, but it is important to be able to view the wound bed to know its true extent. Given that the slough is obstructing the view, the wound would need to be debrided before it can be fully assessed. Also, both stage 3 and stage 4 pressure injuries involve full-thickness skin and tissue loss. In stage 3 pressure injuries, there is visible subcutaneous tissue</p> | 7 / 10 |

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| | <p>References: Habermann, T. M., & Steensma, D. P. (2000). Lymphadenopathy. <i>Mayo Clinic Proceedings</i>, 75(7), 723–732. https://doi.org/10.4065/75.7.723</p> <p>Feedback: Thanks for your question and really gnarly picture. Shout out to the wound nurses. Great question. It was easy to understand and follow along. I think it would be nice to space out the scenario and question, so that people can see where the scenario stops and what the question is.</p> | <p>at the wound base, and in stage 4 pressure injuries, there is visible and palpable fascia, muscle, tendon, ligament, cartilage, or bone at the wound base. In both of these stages, tunneling and infection can be present. Great job noting the importance of maintaining appropriate blood glucose levels in a patient who has a pressure injury and diabetes in your interventions!</p> <p>Point rationale:</p> <ul style="list-style-type: none"> ● 0/2 points for correctly staging the wound ● 1/2 points for a rationale that states the characteristics of the wound stage given in the answer <ul style="list-style-type: none"> ○ Despite the characteristics listed not being what is used to denote whether someone has a stage 4 pressure ulcer, they are characteristics that are common in stage 4 pressure ulcers, which is why I only deducted 1 point ● 6/6 points for listing 3 appropriate nursing interventions (2 points per intervention) | |
| 12 | <p>References: Feedback:</p> | | / 10 |
| 13 | <p>Diagnosis: bacterial infection or sepsis due to fever, chills and past history or infective endocarditis in IV drug users.</p> <p>Labs: CBC for infection, check WBCs, lactate for sepsis, blood cultures to check for bacteremia, urine sample for substance use, HIV/hepatitis panel for routine IV drug users, ultrasound for the abscess</p> | <p>Great response. very specific answers. just to the point. you've given all the required information. given the systemic infection, you expect all the possible labs and test/treatment. this was my patient that I took care of last year. young guy with a</p> | / 10 |

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| | <p>Nursing priorities: watching for any worsening signs of sepsis, maintain his vital signs, change dressing, give any pain medications and assess pain level regularly, offer social work consult, educated client about safe injection practices.</p> <p>References: Schranz, A. J., Fleischauer, A., Chu, V. H., Wu, L. T., & Rosen, D. L. (2019). Trends in drug use–associated infective endocarditis and heart valve surgery, 2007 to 2017: A study of statewide discharge data. <i>Annals of Internal Medicine</i>, 170(10), 709–715. https://doi.org/10.7326/M18-2124</p> <p>Feedback: This was a good question with good meaning behind the question. Good description words used to explain the abscesses.</p> | <p>history of meth/heroin abuse. He was found to be hiding some kind of drug under his scrotum. one of the nurses found it when turning him.</p> | |
| 14 | <p>References: Feedback:</p> | | / 10 |
| 15 | <p>Underlying cause would be lung cancer since he smoked a pack of cigarettes for 15 years, he feels more winded when walking to the bathroom which result from fluid buildup or a mass. The biggest reason would be the clubbing of his fingers which can be a common cause in adults with lung cancer.</p> <p>Top priority would be look at client’s respiratory status: timing, triggers, or chest pain, respiratory rate, and attention to SpO2. Make sure to take pictures to notice any change. Second would be to notify the provider with any new onset of dyspnea on exertion and digital clubbing especially given the history of smoking which could lead to other underlying conditions.</p> <p>References: Roberts, C., & Khodae, M. (2022). Digital clubbing as a result of metastatic lung cancer. <i>The Korean Journal of Internal Medicine</i>, 37(4), 883–884. https://doi.org/10.3904/kjim.2022.002</p> <p>Feedback: Interesting question. I thought that you did a good job wording the question and including the picture really helped understand the question.</p> | <p>Great job on identifying one of the potential underlying causes being lung cancer. I took off one point for the wording of the second sentence, as it implies that digital clubbing is a cause of lung cancer. Digital clubbing can be an indicator for an underlying systemic disease, and I think this is what you meant with this response, but the way you answered this was not fully correct. Your response to the second question was mostly correct, but I was looking for an answer that highlighted the need for further diagnostic testing. Because you still had two possible clinical priorities of further assessment and notifying the provider, I took off half of a point.</p> | 8.5/ 10 |
| 16 | <p>References:</p> | | / 10 |

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| 17 | <p>A hallmark sign of Hodgkin's Lymphoma is enlarged, firm, nontender cervical lymph node. The symptoms that are seen with that is fever, drenching night sweats, weight loss, and fatigue.</p> <p>Nursing priority action would be to notify the provider of the concern of lymphoma and get imaging done for the patient. Get a biopsy done if necessary. Educate the patient on findings and explain what the tests are being ordered for. Acknowledge the client's feel and provide them support. Monitor for any changes with the client.</p> <p>References: Ansell, S. M. (2018). Hodgkin lymphoma: A review and update on recent progress. <i>CA: A Cancer Journal for Clinicians</i>, 68(2), 116–132. https://doi.org/10.3322/caac.21438</p> <p>Feedback: Good question. I was just a little confused with the last part of the question. Did I need to create another nursing action after the initial action was included? I think that could have been clearer.</p> | <p>Good job answering the questions with detailed assessments and prioritization of the workup. Although you answered the question correctly, to earn full points, additional information was needed, such as a discussion of continued education</p> | 9.5/ 10 |
| 18 | <p>References: Feedback:</p> | | / 10 |
| 19 | <p>I would say to the patient: lymph nodes are everywhere throughout the body and help filter out harmful substances and responds to infections. They can be located in the neck, under arms, and around the chest. When the body is trying to fight an infection or reacting to inflammation the nodes can swell up. Since the swelling is in the supraclavicular area, it's important to look at what's going on inside near the lungs and heart. The lymph nodes can be come enlarged in response to issues in the chest or abdomen, like an infection/inflammation.</p> <p>The x-ray will help look at the heart, lungs and other structures nearby to make sure there aren't any enlarged lymph nodes deeper in the chest. The x-ray is a noninvasive way of getting more information and help guide the next steps of the care.</p> <p>References:</p> | <p>I really love this answer. It is straightforward and you used simple, basic language to describe what's happening to the patient and why this diagnostic tool is being used. I was more detailed in my description of the lymphatic system in my model answer but reading this makes me wonder if my response would actually be too much for the patient.</p> <p>My only feedback is to be careful about the language used when talking to patients and to stick with a 6th grade reading level. If I do a question like this in the future I think I'll be more specific about the patient's</p> | 9.5/ 10 |

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| | <p>Gibson, M. V., & Cherry, D. A. (2012). Lymphadenopathy in urgent care: Evaluation and management. <i>Journal of Urgent Care Medicine</i>. Retrieved from https://www.jucm.com/lymphadenopathy-urgent-care-evaluation-management/</p> <p>Feedback: Great question. Thanks for including the picture, it helps enhance the question.</p> | <p>education level so the student can tailor the answer accordingly.</p> | |
| 20 | <p>References: Feedback:</p> | | / 10 |