**BNURS506 Quiz Answering**

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

| #: | Your Answer | Feedback from Grader | Score |
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| 1 | 1. While etiology is still unknown it is possible that Bell's palsy may be an inflammatory reaction resulting in the compression of the facial nerve CN VII (Ball et al., 2023).<br>2. It is possible that herpes simplex or herpes zoster viral infection reactivation may cause the inflammatory reaction leading to Bell's palsy (Ball et al., 2023).<br>3. Use of corticosteroids increases likelihood of complete recovery. While use of antivirals alone for treatment is not currently supported by evidence, some evidence suggests that the combination of corticosteroids with antivirals reduces rates of synkinesis (Ball et al., 2023).<br><br>References:<br>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.<br><br>Feedback:<br>I think this question was extremely thorough and considered all aspects when considering the diagnosis. I appreciate the inclusion of follow up treatment to encompass the entirety of the diagnosis. | Thank you for answering these questions. I am deducting a .5 since there was no answer provided regarding how you would assess CN VII but overall you did great in answering these questions.<br><br>I applaud you for citing your answers in APA-style in-text citation, Fantastic job! Kudos!<br><br>Thank you for your feedback as well to this question. | 9.5/ 10 |
| 2 | 1. **CN III, IV, and VI:** Inspect eyelids for drooping, pupils' size for equality and presence of a direct and consensual response to light and accommodation, and extraocular eye movements (Ball et al., 2023)<br>**CN V:** Inspect the face for muscle atrophy and tremors, palpate the jaw muscles for tone and strength when teeth are clenched, test superficial pain and touch sensation in each branch (test | Great answer to this question! You describe the likely abnormalities well and selected the three most changes we would see in a patient like this. Surgical intervention is absolutely the best answer in this scenario, as it will fix the primary problem. Sally is showing signs of elevated ICP demonstrated by | 9 / 10 |

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| | temperature sensation if there are unexpected findings to pain or touch), and test corneal reflex (Ball et al., 2023).<br>**CN VII:** Inspect the symmetry of facial features with various expressions such as a smile, frown, puffed cheeks, and wrinkled forehead, and test the patient's ability to identify sweet and salty tastes on each side of the tongue (Ball et al., 2023).<br>**CN VIII:** Test the sense of hearing with a whisper screening test or audiometry and lateralization of sound and compare bone and air conduction of sound (Ball et al., 2023).<br>**CN IX and X:** Test the ability to identify sour and bitter tastes on each side of the tongue, the gag reflex and ability to swallow, inspect the palate and uvula for symmetry with speech sounds and gag reflex, observe for swallowing difficulty, and evaluate the quality of guttural speech sounds (Ball et al., 2023).<br>**CN XI:** Test trapezius muscle strength by having them shrug shoulders against resistance and the sternocleidomastoid muscle strength by having them turn their heads to each side against resistance (Ball et al., 2023).<br>**CN XII:** Inspect the tongue in the mouth while protruding for symmetry, tremors, and atrophy. Inspect tongue movement toward the nose and chin and tongue strength with the index finger when the tongue is pressed against the cheek and evaluate the quality of lingual speech sounds by saying the letters l, t, d, and n (Ball et al., 2023).<br><br>1. When assessing CN III, IV, and VI you may notice inequality in pupil and possible delayed or absence in response and accommodation to light Ball et al., 2023). With CN V the patient may have altered or absent sensory perception in the face, impaired muscle tone, and/or lack of a corneal reflex (Ball et al., 2023). When assessing CN VII there may be tics, unusual facial movements, and asymmetry of expression along with inability to distinguish taste (Ball et al., 2023).<br><br>2. In my experience working on a neurology unit, surgical intervention is the likely solution. This would involve removal of the tumor and/or possible craniotomy to alleviate pressure build up in the skull and | her severe headache and vomiting. With the size of her tumor, she likely has a poor prognosis, so some intermediate measures would be important to consider so she has time to process her diagnosis and have goals of care conversations. In the interim, I would expect at least one or two of the following:<br>- Ventriculostomy to relieve elevated ICP. This is the most likely intermediate intervention as it will stabilize her and give her time.<br>- Steroids, particularly dexamethasone. This will reduce swelling both before and after surgery.<br>- Mannitol or hypertonic saline would help relieve elevated ICP if she decompensates, and would be a temporary measure.<br>Chemotherapy and radiation are certainly in Sally's future, but surgical intervention almost always comes first. She would need to stabilize, discharge, and heal before starting chemo and radiation, so this answer, while correct in the long term, is not an appropriate intervention if she decompensates. I removed 1 point because of this. Overall, very nice job! | |

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| | prevent further damage if the tumor continues to grow. The patient may also pursue radiation or chemotherapy to reduce tumor size prior to operation depending on the severity and stability of the patient's condition.<br><br>References:<br><br>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.<br><br>Feedback:<br>I appreciate how I was able to focus and learn more about all the cranial nerves through this question. It helped me consider not only the assessment of the cranial nerves, but what comes next after an abnormal finding. | | |
| 7 | As soon as the patient arrives via emergency medical services a CT would be necessary to confirm presence of a subdural hemorrhage and also give the healthcare team an idea of the extent of the damage suffered (Ball et al., 2023). In addition, I would also request a full hematology workup including a type and screen.<br><br>References:<br><br>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.<br><br>Feedback:<br>I appreciate the reference to emergency trauma and how there are so many moving pieces in a situation like this. This is a very real situation that requires a nurse to know what is important and to get it done in a timely manner. | I would like to further describe the importance of these diagnostics in these labs related to subdural hemorrhage head injury. The answer was correct but felt like can be further described. overall great work. I appreciate the feedback. | 9/ 10 |
| 8 | The code was likely cancelled as the symptoms and overall presentation of the patient are more indicative of Bell's palsy. The presence of the rash and the facial drooping affecting the forehead that has gradually worsened (CN | I appreciated you put "overall presentation" of the patient because | 9.5/ 10 |

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| | XII) are signs of Bell's palsy (Ball et al., 2023). Pertinent medical history would include the patient's history of diabetes.<br><br>References:<br>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.<br><br>Feedback:<br>This question really pushed for more critical thinking as it showed how certain diagnoses have a blurred line between them. It shows how important it is to consider all aspects of the patient on assessment. | you recognized his exam was otherwise nonfocal. I was looking for mention of CN VII - might have been an error you wrote XII, otherwise you covered very succinctly, everything I was looking for. Nice work! | |
| 9 | Trigeminal neuralgia affects cranial nerve five (V). Trigeminal neuralgia includes symptoms such as a sharp pain episodes on one side of the face that last seconds to minutes with triggers including chewing, swallowing, talking, washing the face, brushing the teeth, exposure to cold, and a breeze across the face which you would assess for (Ball et al., 2023). Trigeminal neuralgia is often times largely secondary to multiple sclerosis (Ball et al., 2023).<br><br>References:<br><br>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.<br><br>Feedback:<br>This question helped me consider the possible the link between some of the diagnosis mentioned in this week's content. | Correct identification of the trigeminal nerve (cranial nerve V). Good job on finding the link with MS! One thing to consider with the symptoms, how would you as the nurse actually assess these in the patient? Otherwise, good job. | 9 / 10 |
| 10 | The most probable nerve damaged from the parotidectomy is the facial nerve or cranial nerve seven (VII). When assessing for damage to the facial nerve you would look for symmetry of facial features in various expressions such as a smile, frown, puffed cheeks, and wrinkled forehead, and test the patient's ability to identify sweet and salty tastes on each side of the tongue (Ball et al., 2023). Due to the patient's inability to close their eye, I would educate them on dry eye prevention, protection from corneal | You correctly identified the facial nerve as the most likely to be affected during a parotidectomy. You cover all the essential points in CN VII assessment, including testing the sensory component. You did a great job on identifying important post-operative | 9.5/ 10 |

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| | injury, eyelid taping at night while sleeping, and the possible need for physical therapy and follow up visits to assess the progression and improve the damage.<br><br>References:<br>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.<br><br>Feedback:<br>This question helps emphasize how important it is to remain vigilant in assessing for post operative complications. Early recognition can help with treatment, education, and adjusting the patient's care plan. | education! Other important considerations in the post-operative period are monitoring of the surgical site for signs of infection, managing pain, and education about when to report new or worsening symptoms. I appreciate your feedback! | |
| 14 | These are potential side effects associated with the initiation of an SSRI such as citalopram (Ball et al., 2023). When assessing the patient, I would verify the dosage and frequency that the patient is taking to ensure that it aligns with their ordered prescription and provide education if necessary. Additionally, I would verify when the symptoms started and if they are getting better or worse. This would aid in making the decision whether or not the medication is suitable for the patient or if they need to try an alternative.<br><br>References:<br>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.<br><br>Feedback:<br>I appreciate the touch on pharmacology, especially with mental health medications. Like any medication, side effects are prevalent and it's important to educate patients on which are concerning to make the appropriate adjustments in the regimen if necessary. | While medication side effects could explain the patient's symptoms, SSRIs are the drug class most associated with the activation of mania. The patient's symptoms are also consistent with mania. Assessing for additional symptoms of mania (delusions, hallucinations, increased impulsivity/risk-taking behaviors, pressured speech) and ruling it out is important, given how quickly the patient can decompensate if the symptoms are related to mania. These symptoms could also indicate serotonin syndrome, which would be important to rule out as an ED triage nurse. | 9 / 10 |
| 15 | 1. Symptoms to be aware of as the patients nurse would include hyperreflexia, myoclonus, muscle rigidity, tremor, ocular clonus, bilateral Babinski signs, nausea/vomiting, diarrhea, hypertension, tachycardia, diaphoresis, fever >38° C (100° F), dilated pupils, dry | This is a great, concise answer. To enhance the patient's education, the nurse can also mention that many of the symptoms of serotonin syndrome | 9.5 / 10 |

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| | mucous membranes, flushed skin, anxiety, agitation, confusion, and coma (Ball et al., 2023).<br><br>2. I would educate that patient that symptoms of serotonin syndrome can manifest within minutes to hours post initiation of a new psychopharmacologic treatment, increasing the dose of a serotonergic drug, or administering a second serotonergic drug (Ball et al., 2023). At home, patients can look for key symptoms of diarrhea, shivering, hyperreflexia, fever, hypertension, tachycardia, restlessness, sweating, and altered mental status (Ball et al., 2023).<br><br>References:<br>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.<br><br>Feedback:<br>Throughout nursing school and my nursing career, serotonin syndrome has always been mentioned, however I luckily have yet to encounter it in the clinical setting. This question helped enhance my understanding as a refresher on the diagnosis and it's prevention. | can go unnoticed in the milder stages since symptoms such as nausea, diarrhea, increased anxiety, etc., can look like or be associated with other health conditions. The patient should be aware that these milder symptoms can still indicate they may have serotonin syndrome and should be diligent, especially if their medication regimen is changing or they are starting to take new medications that have the potential for drug interactions. | |
| 16 | Key physical, psychological, and PTSD-related signs include emotional exhaustion, difficulty sleeping, heightened anxiety, emotional detachment, flashbacks to traumatic events, elevated heart rate, muscle tension in her shoulders, and shallow breathing. PTSD involves recurrent intrusive flashbacks, dreams, and thoughts (Ball et al., 2023). Additionally, many who suffer from PTSD have avoidance behavior, sleeping difficulty, hypervigilance, poor concentration, anger or rage reactions, impulsive behavior, hyperarousal, emotional numbing, and detachment from others (Ball et al., 2023). In the care plan, stressors should be noted to avoid triggers and make staff aware to create a more therapeutic environment.<br><br>References:<br>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. | Your comprehensive range of PTSD symptoms, backed by references, provides a solid base for understanding the case. It is a bit more general about PTSD rather than personalized to the patient's situation. More discussion of how these symptoms should be assessed or documented would be beneficial. | 8/ 10 |

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| | Feedback:<br>A lot of the questions thus far have been related to patient care, so I appreciate the emphasis to nurses in this question. Nurses are also human and vulnerable, emphasizing how important it is we take into consideration are own health when providing patient care. A lot of what nurses do at the bedside puts them at risk, especially with mental health diagnoses. | | |
| 18 | B. Patient is experiencing a medication side effect. The nurse should notify the doctor and expect to switch to a different medication.<br><br>Patient's receiving intramuscular or oral Haldol are at a higher risk of extrapyramidal side effects than those receiving intravenous Haldol (Ball et al., 2023). Extrapyramidal symptoms may be categorized as dystonic reaction, akathisia, or pseudoparkinsonism such as decreased motor activity, resting tremor or pill-rolling, cogwheel rigidity, increased salivation, and postural abnormalities (Ball et al., 2023). Dystonic reactions may manifest as torticollis with or without throat tightness, difficulty swallowing or breathing, oculogyric crisis, or protrusion of the tongue (Ball et al., 2023).<br><br>References:<br><br>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.<br><br>Feedback:<br><br>I appreciate the multiple choice question you presented; it sticks out from the questions other classmates. I found myself really delving in to each subject with the proposed answers to see how they may be applicable to the case scenario. In the format of this assignment, it still allowed me to express my answer further while also being steered in the right direction. | Excellent! I commend you for including the categorizing the patient's symptoms into the different types of EPS (parkinsonian, dystonia).Haloperidol is a first generation antipsychotic and carries a higher risk for EPS, especially in the elderly population. My intent for this question was to ask the user to critically assess the symptoms of the patient and determine the next course of action. The nurse would expect the doctor to discontinue haloperidol and order a second generation antipsychotic like olanzapine. Great job! | 10 / 10 |