BNURS506 Quiz Answering

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

# :	Your Answer	Feedback from Grader	Score
1			/ 10
2	1. - Use Kiry's preferred name and pronouns, and have them changed in the chart so they will not have to correct the forms in the future - Sit down at the same level as Kiry during introductions and when taking the history to reduce the physical power dynamic of standing over someone - Remind Kiry you are there to help them, this is a safe and confidential space, and that you are happy they are here to seek care. 2. Based on the symptoms, I anticipate that Kiry has a yeast infection, AKA Candida vulvovaginitis. It is the most common cause of vulvovaginal itching and discharge (Sobel & Mitchell, 2025) 3. If Kiry is uncomfortable with the treatment plan, I would involve them in the decision making and offer alternatives they may be more comfortable with. Non-pregnant patients can be treated with oral fluconazole, and many patients prefer oral rather than vaginal/topical medications (Sobel, 2024) References: Sobel, J. D. (2024). *Candida vulvovaginitis in adults: Treatment of acute infection*. UpToDate. https://www.uptodate.com/contents/candida-vulvovaginitis-in-adults-treatment-of-acute-infection	Thank you for your answer and feedback. 1. The first two measures are excellent. The third is too vague. I was looking for tangible actions that Kiry can see and experience you taking that tells them - this is a safe space. More than just saying it. 4 points 2. Correct 2 points 3. Correct 2 points	8 / 10

	Sobel, J. D., & Mitchell, C. (2025). *Candida vulvovaginitis: Clinical manifestations and diagnosis*. UpToDate. https://www.uptodate.com/contents/candida-vulvovaginitis-clinical-manifestations-and-diagnosis Feedback: Good question, it was straight forward, and got us to think about some important patient specific considerations during the treatment of a common condition.		
3			/ 10
4	1. Quinn likely has endometriosis. Symptoms of chronic abdominal/pelvic pain that worsens with menstruation, pain during intercourse, and infertility are all signs of endometriosis (Schenken, 2025) 2. Presumptive clinical diagnosis is made through a combination of symptoms, signs, and imaging findings. The components required for this diagnosis are: ultrasound to evaluate for findings suggestive of endometriosis and exclude other potential causes; Visual inspection of posterior vaginal fornix with biopsy of rectovaginal lesions if present; cystoscopy, including biopsy of visible detrusor lesions if present; and physical examination including evaluation for evidence of rectovaginal endometriosis. Laparoscopic surgical diagnosis is a more typical method as it allows for definitive diagnosis and treatment. (Schenken, 2025) 3. 1) While medications will not get rid of endometriosis, they can help relieve pain – NSAIDs and hormonal birth control pills are standardly used as front line treatment of endometriosis. (Schenken, 2025)	1. Great job correctly identifying that Quinn likely has endometriosis! Her symptoms do include the classic signs (dysmenorrhea, painful intercourse, fertility). (3/3 pts) 2. Great job providing a comprehensive overview on the diagnostic approach to endometriosis! It can be diagnosed based on presumption using clinical symptoms and r/o of other causes. But laparoscopy with biopsy is the definitive diagnostic tool, which you called out! Awesome! (3/3 pts) 3. Excellent pieces of patient education regarding treatment. NSAIDs + hormonal birth control is used for pain relief and to prevent excess growth of endometrial tissue. Surgical ablation, excision, or lysis can be possibly done during a laparoscopy. (3/3 pts)	10 / 10

	2) laprascopic surgery is often performed to remove the affected tissue. This could be done at the time of diagnosis, or after the treatment with medication has been attempted and was unsuccessful. (Schenken, 2025) References: Schenken, R. S. (2025). *Endometriosis in adults: Clinical features, evaluation, and diagnosis*. UpToDate. Retrieved May 27, 2025, from https://www.uptodate.com/contents/endometriosis-in-adults-clinical-features-evaluation-and-diagnosis Feedback: Interesting question! I did not really know much about endometriosis before this!	+1 pt for citation Thanks for the feedback!	
5			/ 10
6	1) TPE stands for Total Pelvic Exenteration and is a radical surgical removal of all pelvic viscera. It is an option for metastatic cancers that are confined to the central pelvis and is potential curative because it allows for complete resection of affected tissue which would not be accomplishable otherwise (Mann, 2025) 2) Bladder, rectum, uterus, vagina, cervix 3) 1- There is a massive impact on body image, sexual function and lifestyle, pre and post mental health counselling to prepare for and cope with these changes is important. 2- infection prevention and wound care – teaching proper cleaning and wound care techniques, as well as signs and symptoms of infection to facilitate early recognition. 3- Patients will have a permanent colostomy or ileostomy,	Great job answering this question! Each component is concise and met my expectations when answering this question. Thank you for your feedback as well!	10/ 10

	stoma care and ostomy management education will be important during the transition. References: Mann, W. J., Jr. (2023). *Exenteration for gynecologic cancer*. UpToDate. Retrieved May 27, 2025, from https://www.uptodate.com/contents/exenteration-for-gynecologic-cancer Feedback: I have never heard of TPE. It sounds intense! I appreciate that this question got us to think of the implications of removing so many body parts.		
7			/ 10
8	Yes, the patient could be experiencing acute pancreatitis. The diagnosis requires at least two of the following: abdominal pain consistent with pancreatitis; elevated serum amylase and/or lipase values (>3 times the upper limit of normal), and imaging findings consistent with acute pancreatitis (abdominal ultrasound showing pancreas appearing diffusely enlarged and hypoechoic). Liver enzymes and a BMP should also be checked. (Vege, 2024) References: Vege, S. S. (2024). Clinical manifestations, diagnosis, and natural history of acute pancreatitis. In UpToDate. Retrieved May 27, 2025, from https://www.uptodate.com/contents/clinical-manifestations-diagnosis-and-natural-history-of-acute-pancreatitis	Thanks for you feedback. You did a good job answering the question. However, for the last part of the question I was looking for physical assessments to monitor the client's bowel sounds, any tenderness in his abdomen, monitor his vomiting, urine output, bowel activity, his skin turgor for hydration and monitor for any pain. I would have given more points if even one type of physical assessment was there. Also, I took off points for APA citation, nothing is italicized.	8.5 / 10

	Feedback: Good question! I like that it was straightforward and to the point.		
9			/ 10
10	1. The patient likely has functional dyspepsia or peptic ulcer disease associated with helicobactor pylori. This is supported by the chronic upper abdominal pain, nausea, bloating, and nocturnal symptoms. The positive breath test is indicative of H.Pylori infection (Vakil, 2024 2. The first line eradication therapy for H. Pylori in treatment naïve individuals is bismuth quadruple therapy which consists of a PPI (ie. Omeprazole), Bismuth subsalicylate, Metronidazole, and tetracycline for 10-14 days (Shah, Kao, & Moss, 2025) 3. "All patients should undergo testing to confirm *H. pylori* eradication. We typically perform either a urea breath test, fecal antigen test, or upper endoscopy at least four weeks after completion of treatment and withhold PPIs or potassium-competitive acid blockers for two weeks prior to testing to avoid false negatives (Shah, Kao, & Moss, 2025). References: Shah, S. C., Kao, J. Y., & Moss, S. F. (n.d.). *Treatment of Helicobacter pylori infection in adults*. UpToDate. Retrieved May 27, 2025, from https://www.uptodate.com/contents/treatment-of-helicobacter-pylori-infection-in-adults Vakil, N. B. (2024). *Peptic ulcer disease: Treatment and secondary prevention*. UpToDate. Retrieved May 27, 2025, from	#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 Thank you for the feedback. Great job on your answers!	10/ 10

	https://www.uptodate.com/contents/peptic-ulcer-disease-treatment-and-secondary-preventionUpToDate+2UpToDate+2UpToDate+2 Feedback: Nice Question! I have not thought about ulcers in quite some time, but this brought me back to my first year of university, learning about H. Pylori.		
11			/ 10
12	Barbie has colorectal polyps, small growths on the lining of the colon which can develop into colorectal cancer if they are not removed or treated. A polypectomy is the removal of polyps during a colonoscopy (often occurs at the time they are discovered) (Macrae, 2024). While some polyps are benign, the early recognition and removal of precancerous polyps dramatically reduce the risk of colorectal cancer. If treated early, it can reduce the intensity of treatment, and improve prognosis for patients diagnosed with colorectal cancer. Polypectomy is performed using a wire snare via colonoscopy. (Macrae, 2024). Adenomas are the most prevalent neoplastic polyps in the colon, approximately 2/3 of colonic polyps are adenomas. They should be resected completely. (Macrae, 2024). Early surveillance for pollyps/colorectal cancer via routine colonoscopies is important for Barbie given her family history of colon polyps. References:	You nailed it! You were able to identify diagnosis, procedure , and answer bonus questions. This was a tricky question, as I did place the surgical procedure name in the question and you still got it.	10/ 10

	Macrae, F. A. (2024). *Overview of colon polyps*. UpToDate. Retrieved May 28, 2025, from https://www.uptodate.com/contents/overview-of-colon-polyps?search=colorectal%20polyps&source=search_result&selectedTitle=1~134&usage_type=default&display_rank=1#H874888799 Feedback: It is possible I am missing something but it feels like the answer is in the question?		
13			/ 10
14	1. I suspect Heather is suffering from a small bowel obstruction (Robertson, 2020) 2. I would expect decreased or absent abdominal sounds, tenderness and fullness on palpation, distended abdomen. (Robertson, 2020) 3. Treatment of SBO depends on the cause. Many SBO can be resolved with non-surgical intervention if the cause is not known to be a surgically correctable cause (eg, closed-loop obstruction, volvulus, intussusception, incarcerated hernia, gallstone ileus, foreign body ingestion, small bowel tumor) (Bordeiano, 2024) Non-surgical: NPO, NG tube open to vent for decompression, pain management (avoid opioids), IV fluids Surgical: if non-operative management fails to resolve SBO, or if cause is known to require surgery (listed above), patient may require lysis of the adhesion, or resection of the bowel, via surgery (open, or laproscopic depending on the cause, severity, and urgency). Pt should be started on prophylactic antibiotics to prevent postoperative infection.	1. Correct (2/2) 2. Good job identifying the bowel sounds, as they would likely be hypoactive or absent. Inspection of the abdomen would show that it is distended. Other assessments include percussion and labs. (2/2) 3. Nonsurgical: great identification of the normal treatment. Was looking for NPO, NG tube for decompression and IVF, great job at discussing avoiding opioids! (3/3) 4. Surgical: awesome job at identifying both potential surgical procedures as well as when a resection could be considered! (3/3) Thanks for the feedback, I definitely forgot to the remove the answer on the first part, consider it a freebie for the last class 🙂 And thanks for letting me know about the link, I didn't realize that!	10 / 10

	References: Bordeianou, L., Yeh, D. D., & UpToDate. (2024). *Management of small bowel obstruction in adults*. UpToDate. Retrieved May 28, 2025, from https://www.uptodate.com/contents/management-of-small-bowel-obstruction-in-adults?search=small%20bowell%20obstruction&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1 Robertson, B. (2020, February 9). *Abdominal CT: Small bowel obstruction*. Life in the Fast Lane. Retrieved May 28, 2025, from https://litfl.com/abdominal-ct-small-bowel-obstruction/ Feedback: Interesting question thanks for getting me to think about small bowel obstruction– I think you accidentally gave the answer away (typed at the end of the first question) and your link to the photo.		
15			/ 10
16	C – Small Bowell Perforation PIV refusal response: I would acknowledge Mr. Jones' fears, and reiterate the reasons why IV access is needed to treat his condition and prevent him from getting worse. I would discuss the possibility of sepsis and explain that IV antibiotics are needed to prevent such an occurrence. I would ask him what his greatest concerns are and try to address them one by one. If possible I would request some Ativan to help him cope with the procedure. Causes: small bowel perforation can occur from severe and prolonged constipation. Some of the medications Mr. Jones may predispose him to constipation by slowing down his gut motility.	Grading Criteria 1.Multiple Choice: 2/2 2.Response to Pt: 3/4 3.Response to Wife: 3/3 4.APA Format: 0.5/1 Rationale for Point Deduction: 2. Answer did not address educating the patient on why he needs surgery 4. No in-text citations Thank you for the kind words!	8.5/ 10

	Future Prevention: To prevent this from happening in the future, Mr. Jones bowel movements should be monitored closely. He should take stool softeners routinely and laxatives as needed to prevent constipation in the future. Mr. Jones should focus on staying well hydrated, getting routine exercise, and eating a high fiber diet. (References: Odom, S. R. (2024). *Overview of gastrointestinal tract perforation*. UpToDate. Retrieved May 28, 2025, from https://www.uptodate.com/contents/overview-of-gastrointestinal-tract-perforation?search=small%20bowel%20perforation&source=search_result&selectedTitle=1~88&usage_type=default&display_rank=1 Feedback: I like that you have framed the question in the form of patient education and embedded them in to a realistic patient care scenario		
17			/ 10
18	1) Marco is likely experiencing hepatic encephalopathy which is a reversable impairment of neuropsychiatric function associated with impaired liver function. Despite the frequency of the condition, pathogensis is poorly understood (Ridola & Riggio, 2024). Factors implicated in the pathogenesis of hepatic encephalopathy include: ● Inflammation: “impaired liver fails to clear gut-derived toxins and inflammatory mediators from the bloodstream, which are then shunted from the portal to the systemic circulation through collateral vessels. Consequently, these substances accumulate and cross the blood-brain barrier, leading to	Nice identification and explanation of hepatic encephalopathy. You missed the second part of the question though so I had to deduct points to reflect that.	6/ 10

	neuroinflammation. This neuro inflammation increases the toxicity of ammonia and may disrupt the neurotransmitter balance" (Ridola & Riggio, 2024). These processes ultimately lead to cognitive impairment and altered consciousness ● Elevated ammonia concentration: Ammonia is the neurotoxin that precipitates hepatic encephalopathy. The GI tract is the primary source of ammonia, which enters circulation via the portal vein. The kidneys compensate by excreting ammonia directly into the urine. The kidneys may also increase the production of glutamine, which further aids in ammonia detoxification. However, in decompensated cirrhosis, kidney function often deteriorates, compromising this compensatory mechanism and exacerbating hyperammonemia (Ridola & Riggio, 2024). ● Genetics: Some patients appear genetically predisposed to hepatic encephalopathy (Ridola & Riggio, 2024). References: Ridola, L., & Riggio, O. (2024). *Hepatic encephalopathy in adults: Clinical manifestations and diagnosis*. UpToDate. Retrieved May 28, 2025, from https://www.uptodate.com/contents/hepatic-encephalopathy-in-adults-clinical-manifestations-and-diagnosis?search=hepatic%20encephalopathy&topicRef=1255&source=see_link Feedback: I have never heard of hepatic encephalopathy, thanks for teaching me something new!		

19			/ 10
20	Sarah is showing signs of acute liver failure which is commonly caused by acetaminophen overdose in pediatrics in the United States. Acetaminophen-induced ALF can progress rapidly, often within 72-96 hours after ingestion, and is associated with high morbidity and mortality if not promptly recognized and treated (Squires, 2023). Immediate assessment and laboratory interventions are critical. Initial labs should include serum acetaminophen concentration, liver transaminases (AST/ALT), INR, total and direct bilirubin, creatinine, glucose, ammonia, complete blood count, and blood type/crossmatch. Early identification of coagulopathy (elevated INR), hypoglycemia, and renal dysfunction are key predictors of severity and poor prognosis. (Heard & Dart, 2023). Detoxification is a primary function of the liver, with abnormal liver function, ammonia can build up, causing cerebral edema, encephalopathy, and seizures (Heard & Dart, 2023). If it is within 4 hours of the ingestion, activated charcoal could be administered (often via an NG tube, in the ED). Blood transfusion may be required depending on lab results. Priority assessments and interventions should be focused around increased risk of bleeding (HR, perfusion, overt signs of bleeding) and encephalopathy (changes in LOC, seizure activity – initiate seizure precautions) References: Heard, K., & Dart, R. (2023). *Clinical manifestations and diagnosis of acetaminophen (paracetamol) poisoning in children and adolescents*. UpToDate. Retrieved May 29, 2025, from https://www.uptodate.com/contents/clinical-manifestations-and-diag	For full credit, answer should include diagnosis of **acute/fulminant liver failure (1 pt)**;interventions, including **necessary labs (liver enzymes, ammonia, coags) (2 pts)**, medications to consider **(acetylcysteine) (2 pts - removing 1 point because i was looking for this specific med, but don't want to remove all points because you called out activated charcoal, though that is contraindicated in some cases of acute liver failure)**, 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).** Excellent answer! You did a great job answering this question.Thank you fo much for your clear, complete answer.	9/ 10

	nosis-of-acetaminophen-paracetamol-poisoning-in-children-and-adolescents?search=acetaminophen%20toxicity%20children&source=search_result&selectedTitle=1~108&usage_type=default&display_rank=1#H5084986 Squires, R. H., & Alonso, E. M. (2023). *Acute liver failure in children: Etiology and evaluation*. UpToDate. Retrieved May 29, 2025, from https://www.uptodate.com/contents/acute-liver-failure-in-children-etiology-and-evaluation?search=liver%20failure&source=search_result&selectedTitle=3~150&usage_type=default&display_rank=3#H18338303 Feedback: I like how your question got us to think about the clinical manifestations of acute liver failure in a relevant and relatable scenario.		