BNURS506 Quiz Answering

Term: Spring 2025
Module 4: Musculoskeletal & Neurologic Systems
Name: Student O

#:	Your Answer	Feedback from Grader	Score
2	1. Cerebral Palsy (CP) is definitely a possibility given the patient's medical history and developmental delay. With CP, a motor deficit is always present (Kass, 2024). However, it is important to not rule out other slowly progressive disorders, such as leukodystrophy, that are mistaken for CP. Establishing medical history is important to note if deficits are static or progressive; CP is static (Kass, 2024). Other differential diagnosis consists of muscular dystrophies, spinal muscular atrophy, Down syndrome, and spinal cord injuries. History combined with neurologic examination pointing to motor deficits can aid in diagnosis of CP (Kass, 2024). 2. **CP is associated with:** Delays in gross motor development that become more obvious as the infant ages, activity limitation, stiff joints and positioning, hearing, speech, and language disorders, feeding difficulties, poor sucking and swallowing coordination, cognitive impairment or learning disabilities, seizures (Ball et al., 2023). **Spastic CP:** Hypertonicity, tremors, scissor gait, toe walking, persistent primitive reflexes, exaggerated deep tendon reflexes (Ball et al., 2023). **Dyskinetic CP:** Involuntary slow writhing movements of the extremities; tremors may be present, exaggerated posturing, inconsistent muscle tone that varies during the day (Ball et al., 2023). **Ataxic:** Abnormalities of movement involving balance and position of trunk and extremities, intention tremors, past pointing, increased or decreased muscle tone, may have hypotonia as infant, and instability, wide-based gait (Ball et al., 2023). **Exhibited by this toddler:** Premature and high-risk birth, preferring the left side over the right may show asymmetry, poor	Great job answering all parts of the question. I thought you went into great detail for question number two. I was impressed with the different types of cerebral palsy you included. Your answers were easy to understand. Great job including the different screenings the client will need due to his diagnosis. I took off 0.25 points due to your citation link. Overall, you did a great job! Response from Answerer: Hi! Per the APA 7th Manual a live link should be included of the article location and a retrieval date if the contents of the page are designed to change over time. Please provide reference if this is incorrect. We discussed doi links in class, but this is not a doi link. Please reference APA 7th Manual pages 28-31. Shortenders are acceptable if the URL still directs to the	9.75/ 10

	motor development exhibited by inability to sit up or stand without support, delayed responsiveness may indicate cognitive impairment, and hypotonicity in the lower extremities. 3. I would request neuroimaging such as an MRI determine etiology and an electroencephalogram is indicated if seizures become present (Kass, 2024). The toddler should also be screened for ophthalmologic and hearing impairments as well as speech and language disorders (Kass, 2024). Additionally, a nutrition, growth, and swallowing function should be monitored along with motor (tone, reflexes, movements, posture, and balance) and neurologic deficits (Kass, 2024). I would be concerned with additional maternal patterns that could have led to CP as substance use is already confirmed. References: 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* (10th Ed.). Elsevier. Kass, J.S. (2024, January 1). *Acute respiratory failure*. Elsevier ClinicalKey. Retrieved May 13, 2025, from https://www-clinicalkey-com.offcampus.lib.washington.edu/#!/content/derived_clinical_overview/76-s2.0-B9780323755764001770#hl0000317 Feedback: Looking at the literature for CP, I can see how ambiguous this diagnostic process can be. It seems like CP brushes up against so many differential diagnoses and the patient in this scenario is so complex, which just adds to difficulty in the diagnostic process. Your question allowed me to really delve into CP and learn so much about it.	site but not necessary. Retrieval date is also acceptable but not necessary.	
4	1. This patient is likely experiencing Guillain-Barre Syndrome (GBS) based on the presenting symptoms. GBS can be described as an autoimmune disorder triggered by a bacterial or viral infection or	1. Great job correctly identifying that Toby has Guillain-Barre Syndrome (GBS)! Your response provided a thorough	10 / 10

	other immune stimulant that causes an autoimmune response (Ball et al., 2023). This autoimmune response then damages the peripheral nerves and associated spinal roots, resulting in denervation and atrophy (Ball et al., 2023). Prognosis can be determined using the Erasmus Guillain-Barré syndrome Outcome Score, which takes into account age, diarrhea, and general disability (Elsevier ClinicalKey, 2024). Typically, disease course can range from weeks to six months, but in some cases longer (Elsevier ClinicalKey, 2024). Intensive physical, occupational, and speech therapy are required to make a full recovery (Elsevier ClinicalKey, 2024). 2. To treat GBS, IV immunoglobulin and plasma exchange (plasmapheresis/PLEX) are both effective treatments pathways (Elsevier ClinicalKey, 2024). Treatment is recommended to commence as soon as possible to prevent further muscular deterioration resulting in extensive paralysis and preventing further respiratory compromise which could potentially result in tracheostomy placement (Elsevier ClinicalKey, 2024). 3. GBS can result in rapid deterioration with respiratory failure being a typical complication (Elsevier ClinicalKey, 2024). It is crucial to monitor these patients closely for lowering pulse oximetry, vital capacity, hypercarbia, hypoxemia, pulmonary function testing, and respiratory effort and patterns (Elsevier ClinicalKey, 2024). References: 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* (10th Ed.). Elsevier. Elsevier ClinicalKey. (2024, October 24). *Guillain-Barre Syndrome*. Retrieved May 13, 2025 from https://www-clinicalkey-com.offcampus.lib.washington.edu/#!/content/clinical_overview/67-s2.0-f5005e21-a1f2-4731-971f-492dc0c0c55c#treatment-options-heading-37 Feedback:	explanation that included pathophysiology and prognosis that was simple enough for the patient to understand. Excellent! (3/3 pts) 2. IVIG or PLEX are both first line treatments for GBS. Research shows that one is just as effective as the other. You correctly identified that early treatment is important to prevent respiratory compromise! (3/3 pts) 3. Respiratory failure is one of the major complications of GBS! Monitoring respiratory status through pulse ox, pulmonary function tests, etc are essential to determine compromise and need for intubation. (3/3 pts) +1 citation Thank you for your feedback! It is unfortunate that GBS has a long recovery process! But it's so awesome to see our patients improve after so long!	

	What a great question! You involved assessment, pathophysiology and medication management in a very straightforward manner. I knew exactly what to look for. When I was a travel nurse, I took care of a patient with GBS for months and got close with the patient and their family. Being able to see this patient fully recover after month of paralysis was amazing to see.		
6	Based on Rufino's presentation he is likely experiencing Guillain-Barre Syndrome (GBS) due his recent stomach flu, facial weakness, difficulty swallowing, slurred speech, bilateral facial droop, weak gag reflex, decreased strength in both upper limbs, diminished deep tendon reflexes in the upper extremities, and progressive loss of strength in the lower extremities (Elsevier ClinicalKey, 2024). GBS progresses over 1 to 3 weeks after initial onset and without close monitoring deterioration can happen rapidly (Elsevier ClinicalKey, 2024). Based off Rufino's symptoms I would diligently monitor is respiratory efforts as respiratory failure is a likely complication. It is important to monitor for respiratory failure through evidence of lowering pulse oximetry, vital capacity, hypercarbia, hypoxemia, pulmonary function testing, and respiratory effort and patterns (Elsevier ClinicalKey, 2024). To prevent further deterioration IV immunoglobulin and plasma exchange (plasmapheresis/PLEX) are both effective treatments pathways at minimizing complications associated with GBS such as respiratory failure and worsening neurosensory dysfunction ultimately leading to paralysis (Elsevier ClinicalKey, 2024). It is also beneficial to have Rufino on a cardiac monitor, assess vital signs, and discuss with the provider on whether anticoagulation therapy is currently appropriate to prevent deep vein thrombosis (Elsevier ClinicalKey, 2024). Presence of diarrhea is also a prognostic indicator to be aware of along with general disability (Elsevier ClinicalKey, 2024). Rufino will also eventually need intensive physical, occupational, and speech therapy to make a full recovery (Elsevier ClinicalKey, 2024). References: Elsevier ClinicalKey. (2024, October 24). *Guillain-Barre Syndrome*. Retrieved May 13, 2025 from https://www-clinicalkey-com.offcampus.lib.washington.edu/#!/cont	Perfect answer. Diagnosis is correct. Priority of respiratory function was also correct. along with the assessment and interventions	10/ 10

	ent/clinical_overview/67-s2.0-f5005e21-a1f2-4731-971f-492dc0c0c55c#treatment-options-heading-37 Feedback: Great question and I appreciate the use of the infographics to visualize the progression of the disease. I really got to dig into the pathophysiology and assessment pieces involved with GBS.		
8	Multiple sclerosis is an incurable and progressive disease, that leads many to suffer psychologically with depression and suicidal ideation due to the loss of physiological function such as limb weakness, loss of sphincter control, fatigue, hypoesthesia, dysesthesia, paresthesia, optic neuritis, diplopia, oscillopsia, gait ataxia, vertigo, tremors, spasms, and cognitive impairment (Elsevier ClinicalKey, 2025). This psychological stress, I can only imagine, heightens their trauma response as they progressively are losing more control and are incapable of doing everything independently as they once did. The caregiver should realize that this patient's behavior is likely influenced by strategies that have helped them survive and cope with their trauma and it may be a barrier to effective outcomes in care settings (Warren et al., 2025). The caregiver should recognize that her complaining, emotional outbursts, care refusal, and guarded behavior are likely signs of trauma (Warren et al., 2025). It is important to alter language and avoid triggers that may cause re-traumatization (Warren et al., 2025). Creating an environment of physical and emotional safety can be beneficial, and consistent caregivers ensures clear roles and boundaries can be set while also ensuring confidentiality and privacy (Warren et al., 2025). With the patient's physical limitations, the caregiver should be patient and try to let them do activities independently and being available for assistance when the patient asks for it. References: Elsevier ClinicalKey. (2025, March 12). *Multiple sclerosis*. Retrieved May 13, 2025 from https://www-clinicalkey-com.offcampus.lib.washington.edu/#!/content/67-s2.0-3a8d3d82-9370-4097-98da-960ee9016f2e#diagnosis-heading-7	Great job focusing on trauma informed care for this patient. I was looking for a more detailed explanation of how this therapeutic relationship for the nurse uses patience, empathy, being calm ,and consistent etc. between nurse and patient. I recognize the question I asked was very broad so I am grading this question based on detailed explanations as opposed to the correct answer. Only missing being consistent with pain meds in answer, good work	9/ 10

	Warren, M.S., Fedorowicz, Z., & DeGeorge, K. (2025, April 10). *Trauma-informed care for female survivors*. Elsevier ClinicalKey. https://www-clinicalkey-com.offcampus.lib.washington.edu/#!/content/clinical_overview/67-s2.0-T1645459759149 Feedback: This is a very important question and I feel helps create a better understanding of multiple sclerosis and how it both mentally and physically impacts a patient. I feel like for this question, I could go a tangent because trauma-informed care is applicable in so many aspects, especially with this patient and their resistance to care and autonomy. I found myself having trouble trying to narrow down exactly what was expected as an answer, because I feel like there is so much that is important and relevant in regard to trauma-informed care in this scenario, so I hope this is sufficient.		
10	1. The anesthesiology provider should be consulted to ensure the dose is accurate and safe to administer. 2. I would be concerned for Local Anesthetic Systemic Toxicity (LAST) (Elsevier ClinicalKey, 2025). 3. With LAST, the associated overdose symptoms are neurologic and cardiovascular effects (Elsevier ClinicalKey, 2025). For neurologic this may manifest as tremors, shivering, or seizures (Elsevier ClinicalKey, 2025). For cardiac, elevated concentrations of the drug in your system depress cardiac conduction and excitability, which may lead to AV block, ventricular arrhythmia, or cardiac arrest. Typically, in the OR patients heart rhythm and vital signs are monitored which would be an important indicator (Elsevier ClinicalKey, 2025). 4. Elderly patient over the age of 65 and those with impaired renal function are at a higher risk of toxicity (Elsevier ClinicalKey, 2025). Neonates and infants are also at increased risk decreased protein binding, increased volume of distribution, decreased metabolism, and prolonged half-life (Elsevier ClinicalKey, 2025). 5. Administration of lipid emulsion is used to bind and neutralize the bupivacaine (Elsevier ClinicalKey, 2025).	1. Correct, 2 points 2. Correct, 1 point 3. Correct, 2 points - very nice work focusing on symptoms we can observe in the OR! 4. Correct, 2 points - you didn't point it out explicitly but you did identify the two factors specific to this patient which is great work. 5. Correct, 1 point References & citations - 1 point BONUS - Exactly correct! 1 point Thank you for the feedback. You identified my exact goals so I'm glad it came through for you.	10 / 10

	BONUS: Epinephrine is added to local anesthetic to slow absorption and prolong the effects through vasoconstriction (Elsevier ClinicalKey, 2025). This may also lower chances of LAST (Elsevier ClinicalKey, 2025). References: Elsevier ClinicalKey. (2025, May 5). *Bupivacaine*. Retrieved May 13, 2025 from https://www-clinicalkey-com.offcampus.lib.washington.edu/#!/content/drug_monograph/6-s2.0-75 Feedback: Great question! It was very pharmacology heavy and I got to learn a lot more about bupivacaine and LAST. You also managed to tie in some assessment pieces into the question too to make it very well rounded.		
12	Based on Jason's physical assessment findings and developmental stage, he is likely to have scoliosis. Scoliosis is a curvature of the vertebral bodies that may look more like an "S" or a "C" rather than a straight line when viewed from the rear (Ball et al., 2023). Cobb angle measurement through radiologic imaging can confirm the diagnosis along with the initial Adams forward bend test (Callanan & Kuris, 2024). The Cobb angle consists of measuring the along the entire spine radiograph consisting of an intersecting angle between lines drawn parallel to the endplates of the two vertebrae with the greatest amount of tilt (Callanan & Kuris, 2024). There is no known cause for scoliosis, but it is common in younger children beginning their growth spurt (Callanan & Kuris, 2024). With scoliosis the larger the curve at detection, the greater the chance of progression and if left unresolved it may lead to worsening deformity, pain, and cardiopulmonary compromise (Callanan & Kuris, 2024). Treatment and management of scoliosis in those with immature skeletons includes bracing for idiopathic curves of 25 to 45 degrees in patients with an, Schroth physical therapy, or surgery for idiopathic curves >50 degrees (Callanan & Kuris, 2024). Congenital scoliosis as a high prevalence of cardiac and urinary tract abnormalities so evaluation of these system may be indicated (Callanan & Kuris, 2024). References:	You correctly recognized scoliosis and explained Cobb angle measurement well. Your discussion of treatment options was generally accurate, but I was looking for adolescent idiopathic scoliosis specifically (connecting Jason's age and pubertal stage to risk for progression) rather than congenital scoliosis. Overall nice job!	9/ 10

	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* (10th Ed.). Elsevier. Callanan, T. & Kuris E. (2024, January 1). *Scoliosis*. Elsevier ClinicaKey. Retrieved May 13, 2025 from https://www-clinicalkey-com.offcampus.lib.washington.edu/#!/content/drug_monograph/6-s2.0-75 Feedback: Great and straight forward question! I remember having to do the Adams forward bend test in middle school with all my classmates. It was very informative looking into all the testing and seeing how decisions are made for treatment.		
14	**<u>Brudzinski sign:</u>** Positive is there is involuntary flexion of the hips and knees when flexing the neck (Ball et al., 2023). **<u>Kernig sign:</u>** Testing for Kernig's sign includes flexing the leg at the knee and hip when the patient is supine, then attempting to straighten the leg (Ball et al., 2023). It is positive if there is pain in the lower back and resistance to straightening the leg at the knee (Ball et al., 2023). **<u>SBAR</u>** S- Samantha had tonic-clonic seizures at 12:03 B- Presented to the ED with severe headache, photophobia, lethargy, hypotension, fever, tachypnea and tachycardia A- She is A/Ox1 with a GCS of 13, nuchal rigidity, and a positive Kernig and Brudzinski signs. R- I recommend ordering IV Lorazepam for the seizures. **<u>Three Considerations:</u>** 1. Quickly assess for a patent airway to ensure secretions are absent and general environment is safe. It is appropriate to position the patient on their side to avoid aspiration. 2. Note the onset, time, and duration of the seizure 3. If the seizure is lasting longer than five minutes, a benzodiazepine is indicated (Gupta et al., 2024). **<u>Priorities</u>**	Great description of the assessment question (2 pts). You gave a great SBAR (2 pts), and I liked your answer to the priorities question as well. I was looking for placement of seizure pads as well to prevent injury but awarded full points (3 pts). The correct order for the interventions is really based on the ABCs, but your nursing judgement is also sound (1 pt). The order should be 4 (airway), 2 (access), 6 (propofol has anticonvulsant properties and will also sedate her for intubation), 5 (volume / circulation), 1 (antiepileptic), 3 (labs), and 7 (EEG). Great answer to Charlotte, and absolutely it is not up to us to diagnose, but you are correct that she has meningitis, in addition to status epilepticus. Thank you very much for your feedback. I realize the question was too long and I appreciate the time you took to provide a thorough answer. Great work!	10/ 10

	1. Insert 2 large-bore IVs, or an IO if unable to obtain venous access 2. Administer 1L of Lactated Ringer's 3. Administer 1500 mg of Levetiracetam 4. Start a propofol drip at 50 mcg/kg/min 5. Prepare to assist with endotracheal intubation 6. Obtain a BMP, CBC, LFTs, and 2 sets of blood cultures 7. Call the EEG tech for a STAT EEG **Discussion** "Charlotte, this is a lot to take in at once and I can see how worried about your friend. Samantha just experienced a "tonic-clonic seizure" which includes loss of consciousness, stiff muscles, and jerking body movements. We currently have her in a stable condition and are going to do everything we can to get her better." Samantha is more than likely experiencing meningitis, but as the bedside we are not capable of forming that diagnosis, it is up to the provider to make that conclusion. References: 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* (10th Ed.). Elsevier. Gupta, N., Piotrowski, M., & Bullinger, K. (2024, November 21). *Approach to the patient with seizures*. Elsevier ClinicalKey Retrieved May 13, 2025 from https://www-clinicalkey-com.offcampus.lib.washington.edu/#!/content/clinical_overview/67-s2.0-MC062 Feedback: This was a multifaceted question that involved a lot of aspects involved in a critical situation like this which require ample critical thinking. Some situations stumped me for sure. I would've like to find a reference to support certain decisions, but found that somewhat difficult so I ultimately went based off my bedside experience and nursing judgement.		

16	1. Based off the assessment of the patient's foot being hot, swollen, and having limited range of motion due to extreme pain they are likely experiencing gout (Balle et al., 2023). 2. Gout is a form of arthritis that results from chronically elevated serum uric acid (hyperuricemia) leading to monosodium urate crystal deposits in joints and surrounding tissues that cause acute inflammatory attacks (Elsevier ClinicalKey, 2025). Hyperuricemia develops due to there being an excess in the production of uric acid, a decrease in renal excretion of uric acid, or possibly both occurring in some degree (Elsevier ClinicalKey, 2025). There are two types of hyperuricemia Primary and secondary. Primary is a result of an inborn error of metabolism while secondary is a result of an acquired disorder such as leukemia or renal disease, use of drugs such as diuretics, or due to dietary intake such as excess alcohol consumption (Elsevier ClinicalKey, 2025). 3. The first line of treatment is likely to be allopurinol which works to lower uric acid levels (Elsevier ClinicalKey, 2025). Diet high in purines should be avoided as they are metabolized and broken down into uric acid (Elsevier ClinicalKey, 2025). Avoiding high purine foods such as red meat, poultry, oily fish, liver, kidney, heart, gizzard, sweetbreads, yeast extracts, meat extracts, peas, beans, spinach, and lentils is recommended as well as alcohol (Elsevier ClinicalKey, 2025). References: 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* (10th Ed.). Elsevier. Elsevier ClinicalKey. (2025, March 10). *Gout*. Retrieved May 13, 2025 from https://www-clinicalkey-com.offcampus.lib.washington.edu/#!/content/clinical_overview/67-s2.0-ef29f813-aeca-4525-aead-9032ae570d15 Feedback:	Wonderful job! I liked how you connected this patient's symptoms to the diagnosis while describing gout's pathophysiology in detail. You also correctly identified the use of allopurinol to treat gout and how purine-rich foods can contribute to hyperuricemia.	10/ 10

	Great question that touches on all key assignment objectives! I really got to explore the pathophysiology of gout a bit more and hierarchy of treatments that can be implemented. I learned a lot from your question.		
18	1. Post operative complications may include infection, compartment syndrome, and neurovascular injuries (Morissey et al., 2024) 2. **Infection:** To prevent post operative infection the surgical site should be maintained clean and prophylactic antibiotic regimen should be followed while also monitoring the site for warmth, drainage, and swelling with associated fever and chills (Martinez et al., 2025). Broad spectrum antibiotics are the preferred mode of treatment to eliminate infection (Martinez et al., 2025). **Compartment Syndrome:** Compartment syndrome is when blood flow to a limited space is compromised by rising pressure resulting in hypoperfusion, ischemia, and necrosis (Elsevier ClinicalKey, 2025). This patient should be assessed regularly for pain, paresthesia, pulselessness, pallor, poikilothermia, and paralysis (Elsevier ClinicalKey, 2025). The treatment for this involves a fasciotomy to allow for reperfusion of the ischemic tissue further limiting morbidity (Elsevier ClinicalKey, 2025). **Neurovascular Injury:** To repair lower extremity nerve damage neurolysis is a possible intervention where nerve pathways are either disrupted or destroyed (Martinez et al., 2025). To assess for complications related to neurovascular injury involves circulatory motor sensory assessments (Martinez et al., 2025). 3. Typically for fibular fractures weight-bearing is usually restricted for 4-6 weeks after surgery, progressive weight-bearing as tolerated beginning 6 weeks after surgery, and full range of motion and normal gait typically restored 3-4 months postoperatively (Martinez et al., 2025). However, this patient has ankle involvement consisting of full weight-bearing beginning 8-12 weeks after surgery and they can return to playing baseball 4-6 months after surgery (Martinez et al., 2025). References:	Sorry about the last question. This was generated from my own clinical experiences. Usually it takes up to a year for a patient to go back to their normal activities after this kind of surgery You did an excellent job by answering these confusing questions. .	10/ 10

	Elsevier ClinicalKey. (2025, May 12). *Compartment Syndrome*. Retrieved May 13, 2025 from https://www-clinicalkey-com.offcampus.lib.washington.edu/#!/content/clinical_overview/67-s2.0-0f75d1ff-0972-48ab-96af-bce70c292582 Martinez, R.A., Lang, E., & DeGeorge, K. (2025). Extreme lower extremity injury in the adult. *Elsevier*. Retrieved May 5, 2025, from https://www-clinicalkey-com.offcampus.lib.washington.edu/#!/content/clinical_overview/67-s2.0-T1623096546151#pain-management--heading-TOPIC_Q2J_C4M_VRB Morissey, P.J., Whitaker, C., & DaSilva, M.F. (2024, January 1). *Tibial and Fibular Fracture*. Elsevier ClinicalKey. Retrieved May 13, 2025 from https://www-clinicalkeycom.offcampus.lib.washington.edu/#!/content/derived_clinical_overview/76-s2.0-B9780323755764009121 Feedback: This was a great question that involved critical thinking ahead and what you would expect to see if complications arose. I got a bit stumped on the last part as literature didn't specifically state the full recovery length for a talar injury and drilling but did for a navicular injury. I assumed as bones making up the tarsus that return to sports would be about the same time.		
	1. Post operatively, it is important to assess the patients surgical site for possible hemorrhage, the patients pain level, level of consciousness, vital signs (respiratory rate, blood pressure, heart rate, oxygen saturation, and temperature), neurovascular assessment (color, distal pulse, sensation, strength, and movement), fluid balance including intake and output (patients are typically catheterized intra op and may be due to void), and for potential venous thromboembolism (Walker, 2010). 2. It is important for nurses to encourage patients to do deep breathing exercises, like using an incentive spirometer, to prevent atelectasis, optimize lung function, and mobilize secretions	1.3/3 That's good you mention V/T, neurovascular Assessment and fluid balance. However, pain assessment is crucial as well. 2.3/3 Awesome, you pointed out all the good topics. 3./4 You got it. However, it's also important to educate the safety	10/ 10

20	(Walker, 2010). Early mobilization is also important with partial weight bearing (Walker, 2010). If pain or other factors are limiting ambulation patients should be encouraged to perform in foot exercises such as rotation, flexion and ankle extension of the ankle to keep blood flowing and encourage venous return (Walker, 2010). Pain management is also important for nurses to implement whether it be pharmacological or nonpharmacological methods (Walker, 2010). 3. I would educate the patient on ambulating, when possible, to prevent formation of a deep vein thrombosis from being sedentary (Walker, 2010). Patients should also be advised on range of motion limitations such as adduction and external rotation of the hip, like crossing legs, excessive abduction and excessive flexion of the hip beyond 90 degrees that could potentially dislocate the hip (Walker, 2010). I would also educate the patient to be aware of post operative infection which include fever, chills, and warmth, swelling, and purulent drainage leaking from the operative site (Walker, 2010). References: Walker, J. A. (2010). Total hip replacement: improving patients' quality of life. *Nursing Standard*, *24*(23), 51–57. https://doi.org/10.7748/ns2010.02.24.23.51.c7552 Feedback: Great question that is very straightforward. I take care of post-op hip arthroplasty patients frequently so it's nice to refresh on the basics. You involved some important assessment details to keep an eye out for when taking care of these patients.	instruction on assistive devices and narcotic pain management.	