BNURS506 Quiz Answering

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

#:	Your Answer	Feedback from Grader	Score
1	MY QUESTION		
2	1. The baby's presentation could be indicative of cerebral palsy as it is apparent that there is a delay in motor skills and some deficit in motor tone. Cerebral palsy could be on the differential because the baby has known risk factors, including intrauterine drug exposure and prematurity (Hallman-Cooper & Rocha Cabrero, 2022). It would be important to fully evaluate for cerebral palsy because there are also other reasons for developmental delay in this child that don't include cerebral palsy including the baby's prematurity (would need to know the extent of prematurity to correct developmental to gestational age) and the many hospitalizations and surgeries that have been required up to this point on the trach/vented baby with a GT. Simply spending so much time in the hospital without adequate PT/OT to stay on track developmentally could lead to delays. 2. The key signs of CP in infants/toddlers include dystonia (increased or decreased tone), abnormal reflexes, irritability, decreased interaction, decreased muscle strength and lack of coordination (Hallman-Cooper & Rocha Cabrero, 2022). This baby is demonstrating delayed milestones, including decreased/delayed interaction and has decreased muscle strength/tone in their core and decreased tone in their lower extremities. 3. Further testing to evaluate for CP and for it's severity would be imaging (an MRI to evaluate for injury to motor areas of the brain), a complete family history (to rule out any other potential diagnoses), a standardized developmental assessment and an EEG if there is any	Good job. Your responses clearly addresses all parts of the question with strong detail and thoughtful analysis. You demonstrated a solid understanding of the topic and supported your points with relevant details and citations. I took off some points due to the citations. You need to take out the retrieved from part in the citation. Thanks for your feedback, I will keep that in mind.	9.75/ 10

	concern for seizure activity (Hallman-Cooper @ Rocha Cabrero, 2022). References: Hallman-Cooper, J. L., & Rocha Cabrero, F. (2022). *Cerebral palsy*. In StatPearls. StatPearls Publishing. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK538147/ Feedback: This is a good, comprehensive question. It took me a long time to answer and I'm still not sure if I answered it correctly, but I appreciate the detail that went into the three parts of your question. I appreciate you calling out the history of the patient (prematurity, intrauterine drug exposure, trach, etc) though I'm not sure if it sent me down the wrong path because there could be delays just based on the history and the patient is neurologically intact. Either way, great work making me exercise my brain! Feedback I'm also giving other peers is that many of us seem to be diving in with multiple questions within one question. It's becoming a really lengthy endeavor to answer them all. Perhaps consider which question most directly addresses what you're trying to have us learn.		
3			
4	The patient is likely to have a diagnosis of Guillain-Barre Syndrome. I would explain to the patient that Guillain-Barre is a progressive neuropathy that has been caused by his immune system attacking his peripheral nerves after having been exposed to COVID-19. This type of illness is called a "post-infectious immune mediated" response (Nguyen & Taylor, 2023). I would explain that the hallmark of Guillain-Barre is the ascending paralysis/nerve impact that he is experiencing. He will need to stay in the hospital while treated, and the course may be complicated and scary, but Guillain-Barre is reversible and treatable. The rehabilitation process can be lengthy, but 85% of patients reach full recovery (Nguyen & Taylor, 2023). The best treatment for Guillan-Barre is IVIG, though plasma exchange may also be used. The key is to mediate the autoimmune response (Nguyen &	1. You correctly identified that the patient has GBS! Your response was thorough and explained in a simple way for the patient to understand. Thank you for including that rehab could be lengthy which is an unfortunate reality for those that experience this disease. (3 points) 2. You correctly identified that the patient would either need to start PLEX or IVIG as soon as possible to prevent respiratory	10 / 10

	Taylor, 2023). Early intervention is important to begin to halt the progressive nature of the nerve dysfunction. Acting early can prevent the complications that can arise if the paralysis extends to the level of the diaphragm and respiratory muscles which would necessitate intubation, prolonging the hospitalization and recovery time. The most common complication of Guillan-Barre is respiratory failure requiring intubation (and in some prolonged cases, tracheostomy) and ventilation (Nguyen & Taylor, 2023). This complication is due to the paralysis of the diaphragm and respiratory muscles and involvement of cranial nerves. It would be important to assess for changes in respiratory status and effort as well as signs of respiratory failure (respiratory rate, sats, blood gasses). Monitoring the level of ascending paralysis would also be important to be able to have an early warning of impending respiratory difficulties. References: Nguyen, T. P., & Taylor, R. S. (2023). *Guillain-Barré Syndrome*. In StatPearls. StatPearls Publishing. Retrieved May 19, 2025, from https://www.ncbi.nlm.nih.gov/books/NBK532254/ Feedback: Great question! I've cared for pts with GB, so this question was fun for me to answer. I think you did a very good job creating such a comprehensive question, though because there were essentially three distinct questions, it made for a long process to answer. While on its own, that feels fine, when there are 10 questions to answer with many that have multiple parts, it gets to be too long.	compromise or severe paralysis. (3 points) 3. Absolutely! Respiratory failure is the most common major complication of GBS. Monitoring for oxygen saturations and blood gases are important. Other answers that you could've included are serial pulmonary function tests (NIFs). (3 points) +1 point citation Thank you for your feedback! I did include the second part of each question to avoid people leaving one word answers (i.e GBS, PLEX, respiratory failure). I'm sorry if it felt lengthy but I'm glad you found all your information with one source! You also provided lots of detailed information that I didn't even include in my own key. Excellent job!	
5			
6	Based on his presentation and previous history of recent illness, Rufino likely has Guillan-Barre Syndrome, specifically the atypical presentation of Miller Fisher Syndrome (Rashid et al., 2020). At this point, I am most worried about potential respiratory failure and the need for intubation and ventilatory support due to involvement of the diaphragm and respiratory muscles as well as cranial nerves (Nguyen & Taylor, 2023).	Great written response. I like how you prioritized respiratory concerns and how to assess the patient, while stating the treatment option. I appreciate you attempting to figure out what variant of GB Rufino had. Ultimately he was diagnosed with the	9.5/ 10

	It would be important to assess for changes in respiratory status and effort as well as signs of respiratory failure (respiratory rate, sats, blood gasses). Monitoring the level of paralysis would also be important to be able to have an early warning of impending respiratory difficulties (Nguyen & Taylor, 2023). A loss of gag reflux will impede Rufino's ability to protect his airway and decreased muscle strength will lead to ineffective gas exchange. The best treatment for Guillan-Barre is IVIG, though plasma exchange may also be used. The key is to mediate the autoimmune response (Nguyen & Taylor, 2023). Early intervention is important to begin to halt the progressive nature of the nerve dysfunction. References: Nguyen, T. P., & Taylor, R. S. (2023). *Guillain-Barré Syndrome*. In StatPearls. StatPearls Publishing. Retrieved May 19, 2025, from https://www.ncbi.nlm.nih.gov/books/NBK532254/ Rashid, M. H., Yasir, H. K. M., Zahid, M. F., Khan, A. A., & Ahmad, M. (2020). Atypical descending paralysis in Miller Fisher syndrome: A rare variant of Guillain-Barre syndrome. *Cureus, 12*(3), e7223. https://doi.org/10.7759/cureus.7223 Feedback: I think you did a good job with the history presentation, including the recent illness and travel history. One thing to consider is that the typical presentation of GB is ascending paralysis, which I have always learned is its hallmark. I was thrown off by the descending nature of your question, and in digging further found that to be an atypical variant of Guillan Barre called Miller Fisher Syndrome (Rashid et al., 2020). While realizing this was atypical Guillan Barre was good for my learning, there wasn't anything in the question to lead me in that direction, so I really doubted myself. But, if a good challenge and tricky question was your goal, you did a great job and I learned something new, which is the goal! Feedback I'm also giving others is to please consider focusing on one part of the question rather than having us answer several questions in one. It's becoming really lengthy.	pharyngeal-cervical-brachial variant of GBS with descending presentation.	
7			

8	By addressing Mrs. James' needs through a trauma-informed lens, the nursing team would be able to create a more tenable environment for their caring relationship. Recognizing the lack of physical independence Mrs. James is experiencing, particularly through the lens of trauma, could be a good entry point to establishing a new therapeutic relationship moving forward. Recognizing Mrs. James' limitations while providing her choices in her care and in her routine could be important. Allowing autonomy and choices such as the order in which she wants to perform ADLs and (when appropriate) the schedule of her day would be important. Posting a schedule that she helped create of her rhythms and routines as well as identifying preferences in a way that can be easily communicated would also be important. Also, in addressing her trauma it would be important to consider a full assessment through a Life Events Checklist to have a more full understanding of Mrs. James' traumas (Popescu et al., 2024). Trauma informed care will focus on "safety, trust, empowerment, choice and collaboration" (Popescu et al., 2024). Knowing that trauma can manifest differently for everyone is also important. Because Mrs. James is cognitively intact, she should be respected as a reliable reporter and collaborator in her care. Frequent, clear explanations of care needs as well as her expected trajectory would be important so that as she is losing some control over her physical abilities she isn't seen as being mentally incompetent as well. References: Popescu, D., Mellen, E., Ander, I., Vyas, C. M., Ishikawa, R. Z., & Stern, T. A. (2024). Caring for traumatized elders: Lessons learned from trauma-informed care. *The Primary Care Companion for CNS Disorders, 26*(2), 23f03643. https://doi.org/10.4088/PCC.23f03643 Feedback: This is a great question, focusing on the psychosocial needs of our patients. That said, I'm not sure I gave you exactly what you were looking for. I don't know if that's from something lacking in the prompt or if I headed	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 using 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

	in the wrong direction. If I did give you what you were looking for, great and either way, it's an important question!		
9			
10	1. Anesthesia should be consulted to determine the safety of the additional local anesthetic. 2. I would be concerned about Local Anesthetic Systemic Toxicity (LAST) (Mahajan et al., 2022). 3. Symptoms of LAST that could be observed in the OR would be cardiac dysfunction or arrhythmias due to the cardiac toxicity caused by the medication blocking the sodium channels in the heart. Seizures could also be seen due to CNS toxicity. (Mahanjan et al., 2022). 4. "Hepatic dysfunction, cardiac disease, pregnancy, and metabolic syndromes" are all risk factors for increased incidence of LAST (Mahajan et al., 2022). 5. Lipid emulsion therapy is the treatment for this toxicity (Mahajan et al., 2022). References: Mahajan, A., Song, K., & Derian, A. (2022). *Local Anesthetic Toxicity*. In StatPearls. StatPearls Publishing. Retrieved May 19, 2025, from https://www.ncbi.nlm.nih.gov/books/NBK499964/ Feedback: This is an interesting question for me as it's a topic I don't have any knowledge of. I appreciate the opportunity to learn more about intraoperative complications of local anesthesia. This is a very lengthy question with 5+ parts. I value the work that goes into these in-depth questions, though the feedback I've given several others this week is that it feels prudent to limit the extent of these questions as answering them is beginning to take longer and longer. By the time I got to your question (my 5th), I had already been working on this for 2 hours and am only halfway through! Yikes!	1. Correct, 2 points 2. Correct, 1 point 3. Correct, 2 points 4. Correct, 2 points 5. Correct, 1 point References and citations - 1 point Nice work - you identified each component of the question correctly. I appreciate the feedback, that is very helpful. I can really appreciate what you're saying and will definitely modify for the next quiz. I agree for 10 points, this shouldn't be a killer exercise.	9 / 10
11			

12	Jason's presentation and age would lead me to a diagnosis of idiopathic scoliosis. The next step in the evaluation process would be a multi-view Xray series to confirm the diagnosis and evaluate the extent of spine curvature as well as a full neurologic exam (Miller & Vitale, 2023). Curves between 10-25 degrees would be monitored with serial xrays, curves from 25-45 degrees could be treated through bracing and in more extensive curvature, spinal fusion would be recommended (Miller & Vitale, 2023). Aside from the level of the curvature, the assessment of the patient's compliance level with bracing or physical therapy would be important, as would their current and future activity limitations and the extent to which ADLs are affected by the curvature. Children for whom the skeleton has not fully matured (adolescents like Jason) have more success with surgery (Miller & Vitale, 2023). The cause of idiopathic scoliosis is unknown but genetics and hormones are thought to be potentially involved (Miller & Vitale, 2023). References: Miller, N. H., & Vitale, M. G. (2023). *Adolescent Idiopathic Scoliosis*. In StatPearls. StatPearls Publishing. Retrieved May 19, 2025, from https://www.ncbi.nlm.nih.gov/books/NBK499908/ Feedback: Thanks for the great question! I'm not sure if I dialed into exactly what you were looking for, but I think you did a good job of expanding on a routine childhood screening exam. The image you included was great.	Great job identifying adolescent idiopathic scoliosis and outlining the appropriate imaging and treatment approach. You also recognized Jason's prepubertal status as a risk for curve progression, which is a key consideration. Your treatment plan is thoughtful and complete. Just a minor point- your explanation of the pathophysiology could be strengthened by specifically noting the rotational deformity of the spine. Overall, strong work!	9/ 10
13			
14	Kernig's sign: Place patient supine with hip flexed to 90 degrees. Pain or resistance to strengthening the knee is a positive sign, indicative of irritation to meninges (Tracy & Waterfield, 2020). Brudzinski's sign: Place patient supine and lift their head. If the hip and knee reflexively flex, it indicates a positive exam (Tracy & Waterfield, 2020).	Your description of the assessment question is correct (2 pts). You are correct that a priority is protecting the patient's airway. While giving an antiepileptic and thinking of ICP are important interventions as well, to	10 / 10

	The three immediate priorities for a seizing patient are protection of their airway, rapid administration of an antiepileptic and prevention of complications that would arise with increased ICP (Hersi et al., 2023) Protection of the airway/respirations in Samantha's case would be to have suction available to prevent choking on emesis or secretions as well as to monitor for the likely respiratory depression that would follow administration of benzodiazepines for her seizure rescue. If Samantha loses her respiratory drive and/or is not able to protect her airway she will need bag/mask ventilation or intubation. It is likely that Samantha will have increased ICP as a result of her meningitis so managing that through head of the bed elevation, administration of mannitol or another hypertonic fluid should be considered. Situation: Code sepsis has been called on an ill-appearing young woman who presented to the ED with abnormal vital signs and concern for meningitis. Patient has just begun seizing. Background: Patient has had a progressively worsening headache, photophobia and lethargy since attending a music festival. Assessment: Patient's vital signs reflect uncompensated shock and physical assessment is positive for suspicion of meningitis with positive Brudzinski and Kernig's signs. Altered LOC has progressed to tonic-clonic seizure. Recommendation: Recommend treatment for meningitis, including antibiotics, seizure management, imaging and treatment plan for possible increased ICP. ▪ Next Steps: ▪ 2. Insert 2 large-bore IVs, or an IO if unable to obtain venous access (though I would assume we already had access, unless the benzos were intranasal)	protect from aspiration and injury you would first turn the patient on their side and then place seizure pads on the bedrails however I awarded full points (3 pt). I liked your SBAR, it was concise and covered all the correct information, except for the time the seizure started, however I gave full points (2 pts). The correct answer the multiple select question was 4 (airway), 2 (access), 6 (propofol is also an anticonvulsant and will induce sedation for intubation), 5 (volume / circulation), 1 (antiepileptic), 3 (labs), and 7. You are correct that these would likely be done concurrently for this patient, so I gave full credit(0.5 pt). I really liked your explanation to the patient. I do really appreciate your feedback, and I realized that this question was too long. Thank you for the time you took to provide a great answer.	

	▪ 1. Administer 1500 mg of Levetiracetam ▪ 4. Prepare to assist with endotracheal intubation (concurrently with #2&#1) ▪ 6. Start a propofol drip at 50 mcg/kg/min ▪ 5. Administer 1L of Lactated Ringer's (if needed) ▪ 7. Call the EEG tech for a STAT EEG (this would get them on their way so that they are there by the time patient is intubated. In reality, this is the last priority but I would call to get them there or delegate) ▪ 3. Obtain a BMP, CBC, LFTs, and 2 sets of blood cultures (Many of these could be done concurrently and would depend on Samantha's status – if she were maintaining her airway, ETT prep wouldn't be as high up. Hard to answer.) I would say to Charlotte, "Samantha has gotten very sick as whatever virus or bacteria she was exposed to has affected her nervous system. It will be important to get her to the ICU for close care and monitoring as involvement with the brain and the nervous system is serious and requires fast interventions. She will be watched for persistent seizure activity (which is caused by irritation of her brain) as well as for signs of increased pressure in her brain, which can become an emergency). There will be a lot of people involved in her care and it is difficult to know at this moment how long it will take for her to recover but she is in the right hands now with the ICU team." References:		

	Hersi, K., Gonzalez, F. J., & Kondamudi, N. P. (2023). *Meningitis*. In StatPearls. StatPearls Publishing. Retrieved May 19, 2025, from https://www.ncbi.nlm.nih.gov/books/NBK568762/ Tracy, A., & Waterfield, T. (2020). How to use clinical signs of meningitis. *Archives of Disease in Childhood – Education and Practice*, *105*(1), 46–49. https://doi.org/10.1136/archdischild-2018-315428 Feedback: Meningitis is a big topic, very applicable to the section we are learning about and a question about meningitis could go in many different directions. It's obvious you were well-versed in the topic to be able to write such a complete question. With all due respect to your very through and extensive work you put into this question, it is way too long, feedback I gave most of the other even-numbered question creators as well. I timed myself in answering your question and it took 27 minutes, and I knew what direction to start looking. In a topic like meningitis, which is extensive and includes a lot of different sequelae, there are many directions a question could go. You effectively asked 5 multifaceted questions in your one question. If it were a test entirely on meningitis, you did a great job creating a comprehensive question to show mastery of the subject, but for the purposes of this class it felt excessive.		
15			
16	1. I would expect the patient's diagnosis to be acute gout, as indicated by both his intake history (including history of alcohol consumption) and the swollen, shiny nature of his foot, specifically over the big toe (Ali & Anwar, 2023). 2. Gout is an inflammatory condition caused by uric acid deposits (due to purine metabolism) in the body, primarily in the joints and soft tissues causing arthritis. Inflammation is due to the immune mediators working after acute inflammation (Ali & Anwar, 2023). 3. Allopurinol is the first-line drug used to inhibit uric acid synthesis (Ali & Anwar, 2023). Dietary changes should work to decrease high	Great job answering this question! Your answer for each part of the question is correct and concise while demonstrating a general knowledge of gout.	10/ 10

	purine foods (like rich organ meats and seafoods) as well as to decrease alcohol consumption (Ali & Anwar, 2023) References: Ali, Z., & Anwar, M. (2023). *Gout*. In StatPearls. StatPearls Publishing. Retrieved May 19, 2025, from https://www.ncbi.nlm.nih.gov/books/NBK546606/ Feedback: I don't know anything about gout, so I appreciated this opportunity to learn. Thank you for the well-designed question. Feedback I have given everyone this go-around is that the questions are getting really long, with multiple parts. Perhaps thinking about how to ask your question to articulate real learning while making it a bit shorter?		
17			
18	Complications that may occur from this type of surgery in the post-op course are infection, DVT (most acutely), or compartment syndrome (Hermena & Slane, 2023). Intervention for infection would be antibiotics, for DVT would be lovenox or another blood thinner and for compartment syndrome could be surgical intervention depending on the extent of pressure being placed on the affected vessles and nerves. Further, less acute complications would be ankle fusion of the tibiofibular join/lack of mobility, and screw breakage (van den Bekerom et al., 2013). After an ORIF procedure such as this one, the patient will not be full weight-bearing for 6-8 weeks post procedure and then will require PT to gain strength and mobility back in the joint (Hermena & Slane, 2025). It is likely that he won't return to full baseball activity for 5-7 months (Physiopedia, 2025) References: Hermena, S., & Slane, V. H. (2025). *Ankle fracture.* In StatPearls. StatPearls Publishing. Retrieved May 19, 2025, from https://www.ncbi.nlm.nih.gov/books/NBK542324/	Great Job of answering my confusing scenario. This scenario was created when I was watching the baseball game. I kind of used my knowledge and skills to create the questions. I realized after I submitted the assessment that some of the information was not clear to me either but I was still able to answer my confusing questions which I expected from all of you. I apologize. I will create clear and concise questions moving forward. You answered all the questions correctly .	10/ 10

	Maisonneuve fractures. (2025). *Physiopedia,* Retrieved 22:35, May 19, 2025 from https://www.physio-pedia.com/index.php?title=Maisonneuve_Fractures&oldid=368919. van den Bekerom, M. P., Kloen, P., Luitse, J. S., & Raaymakers, E. L. (2013). Complications of distal tibiofibular syndesmotic screw stabilization: analysis of 236 patients. *The Journal of Foot and Ankle Surgery : Official Publication of the American College of Foot and Ankle Surgeons*, *52*(4), 456–459. https://doi.org/10.1053/j.jfas.2013.03.025 Feedback: I had a really hard time determining what you were looking for for the post-op complications. It could be short term (infection, DVT, compartment syndrome) or longer term (ankle mobility issues, screw breakage, etc). Perhaps clarifying complications in the acute post-op phase? Feedback I have given everyone this go-around is that the questions are getting really long, with multiple parts. Perhaps thinking about how to ask your question to articulate real learning while making it a bit shorter?		
19			
20	1. Assessments of the post operative patient would include full vital signs including a pain score, a respiratory assessment and a peripheral vascular assessment of the affected leg (distal pulse and perfusion) (Ji & Yang, 2023). 2. Nursing management interventions would include DVT prophylaxis (SCDs, TEDs or lovenox), frequent turns to prevent pressure ulcers, pain management through medication and other comfort modalities and early mobilization as appropriate. 3. In discharging the patient I would urge them to monitor for signs of infection (including high fever, wound redness or drainage) and/or for a blood clot (pain, tenderness, redness, unilateral swelling in the calf). I would also educate them to have their home prepared for limited mobility by assessing anything in the home that could cause	1.3/3 That's good you mention the V/T, pain assessment and peripheral vascular assessment. However, the neurovascular assessment and incision site assessment are also crucial for post op patients. 2.3/3 Awesome, you pointed out the pain management and DVT prevention, and early mobilization. 3.4/4 You got it. However, it's also important to educate the safety on narcotic pain management.	10/ 10

	them to trip or slip while walking with their walker. (American Academy of Orthopaedic Surgeons, 2025). References: American Academy of Orthopaedic Surgeons. (2025). *Activities after total hip replacement*. OrthoInfo. https://orthoinfo.aaos.org/en/recovery/activities-after-hip-replacement/ Ji, C.-Y., & Yang, L.-R. (2023). Perioperative nursing care for hip arthroplasty patients with concomitant hypertension: A minireview. *World Journal of Clinical Cases, 11*(36), 8440–8446. https://doi.org/10.12998/wjcc.v11.i36.8440 Feedback: This is a great question! It really dialed in on nursing interventions in the post operative course and I appreciated the additional focus on homegoing education. Feedback I have given everyone this go-around is that the questions are getting really long, with multiple parts. It seems different this time that they are all so long. Perhaps thinking about how to ask your question to articulate real learning while making it a bit shorter?		