

BNURS506 Quiz Answering

Term: Spring 2025

Module 2: HEENT, Integumentary, & Lymphatic

Name: Student G

#:	Your Answer	Feedback from Grader	Score
1	References: Feedback:		/ 10
2	Typical surgical intervention for a child with Crouzon Syndrome would include three surgeries to correct the skull bones that have fused prematurely due to genetic mutation (Buchanan, 2024). The first of these procedures is a craniostomy release with fronto-orbital advancement (Buchanan, 2024). Some surgeons are choosing to do this surgery in two stages, performing the craniostomy release first and the fronto-orbital advancement second (Buchanan, 2024). In the craniostomy release, surgeons make an incision over the top of the head from ear to ear and expose the fused sutures of the cranial bones (American Society of Plastic Surgeons, n.d.). The surgeons will then cut the bones and reshape as needed; the reshaping is variable from patient to patient depending on the presentation of the fusions (American Society of Plastic Surgeons, n.d.). Screws and plates will be utilized to hold the bones in their new shape and the incision closed with absorbable suture (American Society of Plastic Surgeons, n.d.).	Thank you for your very thorough answer. The criteria for full credit was to identify that surgical repair is necessary due to the premature fusion of sutures, that multiple surgeries are necessary during childhood and that you accurately named and described at least one surgery. Your APA citation, both in text and in the references looks good. After the first time you state American Society of Plastic Surgeons you can abbreviate to ASPS in the subsequent citations. (I would remove 0.5 pt for this, but am	10/ 10

	BONUS: Rationale for surgical intervention is to address increased intracranial pressure (ICP) and address the inhibition of brain growth (Firth, 2023). Increased ICP and brain growth inhibition are dependent on the number of sutures fused and which sutures have fused. Without correction, the patient's brain cannot grow with normal progression and this is associated with impairment to cognitive and neurodevelopment function (Firth, 2023). References: American Society of Plastic Surgeons (n.d.). <i>Craniosynostosis surgery: Head reshaping</i>. https://www.plasticsurgery.org/reconstructive-procedures/craniosynostosis-surgery/procedureC Buchanan, E.P. (2024, May 20). Overview of craniosynostosis. <i>UpToDate</i>. Retrieved April 18, 2025 from https://www.uptodate-com.offcampus.lib.washington.edu/contents/overview-of-craniosynostosis?search=crouzon%20syndrome&source=search_result&selectedTitle=2%7E13&usage_type=default&display_rank=2 Firth, H.V. (2023, January 27). Craniosynostosis syndromes. <i>UpToDate</i>. Retrieved April 18, 2025 from https://www.uptodate-com.offcampus.lib.washington.edu/contents/craniosynostosis-syndromes?search=crouzon%20syndrome&source=search_result&selectedTitle=1%7E13&usage_type=default&display_rank=1 Feedback: I knew nothing about Crouzon Syndrome so this was a very interesting question for me to explore! It could use more application of the subject content – it seemed like the aim was to just identify what the patient would face and how the surgery works, but there wasn't an element of applying that knowledge clinically as a nurse.	adding it back due to answering the bonus question.) Thank you for taking on the bonus questions. One thing to call out is that one of the other main rationales for surgery is to improve the functionality of the airway. Thank you for your feedback. You're probably correct! I could have focused more on nursing-specific interventions. That's really good reframing for me.	
3			/ 10

	References: Feedback:		
4	Peter's most likely diagnosis is retinal detachment. Without treatment, the detachment will progress as liquified vitreous enters the subretinal space further detaching the retina from the epithelium and choroid resulting in vision loss (Dahrouj & Gong, 2024). Treatment includes surgical correction as soon as possible to preserve vision (Dahrouj & Gong, 2024). Postoperatively, patients must use eyedrops including antibiotics, a steroid, and atropine (Dahrouj & Gong, 2024). Many surgeries to correct retinal detachment utilize a bubble of gas or oil to seal the retina break (Dahrouj & Gong, 2024). Patients with a bubble placed must typically maintain a specific position postoperatively (such as face down or side lying) to maintain the bubble position (Dahrouj & Gong, 2024). Patients with a bubble must also avoid environments that compromise or alter their eye pressure; examples include avoiding flying, traveling to areas of high altitude or scuba diving (Dahrouj & Gong, 2024). References: Dahrouj, M., & Gong, D.A. (2024, November 12). Retinal detachment. <i>UpToDate</i>. Retrieved on April 18, 2025 from https://www.uptodate-com.offcampus.lib.washington.edu/contents/retinal-detachment?search=detached%20retina&source=search_result&selectedTitle=1%7E109&usage_type=default&display_rank=1 Feedback: This question was a good balance of simply identifying the problem while also asking the student to apply the knowledge in terms of postoperative	Your answer clearly and accurately identified retinal detachment and provided strong reasoning around its pathophysiology and treatment urgency. You included thorough post-operative education, including proper positioning and environmental precautions. The only limitation was that the answer remained a bit general in terms of tailoring treatment to Peter's history, such as emphasizing vitrectomy as the preferred approach in his situation.	9/ 10

	education for the patient. If desired, another layer of complexity could be added by asking the nurse to identify the urgency of the condition.		
5	References: Feedback:		/ 10
6	The primary concern for this patient is otitis media with effusion (OME) which means there is fluid present in the middle ear. The school nurse has already performed one assessment by visually examining the inner ear. The nurse could also perform a hearing test as the patient is presenting with the predominant symptoms of OME including hearing loss in the absence of acute infection signs (Marom & Morris, 2025). The student does not need to be sent home, although the parent should be contacted and informed of the patient's presentation. OME typically resolves spontaneously, but the parent should be informed to wait and observe carefully for resolution and to pursue medical attention if the child doesn't improve (Marom & Morris, 2025). The parent and teacher can also be informed that the child's hearing will be impaired in the interim until the condition resolves. The nurse can recommend the teacher and parent adjust by ensuring they are facing the child when speaking to them, speaking in close proximity to the child, repeating themselves if child appears to not understand or respond, and seating the child closer to the point of instruction as needed (Marom, 2024). The nurse can also inform the teacher and parent that the issue may extend for as long as 3 months (Marom, 2024). References:	Wonderful response. Very thorough with the plan of care making needed accommodation while keeping the student at school. A couple other things I would do as a school nurse is make sure pain is manageable, a warm heat back can help or parents can be advised to give otc prior to school. also a temp check, if 100.4 or greater something more could be brewing.	10/ 10

	Marom, T. (2024, November 14). Otitis media with effusion (serous otitis media) in children: Management. <i>UpToDate</i>. Retrieved April 18, 2025 from https://www.uptodate-com.offcampus.lib.washington.edu/contents/otitis-media-with-effusion-serous-otitis-media-in-children-management?search=otitis%20media%20with%20effusion&topicRef=5966&source=see_link Marom, T., & Morris, P.S. (2025, March 26). Otitis media with effusion (serous otitis media) in children: Clinical features and diagnosis. <i>UpToDate</i>. Retrieved April 18, 2025 from https://www.uptodate-com.offcampus.lib.washington.edu/contents/otitis-media-with-effusion-serous-otitis-media-in-children-clinical-features-and-diagnosis?search=otitis%20media%20with%20effusion&source=search_result&selectedTitle=4%7E70&usage_type=default&display_rank=4 Feedback: This is an excellent question! A really great balance of simple identification but also application of knowledge. I especially liked the piece on what the school nurse could do for the child at school. It really asks the student to apply the knowledge in a very practical way that will impact the student. Another layer could be added by asking what the nurse should communicate to the parent.		
7	References: Feedback:		/ 10

8	d. Medication side effects – review Lisa’s medication list and look for potential interactions Lisa is taking two medication combinations with potential side effects. Bupropion, a CYP2D6 inhibitor, can increase the serum concentrations of duloxetine, a serotonin and norepinephrine reuptake inhibitor. When taken together, bupropion may enhance the side effects of duloxetine (UpToDate, 2025a). Dizziness, such as Lisa experienced, is a side effect of duloxetine; there is potential this drug interaction is contributing to Lisa’s symptoms (Eli Lilly Canada Inc., 2021). Additionally, Lisa is taking duloxetine with losartan, an angiotensin II receptor antagonist that lowers blood pressure. Losartan lowers blood pressure by blocking the receptors that constrict blood vessels (Puckey, 2025). This lowers blood pressure but also can interact with duloxetine, which also has hypotensive effects (UpToDate, 2025b). The mechanism of this interaction is not known, but this drug combination could also be contributing to Lisa’s symptoms (UpToDate, 2025b). Lisa medications should be reviewed by a prescribing physician and adjusted as needed. References: Eli Lilly Canada Inc. (2021, March 25). <i>Read this for safe and effective use of your medicine, part III: Patient Medication information: Cymbalta</i>. Eli Lilly Inc. https://pi.lilly.com/ca/cymbalta-ca-pmi.pdf Puckey, M. (2025, April 6). <i>Losartan</i>. Drugs.com. https://www.drugs.com/losartan.html UpToDate (2025a). DULoxetine / CYP2D6 Inhibitors (Strong). Retrieved April 19, 2025 from https://www.uptodate.com/drug-interactions/?source=responsive_home#di-document	Thank you for your thorough answer! The answer in this scenario is actually B - Cerumen impaction, so I removed two points per the rubric. The explanation of your thought process was excellent, and you clearly took the time to go through her medication list (which is extensive). Mechanism of action is an appropriate way to address pathophysiology in my opinion as the grader, and I believe that you cited UpToDate’s drug tool correctly (I would have to triple check, there is not a lot of information on this in the APA Manual). This scenario is actually based on my mom, and this is her very extensive medication list. You are right to lean towards a drug interaction, however, these are not new medications for her in this acute setting, which helps to rule out this answer. I hoped to show that sometimes very complicated patients have very simple problems. Great job!	8 / 10
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	UpToDate (2025b). DULoxetine / Blood pressure lowering agents. Retrieved April 19 2025 from https://www.uptodate.com/drug-interactions/?source=responsive_home#di-document Feedback: Thanks for the rubric! This question was multiple choice but still effective in asking the student to apply knowledge to a very real clinical situation. I used the drug interaction tool of UpToDate but wasn't very sure how to cite it to be honest. I also wasn't too clear about how to address the pathophysiology piece – did you mean the mechanism of actions of the drugs? Or something else? I took it to mean the drug MOA but wasn't entirely sure.		
9	References: Feedback:		/ 10
10	The patient's work factors (working outside and being exposed to solar ultraviolet radiation) along with family history of melanoma significantly increases his risk of developing melanoma (Curiel-Lewandrowski, 2025). A normal nevus will be raised or flat with a round shape, uniform color, and smaller than 5 mm (Curiel-Lewandrowski, 2025). The nurse should assess the mole for the following features: asymmetry of the nevus, irregular borders, multiple colors, and a diameter greater than 5 mm (Curiel-Lewandrowski, 2025). The presence of these features warrants a biopsy of the nevus as atypical or dysplastic nevi share clinical features of	Thank you for your answer and feedback! I like how you mentioned featuring an emotional component could add another layer to the question. I will consider that for future questions. You have an understanding of normal nevi and the key assessment factors when looking at nevi. The ABCDE route	8/ 10

	melanoma and must be distinguished with further testing (Curiel-Lewandrowski, 2025). References: Curiel-Lewandrowski, C. (2025, February 25). Melanoma: Epidemiology and risk factors. <i>UpToDate</i>. Retrieved April 19, 2025 from https://www.uptodate.com/contents/melanoma-epidemiology-and-risk-factors?search=assessing%20irregular%20moles&source=search_result&selectedTitle=6%7E150&usage_type=default&display_rank=6 Feedback: This is a great question that is straightforward but still requires the student to apply their knowledge to a clinical situation. Complexity could be added by asking the student to address any emotional well-being issues with the patient. And telling him to continue to listen to his wife and go see the doctor when necessary!	is a great tool for assessing a mole that could indicate melanoma, and it stands for asymmetry, border, color, diameter, and evolution. Discussing how moles evolve over time could bolster your answer, but I liked how you also mentioned that a biopsy is needed to make a diagnosis. Additionally, though atypical nevi have similar characteristics to melanoma, some of the differences are that dysplastic moles are benign, generally smaller than melanoma, and have colors mainly consisting of brown, pink, and tan, compared to melanoma, which can have multiple color variations ranging from brown, black, pink, grey, red, blue, and white.	
11	References: Feedback:		/ 10
12	Based on this presentation, systemic lupus erythematosus is a possible diagnosis. Lab tests would include complete blood count and differential,	You have accurately diagnosed this patient with systemic lupus	10/ 10

	basic metabolic panel, liver function tests, creatinine kinase, urinalysis with urine sediment, urine protein to creatinine ratio, serum protein electrophoresis, and specific autoantibodies (Wallace & Gladman, 2025). References: Wallace, D.J., & Gladman, D.D. (2025, February 12). Systemic lupus erythematosus in adults: Clinical manifestations and diagnosis. <i>UpToDate</i>. Retrieved April 19, 2025 from https://www.uptodate.com/contents/systemic-lupus-erythematosus-in-adults-its-clinical-manifestations-and-diagnosis?search=lupus&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1 Feedback: I know very little about lupus so this was an interesting question. Complexity is likely required as the question does not have the student apply any knowledge but only asks for identification. I found myself wanting to explain the “why” behind my lab test answers but it was not asked for.	erythematosus and named at least three appropriate labs that would be ordered. You gave a concise and to-the-point answer. Great job and I really appreciate your feedback. I think I am still finding that balance between making an overly complex question and one that may be too easy. I want to be conscious of everyone’s time but still ask a question that sparks some critical thinking.	
13	References: Feedback:		/ 10
14	Pigmentation observed in the nail bed, called melanonychia, can be attributed to either deposits of blood or deposits of melanin (Tosti, 2025). Blood deposits would typically be the result of repetitive trauma to the nail while deposits of melanin can be the result of a variety of things including	You provided a solid and informative response, demonstrating a good understanding of the differential diagnosis between melanonychia and	9.5/10

	medications, inflammatory disorders, trauma, or even tumors (Tosti, 2025). Longitudinal presentation of the melanonychia can be evidence of melanoma so this would be the first thing to rule out (Tosti, 2025). Melanoma tumors are typically superficial and in this case, the tumor is growing right below the nail plate (Swetter & Geller, 2023). This variety of skin cancer can often be mistaken for other pathologies and, unfortunately, diagnosis is often delayed (Swetter & Geller, 2023). References: Swetter, S., & Geller, A.C. (2023, October 4). Melanoma: Clinical features and diagnosis. <i>UpToDate</i>. Retrieved April 20, 2025 from https://www.uptodate.com/contents/melanoma-clinical-features-and-diagnosis?search=nail%20melanoma&source=search_result&selectedTitle=4%7E16&usage_type=default&display_rank=4 Tosti, A. (2024, November 25). Dermoscopy of nail pigmentations. <i>UpToDate</i>. Retrieved April 20, 2025 from https://www.uptodate.com/contents/dermoscopy-of-nail-pigmentations?search=nail%20pigmentation%20melanoma&source=search_result&selectedTitle=3%7E150&usage_type=default&display_rank=3 Feedback: Interesting question and a presentation of melanoma I knew nothing about so good learning for me! The question itself is a bit vague so I wasn't entirely sure I answered it thoroughly. If you wanted me to write something specific it would have been helpful to have more specifics in the question. I wasn't sure how else to describe the disease other than to say it's cancer and how the tumor would present. I hope I got what you were looking for! I was hesitant because it seemed based on what I was reading that this kind of melanoma is exceedingly rare in children. Still – a good thing to rule out.	subungual melanoma. I appreciate your inclusion of scholarly references and pathophysiologic insights. To enhance your response, you could briefly mention specific clinical features of subungual melanoma, and prioritize ruling out subungual melanoma, highlighting its urgency and potential severity even though it's rare. As for your feedback on the question, I should address my question more specifically, thank you for your suggestion. You still did a great job engaging with the topic and contributed useful information.	
15			/ 10

	References: Feedback:		
16	The presence of Reed-Sternberg cells is indicative of classic Hodgkins lymphoma (cHL) (Ng et al., 2025). The presence of these cells is significant as Reed-Sternberg cells are the malignant cells of cHL and not associated with any other variety of lymphoma (Ng et al., 2025). I would anticipate this patient to be classified at least at Stage III according to the Lugano classification; presence of enlarged lymph nodes on both sides of the diaphragm indicates a Stage III level of disease progression (LaCasce & Ng, 2024). Further imaging is required to ascertain whether other structures outside of the lymphatic system are involved, such as bone. If so, the patient would be classified as Stage IV (LaCasce & Ng, 2024). References: LaCasce, A.S., & Ng, A.K. (2024, July 30). Pretreatment evaluation, staging, and treatment stratification of classic Hodgkin lymphoma. <i>UpToDate</i>. Retrieved April 20, 2025 from https://www.uptodate.com/contents/pretreatment-evaluation-staging-and-treatment-stratification-of-classic-hodgkin-lymphoma?search=hodgkin%20stagig&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1 Ng, A.K., Aster, J.C., & Herrera, A.F. (2025, February 18). Classic Hodgkin lymphoma: Presentation, evaluation, and diagnosis in adults. <i>UpToDate</i>. Retrieved April 20, 205 from https://www.uptodate.com/contents/classic-hodgkin-lymphoma-presentation-evaluation-and-diagnosis-in-adults?search=reed%20sternberg%20cel	Reed-Sternberg (RS) Cells are the hallmark of Hodgkin's lymphoma. RS cells are typically large and binucleate and are often described as having an owl eye appearance. The presence of RS cells is critical because it differentiates Hodgkin and Non-Hodgkin lymphomas which have different prognosis, staging, and treatment protocols. (5 pts) Based on the Ann-Arbor Staging for Hodgkin lymphoma, Nigel has stage III because there is involvement of lymph nodes on both sides of the diaphragm. (5 pts) I thought about adding "B" symptoms as well, but didn;t want to overcomplicate things! Nice work.	10/ 10

	l&source=search_result&selectedTitle=1%7E31&usage_type=default&display_rank=1 Feedback: Great question – I liked that there were multiple layers to the question but it was still straightforward. Complexity could be added by asking the nurse what other symptoms they might assess. I'm thinking of the “B symptoms” that can help diagnose lymphoma – night sweats, weight loss, fatigue, etc.		
17	References: Feedback:		/ 10
18	To conduct a thyroid exam, stand behind the patient and: 1. Palpate the patient starting at the thyroid cartilage (or Adam's apple). 2. Trace fingers down over the thyroid cartilage and distinguish the next structure: the cricoid cartilage. 3. Continue tracing down and palpate the first two rings of the trachea below the cricoid cartilage. 4. Palpate with the pads of the fingers over the first two rings of the trachea – this is the isthmus of the thyroid. 5. Flatten the fingers and slide them to either side of the isthmus and ask the patient to swallow. 6. Pay attention to whether the fingers on one hand rise disproportionately to the fingers on the other.	Question 1: You correctly identified the patient positioning, hand placement, palpation techniques, swallowing instructions, and assessment of the thyroid gland characteristics. - 4/4 pts Question 2: You correctly identified the most likely diagnosis. - 3/3 pts Question 3: You correctly identified a potential medication with the correct mechanism and rationale. - 3/3 pts Thank you for the feedback.	10/ 10

7. Then take one hand and push the thyroid gland to one side of the neck and palpate, noting size of the gland and presence of nodules; switch sides and repeat this assessment.
8. At this stage you can also do a lymph node exam and also observe the hands for sweatiness and/or a fine tremor (Gesundheit, n.d.).

Most likely diagnosis for this patient is Graves' disease (Ross, 2024b).

Expected medications would include a beta blocker to address increased beta-adrenergic tone due to hyperthyroidism, a thionamide (anti-thyroid drug) to address the elevated thyroid hormones, and calcium supplements (Ross, 2024a). Bone remodeling, reduced bone density, osteoporosis and increased risk for bone fracture are potential outcomes of hypothyroidism and the patient should be advised to counter these potential effects with calcium supplements (Ross, 2024a).

References:

Gesundheit, N. (n.d.) *Thyroid exam*. Stanford Medicine.

<https://stanfordmedicine25.stanford.edu/the25/thyroid.html>

Ross, D.S. (2024, July 29a). Graves' hyperthyroidism in nonpregnant adults: Overview of treatment. *UpToDate*. Retrieved April 20, 2025 from https://www.uptodate.com/contents/graves-hyperthyroidism-in-nonpregnant-adults-overview-of-treatment?search=graves%20disease&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1

Ross, D.S. (2024, October 10b). Diagnosis of hyperthyroidism. *UpToDate*. Retrieved April 20, 2025 from https://www.uptodate.com/contents/diagnosis-of-hyperthyroidism?search=graves%20disease&source=search_result&selectedTitle=5%7E150&usage_type=default&display_rank=5

Feedback:

	Cool question – I especially liked the piece about how to properly assess the thyroid gland, I learned a lot! This question asks the student to not only know and understand the lab work and symptoms but apply it to a potential diagnosis as well as potential treatment options – a good stretch for students.		
19	References: Feedback:		/ 10
20	The first action for the nurse would be to notify the provider about persistent abdominal pain and recurrent UTIs. This would be done because medication or other treatment options would need to be ordered by a prescribing physician and cannot be administered until this is complete. Additionally, the physician may need to evaluate the patient for complications from recurrent UTIs such as pyelonephritis (Aggarwal & Leslie, 2025). The second action for the nurse would be to administer the anti-nausea medication as prescribed to promote comfort. Addressing the nausea first is a critical step as the patient's fluid intake and appetite will not return until the nausea is addressed. Once the nausea is managed, the patient should be encouraged to increase fluid intake to prevent further urinary tract infections. Lastly, the nurse should educate the patient about dietary changes to reduce nausea and improve appetite. References:	You did a great job answering the question and followed the correct order. I appreciate that way you explained the first priority action and the fact that the provider has to assess the client then from there the provider is the one who will prescribe the medication. I hadn't thought about that priority action in that sense. Thanks for doing that. Thanks for your feedback. My intention of this question was prioritization and having a good rationale to back up the order of actions. For references, I have seen people search up different terms like melanoma, nursing process, or	10 / 10

	Aggarwal, N., & Leslie, S.W. (2025, January 20). Recurrent urinary tract infections. <i>StatPearls [Internet]</i>. Retrieved April 20, 2025 from https://www.ncbi.nlm.nih.gov/books/NBK557479/ Feedback: This was an interesting approach to the quiz question. I wasn't exactly sure what to look up in terms of citing to support my answer – I just answered based on what I thought should happen and why. I'm thinking there might be more than 1 correct way of approaching this so as long as the student has a good rationale for why they're doing which thing first, it would be marked correct. But if that's not what you think or were going for, you might have to reformat the question to better hone in on what you're after.	urinary tract infection which you did and that's great.	
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