BNURS506 Quiz Answering

Term: Spring 2025
Module 2: HEENT, Integumentary, & Lymphatic
Name: Student B
#2, 4, 6, 8, 10, 12, 14, 16, 18, and 20.

#:	Your Answer	Feedback from Grader	Score
1	References: Feedback:		/ 10
2	Crouzon syndrome is a genetically inherited disorder characterized by multiple suture craniosynostosis (premature fusion of the coronal sutures), leading to skull and facial deformities. Early surgical interventions are essential to manage the condition, enhance quality of life, and prevent complications. A multidisciplinary approach involving physicians, geneticists, ophthalmologists, neurosurgeons, and plastic craniofacial surgeons is crucial to addressing the diverse clinical manifestations (Zeppieri et al., 2025). According to UNC School of Medicine Surgery Division of Plastic and Reconstructive Surgery (2025), treatment of children with Crouzon syndrome is complex and is aimed at correcting the skull and midface abnormalities and treating obstructive sleep apnea. • *Skull surgery:* Although the timing and sequence of surgeries may vary from child to child, most children with Crouzon syndrome will need 2-4 skull operations over a lifetime. The earliest skull surgery is frequently done in the	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. Focusing on the LeFort is great because that is one of the most complex surgeries and has the most dramatic effect on patient	10/ 10

	first 18 months of life (UNC School of Medicine Surgery Division of Plastic and Reconstructive Surgery, 2025). • *Midface surgery:* The most common surgery for moving the bones of the midface forward in Crouzon syndrome is called a LeFort III operation. This surgery is typically not done before a child is 6-8 years of age. The primary indications for performing a LeFort III operation include severe obstructive sleep apnea which cannot be improved without surgery or significant patient concerns about appearance (UNC School of Medicine Surgery Division of Plastic and Reconstructive Surgery, 2025). References: UNC School of Medicine Surgery Division of Plastic and Reconstructive Surgery. (2025). *Crouzon syndrome.* https://www.med.unc.edu/surgery/plastic/forpatients/pediatric-plastic-and-craniofacial-surgery/crouzon-syndrome/ Zeppieri, M., Karsonovich, T., & Patel, B. C. (2025). Crouzon Syndrome. In *StatPearls*. StatPearls Publishing. Feedback: This question is straightforward and clear. It is easy to understand and at the same time it triggered my critical thinking and active learning. The visual representation also helped me understand the case more.	appearance and improvement of airway obstruction. I would remove 0.5 points because if calling out the LeFort III it would be important to describe the patient is left with hardware for several weeks. You earned that back, however by highlighting more than one surgery and the rationale for why surgery is needed. Your APA citation, both in text and in the references looks great!	
3	References: Feedback:		/ 10

4	Revital Vision (2021) stated that one primary cause of positive dysphotopsias after cataract surgery is retinal detachment, a serious condition where the retina at the back of the eye pulls away from its nourishing layer, causing symptoms like seeing flashing lights in the corner of the eye. Another cause could be vitreous detachment, a common age-related issue where the vitreous humor separates from the retina, leading to a flashing arc of light in the eye. General treatment measures include the following: nil per os (NPO) status in anticipation of retinal surgery, in trauma cases, protection of the globe with a metallic eye shield, avoidance of any pressure on the globe, limitation of activity to a minimum until further evaluation, treatment of any unstable vital signs in preparation for possible emergency surgery and consideration of referral to a retina specialist. Specific techniques for treating retinal detachments include the following: scleral buckling, pars plana vitrectomy, pneumatic retinopexy and retinal detachment repair is usually done on an outpatient basis (Pandya, 2024). Your eye doctor may put drops in your eye to prevent infection and keep the pupil from opening wide or closing. You will also use these drops at home. You may have to wear a patch or shield over the eye for a day or more. You may have some pain in your eye and your vision may be blurry for a few days after the surgery. Your eye may be swollen, red, or tender for several weeks. You will need 2 to 4 weeks to recover before returning to your normal activities (MyHealth.Alberta.ca Network., 2024). References: Pandya, H. (2024, July 12). *Retinal Detachment.* Medscape. https://emedicine.medscape.com/article/798501-overview Revital Vision. (2021, January 20). *Light Flashes After Cataract Surgery – Common Problem After Surgery.* https://www.revitalvision.com/light-flashes-after-cataract-surgery	You've done a solid job bringing in relevant clinical knowledge and showing that you understand the seriousness of retinal detachment. While the initial mention of positive dysphotopsias may have slightly shifted the focus away from Peter's most likely diagnosis, you included key treatment strategies and provided a clear overview of options like vitrectomy and scleral buckling. Your post-op information is practical and well-researched. It could have been centered a bit more directly around the patient's case, especially tailoring the treatment and education to Peter's age, pseudophakia, and clinical presentation.	8/ 10

	MyHealth.Alberta.ca Network. (2024). *Surgery for Retinal Detachment: What to Expect at Home.* https://myhealth.alberta.ca/Health/aftercareinformation/pages/conditions Feedback: This question is straightforward and clear. It is easy to understand and at the same time it triggered my critical thinking and active learning. The visual representation also helped me understand the case more.		
5	References: Feedback:		/ 10
6	Acute otitis media (AOM) is the most common infectious disease encountered by children under the age of two years and the most common cause of antibiotic use in children in the United States. AOM causes irritability, sleeplessness, decreased appetite, imbalance, and dizziness in patients, especially young children. Various etiologies have been associated with AOM, such as the biology of the middle ear cleft, differences in anatomical structures between individuals, nasopharynx cell biology, and variations in the immune response to microbial invasions. Viral pathogens, bacterial pathogens, and genetics have all been associated with AOM; however, bacterial pathogens are believed to be the main causative agents of AOM. The pathophysiology of AOM is simply due to inflammation in the eustachian tube (ET), which prevents fluid drainage from the middle ear cavity, and this fluid retention eventually turns into purulent effusion, which is characteristic of AOM. The middle ear cavity is normally a sterile site. The presence of viral or bacterial	Great thorough response. You answered all 4 questions and provided details to each. School nursing is different from a clinical setting. We don't have access to many tools. In this case using an otoscope would be needed. Pain management with OTC can't be given unless signed off by a provider. If the student is not feverish and staying at school, we can help with things like a	10/ 10

	pathogens, and that, alongside allergic reactions, is usually the initiation factor for ET inflammation that will eventually develop into a sequela of AOM. Treatment of recurrent AOM is divided into two categories: medical and surgical. Medical therapy is mainly attributed to the use of topical antiseptics and topical and oral antibiotics, and surgical treatment is mainly performed by inserting a tympanostomy tube into the middle ear cavity (Jamal et al., 2022). Otitis media is diagnosed clinically via objective findings on physical exam (otoscopy) combined with the patient's history and presenting signs and symptoms. Several diagnostic tools are available such as a pneumatic otoscope, tympanometry, and acoustic reflectometry, to aid in the diagnosis of otitis media. Pneumatic otoscopy is the most reliable and has a higher sensitivity and specificity as compared to plain otoscopy, though tympanometry and other modalities can facilitate diagnosis if pneumatic otoscopy is unavailable (Danishyar & Ashurst, 2023). I would specifically assess the child for ear pain which is the classic sign of AOM, assess the ear of redness, edema, swelling and discharge. I would offer some as needed pain meds like Tylenol or Ibuprofen based on the child's recommended dosing and offer some non-pharmacologic pain management. I would definitely contact the parents and refer them to the nearest Urgent Care or ED if US is not available. I would also advise for the parents to see their primary care physician as soon as possible. References: Danishyar A, Ashurst JV. Acute Otitis Media. [Updated 2023 Apr 15]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK470332/# Jamal, A., Alsabea, A., Tarakmeh, M., & Safar, A. (2022). Etiology, Diagnosis, Complications, and Management of Acute Otitis Media in Children. Cureus, 14(8), e28019. https://doi.org/10.7759/cureus.28019 Feedback:	warm compress to relieve some pain. Also great recommendation of going to urgent care for confirmation of nursing assessment, especially if symptoms don't resolve on there own. In this case (photo) no infection is indicated only the effusion and its most likely to resolve on its own.	

	This question is straightforward and clear. It is easy to understand and at the same time it triggered my critical thinking and active learning. The visual representation also helped me understand the case more. I like how it's also multi-faceted and helped me think the next, priority steps I need to make in this scenario.		
7	References: Feedback:		/ 10
8	Answer: b. Cerumen impaction – inspect ear canal with an otoscope and perform irrigation Cerumen impaction can occlude the external auditory canal or press against the tympanic membrane, potentially causing ear fullness, conductive hearing loss, itching, and pain. Although excessive accumulation of cerumen is typically asymptomatic, patients should be treated if they present with hearing loss, ear fullness, pruritus, dizziness, tinnitus, or otalgia. The inability to examine an ear by otoscopy, particularly an ear with other symptomatology, such as hearing loss, tinnitus, pain, or vertigo, due to cerumen impaction, indicates cerumen removal. Irrigation is a method to safely and effectively remove unwanted cerumen, provided the tympanic membrane can be visualized first. Commonly, warm water alone or a 50/50 mix of water and hydrogen peroxide is placed into a syringe and discharged into the ear canal with a basin underneath (Sevy et al., 2023). In the case given, Lisa has a complex medical history hence, as stated by Sevy et al. (2023) it is crucial to ensure symptoms of other conditions are not falsely attributed to the cerumen in patients treated for cerumen impaction. The list of common presenting complaints of cerumen impaction is long and somewhat	I wish I could give you 15/10! Excellent job answering this question, you absolutely knocked it out of the park. You clearly spent time thinking through all the possibilities, and the rationale you provided was more than thorough. Thank you for taking the time to provide feedback!	10 / 10

	nonspecific, including symptoms with many different causes, such as otalgia, tinnitus, dizziness, hearing loss, aural fullness, ear itching, and foreign-body sensation. Once the cerumen impaction is removed, it is important to rule out comorbid conditions, such as Eustachian tube dysfunction, otitis media, otosclerosis, sensorineural hearing loss, temporomandibular joint syndrome, and upper respiratory tract infections, etc, via further examination and testing if symptoms persist. Circling back to the case, Lisa presented symptoms of dizziness, tinnitus (ringing of ears) and hearing loss which are clinical presentations of cerumen impaction. Option A could be a potential answer because dizziness is a clinical manifestation of orthostatic hypotension. Mayo Clinic (2022) reported that orthostatic hypotension — also called postural hypotension — is a form of low blood pressure that happens when standing after sitting or lying down. Orthostatic hypotension can cause dizziness or lightheadedness and possibly fainting. However, Lisa symptoms was just limited to dizziness to consider option A. Also, Lisa still felt dizzy while at the UC. In addition, Lisa is hypertensive and is on Losartan with a BP of 145/90 mmHg. Lisa's levothyroxine of 125 mcg QAM is a usual adult dose. Therefore, option C is not the correct answer. According to Drugs.com (2024), the usual initial geriatric dose for Hypothyroidism initial dose is12.5 to 25 mcg orally once a day with a maximum dose of 200 to 300 mcg/day. Potential drug interactions and medication side effects includes omeprazole + levothyroxine and duloxetine + bupropion. Omeprazole decreases levels of Levothyroxine by reducing stomach acidity and this interaction may occur when both drugs are taken by mouth. Interaction is unlikely, minor, or nonsignificant. Duloxetine increases toxicity of Bupropion by unspecified interaction mechanism. Potential for serious interaction; regular monitoring by your doctor required or alternate medication may be needed. (WebMD, 2025). Bupropion is a medication primarily used in the treatment of major depressive disorder. It is an aminoketone that is classified as a norepinephrine-dopamine reuptake inhibitor. In overdose, this medication can lead to cardiovascular and central nervous system toxicity, resulting in dysthymias and seizures (Alberter et al., 2022). Lisa's symptoms are not specific to Bupropion toxicity; hence, option D is incorrect.		

	References: Alberter AA, Chambers AJ, Wills BK. Bupropion Toxicity. [Updated 2022 Dec 12]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK580478/ Drugs.com. (2024, February 06). *Levothyroxine Dosage*. https://www.drugs.com/dosage/levothyroxine.html Mayo Clinic. (2022, May 26). *Orthostatic hypotension (postural hypotension).* https://www.mayoclinic.org/diseases-conditions/orthostatic-hypotension/symptoms-causes/syc-20352548 Sevy, J. O., Hohman, M. H., & Singh, A. (2023). Cerumen Impaction Removal. In *StatPearls*. StatPearls Publishing. WebMD. (2025). *Drugs Interaction Checker*. https://www.webmd.com/interaction-checker/default.htm Feedback: This question is straightforward and clear. It is easy to understand and at the same time it triggered my critical thinking and active learning. The visual representation also helped me understand the case more. I also like how it made me rationalize other options too and made me state the reasons why they are not the correct answrs.		
9	References:		/ 10

	Feedback:		
10	Nevus is a benign collection of pigment-producing cells (melanocytes) in the epidermis, dermis, or both. Melanoma is the most important differential diagnosis when examining melanocytic nevi. Asymmetry, border irregularity, color variegation, diameter >6 mm, and evolution or change in a pigmented lesion (ABCDEs) may signify concern for malignancy. Diagnosis is usually clinical, although dermatoscopy and/or biopsy can be utilized to further examine the lesion in cases where there may be uncertainty as to the diagnosis or a concern for malignancy. (BMJ Best Practice, 2025). A severe childhood burn is strongly associated with an increased risk of melanoma, while more incremental occupational exposure does not confer an increased risk. These findings support the hypothesis that melanoma risk is affected primarily by intermittent intense sun exposure that paralyzes normal immune surveillance and destroys abnormal melanocytes. Sunburn in adolescence damages lifelong immune surveillance and disturbs normal apoptosis of neoplastic cells. Genetic susceptibility also may help account for melanoma in shaded areas. As many as 1 in 10 cases of melanoma may be linked to inherited faulty genes (Bodman & Al Abound, 2023). References: BMJ Best Practice. (2025). *Nevi.* https://bestpractice.bmj.com/topics/en-us/854#:~:text=Melanoma Bodman MA, Al Aboud AM. Melanocytic Nevi. [Updated 2023 Jul 17]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK470451/ Feedback: This question is straightforward and clear. It is easy to understand and at the same time it triggered my critical thinking and active learning.	Your answer demonstrated a thorough knowledge of nevi and the ABCDE assessment route to identify whether nevi may exhibit characteristics of melanoma. I also like that you mentioned how a biopsy is needed to examine lesions further and determine a diagnosis. While you answered those central parts of the question, you could have elaborated more about atypical/dysplastic moles. While dysplastic moles and melanoma are similar, some of the differences are that dysplastic moles are benign, generally smaller than melanoma, and have colors mainly consisting of brown, pink, and tam, compared to melanoma, which can have multiple color variations ranging from brown, black, pink, grey, red, blue, and white. Other than this, you provided a clear and straightforward answer. Thanks!	8/ 10
11			/ 10

	References: Feedback:		
12	There are many rheumatic diseases presenting with skin manifestations. This could be the first presenting feature of a systemic rheumatic disease. In addition, some of these skin manifestations could be an indication of an active disease or a sign of a serious medical emergency. Macular rash present only after sun exposure may appear on the face, arms, or hands and persist for more than 1 day (Habibullah et al., 2021). The likely diagnosis based on the symptoms presented is Systemic Lupus Erythematosus (Lupus). The three most common symptoms of lupus are joint pains, skin rashes, which may become noticeable after being out in the sun and extreme tiredness, known as fatigue (Versus Arthritis, 2025) .According to the National Institute of Arthritis and Musculoskeletal and Skin Diseases. (n.d), taking samples of blood for laboratory tests can help diagnose the condition and these tests includes the following: ○ Antinuclear antibodies (ANA), a sensitive test for lupus. Almost all people with lupus with have a positive ANA. However, having a positive ANA does not mean you have lupus since totally healthy people can have a positive ANA. ○ Antiphospholipid antibodies, anti-smith, and anti-double-strand DNA antibodies, which doctors order when you have a positive ANA and can help determine if you have lupus.	Great job with your answer, you really went above and beyond! The diagnosis was, in fact, systemic lupus erythematosus. You listed at least three applicable labs and some additional diagnostic work that would help diagnose and understand the current prognosis. I appreciate your feedback.	10/ 10

	○ Complete blood counts, to check for low platelet counts, low red blood cell counts, and low white blood cell levels, which can happen if you have lupus. ○ Metabolic panel to look for changes in kidney function. ● Taking urine samples to check for abnormal levels of protein in the urine. ● Performing a biopsy of the skin or kidney (when labs indicate there may be a problem with the kidney) by taking a small sample of tissue to examine under a microscope. References: Habibullah T, Habibullah A, Simsim R. Skin Manifestations of Rheumatological Diseases. 2021 Jan 6. In: Almoallim H, Cheikh M, editors. Skills in Rheumatology [Internet]. Singapore: Springer; 2021. Chapter 15. Available from: https://www.ncbi.nlm.nih.gov/books/NBK585749/doi: 10.1007/978-981-15-8323-0_15 National Institute of Arthritis and Musculoskeletal and Skin Diseases. (n.d.). Systemic Lupus Erythematosus (Lupus): Diagnosis, Treatment, and Steps to Take.https://www.niams.nih.gov/health-topics/lupus/diagnosis-treatment-and-steps-to-take Versus Arthritis. (2025). *Lupus (SLE).* https://versusarthritis.org/about-arthritis/conditions/lupus-sle/ Feedback: This question is straightforward and clear. It is easy to understand and at the same time it triggered my critical thinking and active learning. The visual representation also helped me understand the case more.		
13			/ 10

	References: Feedback:		
14	The likely diagnosis for this patient is longitudinal melanonychia. Melanonychias represent brown to black discolorations of the nail plate. Longitudinal melanonychia is the most common form of presentation, whereas transversal and total melanonychia are rarely encountered. Two main mechanisms are involved in the development of melanonychia: hypermelanosis or melanocytic activation and melanocytic hyperplasia (Gradinaru et al., 2020). In addition, the authors stated that the most important differential diagnosis for subungual melanoma is nail hematoma, one of the commonest causes of brown-black pigmentation of the nail plate. On dermoscopic examination, a red-violet-brown globular pattern is seen along the nail plate, as well as a homogeneous pigmentation of the nail, which vanishes in the periphery. There are no longitudinal lines as those that characterize true melanonychia. Longitudinal melanonychia can happen when there is an overproduction of melanin or an increase in melanocytes. These increases in melanin or melanocytes can be caused by harmless growths to injuries, infections, or cancer (Huang, 2023). References: Gradinaru, T. C., Mihai, M., Beiu, C., Tebeica, T., & Giurcaneanu, C. (2020). Melanonychia - Clues for a Correct Diagnosis. *Cureus*, *12*(1), e6621. https://doi.org/10.7759/cureus.6621	Great job on your response. You clearly explained what longitudinal melanonychia is and described its causes and features well. I also appreciate your use of references to support your points. One suggestion would be to emphasize the importance of ruling out subungual melanoma early, especially in cases like this where the pigmentation is persistent and there's no clear history of trauma. Since subungual melanoma can be life-threatening, it's essential to keep it high on the differential list.	9/ 10

	Huang, S. (2023, September 01). *Longitudinal Melanonychia: Brown Line on Nails.* VeryWellHealth. https://www.verywellhealth.com/what-is-longitudinal-melanonychia-1069479 Feedback: This question is straightforward and clear. It is easy to understand and at the same time it triggered my critical thinking and active learning. The visual representation also helped me understand the case more.		
15	References: Feedback:		/ 10
16	Reed-Sternberg cells are the hallmark tumor cells of Hodgkin lymphoma. Hodgkin lymphoma characteristically presents with Hodgkin and Reed-Sternberg cells. When the cells are mononucleated, they are called Hodgkin cells; when multinucleated, they are called Reed-Sternberg cells. The classic Reed-Sternberg cell is a large cell that can be >50 μm in diameter. This cell is binucleated with prominent eosinophilic nuclei surrounded by abundant cytoplasm. Considering RS-like cells and their presence in tissue samples is crucial, as this may present a diagnostic conundrum. RS-like cells have been described in cases of follicular lymphoma and have been shown to be clonally related to the lymphoma population. (Aggarwal & Limaiem, 2025). A staging system is a way for the cancer care team to sum up the extent of a cancer's spread. The staging system used for Hodgkin lymphoma is the Lugano classification, which is based on the older Ann Arbor system. It has 4 stages, labeled I, II, III, and IV (American Cancer Society, Inc., 2025).	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)	10 / 10

	According to the American Cancer Society, Inc. (2025) Stage III of the Lugano classification is either of the following means that the HL is found in lymph node areas on both sides of (above and below) the diaphragm (III) or HL is in lymph nodes above the diaphragm and in the spleen. There's no current evidence or manifestation that the HL has spread widely into at least one organ outside of the lymph system, such as the liver, bone marrow, or lungs as seen in Stage IV, hence, I would stage Nigel's lymphoma as Stage III. References: Aggarwal P, Limaiem F. Reed-Sternberg Cells. [Updated 2025 Feb 24]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK542333/ American Cancer Society, Inc. (2025). *Hodgkin Lymphoma Stages.* https://www.cancer.org/cancer/types/hodgkin-lymphoma/detection-diagnosis-staging/staging.html Feedback: This question is straightforward and clear. It is easy to understand and at the same time it triggered my critical thinking and active learning.	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) Great answer, full points! The Lugano classification is also commonly used to stage HL as well as other types of lymphomas.	
17	References: Feedback:		/ 10

18	1. Describe how to properly examine the thyroid gland from behind. According to the University of Washington Department of Medicine (n.d.), the patient is examined in the seated or standing position and the steps as follows for the posterior approach on palpation of the thyroid gland: 1. Standing behind the patient, attempt to locate the thyroid isthmus by palpating between the cricoid cartilage and the suprasternal notch. 2. Move your hands laterally to try to feel under the sternocleidomstoids for the fullness of the thyroid. 3. Have the patient swallow a sip of water as you palpate, feeling for the upward movement of the thyroid gland. 2. What is the most likely diagnosis for this patient? Based on the presenting symptoms and laboratory results, patient more likely have hyperthyroidism. Hyperthyroidism happens when the thyroid gland makes too much thyroid hormone. This condition also is called overactive thyroid. Hyperthyroidism speeds up the body's metabolism. That can cause many symptoms, such as weight loss, hand tremors, and rapid or irregular heartbeat (Mayo Clinic, 2025). 3. What medications are expected to be prescribed for this patient's diagnosis (answer to question #1)? Please list at least one medication and rationale for giving this certain medication. There are several treatments available for hyperthyroidism. Treatment may include: Anti-thyroid medicine. These medications slowly ease symptoms of hyperthyroidism by preventing the thyroid gland from making too many hormones. Anti-thyroid medications include methimazole and propylthiouracil. Symptoms usually begin to improve within several weeks to months (Mayo Clinic, 2025).	Question 1: You correctly identified patient positioning, examiner and hand placement, swallowing instruction and mention of upward movement, but you did not mention the palpation technique of both lobes separately which also includes tracheal displacement -3/4 pts Question 2: Hyperthyroidism is technically correct, but I was looking for a more specific diagnosis given the symptoms like exophthalmos which is Graves' disease-2.5/3 pts Question 3: You correctly identified a potential medication to be prescribed with a good explanation of the mechanism and rationale for prescribing said medication-3/3 pts Thank you for the feedback!	8.5/ 10

	References: University of Washington Department of Medicine. (n.d.). *Techniques: Thryroid exam*. https://depts.washington.edu/physdx/thyroid/tech.html Mayo Clinic. (2025). *Hyperthyroidism (overactive thyroid).* https://www.mayoclinic.org/diseases-conditions/hyperthyroidism/symptoms-causes/syc-20373659 Feedback: This question is multi-faceted and definitely addressed my active learning and critical thinking regarding the topic presented. It covered three aspects of physical assessment, pathophysiology and pharmacology. One minor typo error would be question 3. This question should refer to question #2 instead of question #1.		
19	References: Feedback:		/ 10
20	All options are important and necessary but I would choose option **B. Notify the provider about the persistent abdominal pain and recurrent UTIs** as my first priority. Mr. Jefferson's known significant history of metastatic melanoma, with known lymph node involvement and complaints of abdominal pain that has lasted for about 3 months now and recurrent UTIs warrants an immediate attention and consultation. These symptoms could signify that the metastatic melanoma has spread to the gastrointestinal tract or urinary bladder.	You did a great job answering the question. You got the order of the answers right as well. I like that you included that symptoms could show that the metastatic melanoma has spread to the gastrointestinal	10 / 10

	Second next of priority would be symptoms management, and that would be option **C. Administer anti-nausea medication as prescribed**. Next priority of action would be **D. Encourage fluid intake to prevent further urinary tract infections.** Once the anti-emetic med has been given, I would most likely P.O. trial the patient to make sure he is able to tolerate anything P.O. while he is in our Urgent Care. If appropriate, I would also request for an I.V. fluid for this patient to replenish fluid volume deficit. Last action would be patient and health education and that would be option **A. Educate the patient about dietary changes to reduce nausea and improve appetite.** I would also make sure that is included in the patients after visit summary and as well referral to the patient's primary care physician. I utilized the nursing process and prioritizing patient care in answering this scenario-based question. Marymount University (2022) stated that the ability of nurses to prioritize patient care is paramount because it largely determines success or failure in delivering quality health care. The consequences of poor nursing prioritization can be severe, but experienced nurses know the rewards of making wise determinations of how to order their time, actions and attention throughout any given day. References: Marymount University. (2022, September 30). *The ABCs of Nursing Prioritization*. https://online.marymount.edu/blog/abcs-nursing-prioritization Feedback: I like how this question also included prioritization, patient education and health teachings. It's well elaborated and constructed. This scenario helped me facilitate my active learning and critical thinking.	tract/urinary bladder. In my original response I said that this could lead to the progression of cancer, however I feel that you worded it better. Also, a great point that you included in your response about making sure that the patient is able to tolerate anything by mouth. You really used your nursing process and prioritizing patient care. I liked the reference you included in the response. Thanks for your feedback.	