BNURS506 Quiz Answering

Term: Spring 2025
Module 1: Cranial Nerves & Mental Health
Name: Student J

#:	Your Answer	Feedback from Grader	Score
1	1. The cranial nerve that is most commonly linked to Bell's palsy is cranial nerve VII (facial). To assess this cranial nerve, I would assess facial symmetry by asking the patient to smile, furrow their brow, purse their lips and puff out their cheeks. Bell's palsy presents with asymmetry of the face. I would also assess how a patient blinks, as on the affected side they may not be able to blink well. 2. Though Bell's palsy diagnosis comes after excluding a lot of other conditions, a potential trigger for this onset of Bell's palsy in the patient could be to a new diagnosis of diabetes as she had an elevated blood glucose level. 3. Prednisone was prescribed to this patient as its anti-inflammatory effects have proven to be successful in what is believed to be a primary cause of Bell's palsy, neural edema. Valacyclovir is also prescribed to this patient as there is also thought to be involvement of the herpes simplex virus being activated in Bell's palsy. References: Guntinas-Lichius, O. & Schaitkin, B.M. (2016). *Facial nerve disorders and diseases: Diagnosis and management.* Thieme. https://doi.org/10.1055/b-004-140247 Feedback: Thorough, great question overall. I am a little perplexed with the second part of the question, because in a lot of the literature I read it noted that the diagnosis of Bell's palsy usually happens in the absence of all other diagnoses. Other than that, appreciate the full assessment of knowledge here.	You've done a great job in this assignment and clearly understood the scenario and questions. Your answers captured the needed assessments as well as the physiology and pharmacology in this scenario-based questions. One area of improvement could be citing the answers in APA-style in-text citation but overall, you did a fantastic job! Kudos! Thank you for your feedback as well to this question.	10 / 10

7	For suspicion of subdural hematoma, diagnostic imaging by way of a CT scan would be paramount upon the patient's arrival to the emergency department. References: Ball, J. E., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical examination: An interprofessional approach* (9th ed.). Elsevier. Feedback: This question has a good set up and background, however, I think it could go a little deeper and ask some more questions. Perhaps more about a nurse's role in the assessment of a patient with a subdural hematoma? What could they expect to see when the patient arrives, and what signs to look out for if the patient worsens?	I felt like this answer could have been further developed. Although the question was very simple as nurses we can use labs to provide better assessments. I appreciate the feedback.	8/ 10
8	With the negative findings on assessment and gradual worsening of one-sided facial droop, as well as with the presence of a diagnosis of diabetes and a rash near the eye, this is likely a case of Bell's palsy, affecting cranial nerve VII (facial), so a code stroke was not appropriate. Pertinent history in this case is his diabetes as patients with diabetes are more likely to have a diagnosis of Bell's palsy than those without diabetes (Guntinas-Lichius & Schaitkin, 2016). Additionally, the facial rash could be a herpes zoster outbreak, which is a potential cause of Bell's palsy (Ball et al., 2019). References: Ball, J. E., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical examination: An interprofessional approach* (9th ed.). Elsevier. Guntinas-Lichius, O. & Schaitkin, B.M. (2016). *Facial nerve disorders and diseases: Diagnosis and management.* Thieme. https://doi.org/10.1055/b-004-140247 Feedback:	Thank you for this answer! You had almost everything I was looking for, except how you would differentiate a Bell's Palsy facial droop from a stroke, and that is that Bell's Palsy typically involves the forehead and stroke doesn't. Peripheral damage to the nerve seen in Bell's Palsy would affect the side of the face including the forward, versus a central lesion that branches down only to the lower face.	9/ 10

	I like how this was in the setting of a potential code stroke but was cancelled. This was a good way to assess knowledge.		
10	During parotid gland surgery, the trigeminal nerve (cranial nerve V) is at risk for damage. To assess this cranial nerve, I would test for pain superficially and touch near the cheeks where the patient is experiencing the “zaps” of pain. I would also inspect the face for muscle weakness, which would be shown with her right eye not wanting to fully close. For the post operative care of this patient, it is important to keep her eye hydrated with drops while the weakness resolves. Education to the patient in that they may have some sensory impairment near the side of the face that is involved and to avoid any potential pain triggers. References: Ball, J. E., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel’s guide to physical examination: An interprofessional approach* (9th ed.). Elsevier. Feedback: This question came from a really interesting case for trigeminal neuralgia and I liked how it focused at the end on how to care for the patient post-operatively.	While the trigeminal nerve is involved in sensory issues, the facial nerve (CN VII) is typically the primary nerve at risk in parotidectomy due to its anatomical proximity to the gland. While the trigeminal nerve can be indirectly affected, the facial nerve is most often the one that is directly damaged during this surgery, especially in total parotidectomies. For cranial nerve VII, assess for facial asymmetry by asking the patient to raise their eyebrows, close their eyes tightly, smile, and puff out their cheeks to check for weakness or paralysis.	8.5/ 10
14	With this patient, I am concerned for serotonin syndrome because of the symptoms listed of mood swings, difficulty sleeping, inability to concentrate, restlessness and decreased appetite all being hallmarks of serotonin syndrome. Additional assessment information I would elicit from the patient would be a history of all medications they are taking and and what doses and if anything has changed recently. A thorough history of the symptoms they are experiencing including for how long and how severe would also be key. Additionally, a suicide risk assessment may be necessary in case this was an intentional overdose of the Celexa. References:	Great job outlining the risk of serotonin syndrome and pointing out the need for assessing for suicidality due to serotonin syndrome potentially being caused by an intentional Celexa overdose. Another potential cause of the symptoms could be SSRI-triggered mania, given the patient’s symptoms and age. This is something that should be assessed for if serotonin syndrome is ruled out, given the risk of a significant increase in mania symptoms if the patient has	9.5 / 10

	Saathoff, A. (2022). Serotonin syndrome: Unmasking the symptoms. *Nursing Made Incredibly Easy!*, *20*(6), 20–27. https://doi.org/10.1097/01.NME.0000853772.24358.53 Feedback: I appreciate the thoroughness of this question and the deep dive into what other assessment pieces may be necessary to get from the patient to have a better picture of how to treat them and keep them safe.	underlying bipolar disorder and continues taking the SSRI.	
15	For this particular patient, signs and symptoms of serotonin syndrome that I would be looking out for would be mental status changes such as hyperactivity, agitation, anxiety, disorientation and/or delirium. I would also look for tremors, muscle rigidity, elevated BP, tachycardia, tachypnea, diaphoresis, shivering, vomiting, diarrhea and/or hyperthermia. For patient education, I would advise the patient to let their care provider know immediately if they experience any of the above signs and symptoms and seek medical attention. References: Saathoff, A. (2022). Serotonin syndrome: Unmasking the symptoms. Nursing Made Incredibly Easy!, 20(6), 20–27. https://doi.org/10.1097/01.NME.0000853772.24358.53 Feedback: Another great question, I like how this one focused on education to the patient.	Good job listing out the symptoms associated with serotonin syndrome. To further add to this answer, it would be important to educate the patient on how serotonin syndrome occurs, such as with changes in medication regimen, starting serotonergic-based medications, and an increase in dosages. Serotonin syndrome in its milder stages can also present with symptoms that often go unnoticed or can be easily attributed to other medical conditions, such as nausea, increased anxiety, and diarrhea, therefore, patients should be aware that serotonin syndrome is a risk factor when taking serotonergic based medications and to not necessarily overlook their symptoms.	8.5 / 10
16	Key signs that Anna is exhibiting that point to PTSD and burnout include emotional exhaustion, difficulty sleeping, anxiety, emotional detachment, nightmares, flashbacks, tachycardia, increased muscle tension and shallow breathing. To assess Anna in these areas, a thorough history is needed, taking the time to discuss her feelings and experiences surrounding these hard topics. For her care plan, it would be imperative to link her with a therapist that can work with her on stress reduction in a supportive environment.	Great job identifying the correct symptoms and emphasizing therapeutic engagement. It would have been helpful to differentiate PTSD vs burnout a bit more. Special tools, measurements, or	8/ 10

	References: van Dam, A. (2021). A clinical perspective on burnout: Diagnosis, classification, and treatment of clinical burnout. *European Journal of Work and Organizational Psychology*, *30*(5), 732–741. https://doi.org/10.1080/1359432X.2021.1948400 Feedback: This one hits close to home! For the question at the end, clarification on what you mean by the care plan would be good; do you mean in utilizing nursing diagnoses or what her treatment should be and what to look out for?	documentation would have provided more explanation of your assessment.	
17	For this patient, it will be really important to build a rapport with him. This can be attempted by seeking connection with the patient, avoiding being judgmental about his condition and what he is experiencing. Validating his feelings through the conversation, asking what he's feeling and what could help him feel better. Lead the interaction with listening rather than speaking the whole time. Appropriate body language is important too, so maintaining appropriate eye contact, angled toward the patient and not crossing arms will show that I am interested in what he has to say. With the patient feeling vulnerable and in a heightened emotional state, it will be important to ensure there are adequate boundaries and that I am remaining professional in all of my interactions with him. I should be cautious of sudden movements and be wary of his potential to be violent. References: Ball, J. E., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical examination: An interprofessional approach* (9th ed.). Elsevier. Feedback: This was a great question in that it focused on the "soft skills" of interviewing and responding to a situation, as well as getting me to think about what I should be cautious of in a situation like this.	This is a great response; you cover important measures to be mindful of with your approach to a patient like this. Using measures like this will help you build a therapeutic relationship with your patient and, ideally, get more information to contribute to your assessment and build a clearer image of your patient as a whole. You also correctly identify what is important to be cautious of as this patient is in a heightened emotional state. Boundaries are crucial to ensure your patient doesn't take time away from your other patients and also to be sure you're not digging too deep into any sensitive subjects such as their alcoholism. Also, it would be important to be cautious of engaging	9/ 10

		in sensitive subject matter such as the patient's alcoholism.	
18	B: The tremor in his forearm, protruding tongue and drooling are all extrapyramidal side effects of Haldol. These are adverse side effects, so notifying the MD will be important, as well be advocating for a medication change. References: Edmunds, M. & Mayhew, M. (2013). Extrapyramidal symptoms. *Pharmacology for the Primary Care Provider* (4th ed.). Elsevier Health Sciences. https://www-r2library-com.offcampus.lib.washington.edu/Resource/Title/0323087906/ch0049s2192 Feedback: The content is good but I would avoid a multiple choice as it doesn't really allow much room for growth in learning.	Awesome! Haloperidol is a first generation antipsychotic and carries a higher risk for EPS, especially in the elderly population. My intent for this question was to ask the user to critically assess the symptoms of the patient and determine the next course of action. The nurse would expect the doctor to discontinue haloperidol and order a second generation antipsychotic like olanzapine. Great job! Thank you for your feedback! In the future, I plan to ask for learners rationale or add a short answer question alongside the multiple choice question.	10 / 10
20	The healthcare team would need to assess cranial nerve IX (glossopharyngeal) further to investigate this patient's facial weakness. The assessment and potential findings of this patient's cranial nerve IX could very well be distressing to the patient as he is experiencing some negative changes in his life that are affecting his quality of life. This could be a sensitive topic or be something that makes him rather sad. In continuing to care for the patient, being empathetic, listening and validating his feelings will be crucial in building rapport and coming up with a path forward to minimize risk. References:		/ 10

	Ball, J. E., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical examination: An interprofessional approach* (9th ed.). Elsevier. Feedback: I like how this one tied in cranial nerves and mental health, as what patients experience with their health doesn't exist in a vacuum; everything is interconnected.		