

BNURS506 Quiz Answering

Term: Spring 2025

Module 1: Cranial Nerves & Mental Health

Name: Student C

#:	Your Answer	Feedback from Grader	Score
1	Bell's Palsy involves CN VII, which is responsible for the muscles of facial expression (among others). To test the function of CN VII, you'll be testing for facial symmetry by having the patient close eyes tightly and open, smiling, raising eyebrows and puffing cheeks. A common etiology of Bells Palsy is herpes virus, which would be an indicator for the valacyclovir and steroids would be indication to decrease the inflammatory response, particularly through the narrow canal of the labrynthine segment causing narrowing where the nerve passes. The patient had a recent history of viral illness. Also, has inflammatory markers in her labs and as a smoker, has increased inflammation. References: National Center for Biotechnology Information. (2019). <i>The immune system</i>. In <i>NCBI Bookshelf</i>. U.S. National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK482290/ Feedback: This is a GREAT, well rounded question, touching on all aspects of the diagnosis, from differential diagnoses, to medication administration. I appreciated the multifaceted approach.	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! I am specifically impressed by how you used the synopsis like mentioning about the inflammatory markers in her labs and her being a smoker to support your answer and rationale. Thank you for your feedback as well to this question.	10/ 10

2	Testing CN 3-7 includes the following: 3: oculomotor tests, pupillary exam; 4: follow a moving target through all quadrants; 5: test corneal reflex and the jaws ability to clench and open; 6: also assesses eye movement by following object laterally; 7: testing for facial symmetry by having the patient close eyes tightly and open, smiling, raising eyebrows and puffing cheeks. Potential deficits could include nystagmus, pupillary changes, or facial drooping. Complications could arise from the space occupying lesion causing increased ICP including mental status changes, requiring several emergency interventions including intubation, and administration of either mannitol or hypertonic saline – or perhaps an emergent neurosurgical procedure to decrease cerebral pressure. References: Slota, M.C. (2006). <i>Core curriculum for pediatric critical care nursing</i>. Saunders. Feedback: I appreciated that your question addressed both the cranial nerves and how the situation could progress into an emergency and what interventions would be required, so that the student could see a situation involving the brain is never static, nor predictable!	Very succinct exam explanation and the deficits you noted are the most likely neuro changes we would see for Sally. You mention mental status changes as well which is great! Patients with high ICP are often associated with pupillary changes, but those are typically the last sign that something is wrong. She would likely become very somnolent, or conversely very agitated and confused (everyone is different). Mannitol or hypertonic saline are correct, but they are temporizing measures. The emergent neurosurgery procedure you mention is the best intervention for Sally because it fixes the primary problem. You could also consider a ventriculostomy for this patient, because she likely has a poor prognosis and that would buy time for some goals of care conversations. I like that you include intubation - she could absolutely lose her airway if the situation is not treated quickly. Nice job!	10 / 10
3	References:		/ 10

	Feedback:		
4	References: Feedback:		/ 10
5	References: Feedback:		/ 10
6			/ 10

	References: Feedback:		
7	Initial lab values to check when intracranial hemorrhage is suspected is a complete CBC and coags to assess for thrombocytopenia or coagulopathies. Blood products could be administered to correct abnormalities, though perhaps may not be the first step taken in the treatment plan. References: Tenny, S., Das, J. M., & Thorell, W. (2024, February 17). Intracranial hemorrhage. In <i>StatPearls</i> [Internet]. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK470242/ Feedback: This is a good question. It is pertinent to my work and could be expanded on even further if assessing management of a brain bleed. I wonder how you could also include assessment of cranial nerve function in the question?	I like how you took the question asked and also included other labs to also better assess this type of injury. I appreciate your feedback to further expand on the function of cranial nerves	10/ 10
8	The patient is likely to be diagnosed with Bell's Palsy, which is an inflammation of the 7th cranial nerve. Cranial nerve 7 is responsible for the motor movement of the face and its inflammation would lead to dysfunction, causing the drooping/paralysis. The history of rash and diabetes could help lead to this differential diagnosis due to the potential	You got that it was Bell's Palsy from inflammation of CN VII! I would have liked to have seen discussion of its difference from stroke in that the lower face is typically only affected in stroke due to central upper neuron involvement, but in Bell's Palsy the forehead is involved. Also would have liked	8.5/ 10

	history of rash/viral illness and the fact that diabetes and high blood sugar can increase the risk of Bell's Palsy. References: National Center for Biotechnology Information. (2019). <i>The immune system</i>. In <i>NCBI Bookshelf</i>. U.S. National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK482290/ Feedback: This is a cool question! I liked how your question was posed in a way that would require critical thinking on the part of the nurse: it looks like a stroke, we called a code, hmmm....what else is going on here?? It was a clever way to ask a question around cranial nerves.	to have seen that Bell's Palsy comes on gradually compared to sudden stroke onset.	
9	Trigeminal neuralgia affect cranial nerve V (the trigeminal nerve) which is responsible for sensory innervation of the face, nose and mouth. Testing the cranial nerve includes assessing the innervation of the face through sensation and through assessment of corneal reflexes. References: Slota, M.C. (2006). <i>Core curriculum for pediatric critical care nursing</i>. Saunders. Feedback: You did a good job describing the classic symptoms of TN. Since you called out MS, the question could have been made even more complex by asking if the two are related at all.	Correct identification of the trigeminal nerve (cranial nerve V) for trigeminal neuralgia. For the assessment skills, I was looking specifically for what a nurse could do for the assessment. So for assessing the innervation of the face, that could look like asking the patient to clench their jaw and assessing for pain, or if talking and chewing affects their pain. Moreover, gentle touching around the mouth, cheek and nose areas to elicit a pain response are in line with presentation of trigeminal neuralgia and would give you more information to come to this conclusion.	8 / 10
10			/ 10

	References: Feedback:		
11	References: Feedback:		/ 10
12	References: Feedback:		/ 10
13			/ 10

	References: Feedback:		
14	References: Feedback:		/ 10
15	Serotonin syndrome is caused by excess serotonin in the CNS. Symptoms include altered mental status and autonomic dysfunction (causing increased BP and HR). Hyperexcitability would present as dilated pupils, muscle rigidity, clonus, hyperreflexia, etc. Patient may notice insomnia, agitation or confusion. Patients monitoring symptoms at home should assess for worsening of symptoms or for high fever, seizure activity, heartbeat irregularity or changes in mental status which could indicate the need for emergency care.	Thank you for your feedback! Your answer is concise and includes the key symptoms associated with serotonin syndrome, along with how it is caused. In the answer, you could also include that serotonin syndrome can manifest rapidly, occur due to medication changes, an increase in dosage, as highlighted in the question, and with the use of multiple serotonergic-based medications. One other feature to	8.5 / 10

	References: Simon, L. V., Torrico, T. J., & Keenaghan, M. (2024, March 2). Serotonin syndrome. In <i>StatPearls</i> [Internet]. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK482377/ Feedback: This is a really interesting question. It causes a nurse/nursing student to think about the potential interactions of all prescribed medications. Everyone has a role to play in monitoring for drug interactions!	highlight during patient education is that the symptoms of serotonin syndrome can manifest and look like other medical issues, such as nausea, daily general anxiety, diarrhea, etc., and therefore, patients should understand and be aware that serotonin syndrome can go unnoticed, especially in its mild stages.	
16	References: Feedback:		/ 10
17	To foster a therapeutic relationship with the patient I would first lead with compassion, showing respect for the very difficult journey the patient is on to detox from alcohol. I would attempt to build rapport and to state that while benzos are important to treat the potential emergent outcomes of withdrawal, they are only a piece of the puzzle. I would try to determine if we had missed some sort of social need for the patient that could be attended to, or a comfort measure like a favorite food, music a warm shower, etc. Treating the patient like a human being going through something very difficult could go a long way – rather than just seeing an addict needing meds to ease the way through the detox.	These are all wonderful examples of measures that can be taken to build a therapeutic relationship with the patient and hopefully learn so much more about the experience they are going through and what they are feeling. You truly make some great points about treating the patient like a human being, which in essence is the whole purpose	9/ 10

	I would want to be cautious of delirium, hallucinations, potential seizure activity (though hopefully low risk due to the benzo dosing). Reorienting the patient to self, place, time, and situation may be a helpful tool when combatting delirium. References: Canver, B. R., Newman, R. K., & Gomez, A. E. (2024, February 14). Alcohol withdrawal syndrome. In <i>StatPearls</i> [Internet]. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK441882/ Feedback: I appreciated that your question tackled both medical management as well as the need to dig deeper into the care of the patient when building a therapeutic relationship.	of this question. These are all great things to be cautious of in a patient like this. Additionally, I would also be cautious when talking about their alcoholism, because while pertinent to the situation and assessment, it may be a sensitive topic that would require a nurse to tread lightly.	
18	B – the patient is experiencing extrapyramidal symptoms (including the tremors, parkinsonian like movements, tongue protrusion). The medication should be discontinued, an anticholinergic given to treat the symptoms and a new medication prescribed. References: D'Souza, R. S., Aslam, S. P., & Hooten, W. M. (2025, January 19). Extrapyramidal side effects. In <i>StatPearls</i> [Internet]. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK534115/ Feedback: I liked the use of multiple choice here, and the way Parkinson's was given as an option, which could throw people off!	It's great that you mentioned that although the patient demonstrated Parkinsonian symptoms, the most likely cause of his symptoms is EPS related to being given a haloperidol. 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!	10 / 10

19	Ben is suffering from posterior fossa syndrome which is a common occurrence after a posterior fossa tumor resection. Cranial nerves IV-XII can be affected as the area of resection is near the brain stem. As the presentation for Ben is dysphagia, mutism and nystagmus I would assess CN IV and VI both involve movement of the eye and involvement could show nystagmus. Assess the gaze in 6 fields of vision with a penlight. Dysphagia would indicate involvement of CN IX or XII, which can be assessed by asking the child to say "ahh" (IX) or stick out their tongue (XII). References: Slota, M.C. (2006). <i>Core curriculum for pediatric critical care nursing</i>. Saunders. Feedback: I asked a similar question! I liked the way that you structured yours, really diving into which CN cause which symptom.	Nice work correctly identifying the underlying condition of posterior fossa syndrome and which cranial nerves are typically involved. I appreciate that you reasoned which nerves would be affected based on the anticipated location of the tumor. I had suggested the Occulomotor (III) would also be involved based on the symptoms, but since that exits the brainstem closer to the mid-brain I can see how you would leave that out. I would have liked to have seen more detail in what physical assessments you would perform to evaluate the function of the nerves involved. You do not mention what you are looking for when you are asking the patient to stick out their tongue and say "Ahh" - which is symmetric raise in the soft palate.	9 / 10
20	C) The team could assess cranial nerve VII by asking the patient to raise eyebrows, close eyes tightly, show their teeth, puff out cheeks. If CN VII were involved, it could affect social interactions and the patient's self esteem as the cancer treatment would have outward symptoms related to how he looked as well as affecting his ability to enjoy social situation such as eating out and enjoying meals with friends and family. References: Slota, M.C. (2006). <i>Core curriculum for pediatric critical care nursing</i>. Saunders. Feedback:		/ 10

	Great job incorporating mental health AND cranial nerves together in one question. One of the only ones to do that!		
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