BNURS506 Quiz Answering

Term: Spring 2025
Module 5: Digestive & Reproductive
Name: Student S

#:	Your Answer	Feedback from Grader	Score
1	References: Feedback:		/ 10
2	**1. Identify 3 things you can do to promote an environment of inclusivity, respect, and dignity for Kiry during this visit. (6 points)** Creating an atmosphere that fosters inclusivity, respect, and dignity for Kiry involves several essential measures. An essential step is to consistently address Kiry by their preferred name and pronouns, "Kiry" and "they/them," which not only affirms their identity but also shows respect. Recognizing and validating Kiry's feelings of anxiety plays a vital role in establishing a secure environment where they feel comfortable expressing their concerns. Additionally, upholding respectful non-verbal cues, guaranteeing confidentiality throughout interactions, and providing access to a supportive individual all play a part in nurturing an environment that is both inclusive and supportive.	Thank you for your answer and feedback. 1. Three specific measures identified 6 points 2. Correct 2 points 3. Correct 2 points	10 / 10

	2. During the exam, the provider notes white, thick, cottage cheese-like discharge and vulvar erythema. What diagnosis do you anticipate based on these symptoms? (2 points) Based on the white, thick, cottage cheese-like discharge and vulvar erythema, the most likely diagnosis is vulvovaginal candidiasis (VVC), commonly known as a yeast infection. **3. The provider prescribes miconazole due to its low expense and availability over the counter. The provider instructs Kiry on how to apply the cream. While the provider is talking, you see Kiry grimace and struggle with tears. Regarding medication, what could you discuss with Kiry regarding their options? (2 points)** Given Kiry's non-binary identity, I would also address any potential concerns about topical application and offer alternative methods if appropriate. I would address their grimace and tears with empathy. I might say something like, "I noticed you seemed uncomfortable when the provider was discussing the miconazole. Is there something about the medication or application that is concerning you?" While miconazole is a common and affordable option, I would explain that alternative antifungal treatments are available, such as oral fluconazole (if appropriate) or other topical azoles, which, according to Satora et al. (2023), are first-line treatments for uncomplicated VVC. A thorough discussion of the pros and cons of each option, including effectiveness, potential side effects, treatment duration, and cost, would be essential. Finally, if Kiry continue with significant concerns or discomfort, I would consider a referral to a specialist experienced in providing gender-affirming care. References:		

	Satora, M., Grunwald, A., Zaremba, B., Frankowska, K., Żak, K., Tarkowski, R., Kułak, K. (2023). Treatment of vulvovaginal candidiasis—An overview of guidelines and the latest treatment methods. *Journal of Clinical Medicine*, *12*(16), 5376. https://doi.org/10.3390/jcm12165376 Feedback: This is a great question! I particularly appreciate how the scenario incorporates a non-binary patient, leading us to consider inclusive and respectful care practices. The way you integrated the patient's identity into the clinical situation just made your question even more valuable.		
3	References: Feedback:		/ 10
4	**1. What is the most likely diagnosis? Why? (hint: include risk factors and symptoms)** The most likely diagnosis is **endometriosis**. **Why:** The combination of chronic pelvic pain, dysmenorrhea (painful periods), pain radiating to the lower back, dyspareunia (painful intercourse), and infertility is highly suggestive of endometriosis (Giudice et al., 2023).	1. Great job identifying that Quinn's likely diagnosis is endometriosis. I tended for the learner to provide the "why" by using Quinn's specific symptoms and risk factors to support their diagnosis. But you still hit all the main points, so great job! (3/3 pts)	10 / 10

	Risk Factors: While being female and of reproductive age are primary risk factors, a family history of endometriosis is also significant (though we don't know Quinn's family history) (Giudice et al., 2023). **Symptoms:** Her reported pain level (8/10 during menstruation) and the impact on daily activities align with the debilitating pain often associated with endometriosis (Giudice et al., 2023). The worsening pain over the past two years is also characteristic of the progressive nature of the disease. **2. What is one of the diagnostic approaches that would help support suspicion or confirm the diagnosis? (State one method and a sentence on what it looks for)** **Laparoscopy with Biopsy:** This surgical procedure involves inserting a small camera through an incision in the abdomen to visualize the pelvic organs and identify endometrial implants. A biopsy of any suspicious lesions can then be taken and examined under a microscope to confirm the presence of endometrial tissue outside the uterus, which is required to confirm the diagnosis of endometriosis (Giudice et al., 2023). **3. What two pieces of education could you provide the patient regarding management? (Answers can include pharmacological interventions, surgical interventions, or supportive resources. Give 1-2 sentences on when and why each intervention is used)** **Personalized Medical Management (Hormonal Therapies and Pain Management):** Explain that endometriosis management is increasingly focused on a personalized approach. While hormonal therapies like oral contraceptives or GnRH agonists can be used to suppress ovarian function and reduce pain, the best approach depends on her individual symptoms, desire for future fertility, and tolerance of side effects. It's important to discuss options for managing pain, including NSAIDs, physical therapy, and potentially neuromodulators, tailoring the strategy to her specific needs and pain patterns. This more personalized approach may help reduce the impact of the condition on sexual and reproductive health (Giudice et al., 2023).	2. Yes, laparoscopy with biopsy is the way to definitively diagnose endometriosis because the lesions can be looked at to see if it's endometrial tissue. Other diagnostics include MRI or transvaginal ultrasounds. (3/3 pts) 3. Great job identifying that NSAIDs + hormone contraceptives are mostly for symptom management by addressing pain and preventing access growth of endometrial tissue. Surgical excision, lysis, or ablation is more focused on improving fertility. Awesome! (3/3 pts) +1 pt for citation Thank you for your feedback! My intention for most of my questions is geared towards patient education.	

	Surgical Options and Fertility Preservation: Discuss that surgical intervention, such as laparoscopic excision of endometrial lesions, may be considered, particularly if medical management is ineffective or if she is actively trying to conceive. While surgery can improve pain and fertility outcomes, it's crucial to have a thorough discussion about the potential risks, benefits, and limitations of surgery, including the possibility of recurrence. If fertility is a concern, it's important to discuss fertility preservation options before surgery (Giudice et al., 2023). References: Giudice, L. C., Oskotsky, T. T., Falako, S., Opoku-Anane, J., & Sirota, M. (2023). Endometriosis in the era of precision medicine and impact on sexual and reproductive health across the lifespan and in diverse populations. *FASEB Journal*, *37*(9), e23130. **https://doi.org/10.1096/fj.202300907** Feedback: I appreciate the clear scenario and the direct questions. Endometriosis is common, and I really like how this scenario highlights the patient's perspective, especially the pain and impact on fertility. Your questions encourage us to think about patient education and support, which are essential in managing this chronic condition.		
5	References: Feedback:		/ 10

6	**1. What is TPE, and why is it a curative option? (2-3 sentences is sufficient)** Total pelvic exenteration (TPE) is a surgical procedure that involves the radical resection of the rectum, bladder, and reproductive organs. It can be a curative option for carefully selected patients with pelvic malignancies when the cancer is localized, resectable, and when other treatments have failed (Yang et al., 2015). **2. What organs/anatomical body parts are involved in this surgery (name at least 5)?** The surgery involves the resection of the: ● Rectum ● Bladder ● Reproductive organs (uterus, ovaries, etc.) ● Ureters ● Anus (in some cases, depending on the need for anus preservation) **3. What are some postoperative and patient care considerations involved with this surgery? Hint: Please consider topics such as mental health, drains/ostomies, infection, etcetera. Name and briefly discuss at least 3 considerations.** **Drains/Ostomies:** Postoperatively, patients often require management of drains and ostomies (Yang et al., 2015). The stomas should be monitored to ensure they are flowing well, and patients need education on how to manage and care for their stomas (Yang et al., 2015). **Infection:** Infections, especially urinary tract infections (UTIs), are a common complication after TPE (Yang et al., 2015). Close monitoring for signs of infection and prompt treatment with antibiotics are essential.	Amazing job answering this question! I liked how you demonstrated knowledge of each component and utilized in-text citations to support your answers. I'm happy you learned something new as well!	10/ 10

	Mental Health: TPE is a radical surgery that can significantly impact a patient's quality of life (Yang et al., 2015). Providing psychological support and counseling is important to help patients cope with the physical and emotional challenges associated with the surgery and its aftermath. References: Yang, K., Cai, L., Yao, L., Zhang, Z., Zhang, C., Wang, X., Tang, J., Li, X., He, Z., & Zhou, L. (2015). Laparoscopic total pelvic exenteration for pelvic malignancies: The technique and short-time outcome of 11 cases. *World Journal of Surgical Oncology, 13*(301). https://doi.org/10.1186/s12957-015-0715-2 Feedback: Your question is appropriate and on point. It is nice to learn something new in my area (oncology). I thought your question to be pertinent with the topic. Excellent and informative scenario!		
7	References: Feedback:		/ 10
8	**Given his symptoms and risk factors, could this be an indication of acute pancreatitis? What labs and assessments are necessary to confirm that the client has pancreatitis?**	You did a great job with your answers and citations. Good job pointing out his shunt. I took of 0.5 points for the last question since there weren't any	9.5 / 10

	Given the 14-year-old client with cerebral palsy and a right-sided shunt, the persistent vomiting, abdominal discomfort (indicated by crying and hand-swinging), and lack of bowel movement warrant a high suspicion for acute pancreatitis. While the client's cerebral palsy and shunt aren't direct causes, the focus should be on the potential etiologies of pancreatitis in children (Suzuki et al., 2014). In this specific case, several risk factors are present: certain medications (metoclopramide and erythromycin have rare associations with pancreatitis), and the client's severe malnourishment managed with continuous 24-hour GJ-tube feeds. It is crucial to note that "malnutrition [and] high-calorie infusion" (parenteral or enteral) can, paradoxically, contribute to acute pancreatitis (Suzuki et al., 2014). The presence of an anatomical abnormality cannot be excluded, either. To confirm a diagnosis of acute pancreatitis, laboratory investigations are critical, including measuring serum amylase and lipase. Also, electrolytes, liver function and kidney function and triglyceride and calcium levels can help rule out other conditions. In addition, imaging studies such as ultrasound or CT scan can be used to assess pancreatic morphology and identify any extra pancreatic lesions (Suzuki et al., 2014). References: Suzuki, M., Sai, J. K., & Shimizu, T. (2014). Acute pancreatitis in children and adolescents. *World Journal of Gastrointestinal Pathophysiology, 5*(4), 416-426. https://doi.org/10.4291/wjgp.v5.i4.416 Feedback: This is a really strong question! It's directly relevant to the scenario and integrates knowledge of the client's history, medications, and symptoms to explore the possibility of acute pancreatitis. I particularly liked the way you formulated your question.	physical assessments included. I was looking for any kind of physical assessment. For example, monitor client's bowel sounds, any tenderness in his abdomen, monitor his vomiting, urine output, bowel activity, his skin turgor for hydration and monitor for any pain. Overall, great work!	

9	References: Feedback:		/ 10
10	**1. What is this patient's most likely diagnosis? Please include rationale by using this patient's clinical presentation. 3 points** Based on the patient's presentation of upper abdominal pain (worse at night), nausea, bloating, early satiety, and a positive urea breath test, the most likely diagnosis is Peptic Ulcer Disease (PUD), specifically a duodenal ulcer related to *Helicobacter pylori (H. pylori)* infection (Chey et al., 2017). **2. Considering the positive urea breath test, what treatment regimen would you expect to be prescribed for this patient? Please include specific medications used in the chosen treatment regimen. (Hint: expected answer is a type of eradication therapy) 3 points** The expected treatment regimen would be *H. pylori* eradication therapy, such as Triple Therapy, consisting of a Proton Pump Inhibitor (PPI) like Omeprazole or Pantoprazole, Amoxicillin (or Metronidazole if penicillin allergic), and Clarithromycin, all taken twice daily for 10-14 days (Chey et al., 2017).	Thank you for the feedback, I tried to touch on all the important aspects of this condition. I appreciate your encouraging words! #1 Correct diagnosis of peptic ulcer disease, rationalized by patient's signs and symptoms: 3/3 points #2 Any of the following options to eradicate *H.pylori* w/specific medications: Optimized bismuth quadruple therapy, low-dose rifabutin triple therapy, triple therapy, vonoprazan dual therapy, or vonoprazan triple therapy: 3/3 points #3 Follow-up after a month, but not more than 2 months; ideally this should	10/ 10

	3. The patient asks when she should schedule a follow-up appointment. What should you tell her? 3 points I would tell her that she should schedule a follow-up appointment at least 4 weeks after completing the eradication therapy to repeat the urea breath test or stool antigen test to confirm successful eradication (Chey et al., 2017). References and in-text citations: 1 point References: Chey, W. D., Leontiadis, G. I., Howden, C. W., & Moss, S. F. (2017). ACG Clinical Guideline: Treatment of Helicobacter pylori Infection. *The American Journal of Gastroenterology*, *112*(2), 212–239. **https://doi.org/10.1038/ajg.2016.563** Feedback: This is a solid, real-world question that does a good job of checking nurse's skills in putting together patient info, understanding test results, and knowing how to handle diagnosis, treatment, and follow-up in a typical doctor's office. The situation feels like something you'd actually see, it covers all the important steps in taking care of the patient, and it's clear about what kind of answer is expected. Great Job!	be stated in a way that the patient will understand:3/ 3 points References and in-text citations: 1 point	
11	References:		/ 10

	Feedback:		
12	**What is Barbies diagnosis and name the planned surgical procedure for this patient?** **Bonus* what is the significance of early detection of polyps for Barbie?** **Diagnosis:** Colon polyps. The colonoscopy revealed the presence of small polyps in the colon, confirming this diagnosis. While "intermittent lower abdominal pain, mild cramping, and bloating" are non-specific, the colonoscopy findings are definitive. **Planned Surgical Procedure:** Polypectomy. This is the surgical removal of polyps, as stated in the scenario. **Bonus:** **Significance of Early Detection:** Early detection and removal of colon polyps are crucial for Barbie because many colon cancers develop from pre-existing polyps (Dornblaser, Young, & Shaukat, 2024). Removing polyps early can prevent her from transforming into cancerous lesions, significantly reducing her risk of developing colon cancer in the future (Dornblaser, Young, & Shaukat, 2024). Additionally, some polyps, while not cancerous, can cause symptoms like bleeding or abdominal discomfort, so removal can improve her overall well-being. Given the family history of colon polyps, early detection is especially important for Barbie, aligning with current recommendations for individuals with increased risk (Dornblaser, Young, & Shaukat, 2024). References: Dornblaser, D., Young, S., & Shaukat, A. (2024). Colon polyps: updates in classification and management. *Current Opinion in Gastroenterology, 40*(1), 14-20. https://doi.org/10.1097/MOG.0000000000000988	Spot on! You were able to identify the diagnosis, procedure name and also answer the bonus question with detail. Great work, and thanks for the feedback.	10/ 10

	Feedback: Great job with this question! You connected the patient's story to the right diagnosis and procedure, and that bonus question really nailed why catching those polyps early is so important. It shows you've got a good handle on how to think about preventing colon cancer.		
13			/ 10
14	**1. What do you suspect that Heather is suffering from? (2 pts)** Small bowel obstruction (SBO) remains the most likely diagnosis, supported by her symptoms (cramping abdominal pain, nausea, vomiting, bloating, inability to pass gas) and the CT scan findings. **2. Beyond the CT scan, what additional assessments might you as the nurse perform to confirm your suspicion? Name 2 assessments and what assessment findings you would expect to find with Heather's diagnosis. (2 pts)** Abdominal Auscultation: Expected Findings: Expect high-pitched, tinkling sounds early on as the bowel tries to overcome the obstruction. Later, with prolonged obstruction, sounds may diminish or become absent. Physical Examination: Expected Findings: Physical examination should seek abdominal wall hernias and evaluate nutritional status and signs of dehydration (Amara et al., 2021). **3. What is included in typical treatment of this condition? List general management for non-surgical and surgical options. (6 pts)** Management of small bowel obstruction can be approached both non-surgically and surgically. Non-surgical management, as detailed by Amara et al. (2021), centers on initial steps such as fasting (NPO), fluid	1. Correct! (2/2) 2. Good job at describing auscultation findings. For physical examination, these are not necessarily wrong perse, however would include looking for abdominal distension (commonly seen with SBOs and Heather feeling "bloated") as well as palpation for rebound tenderness/guarding. (½) 3. Great description of nonsurgical management, even with identifying the gastrogafin study! I was looking primarily for IVF, NPO and NG tube for decompression. (3/3) 4. Great job of describing surgical management and progression through the different surgeries and why each one could be considered (3/3). Thank you for your feedback! It wasn't my intention to give away the answer for the first part, but consider it a freebie for the last class 🙂	9 / 10

	and electrolyte replacement, and bowel decompression, typically using a nasogastric tube. The use of water-soluble contrast agents (WSCA), such as Gastrografin, is also emphasized as both a diagnostic and therapeutic tool, aiding in the determination of the completeness of the obstruction; the appearance of contrast in the colon within 4-24 hours is a positive sign of resolution. Throughout non-operative management, close monitoring for signs of peritonitis, strangulation, or ischemia is crucial to guide the need for surgical intervention. Surgery is indicated if there are signs of bowel compromise or if non-operative management proves unsuccessful. Surgical approaches often involve laparotomy, with procedures ranging from lysis of adhesions to bowel resection with anastomosis in cases of necrosis, and, in some instances, the creation of a stoma (Amara et al., 2021). The use of adhesion barriers may also be considered to reduce the risk of future obstructions (Amara et al., 2021). References: Amara, Y., Leppaniemi, A., Catena, F., Ansaloni, L., Sugrue, M., Fraga, G. P., Coccolini, F., Biffl, W. L., Peitzman, A. B., Kluger, Y., Sartelli, M., Moore, E. E., Di Saverio, S., Darwish, E., Endo, C., Van Goor, H. H., & Ten Broek, R. P. (2021). Diagnosis and management of small bowel obstruction in virgin abdomen: A WSES position paper. *World Journal of Emergency Surgery, 16*(36). https://doi.org/10.1186/s13017-021-00379-8 Feedback: I appreciate the clear and direct nature of your questions. I don't know if it was your intention but, starting with the answer to the first one did provide a helpful jumping-off point! Overall, these are thoughtful questions that		

	effectively cover the important aspects of SBO, showing a solid grasp of the topic.		
15	References: Feedback:		/ 10
16	**1. Which of the following is the most likely causing Mr. Jones' symptoms?** C) Small bowel perforation **2. After speaking with the provider, the nurse informed Mr. Jones that they need to start an IV to give him fluids and IV antibiotics and get him prepped for surgery. Mr. Jones says, "Surgery? Why do I need surgery? Also, I really don't like needles. Getting that blood drawn was all of the needles I can handle for today. I promise I'll drink as much water as you need me to and take whatever pills I have to, just please no more needles." How should the nurse respond to this?** Mr. Jones, I know surgery sounds scary, but the CT scan showed a likely hole in your bowel. The good news is, as we can see from recent studies, acting quickly is really important for a good outcome. Surgery will let the doctors fix the hole, clean up any infection, and prevent further problems. We need that IV to help fight infection and keep you stable. I understand you're nervous, so tell me what you're most worried about.	<u>Grading Criteria</u> 1.Multiple Choice: 2/2 2.Response to Pt: 4/4 3.Response to Wife: 3/3 4.APA Format: 0.5/1 <u>Rationale for Point Deduction</u>: 4. No in text citations Thank you for the feedback on the question format. When I was creating the question I wanted to mimic a true patient interaction as much as possible. When approaching grading, I created a much more in depth version of the rubric above that took into account how broad the questions were (for example the 4 points for answering Mr. Jones'	9.5/ 10

	3.At this point, Mr. Jones' wife arrives and convinces Mr. Jones to allow the nurse to get IV access. Mrs. Jones asks the nurse to explain to her what is going on with her husband, and the nurse does so after getting permission from Mr. Jones. After taking a few minutes to process what the nurse told her, Mrs. Jones asks, "What could have caused this, and how can we make sure it doesn't happen again?" How should the nurse respond, keeping in mind Mr. Jone's PMH/home medications? Thank you for coming, Mrs. Jones. As I was explaining to Mr. Jones, the CT scan shows that he has a bowel perforation, which means there's a hole in his intestine. A few things could have contributed to this. The severe constipation he's been experiencing is a major factor, and we need to address that long-term. The clozapine he takes for his schizophrenia can cause constipation as a side effect, and his diabetes could also contribute to slower bowel function. Once he's recovered from the surgery, we can discuss strategies to manage his constipation better. This might involve dietary changes like increasing fiber and water, stool softeners, or other medications. Staying well-hydrated is also important. We'll also need to talk to his psychiatrist about whether there are alternative medications for his schizophrenia that have fewer side effects on his bowels. Regular follow-up appointments with his primary care doctor and psychiatrist will be essential to managing his condition and preventing something like this from happening again References: Onken, F., Senne, M., Königsrainer, A., & Wichmann, D. (2022). Classification und Treatment Algorithm of Small Bowel Perforations Based on a Ten-Year Retrospective Analysis. *J Clin Med*, *11*(19), 5748. https://doi.org/10.3390/jcm11195748 Feedback:	questions were 1 point for using/referencing using patient appropriate language, 1 point for comforting Mr. Jones, 1 point for discussing why he needed a PIV, 0.5 for addressing his question about surgery, and 0.5 for educatig him on the rationale for surgery). I was then able to take the rubric and apply it to every question to keep things fair.	

	I found these subjective questions challenging. Because the questions don't specifically ask for particular elements, it opens the door to questioning the grading, since it's not clear what constitutes a "correct" answer. When you have open-ended questions like that, it can be hard to grade fairly. While the scenario itself is helpful for learning, having clearer grading criteria for the subjective questions would make the assessment more valid and less open to interpretation. Overall it was a great scenario, and the image helped to find the diagnostic. Good job!		
17	References: Feedback:		/ 10
18	**1. What complication of cirrhosis is Marco most likely experiencing, and what is the underlying pathophysiology?** Based on the information provided and the article "Evidence-based clinical practice guidelines for Liver Cirrhosis 2020" (Yoshiji et al., 2021), Marco is most likely experiencing hepatic encephalopathy (HE), a common complication of decompensated cirrhosis. HE develops due to the liver's reduced capacity to metabolize ammonia, a neurotoxic byproduct of protein metabolism, leading to its accumulation in the bloodstream and subsequent neurological impairment (Yoshiji et al., 2021).	Nice work identifying hepatic encephalopathy and explaining the basics of treatment. Your explanation of lactulose was accurate, and the note about protein reintroduction showed good awareness. It just could've used a little more detail and a closer link to the specific case features like the high-protein supplement, but overall nicely done!	9/ 10

	2) Identify one pharmacologic and one non-pharmacologic treatment priority for this condition. Briefly explain the rationale for each. A pharmacologic treatment priority is lactulose, a non-absorbable disaccharide that promotes ammonia excretion through its metabolism into acidic compounds in the colon (Yoshiji et al., 2021). A non-pharmacologic priority is initial dietary protein restriction to reduce ammonia production, while carefully monitoring and reintroducing protein as tolerated to prevent malnutrition, as supported by nutritional therapy guidelines for cirrhosis (Yoshiji et al., 2021). **References:** Yoshiji, H., Nagoshi, S., Akahane, T., Asaoka, Y., Ueno, Y., Ogawa, K., Kawaguchi, T., Kurosaki, M., Sakaida, I., Shimizu, M., Taniai, M., Terai, S., Nishikawa, H., Hiasa, Y., Hidaka, H., Miwa, H., Chayama, K., Enomoto, N., Shimosegawa, T., … Koike, K. (2021). Evidence-based clinical practice guidelines for Liver Cirrhosis 2020. *J Gastroenterol*, *56*(7), 593–619. https://doi.org/10.1007/s00535-021-01788-x **Feedback:** I appreciate the clear and focused scenario, as well as the direct and well-defined questions. Well done!		
19	References: Feedback:		/ 10

20	**1. What would you teach your orientee about Sarah's likely diagnosis and the rationale for necessary lab, medication and assessment interventions for Sarah?** Based on the scenario and the consensus statement on acetaminophen poisoning. Sarah is most likely experiencing severe acetaminophen toxicity, rapidly progressing to acute liver failure (ALF). The declining level of consciousness and bloody nasogastric aspirate suggest significant liver injury and potential coagulopathy. Teaching points for the orientee include the critical need for prompt intervention to prevent further liver damage and manage complications. (Dart et al., 2023). Necessary lab interventions include an acetaminophen concentration, complete metabolic panel (CMP), prothrombin time/international normalized ratio (PT/INR), arterial blood gas (ABG), complete blood count (CBC), and lactate level (Dart et al., 2023). These labs help determine the severity of poisoning, assess liver function, evaluate for metabolic acidosis, and monitor for bleeding or infection. Medication interventions will likely involve intravenous N-acetylcysteine (NAC), the antidote for acetaminophen poisoning, which should be initiated immediately, as it is most effective when given early in the course of the overdose, as well as administration of fluids and potentially vasopressors to support hemodynamics (Dart et al., 2023). Assessment interventions include frequent neurological checks to monitor for encephalopathy, as well as monitoring vital signs and fluid balance, as they are key interventions for determining liver function **2. primary functions of the liver will cause the most immediate risk to Sarah?** The primary liver functions posing the most immediate risk to Sarah are impaired coagulation and glucose regulation (Dart et al., 2023). Reduced synthesis of clotting factors due to hepatocellular damage will lead to coagulopathy and increased risk of bleeding, which is supported by the bloody NG aspirate. Impaired glucose regulation may result in	For full credit, answer should include diagnosis of **acute/fulminant liver failure (1 pts)**;interventions, including **necessary labs (liver enzymes, ammonia, coags) (2 pts - I am docking one point here for lack of mention of ammonia, particularly because that is the cause of the encephalopathy)**, medications to consider **(acetylcysteine) (2 pts)**, assessments (bleeding, LOC (2 pts) Liver functions that place Sarah at the highest risk at this point are **clotting factors and hepatic encephalopathy (2 pts)**. You didn't mention encephalopathy in part 2, which is what I was looking for but you did mention it in part one. **APA citation (1 pt).** Excellent answer! Thank you for the feedback. I'm glad you found the question straightforward as that's what I was going for. Great job!	9/ 10

	hypoglycemia or hyperglycemia, which can further compromise Sarah's neurological status (Dart et al., 2023). References: Dart, R. C., Mullins, M. E., Matoushek, T., Ruha, A.-M., Burns, M. M., Simone, K., Beuhler, M. C., Heard, K. J., Mazer-Amirshahi, M., Stork, C. M., Varney, S. M., Funk, A. R., Cantrell, L. F., Cole, J. B., Banner, W., Stolbach, A. I., Hendrickson, R. G., Lucyk, S. N., Rumack, B. H. (2023). Management of Acetaminophen Poisoning in the US and Canada: A Consensus Statement. JAMA Network Open, 6(8), e2327739. https://doi.org/10.1001/jamanetworkopen.2023.27739 Feedback: This is a great, real-world scenario! The questions are super clear and focused, which makes it easy to know exactly what you're looking for in the answers. Well done!		