BNURS506 Quiz Answering

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

#:	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: The first step I would take is to review Kiry's chart thoroughly to understand their medical history and any documented preferences, including name and pronouns. If these are not listed, I would respectfully ask Kiry how they would like to be addressed, ensuring I use the correct name and pronouns consistently. During the assessment, I would clearly explain each step of the process beforehand, avoid any physical contact without consent, and create a safe, affirming atmosphere. Additionally, I make it a priority to ask rather than assume—this approach supports autonomy and reduces the risk of causing harm or discomfort. 2. What diagnosis do you anticipate based on these symptoms? I suspect that the pt has a yeast infection based on symptoms and doctor findings. 3. Regarding medication options, I would discuss with Kiry the different available forms to address their concerns. Noticing their discomfort with using the OTC cream, I would inform them that there is also an oral pill option, which avoids the need for vaginal insertion. Additionally, I would ask if they have any other questions or need further clarification to ensure they feel comfortable and informed about their choices. References: Mayo Clinic. (2023). *Yeast infection (vaginal)*. https://www.mayoclinic.org/diseases-conditions/yeast-infection/symptoms-causes/syc-20378999	Thank you for your answer and feedback! Just a note - this patient was not identified as trans. Not all non-binary people are trans and this can be an important distinction, depending on the patient. 1. Three approaches to care identified - 6 points 2. Correct - 2 points 3. Correct - 2 points	10 / 10

	National LGBTQ+ Health Education Center. (February 17, 2016) Care for LGBT People: A Guide for Health Care Staff. Providing Inclusive Services and Care for LGBT People: A Guide for Health Care Staff » LGBTQIA+ Health Education Center Feedback: Great question! I appreciate how you incorporated additional aspects into a reproductive health discussion, especially considering the context of a trans patient. As a nurse working with a young population, I recognize the importance of continuously educating myself and improving my approach to become more inclusive and affirming of all individuals. This ongoing learning helps me provide better care and support for diverse patients.		
3	References: Feedback:		/ 10
4	1. The most likely diagnosis for Quinn is endometriosis. Endometriosis is characterized by chronic pelvic pain, painful menstruation, painful intercourse, infertility, and pain radiating to the back. I see 2 risk factors that point to endometriosis, her age and not being able to conceive. 2. The main diagnostic method to confirm endometriosis is a laparoscopy with biopsy, a surgical procedure where a camera is inserted into the pelvic cavity to visually inspect for endometrial lesions. 3. A Pharmacological Intervention that Quinn may benefit from is hormonal therapies, such as oral contraceptives**,** GnRH agonists, or progestins, in this combination it can help reduce or eliminate menstruation and slow the growth of endometrial tissue. In general a provider does this course of action prior to jumping to surgery. Surgical Intervention is needed if the medication is not working. At time laparoscopic excision or ablation of endometrial implants may be done in order to help increase odds of fertility. Other supportive resources including pain management and counseling. Endometriosis can be painful. Also, if women are trying to conceive and fail too, it can cause distress.	1. You correctly identified that Quinn likely has endometriosis. She does present with classic symptoms (dysmenorrhea, painful intercourse, and infertility). Endometriosis predominantly occurs in women 25-35 years old. Great job being concise! (3/3 pts) 2. Laparoscopy with biopsy is the only definitive way to diagnose endometriosis. Great! Some other diagnoses include transvaginal ultrasound, MRI, and presumption based on symptoms. (3/3 pts) 3. Awesome that you named several treatment options for endometriosis! NSAIDs + continuous hormonal contraceptives are usually	10 / 10

	References: Bulun, S. E. (2019). Endometriosis. *The New England Journal of Medicine, 380*(4), 345-352. https://doi.org/10.1056/NEJMra1810764 Dunselman, G. A. J., Vermeulen, N., Becker, C., Calhaz-Jorge, C., D'Hooghe, T., De Bie, B., ... & Nelen, W. (2014). ESHRE guideline: Management of women with endometriosis. *Human Reproduction, 29*(3), 400-412. https://doi.org/10.1093/humrep/det457 Moradi, M., Parker, M., Sneddon, A., Lopez, V., & Ellwood, D. (2014). Impact of endometriosis on women's lives: A qualitative study. *BMC Women's Health, 14*(1), 123. https://doi.org/10.1186/1472-6874-14-123 Feedback: Great question, I like how you added an option to add a non-pharm intervention. I worked in a women's clinic for many years and at time counseling was needed more over medication. Many women with this condition couldn't conceive and it was heartbreaking.	first-line treatments. Surgery is usually reserved for severe cases or when medication is not effective. Great job calling that out! (3/3 pts) +1 pt for citation Thank you for the feedback! It's so unfortunate that many women don't find out that they have endometriosis till they seek fertility assistance 😕. Support groups and mental health care is a great resource for them!	
5	References: Feedback:		/ 10
6	1. A TPE stands for a total pelvic exenteration. It is a surgical procedure that involves the removal of all pelvic organs, typically performed for locally advanced or recurrent pelvic cancers. It may be curative when the cancer is confined to the pelvis and can be completely resected with clear margins (National Cancer Institute, 2023). 2. The organs that are typically removed are the bladder, uterus, vagina, ovaries, rectum and lower colon. 3. Post surgery considerations should include: A. Ostomy care: Patients often require a colostomy and/or urostomy, education on stoma care and long-term lifestyle adjustments is very important for long term adjustment. B. Infection prevention: patients are at high risk for infection and need close monitoring and wound care. The surgery	Great job answering this question! Each of your components is correct and a good use of in-text citation. Thank you for your feedback as well! I was shocked when I first learned about TPEs and began caring for patients who had undergone this surgery. It's a highly complex and uncommon surgery, but I hoped it would be interesting to learn about for the class.	10/ 10

	involves multiple surgical sites, that can put more stain on the body. C. Mental health support: The physical changes and emotional impact of losing multiple organs, dealing with ostomies, and altered body image can be profound, necessitating psychological support and counseling (Basch et al., 2016.) References: American Cancer Society. (2023). *Pelvic exenteration*. https://www.cancer.org/cancer/cervical-cancer/treating/surgery.html Basch, E., Deal, A. M., Kris, M. G., Scher, H. I., Hudis, C. A., Sabbatini, P., ... & Schrag, D. (2016). Symptom monitoring with patient-reported outcomes during routine cancer treatment: A randomized controlled trial. *Journal of Clinical Oncology*, *34*(6), 557–565. https://doi.org/10.1200/JCO.2015.63.0830 Diver, E. J., Rauh-Hain, J. A., & Del Carmen, M. G. (2012). Total pelvic exenteration for gynecologic malignancies. *International journal of surgical oncology*, *2012*, 693535. https://doi.org/10.1155/2012/693535 Feedback: Wow, although I have worked in a women's clinic, I never head of this procedure. Most likely due to its complexity and need for referrals outside of our clinic. I got to learn a lot by researching this topic. Your question elicited a great learning opportunity.		
7	References: Feedback:		/ 10
8	1. Yes, the 14-year-old patient is at risk for pancreatitis based on his presenting symptoms and identified risk factors. 2. The nurse should be prepared to draw the following laboratory tests to assist in diagnosis and monitoring: serum amylase and lipase (to confirm pancreatic inflammation), complete blood count (to assess for infection or inflammation), comprehensive metabolic panel (to evaluate electrolyte imbalances and organ function), serum calcium and triglycerides (both can be contributing factors to pancreatitis), and C-reactive protein (as a marker of inflammation).	Great job answering all parts of the questions. Your answers were easy to read and understand. For the assessment part of the question, I was looking for more of physical assessments that a nurse would do, which is to monitor the client's bowel sounds, any tenderness in his abdomen, monitor his vomiting, urine	10 / 10

	3. Additional assessments should include imaging studies such as abdominal ultrasound, X-ray, or CT scan to evaluate the pancreas and surrounding structures. It is also important to verify the proper placement of the gastrostomy tube (G-tube) to ensure adequate nutrition and avoid complications. Throughout care, the nurse should closely monitor the patient's pain level and watch for any signs of worsening symptoms. References: National Institute of Diabetes and Digestive and Kidney Diseases. (2017). *Definition & facts for pancreatitis*. https://www.niddk.nih.gov/health-information/digestive-diseases/pancreatitis/definition-facts Pasch, M. J. (2019). Assessing pain in children with intellectual or developmental disabilities. *Pediatric Nursing, 45*(3), 128–132. Morinville, V. D., Husain, S. Z., Bai, H., Barth, B., Alhosh, R., Durie, P. R., & Lowe, M. E. (2012). Definitions of pediatric pancreatitis and survey of present clinical practices. *Journal of Pediatric Gastroenterology and Nutrition, 55*(3), 261–265. https://doi.org/10.1097/MPG.0b013e31824f1516 Feedback: Great question, I like how you constructed the scenario into multiple factors—neurological impairment, GI symptoms, medication use, and nutritional challenges.	output, bowel activity, his skin turgor for hydration. However, you included pain level and any worsening symptoms, which is something I was looking for. I should have been more specific with my question.	
9	References: Feedback:		/ 10
10	1. Most Likely Diagnosis: Peptic Ulcer Disease caused by Helicobacter pylori (Malfertheiner et al., 2017). 2. Expected Treatment if the urea breath test is positive, H. pylori eradication therapy included the following medication for 2 weeks (Chey et al., 2017). ● Proton Pump Inhibitor ● Clarithromycin	#1 Correct diagnosis, but missing rationale 2/ 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,	8/ 10

	● Amoxicillin 3. The follow up should be scheduled for 4 weeks after the 2-week triple therapy medication. At this time another urea breath test should be done, *c*onsider further evaluation if symptoms persist or worsen (Malfertheiner et al., 2017). References: Chey, W. D., Leontiadis, G. I., Howden, C. W., & Moss, S. F. (2017). ACG clinical guideline: Treatment of *Helicobacter pylori* infection. *American Journal of Gastroenterology, 112*(2), 212–239. https://doi.org/10.1038/ajg.2016.563 Malfertheiner, P., Megraud, F., O'Morain, C. A., Gisbert, J. P., Kuipers, E. J., Axon, A. T., ... & Sugano, K. (2017). Management of *Helicobacter pylori* infection—the Maastricht V/Florence consensus report. *Gut, 66*(1), 6–30. https://doi.org/10.1136/gutjnl-2016-312288 Feedback: Great question, I like how it is a realistic situation that I as a school nurse can encounter (and I have). The question elicited critical thinking ny anticipating next steps of care for follow up.	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 be stated in a way that the patient will understand:3/ 3 points References & in-text citations: 1/1 point Thank you for the feedback!	
11	References: Feedback:		/ 10
12	1. Barbie's diagnosis is colonic polyps/colorectal polyps, which are growths on the inner lining of the colon or rectum. The scheduled procedure that Barbie will need is a polypectomy, which is the removal of one or more polyps during a colonoscopy. 2. The early detection and removal of polyps is crucial because many colorectal cancers begin as benign polyps. Over time, some of these polyps—especially adenomatous polyps—can undergo dysplastic changes and progress to colorectal cancer (American Cancer Society, 2023). By removing them early, Barbie significantly reduces her risk of developing colorectal cancer in the future, particularly given her family history. Barbie should also be under carful watch and need colonoscopy intervals can be tailored to her risk profile, helping to catch any new polyps early, when they're easiest to treat (Lieberman et al., 2012).	Great job identifying the diagnosis and naming the correct procedure. You gave a well detailed answer for the bonus question so full points were given. Good work	10/ 10

	References: American Cancer Society. (2023). *What are colon and rectal polyps?* About Colorectal Cancer | American Cancer Society Lieberman, D. A., Rex, D. K., Winawer, S. J., Giardiello, F. M., Johnson, D. A., & Levin, T. R. (2012). Guidelines for colonoscopy surveillance after screening and polypectomy: A consensus update. *Gastroenterology, 143*(3), 844–857. https://doi.org/10.1053/j.gastro.2012.06.001 Feedback: Given that colon cancer is on the rise in the younger population this question challenges nurses to thing about assessments to rule out colon cancer and remind us that early detection is key.		
13	References: Feedback:		/ 10
14	1. I suspect that Heather is suffering from a small bowel obstruction. 2. One assessment and finding I would do is: abdominal auscultation- with this, I expect that it to have a high-pitched, tinkling bowel sounds or absent bowel sounds if condition has progressed to being acute. Another assessment I would conduct is visual inspection and palpation. In this case I might see the abdomen being distended and the palpation would cause pain, and heater could potentially have rebound tenderness. 3. There are several non surgical options to manage bowel obstruction. Stating with having the patient NPO and giving IV fluids. An NG tube can then be placed to help with abdominal distension. The patient should also be monitored for electrolyte balance. Lastly patient should be given education on how to prevent future bowel obstructions. References: Cadogan, M. (2019, October 21). *Abdominal CT – Small bowel obstruction*. Life in the Fast Lane. https://litfl.com/abdominal-ct-small-bowel-obstruction/	1. Correct (yes I realize I accidentally left in the answer, consider it a freebie 2 pts for the last class!) 2/2 2. Correct with auscultation and inspection and palpation. Additionally, percussion and lab work can be done. I would say that with auscultation, typically the bowel sounds are more hypoactive than absent, but they are indeed high pitched in nature. (2/2) 3. Non-surgical: Great identification of IVF for resuscitation of dehydration, NPO and NG tube for decompression (3/3). 4. Surgical: No discussion of surgical options. This would	7 / 10

	Cleveland Clinic. (2023). *Small bowel obstruction*. Bowel Obstruction: Signs & Symptoms, Causes, Treatment Feedback: Great question, I like how you asked about non surgical interventions. Surgical options should be used as a last resort. Not sure if it was intentional but for question # 1 it had the answer.	include an exploratory laparotomy for lysis of adhesions that could be causing the obstruction. It could progress to a bowel resection if bowel has become necrotic. (0/3).	
15	References: Feedback:		/ 10
16	1. I believe Mr. Jones is having C) Small bowel perforation. 2. My response to Mr. Jones after he expresses concerns of needing and IV and surgery would be: “Mr. Jones, I understand that you’re feeling overwhelmed and afraid of more needles. Right now, the doctors believe there’s a serious issue in your abdomen that could be life-threatening without treatment. The IV allows us to give fluids and antibiotics quickly, which help control the infection and prepare your body for surgery. I’ll do everything I can to make it as comfortable as possible, and we’ll go slowly together. I will be by your side this whole time, is there anyone I can call for you?” 3. My response to Mr. Jones wife would be: “your husbands condition appears to be due to a severe bowel obstruction that led to a perforation. One of the possible causes is a side effect of one of his medications, specifically clozapine, which can slow down bowel movement and cause severe constipation or even paralytic ileus. This is why he’s had worsening pain and no bowel movements. To help prevent this from happening again, the care team will likely work with his doctor to adjust his medications and create a bowel regimen to keep his digestive system moving regularly.” References: Cleveland Clinic. (2022). *Bowel perforation*. Gastrointestinal Perforation: Symptoms, Surgery, Causes & Treatment	Grading Criteria 1.Multiple Choice: 2/2 2.Response to Pt: 3.5/4 3.Response to Wife: 3/3 4.APA Format: 0.5/1 Rationale for Deducting Points: 2.Answer did not address that the patient has a hole in their intestine which needs to be treated vis surgery 4. No in-text citations These questions are pretty hard for me too. You did a great job though!	9/ 10

	MedlinePlus. (2023). *Intestinal obstruction*. U.S. National Library of Medicine. Bowel Obstruction | Intestinal Obstruction | MedlinePlus RxList. (2023). *Clozaril (clozapine) side effects*. https://www.rxlist.com/clozaril-side-effects-drug-center.htm Feedback: These questions are always so hard for me, so I really appreciate the practice. Knowing what to say to a patient and their family is so important. It can be the only correct information they can get and its important to be available for any of their concerns.		
17	References: Feedback:		/ 10
18	1. Marco is most likely experiencing hepatic encephalopathy, a neuropsychiatric complication of decompensated liver disease. 2. One non-pharm intervention is to temporarily restrict protein. This can help decrease ammonia production in acute HE episodes. Since this should only be considered temporally, the patient can consider also taking in different forms of protein such as from vegetables or dairy. A primary pharmacological treatment is the continued use of lactulose, which helps reduce ammonia levels by promoting its excretion and decreasing colonic bacterial production of ammonia. References: Mayo Clinic. (2023). *Hepatic encephalopathy*. Hepatic encephalopathy – Symptoms and causes – Mayo Clinic MedlinePlus. (2023). *Hepatic encephalopathy*. U.S. National Library of Medicine. https://medlineplus.gov/ency/article/000302.htm Feedback: Great question. I did find it complex, in regard to the medication management lol. I had to read and re-read reasons for continuing to give lactulose and I still don't get it. I will continue to look up to understand it better.	You correctly identified hepatic encephalopathy and suggesting lactulose and temporary protein restriction. The answer could have been a bit more in depth though, especially around the pathophysiology and why the high-protein intake might've triggered Marco's symptoms. But overall, nice job! -you got it -lactulose helps trap ammonia in the gut and facilitates its excretion, lowering serum levels	8/ 10

19	1. As the nurse, I suspect the patient is experiencing a gastrointestinal bleed. The presence of tarry black stools suggests melena, which is likely caused by his peptic ulcer. This condition may have worsened due to the anticoagulant medication, apixaban, that he is currently taking. 2. In the emergency department, I would prepare for the following interventions: establish IV access for fluid resuscitation and administration of intravenous proton pump inhibitors (PPIs), withhold further doses of apixaban until evaluated by the medical team, closely monitor vital signs for signs of hemodynamic instability, draw blood for laboratory tests and potential transfusion, and anticipate the need for an urgent endoscopy to identify and control the source of bleeding. 3. Patient education should focus on prevention and recognition: explain the importance of avoiding NSAIDs to prevent future peptic ulcers, teach the patient how to recognize signs of bleeding—specifically the appearance of black, tarry stools—and clarify how apixaban increases bleeding risk, emphasizing the need to report any new or worsening symptoms promptly. References: American College of Gastroenterology. (n.d.). *ACG clinical guideline: Management of patients with ulcer bleeding*. Official journal of the American College of Gastroenterology | ACG Mayo Clinic. (2023). *Gastrointestinal bleeding*. https://www.mayoclinic.org/diseases-conditions/gastrointestinal-bleeding/symptoms-causes/syc-20372729 Merck Manual Professional Version. (2023). *Upper gastrointestinal bleeding*. Overview of Gastrointestinal Bleeding - Gastrointestinal Disorders - Merck Manual Professional Edition Feedback: Great question. Having a case study where a patient comes in with a symptom that is a result of a condition that is exacerbated by a prescribed medication encouraged critical thinking. On my end I had to look up apixaban, I fell like nursing school only focuses on warfarin and heparin that common meds like apixaban are over looked.		/ 10

20	Sarah is experiencing acute liver failure due to excessive consumption of Tylenol. The education piece about lab should include a discussion about the urgent need for: Liver Function Tests, to determine liver damage. Coagulation test like INR/PT, to determine risk of bleeding. Test for Tylenol levers to gage how much was taken and how to proceed with treatment. Ammonia Levels should also be checked as they contribute to encephalopathy. For education about medication that could be orders, should include: N-acetylcysteine, a med used toa as an antidote to acetaminophen toxicity to prevent further liver damage. Lactulose to manage encephalopathy by reducing ammonia. Vitamin K and/or blood products can be used for clotting concerns. Hypertonic saline or mannitol in case of any increased intracranial pressure. Educating the student nurse that the greatest risk factor is that Sarah compromised her ability to clot properly and is at great risk for bleeding out. My statement to the new nurse would be somewhat like this “In Sarah’s case, acute liver failure from Tylenol ingestion is affecting her brain and clotting system most critically. That’s why we’re seeing altered mental status and bleeding. We need labs to assess liver damage, clotting, and ammonia levels. NAC is the antidote to stop further damage. Rapid recognition and intervention can save her life. As her nurse, you’ll need to monitor closely for bleeding, changes in mental status, and metabolic changes and hence needing to intervene quickly” References:	For full credit, answer should include diagnosis of **acute/fulminant liver failure (1 pts)**;interventions, including **necessary labs (liver enzymes, ammonia, coags) (2 pts)**, 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)**. Correct APA citation (1 pt - subtracting 0.5 for lack of in-text citations). Very succinct, clear answer about a complex topic. I was hoping the question would be straight forward enough for a fairly straightforward answer, which you provided. Thanks for your feedback and for answering the question!	9.5/ 10

	Bernal, W., & Wendon, J. (2013). Acute liver failure. *The New England Journal of Medicine*, 369(26), 2525–2534. https://doi.org/10.1056/NEJMra1208937 Lee, W. M. (2017). *Acetaminophen (APAP) hepatotoxicity—Isn't it time for APAP to go away?* Journal of Hepatology, 67(6), 1324–1331. https://doi.org/10.1016/j.jhep.2017.07.005 Polson, J., & Lee, W. M. (2005). AASLD position paper: The management of acute liver failure. *Hepatology*, 41(5), 1179–1197. https://doi.org/10.1002/hep.20703 Feedback: Great question. I appreciate the thoughtfulness of the question about educating other nurses, regardless if we are on the leadership or education track, both roles highly benefit from knowing how to teach.		