BNURS506 Quiz Answering

Term: Spring 2025
Module 2: HEENT, Integumentary, & Lymphatic
Name: Student P

#:	Your Answer	Feedback from Grader	Score
1	Background: Mucositis is a side effect of chemotherapy and radiation that causes painful lesions to form on the lining of the gastrointestinal tract. Mucositis can be subclassified depending on what part of the gastrointestinal tract is affected. Stomatitis is the subclassification of mucositis that refers to lesions, redness or swelling in the mouth and throat. Mucositis usually becomes evident in the second and third week of radiation therapy. Incidence and severity depend on the radiation treatment volume, frequency, and if it is being administered in combination with chemotherapy. Oral hygiene is paramount to prevention of mucositis. Opportunistic viral, bacterial or fungal infections may occur, especially because the patient is most at risk for mucuitis when the patient is neutropenic. These ulcers can be extremely painful and interrupt regular food and liquid intake. Changes in taste associated with Radiation therapy can also limit PO intake. Assessments: - PO intake - Fluid Balance - Pain - Mucosal integrity– looking for redness, swelling, lesions, open sores, bleeding gums		/ 10

	- Assess for dry mouth and difficulty swallowing or speaking (xerostomia) - Assess for aspiration risk - Assess for signs of dehydration – dry mucosa and decreased skin turgor, weight loss, negative fluid balance - References: Galloway, T., & Amdur, R. (2024). *Management and prevention of complications during initial treatment of head and neck cancer*. In UpToDate. Retrieved April 16, 2025, from https://www.uptodate.com/contents/management-and-prevention-of-complications-during-initial-treatment-of-head-and-neck-cancer Feedback: I found myself in a bit of a rabbit hole diving into the details of mucositis, and less about the appropriate assessments for mucositis and xerostomia The question itself is good, I think I would just suggest rewording to be less general at the start. There are so many HEENT assessments that could be done on a oncology patient. I think it is better to start with the specifics of your patient, and then ask for the assessments that are most relevant to their clinical situation. Ie. You are caring for an oncology patient undergoing radiation therapy to the head and neck region, what physical assessments should be monitored to identify potential complications such as mucositis, xerostomia, and impaired swallowing/nutrition? Maybe that is tomato tomato… but just a thought.		
2			/ 10

	References: Feedback:		
3	1. Confrontation Visual Field Test: “With the patient seated approximately 1 to 2 feet in front of the examiner, the examiner instructs the patient to cover their left eye with the left hand. The patient fixates their right eye to look straight ahead at the examiner’s left eye. This fixation of gaze is to be maintained by the patient and any movement of the eye away from the target should be corrected by the examiner. The examiner closes their right eye and says: “I will present a wiggling or moving finger on the edge of your vision and slowly bring it towards the center. As soon as you see movement, say ‘yes.’” The presentation of a wiggling finger slowly from the periphery to the center, repeated in each quadrant, will give a sense of the exact location and shape of the visual field.” (Leveque, 2025) 2. I believe this is a swollen optic disc, and papilledema which are signs of increased ICP 3. This patient would likely receive hypertonic saline and mannitol, which is something that occurs in the ICU at SCH (I am unsure about the adult world). In severe cases, a LP can be performed to alleviate pressure in the CNS. References:	Great description of the confrontation visual field test. I was also looking for a description of what could be considered an abnormal result, which would be the patient reporting seeing the nurse’s fingers well after the nurse sees them in comparison. Correct identification of papilledema! In severe cases, hypertonic saline and mannitol can be given when inpatient, however medications such as acetazolamide, a diuretic that works to decrease the production of cerebro-spinal fluid, as well as oral steroids are used to manage outpatient. Other diagnostics such as MRI/CT and lumbar puncture will help determine if the papilledema is due to intracranial hypertension/ICP, which in this case it was. Overall, good job and thank you for the feedback!	8.5 / 10

	Leveque, T. (2025). *Ophthalmologic examination in adults*. In D. M. Albert (Ed.), *UpToDate*. Wolters Kluwer. Retrieved April 16, 2025, from https://www.uptodate.com/contents/ophthalmologic-examination-in-adults Smith, M., & Amin-Hanjani, S. (2024). *Evaluation and management of elevated intracranial pressure in adults*. UpToDate. Retrieved April 16, 2025, from https://www.uptodate.com/contents/evaluation-and-management-of-elevated-intracranial-pressure-in-adults Feedback: I do not have experience performing or evaluating eye exams, so identifying the picture was a challenge for me – I got lucky in that the uptodate page I found included information, and an image of papilledema, which appears similar to the ine in the question. I also read that the optic disk can bulge with increased ICP, so I went with both. I enjoyed this question because I learned about assessment techniques for peripheral vision, and that visual disturbances may be indicative of a much larger problem – increased ICP.		
4	References: Feedback:		/ 10

5	The patient is likely experiencing Acute Otitis Media, or a middle ear infection. These are most common in children 6-24 months of age, after which risk declines. As pressure builds up in the ear drum, the tympanic membrane bulges, which is typical with AOM. In this case the pressure is so much that the ear drum has likely burst, which is the source of the yellow oozing. AOM is common after a cold or viral infection because pathogens in the upper respiratory tract infiltrate the ear canal via the eustachian tube leading to microbial growth in the middle ear. AOM is the leading cause of acute care visits and the most common reason for antibiotics in children. Priority assessments would involve checking for fever and assessing for pain using age-appropriate scale (ie. FACES). Tylenol and/or ibuprofen can be used to treat both fever and pain as needed. I would advocate for antibiotics. Specifically, amoxicillin. In the meantime, I would have them lay down and rest with a warm compress to the affected ear. As for the communication with the doctor, I would review the signs and symptoms and remind them that they are aligned with a diagnosis of AOM, for which we prescribe antibiotics, and advocate for this practice. References: Pelton, S. I. (2023). *Acute otitis media in children: Epidemiology, microbiology, and complications*. UpToDate. Retrieved April 16, 2025,	Thank you for giving such specific and definite answers in this complex situation. The scenario does not just question our knowledge and skills in the assessment, pathophysiology and pharmacology of Acute Otitis Media (AOM) but also tests our professionalism, advocate for patient safety and collaboration in an ethical dilemma such as this, and you did the right things in the right way. Impressive and kudos!	10/ 10

	from https://www.uptodate.com/contents/acute-otitis-media-in-children-epidemiology-microbiology-and-complications Feedback: Nice question! I like how you got us to think through AOM in a creative way. While I am aware of the commonality of ear infections and AOM, and have seen it regularly in the ED, your question still prompted me to learn a lot through a deep dive on UpToDate. In my experience, pediatric providers are very quick to recognize and diagnose AOM, and I think this is likely due to the commonality of the condition. That is the only part of this question that was difficult to believe.		
6	References: Feedback:		/ 10
7	Chronic otitis media (COM) is a recurrent infection of the middle ear and/or mastoid air cells in the presence of a tympanic membrane (TM) perforation. Symptoms commonly include hearing loss, aural fullness, otalgia, otorrhea, and occasionally vertigo (Lustig et al., 2023)	Nice work! You connected all the dots and answered my two part question thoroughly, including the recommended combination surgery. You also gave therapeutic, complete post op care instructions including pain control and bleeding monitoring. I	10/ 10

	- Tympanostomy or ear tubes may be indicated for chronic otitus media, especially if the frequency of the infections has lead to hearing loss and a speech delay. These tubes improve ventilation to the middle ear and prevent infection (Isaacson, 2025). - Snoring is a sign of obstructive sleep apnea. A tonsillectomy and adenoidectomy may be indicated to treat the OSA. - Parent teaching: These procedures are typically done outpatient, any pain associated with the procedures is typically managed with Tylenol and ibuprofen. Hearing should be evaluated by an audiologist. The biggest concern is to monitor for signs of bleeding post tonsillectomy – watch for frequent swallowing, if she looks pale, lethargic, or if you see any bleeding at the back of the throat, bring patient to ED right away. The tubes may fall out on their own in 6-12 months. References: Isaacson, G. (2023). *Overview of tympanostomy tube placement, postoperative care, and complications in children*. UpToDate. Retrieved April 16, 2025, from https://www.uptodate.com/contents/overview-of-tympanostomy-tube-placement-postoperative-care-and-complications-in-children Lustig, L. R. (2023). *Chronic otitis media and cholesteatoma in adults*. UpToDate. Retrieved April 16, 2025, from https://www.uptodate.com/contents/chronic-otitis-media-and-cholesteatoma-in-adults Feedback: Framing the question through the lens of patient/family education is creative way to have us provide a solid overview for the scenario. I think it would have been better to focus on either chronic otitis Media OR adenotonsillectomy, so that we could dive in more depth into a single topic.	appreciate the feedback. It is hard to know when to pull back and keep it simple or push to make the most creative, complex, yet attainable question.	

	Fun fact, I had tubes in my ears when I was a child for frequent ear infections.		
8	References: Feedback:		/ 10
9	1. This mole is asymmetrical, uneven borders, and multicolored, 9 mm, evolving in size. 2. All the above assessments are concerning and consistent with Melanoma. a. ABDCE Assessment is used to evaluate moles for potential melanoma, each of these assessment findings indicates potential for melanoma. 3. - I would ask more about the evolution in size, have they noticed any other changes besides size? (Ie. in shape or color) and if they had any recent photos of the mole. How fast has it been growing, when did they start to notice changes? Evolution in size shape or color is indicative of melenoma - Does the patient have any personal or family history of melanoma or other skin cancers? There is strong genetic predisposition for certain types of skin cancer, including melanoma - Has the patient suffered severe sunburns during childhood or teenage years? Extreme sun damage puts patient at risk for developing melanoma	1 - Your answer correctly indicated the shape, border, color, size, and evolution of the nevi. Excellent! (3/3 pts) 2 - Your answer correctly indicated the likely diagnosis of melanoma. This specific case was superficial spreading melanoma! You also correctly identified that this atypical nevi is suspicious for cancer using the ABCDE method. The key answer also included that the patient was high risk for melanoma due to his likely immunosuppression from his history of HIV. (3/4 pts) 3 - Your answer correctly identified at least 3 questions that would provide additional history to support the suspicion of melanoma. (3/3 pts)	9 / 10

	- Does the patient have a history of excessive sun exposure or tanning bed use? This is also correlated with increased risk for skin cancer. References: Swetter, S.(2023). *Melanoma: Clinical features and diagnosis*. Retrieved April 17, 2025, from https://www.uptodate.com/contents/melanoma-clinical-features-and-diagnosis Feedback: Great question! I like how you presented the case and provide opportunity for practical application of the ABDCE assessment. I also like how you got us to think through other risk factors and historical questions to ask as part of the assessment. I have no constructive feedback, this was great.		
10	N/A References: Feedback:		/ 10
11		As you noted in your answer, the slough prevents viewing of the wound bed,	8/ 10

	- This wound appears to be either Stage III or Stage IV. Based on what I can see in the photo I will say stage III because I cannot clearly see exposed muscle or bone. If upon inspection, I saw bone or muscle, I would upgrade to stage IV. This wound appears to be full thickness with necrosis of the subcutaneous tissue. This is a cratered wound with slough. - Interventions:1. frequent repositioning q2 to reduce pressure on the affected area, utilizing pressure relieving mattress or devices as available. 2. Ensure adequate nutrition by monitoring PO intake and consulting a dietitian to ensure adequate intake (evaluating for quantity and quality of foods). 3. Wound care- I would consult the wound care team to ensure we are using appropriate materials for cleaning and dressing of the wound. Debridement of necrotic tissue initially, followed by frequent dressing changes and assessments to evaluate healing and ensure dressings remain moist. References: Berlowitz, D. J. (2023, August 16). *Clinical staging and general management of pressure-induced skin and soft tissue injury*. UpToDate. https://www.uptodate.com/contents/clinical-staging-and-general-management-of-pressure-induced-skin-and-soft-tissue-injury Feedback: Aside from the horrifying photo, this was a good question! It got me to review the factors involved with staging of pressure ulcers, as well as common treatment. The hardest part of the question was looking at the picture… I am cut out to be a wound care nurse, that is for certain!!	making the wound unstageable. Once these wounds are debrided, they can be classified as stage 3 or 4, depending on what tissue/structures are visible at the wound base. Great job listing the characteristics of stage 3 and 4 pressure injuries and identifying 3 appropriate interventions to help with healing John's pressure injury! Point rationale: ● 0/2 points for correctly staging the wound ● 2/2 points for a rationale that states the characteristics of the wound stage given in the answer ● 6/6 points for interventions (2 points per intervention)	
12	NA		/ 10

	References: Feedback:		
13	1. Based on the history and the symptoms, I anticipate a diagnosis of cellulitis with skin absesses, related to the injection of intravenous drugs with a contaminate needle. The most common cause of skin abscess is S.Aureus (Spelman, 2024) 2. – Blood cultures to look for infection in the blood - CBC to look for elevated WBC, another sign of infection - BMP to assess kidney function and metabolic status - CRP – to assess extent of inflammation - Wound culture to identify the specific organism causing the infection and determine drug sensitivities - Take cultures prior to starting abx 3. Monitor ABC's, VS and for signs of sepsis. Provide wound care, clean and bandage all wounds and potential sources of infection. Administer abx as ordered (likely broad spectrum until sensitivities are returned with the cx results). Tylenol for fever. Monitor for signs of withdrawal. References: Spelman, D. (2024). *Cellulitis and skin abscess: Epidemiology, microbiology, clinical manifestations, and diagnosis*. https://www.uptodate.com/contents/cellulitis-and-skin-abscess-epidemiology-microbiology-clinical-manifestations-and-diagnosis	Great answer. you are right about S.Aureus being the common cause of skin infection. S.Aureus is everywhere from the environment to human skin and in human flora , mucus membrane. This patient's wound got infected with MRSA, required extensive antibiotic administration and also later on developed some cardiac problems as well.	10/ 10

	Feedback: Great question! This required me to seek and apply knowledge of cellulitis to a real-world scenario. I like how this scenario depicts how integumentary conditions can escalate and become emergencies. Cellulitis is the most common skin and soft tissue infection, but this got me to think differently about them, given I am not often exposed to patients who use intravenous drugs.		
14	NA References: Feedback:		/ 10
15	- Clubbing of the fingers is a chronic hypoxia and is a late sign of interstitial lung disease. Combined with the shortness of breath, I would predict there is some form of lung tissue disease. I am curious how spO2 would change if physical activity was involved. Given the patient has a long history of smoking cigarettes, the patient is at high risk for lung cancer. - 1) I would advocate for imaging, starting with a chest x-ray or a CT scan (or both). I would also advocate for pulmonary function testing and involve pulmonology – assuming there is lung involvement with the patient condition. - 2) I am concerned about the cardiovascular health of the patient due to their hypertension and exercise intolerance. I would educate	You did a good job of identifying this patient's potential interstitial lung disease and your assessment that he is at a high risk for lung cancer given his history of smoking. I would have liked to hear more about why you are curious to see if his SpO2 would change, as this would tell me more about what you think would happen with activity or what a change in this assessment finding could indicate. For this, I am deducting 0.5 points. Your clinical priorities were	9.5/ 10

	about lifestyle factors that contribute to CV health (diet, and exercise) testing may be warranted to evaluate heart function. References: King, T. E., Jr., Flaherty, K. R., & Dieffenbach, P. (2022, July 28). *Approach to the adult with interstitial lung disease: Clinical evaluation*. UpToDate. https://www.uptodate.com/contents/approach-to-the-adult-with-interstitial-lung-disease-clinical-evaluation Feedback: This is a good question. I have only ever seen clubbing in the fingers of children who have undertreated congenital heart defects and have lived in a state of hypoxia for many years. I am curious why the patient was not hypoxic when their vital signs were taken, is that because they were at rest? Or is the issue more cardiovascular in nature. Looking forward to hearing your presentation.	solid, and while assessing cardiovascular health was not my main goal with this question, it could be an important part of his workup given his hypertension. I appreciate your feedback and imagine that answering a question with an adult patient is challenging, given the major differences in presentation of pathological findings between children and adult patients. I hope to answer some of your questions in class!	
16	References: Feedback:		/ 10
17		Great job answering the questions with detailed assessments However, I was	9/ 10

	Concerning assessment findings: weight loss, night sweats, and fever are classified as ”B symptom” the presence of these symptoms at the time of diagnosis are associated with worse outcomes for a diagnosis of Hodgkin’s lymphoma. The cervical lymphedema noted on exam is concerning but also expected with the diagnosis. Fatigue is also expected as we anticipate Micheals Hemoglobin to be low at the time of diagnosis – this also explains the elevated heart rate and pale skin tone. Advocate for a chest x-ray as there is significant possibility of a mediastinal mass. Keep the HOB elevated until this is ruled out because the presence of a mediastinal mass would place the patient at risk for superior vena cava syndrome. Given the symptoms of low hemoglobin I would anticipate a red blood cell transfusion. Patient education and support is critical at this time as there will be a lot of tests, treatment, emotions, and of course questions at this time. References: Ng, A., Aster, J., & Herrera, A. (2025). Classic Hodgkin lymphoma: Presentation, evaluation, and diagnosis in adults. *UpToDate*. https://www.uptodate.com/contents/classic-hodgkin-lymphoma-presentation-evaluation-and-diagnosis-in-adultsLecturio Feedback: Nice question! I like how you got us to highlight the importance of b symptoms – I wonder if you could have had us elaborate on why the presence of those symptoms is significant for HL and the implications for patient prognosis.	expecting the first priority action to be identified and yours was unclear as to which one it was. To earn full points, additional information was needed, such as a discussion of continued education or an explanation of your reasoning behind your answers. Thank you for your feedback	
18			/ 10

	References: Feedback:		
19	**Function of lymph nodes**: Lymph nodes are important for our immune function. They filter the blood for pathogens (bacteria and viruses) and abnormal blood cells. They also contain white blood cells that fight infection. **Rationale for doing an x-ray**: Sometime our lymph nodes get swollen when our body is fighting an infection. However the size of the swelling, and the absence of infection symptoms (ie. fever, runny nose, etc.) are concerning because it may indicate a more serious condition causing the lymphadenopathy. For example, lymphoma. A chest xray is important to rule out those conditions. When I read about this case, I am most concerned about lymphoma. I know that with some types of lymphoma, a mediastinal mass is common at the time of diagnosis. These masses are sometime rapidly growing and place the patient at risk for superior vena cava syndrome and in severe cases, airway compromise. A chest x-ray would help to rule this out. I imagine the patient will have a other testing as well, including bloodwork. References:	This is a great response! My goal was for the student to not only understand what is happening but then be able to translate that knowledge to help the patient. Great job connecting the persistent swelling with the absence of viral symptoms and lab results - that was key! My only feedback is to maybe include something reassuring to the patient, especially if you intend to bring up cancer. This would potentially be a scary scenario for a patient and at this stage, something reassuring would be helpful - that it's a tool to take a look, but not diagnostic.	9.5/ 10

	Ng, A., Aster, J., & Herrera, A. (2025). Classic Hodgkin lymphoma: Presentation, evaluation, and diagnosis in adults. *UpToDate*. https://www.uptodate.com/contents/classic-hodgkin-lymphoma-presentation-evaluation-and-diagnosis-in-adultsLecturio Feedback: Nice question, I like how you got us to think through the risks and apply our knowledge about the lymphatic system to recognize the rationale for a chest x-ray.		
20	References: Feedback:		/ 10