

BNURS506 Quiz Answering

Term: Spring 2025

Module 2: HEENT, Integumentary, & Lymphatic

Name: Student K

EVEN NUMBERS

# :	Your Answer	Feedback from Grader	Score
1	References: Feedback:		/ 10
2	A patient with Crouzon syndrome may require multiple surgical procedures throughout their lifetime, usually between 2 and 4 skull operations over their lifetime. Usually, the earliest surgery would be done in the first 18 months of the child's life. One of the most common surgeries is called a LeFort III operation, where the bones of the midface are cut across the top of the nose, along the orbits and then across the cheekbones. These cuts then allow the bones to be moved and secured into place with plates and screws. This operation helps to reposition the bones of the midface to improve facial appearance and function. During this procedure, a technique called distraction osteogenesis (rigid external distraction) can also be used to gradually move the bones over time (Crouzon syndrome, 2025).	Thank you for your very thorough answer. The criteria for full credit was to identify that surgical repair is necessary due to the premature fusion of sutures, that multiple surgeries are necessary during childhood and that you accurately named and described at least one surgery. You did an excellent job answering this question completely and citing your references. Thank you for jumping into the bonus question as well!	10/ 10

	Bonus: Rationale for surgical repair/reconstruction could be to correct the abnormalities of the skull and midface and to help treat the obstructive sleep apnea that is associated with this syndrome. The goal with this procedure to help treat OSA would be to ensure a better airway and improve the sleep and overall health of the patient. References: <i>Crouzon syndrome</i>. (2025). Division of Plastic and Reconstructive Surgery. UNC School of Medicine. Retrieved April 18, 2025, from https://www.med.unc.edu/surgery/plastic/forpatients/pediatric-plastic-and-craniofacial-surgery/crouzon-syndrome/ Feedback: This question was well-written and challenged me to think more about anatomical assessments, diagnoses, and treatments involving HEENT.		
3	References: Feedback:		/ 10
4	Diagnosis: The most likely diagnosis for Peter is retinal detachment due to his reports of flashes and floaters and the “curtain” over his	Your response was well-structured and showed a good understanding of the	8.5/ 10

vision, as well as his history of having high myopia and cataract surgery. Treatment options: The most appropriate treatment for this condition would be surgery to repair the retinal tear, hole, or detachment. For a retinal detachment, surgery would need to be done in the days following diagnosis. A pneumatic retinopexy may be done, where the surgeon injects air bubbles into the vitreous cavity to push the retina against the wall of the eye, stopping fluid from flowing behind the retina. Another surgery that could be indicated could be a scleral buckling, where a surgeon sews a piece of silicone to the sclera, indenting the wall of the eye and relieving pressure/traction on the retina. Another treatment option could be a vitrectomy, where the vitreous is removed and air, gas, or oil is injected to help flatten the retina. Recovery instructions: Depending on the type of surgery performed, the nurse should educate the patient about the importance of assuming a certain head position at home (if a gas bubble is used), most likely with the face down, for several days following the surgery. Other important education post-surgery includes no flying or reaching high altitudes, avoiding strenuous activities, administering eye drops if prescribed, monitoring for complications (pain, floater/flashers, vision loss, infection, etc.). The nurse should also be sure to talk to the patient about the necessary follow-up appointments they will need to attend. References: Mayo Foundation for Medical Education and Research. (2024). <i>Retinal detachment</i>. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/retinal-detachment/diagnosis-treatment/drc-20351348 Feedback: I appreciated the use of the side-by-side photos of what a retinal detachment may look like. This helped me to understand this	diagnosis and surgical options. You did a nice job laying out potential recovery instructions. However, the answer would be stronger with more specific reasoning as to why vitrectomy would be the most appropriate approach for Peter, given his pseudophakia and risk profile. A slightly deeper clinical application would raise this to a higher level, but nice job overall!	
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	condition better and would make it so that I'd be able to understand a patient's symptoms. One thing that might help make this question easier to read/answer is splitting the questions up in bullet points.		
5	References: Feedback:		/ 10
6	Assessments: The nurse should check the student's vital signs, including their temperature to assess for fever. The nurse should observe for any signs of irritability or pulling at their ear, as well as asking the child about their pain or feelings of fullness in their ear, as well as changes in hearing. An exam of the ear with an otoscope was already performed. The student should be checked for associated symptoms like nasal congestion, runny nose, or cold symptoms, as well as lymph node swelling. They should also be assessed for a history of ear infections. Ear condition: This is most likely a case of acute otitis media (AOM), due to the observation of bilateral bulging membrane, fluid buildup, and discoloration of the membrane. AOM usually follows an upper respiratory infection, like this student's recent cold. Send the student home? The student should be sent home and their caregiver should take them to the doctor for further evaluation. AOM may require antibiotics. If left untreated, this condition can lead to changes in hearing and balance. The caregiver should be alerted to	Great thought process on AOM. They are very similar to otitis media with effusion (OME). The biggest difference is that OME is not considered an infection and can typically resolve on its own. Your assessment and recommendation are appropriate. OME would need a visit to a provider if symptoms do not improve. In this case going home is not warranted. The nurse can help accommodate staying at school by managing pain if any and helping teacher come up with accommodation re-hearing deficits that are common with OME.	9/ 10

	your concerns about this condition and advised to take the child to see a doctor. Do for them at school: Before the child is picked up, you can be sure to provide a quiet, comforting environment. You can apply a warm washcloth or warm pack to their ear for comfort. It is unlikely that you would be able to give the patient medications, but some children's Tylenol may help with some of their symptoms. References: Danishyar, A., & Ashurst, J. V. (2025). Acute Otitis Media. In <i>StatPearls</i>. StatPearls Publishing. http://www.ncbi.nlm.nih.gov/books/NBK470332/ Feedback: This question was well written. I appreciate how you included a photo for visualization and split the question up into a background and question section. It might be helpful to make the questions bulleted or more split up to help distinguish them from one another.		
7	References: Feedback:		/ 10

8	The differential diagnosis and interventions I would expect would be B) Cerumen impaction—inspect ear canal with an otoscope and perform irrigation, due to her asking you to repeat questions, her dizziness, and reports of her experience the night before. The patient's current vital signs are overall normal, with a slightly elevated BP. Because of the patient's reports of recent challenges with ringing ears associated with dizziness, this is most likely the cause of her symptoms. Symptoms of impacted earwax include hearing loss, earache, dizziness, ringing in the ears, and even cough (Cedars Sinai, 2025). These symptoms often develop slowly. Cerumen impaction can cause dizziness or vertigo because the earwax can place pressure on the delicate surfaces of the inner ear that are responsible for balance. The inner ear contains the vestibular system which plays a role in maintaining equilibrium. This may be why this patient reports waking up the night before and describing the room as spinning (Sevy, 2023). References: Cedars Sinai. (2025). <i>Impacted earwax</i>. https://www.cedars-sinai.org/health-library/diseases-and-conditions/i/i-impacted-earwax.html Sevy, J. (2023). <i>Cerumen impaction removal</i>. StatPearls. https://www.ncbi.nlm.nih.gov/books/NBK448155/#:~:text=Although%20excessive%20accumulation%20of%20cerumen,who%20performed%20the%20original%20operation. Feedback:	Very nice work! Your explanation of your thought process and the pathophysiology behind this question was very thorough, but concise. I was able to understand how you worked through her symptoms to get to the answer, and your critical evaluation of the problem was excellent. Thank you for your valuable feedback! It absolutely could have been any of the answers, which was purposeful. And you are correct, she should still get orthostatics as an extra step.	10 / 10

	This was a challenging question because I feel that there could have been more than one correct answer. I chose the cerumen impaction answer in part because of the topic for class this week, but I also think this patient could have been evaluated for orthostatic hypotension. This was a well-worded question, good job!		
9	References: Feedback:		/ 10
10	A mole or nevus should be assessed using the ABCDE criteria: A: Asymmetry: Does one half match the other? B: Border: look for irregularity, scalloped edges. C: Color: are there multiple colors or is the color uneven? D: Diameter: is it greater than 6mm in size? E: Evolving: Has the nevus changed in size/shape/color over time? A normal nevus would be symmetrical, have a regular border, a uniform color, be less than 6mm in size, and be stable/unchanging over time. An atypical/dysplastic nevus would be larger and may have a mixed color and irregular borders, but it is not cancerous. A melanoma will usually be asymmetrical, irregular border, multi-colored, larger than 6mm, evolving/changing, and may itch, bleed, or crust (Ball et. al, 2022).	Great job! Your answer is concise and touches on each part of the question, discussing the features of normal nevi, atypical nevi, and melanoma while highlighting their differences. Utilizing the ABCDE criteria is a great tool to help identify whether a mole presents with features that point toward melanoma. To take it one step further, getting a mole biopsy is crucial in diagnosis. I didn't include a question asking for this information, but it's a good point to remember when truly determining a patient's diagnosis.	10/ 10

	References: Ball, J., Dains, J., Flynn, J., Solomon, B., & Stewart, R. (2022). Chapter 9: Skin, Hair, and Nails. In <i>Seidel's guide to physical examination</i> (10th ed., pp. 133-188). Elsevier. Feedback:		
1 1	References: Feedback:		/ 10
1 2	Based on these symptoms, the most likely diagnosis for this patient is systemic lupus erythematosus, due to her reports of fatigue, forgetfulness (cognitive changes), photosensitive rashes, joint pain/swelling, dry eyes, and muscle weakness. Labs that would help confirm this diagnosis are: ANA (antinuclear antibody), anti-dsDNA (double-stranded DNA antibody), and Anti-Smith antibody (Johns Hopkins Medicine, 2019). Additional labs would include CBC, CMP, or urinalysis. References:	You have accurately diagnosed this patient with systemic lupus erythematosus and named at least three appropriate labs that would be ordered. You also mentioned some additional labs that would also be considered, which are all very important. Great job and thank you for your feedback!	10/ 10

	Johns Hopkins Medicine. (2019). <i>Lupus blood tests</i>. Johns Hopkins Lupus Center. https://www.hopkinslupus.org/lupus-tests/lupus-blood-tests/ U.S. National Library of Medicine. (2023). <i>Systemic lupus erythematosus</i>. MedlinePlus. https://medlineplus.gov/ency/article/000435.htm#:~:text=Systemic%20lupus%20erythematosus%20(SLE)%20is,%2C%20brain%2C%20and%20other%20organs. Feedback: This question did a great job at identifying symptoms and patient descriptions that would lead to pursuing a SLE diagnosis. I appreciated the use of pictures to aid in this as well.		
1 3	References: Feedback:		/ 10
1 4	Based on the presence of this black line on the patient's nail being present despite the nail continuing to grow, it is likely that this patient has subungual melanoma, or skin cancer under the nail. Subungual melanoma appears as a dark streak on the nail and is not linked to skin exposure. It is most likely to develop on the thumb, index finger,	Your response is well-organized and informative, clearly explaining the presentation and characteristics of subungual melanoma. You provided important details about its typical location, the role of melanocytes, and its demographics, along with relevant treatment options. I appreciate	10/ 10

	or big toe. This type of melanoma occurs in the nail matrix or the nail bed and begins in cells called melanocytes (the cells that produce melanin and give skin its color). It is rare, and most commonly seen in patients between 50-70 years old and is more common in African-American, Hispanic, and Asian patients. The cause of this type of melanoma is not fully understood. Treatment often includes surgery and removal of the nail. Other treatments may include immunotherapy and radiation therapy (Cleveland Clinic, 2024). References: <i>Subungual melanoma</i>. Cleveland Clinic. (2024). https://my.clevelandclinic.org/health/diseases/subungual-melanoma Feedback: This was an interesting integumentary diagnosis to cover and not something I was familiar with, so it was good to learn about an unfamiliar type of melanoma. The question was well-worded and I appreciated the use of the photo.	the inclusion of the fact that this melanoma is not linked to skin exposure and the clarification about its rarity and patient population.	
1 5	References: Feedback:		/ 10

1 6	The presence of Reed-Sternberg cells is characteristic of Hodgkin lymphoma. The presence of these cells is significant in making a diagnosis because their presence definitively identifies the disease as Hodgkin lymphoma. The number of Reed-Sternberg cells increases as the disease advances. Based on the assessment of the patient's lymph nodes showing lymphadenopathy on both sides of the diaphragm, this would be staged as stage III Hodgkin Lymphoma. The distribution of lymph node involvement relative to the diaphragm is what differentiates the different stages. Stage I or II would show lymph node involvement above the diaphragm only, and Nigel has lymph node involvement both above and below the diaphragm, meaning this would be stage III (Cleveland Clinic, 2025). References: Cleveland Clinic. <i>What is hodgkin lymphoma?</i>. (2025). https://my.clevelandclinic.org/health/diseases/6206-hodgkin-lymphoma Feedback: This question was well-written and easy to follow. The presence of a photo may have helped me visualize the physical assessment findings or what Reed-Sternberg cells look like and may have enhanced my understanding. But well done overall!	Yes, you nailed it! Full points. Reed-Sternberg (RS) Cells are the hallmark of Hodgkin's lymphoma. RS cells are typically large and binucleate and are often described as having an owl eye appearance. The presence of RS cells is critical because it differentiates Hodgkin and Non-Hodgkin lymphomas which have different prognosis, staging, and treatment protocols. (5 pts) Based on the Ann-Arbor Staging for Hodgkin lymphoma, Nigel has stage III because there is involvement of lymph nodes on both sides of the diaphragm. (5 pts)	10 / 10
1 7	References:		/ 10

	Feedback:		
18	To properly examine the thyroid gland from behind, ask the patient to sit up straight with their neck slightly flexed forward. Stand behind the patient and place your hands on either side of the patient's neck with your fingers just below the lower anterior neck just below the cricoid cartilage. Have the patient swallow a sip of water while you palpate each lobe of the thyroid gland. Make sure to assess for the size, shape, and consistency of the gland and the presence of nodules or pain/tenderness (Stanford Medicine, 2025). The most likely diagnosis for this patient is Graves' Disease, given the patient's reports of heart palpitations (HR 106 bpm), weight loss despite increased appetite, heat intolerance, insomnia, irregular menstruation, fine tremor, and a diffusely enlarged thyroid gland, as well as the presence of mild exophthalmos. Her lab values are also indicative of Graves disease, with a suppressed TSH and elevated Free T4 and T3 (Mayo Clinic, 2024). This patient will most likely be prescribed Methimazole, an antithyroid drug that reduces the production of T3 and T4 by inhibiting thyroid peroxidase. This will help to control the patient's symptoms and hormone levels until alternative treatments like surgery are considered (Mayo Clinic, 2024). References: Mayo Foundation for Medical Education and Research. (2024). <i>Graves' disease</i>. Mayo Clinic.	Question 1: You correctly identified the patient positioning, hand placement, swallowing instructions, and assessment of gland characteristics, but missed the step of displacement of the trachea when palpating each side of the thyroid gland.- 3/ 4 pts Question 2: You correctly identified the most likely diagnosis, also including the rationale and relating this to the patient's signs and symptoms. - 3/3 pts Question 3: You correctly identified a medication that would be prescribed to a patient with this diagnosis, also including the mechanism of action and rationale for prescription. - 3/3 pts Thank you for the feedback.	9/ 10

	https://www.mayoclinic.org/diseases-conditions/graves-disease/symptoms-causes/syc-20356240 Stanford Medicine 25. (2025). <i>Thyroid exam</i>. https://stanfordmedicine25.stanford.edu/the25/thyroid.html Feedback: This question was well-thought out and I appreciated all of the clinical assessment finding, vitals, and lab results included for interpretation. You did a great job with the overall and I learned more about Graves' disease as a result.		
1 9	References: Feedback:		/ 10
2 0	B, C, D, A B: The first priority should be to notify the provider about his persistent abdominal pain, recurrent UTIs, and changes in bowel movements as well as his decrease in appetite. This should be the top priority, as his symptoms may indicate complications of his melanoma, like bowel obstruction, UTI, or infection. It is likely that his cancer may have spread to his abdomen. Notifying the provider as a priority will help ensure timely diagnosis and treatment.	Good job answering the question. You got it correct. I liked that you included that his symptoms may show that the cancer may have spread to his abdomen. I like your choice of words when it comes to explaining your rationale, for example "ensure timely diagnosis and treatment and nausea impacting his quality of life and nutrition". I thought that those phrases emphasized important parts of your rationale.	10 / 10

C: The second priority should be the administration of anti-nausea medications as prescribed, as this nausea is impacting his quality of life and his overall nutrition. D: The third priority should be encouraging fluid intake to prevent further urinary tract infections. This patient's hydration is important but should most likely follow the administration of anti-nausea medications so that he can tolerate oral hydration. His dehydration could be contributing to his symptoms and could be a factor in his recurrent UTIs. A: The fourth priority should be educating the patient. The patient will not be able to focus on education until the other needs are met. Once he is more comfortable and the provider has been notified, he will be more receptive to teaching (Sundararajan, 2024). References: Sundararajan, S. (2024, February 17). <i>Metastatic melanoma</i>. StatPearls. https://www.ncbi.nlm.nih.gov/books/NBK470358/#:~:text=Patients%20with%20metastatic%20melanoma%20(i.e.,that%20can%20improve%20patient%20outcomes. Feedback: This question was a different format than other classmates' questions and made me think more about nursing priorities. It took me back to the stressful nursing priorities of the NCLEX! I struggled with the first priority, but ultimately decided to notify the provider first in order to address the patient's overall health, and then to give the patient anti-nausea medications. Good job overall with this question!	Thanks for your feedback. I was not trying to cause you any panic when it came to this question! I wanted to ask the question in a different way than my last quiz question. Good job!	
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