

# Module Report

Tutorial: Engage Adult Medical Surgical RN

Module: Caring for the Surgical Client



Individual Name: **Haley Donovan**

Institution: **Margaret H Rollins SON at Beebe Medical Center**

Program Type: **Diploma**

## Overview Of Most Recent Use

|                       | Date       | Time Use      | Score |
|-----------------------|------------|---------------|-------|
| LESSON                | 10/17/2024 | 18 min 37 sec | N/A   |
| Client Chart Activity | N/A        | N/A           | N/A   |

## Lesson Information:

### Lesson - History

| Total Time Use: 19 min |                       |               |              |
|------------------------|-----------------------|---------------|--------------|
|                        | Date/Time             | Time Use      | EHR Status   |
| Lesson                 | 10/17/2024 8:13:10 AM | 18 min 37 sec | Not Reviewed |

Instructor feedback can be viewed by accessing the link on the online version of this report. If your instructor has enabled the EHR Expert Chart, you may view the example in the enclosed page



## Expert Chart Steven Smith

This expert chart is intended to assist in evaluating student performance in documentation for this activity. Only the tabs and tables of the chart that warrant entries are included.

|                     |                   |                                 |
|---------------------|-------------------|---------------------------------|
| Steven Smith (Male) | DOB: 55 years old | Attending: Bernard Robinson, MD |
| MRN: 9660776        | Height: --        | Code Status: Full Code          |
| Allergies: none     | Weight: --        | Comments: none                  |

### Flowsheets

| Preoperative Patient Information                                      |                                                     |
|-----------------------------------------------------------------------|-----------------------------------------------------|
| First Identifier                                                      | Client's full name verified verbally with wristband |
| Second Identifier                                                     | Client's date of birth                              |
| Surgeon Name                                                          | Dr. Ishmael Sierra                                  |
| Date of Surgery                                                       | 0 Days after start                                  |
| Procedure to be Performed                                             | Right knee replacement                              |
| Surgical Consent Form Completed                                       | Yes                                                 |
| Consent Includes Side                                                 | Right                                               |
| Consent for Blood Products Completed                                  | No                                                  |
| Copy of Living Will/Advanced Directives on Chart                      | No                                                  |
| Preoperative Instructions Provided to Patient or Legal Representative | Yes                                                 |
| Preop Medications Given (List)                                        | Lactated Ringer's Cefazolin                         |
| Last Oral Intake – Date and Time                                      | 8.0 hr before start                                 |
| Vital Signs on Chart                                                  | Yes                                                 |
| Urinary                                                               | Catheter inserted                                   |
| Skin Prep                                                             | 2% Chlorhexidine to bilateral legs                  |
| Valuables                                                             | With client's partner                               |
| Make-up and Nail Polish Removed?                                      | No                                                  |
| Prosthetics Removed?                                                  | None                                                |

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| Medical Documentation                          |       |
|------------------------------------------------|-------|
| History and Physical Attached                  | Yes   |
| Physician's Orders Attached                    | Yes   |
| History and Physical Identifies Side           | Right |
| Preanesthesia Assessment Completed             | Yes   |
| Pathology/Laboratory Studies Completed         | Yes   |
| Radiologic Studies Completed                   | Yes   |
| EKG Completed                                  | Yes   |
| If there are other tests completed, list here. |       |

| Surgical Information        |       |
|-----------------------------|-------|
| Time of Surgery Verified    | Yes   |
| Surgical Procedure Verified | Yes   |
| Surgical Site Verified      | Yes   |
| Surgical Side Verified      | Right |