

Module Report

Simulation: HealthAssess 3.0

Module: Musculoskeletal and neurological



Individual Name: **Jaidi Davis**

Institution: **Lakeview CON**

Program Type: **BSN**

Overview Of Most Recent Use

	Date	Time Use	Score
Lesson	10/26/2023	21 min 30 sec	N/A

Lesson Information:

Lesson - History:

	Date/Time	Time Use	Total Time Use: 22 min
Lesson	10/26/2023 3:29:35 PM	21 min 30 sec	

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, and the expert responses for comparing against student responses are indicated with bold text.

Ryan Martinez
MRN: 3311629
Allergies: none

DOB: 52 years old
Height: 70 in
Weight: 175 lb

Attending: Rani Patel, MD
Code Status: Full code
Comments: none

Notes

5.0 Minutes after start

Nursing/Clinician Note

Note

Walks his dog every day for about an hour; goes for longer hikes once or twice a week. Works "a desk job" but has access to standing desks at work. States "I don't do much lifting or anything like that at home."

Flowsheet

Admission

HH 5.0 Minutes after start

Informant(s)

Informant - If not patient
(Name and relationship)

Admission Problems

Chief Complaint

"I had a car accident a while back and broke my wrist. I'm here for a follow up."

Principal Problem -
Admission Diagnosis

Other Problems/Diagnosis

Home Medication List

Multivitamin	Is patient taking medication? Taking
Ordered by:	Last taken: States "The provider recommended calcium and vitamin D, so now I take a multivitamin."
Reason:	
Start date:	
End date:	

Ibuprofen	Is patient taking medication? Not taking
Ordered by:	Last taken: Unknown. Took initially for wrist pain; states "my arm has been feeling good for a few months now so I don't take anything anymore."
Reason:	
Start date:	
End date:	

Past Medical History

Sprained ankle

Date of diagnosis: 30 years prior

Details and treatments:

History of Present Illness/Injury

Location (Where are the Symptoms located? Are they local or do they radiate?)

Duration (When did it start? How long has this problem existed? Is it getting worse? Changing?)

Timing (When does it occur? Night or day? At work? etc.)

Quality (Characteristics such as constant, sharp, dull, sore)

Severity (How bothersome is the problem? Can you sleep, work, etc?)

Describe this illness/injury related to how and where this problem began.	Had car accident 9 months ago; came for 2 week follow up but missed 6 month follow up due to moving.
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What makes this problem worse or better?

Signs and Symptoms

Comments	Wore a splint initially; at 2 week follow up provider told him to only wear splint for 6 weeks.
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Substance(s) used

Tobacco - Smoking: Cigar started
 Amount: Once yearly (on his birthday)
 Would like to quit?:
 Cessation program offered?:

States "I know. Smoking isn't good, even in moderation."
 Alcohol: Gin and tonic started
 Amount: 5 days a week with dinner
 Would like to quit?:
 Cessation program offered?:

Flowsheet

Assessment

HH 5.0 Minutes after start

HH 15.0 Minutes after start

Integumentary

Skin Color

Skin Temperature/Condition

Warm

Skin Turgor

Skin Comments

Skin is warm and uniform bilaterally upper and lower extremities

Musculoskeletal

RUE

Full range of mobility

LUE

Full range of mobility

RLE

Full range of mobility

LLE

Full range of mobility

Musculoskeletal Comments

Denies numbness, tingling, bone pain, joint pain or stiffness, muscle weakness or cramping, or any limitations in affected extremity.

Bilateral upper extremities symmetrical with well-developed muscles; grip strength strong and equal. Bilateral lower extremity muscle strength 5 with equal symmetry; denies numbness or weakness. Gait stable, rhythm smooth, and leg swing symmetrical bilaterally.