Module Report

Simulation: HealthAssess 3.0

Module: Musculoskeletal and neurological

Individual Name: **Jessica Hines**

Institution: **Lakeview CON**

Program Type: **BSN**

Overview Of Most Recent Use

	Date	Time Use	Score
Lesson	11/2/2023	0 min 5 sec	N/A
Test	11/2/2023	10 min	92.6%

Lesson Information:

Lesson - History:

Total Time Use: 42 min

	Date/Time	Time Use
Lesson	11/2/2023 5:15:02 PM	0 min 5 sec
Lesson	11/2/2023 12:22:33 PM	42 min 23 sec

Musculoskeletal and Neurological 3.0 Test Information:

Musculoskeletal and Neurological 3.0 Test - Score Details of Most Recent Use

	Individual Score	Individual Score (1 10 20 30 40 50 60 70 80 90 99)
COMPOSITE SCORES	92.6%	▲
Musculoskeletal and Neurological 3.0 Test	92.6%	▲

Musculoskeletal and Neurological 3.0 Test - History

Total Time Use: 10 min

	Date/Time	Score	Time Use
Musculoskeletal and Neurological 3.0 Test	11/2/2023 5:27:00 PM	92.6%	10 min

Expert Chart
Ryan Martinez

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	**DOB**: 52 years old	**Attending**: Rani Patel, MD
MRN: 3311629	**Height**: 70 in	**Code Status**: Full code
Allergies: none	**Weight:** 175 lb	**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: Reason: Start date: End date:	Last taken: States "The provider recommended calcium and vitamin D, so now I take a multivitamin."
Ibuprofen	Is patient taking medication? Not taking
Ordered by: Reason: Start date: End date:	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."

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.
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.

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 extremeties
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.

