

Module Report

Simulation: HealthAssess 3.0

Module: Head, neck, and neurological



Individual Name: **Cheyenne Walls**

Institution: **Lakeview CON**

Program Type: **BSN**

Overview Of Most Recent Use

	Date	Time Use	Score
Lesson	2/4/2024	24 min 15 sec	N/A
Test	2/4/2024	12 min	93.3%

Lesson Information:

Lesson - History:		
	Date/Time	Time Use
		Total Time Use: 24 min
Lesson	2/4/2024 1:19:50 PM	24 min 15 sec

Head, Neck, and Neurological 3.0 Test Information:

Head, Neck, 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	93.3%											▲
Head, Neck, and Neurological 3.0 Test	93.3%											▲

Head, Neck, and Neurological 3.0 Test - History			
	Date/Time	Score	Time Use
			Total Time Use: 12 min
Head, Neck, and Neurological 3.0 Test	2/4/2024 1:32:00 PM	93.3%	12 min

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.

Deion Barnes
MRN: 2974785
Allergies: none

DOB: 19 years old
Height: 70 in
Weight: 165 lb

Attending: John Mack, MD
Code Status: Full code
Comments: none

Notes

Notes Time	Notes Type	Professional Role
5.0 minutes after start	Nursing/Clinician Note	Nurse

Returned to school after 4 days. Reports problems focusing at school at first, but has been fine for 3 weeks. Returned to running and lifting weights recently, and reports being "totally fine." Drinks an occasional cup of coffee, but denies smoking, or use of alcohol or illicit substances.

Flowsheet

Admission

HH 5.0 Minutes after start

Informant(s)

Informant if not patient (Name and relationship)

Family History

Chief Complaint

Principal Problem – Admission Diagnosis

History of concussion needs to be cleared to return to sports

Other Problems/Diagnosis

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.

What makes this problem worse or better?

Signs and Symptoms

Comments

Sustained concussion 4 weeks ago when playing
baseball. Had a persistent headache for 3 days.

Did not lose consciousness. States headache was a
3 to 4 on a 0 to 10 scale for 3 days after injury.

Collided with a teammate; hit the back
of his head on the ground.

Took over-the-counter medicine for 3 days, which
"took the edge off." Believes it was acetaminophen.
Relaxing in a dark room helped the most

Denies nausea, vomiting, dizziness, or change
in consciousness. Denies neck pain

No headache for last 3 and a half weeks.
States "I'm feeling a lot better."

Flowsheet

Assessment

HH 15.0 Minutes after start

Head, Face, Anterior Fontanel, Neck

Head, Face

Anterior Fontanel

Neck

Comment Head is smooth; denies tenderness upon palpation

Eyes, Ears, Nose, Throat

Eyes PERRL

Eyes Comments Denies vision changes. Sclerae white.

Ears

Ears Comments

Nose, Throat

Nose, Throat Comments

Neurological Group

Level of Consciousness

Orientation

Cognitive

Speech

Pupil Response Bilateral pupils reactive

Pupil size (mm)

Deep Tendon Reflexes

Neurological Comments

