

Module Report

Simulation: HealthAssess 3.0

Module: Health history



Individual Name: **Kacee Sands**

Institution: **Lakeview CON**

Program Type: **BSN**

Overview Of Most Recent Use

| | Date | Time Use | Score |
|---------------------------------|-----------|---------------|--------|
| Lesson | 8/22/2024 | 27 min 17 sec | N/A |
| Virtual Application: Amira Hill | 8/22/2024 | 48 min | 93.0% |
| EHR Chart | N/A | N/A | N/A |
| Test | 8/22/2024 | 2 min | 100.0% |

Lesson Information:

Lesson - History:

| | | | Total Time Use: 1 hr 42 min |
|--------|-----------------------|--|-----------------------------|
| | Date/Time | | Time Use |
| Lesson | 8/22/2024 1:36:35 PM | | 27 min 17 sec |
| Lesson | 8/22/2024 1:05:25 PM | | 3 min 50 sec |
| Lesson | 8/22/2024 1:00:48 PM | | 1 min 3 sec |
| Lesson | 8/22/2024 12:58:58 PM | | 1 hr 10 min 2 sec |

Health history Information:

Virtual Application: Amira Hill - Score Details of Most Recent Use

| | Individual Score | Individual Score | | | | | | | | | | | | |
|---------------------------------|------------------|------------------|----|----|----|----|----|----|----|----|----|----|--|---|
| | | 1 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 99 | | |
| COMPOSITE SCORES | 93.0% | | | | | | | | | | | | | ▲ |
| Virtual Application: Amira Hill | 93.0% | | | | | | | | | | | | | ▲ |

Virtual Application: Amira Hill - History

| | | | | | Total Time Use: 48 min |
|---------------------------------|----------------------|-------|----------|--------------|------------------------|
| | Date/Time | Score | Time Use | EHR Status | |
| Virtual Application: Amira Hill | 8/22/2024 1:36:19 PM | 93.0% | 48 min | Not Reviewed | |

Time Use And Score

| | Date | Time |
|--|------------|--------|
| Virtual Application: Amira Hill | 08/22/2024 | 48 min |

| Simulation | |
|----------------------------|--|
| Scenario | In this virtual simulation, you cared for Amira Hill. The goal was to complete a health history. Review your results below to determine how your performance aligned with the goals of this simulation. |
| Overall Performance | You met the requirements to complete this virtual scenario of a health history. Score: 93% |
| Essential Actions | <p>Required actions - 29 of 29 correctly selected</p> <p>Congratulations! You have demonstrated a thorough understanding of the required actions to complete a health history. You demonstrated an understanding of the following required actions: biographic data, current health status, health history, providing infection control and safety, review of systems.</p> <p>Interactive actions - 19 of 27 performed correctly</p> <p>You did not demonstrate a basic understanding of determining when additional information needs to be collected during a health history. Spend time reviewing the following assessment techniques:</p> <ul style="list-style-type: none"> • Asking about accidents or injuries • Asking about past and chronic illnesses • Asking about the reason for seeking care • Determining gynecological history • Determining history of present illness • Faith and spirituality • Race and ethnicity • Reviewing the client's concerns about abdominal status |
| Neutral Actions | <p>Neutral actions - 0 selected</p> <p>Neutral actions do not help or harm the client. Standard precautions of putting on gloves or sanitizing hands at the end of the scenario are not required.</p> |

| EHR Chart | |
|---------------------------------|--|
| Instructor Review Status | Not Reviewed |
| Instructor Review | This chart has not been reviewed by the instructor. This report will populate with additional information when the status has changed. |
| Instructor Feedback | <p>Instructor feedback can be viewed by accessing the link on the on-line version of this report.</p> <p>If your instructor has enabled the Expert EHR Chart, you may view the example in the attached page.</p> |

Health History 3.0 Test Information:

Health History 3.0 Test - Score Details of Most Recent Use

| | Individual Score | Individual Score | | | | | | | | | |
|-------------------------|------------------|------------------|----|----|----|----|----|----|----|----|----|
| | | 1 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 |
| COMPOSITE SCORES | 100.0% | ▲ | | | | | | | | | |
| Health History 3.0 Test | 100.0% | ▲ | | | | | | | | | |

Health History 3.0 Test - History

| | Date/Time | Total Time Use: 17 min | |
|-------------------------|----------------------|------------------------|----------|
| | | Score | Time Use |
| Health History 3.0 Test | 8/22/2024 1:57:00 PM | 100.0% | 2 min |
| Health History 3.0 Test | 8/22/2024 1:55:00 PM | 96.2% | 2 min |
| Health History 3.0 Test | 8/22/2024 1:53:00 PM | 84.6% | 3 min |
| Health History 3.0 Test | 8/22/2024 1:49:00 PM | 80.8% | 5 min |
| Health History 3.0 Test | 8/22/2024 1:44:00 PM | 69.2% | 6 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.

| | | |
|--|---|--|
| Amira Hill MRN: 3453895 Allergies: none | DOB: 03/19/XXXX Height: 61 in Weight: 122 lb | Attending: Rani Patel, MD Code Status: Full code Comments: none |
|--|---|--|

Notes

| 10.0 Minutes after start | Nursing/Clinician Note | Nurse |
|--|------------------------|-------|
| <p>Reports volunteering at the library, engaging in a lot of activity with assisted living community. No concerns about food security or financial difficulties. Reports falling "a little less than a year ago"; tripped over a rug in her living room. Fell on hip and braced with right arm; had hip bruising and sore arm for about a week. Has given the rug away. Mother passed away when client was 14 from motor vehicle crash. Has a kitchen, but eats most meals in dining room of assisted living "that way I don't need to keep track of my nutrition, they make sure all the meals are balanced."</p> | | |

Immunization Record

HH 10.0 Minutes after start

Vaccine Administration Information

| | |
|---|--|
| Tetanus, diphtheria, pertussis (Tdap) (7yr and older) 5 years before start | Facility/Location where immunization was given: Comments: |
| Influenza | Facility/Location where immunization was given: Comments: Receives every year in October |
| Pneumonia vaccine | Facility/Location where immunization was given: Comments: |
| Varicella | Facility/Location where immunization was given: Comments: Reports having 2 doses |

Flowsheet

Admission

HH 10.0 Minutes after start

Informant(s)Informant - If not patient
(name and relationship)**Admission Problems**

| | |
|-----------------|--|
| Chief Complaint | Recently moved to the area. States "This is my first time at this office I have osteoporosis and need to get my shot." |
|-----------------|--|

Principal Problem - Admission Diagnosis

Additional Demographic Info

| | |
|----------------|-------|
| Marital Status | Widow |
|----------------|-------|

| | |
|------------------------------|-----|
| Is English Primary Language? | Yes |
|------------------------------|-----|

Preferred Language if Not English

| | |
|-------------------|----------------|
| Educational Level | Masters Degree |
|-------------------|----------------|

| | |
|-----------------------|---|
| Religion/Spirituality | "I'm a practicing Muslim." Request a female provider. States "I really like the community at the mosque I go to." |
|-----------------------|---|

| | |
|------------|---|
| Occupation | Retired librarian (20 years ago). Began doctorate work but didn't complete dissertation |
|------------|---|

| | |
|----------------|---------------------------|
| Race/Ethnicity | Black or African American |
|----------------|---------------------------|

| | |
|----------|--|
| Comments | Client identifies as female gender and prefers the pronouns she/her/hers. Female sex assigned at birth |
|----------|--|

Home Medication List

| | |
|---|--------------------------------------|
| Denosumab Every 6 months, Subcutaneous | Is patient taking medication? Taking |
|---|--------------------------------------|

Last taken: Last does 6 moths ago; has taken for 9 years

| | |
|----------------------|--|
| Ordered by: | |
| Reason: Osteoporosis | |
| Start Date: | |
| End Date: | |

Past Medical History

Pertussis (Whooping cough)

Date of diagnosis: **During grade school**
 Details and treatments: "I got really sick"

Varicella (chickenpox)

Date of diagnosis: **During grade school**
 Details and treatments:

"Occasional cold"

Date of diagnosis: About once a year;
 last 6 months ago
 Details and treatments:

Menopause

Date of diagnosis: **During her 50s;**
denies bleeding or spotting post-
menopause
 Details and treatments:

Measles

Date of diagnosis: **During grade school**
 Details and treatments:

Osteoporosis

Date of diagnosis: **Age 75**
 Details and treatments: **Bone**
density test at diagnosis. Began
denosumab injection at that time.

Past Surgical History

Cesarean Section

Has had 2 pregnancies, 2 Cesarean births at term;
 one 7 pounds, the other 7 pounds 3 ounces

Date of procedure:

Family History

Myocardial Infarction

Family members affect: **Pt's Father**
Cause of death at age 86

Social/Environmental Safety Screening

| | |
|-----------------------------------|--|
| Patient lives | Alone |
| Comments | Living in own apartment at an assisted living facility. No concerns about housing situation. |
| Support Systems | Reports help with errands and appointments from daughter and son-in-law. Sees family once a week, has "lots of friend," joined a sewing club. Apartment complex has a van for transportation, client used for appointment today. Denies transportation issues. |
| Abuse/Neglect/Exploitation screen | |
| Observations - Neglect/Abuse | |
| Abuse/Neglect Comments | Reports feeling safe in current situation |

What impairments does the patient have that affects life at home and safety?

Vision impairment: Wears glasses for reading only
 Hearing impairment: Wears a hearing aid

Flowsheet

Assessment

HH 20.0 Minutes after start

Eyes, Ears, Nose, Throat

| | |
|-----------------------|---------------------------|
| Eyes | Glasses |
| Eyes Comments | |
| Ears | Hearing Aid |
| Ears Comments | Glasses for reading only. |
| Nose, Throat | |
| Nose, Throat Comments | |

Integumentary

Skin Color

Skin Temperature/Condition

Skin Turgor

Skin Comments

Reports "skin can be very dry and itchy." Relieved by fragrance-free lotion daily, year round. Worse during winter.

Musculoskeletal

RUE

LUE

RLE

LLE

Musculoskeletal Comments

Reports feeling "a little stiff in the morning." Relieved by stretching during water aerobics. Attends women's water aerobics at the senior center "a few days a week."

Reports muscle and joint pain; states "my hips give me trouble sometimes." Relieved by sitting and water aerobics. Reports that when she does have paint, it is a 1 to 2 on 0 to 10 scale.

Gastrointestinal

Abdomen

Bowel Sounds

Passing Flatus

Last Bowel Movement

GI Comment

Reports constipation at times; attributes to Halal cheese. Tries to avoid eating it.

Pain Assessment

Pain Location

Numeric Pain Rating

0

Pain Rating – Faces

Pain Relieved By

Pain Comments