Module Report

Simulation: HealthAssess 3.0

Module: Shirley Williamson: Bronchitis

Individual Name: **Nicholas Alford**

Institution: **Lakeview CON**

Program Type: **BSN**

Achieved Intervention

Shirley Williamson: Bronchitis Information:

Shirley Williamson: Bronchitis - Score Details of Most Recent Use

	Individual Score	Individual Score (1 10 20 30 40 50 60 70 80 90 99)
COMPOSITE SCORES	49.4%	▲
Shirley Williamson: Bronchitis	49.4%	▲

Shirley Williamson: Bronchitis - History

Total Time Use: 21 min

	Date/Time	Score	Time Use	EHR Status
Shirley Williamson: Bronchitis	10/6/2024 3:33:30 PM	49.4%	21 min	Not Reviewed

Time Use And Score

	Date	Time
Shirley Williamson: Bronchitis	10/06/2024	21 min

Simulation		
Scenario	In this virtual simulation, you cared for Shirley Williamson. The goal was to complete a focused respiratory and skin assessment and intervene based on the client's needs. Review your results below to determine how your performance aligned with the goals of this simulation.	
Overall Performance	You did not meet the requirements to complete this virtual health assessment scenario. Remediation is recommended before attempting this scenario again.	**Score:** 49.4%
Interventions Performed	**Apply oxygen** *You successfully identified the need to apply oxygen to improve the client's oxygen saturation level.*	

Interventions Performed	**Elevate head of bed** *You successfully identified the need to elevate the head of bed to improve the client's oxygenation.*
Essential Actions	**Required actions - 15 of 24 correctly selected** You did not demonstrate a basic understanding of the required actions to complete a focused health assessment based on this client's health status.You demonstrated an understanding of the following required actions: communicating with the client to elicit additional information, inspecting the abdomen, inspecting the anterior chest, inspecting the head and neck, inspecting the upper extremities, preparing the environment, providing privacy. Spend time reviewing: • Auscultating breath sounds of the anterior chest • Auscultating breath sounds of the posterior chest • Inspecting edema of the lower extremities • Inspecting skin of the lower extremities • Inspecting skin of the posterior chest • When to close the curtain • When to lower the bed height • When to raise the side rail • When to sanitize hands when completing client care
	Interactive actions - 0 of 2 performed correctly You did not demonstrate a basic understanding of assessment techniques with in the focused health assessment based on this client's health status. Spend time reviewing the following assessment techniques: • Auscultating breath sounds of the anterior chest • Auscultating breath sounds of the posterior chest
	Expected/unexpected findings - 3 of 11 correctly identified You did not demonstrate a basic understanding of the expected and unexpected findings from the focused health assessment based on this client's health status.You demonstrated an understanding of the expected and unexpected findings of the following: inspecting the abdomen. Spend time reviewing the expected and unexpected findings of the following: • Auscultating breath sounds of the anterior chest • Auscultating breath sounds of the posterior chest • Inspecting edema of the lower extremities • Inspecting respiratory status of the anterior chest • Inspecting skin of the head and neck • Inspecting skin of the lower extremities • Inspecting skin of the posterior chest • Inspecting skin of the upper extremities

Neutral Actions	**Neutral actions - 12 selected** Neutral actions do not help or harm the client. • *Only* questions specifically related to the focused respiratory and skin assessment are necessary. • *Only* steps specifically related to the focused respiratory and skin assessment are necessary.
Actions of Concern	**Delay treatment - 1 selected** You selected one or more actions that would delay treatment and should not be completed based on this client's health status. Delay of treatment can occur when asking unessential questions or performing assessments that do not address the client's immediate healthcare needs.
	Order violations - 6 selected Order violations occur when you move through the sequence of body areas in the incorrect order; move through the assessment techniques of inspection, palpation, and auscultation in the incorrect order; fail to place or remove gloves when required; or fail to provide for privacy or safety considerations before initiating or concluding a health assessment scenario.

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

Shirley Williamson (F) **MRN**: 772920 **Allergies**:	**DOB**: 02/22/19XX (67 year old) **Height**: **Weight**	**Attending**: Joe Dumphreys, MD **Code Status**: Full Code **Comments**:

Assessment

Respiratory	
Resp. Effort/Pattern	Dyspnea with exertion. Reports a lack of energy that worsens with minimal activity. Dyspnea
Breath Sound, Comments	Respiratory status: Client reports "having some trouble catching my breath. It's even hard for me to talk". Reports chest soreness from coughing. Breath sounds (Anterior chest and upper extremities): Expiratory wheezes in bilateral lower lobes. Breath sounds (Posterior chest): Expiratory wheezes in bilateral lower lobes.
Cough	Productive cough
Sputum	Reports occasional productive cough with thick, yellow sputum. Reports a small amount of blood in sputum at the time of admission but denies current hemoptysis.
Resp. Interventions	
Intervention, Comments	Head of bed elevated - client reports decreased dyspnea.
Respiratory Airways/Drains	
Airway/Drain, Comments	
Oxygen Source	Nasal cannula
Oxygen rate and comments	Oxygen saturation: Initial oxygen saturation 90%, then 91% on room air when head of bed elevated. Oxygen reapplied at 2 L per nasal cannula resulting in oxygen saturation of 94%. Recheck of oxygen saturation during the physical assessment was 96% on 2 L/min via nasal cannula.

Integumentary

Skin Color	Appropriate for ethnicity
Skin Temperature/Condition	
Skin Turgor	Recoils immediately
Skin Comments	Head and neck: Area of erythema present on the right side of the client's neck. Client reports itching at site. Reports history of eczema, states "it seems to be flaring up". Denies areas of erythema/itching elsewhere. Anterior chest and upper extremities: Pink-tan with even pigmentation. Intact with no lesions or nevi present. Posterior chest: Pink-tan with even pigmentation. Intact with no lesions or nevi present. Abdomen: Pink-tan with striae present. Intact with no lesions or nevi present. Lower extremities: Pink-tan with even pigmentation. Intact with no lesions or nevi present.

Pain Assessment

Pain Location	Reports chest soreness due to coughing.
Numeric Pain Rating	2
Pain Rating - Faces	
Pain Relieved by	
Pain Comments	Declined analgesic.