

Time Use And Score

| | Date | Time |
|---|------------|--------|
| Virtual Application (Maternal): Alyssa Kane | 11/05/2024 | 12 min |

| Simulation | | |
|----------------------------|--|---------------------|
| Scenario | In this virtual simulation, you cared for Alyssa Kane, who was in labor. The goal was to complete a focused assessment of a client who was in labor, including fetal heart monitoring. 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: 69.9% |
| Essential Actions | <p>Required actions - 17 of 23 correctly selected</p> <p>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: Auscultating the anterior chest, Communicating with the client to elicit additional information, Inspecting the abdomen, Inspecting the genitourinary, Inspecting the posterior chest, Inspecting the upper extremities, Palpating the abdomen, Preparing the environment, Providing privacy.</p> <p>Spend time reviewing:</p> <ul style="list-style-type: none"> Assessing oxygen saturation level Inspecting respiratory status of the anterior 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 | |
| | <p>Interactive actions - 1 of 2 performed correctly</p> <p>You did not demonstrate a basic understanding of assessment techniques within the focused health assessment based on this client's health status. You demonstrated an understanding of the following assessment techniques: Auscultating the anterior chest.</p> <p>Spend time reviewing the following assessment techniques:</p> <ul style="list-style-type: none"> Auscultating breath sounds of the anterior chest | |

| | |
|---------------------------|---|
| Essential Actions | <p>Expected/unexpected findings - 10 of 12 correctly identified</p> <p>You demonstrated 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: Auscultating the anterior chest, Inspecting the abdomen, Inspecting the genitourinary, Inspecting the posterior chest, Inspecting the upper extremities, Palpating the abdomen.</p> <p>Spend time reviewing the expected and unexpected findings of the following:</p> <ul style="list-style-type: none"> Assessing oxygen saturation level Inspecting respiratory status of the anterior chest |
| Neutral Actions | <p>Neutral actions - 12 selected</p> <p>Neutral actions do not help or harm the client.</p> <ul style="list-style-type: none"> <i>Only</i> questions specifically related to the client's healthcare needs are necessary. <i>Only</i> steps specifically related to the focused assessment of a client who was in labor, including fetal heart monitoring are necessary. |
| Actions of Concern | <p>Order violations - 8 selected</p> <p>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 provide for privacy or safety considerations before initiating or concluding a health assessment scenario.</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> |

| Virtual Application (Newborn): Amelia Kane - Score Details of Most Recent Use | | |
|--|------------------|---------------------------------|
| | Individual Score | Individual Score |
| | | 1 10 20 30 40 50 60 70 80 90 99 |
| COMPOSITE SCORES | 85.7% | ▲ |
| Virtual Application (Newborn): Amelia Kane | 85.7% | ▲ |

Virtual Application (Newborn): Amelia Kane - History

| Total Time Use: 13 min | | | | |
|---|-----------------------|-------|----------|--------------|
| | Date/Time | Score | Time Use | EHR Status |
| Virtual Application (Newborn): Amelia Kane | 11/5/2024 12:34:58 AM | 85.7% | 13 min | Not Reviewed |

Time Use And Score

| | Date | Time |
|--|------------|--------|
| Virtual Application (Newborn): Amelia Kane | 11/05/2024 | 13 min |

| Simulation | |
|----------------------------|--|
| Scenario | In this virtual simulation, you cared for Amelia Kane, who was a newborn. The goal was to complete a head-to-toe health assessment. 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 health assessment scenario. Score: 85.7% |
| Essential Actions | <p>Required actions - 32 of 37 correctly selected</p> <p>You have demonstrated 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: Assessing oxygen saturation level, Auscultating the abdomen, Auscultating the anterior chest, Auscultating the posterior chest, Inspecting the abdomen, Inspecting the anterior chest, Inspecting the genitalia, Inspecting the lower extremities, Inspecting the posterior chest, Inspecting the upper extremities, Palpating the abdomen, Palpating the lower extremities, Palpating the upper extremities.</p> <p>Spend time reviewing:</p> <ul style="list-style-type: none"> Inspecting facial expressions Inspecting pupillary light reflex Inspecting the sclerae Palpating the reflexes When to sanitize hands when completing client care |

| | |
|----------------------------------|--|
| <p>Essential Actions</p> | <p>Interactive actions - 6 of 9 performed correctly</p> <p>You did not demonstrate a basic understanding of assessment techniques within the focused health assessment based on this client's health status. You demonstrated an understanding of the following assessment techniques: Auscultating the abdomen, Auscultating the posterior chest, Inspecting the lower extremities, Inspecting the upper extremities.</p> <p>Spend time reviewing the following assessment techniques:</p> <ul style="list-style-type: none"> • Auscultating apical pulse • Inspecting pupillary light reflex • Palpating abdomen <hr/> <p>Expected/unexpected findings - 30 of 34 correctly identified</p> <p>You demonstrated 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: Assessing oxygen saturation level, Auscultating the abdomen, Auscultating the anterior chest, Auscultating the posterior chest, Inspecting the abdomen, Inspecting the anterior chest, Inspecting the genitalia, Inspecting the lower extremities, Inspecting the posterior chest, Inspecting the upper extremities, Palpating the abdomen, Palpating the lower extremities, Palpating the upper extremities.</p> <p>Spend time reviewing the expected and unexpected findings of the following:</p> <ul style="list-style-type: none"> • Inspecting facial expressions • Inspecting pupillary light reflex • Inspecting the sclerae • Palpating the reflexes |
| <p>Neutral Actions</p> | <p>Neutral actions - 5 selected</p> <p>Neutral actions do not help or harm the client.</p> <ul style="list-style-type: none"> • <i>Only</i> questions specifically related to the client's healthcare needs are necessary. • <i>Only</i> steps related to a head-to-toe health assessment are necessary. |
| <p>Actions of Concern</p> | <p>Order violations - 0 selected</p> <p>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 provide for privacy or safety considerations before initiating or concluding a health assessment scenario.</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 | 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. |

Maternal Newborn 3.0 Test Information:

| Maternal Newborn 3.0 Test - Score Details of Most Recent Use | | | | | | | | | | | | |
|---|------------------|-------------------------|----|----|----|----|----|----|----|----|----|----|
| | Individual Score | <u>Individual Score</u> | | | | | | | | | | |
| | | 1 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 99 |
| COMPOSITE SCORES | 97.4% | ▲ | | | | | | | | | | |
| Maternal Newborn 3.0 Test | 97.4% | ▲ | | | | | | | | | | |

| Maternal Newborn 3.0 Test - History | | | |
|--|-----------------------|-------|----------|
| | Date/Time | Score | Time Use |
| Maternal Newborn 3.0 Test | 11/5/2024 12:43:00 AM | 97.4% | 7 min |



HealthAssess 3.0 EHR Expert Chart Alyssa Kane and Amelia Kane

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.

Alyssa Kane

Sex assigned at birth: Female

DOB/Age: 19 years old

Height: 170 cm

Weight: 83 kg

Comments: none

MRN: 10433802

Attending: Lisa Williams, MD

Allergies: none

Code Status: Full code

Allergies & Home Medications

| Allergies | Result |
|--------------------|----------|
| No known allergies | Reviewed |

| Home Medication List | Result |
|--|---|
| Prenatal vitamin 1 tablet Oral Start Date: 7 months before start | Is patient taking medication? Taking Last Taken: Yesterday |

Vital Signs

| Vital Signs | Result |
|---------------------|-----------------------------------|
| SpO2 (%) | 98% |
| Numeric Pain Rating | 1 |
| Comment | Low back pain during contractions |

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| Measurements | Result |
|---------------|-----------------------------------|
| Height/Length | 170 cm |
| Weight | 83 kg |
| Comment | Low back pain during contractions |

Orders/Prescriptions

| Start Date | Order | Details |
|---------------------|---|---|
| 5.0 hr before start | Epidural placement and management Entered by Provider Dose/Frequency: Other - See Comments Start Date: 5.0 hr before start | At client request. Anesthesiologist to manage procedure and infusion. |
| 5.0 hr before start | Lactated Ringer's Entered by Provider Dose/Frequency: 1000 mL Rate: 150 mL/hr Route: IV Start Date: 5.0 hr before start End Date: Dispensed: INJECTABLE, IV 1000 mL | 5.0 hr before start – Started 1000 mL |
| 5.0 hr before start | Ondansetron Written order Dose/Frequency: 4 mg every 8 hr PRN Route: IVP Start Date: 5.0 hr before start End Date: Dispensed: INJECTABLE, INJECTION 2 mg/mL | 3.0 hr before start – Given 4 mg As needed for nausea/vomiting |

MAR

| Medication | Time Given |
|---|---------------|
| Lactated Ringer's Entered by Provider Dose/Frequency: 1000 mL Rate: 150 mL/hr Route: IV Start Date: 5.0 hr before start End Date: Dispensed: INJECTABLE, IV 1000 mL | -5 hr Started |
| Ondansetron Written order Dose/Frequency: 4 mg every 8 hr PRN Route: IVP Start Date: 5.0 hr before start End Date: Dispensed: INJECTABLE, INJECTION 2 mg/mL | -3 hr Given |

Flowsheet – Assessment

| Respiratory | Result |
|----------------------|--|
| Resp. Effort/Pattern | Bilaterally even and unlabored |
| Comment | Symmetrical movements bilaterally with inspiration and expiration; rate 20/min. High-pitched bronchial sounds over trachea. Medium pitch bronchovesicular sounds between scapulae and below clavicles. Soft, low pitched vesicular sounds over peripheral lung fields. Clear anterior and posterior. |

| Cardiac | Result |
|-----------------------|-------------------|
| Cardiac Rhythm/Sounds | S1 and S2 present |
| Comment | No murmurs |

| Pain Assessment | Result |
|---------------------|-----------------------------------|
| Numeric Pain Rating | 1 |
| Pain Relieved by | Medication |
| Comment | Low back pain during contractions |

Flowsheet – Intake and Output

| Output (mL) | Result |
|---------------------|---------------------|
| Urine per cath (mL) | 300 |
| Comment | 300 mL in past 4 hr |

Flowsheet – Interventions (Lines, Drains, etc)

| IVs/Lines | 2.0 min after start | 5.0 min after start |
|--------------------------|---------------------|-----------------------|
| Type | | Peripheral IV |
| Type of Line, Comments | Epidural | |
| Action | Assessment | |
| Other Location Comments | Low back/Lumbar | |
| Orientation | | Right |
| Size (Gauge) | | 18 |
| Site Assessment | | Dry, Intact |
| Infiltration Scale | | Grade 0 = No symptoms |
| Phlebitis Scale | | Grade 0 = No symptoms |
| Site Assessment Comments | Intact, clean, dry | |

| Urinary Catheters | Result – 7.0 min after start |
|---------------------|------------------------------|
| Type | Double Lumen (Foley) |
| Action | Assessment |
| Drainage Container | Standard Bag |
| Catheter Assessment | Patent, Securing Device |

Obstetrics – OB Admission

| OB Admission | Result |
|----------------------|--------|
| Reason for Admission | Labor |
| Rupture of Membranes | No |
| Prenatal Care? | Yes |

Pregnancy History

G1TPAL

Obstetrics – Labor Assessment

| Vital Signs | Result – 1.0 min after start |
|---------------------|-----------------------------------|
| SpO2 (%) | 98% |
| Numeric Pain Rating | 1 |
| Comment | Low back pain during contractions |

| Fetal Assessment | Result – 5.0 min after start |
|------------------|------------------------------|
| Monitor Mode | Continuous external EFM |
| FHR Variability | Moderate: 6 to 25 bpm |
| Membrane Status | Spontaneous rupture (SROM) |
| Fluid Appearance | Clear |

| Uterine Activity | Result – 5.0 min after start |
|---|------------------------------|
| Monitor Mode | External TOCO |
| Frequency (every __ min) | 2 to 3 |
| Duration (contractions last __ seconds) | 60 to 90 |
| Contraction Palpation | Strong |

| Cervical Exam | Result – 8.0 min after start |
|----------------|------------------------------|
| Dilation (cm) | 8 |
| Station | 0 |
| Effacement (%) | 70 |

| | |
|--------------------------------------|--------------------------------------|
| Amelia Kane | |
| Sex assigned at birth: Female | MRN: 10468384 |
| DOB/Age: 0 Days after start | Attending: Michael Smerka, MD |
| Height: 53.3 cm | Allergies: none |
| Weight: 2948 g | Code Status: Full code |
| Comments: none | |

Allergies & Home Medications

| Allergies | Result |
|--------------------|----------|
| No known allergies | Reviewed |

Vital Signs

| Measurements | Result |
|---------------|---------|
| Height/Length | 53.3 cm |
| Weight | 2948 g |

Orders/Prescriptions

| Start Date | Order | Details |
|---------------------|---|---|
| 7.0 hr before start | Erythromycin Route: Ophthalmic Start Date: 7.0 hr before start Dispensed: OINTMENT; OPHTHALMIC 0.5% | 6.0 hr before start - Given Apply 1 cm ribbon to bilateral lower conjunctival sac. May wait until after feeding. |
| 7.0 hr before start | Phytonadione (Vit K) Entered by Provider Dose/Frequency: 1 mg Once Route: Intramuscular Start Date: 7.0 hr before start End Date: Dispensed: INJECTION, 1 mg/0.5 mL | 6.0 hr before start - Given 1 mg |

MAR

| Medication | Time Given |
|--|-------------|
| Erythromycin Route: Ophthalmic Start Date: 7.0 hr before start Dispensed: OINTMENT; OPTHALMIC 0.5% | -6 hr Given |
| Phytonadione (Vit K) Entered by Provider Dose/Frequency: 1 mg Once Route: Intramuscular Start Date: 7.0 hr before start End Date: Dispensed: INJECTION, 1 mg/0.5 mL | -6 hr Given |

Flowsheet – Newborn Assessment

| Safety | Result |
|----------------|-----------------|
| ID Band Number | 616731 |
| Bed Type | Open crib |
| Alarms in Use | Security Sensor |

| Cardiac/Respiratory | Result |
|-----------------------|---------------------|
| Cardiac | Regular |
| Brachial | Strong/Expected |
| Femoral | Strong/Expected |
| Capillary refill | Less than 3 seconds |
| Respiratory Pattern | Regular |
| Breath Sounds – Left | Clear |
| Breath Sounds – Right | Clear |
| Respiratory Effort | Unlabored |

| Cardiac/Respiratory | Result |
|---------------------|---|
| Newborn Skin | Acrocyanosis |
| Oxygen | Room air |
| Comment | S1 & S2 clear to auscultation, no murmurs; rate 137/min. Chest with symmetrical movements bilaterally with inspiration and expiration; rate 53/min. Skin intact anterior and posterior chest; tone even and consistent with genetic background. |

| Neuromuscular | Result |
|-------------------|--|
| Reflexes Present | Suck, rooting, Palmar grasp, Moro, Tonic neck, Babinski, Stepping |
| Lower extremities | Symmetrical movement |
| Upper extremities | Symmetrical movement |
| Comment | Symmetrical shape and form of shoulders, wrists, hands. Full ROM. Symmetrical shape and form of hips, thighs, calves, ankles, and feet. Skin intact, tone even and consistent with genetic background in upper and lower extremities. Capillary refill less than 3 seconds in upper and lower extremities. |

| Head | Result |
|----------------------|--|
| Head | Molding |
| Anterior Fontanelle | Soft, Flat |
| Posterior Fontanelle | Open |
| Eyes | Pupils equal, Pupils reactive |
| Mouth | Palate intact |
| Comment | Facial movements symmetrical. Skin intact; tone even and consistent with genetic background. Sclerae clear, no jaundice, red spots, or bruising. Rooting and sucking reflexes present. |

| Abdomen/Genitourinary | Result |
|-----------------------|--|
| Abdomen | Soft, Nontender, Rounded |
| Bowel Sounds | Present in four quadrants, Active |
| Umbilical Cord | Clamped |
| Comment | Skin intact anterior and posterior. Skin tone even and consistent with genetic background. Umbilical cord with 3 vessels, no drainage, bleeding, swelling, redness. Skin turgor good/elastic. Labia majora, minora, clitoris, and vaginal opening present, light pink. |