

Time Use And Score

	Date	Time
Virtual Application: Darian Oduya	11/05/2024	28 min

Simulation			
Scenario	In this virtual simulation, you cared for Darian Oduya, who was admitted to the hospital yesterday with cellulitis. 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	<table border="1"> <tr> <td>You did not meet the requirements to complete this virtual health assessment scenario. Remediation is recommended before attempting this scenario again.</td> <td>Score: 74.7%</td> </tr> </table>	You did not meet the requirements to complete this virtual health assessment scenario. Remediation is recommended before attempting this scenario again.	Score: 74.7%
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Interventions Performed	<p>Client education - No touching</p> <p>1 You successfully identified the need to provide client teaching about avoid touching the effected area to promote healing.</p> <p>Offer to reposition</p> <p>1 You successfully identified the need to offer to reposition the client to promote comfort.</p>		
Essential Actions	<p>Required actions - 31 of 40 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 abdomen, Auscultating the posterior chest, Communicating with the client to elicit additional information, Inspecting the abdomen, Inspecting the posterior chest, Inspecting the upper extremities, Palpating the abdomen, Palpating the lower extremities, Preparing the environment, Providing privacy.</p> <p>Spend time reviewing:</p> <ul style="list-style-type: none"> • Auscultating heart sounds • Inspecting range of motion and palpating muscle strength of the lower extremities • Inspecting skin of the anterior chest • Inspecting skin of the head and neck • Inspecting symmetry 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>Essential Actions</p>	<p>Interactive actions - 8 of 10 performed correctly</p> <p>You demonstrated 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 apical pulse, Auscultating breath sounds, Inspecting capillary refill, Palpating dorsalis pedis pulse, Palpating skin temperature, Palpating the abdomen. Spend time reviewing the following assessment techniques:</p> <ul style="list-style-type: none"> • Auscultating bowel sounds • Auscultating heart sounds <hr/> <p>Expected/unexpected findings - 18 of 26 correctly identified</p> <p>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: Auscultating the abdomen, Auscultating the posterior chest, Inspecting the abdomen, Inspecting the posterior chest, Inspecting the upper extremities, Palpating the abdomen, Palpating the lower extremities. Spend time reviewing the expected and unexpected findings of the following:</p> <ul style="list-style-type: none"> • Assessing respiratory status • Ascultating apical pulses • Auscultating heart sounds • Inspecting facial expressions • Inspecting range of motion and palpating muscle strength of the lower extremities • Inspecting skin of the anterior chest • Inspecting skin of the head and neck • Inspecting symmetry of the anterior chest
<p>Neutral Actions</p>	<p>Neutral actions - 10 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 - 5 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.

Pediatric Nursing 3.0 Test Information:

Pediatric Nursing 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
COMPOSITE SCORES	100.0%	▲									
Pediatric Nursing 3.0 Test	100.0%	▲									

Pediatric Nursing 3.0 Test - History			
	Date/Time	Total Time Use: 7 min	
		Score	Time Use
Pediatric Nursing 3.0 Test	11/5/2024 2:48:00 PM	100.0%	7 min



Expert Chart Darian Oduya

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.

Darian Oduya, Male	DOB: 7 years old	Attending: John Mack, MD
MRN: 10483948	Height: 119 cm	Code Status: Full Code
Allergies: none	Weight: 25.9 kg	Comments: none

Allergies & Home Medications

Allergies	
No known allergies	Reviewed

Vital Signs

Measurements	
Height/Length	119 cm
Weight	25.9 kg

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Orders/Prescriptions

Start Date	Order	Details
17.0 hr before start	<p>Cephalexin</p> <p><i>Entered by Provider</i> Dose/Frequency: 50 mg/kg/day Every 6 hr Route: Oral</p> <p>Start Date: 17.0 hr before start Dispensed: ORAL; SUSPENSION 250 mg/5 mL</p>	<p>5.0 hr before start - Given 6.5 mL</p> <p>11.0 hr before start - Given 6.5 mL</p> <p>17.0 hr before start - Given 6.5 mL</p> <p>Child weight: 25.9 kg = 6.5 mL per dose</p>
17.0 hr before start	<p>Dextrose 5% and 0.9% Sodium Chloride (D5NS)</p> <p><i>Entered by Provider</i> Dose/Frequency: 1000 mL Rate: 67 mL/hr Route: IV</p> <p>Start Date: 17.0 hr before start End Date: Dispensed: INJECTABLE, IV 1000 mL</p>	<p>2.0 hr before start - Given</p> <p>17.0 hr before start - Started</p>
17.0 hr before start	<p>Ibuprofen</p> <p><i>Written order</i> Dose/Frequency: 200 mg Every 6 hr PRN Route: Oral</p> <p>Start Date: 17.0 hr before start End Date: Dispensed: ORAL; SUSPENSION 100 mg/5 mL</p>	<p>6.0 hr before start - Given 200 mg</p> <p>12.0 hr before start - Given 200 mg</p> <p>As needed for pain</p>
17.0 hr before start	<p>Multivitamin</p> <p><i>Entered by Provider</i> Dose/Frequency: 1 tablet daily Route: Oral</p> <p>Start Date: 17.0 hr before start End Date: Dispensed: ORAL; CHEWABLE TABLET</p>	

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Medication Administration for 0 Days after start

Medication	-17 hr	-12 hr	-11 hr	-5 hr	-2 hr
<p>Cephalexin</p> <p><i>Entered by Provider</i> Dose/Frequency: 50 mg/kg/day Every 6 hr Route: Oral</p> <p>Start Date: 17.0 hr before start Dispensed: ORAL; SUSPENSION 250 mg/5 mL</p>	Given KW		Given KW	Given KW	
<p>Dextrose 5% and 0.9% Sodium Chloride (D5NS)</p> <p><i>Entered by Provider</i> Dose/Frequency: 1000 mL Rate: 67 mL/hr Route: IV</p> <p>Start Date: 17.0 hr before start End Date: Dispensed: INJECTABLE, IV 1000 mL</p>	Started KW				Given KW
<p>Ibuprofen</p> <p><i>Written order</i> Dose/Frequency: 200 mg Every 6 hr PRN Route: Oral</p> <p>Start Date: 17.0 hr before start End Date: Dispensed: ORAL; SUSPENSION 100 mg/5 mL</p>		Given KW		Given KW	
<p>Multivitamin</p> <p><i>Entered by Provider</i> Dose/Frequency: 1 tablet daily Route: Oral</p> <p>Start Date: 17.0 hr before start End Date: Dispensed: ORAL; CHEWABLE TABLET</p>					

Flowsheet

Interventions (Lines, Drains, etc)

IVs/Lines	
LINES	2.0 min after start
Type	Peripheral IV
Action	Assessment
Location	Forearm
Orientation	Right
Site Assessment	Clean, dry, intact

Assessment

Head, Face, Anterior Fontanel, Neck	
Head, Face	Head round and symmetrical, Normocephalic

Respiratory	
Resp. Effort/Pattern	Bilaterally even and unlabored
Breath Sound, Comments	Clear in all lobes bilaterally, anterior and posterior
Oxygen rate and comments	Symmetrical movements of anterior and posterior chest with inspiration and expiration. Rate is 22/min.

Cardiac	
Cardiac Rhythm/Sounds	Regular rhythm, S1 and S2 present
Cardiac Comments	Apical pulse 115/min

Peripheral Vascular	
RUE	Capillary refill less than 3 secs
LUE	Capillary refill less than 3 secs
RLE	Capillary refill less than 3 secs, Pulse is palpable and strong. No edema or pain.
LLE	Capillary refill less than 3 secs, Pulse is palpable and strong
Periph. Vasc. Comments	Swelling noted in left lower leg

Integumentary	
Skin Color	Appropriate for ethnicity, Even distribution
Skin Temperature/Condition	Intact, Warm
Skin Comments	Skin intact with even tone and consistent with genetic background, except for cellulitis on left lower calf, which is erythematous. Skin warm on right lower leg, but not on left lower leg.

Musculoskeletal	
RLE	Full range of mobility
LLE	Full range of mobility
Musculoskeletal Comments	Upper extremities symmetrical in appearance

Gastrointestinal	
Abdomen	Soft, Nontender, Rounded
Bowel Sounds	Active
GI Comment	Symmetrical appearance, umbilicus inverted and at midline

Pain Assessment	
Pain Location	Left leg
Pain Rating - Faces	4
Pain Comments	Unable to describe pain. Appears in pain and tired. States he is "so tired" and his dad reports that the child did not sleep well. Left leg elevated