

Module Report

Simulation: HealthAssess 3.0

Module: Timothy Lee: Head-to-toe challenge



Individual Name: **Kacee Sands**

Institution: **Lakeview CON**

Program Type: **BSN**

Timothy Lee: Head-to-toe challenge Information:

| Timothy Lee: Head-to-toe challenge - Score Details of Most Recent Use | | | | | | | | | | | | |
|---|------------------|------------------|----|----|----|----|----|----|----|----|----|----|
| | Individual Score | Individual Score | | | | | | | | | | |
| | | 1 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 99 |
| COMPOSITE SCORES | 80.2% | | | | | | | | | | ▲ | |
| Timothy Lee: Head-to-toe challenge | 80.2% | | | | | | | | | | ▲ | |

| Timothy Lee: Head-to-toe challenge - History | | | | |
|--|-----------------------|-------|----------|--------------|
| Total Time Use: 23 min | | | | |
| | Date/Time (ET) | Score | Time Use | EHR Status |
| Timothy Lee: Head-to-toe challenge | 11/26/2024 3:28:13 PM | 80.2% | 23 min | Not Reviewed |

| Time Use And Score | | |
|------------------------------------|------------|--------|
| | Date | Time |
| Timothy Lee: Head-to-toe challenge | 11/26/2024 | 23 min |

| Simulation | | |
|----------------------------|---|---------------------|
| Scenario | In this virtual simulation, you cared for Timothy Lee. 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: 80.2% |

Essential Actions

Required actions - 33 of 39 correctly selected

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: auscultating the abdomen, auscultating the anterior chest, auscultating the posterior chest, communicating with the client to elicit additional information, inspecting the head and neck, palpating the abdomen, palpating the lower extremities, palpating the upper extremities, providing infection control and safety.

Spend time reviewing:

- Inspecting skin of the abdomen
- Inspecting skin of the lower extremities
- Inspecting skin of the posterior chest
- Inspecting symmetry of the anterior chest
- Inspecting symmetry of the lower extremities
- Inspecting symmetry of the upper extremities

Interactive actions - 9 of 12 performed correctly

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 heart sounds, inspecting capillary refill, palpating dorsalis pedis pulse, palpating radial pulse, palpating skin temperature, palpating the abdomen.

Spend time reviewing the following assessment techniques:

- Auscultating bowel sounds
- Auscultating breath sounds of the posterior chest
- Inspecting pupillary light reflex

Expected/unexpected findings - 27 of 33 correctly identified

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 abdomen, auscultating the anterior chest, auscultating the posterior chest, inspecting skin turgor, inspecting the head and neck, palpating the abdomen, palpating the lower extremities, palpating the upper extremities.

Spend time reviewing the expected and unexpected findings of the following:

- Inspecting skin of the abdomen
- Inspecting skin of the lower extremities
- Inspecting skin of the posterior chest
- Inspecting symmetry of the anterior chest
- Inspecting symmetry of the lower extremities
- Inspecting symmetry of the upper extremities

| | |
|---------------------------|--|
| Neutral Actions | <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. |
| Actions of Concern | <p>Not cost effective - 1 selected</p> <p>You selected one or more actions that would not be cost effective to perform and should not be completed based on this client's health status. It is important to provide cost effective care, which includes the use of equipment only when indicated.</p> |
| | <p>Order violations - 4 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 place or remove gloves when required; or 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> |

Glasgow Coma Scale

Best Eye Response

Best Verbal Response

Best Motor Response

Glasgow Total

Respiratory

Resp. Effort/Pattern WDL – Regular rhythm, bilaterally even and unlabored

Breath Sound, Comments Lungs clear to auscultation to all fields.

Cough

Sputum

Resp. Interventions

Intervention, Comments

Respiratory Airways/Drains

Airway/Drain, Comments

Oxygen Source Room Air

Oxygen rate and comments Respirations 16 breaths/min.

Cardiac

Cardiac Rhythm/Sounds WDL - Regular rhythm and rate, S1 and S2 present

Cardiac Symptoms

Monitors/Telemetry?

Cardiac Comments

Peripheral Vascular

RUE Capillary refill is less than 3 sec, pulse is palpable and strong, +3 – strong pulse

LUE Capillary refill is less than 3 sec, pulse is palpable and strong, +3 – strong pulse

RLE Capillary refill is less than 3 sec, pulse is palpable and strong, +3 – strong pulse

LLE Capillary refill is less than 3 sec, pulse is palpable and strong, +3 – strong pulse

Periph. Vasc. Comments Capillary refill to all extremities 2 seconds.

Integumentary

| | |
|----------------------------|---|
| Skin Color | Appropriate for ethnicity, even distribution |
| Skin Temperature/Condition | Warm |
| Skin Turgor | Recoils immediately |
| Skin Comments | Skin intact throughout with no lesions or masses noted. |

Braden Scale

Sensory perception

Moisture

Activity

Mobility

Nutrition

Friction and shear

Total score

Musculoskeletal

| | |
|--------------------------|---|
| RUE | Full range of mobility |
| LUE | Full range of mobility |
| RLE | Full range of mobility |
| LLE | Full range of mobility |
| Musculoskeletal Comments | Extremities symmetrical bilaterally. No hesitancy noted with range of motion maneuvers. Denies weakness or discomfort. Grips equal bilaterally. Gait steady with full weight-bearing bilaterally. Muscle strength 5 to lower extremities bilaterally. |

Morse Fall Scale

Morse, J.M., "Preventing Patient Falls" 2nd ed (Springer Pub, Fall 2008), Instructions for the use of the scale are in this book.

History of falling

Secondary diagnosis

Ambulatory aid

IV/Saline lock

Gait/Transferring

Mental Status

Total

Select Risk level based on total score

Gastrointestinal

Abdomen WDL – Soft, nondistended and nontender

Bowel Sounds Active

Passing Flatus

Last Bowel Movement

GI Comment Abdomen contour is symmetric. Bowel sounds to RLQ active.

Genitourinary

Urinary Symptoms

Urine Color

Urine Characteristics

GU Comments

Pain Assessment

Pain Location

Numeric Pain Rating

Pain Rating - Faces

Pain Relieved by

Pain Comments

Education

Learner

Factors Affecting Ability to Learn

Preferred Method of Learning

Learner Assessment Comments

Teaching Methods

Education Note

Learner Response

Evaluation

Patient Ed. Comment

Vital Signs

Temperature

Temperature Source

Pulse

Pulse Source

Blood Pressure

Position

Respirations 16 bpm

SpO₂ (%)

Oxygen Source Room Air

Faces Pain Rating

Numeric Pain Rating

Glucose Monitoring Results

Vital Signs Comments

Height/Length

Weight

Body Mass Index

Comments