

Module Report

Simulation: HealthAssess 3.0

Module: Timothy Lee: Head-to-toe challenge



Individual Name: Nicholas Alford

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	95.1%	▲										
Timothy Lee: Head-to-toe challenge	95.1%	▲										

Timothy Lee: Head-to-toe challenge - History				
Total Time Use: 30 min				
	Date/Time (ET)	Score	Time Use	EHR Status
Timothy Lee: Head-to-toe challenge	11/30/2024 9:47:50 PM	95.1%	30 min	Not Reviewed

Time Use And Score		
	Date	Time
Timothy Lee: Head-to-toe challenge	11/30/2024	30 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: 95.1%

Essential Actions	Required actions - 38 of 39 correctly selected Congratulations! You have demonstrated a thorough 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 abdomen, inspecting the anterior chest, inspecting the head and neck, inspecting the lower extremities, inspecting the posterior chest, inspecting the upper extremities, palpating the abdomen, palpating the lower extremities, palpating the upper extremities. Spend time reviewing: • When to sanitize hands when completing client care Interactive actions - 11 of 12 performed correctly You demonstrated a thorough 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 bowel sounds, auscultating heart sounds, inspecting capillary refill, inspecting pupillary light reflex, palpating dorsalis pedis pulse, palpating radial pulse, palpating skin temperature, palpating the abdomen. Spend time reviewing the following assessment techniques: • Auscultating breath sounds of the posterior chest Expected/unexpected findings - 33 of 33 correctly identified You demonstrated a thorough 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 abdomen, inspecting the anterior chest, inspecting the head and neck, inspecting the lower extremities, inspecting the posterior chest, inspecting the upper extremities, palpating the abdomen, palpating the lower extremities, palpating the upper extremities.
Neutral Actions	Neutral actions - 6 selected Neutral actions do not help or harm the client. • <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	Not cost effective - 1 selected 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.

Actions of Concern	Order violations - 2 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.

Timothy Lee (M)
MRN: 931079
Allergies: Sulfa

DOB: Jan 28, 34 years of age
Height: 5'10" (70 in)
Weight: 165 lb

Attending: Michael Smerka, MD
Code Status: Full code
Comments:

Assessment

Head, Face, Neck

Head, Face Head round and symmetrical, Normocephalic

Neck

Comment

Eyes, Ears, Nose, Throat

Eyes Symmetrical

Eyes Comments Sclerae white.

Ears Symmetrical placement

Ears Comments

Nose, Throat

Nose, Throat Comments

Neurological group

Level of Consciousness Full consciousness

Orientation Oriented x 4

Cognitive

Speech Clear

Pupil Response Bilateral pupils reactive

Pupil size (mm) left 5 mm right 5 mm

Deep Tendon Reflexes

Neurological Comments Pupils constrict to 3 mm bilaterally when assessing reactivity to light.

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