ATI Swift River Simulations 2.0
Client Report Sheet

Room Number: 102	Allergies: No known allergies	Diet: Regular but should be diabetic	Acuity 1 2 3: 1
Client Name: Donald Lyles		Pronouns: he/him	
Health Alteration/Concept and Exemplar:			
Date of Birth/Age: 52 years old- 12/19/1972		Code Status: Not provided	
Medical Record Number: 86916221		Provider: Not provided	

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ATI SwIfT RIvER SImuLATIonS 2.0

CLIEnT REPoRT ShEET

Cardiovascular (Perfusion) Assessment Findings: S1 and S2 are present with regular rhythm.

SBAR report:

Situation: Donald Lyles was admitted yesterday for stabilization of uncontrolled type 2 diabetes. His A1C was 13.2% and his blood glucose was 320.

(Gas Exchange) Assessment Findings: The client's lungs are clear bilaterally. Their O2 is reading at 94%

Background: He was diagnosed with type 2 diabetes 6 months ago and prescribed an oral antidiabetic medication He has a past medical history of an acute myocardial infarction that happened a little over a year ago. The patient's current BMI is 37 and he follows no diet or exercise regimens.

Assessment: His vital signs are T: 99.2, P: 88, RR:22, BP: 146/94, O2: 94% on room air. His blood sugar is 98. His lung sounds are clear bilaterally, S1 and S2 present with a regular rhythm, and his abdomen is soft and non-tender with normoactive bowel sounds. Skin is warm and dry, mucous membranes are moist and pink, pulses are equal and 2+ in all four extremities, cap refill 3 seconds in bilateral lower extremities and 2 seconds in bilateral upper extremities. The client reports numbness in his toes. He has a saline-locked IV in his right forearm. The client is eating and drinking with a prescribed diabetic diet.

ivery: room air

Recommendations: The patient should be given education on a diet and exercise regimen.

Client specific considerations that surround diversity and inclusion (culture, religion, age, language): none are provided.

N/A	146/94	N/A	22	99.2F	94%
Time	Blood Pressure	Heart Rate	Respirations	Temperature	SpO_2
	nnjd				

Neurologic Assessment Findings: There are no findings reported.

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GI/GU (Elimination) Assessment Findings: No findings are reported.

Skin (Tissue Perfusion) Assessment Findings: The client reports numbness in his toes. His capillary refill is 3 seconds in bilateral lower extremities and 2 seconds in bilaterally upper extremities. His pulses are equal and 2+ in all 4 extremities.

Lab Results: His blood sugar is 98.

Diagnostic Results: None are reported.

IV site: His IV is placed in his right forearm and is saline-locked.

Medications	Dosage	Route	Frequency	Time
insulin	Per sliding scale	Subcutaneous	Before meals	N/A

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STUDENT NAME ____Ryleigh Wardall_____

MEDICATION __Insulin lispro (Humalog) REVIEW MODULE CHAPTER _____10_____ CATEGORY

CLASS: Antidiabetic

-Decreases glucose levels

-Promotes energy storage

-Moves potassium into cells

Used for glycemic control of diabetes to prevent complications.

-Hypoglycemia

-Hypokalemia

-Lipohypertrophy

-Adjust the insulin dosage to meet insulin needs.

-Have an updated glucose before administration.

Use with caution in pregnancy and during lactation.

-Monitor clients for hypoglycemia.

-Administer glucose when needed.

This medication can interact with sulfonylureas, meglitinides, beta-blockers, and alcohol causing hypoglycemic effects.

-Monitoring glucose levels is important.

-Maintain a regular eating schedule.

-Wear a medical bracelet.

-Blood sugar levels will regulate.

ACTIVE LEARNING TEMPLATES

STUDENT NAME _____

MEDICATION Clopidogrel_ REVIEW MODULE CHAPTER _____5_____ CATEGORY CLASS: Antiplatelet/ ADP inhibitors

-Prevents platelets from clumping together

-Inhibit platelet aggregation at the onset of the clotting process.

-Prevention of MI

-Prevention of ischemic stroke

-Treats acute coronary syndromes

-Nausea/Vomiting

-Prolonged bleeding time

-Tinnitus

This medication should be discontinued 5-7 days before an elective surgery. This medication is sometimes used concurrently with aspirin which increases the risk for bleeding.

-Contraindications in patients who have: thrombocytopenia, peptic ulcer disease, and intracranial bleeding.

-Use cautiously in clients who have severe kidney or hepatic disorders.

-Monitor bleeding

-Monitor for gastric bleed

-Monitor for bruising, petechiae, and bleeding gums

-NSAIDs, heparin, warfarin, thrombolytics, antiplatelets, fluoxetine, fluconazole, etravirine, and felbamate.

-Notify your provider regarding aspirin use.

-Prevention of strokes, myocardial infarctions, and reinfarction can be accomplished with a low dose of aspirin.

The effect can be evaluated by the absence of arterial thrombosis, adequate tissue perfusion, and blood flow without the occurrence of abnormal bleeding.

ACTIVE LEARNING TEMPLATE: *System Disorder*

STUDENT NAME _____

DISORDER/DISEASE PROCESS Type 2 Diabetes REVIEW MODULE CHAPTER ____12_____

Several things can be affected such as the cardiovascular system, eye damage, nerve damage, etc.

The body is resisting insulin and the body's cells do not respond effectively to insulin.

-Eat healthy

-Be active

-Have regular checkups

-Metabolic syndrome

-Hyperlipidemia

-Hyperglycemia

-Polyuria, polydipsia, and polyphagia

-Kussmaul respirations

-Recurrent infections

-Medication safety

-Mental health

-Hemodynamically stable

-Fasting blood glucose

-A1C

-Oral glucose tolerance

-Self-monitored blood glucose

-Monitor: blood glucose, I&O, Skin integrity, sensory alterations, etc.

-Adjustment to the antidiabetic therapy might be required

-Insulin

-metformin

-Repaglinide

-Pioglitazone

-Acarbose

-Practice self-monitoring of blood glucose.

-Perform self-administration of insulin.

-Rotate injection sites

-Hypertension

-MI

-Stroke

-Impaired vision

-Neuropathy

-Sexual dysfunction

-Hypoglycemia

-Hyperglycemia

-Lifestyle changes

-Insulin injections

-Weight loss surgery

-Primary care provider

-Nurse

-Dietitian

-Endocrinologist

ACTIVE LEARNING TEMPLATE: *Therapeutic Procedure*

STUDENT NAME _____

PROCEDURE NAME Cardiac Catheterization _ REVIEW MODULE CHAPTER ____4_____

A cardiac catheterization is also known as a coronary angiography which is an invasive diagnostic procedure used to evaluate the presence and degree of a coronary artery blockage.

-Unstable angina and ECG changes

-Confirm and determine the location and extent of heart disease

-Maintain NPO status

Obtain VS

-Ensure the consent form is signed

-Administer premedication's

-Maintain bed rest

-How big the blockage is

-How the heart and blood vessels look

-Provides details about the heart muscle and valves

-Leave the dressing in place for 24 hours

-Avoid strenuous activity until cleared

-Restrict lifting less than 10 lbs.

-Resume metformin as prescribed

-Artery dissection

-Cardiac tamponade

-Hematoma formation

-Allergic reaction related to the contrast media

-Cardiac tamponade: notify the provider immediately, administer IV fluids, obtain chest x-ray, and prepare for pericardiocentesis.

-Hematoma: monitor for sensation, and color, cap refill, assess the groin, monitor for peripheral circulation, and notify the provider.

-Allergic reaction: have resuscitation equipment available and administer diphenhydramine or epinephrine

Discussion Questions

Is the setting appropriate to care for this client? Why or why not?

Yes, I think the setting is appropriate to get his diabetes and symptoms managed. Once his diabetes is managed and he is recovering from his MI he may be able to be discharged or downgraded.

• What considerations (culture, literacy, religious, diet, economic, education, pronouns, gender identity, etc.) should you address when caring for this client?

This client needs extra education on his diagnosis of Diabetes. The report does not provide any extra information about culture, religion, gender identity, etc.

• What resources or supplies will you need when caring for this client?

Education resources on his diagnosis, diet, and exercise. I will also need his meds such as insulin, my stethoscope, oxygen therapy may be needed, and a penlight.

Clinical Judgement Questions

Questions must be answered completely (if you use outside sources please reference the sources) Upload to drop box

Recognize Cues (Assessment)

• Was the report effective for you to care for this client?

No, the report needed to be more in-depth and have more details about the client.

• What information is missing from the scenario and is needed to effectively care for the client?

The information missing is past medical history, code status, assessment details, lab results, and his diagnostic test results if any are available.

• What information was relevant to the client's condition?

His diagnosis of diabetes, his blood sugar results, his medications, what diet he follows at home, and his history of an MI.

• What subtle changes did you recognize in the client's condition? What condition

were the subtle changes in the client's health status related to?

The client stated that they were becoming very hot and had heartburn. This could be related to his cardiovascular history. The client's oxygen also started dropping. His lungs had fine crackles which was not in his original assessment.

Analyze Cues (Analysis)

• Compare the client findings to the evidence-based resources and standards of care.

The client is having symptoms that are similar to an MI. His symptoms match with evidence-based resources.

• What are the specific needs of this client?

The client needs to have continuous cardiac and vital signs monitoring, the patient needs IV access, lifestyle modification, and psychological support.

• What are the potential complications this client may experience?

The patient could experience V-tach or V-fib, he could also develop a blood clot, or a heart block.

• What findings are of immediate concern for this client?

His oxygen is dropping, his pulse and blood pressure are elevated, his heart rhythm is irregular and it was not upon the original assessment, and edema is now present.

Prioritize Hypotheses (Analysis)

• Identify and rank the top three problems for this client. Provide

a rationale for your decision on the rank order.

1. His oxygen level dropped to 88%. I picked this because airway and breathing are your top priorities for your patient.
2. His 2+ edema—I picked this because something is affecting his circulation, and it is important to regulate it.
3. His lower extremity pulses have also weakened- I picked this because this also indicates something affecting his circulation.

Generate Solutions (Planning)

• What interprofessional healthcare team member will need

to be included in establishing a plan of care?

A cardiovascular provider should be involved in this patient's plan of care.

Take Actions (Implementation)

• Identify the nursing actions that should be taken based on the prioritized client problems.

The nurse should apply oxygen to the patient and have the patient elevate his lower extremities that are swollen.

• Identify the potential impact the nursing action has on the client outcomes.

The oxygen should help the patient breathe better and should bring his oxygen levels up. Elevating the patient's legs may help reduce the edema or strengthen the pulses.

Evaluate Outcomes (Evaluation)

• What responses by the client would indicate that the nursing actions were effective?

His oxygen saturation rises to normal levels, his pulses strengthen, and his edema decreases.

• What are the safety concerns you identified caring for the client(s)?

He is at risk for respiratory distress, he is a fall risk, and he is at risk for cardiac arrest.

Reflection Questions

Questions must be answered completely (if you use outside sources please reference the sources)
Upload to drop box

Evaluate your ability to care for the client(s). What did you do well, and what could have been improved?

I think the most important thing for this client is assessment and paying attention to his condition and if it is improving or worsening. I think I did well watching his vitals and paying attention to the things change in his assessment. I think I could improve on knowing what type of education he needs.

• Discuss what information you would need to know prior to caring for this client if you could do this over.

It would be helpful to know his code status, more about his past medical history, culture, religion, and how complient he is with his medications.

• What do you know now that you did not know prior to completing this case?

I know more about cardiac catheterizations. I know more about the indications for one, the nursing interventions, and complications.

• How will this experience change the way you care for clients in the future?

I will have more education on diabetes and cardiac catheterization. If a patient were to ask me about either of those things I will be able to provide more information on them than I could have before this assignment.

• Describe what you learned and how you will learn from this experience.

I have learned how important it is to have good assessment and report skills as a nurse. This assignment did not provide that good of a report so it was important for me to do a good assessment of the patient and fill in the blanks of what I was missing in the report.

Module Report

Simulation: HealthAssess 3.0

Module: General survey

Individual Name: **Ryleigh Wardall**

Institution: **Lakeview CON**

Program Type: **BSN**

Overview Of Most Recent Use

	Date	Time Use	Score
Lesson	12/6/2024	27 min 53 sec	N/A
Test	12/6/2024	22 min	100.0%

Lesson Information:

Lesson - History:

Total Time Use: 28 min

	Date/Time (ET)	Time Use
Lesson	12/6/2024 3:02:46 PM	27 min 53 sec

General Survey 3.0 Test Information:

General Survey 3.0 Test - Score Details of Most Recent Use

	Individual Score	Individual Score (1 10 20 30 40 50 60 70 80 90 99)
COMPOSITE SCORES	100.0%	
General Survey 3.0 Test	100.0%	

General Survey 3.0 Test - History

Total Time Use: 36 min

	Date/Time (ET)	Score	Time Use
General Survey 3.0 Test	12/6/2024 3:33:00 PM	100.0%	22 min
General Survey 3.0 Test	8/27/2023 9:42:00 PM	80.0%	14 min

ati NURSING EDUCATION

Expert Chart
Amira Hill

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, and the expert responses for comparing against student responses are indicated with bold text.

Amira Hill	**DOB**: 03/19/XXXX	**Attending**: Rani Patel, MD
MRN: 3502617	**Height**: 61 in	**Code Status**: Full code
Allergies: none	**Weight:** 122 lb	**Comments**: none

Notes

5.0 Minutes after start	Nursing/Clinician Note	Nurse

Overall appearance fit, relaxed, and no signs of distress. Gait is smooth and even. Arms move smoothly at sides. Client can maintain balance without assistance. Client comfortable and cooperative with the examiner. Their behavior is congruent with their dialogue. Hair, skin, and fingernails are clean. Clothing is clean and appropriate for the weather and setting.

Flowsheet

Admission

HH 5.0 Minutes after start

Informant(s)

Informant - If not patient (name and relationship)	

Admission Problems

Chief Complaint	**Recently moved to the area. States "This is my first time for my osteoporosis shot."**

Flowsheet

Assessment

	HH 5.0 Minutes after start
Head, Face, Anterior Fontanel, Neck	
Head, Face	Symmetrical facial features
Anterior Fontanel	
Neck	
Comment	Facial expression changes appropriately with the topic. Expression is congruent with the situation.
Eyes, Ears, Nose, Throat	
Eyes	
Eyes Comments	
Ears	
Ears Comments	Answers demonstrate she hears the questions accurately
Nose, Throat	
Nose, Throat Comments	
Neurological Group	
Level of Consciousness	Full consciousness
Orientation	Oriented x4
Cognitive	
Speech	
Pupil Response	
Pupil size (mm)	
Deep Tendon Reflexes	
Neurological Comments	No involuntary motor activity.

Integumentary	
Skin Color	Appropriate for ethnicity, Even distribution
Skin Temperature/Condition	
Skin Turgor	
Skin Comments	

Musculoskeletal	
RUE	
LUE	
RLE	
LLE	
Musculoskeletal Comments	Appears comfortably erect as appropriate for age. Body appears symmetrical bilaterally. Height appears within expected range for age, genetic heritage. Proportions generally equal.

Flowsheet

Behavioral Health

HH 5.0 Minutes after start

Mental Status	
Speech	Normal, clear, logical
Speech Comments	Ability to form words is clear and understandable. Moderately paced. Shows an association with the client's thoughts.

Module Report

Simulation: HealthAssess 3.0

Module: Cardiovascular

Individual Name: **Ryleigh Wardall**

Institution: **Lakeview CON**

Program Type: **BSN**

Overview Of Most Recent Use

	Date	Time Use	Score
Lesson	12/6/2024	32 min 46 sec	N/A
Test	12/7/2024	N/A	92.3%

Lesson Information:

Lesson - History:

Total Time Use: 33 min

	Date/Time (ET)	Time Use
Lesson	12/6/2024 4:06:29 PM	32 min 46 sec

Expert Chart
Doris Anderson

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, and the expert responses for comparing against student responses are indicated with bold text.

Doris Anderson	**DOB**: 54 years old	**Attending**: Marisol Menendez MD
MRN: 3126132	**Height**: 62 in	**Code Status**: Full Code
Allergies: none	**Weight:** 160 lb	**Comments**: none

Notes

Note Time	Note Type	Professional Role
5.0 minutes after start	Nursing/Clinician Note	Nurse

Client reports eating oatmeal for breakfast; chicken, broccoli, and brown rice for lunch; a handful of nuts for a snack; salad and grilled fish for dinner. Drinks 8 glasses of water a day. Participated in cardiac rehab for 3 months; continues to exercise 30 minutes a day, 3 days a week, and walks outside the other days. Reports stamina has improved.

Flowsheet

Admission

HH 5.0 minutes after start

Informant(s)

Informant if not patient
(Name and relationship)

Admission Problems

Chief Complaint

Principal Problem -
Admission Diagnosis

Other Problems/Diagnosis

History of Present Illness/Injury	
Location (Where are the Symptoms located? Are they local or do they radiate?)	
Duration (When did it start? How long has this problem existed? Is it getting worse? Changing?)	Heart attack 6 months ago. Had manifestations for 3 hr before going to the hospital.
Timing- (When does it occur? Night or day? At work? etc.)	
Quality- (Characteristics such as constant, sharp, dull, sore)	
Severity- (How bothersome is the problem? Can you sleep, work, etc?)	
Describe this illness/injury related to how and where this problem began.	
What makes this problem worse or better?	
Signs and Symptoms	Tightness in the center of her chest and jaw, and shortness of breath.
Comments	Has been following a low sodium, low sugar diet since heart attack and reports losing 15 pounds. Reports elevated cholesterol in the past.

Additional Demographic Info	
Marital Status	
Is English the Primary Language?	
Preferred Language if Not English	
Education Level	
Religion/Spirituality	
Occupation	High school history teacher
Race/Ethnicity	
Comments	Returned to work 2 weeks after the heart attack.

Home Medication List

Multivitamin

Ordered by:
Reason:
Start Date:
End Date:

Aspirin
81 mg daily, Oral

Ordered by:
Reason:
Start Date:
End Date:

Vitamin D

Ordered by:
Reason:
Start Date:
End Date:

Substance(s) used

Alcohol	**Drinks a shot of scotch on the rocks every Friday.**
	Would like to quit?:
	Cessation program offered?:
	Last glass 2 days ago

Flowsheet

Vital Signs

HH 10.0 minutes after start

Vital Signs

Temperature	
Temperature Source	
Pulse	**92 bpm**
Pulse Source	**Apical**
Blood Pressure	
Position	

Flowsheet

Assessment

	HH 10.0 minutes after start
Cardiac	
Cardiac Rhythm/Sounds	Regular rhythm, 51 and 52 present
Cardiac Symptoms	
Monitors/Telemetry?	
Cardiac Comments	
Peripheral Vascular	
RUE	Capillary refill less than 3 seconds, +2 moderate pulse
LUE	Capillary refill less than 3 seconds, +2 moderate pulse
RLE	Capillary refill less than 3 seconds, No edema or pain, +2 moderate pulse
LLE	Capillary refill less than 3 seconds, No edema or pain, +2 moderate pulse
Periph. Vasc. Comments	
Integumentary	
Skin Color	Appropriate for ethnicity
Skin Temperature/Condition	Intact, Warm
Skin Turgor	
Skin Comments	Upper and lower extremities warm to touch.

Module Report

Simulation: HealthAssess 3.0

Module: Health history

Individual Name: **Ryleigh Wardall**

Institution: **Lakeview CON**

Program Type: **BSN**

Overview Of Most Recent Use

	Date	Time Use	Score
Lesson	12/7/2024	35 min 38 sec	N/A
Test	12/7/2024	N/A	96.2%

Lesson Information:

Lesson - History:

Total Time Use: 36 min

	Date/Time (ET)	Time Use
Lesson	12/7/2024 12:21:08 PM	35 min 38 sec

Expert Chart
Amira Hill

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, and the expert responses for comparing against student responses are indicated with bold text.

Amira Hill	**DOB**: 03/19/XXXX	**Attending**: Rani Patel, MD
MRN: 3453895	**Height**: 61 in	**Code Status**: Full code
Allergies: none	**Weight:** 122 lb	**Comments**: none

Notes

10.0 Minutes after start	Nursing/Clinician Note	Nurse

Reports volunteering at the library, engaging in a lot of activity with assisted living community. No concerns about food security or financial difficulties. Reports falling "a little less than a year ago"; tripped over a rug in her living room. Fell on hip and braced with right arm; had hip bruising and sore arm for about a week. Has given the rug away. Mother passed away when client was 14 from motor vehicle crash. Has a kitchen, but eats most meals in dining room of assisted living "that way I don't need to keep track of my nutrition, they make sure all the meals are balanced."

Immunization Record

HH 10.0 Minutes after start

Vaccine Administration Information

Tetanus, diptheria, pertussis (Tdap) (7yr and older) 5 years before start	Facility/Location where immunization was given: Comments:
Influenza	Facility/Location where immunization was given: Comments: **Receives every year in October**
Pneumonia vaccine	Facility/Location where immunization was given: Comments:
Varicella	Facility/Location where immunization was given: Comments: **Reports having 2 doses**

Flowsheet

Admission

HH 10.0 Minutes after start

Informant(s)

Informant - If not patient (name and relationship)	

Admission Problems

Chief Complaint	Recently moved to the area. States "This is my first time at this office I have osteoporosis and need to get my shot."
Principal Problem - Admission Diagnosis	

Additional Demographic Info

Marital Status	Widow
Is English Primary Language?	Yes
Preferred Language if Not English	
Educational Level	Masters Degree
Religion/Spirituality	"I'm a practicing Muslim." Request a female provider. States "I really like the community at the mosque I go to."
Occupation	Retired librarian (20 years ago). Began doctorate work but didn't complete dissertation
Race/Ethnicity	Black or African American
Comments	Client identifies as female gender and prefers the pronouns she/her/hers. Female sex assigned at birth

Home Medication List

Denosumab Every 6 months, Subcutaneous Ordered by: Reason: Osteoporosis Start Date: End Date:	Is patient taking medication? Taking Last taken: Last does 6 moths ago; has taken for 9 years

Past Medical History

Pertussis (Whooping cough)

Date of diagnosis: **During grade school**
Details and treatments: **"I got really sick"**

Varicella (chickenpox)

Date of diagnosis: **During grade school**
Details and treatments:

"Occasional cold"

Date of diagnosis: About once a year; last 6 months ago
Details and treatments:

Menopause

Date of diagnosis: **During her 50s; denies bleeding or spotting post-menopause**
Details and treatments:

Measles

Date of diagnosis: **During grade school**
Details and treatments:

Osteoporosis

Date of diagnosis: **Age 75**
Details and treatments: **Bone density test at diagnosis. Began denosumab injection at that time.**

Past Surgical History

Cesarean Section

Date of procedure:

Has had 2 pregnancies, 2 Cesarean births at term; one 7 pounds, the other 7 pounds 3 ounces

Family History

Myocardial Infarction

Family members affect: **Pt's Father**
Cause of death at age 86

Social/Environmental Safety Screening	
Patient lives	Alone
Comments	Living in own apartment at an assisted living facility. No concerns about housing situation.
Support Systems	Reports help with errands and appointments from daughter and son-in-law. Sees family once a week, has "lots of friend," joined a sewing club. Apartment complex has a van for transportation, client used for appointment today. Denies transportation issues.
Abuse/Neglect/Exploitation screen	
Observations - Neglect/Abuse	
Abuse/Neglect Comments	Reports feeling safe in current situation

What impairments does the patient have that affects life at home and safety?	
	Vision impairment: Wears glasses for reading only
	Hearing impairment: Wears a hearing aid

Flowsheet

Assessment

HH 20.0 Minutes after start

Eyes, Ears, Nose, Throat	
Eyes	Glasses
Eyes Comments	
Ears	Hearing Aid
Ears Comments	Glasses for reading only.
Nose, Throat	
Nose, Throat Comments	

Integumentary	
Skin Color	
Skin Temperature/Condition	
Skin Turgor	
Skin Comments	Reports "skin can be very dry and itchy." Relieved by fragrance-free lotion daily, year round. Worse during winter.

Musculoskeletal	
RUE	
LUE	
RLE	
LLE	
Musculoskeletal Comments	Reports feeling "a little stiff in the morning." Relieved by stretching during water aerobics. Attends women's water aerobics at the senior center "a few days a week." Reports muscle and joint pain; states "my hips give me trouble sometimes." Relieved by sitting and water aerobics. Reports that when she does have paint, it is a 1 to 2 on 0 to 10 scale.

Gastrointestinal	
Abdomen	
Bowel Sounds	
Passing Flatus	
Last Bowel Movement	
GI Comment	Reports constipation at times; attributes to Halal cheese. Tries to avoid eating it.

Pain Assessment	
Pain Location	
Numeric Pain Rating	0
Pain Rating – Faces	
Pain Relieved By	
Pain Comments	

Institution: **Lakeview CON**

Program Type: **BSN**

Overview Of Most Recent Use

	Date	Time Use	Score
Lesson	12/7/2024	0 min 4 sec	N/A
Pretest	3/24/2024	3 min	25.0%
Posttest	12/7/2024	N/A	100.0%

Lesson Information:

Lesson - History

Total Time Use: 1 hr 10 min

	Date/Time (ET)	Time Use
Lesson	12/7/2024 1:56:42 PM	0 min 4 sec
Lesson	12/7/2024 1:50:11 PM	51 min 13 sec
Lesson	3/24/2024 9:23:45 PM	18 min 59 sec

Skills Module 3.0: Diabetes Mellitus Management Pretest Test Information:

Skills Module 3.0: Diabetes Mellitus Management Pretest Test - Score Details of Most Recent Use

	Individual Score	Individual Score (1 10 20 30 40 50 60 70 80 90 99)
COMPOSITE SCORES	25.0%	
Skills Module 3.0: Diabetes Mellitus Management Pretest Test	25.0%	

Skills Module 3.0: Diabetes Mellitus Management Pretest Test - History

Total Time Use: 3 min

Date/Time (ET)	Score	Time Use

Skills Module 3.0: Diabetes Mellitus Management Pretest Test	3/24/2024 9:04:00 PM	25.0%	3 min

Skills Module 3.0: Diabetes Mellitus Management Posttest Test Information:

Skills Module 3.0: Diabetes Mellitus Management Posttest Test - Score Details of Most Recent Use

	Individual Score	Individual Score 1 10 20 30 40 50 60 70 80 90 99
COMPOSITE SCORES	100.0%	
Skills Module 3.0: Diabetes Mellitus Management Posttest Test	100.0%	

Skills Module 3.0: Diabetes Mellitus Management Posttest Test - History

Total Time Use: 5 min

	Date/Time (ET)	Score	Time Use
Skills Module 3.0: Diabetes Mellitus Management Posttest Test	12/7/2024 2:19:00 PM	100.0%	N/A
Skills Module 3.0: Diabetes Mellitus Management Posttest Test	3/24/2024 9:29:00 PM	100.0%	5 min

Institution: **Lakeview CON**

Program Type: **BSN**

Overview Of Most Recent Use

	Date	Time Use	Score
Lesson	12/7/2024	6 min 17 sec	N/A
Pretest	11/10/2023	4 min	58.3%
Posttest	12/7/2024	N/A	100.0%

Lesson Information:

Lesson - History

Total Time Use: 1 hr 15 min

	Date/Time (ET)	Time Use
Lesson	12/7/2024 2:43:22 PM	6 min 17 sec
Lesson	12/7/2024 2:23:43 PM	2 min 0 sec
Lesson	11/10/2023 10:57:47 PM	1 hr 7 min 9 sec

Skills Module 3.0: Comprehensive Physical Assessment of an Adult Pretest Test Information:

Skills Module 3.0: Comprehensive Physical Assessment of an Adult Pretest Test - Score Details of Most Recent Use

	Individual Score	Individual Score 1 10 20 30 40 50 60 70 80 90 99
COMPOSITE SCORES	58.3%	
Skills Module 3.0: Comprehensive Physical Assessment of an Adult Pretest Test	58.3%	

Skills Module 3.0: Comprehensive Physical Assessment of an Adult Pretest Test - History

Skills Module 3.0: Comprehensive Physical Assessment of an Adult Pretest Test	11/10/2023 9:50:00 PM	58.3%	4 min

Total Time Use: 4 min

	Date/Time (ET)	Score	Time Use

Skills Module 3.0: Comprehensive Physical Assessment of an Adult Posttest Test Information:

Skills Module 3.0: Comprehensive Physical Assessment of an Adult Posttest Test - Score Details of Most Recent Use

	Individual Score	Individual Score 1 10 20 30 40 50 60 70 80 90 99
COMPOSITE SCORES	100.0%	
Skills Module 3.0: Comprehensive Physical Assessment of an Adult Posttest Test	100.0%	

Skills Module 3.0: Comprehensive Physical Assessment of an Adult Posttest Test - History

Total Time Use: 1 min

	Date/Time (ET)	Score	Time Use
Skills Module 3.0: Comprehensive Physical Assessment of an Adult Posttest Test	12/7/2024 2:52:00 PM	100.0%	N/A
Skills Module 3.0: Comprehensive Physical Assessment of an Adult Posttest Test	11/10/2023 11:00:00 PM	100.0%	1 min

Module Report

Individual Name: **Ryleigh Wardall**

Institution: **Lakeview CON**

Program Type: **BSN**

Overview Of Most Recent Use

	Date	Time Use	Score
Lesson	12/7/2024	11 min 2 sec	N/A
Test	12/7/2024	N/A	100.0%

Lesson Information:

Lesson - History

Total Time Use: 43 min

	Date/Time (ET)	Time Use
Lesson	12/7/2024 3:04:42 PM	11 min 2 sec
Lesson	4/17/2024 3:44:09 PM	32 min 5 sec

Pharmacology Made Easy 4.0 The Endocrine System Test Information:

Pharmacology Made Easy 4.0 The Endocrine System Test - Score Details of Most Recent Use

	Individual Score	Individual Score 1 10 20 30 40 50 60 70 80 90 99
COMPOSITE SCORES	100.0%	
Pharmacology Made Easy 4.0 The Endocrine System Test	100.0%	

Pharmacology Made Easy 4.0 The Endocrine System Test - History

Total Time Use: 29 min

	Date/Time (ET)	Score	Time Use
Pharmacology Made Easy 4.0 The Endocrine System Test	12/7/2024 3:17:00 PM	100.0%	N/A
Pharmacology Made Easy 4.0 The Endocrine System Test	4/17/2024 4:14:00 PM	100.0%	29 min

Module Report

Individual Name: **Ryleigh Wardall**

Institution: **Lakeview CON**

Program Type: **BSN**

Overview Of Most Recent Use

	Date	Time Use	Score
Lesson	12/7/2024	36 min 12 sec	N/A
Test	12/7/2024	9 min	96.0%

Lesson Information:

Lesson - History

Total Time Use: 1 hr 6 min

	Date/Time (ET)	Time Use
Lesson	12/7/2024 4:14:51 PM	36 min 12 sec
Lesson	12/7/2024 3:26:56 PM	8 min 8 sec
Lesson	2/15/2024 12:03:18 AM	21 min 51 sec

Pharmacology Made Easy 4.0 The Cardiovascular System Test Information:

Pharmacology Made Easy 4.0 The Cardiovascular System Test - Score Details of Most Recent Use

	Individual Score	Individual Score (1 10 20 30 40 50 60 70 80 90 99)
COMPOSITE SCORES	96.0%	
Pharmacology Made Easy 4.0 The Cardiovascular System Test	96.0%	

Pharmacology Made Easy 4.0 The Cardiovascular System Test - History

Total Time Use: 41 min

	Date/Time (ET)	Score	Time Use
Pharmacology Made Easy 4.0 The Cardiovascular System Test	12/7/2024 4:25:00 PM	96.0%	9 min
Pharmacology Made Easy 4.0 The Cardiovascular System Test	2/15/2024 12:36:00 AM	100.0%	31 min

Institution: **Lakeview CON**

Program Type: **BSN**

Overview Of Most Recent Use

	Date	Time Use	Score
Case	12/7/2024	3 min 38 sec	N/A
Teaching and Learning/Patient Education: Medication Interactions	12/7/2024	5 min	100.0%

Case Information:

Case - History:

Total Time Use: 4 min

	Date/Time (ET)	Time Use
Case	12/7/2024 4:51:13 PM	3 min 38 sec

Module Report

Tutorial: Video Case Studies RN 3.0

Module: Teaching and Learning/Patient Education: Medication Interactions

Individual Name: **Ryleigh Wardall**

RN Teaching and Learning/Patient Education: Medication Interactions 3.0 Case Study Test Information:

RN Teaching and Learning/Patient Education: Medication Interactions 3.0 Case Study Test - Score Details of Most Recent Use

	Individual Score	Individual Score 1 10 20 30 40 50 60 70 80 90 99
COMPOSITE SCORES	100.0%	
RN Teaching and Learning/Patient Education: Medication Interactions 3.0 Case Study Test	100.0%	

RN Teaching and Learning/Patient Education: Medication Interactions 3.0 Case Study Test - History

	Date/Time (ET)	Score	Total Time Use: 5 min Time Use
RN Teaching and Learning/Patient Education: Medication Interactions 3.0 Case Study Test	12/7/2024 4:57:00 PM	100.0%	5 min

Video Case Study

Instructor Review Status	Not Reviewed
Instructor Review	The Video Case Study has not been reviewed by the instructor. This report will populate with additional information when the status has changed to Reviewed.
Instructor Feedback	The Video Case Study has not been reviewed by the instructor. This report will populate with additional information when the status has changed to Reviewed.

Module Report

Individual Name: **Ryleigh Wardall**

Institution: **Lakeview CON**

Program Type: **BSN**

Overview Of Most Recent Use

	Date	Time Use	Score
Lesson	12/7/2024	13 min 42 sec	N/A
Dosage Calculation 3.0 Oral Medications Test	12/7/2024	N/A	100.0%

Lesson Information:

Lesson - History

Total Time Use: 35 min

	Date/Time (ET)	Time Use
Lesson	12/7/2024 4:41:07 PM	13 min 42 sec
Lesson	1/13/2024 6:54:11 PM	20 min 50 sec

Dosage Calculation 3.0 Oral Medications Test Information:

Dosage Calculation 3.0 Oral Medications Test - Score Details of Most Recent Use

	Individual Score	Individual Score (1 10 20 30 40 50 60 70 80 90 99)
COMPOSITE SCORES	100.0%	
Dosage Calculation 3.0 Oral Medications Test	100.0%	

Dosage Calculation 3.0 Oral Medications Test - History

Total Time Use: 54 min

	Date/Time (ET)	Score	Time Use
Dosage Calculation 3.0 Oral Medications Test	12/7/2024 4:58:00 PM	100.0%	N/A
Dosage Calculation 3.0 Oral Medications Test	1/13/2024 7:52:00 PM	96.0%	5 min
Dosage Calculation 3.0 Oral Medications Test	1/13/2024 7:46:00 PM	88.0%	7 min

Dosage Calculation 3.0 Oral Medications Test	1/13/2024 7:38:00 PM	88.0%	42 min

Module Report

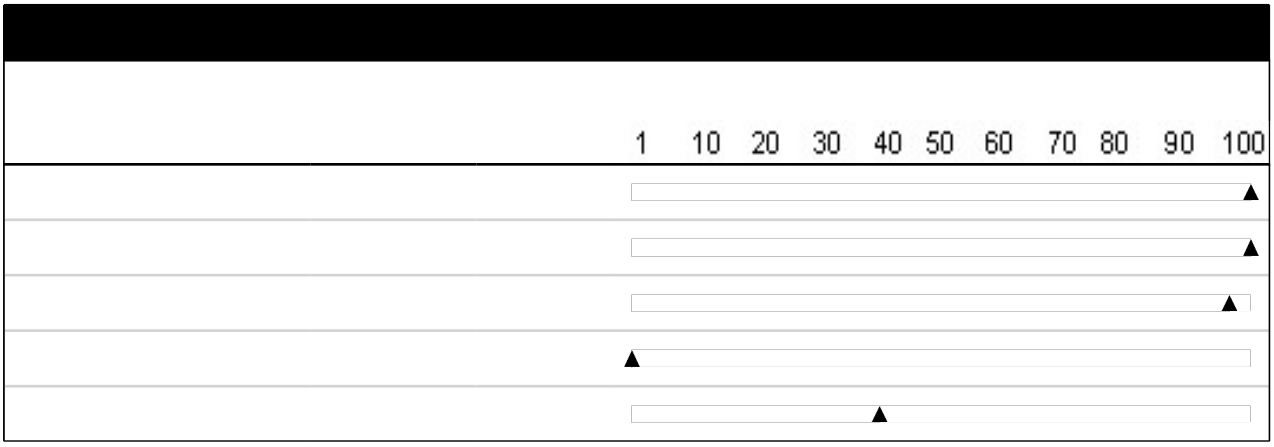
Individual Name: **Ryleigh Wardall**

Institution: **Lakeview CON**

Program Type: **BSN**

Time Use and Score

Name	Date	Time Spent	Total Score	Benchmark
N431 Med Pass Clinical Makeup	12/7/2024	33 min	86.8%	77.0%


1
10
20
30
40
50
60
70
80
90
100