

# Module Report

Simulation: HealthAssess 3.0

Module: Respiratory



Individual Name: Samantha Garcia

Institution: Lakeview CON

Program Type: BSN

## Overview Of Most Recent Use

|        | Date     | Time Use      | Score |
|--------|----------|---------------|-------|
| Lesson | 3/3/2025 | 22 min 40 sec | N/A   |

## Lesson Information:

### Lesson - History:

| Total Time Use: 23 min |                      |               |
|------------------------|----------------------|---------------|
|                        | Date/Time (ET)       | Time Use      |
| Lesson                 | 3/3/2025 10:48:58 PM | 22 min 40 sec |

*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.*

Lea Seko (F)  
MRN: 2774131  
Allergies: Seasonal

DOB: 45 Years old  
Height: 66 in  
Weight: 150 lb

Attending: Maria Lester MD  
Code Status: Full code  
Comments: none

## Flowsheets

### Admission

HH 5.0 Minutes after start

#### Admission Problems

Chief Complaint

Principal Problem - Admission Diagnosis

Exercise-induced asthma

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?)

30 years

Timing- (When does it occur?  
Night or day? At work? etc.)

Shortness of breath if forgets to  
use inhaler prior to exercise

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?

Cold weather worsens but is still  
manageable with inhaler

Signs and Symptoms

Comments

HH 5.0 Minutes after start

**Allergies**

Seasonal  
Date allergy noted:  
Stuffy nose, watery eyes.

Reviewed  
Allergen added/edited

**Home Medication List**

Calcium

B12

Albuterol

Is patient taking medication? Taking  
Last taken: Yesterday Used yesterday  
prior to going for a run.

**Family History**

Asthma/Allergies

Family members affected:  
Pt's Sister "she outgrew it"

**Immunization Screen**

Tetanus

Influenza

Yes

Pneumococcal

No

Hepatitis B

DPT

Polio (IPV)

Chicken Pox (Varicella)

Measles, Mumps, Rubella (MMR)

Additional immunization, Comments

Plans to get pneumonia vaccine

Flowsheets

Vital Signs

HH 15.0 Minutes after start

|                              |        |
|------------------------------|--------|
| Vital Signs                  |        |
| Temperature                  |        |
| Temperature Source           |        |
| Pulse                        |        |
| Pulse Source                 |        |
| Blood Pressure               |        |
| Position                     |        |
| MAP (Mean Arterial Pressure) |        |
| Respirations                 | 16 bpm |
| SpO2 (%)                     |        |
| Oxygen Source                |        |
| Faces Pain Rating            |        |
| Numeric Pain Rating          |        |
| Glucose Monitoring Results   |        |
| Vital Signs Comments         |        |

## Flowsheets

### Assessment

HH 15.0 Minutes after start

#### Respiratory

|                            |                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Resp. Effort/Pattern       | Bilaterally even and unlabored                                                                                                                                                                                                                                                                                                                                                       |
| Breath Sound, Comments     | Symmetrical movement bilaterally with inspiration and expiration. Lung sounds clear bilaterally. Loud, high-pitched bronchial breath sounds over the trachea. Medium-pitched bronchovesicular sounds over the mainstem bronchi, between the scapulae, and below the clavicles. Soft, breezy, relatively low-pitched vesicular breath sounds over most of the peripheral lung fields. |
| Cough                      |                                                                                                                                                                                                                                                                                                                                                                                      |
| Sputum                     |                                                                                                                                                                                                                                                                                                                                                                                      |
| Resp. Interventions        |                                                                                                                                                                                                                                                                                                                                                                                      |
| Intervention, Comments     |                                                                                                                                                                                                                                                                                                                                                                                      |
| Respiratory Airways/Drains |                                                                                                                                                                                                                                                                                                                                                                                      |
| Airway/Drain, Comments     |                                                                                                                                                                                                                                                                                                                                                                                      |
| Oxygen Source              |                                                                                                                                                                                                                                                                                                                                                                                      |
| Oxygen rate and comments   |                                                                                                                                                                                                                                                                                                                                                                                      |

#### Integumentary

|                            |                                                                       |
|----------------------------|-----------------------------------------------------------------------|
| Skin Color                 | Appropriate for ethnicity, Even distribution                          |
| Skin Temperature/Condition |                                                                       |
| Skin Turgor                |                                                                       |
| Skin Comments              | Skin tone of nailbeds is even and consistent with genetic background. |