

Simulation		
Scenario	In this virtual simulation, you cared for Ryan Martinez. The goal was to complete a focused musculoskeletal and neurological assessment. Review your results below to determine how your performance aligned with the goals of this simulation.	
Overall Performance	You did not meet the requirements to complete this virtual health assessment scenario. Remediation is recommended before attempting this scenario again.	Score: 64.8%
Essential Actions	Required actions - 13 of 18 correctly selected 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: communicating with the client to elicit additional information. Spend time reviewing: <ul style="list-style-type: none"> Inspecting symmetry of the lower extremities Inspecting symmetry of the upper extremities Palpating skin temperature of the lower extremities Palpating skin temperature of the upper extremities When to sanitize hands when completing client care 	
	Interactive actions - 0 of 2 performed correctly You did not demonstrate a basic understanding of assessment techniques within the focused health assessment based on this client's health status. Spend time reviewing the following assessment techniques: <ul style="list-style-type: none"> Palpating skin temperature of the lower extremities Palpating skin temperature of the upper extremities 	
	Expected/unexpected findings - 4 of 8 correctly identified 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. Spend time reviewing the expected and unexpected findings of the following: <ul style="list-style-type: none"> Inspecting symmetry of the lower extremities Inspecting symmetry of the upper extremities Palpating skin temperature of the lower extremities Palpating skin temperature of the upper extremities 	
Neutral Actions	Neutral actions - 3 selected Neutral actions do not help or harm the client. <ul style="list-style-type: none"> <i>Only</i> questions specifically related to the focused musculoskeletal and neurological assessment are necessary. <i>Only</i> steps specifically related to the focused musculoskeletal and neurological assessment are necessary. 	

Actions of Concern	<p>Order violations - 3 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>
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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>

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.

Ryan Martinez
MRN: 3311629
Allergies: none

DOB: 52 years old
Height: 70 in
Weight: 175 lb

Attending: Rani Patel, MD
Code Status: Full code
Comments: none

Notes

5.0 Minutes after start

Nursing/Clinician Note

Note

Walks his dog every day for about an hour; goes for longer hikes once or twice a week. Works "a desk job" but has access to standing desks at work. States "I don't do much lifting or anything like that at home."

Flowsheet

Admission

HH 5.0 Minutes after start

Informant(s)

Informant - If not patient
(Name and relationship)

Admission Problems

Chief Complaint

"I had a car accident a while back and broke my wrist. I'm here for a follow up."

Principal Problem -
Admission Diagnosis

Other Problems/Diagnosis

Home Medication List

Multivitamin
 Is patient taking medication? Taking
 Ordered by:
 Reason: Last taken: States "The provider recommended calcium and vitamin D, so now I take a multivitamin."
 Start date:
 End date:

Ibuprofen
 Is patient taking medication? Not taking
 Ordered by:
 Reason: Last taken: Unknown. Took initially for wrist pain; states "my arm has been feeling good for a few months now so I don't take anything anymore."
 Start date:
 End date:

Past Medical History

Sprained ankle
 Date of diagnosis: 30 years prior
 Details and treatments:

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?)

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. Had car accident 9 months ago; came for 2 week follow up but missed 6 month follow up due to moving.

What makes this problem worse or better?

Signs and Symptoms

Comments Wore a splint initially; at 2 week follow up provider told him to only wear splint for 6 weeks.

Substance(s) used

Tobacco - Smoking: Cigar started
 Amount: Once yearly (on his birthday)
 Would like to quit?:
 Cessation program offered?:

States "I know. Smoking isn't good, even in moderation."
 Alcohol: Gin and tonic started
 Amount: 5 days a week with dinner
 Would like to quit?:
 Cessation program offered?:

Flowsheet

Assessment

HH 5.0 Minutes after start

HH 15.0 Minutes after start

Integumentary

Skin Color

Skin Temperature/Condition

Warm

Skin Turgor

Skin Comments

Skin is warm and uniform bilaterally upper and lower extremities

Musculoskeletal

RUE

Full range of mobility

LUE

Full range of mobility

RLE

Full range of mobility

LLE

Full range of mobility

Musculoskeletal Comments

Denies numbness, tingling, bone pain, joint pain or stiffness, muscle weakness or cramping, or any limitations in affected extremity.

Bilateral upper extremities symmetrical with well-developed muscles; grip strength strong and equal. Bilateral lower extremity muscle strength 5 with equal symmetry; denies numbness or weakness. Gait stable, rhythm smooth, and leg swing symmetrical bilaterally.