Module Report

Simulation: HealthAssess 3.0

Module: Timothy Lee: Head-to-toe challenge

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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	48.1%	▲
Timothy Lee: Head-to-toe challenge	48.1%	▲

Timothy Lee: Head-to-toe challenge - History

Total Time Use: 27 min

	Date/Time (ET)	Score	Time Use	EHR Status
Timothy Lee: Head-to-toe challenge	4/26/2025 2:45:27 PM	48.1%	27 min	Not Reviewed

Time Use And Score

	Date	Time
Timothy Lee: Head-to-toe challenge	04/26/2025	27 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 did not meet the requirements to complete this virtual health assessment scenario. Remediation is recommended before attempting this scenario again.	**Score:** 48.1%

Essential Actions	**Required actions - 20 of 39 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: auscultating the abdomen,auscultating the anterior chest,auscultating the posterior chest,communicating with the client to elicit additional information,palpating the lower extremities,palpating the upper extremities,providing infection control and safety. Spend time reviewing: • Assessing respiratory status • Inspecting capillary refill of the lower extremities • Inspecting capillary refill of the upper extremities • Inspecting contour and symmetry of the abdomen • Inspecting edema of the lower extremities • Inspecting range of motion of the upper extremities • Inspecting skin of the abdomen • Inspecting skin of the anterior chest • Inspecting skin of the head and neck • Inspecting skin of the lower extremities • Inspecting skin of the posterior chest • Inspecting skin of the upper extremities • Inspecting skin turgor • Inspecting symmetry of the anterior chest • Inspecting symmetry of the lower extremities • Inspecting symmetry of the posterior chest • Inspecting symmetry of the upper extremities • Inspecting the sclerae • Palpating the abdomen
	Interactive actions - 6 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 pupillary light reflex,palpating dorsalis pedis pulse,palpating radial pulse,palpating skin temperature. Spend time reviewing the following assessment techniques: • Auscultating bowel sounds • Auscultating breath sounds of the anterior chest • Auscultating breath sounds of the posterior chest • Inspecting capillary refill of the lower extremities • Inspecting capillary refill of the upper extremities • Palpating abdomen

Essential Actions	**Expected/unexpected findings - 14 of 33 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.You demonstrated an understanding of the expected and unexpected findings of the following: auscultating the abdomen,auscultating the anterior chest,auscultating the posterior chest,palpating the lower extremities,palpating the upper extremities. Spend time reviewing the expected and unexpected findings of the following: • Inspecting capillary refill of the lower extremities • Inspecting capillary refill of the upper extremities • Inspecting contour and symmetry of the abdomen • Inspecting edema of the lower extremities • Inspecting range of motion of the upper extremities • Inspecting respiratory status of the anterior chest • Inspecting skin of the abdomen • Inspecting skin of the anterior chest • Inspecting skin of the head and neck • Inspecting skin of the lower extremities • Inspecting skin of the posterior chest • Inspecting skin of the upper extremities • Inspecting skin turgor • Inspecting symmetry of the anterior chest • Inspecting symmetry of the lower extremities • Inspecting symmetry of the posterior chest • Inspecting symmetry of the upper extremities • Inspecting the sclerae • Palpating abdomen
Neutral Actions	**Neutral actions - 6 selected** Neutral actions do not help or harm the client. • *Only* questions specifically related to the client's healthcare needs are necessary. • *Only* steps related to a head-to-toe health assessment are necessary.
Actions of Concern	**Order violations - 4 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.

EHR Expert Chart

Timothy Lee (M)	**DOB**: Jan 28, 34 years of age	**Attending**: Michael Smertka, MD
MRN: 931079	**Height**: 5'10" (70 in)	**Code Status**: Full code
Allergies: Sulfa	**Weight:** 165 lb	**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
SpO_2 (%)	
Oxygen Source	Room Air
Faces Pain Rating	
Numeric Pain Rating	
Glucose Monitoring Results	
Vital Signs Comments	
Height/Length	
Weight	
Body Mass Index	
Comments	