Module Report

Simulation: HealthAssess 3.0

Module: Older Adult

Individual Name:	**Laura Duncan**
Institution:	**Lakeview CON**
Program Type:	**BSN**

Achieved Intervention

Overview Of Most Recent Use

	Date	Time Use	Score
Lesson	1/21/2025	54 min 31 sec	N/A
Virtual Application: Claudia Pacheco	1/21/2025	59 min	83.5%
EHR Chart	N/A	N/A	N/A

Lesson Information:

Lesson - History:

Total Time Use: 1 hr 7 min

	Date/Time (ET)	Time Use
Lesson	1/21/2025 9:07:57 PM	54 min 31 sec
Lesson	1/20/2025 3:30:31 PM	11 min 33 sec
Lesson	1/15/2025 2:14:40 PM	0 min 41 sec

Older Adult Information:

Virtual Application: Claudia Pacheco - Score Details of Most Recent Use

	Individual Score	Individual Score (1 10 20 30 40 50 60 70 80 90 99)
COMPOSITE SCORES	83.5%	▲
Virtual Application: Claudia Pacheco	83.5%	▲

Virtual Application: Claudia Pacheco - History

Total Time Use: 59 min

	Date/Time (ET)	Score	Time Use	EHR Status
Virtual Application: Claudia Pacheco	1/21/2025 9:06:53 PM	83.5%	59 min	Not Reviewed

Time Use And Score

	Date	Time
Virtual Application: Claudia Pacheco	01/21/2025	59 min

Simulation		
Scenario	In this virtual simulation, you cared for Claudia Pacheco, who was an older adult. 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:** 83.5%
Interventions Performed	**Offer emesis bag** *You successfully identified the need to offer an emesis bag to reduce the risk of exposure to body fluids and provide psychological comfort to the client.*	
	Offer antiemetics *You successfully identified the need to offer antiemetics to promote comfort.*	
	Client education - Safety *You successfully identified the need to provide client teaching about promoting environmental safety in the home.*	
	Offer to reposition *You successfully identified the need to offer to reposition the client to promote comfort.*	
Essential Actions	**Required actions - 37 of 41 correctly selected** Congratulations! You have demonstrated a thorough understanding of the required actions to complete a head-to-toe 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 head and neck, inspecting the lower extremities, inspecting the posterior chest, inspecting the upper extremities, palpating the abdomen, palpating the upper extremities, preparing the environment, preparing to leave the room, providing privacy. Spend time reviewing: • Inspecting contour and symmetry of the abdomen • Inspecting symmetry of the anterior chest • Palpating skin temperature of the lower extremities • When to sanitize hands when completing client care	

Essential Actions	**Interactive actions - 9 of 11 performed correctly** You demonstrated a basic understanding of assessment techniques within the head-to-toe health assessment based on this client's health status. You demonstrated an understanding of the following assessment techniques: auscultating heart sounds, inspecting capillary refill, palpating dorsalis pedis pulse, palpating radial pulse, palpating the abdomen, puscultating bowel sounds. Spend time reviewing the following assessment techniques: • Auscultating breath sounds of the posterior chest • Palpating skin temperature of the lower extremities
	Expected/unexpected findings - 21 of 27 correctly identified You did not demonstrate a basic understanding of the expected and unexpected findings from the head-to-toe health assessment based on this client's health status.You demonstrated an understanding of the expected and unexpected findings of the following: auscultating the anterior chest, auscultating the posterior chest, inspecting skin turgor, inspecting the head and neck, inspecting the posterior chest, inspecting the upper extremities, palpating the abdomen, palpating the upper extremities. Spend time reviewing the expected and unexpected findings of the following: • Auscultating bowel sounds • Inspecting contour and symmetry of the abdomen • Inspecting skin of the lower extremities • Inspecting symmetry of the anterior chest • Inspecting symmetry of the lower extremities • Palpating skin temperature of the lower extremities
Neutral Actions	**Neutral actions - 5 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 - 13 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 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.

Expert Chart
Claudia Pacheco

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.

Claudia Pacheco, Female	**DOB**: 12/11/XX	**Attending**: Marisol Menendez, MD
MRN: 10298955	**Height**: 162.5 cm	**Code Status**: Full Code
Allergies: none	**Weight:** 45.8 kg	**Comments**: none

Allergies & Home Medications

Allergies	
No known allergies	Reviewed

Home Medication List	
Losartan 25 mg daily, Oral Reason: Hypertension	Is patient taking medication? Taking Last taken: Yesterday **Reconciled** Reason: Admission Continued
Vitamin D 800 IU daily, Oral	Is patient taking medication? Taking Last taken: Yesterday **Reconciled** Reason: Admission Continued

Chief Complaint & History of Present Illness

Admission Problems	
Chief Complaint	Fell in bathroom; right hip pain

History of Present Illness/Injury	
Location (Where are the symptom located? Are they local or do they radiate?	Right hip

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History

Past Medical History	
hypertension Date of diagnosis: 20+ years ago Details and treatments: losartan 25 mg PO daily	Information Added

Social/Environmental Safety Screening	
Patient lives	With S/O
Support Systems	Wife

Vital Signs

Vital Signs	
Temperature	97.7° F
Temperature Source	Temporal
Pulse	88 bpm
Pulse Source	Radial
Blood Pressure	128/86
Position	Supine
Respirations	16 bpm
SpO2 (%)	97%
Oxygen Source	Room Air

Measurements	
Height/Length	162.5 cm
Weight	45.8 kg

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Orders/Prescriptions

Start Date	Order	Details
11.0 hr before start	**0.9% Sodium Chloride (NACL)** *Entered by Provider* Dose/Frequency: 1000 mL Rate: 125 mL/hr Route: IV Start Date: 11.0 hr before start End Date: Dispensed: Injection, IV 1000 mL (1 L)	3.0 hr before start – Started 1000 mL 11.0 hr before start – Started 1000 mL
11.0 hr before start	**Losartan Potassium** *Entered by Provider* Dose/Frequency: 25 mg Daily Route: Oral Start Date: 11.0 hr before start End Date: Dispensed: Tablet, Oral 25 mg	
11.0 hr before start	**Morphine Sulfate** *Entered by Provider* Dose/Frequency: 2 mg every 4 hr Route: IVP Start Date: 11.0 hr before start End Date: Dispensed: Injectable, Injection 2 mg/mL	40.0 min before start – Given 2 mg
11.0 hr before start	**Vitamin D (cholecalciferol)** *Entered by Provider* Dose/Frequency: 800 Other – See Administration Instructions, Daily Route: Oral Start Date: 11.0 hr before start End Date: Dispensed: Oral, Capsule 800 IU	800 IU daily

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Medication Administration for 0 Days after start

Medication	-16 hr	-15 hr	-14 hr	-13 hr	-12 hr	-11 hr
0.9% Sodium Chloride (NACL) *Entered by Provider* Dose/Frequency: 1000 mL Rate: 125 mL/hr Route: IV Start Date: 11.0 hr before start End Date: Dispensed: Injection, IV 1000 mL (1 L)						Started KW
Losartan Potassium *Entered by Provider* Dose/Frequency: 25 mg Daily Route: Oral Start Date: 11.0 hr before start End Date: Dispensed: Tablet, Oral 25 mg						
Morphine Sulfate *Entered by Provider* Dose/Frequency: 2 mg every 4 hr Route: IVP Start Date: 11.0 hr before start End Date: Dispensed: Injectable, Injection 2 mg/mL						
Vitamin D (cholecalciferol) *Entered by Provider* Dose/Frequency: 800 Other – See Administration Instructions, Daily Route: Oral Start Date: 11.0 hr before start End Date: Dispensed: Oral, Capsule 800 IU						

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Medication	-8 hr	-7 hr	-6 hr	-5 hr	-4 hr	-3 hr
0.9% Sodium Chloride (NACL) *Entered by Provider* Dose/Frequency: 1000 mL Rate: 125 mL/hr Route: IV Start Date: 11.0 hr before start End Date: Dispensed: Injection, IV 1000 mL (1 L)						Started KW
Losartan Potassium *Entered by Provider* Dose/Frequency: 25 mg Daily Route: Oral Start Date: 11.0 hr before start End Date: Dispensed: Tablet, Oral 25 mg						
Morphine Sulfate *Entered by Provider* Dose/Frequency: 2 mg every 4 hr Route: IVP Start Date: 11.0 hr before start End Date: Dispensed: Injectable, Injection 2 mg/mL						
Vitamin D (cholecalciferol) *Entered by Provider* Dose/Frequency: 800 Other – See Administration Instructions, Daily Route: Oral Start Date: 11.0 hr before start End Date: Dispensed: Oral, Capsule 800 IU						

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Flowsheet

Assessment

Head, Face, Anterior Fontanel, Neck	
Head, Face	Head round and symmetrical, Normocephalic
Comment	Facial expressions symmetrical

Respiratory	
Resp. Effort/Pattern	Bilaterally even and unlabored
Breath Sound, Comments	Symmetrical movements bilaterally, anterior and posterior chest. Breath sounds diminished anteriorly and posteriorly.

Cardiac	
Cardiac Rhythm/Sounds	S1 and S2 present
Cardiac Comments	No murmurs

Peripheral Vascular	
RUE	Capillary refill less than 3 secs, +2 moderate pulse
LUE	Capillary refill less than 3 secs, +2 moderate pulse
RLE	No edema or pain, +2 moderate pulse
LLE	Capillary refill less than 3 secs, No edema or pain, +2 moderate pulse
Periph. Vasc. Comments	Radial pulses regular bilaterally. Dorsalis pedis pulses regular bilaterally

Integumentary	
Skin Color	Appropriate for ethnicity, Even distribution
Skin Temperature/Condition	Intact, Warm
Skin Turgor	Recoils immediately
Skin Comments	Ecchymoses on right hip and outer aspect of thigh, 12 cm X 8 cm

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Musculoskeletal	
RLE	Limited range of mobility, Weakness
LLE	Full range of mobility
Musculoskeletal Comments	Upper extremities symmetrical on inspection. Grip strength strong and equal bilaterally. Right lower extremity slightly shorter than left. Swelling noted over right hip.

Gastrointestinal	
Abdomen	Soft, Nontender
Bowel Sounds	Hypoactive
Last Bowel Movement	1 Days before start
GI Comment	Reports nausea since waking. Abdomen concave, symmetric, with umbilicus at midline and inverted.

IV Site Assessment

Interventions (Lines, Drains, etc.)

	LINES Type: Peripheral IV Action: Assessment Location: Forearm Orientation: Right Site Assessment: Clean, Dry, Intact Infiltration Scale: Grade 0 = No symptoms Phlebitis Scale: Grade 0 = No symptoms Dressing: Transparent

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Patient Education

Learner Assessment	
Learner	
Learner Assessment Comments	

Patient Education Documentation	
Teaching Methods	Explanation – Verbal
Education Provided/Reinforced	Home safety: Discussed need for adequate lighting, remove area rugs, clear path through home. Nutrition: Keep journal or chart of intake to track amount of food and fluids consumed
Learner Response	Verbalizes understanding

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