

Module Report

Simulation: HealthAssess 3.0

Module: Maternal Newborn



Individual Name: **Arian Dodge**

Institution: **Lakeview CON**

Program Type: **BSN**

Overview Of Most Recent Use

	Date	Time Use	Score
Lesson	6/30/2025	27 min 49 sec	N/A
Virtual Application (Maternal): Alyssa Kane	6/30/2025	14 min	71.7%
Virtual Application (Newborn): Amelia Kane	6/30/2025	13 min	55.8%
EHR Chart	N/A	N/A	N/A

Lesson Information:

Lesson - History:

Total Time Use: 28 min		
	Date/Time (ET)	Time Use
Lesson	6/30/2025 3:49:47 PM	27 min 49 sec

Maternal Newborn Information:

Virtual Application (Maternal): Alyssa Kane - Score Details of Most Recent Use

		<u>Individual Score</u>											
		1	10	20	30	40	50	60	70	80	90	99	
COMPOSITE SCORES	71.7%	▲											
Virtual Application (Maternal): Alyssa Kane	71.7%	▲											

Virtual Application (Maternal): Alyssa Kane - History

Total Time Use: 14 min				
	Date/Time (ET)	Score	Time Use	EHR Status
Virtual Application (Maternal): Alyssa Kane	6/30/2025 3:36:22 PM	71.7%	14 min	Not Reviewed

Time Use And Score		
	Date	Time
Virtual Application (Maternal): Alyssa Kane	06/30/2025	14 min

Simulation		
Scenario	In this virtual simulation, you cared for Alyssa Kane, who was in labor. The goal was to complete a focused assessment of a client who was in labor, including fetal heart monitoring. 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: 71.7%
Essential Actions	Required actions - 18 of 23 correctly selected You have demonstrated 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 anterior chest, Communicating with the client to elicit additional information, Inspecting the abdomen, Inspecting the anterior chest, Inspecting the genitourinary, Inspecting the posterior chest, Inspecting the upper extremities, Palpating the abdomen, Preparing the environment, Providing privacy. Spend time reviewing: - Assessing oxygen saturation level - When to close the curtain - When to lower the bed height - When to raise the side rail - When to sanitize hands when completing client care	
	Interactive actions - 2 of 2 performed correctly You demonstrated a thorough 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 breath sounds, Auscultating the anterior chest.	

Essential Actions	Expected/unexpected findings - 11 of 12 correctly identified You demonstrated a thorough 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 anterior chest, Inspecting the abdomen, Inspecting the anterior chest, Inspecting the genitourinary, Inspecting the posterior chest, Inspecting the upper extremities, Palpating the abdomen. Spend time reviewing the expected and unexpected findings of the following: Assessing oxygen saturation level
Neutral Actions	Neutral actions - 1 selected Neutral actions do not help or harm the client. <i>Only</i> questions specifically related to the client's healthcare needs are necessary. <i>Only</i> steps specifically related to the focused assessment of a client who was in labor, including fetal heart monitoring are necessary.
Actions of Concern	Nontherapeutic communication You selected one or more actions that were nontherapeutic. These types of communication can potentially hinder the nurse-client relationship and discourage further communication. Order violations - 9 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.

Virtual Application (Newborn): Amelia Kane - Score Details of Most Recent Use

		Individual Score										
		1	10	20	30	40	50	60	70	80	90	99
COMPOSITE SCORES		55.8%	▲									
Virtual Application (Newborn): Amelia Kane		55.8%	▲									

Virtual Application (Newborn): Amelia Kane - History

					Total Time Use: 13 min
		Date/Time (ET)	Score	Time Use	EHR Status
Virtual Application (Newborn): Amelia Kane		6/30/2025 3:49:35 PM	55.8%	13 min	Not Reviewed

Time Use And Score

	Date	Time
Virtual Application (Newborn): Amelia Kane	06/30/2025	13 min

Simulation		
Scenario	In this virtual simulation, you cared for Amelia Kane, who was a newborn. 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: 55.8%

Essential Actions	Required actions - 21 of 37 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: Assessing oxygen saturation level, Auscultating the anterior chest, Auscultating the posterior chest, Inspecting the genitalia, Palpating the head and neck, Palpating the lower extremities, Palpating the upper extremities. Spend time reviewing: • Auscultating bowel sounds • Inspecting contour and symmetry of the abdomen • Inspecting facial expressions • Inspecting pupillary light reflex • Inspecting skin of the abdomen • Inspecting skin of the lower extremities • Inspecting skin of the upper extremities • Inspecting symmetry of the anterior chest • Inspecting symmetry of the head and neck • Inspecting symmetry of the lower extremities • Inspecting symmetry of the posterior chest • Inspecting symmetry of the upper extremities • Inspecting the sclerae • Palpating abdomen • Palpating skin turgor • When to sanitize hands when completing client care Interactive actions - 4 of 9 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: Inspecting the lower extremities, Inspecting the upper extremities. Spend time reviewing the following assessment techniques: • Auscultating apical pulse • Auscultating bowel sounds • Auscultating breath sounds of the posterior chest • Inspecting pupillary light reflex • Palpating abdomen
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Essential Actions	Expected/unexpected findings - 19 of 34 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: Assessing oxygen saturation level, Auscultating the anterior chest, Auscultating the posterior chest, Inspecting the genitalia, Palpating the head and neck, Palpating the lower extremities, 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 facial expressions • Inspecting pupillary light reflex • Inspecting skin of the abdomen • Inspecting skin of the lower extremities • Inspecting skin of the upper extremities • Inspecting symmetry of the anterior chest • Inspecting symmetry of the head and neck • Inspecting symmetry of the lower extremities • Inspecting symmetry of the posterior chest • Inspecting symmetry of the upper extremities • Inspecting the sclerae • Palpating abdomen • Palpating skin turgor
Neutral Actions	Neutral actions - 5 selected Neutral actions do not help or harm the client. • <i>Only</i> questions specifically related to the client's healthcare needs are necessary. • <i>Only</i> steps related to a head-to-toe health assessment are necessary.
Actions of Concern	Order violations - 0 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.



HealthAssess 3.0 EHR Expert Chart Alyssa Kane and Amelia Kane

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.

Alyssa Kane

Sex assigned at birth: Female

DOB/Age: 19 years old

Height: 170 cm

Weight: 83 kg

Comments: none

MRN: 10433802

Attending: Lisa Williams, MD

Allergies: none

Code Status: Full code

Allergies & Home Medications

Allergies	Result
No known allergies	Reviewed

Home Medication List	Result
Prenatal vitamin 1 tablet Oral Start Date: 7 months before start	Is patient taking medication? Taking Last Taken: Yesterday

Vital Signs

Vital Signs	Result
SpO2 (%)	98%
Numeric Pain Rating	1
Comment	Low back pain during contractions

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Measurements	Result
Height/Length	170 cm
Weight	83 kg
Comment	Low back pain during contractions

Orders/Prescriptions

Start Date	Order	Details
5.0 hr before start	Epidural placement and management Entered by Provider Dose/Frequency: Other - See Comments Start Date: 5.0 hr before start	At client request. Anesthesiologist to manage procedure and infusion.
5.0 hr before start	Lactated Ringer's Entered by Provider Dose/Frequency: 1000 mL Rate: 150 mL/hr Route: IV Start Date: 5.0 hr before start End Date: Dispensed: INJECTABLE, IV 1000 mL	5.0 hr before start – Started 1000 mL
5.0 hr before start	Ondansetron Written order Dose/Frequency: 4 mg every 8 hr PRN Route: IVP Start Date: 5.0 hr before start End Date: Dispensed: INJECTABLE, INJECTION 2 mg/mL	3.0 hr before start – Given 4 mg As needed for nausea/vomiting

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Medication	Time Given
Lactated Ringer's Entered by Provider Dose/Frequency: 1000 mL Rate: 150 mL/hr Route: IV Start Date: 5.0 hr before start End Date: Dispensed: INJECTABLE, IV 1000 mL	-5 hr Started
Ondansetron Written order Dose/Frequency: 4 mg every 8 hr PRN Route: IVP Start Date: 5.0 hr before start End Date: Dispensed: INJECTABLE, INJECTION 2 mg/mL	-3 hr Given

Flowsheet – Assessment

Respiratory	Result
Resp. Effort/Pattern	Bilaterally even and unlabored
Comment	Symmetrical movements bilaterally with inspiration and expiration; rate 20/min. High-pitched bronchial sounds over trachea. Medium pitch bronchovesicular sounds between scapulae and below clavicles. Soft, low pitched vesicular sounds over peripheral lung fields. Clear anterior and posterior.

Cardiac	Result
Cardiac Rhythm/Sounds	S1 and S2 present
Comment	No murmurs

Pain Assessment	Result
Numeric Pain Rating	1
Pain Relieved by	Medication
Comment	Low back pain during contractions

Flowsheet – Intake and Output

Output (mL)	Result
Urine per cath (mL)	300
Comment	300 mL in past 4 hr

Flowsheet – Interventions (Lines, Drains, etc)

IVs/Lines	2.0 min after start	5.0 min after start
Type		Peripheral IV
Type of Line, Comments	Epidural	
Action	Assessment	
Other Location Comments	Low back/Lumbar	
Orientation		Right
Size (Gauge)		18
Site Assessment		Dry, Intact
Infiltration Scale		Grade 0 = No symptoms
Phlebitis Scale		Grade 0 = No symptoms
Site Assessment Comments	Intact, clean, dry	

Urinary Catheters	Result – 7.0 min after start
Type	Double Lumen (Foley)
Action	Assessment
Drainage Container	Standard Bag
Catheter Assessment	Patent, Securing Device

Obstetrics – OB Admission

OB Admission	Result
Reason for Admission	Labor
Rupture of Membranes	No
Prenatal Care?	Yes

Pregnancy History

G1TPAL

Obstetrics – Labor Assessment

Vital Signs	Result – 1.0 min after start
SpO2 (%)	98%
Numeric Pain Rating	1
Comment	Low back pain during contractions

Fetal Assessment	Result – 5.0 min after start
Monitor Mode	Continuous external EFM
FHR Variability	Moderate: 6 to 25 bpm
Membrane Status	Spontaneous rupture (SROM)
Fluid Appearance	Clear

Uterine Activity	Result – 5.0 min after start
Monitor Mode	External TOCO
Frequency (every __ min)	2 to 3
Duration (contractions last __ seconds)	60 to 90
Contraction Palpation	Strong

Cervical Exam	Result – 8.0 min after start
Dilation (cm)	8
Station	0
Effacement (%)	70

Amelia Kane

Sex assigned at birth: Female

DOB/Age: 0 Days after start

Height: 53.3 cm

Weight: 2948 g

Comments: none

MRN: 10468384

Attending: Michael Smerka, MD

Allergies: none

Code Status: Full code

Allergies & Home Medications

Allergies	Result
No known allergies	Reviewed

Vital Signs

Measurements	Result
Height/Length	53.3 cm
Weight	2948 g

Orders/Prescriptions

Start Date	Order	Details
7.0 hr before start	Erythromycin Route: Ophthalmic Start Date: 7.0 hr before start Dispensed: OINTMENT; OPHTHALMIC 0.5%	6.0 hr before start - Given Apply 1 cm ribbon to bilateral lower conjunctival sac. May wait until after feeding.
7.0 hr before start	Phytonadione (Vit K) Entered by Provider Dose/Frequency: 1 mg Once Route: Intramuscular Start Date: 7.0 hr before start End Date: Dispensed: INJECTION, 1 mg/0.5 mL	6.0 hr before start - Given 1 mg

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Medication	Time Given
Erythromycin Route: Ophthalmic Start Date: 7.0 hr before start Dispensed: OINTMENT; OPHTHALMIC 0.5%	-6 hr Given
Phytonadione (Vit K) Entered by Provider Dose/Frequency: 1 mg Once Route: Intramuscular Start Date: 7.0 hr before start End Date: Dispensed: INJECTION, 1 mg/0.5 mL	-6 hr Given

Flowsheet – Newborn Assessment

Safety	Result
ID Band Number	616731
Bed Type	Open crib
Alarms in Use	Security Sensor

Cardiac/Respiratory	Result
Cardiac	Regular
Brachial	Strong/Expected
Femoral	Strong/Expected
Capillary refill	Less than 3 seconds
Respiratory Pattern	Regular
Breath Sounds – Left	Clear
Breath Sounds – Right	Clear
Respiratory Effort	Unlabored

Cardiac/Respiratory	Result
Newborn Skin	Acrocyanosis
Oxygen	Room air
Comment	S1 & S2 clear to auscultation, no murmurs; rate 137/min. Chest with symmetrical movements bilaterally with inspiration and expiration; rate 53/min. Skin intact anterior and posterior chest; tone even and consistent with genetic background.

Neuromuscular	Result
Reflexes Present	Suck, rooting, Palmar grasp, Moro, Tonic neck, Babinski, Stepping
Lower extremities	Symmetrical movement
Upper extremities	Symmetrical movement
Comment	Symmetrical shape and form of shoulders, wrists, hands. Full ROM. Symmetrical shape and form of hips, thighs, calves, ankles, and feet. Skin intact, tone even and consistent with genetic background in upper and lower extremities. Capillary refill less than 3 seconds in upper and lower extremities.

Head	Result
Head	Molding
Anterior Fontanelle	Soft, Flat
Posterior Fontanelle	Open
Eyes	Pupils equal, Pupils reactive
Mouth	Palate intact
Comment	Facial movements symmetrical. Skin intact; tone even and consistent with genetic background. Sclerae clear, no jaundice, red spots, or bruising. Rooting and sucking reflexes present.

Abdomen/Genitourinary	Result
Abdomen	Soft, Nontender, Rounded
Bowel Sounds	Present in four quadrants, Active
Umbilical Cord	Clamped
Comment	Skin intact anterior and posterior. Skin tone even and consistent with genetic background. Umbilical cord with 3 vessels, no drainage, bleeding, swelling, redness. Skin turgor good/elastic. Labia majora, minora, clitoris, and vaginal opening present, light pink.