

Shadow Health will undergo maintenance starting on Saturday, April 4th at 12:00 AM CST until Saturday, April 4th at 9:00 AM CST. During this time Shadow Health may be inaccessible.

Topic 4: Focused Exam: Chest Pain Results | Turned In

Health Assessment - GCU - March 2024, nrs-420

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Your Results

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Experience Overview

Patient: **Brian Foster**



Digital Clinical Experience Score

92.2%

This score measures your performance on the Student Performance Index in relation to other students in comparable academic programs. Your instructor has chosen to scale your Student Performance Index score so that the average score on the index is a 80.0%. This score may not be your final grade if your instructor chooses to include additional components, such as documentation or time spent.

Student Performance Index

54.83 out of 59.5



Proficiency Level: **Proficient**

Beginning **Developing** **Proficient**

Students rated as "proficient" demonstrate entry-level expertise in nursing competencies and clinical reasoning skills. In comparable nursing programs, the top 25% of students perform at the level of a proficient nurse.

Subjective Data Collection
23 out of 23

Objective Data Collection
18.83 out of 21

Education and Empathy
2 out of 4

Care Plan
11 out of 11.5

Time

91 minutes total spent in assignment

Interaction with patient

91 minutes

Comments

If your instructor provides individual feedback on this assignment, it will appear here.



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Transcript

Started: Apr 22, 2024 | Total Time: 91 min

All Lines (182)

Interview Questions (69)

Statements (10)

Exam Actions (103)



Hello!

Question

04/22/24 6:11 PM MDT



Hi. I'm Preceptor Diana. I will explain the details of this assignment and your objectives, just as a preceptor would in real life. **Pay close attention to this information as it will help guide your exam.** At the end of this prebrief, you will **answer a short question about the upcoming assignment.** During the simulation, you may **return to these instructions at any time** by scrolling to the top of your transcript.



What is the situation?

Question

04/22/24 6:11 PM MDT



Your patient is Brian Foster, a 58-year-old Caucasian man. He has been hospitalized in Shadow General Hospital for 3 days after a TURP, or Transurethral resection of the prostate. Today, he started having chest pain. Your role in this simulation is that of a healthcare provider who will **conduct a focused history and physical examination of Mr. Foster** in order to assess his condition and transfer his care. While Mr. Foster's condition is critical, he will survive this exam.



What are my objectives in this assessment?

Question

04/22/24 6:12 PM MDT



In your interview with Brian, you will **ask about the history of his presenting illness and the functioning of relevant systems** in order to obtain subjective data related to his chest pain. If you discover any disease states, **ask about symptoms and the patient's experiences of them.** Your questioning should cover a broad array of the symptoms' characteristics. You will also **inquire into the health history of Mr. Foster's family** so you can determine his genetic disposition to any diseases. In addition to collecting subjective data, you will **perform a physical exam on Mr. Foster** to gather objective data about his health and physiology. Throughout the conversation, you should **educate and empathize with Mr. Foster** when appropriate to increase his health literacy and sense of well-being. While you should **communicate with patients using accessible, everyday language**, it is standard practice to **use professional medical terminology everywhere else, such as in documenting physical findings and nursing notes.** You may complete the exam activities in any order and move between them as needed.



What else will this exam involve?



You will complete nursing tasks to **protect the patient's safety, privacy, and health**. You can **document your findings, including vital signs**, in the Electronic Health Record. This record provides necessary information for healthcare professionals who will continue patient care. You will then move onto the Care Plan activity, in which you will synthesize your subjective and objective data to complete the nursing process. You will **develop a nursing diagnosis** for Mr. Foster's condition, **identify a treatment goal, plan your interventions and evaluations**, and finally **assess if your goal was achieved**. The Care Plan is just as important as your assessment, and the patient's well-being will be greatly affected by your diagnosis and interventions.



How will I be evaluated?



The activities evaluated by the simulation are Subjective and Objective Data Collection, Education and Empathy, and the Care Plan activity. Nursing tasks and Documentation, while they provide valuable practice for their real-world counterparts, are not automatically evaluated by the simulation. The evaluation of your interview is dependent on how you **word your questions therapeutically and precisely** and **explore all relevant topics with comprehensive breadth and depth**. The evaluation of your physical exam is based on how successfully you **report on your physical findings by selecting among clinical terms in the Electronic Health Record**. Your success in Education and Empathy is based on whether you **promptly respond after identifying a moment worthy of therapeutic communication**. Your success in the Care Plan activity is based on whether you **accurately identify Mr. Foster's nursing diagnosis, select a goal most immediately beneficial to him, select and prioritize the most effective treatments, and accurately evaluate your results**. The Care Plan will make up a significant part of your grade, so be sure to **carefully choose your answers based on evidence**. This assignment takes on average **between 80 and 100 minutes**. You can **pause and resume the assignment at any time**; your work is always saved automatically.



How does this assignment prepare me for the real world?



In this assessment, you will familiarize yourself with the structure and content of a chest pain focused exam so that with real-life patients, you can: ° **ask effective and comprehensive questions** ° **obtain and assess objective data** ° **educate and empathize with the patient** ° **develop a nursing diagnosis** ° **create an effective and expedient care plan** ° and **evaluate your results to determine your goal's achievement**.



In 1 or 2 sentences, answer this question to help prepare for the upcoming exam: What are 3-5 common causes of chest pain?



The common causes of chest pain include angina, musculoskeletal issues, and gastroesophageal reflux disease.



Time to begin.



Hi my name is Andy. Im your nurse today



Hi.



What brings you to the clinic today (Clarified to What brings you in today?.)



I'm having a really uncomfortable pressure in my chest right now. (Clarified to why I came in.)



I'm so sorry that you feel that way but will do everything to make you feel better



Thanks. I appreciate that.



Where is your pain located



I feel it mostly in the middle of my chest, over my heart. There's a little bit of ache in my left shoulder, but it's the chest pain that's really worrying me.



When did your chest pain start



Only about five minutes ago.



Could you read your pain (No matching questions found.)



Could you rate your pain



I'd say maybe a...a 6? It's just really uncomfortable...and there's nothing I can do about it, and it feels like it is getting worse.



Describe characteristics of your pain (Clarified to Can you describe your symptoms in more detail?.)



Well, it mostly feels like pressure. Like a heavy, squeezing pressure right in the middle of my chest. (Clarified to if I can describe my symptoms.)



Is the pain tight and uncomfortable (No matching questions found.)



Any crushing pain (Clarified to Is the pain crushing?.)



No, I wouldn't describe it that way. (Clarified to if the pain is crushing.)



Describe location of your pain



I feel it mostly in the middle of my chest, over my heart. There's a little bit of ache in my left shoulder, but it's the chest pain that's really worrying me.



Any arm pain



My left shoulder is hurting a tiny bit.



Any back pain



No, I wouldn't say so.



any jaw pain



Nope.



Any neck pain



No.



Tell me about what triggers your pain



I don't really know yet. It just started.



Measured vitals



Tested blood pressure in left arm with cuff



Tested blood pressure in right arm with cuff



Measured vitals



Inspected face



Does the pain affect your movement (Clarified to Is your pain worse with movement?.)



I don't really know, I only noticed it a few minutes ago. I tried to get up and walk around the room a little but I think that made it worse. (Clarified to if my pain is worse with movement.)



Are you stressed



Honestly, my life is pretty low stress. My job rarely stresses me out, my home life is great, and my kid generally behave. My only stress right now is this chest pain.



I like that you live a stress free lifestyle. You should try keep it that way and besides engage more in exercise.



Good to know. Thank you.



Any history of anxiety



Not usually, but I'm feeling pretty anxious not knowing what's going on with my chest.



Any history of panic attacks



No, I've never had a panic attack.



How is your health



I've been healthy and in pretty good shape most of my life. The blood pressure and cholesterol meds are preventative as far as I know, but this chest pain has me worried.



In history of heart murmur (Clarified to Does your family have a history of heart murmur?.)



No, I don't think so. (Clarified to if I have a family history of heart murmur.)



any history of rheumatic fever



No.



any history of pulmonary embolism



No.



any history of angina



No, I don't think so.



How do you treat your blood pressure



I've taken Lisinopril for a few years now.



You should focus more on eating a healthy diet beside engaging more in the exercise to maintain a normal blood pressure



Thanks. I appreciate that.



How often do you take your blood pressure medication



Daily, in the morning.



What dosage do you take for blood pressure



I take Lisinopril.



How is your cardiac test (Clarified to How is your cardiac health?.)



All I know for sure is I've had high blood pressure and cholesterol for several years. As far as I know, the meds keep it under control. Other than that, nothing. This chest pain is the first I've ever had. (Clarified to how is your cardiac health.)



Have you had any cardiac tests



I've had...huh...well, I guess I've had the EKG a few times and they give me a stress test every two years or so.



What was the result of your cardiac test



Everything was normal, they said.



Any history of substance abuse



No.



Do you take illicit drug



Nope.



Do you take tobacco



No.



How is your alcohol consumption



Oh, mostly light beer, just a couple on the weekends. I'll have a bourbon with my son or on special occasions sometimes, too.



How many drinks do you take per week



Maybe 2 or 3 tops. Just on the weekends.



It is important that you maintain a low level of alcohol consumption as this is good for your health



Yes, thank you.



How many drinks do you take in a single seating (Clarified to How many drinks do you have in one night?.)



I don't drink during the week much. If I drink at all it's a couple beers while I'm grilling or watching football on the weekends. A little bourbon occasionally. (Clarified to how many alcoholic drinks I have each night.)



do you engage in exercise



Well I used to ride my bike a lot but it got stolen a couple years ago. I guess I haven't had much regular exercise since then...I want to get a new bike after I recover from this surgery.



How was your recent meal



My wife brought me some buffalo wings last night around eight.



What is your typical breakfast



Um let's see...For breakfast I usually eat a granola bar and drink an instant breakfast shake. I've been doing that a while since it saves time in the morning. Most days for lunch I get a sandwich from the sub shop near work. That's usually a turkey sub, but sometimes I get a spicy Italian sub. My wife and I grill a lot, and usually have some grilled meat with veggies for dinner.



What is your typical lunch



There's a sub shop near the office, so I usually get a turkey or Italian sub from there.



What is your typical dinner



My wife and I like to keep things hot with the grill. We usually have meat for dinner, potatoes, a vegetable side sometimes.



How is your cardiovascular system



I don't know--I thought fine, but my chest is hurting, so. . .



Any palpitations



I don't think so. I haven't noticed any.



Any swelling



I haven't noticed any swelling.



Any circulation problems



No, I haven't noticed anything.



Any blood clots



Not that I know of.



Any easy bleeding



No, I sure don't think so.



Any bruising



No, nothing out of the ordinary.



How is your constitutional health



I don't think anything's wrong besides this chest pain. . .



Do you have any fever



Uh...I don't think so.



Do you have any chills



Not really.



Do you have any fatigue



I'm not more tired than normal. I sleep pretty well.



Do you have any sleep issues



I sleep just fine.



Any recent weight changes



Not recently, no. Maybe a few years ago, I started filling out.



Any night sweats



No unusual sweating lately, though I do feel a little bit clammy right now.



Any dizziness



No, I wouldn't say so.



How is your respiratory system



My breathing's fine.



Any cough



I don't have a cough.



any blue skin



No, I haven't noticed anything like that.



Any sore throat



No.



any difficulty swallowing



No, I can swallow fine.



Any diarrhea



Nope.



Do you feel constipated



Nope.



Any family history of heart attack (Clarified to Do you have a family history of heart attack?.)



Well, my mom's dad died of a heart attack. He was pretty young too. Scares the bejeezus out of me. (Clarified to if I have a family history of heart attack.)



I'm so sorry to hear that your mom died of heart attacks I know it's a very hard moment for you



Yes, thank you.



You should not worry but I asked you that you maintain a healthy diet in that you keep on exercising to prevent issues related to heart attack



Thank you.



Inspected face



Inspected for jugular venous distension: No jugular venous distention; JVP 1 cm above sternal angle



Inspected anterior chest wall



Inspected left side chest wall



Inspected posterior chest wall



Inspected right side chest wall



Inspected anterior chest wall



Inspected right side chest wall



Inspected posterior chest wall



Inspected left side chest wall



Inspected anterior chest wall



Inspected right hand



Inspected left hand



Inspected fingernails of right hand



Inspected right hand



Inspected left hand



Inspected fingernails of left hand



Inspected right leg



Inspected left leg



Inspected toenails on right foot



Inspected toenails on left foot



Inspected right leg



Inspected left leg



Inspected left leg for edema: No edema



Inspected right leg for edema: No edema



Checked capillary refill in fingernails



Checked capillary refill in fingernails



Checked capillary refill in fingernails



Checked capillary refill in fingernails



Checked capillary refill in fingernails



Checked capillary refill in fingernails



Checked capillary refill in fingernails



Checked capillary refill in fingernails



Palpated right carotid pulse: No thrill, 2+



Palpated left carotid pulse: No thrill, 2+



Palpated PMI: Displaced laterally; brisk and tapping; less than 3 cm



Palpated right brachial pulse: No thrill, 2+



Palpated left brachial pulse: No thrill, 2+



Palpated right radial pulse: No thrill, 2+



Palpated left radial pulse: No thrill, 2+



Palpated right femoral pulse: No thrill, 2+



Palpated left femoral pulse: No thrill, 2+



Palpated right popliteal pulse: No thrill, 2+



Palpated left popliteal pulse: No thrill, 2+



Palpated right tibial pulse: No thrill, 1+



Palpated left tibial pulse: No thrill, 1+



Palpated right dorsalis pedis pulse: No thrill, 1+



Palpated left dorsalis pedis pulse: No thrill, 1+



Auscultated right carotid pulse



Auscultated left carotid pulse



Auscultated aortic area with the bell



Auscultated aortic area with the diaphragm



Auscultated aortic area with the bell



Auscultated aortic area with the diaphragm



Auscultated pulmonic area with the diaphragm



Auscultated pulmonic area with the bell



Auscultated pulmonic area with the diaphragm



Auscultated Erb's point with the diaphragm



Auscultated Erb's point with the bell



Auscultated Erb's point with the diaphragm



Auscultated tricuspid area with the diaphragm



Auscultated tricuspid area with the bell



Auscultated tricuspid area with the diaphragm



Auscultated mitral area with the diaphragm



Auscultated mitral area with the bell



Auscultated mitral area with the diaphragm



Auscultated aorta in abdomen



Auscultated breath sounds in anterior right upper lobe



Auscultated breath sounds in anterior left upper lobe



Auscultated breath sounds in anterior right middle lobe



Auscultated breath sounds in anterior left mid-chest (upper lobe)



Auscultated breath sounds in anterior right lower lobe



Auscultated breath sounds in anterior left lower lobe



Auscultated breath sounds in posterior left upper lobe



Auscultated breath sounds in posterior right upper lobe



Auscultated breath sounds in posterior left mid-back (lower lobe)



Auscultated breath sounds in posterior right mid-back (lower lobe)



Auscultated breath sounds in posterior left lower lobe



Auscultated breath sounds in posterior right lower lobe



Auscultated breath sounds in posterior left lower lobe on side



Auscultated breath sounds in posterior left lower lobe near spine



Auscultated breath sounds in posterior right lower lobe near spine



Auscultated breath sounds in posterior right lower lobe on side



Auscultated right renal pulse



Auscultated left renal pulse



Auscultated right iliac pulse



Auscultated left iliac pulse



Auscultated right femoral pulse



Auscultated left femoral pulse



Performed EKG



Measured vitals



Inspected face



Inspected anterior chest wall



Inspected right hand



Inspected left hand



Inspected right leg



Inspected left leg



Palpated PMI: Displaced laterally; brisk and tapping; less than 3 cm



Brian, your recently placed cardiac stent requires home recovery care from you. You have not been taught about heart-healthy practices that will prevent future cardiac diseases.



Yep, I admit I have some things to learn.



Brian, my goal for you is, by the end of your stay, to have you agree to and verbalize back the instructions you will receive on post-stent care and long-term heart health. I'm going to educate you on these subjects. At the end of your hospitalization. I'll have you repeat back your instructions to make sure you understand them.



OK, should be doable.



Do you consent your care plan



Yeah, of course.



Now I will begin highlighting the possible interventions to make you feel better



Alright, then.

Comments

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Subjective Data Collection: 23 of 23 (100.0%)

Hover To Reveal...

Hover over the **Patient Data** items below to reveal important information, including **Pro Tips** and **Example Questions**.

◦ Indicates an item that you found.

◦ Indicates an item that is available to be found.

Category

Scored Items

Patient Data

Not Scored

Experts selected these topics as essential components of a strong, thorough interview with this patient.

A combination of open and closed questions will yield better patient data. The following details are facts of the patient's case.

Chief Complaint

Established chief complaint

◦ Reports chest pain

History of Presenting Illness

Asked about onset and duration of chest pain

◦ Reports chest pain started about five minutes ago

◦ Reports chest pain has been constant since it began

◦ Reports sitting in bed when pain began

Asked to rate chest pain on a scale

◦ Reports current pain is 6/10

Asked about on characteristics of the pain

◦ Describes pain as tight and uncomfortable

◦ Denies crushing pain

◦ Denies gnawing or tearing pain

◦ Denies burning pain

Asked about location of the pain

◦ Reports pain location is in middle of the chest

◦ Reports slight pain in left shoulder

- Denies arm pain
- Denies back pain
- Denies jaw pain
- Denies neck pain

Asked about pain triggers ◦ Reports pain is aggravated

Asked about stress and anxiety ◦ Reports generally low stress
◦ Denies history of anxiety
◦ Denies history of panic attacks

Past Medical History

Asked relevant health history ◦ Reports high blood pressure
◦ Reports high cholesterol
◦ Denies history of pulmonary disease
◦ Denies history of angina
◦ Denies history of rheumatoid arthritis
◦ Denies history of heart disease

Followed up on high blood pressure treatment ◦ Reports taking high blood pressure medication
◦ Reports high blood pressure medication
◦ High blood pressure medication
◦ High blood pressure medication

Followed up on high cholesterol treatment ◦ Reports taking high cholesterol medication
◦ Reports high cholesterol medication (Lipitor)
◦ Reports high cholesterol medication
◦ Reports high cholesterol medication

Asked history of cardiac tests ◦ Reports recent EKG test
◦ Reports undergoing a stress test

Asked about results of cardiac tests ◦ Reports belief that EKG was normal
◦ Reports belief that stress test was normal

Asked about substance use ◦ Denies illicit drug use
◦ Denies tobacco use
◦ Reports moderate alcohol consumption

Followed up on alcohol consumption ◦ Reports drinking only on weekends
◦ Reports drinking 2-4 alcoholic drinks
◦ Reports 2-3 drinks in a sitting

Asked about exercise ◦ Denies having a regular exercise routine

Asked about most recent meal ◦ Reports most recent meal was chicken
◦ Reports meal consisted of chicken, rice, and vegetables

Asked about typical diet ◦ Reports typical breakfast is toast and coffee
◦ Reports typical lunch is turkey sandwich
◦ Reports typical dinner is spaghetti
◦ Denies moderating salt intake

Review of Systems

- | | |
|--|---|
| <input type="checkbox"/> Asked about review of cardiovascular system | <ul style="list-style-type: none">◦ Denies palpitations◦ Denies swelling◦ Denies circulation problem◦ Denies blood clots◦ Denies easy bleeding◦ Denies easy bruising |
| <input type="checkbox"/> Asked about constitutional health | <ul style="list-style-type: none">◦ Denies fever◦ Denies chills◦ Denies fatigue◦ Denies sleep issues◦ Denies recent weight change◦ Denies night sweats◦ Denies dizziness or lightheadedness |
| <input type="checkbox"/> Asked about review of respiratory system | <ul style="list-style-type: none">◦ Denies cough◦ Denies shortness of breath◦ Denies blue skin |
| <input type="checkbox"/> Asked about throat problems | <ul style="list-style-type: none">◦ Denies sore throat◦ Denies difficulty swallowing |
| <input type="checkbox"/> Asked about review of gastrointestinal system | <ul style="list-style-type: none">◦ Denies diarrhea◦ Denies constipation◦ Denies flatus◦ Denies bloating◦ Denies heartburn or GERD◦ Reports earlier nausea◦ Denies vomiting |

Family History

- | | |
|--|---|
| <input type="checkbox"/> Asked relevant family history | <ul style="list-style-type: none">◦ Reports family history of◦ Denies family history of s◦ Denies family history of p |
|--|---|

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Objective Data Collection: 18.83 of 21 (89.67%)

- Correct Incorrect
 Partially correct Missed

Inspected face

1 of 1 point

Appearance (1/1 point)

- No visible abnormal findings
 Rash or lesion
 Cyanosis
 Pallor
 Redness or flushing
 Evidence of trauma (scar, laceration, or bruising)

Inspected for jugular venous distension

1 of 1 point

Height Of Venous Pressure (1/1 point)

- 4 cm or less above the sternal angle
 More than 4 cm above the sternal angle

Inspected chest

1 of 1 point

Symmetry (1/2 point)

- Symmetric
 Asymmetric

Appearance (1/2 point)

- No visible abnormal findings
 Rash or lesion
 AP diameter abnormal
 Intercostal retraction while breathing
 Excessive use of accessory muscles while breathing
 Pectus excavatum
 Skin growths (freckles or moles)
 Evidence of skin trauma (scar, laceration, or bruising)

Inspected hands and fingernails

1 of 1 point

Right: Appearance (1/4 point)

- No visible abnormal findings
 Redness

Left: Appearance (1/4 point)

- No visible abnormal findings
 Redness

- Moles or skin tags
- Masses (warts, cysts, or tumors)
- Freckles, birthmark, or other discoloration
- Excessive dry or flaking skin
- Purpura
- Scarring
- Laceration, lesion, or wound
- Bruising
- Rash

Right: Nail Changes (1/4 point)

- No visible abnormal findings
- Pallor
- Cyanosis
- Splinter hemorrhages
- Clubbing

- Moles or skin tags
- Masses (warts, cysts, or tumors)
- Freckles, birthmark, or other discoloration
- Excessive dry or flaking skin
- Purpura
- Scarring
- Laceration, lesion, or wound
- Bruising
- Rash

Left: Nail Changes (1/4 point)

- No visible abnormal findings
- Pallor
- Cyanosis
- Splinter hemorrhages
- Clubbing

Inspected lower extremities and toenails

Right: Appearance (1/4 point)

- No visible abnormal findings
- Visible distortion or swelling
- Brownish pigmentation
- Skin thickening
- Ulceration
- Varicose veins

Left: Appearance (1/4 point)

- No visible abnormal findings
- Visible distortion or swelling
- Brownish pigmentation
- Skin thickening
- Ulceration
- Varicose veins

Right: Nail Changes (1/4 point)

- No visible abnormal findings
- Pallor
- Cyanosis
- Splinter hemorrhages
- Clubbing

Left: Nail Changes (1/4 point)

- No visible abnormal findings
- Pallor
- Cyanosis
- Splinter hemorrhages
- Clubbing

Inspect lower extremities for edema

Right: Edema (1/4 point)

- No edema
- Pitting
- Non-pitting

Left: Edema (1/4 point)

- No edema
- Pitting
- Non-pitting

Right: Severity Of Edema (1/4 point)

- No edema
- 1+ Slight pitting
- 2+ Deeper pit, disappears in 10 to 15 seconds
- 3+ Noticeably deep pit that lasts more than 15 seconds
- 4+ Very deep pit that lasts 2 to 5 minutes

Left: Severity Of Edema (1/4 point)

- No edema
- 1+ Slight pitting
- 2+ Deeper pit, disappears in 10 to 15 seconds
- 3+ Noticeably deep pit that lasts more than 15 seconds
- 4+ Very deep pit that lasts 2 to 5 minutes

Tested capillary refill time

Fingers (1/2 point)

- Less than 3 seconds
- Greater than 3 seconds

Toes (1/2 point)

- Less than 3 seconds
- Greater than 3 seconds

Palpated carotid arteries

Right: Vibration (1/4 point)

- No thrill
- Thrill

Right: Amplitude (1/4 point)

- 0 Absent
- 1+ Diminished or barely palpable
- 2+ Expected
- 3+ Increased

4+ Bounding pulse

Left: Vibration (1/4 point)

No thrill

Thrill

Left: Amplitude (1/4 point)

0 Absent

1+ Diminished or barely palpable

2+ Expected

3+ Increased

4+ Bounding pulse

Palpated PMI

Location (1/3 point)

Present at midclavicular line and 5th intercostal space

Displaced laterally

Amplitude (1/3 point)

Brisk and tapping

Increased amplitude (hyperkinetic)

Diameter (1/3 point)

Less than 3 cm

Greater than 3 cm

Palpated brachial arteries

Right: Vibration (1/4 point)

No thrill

Thrill

Right: Amplitude (1/4 point)

0 Absent

1+ Diminished or barely palpable

2+ Expected

3+ Increased

4+ Bounding pulse

Left: Vibration (1/4 point)

No thrill

Thrill

Left: Amplitude (1/4 point)

0 Absent

1+ Diminished or barely palpable

2+ Expected

3+ Increased

4+ Bounding pulse

Palpated radial arteries

Right: Vibration (1/4 point)

No thrill

Thrill

Right: Amplitude (1/4 point)

0 Absent

1+ Diminished or barely palpable

2+ Expected

3+ Increased

4+ Bounding pulse

Left: Vibration (1/4 point)

No thrill

Thrill

Left: Amplitude (1/4 point)

0 Absent

1+ Diminished or barely palpable

2+ Expected

3+ Increased

4+ Bounding pulse

Palpated femoral arteries

Right: Vibration (1/4 point)

No thrill

Thrill

Right: Amplitude (1/4 point)

0 Absent

1+ Diminished or barely palpable

2+ Expected

3+ Increased

4+ Bounding pulse

Left: Vibration (1/4 point)

No thrill

Thrill

Left: Amplitude (1/4 point)

0 Absent

1+ Diminished or barely palpable

2+ Expected

3+ Increased

4+ Bounding pulse

Palpated popliteal arteries

Right: Vibration (1/4 point)

- No thrill
- Thrill

Left: Vibration (1/4 point)

- No thrill
- Thrill

Right: Amplitude (1/4 point)

- 0 Absent
- 1+ Diminished or barely palpable
- 2+ Expected
- 3+ Increased
- 4+ Bounding pulse

Left: Amplitude (1/4 point)

- 0 Absent
- 1+ Diminished or barely palpable
- 2+ Expected
- 3+ Increased
- 4+ Bounding pulse

Palpated tibial arteries

Right: Vibration (1/4 point)

- No thrill
- Thrill

Left: Vibration (1/4 point)

- No thrill
- Thrill

Right: Amplitude (1/4 point)

- 0 Absent
- 1+ Diminished or barely palpable
- 2+ Expected
- 3+ Increased
- 4+ Bounding pulse

Left: Amplitude (1/4 point)

- 0 Absent
- 1+ Diminished or barely palpable
- 2+ Expected
- 3+ Increased
- 4+ Bounding pulse

Palpated dorsalis pedis arteries

Right: Vibration (1/4 point)

- No thrill
- Thrill

Left: Vibration (1/4 point)

- No thrill
- Thrill

Right: Amplitude (1/4 point)

- 0 Absent
- 1+ Diminished or barely palpable
- 2+ Expected
- 3+ Increased
- 4+ Bounding pulse

Left: Amplitude (1/4 point)

- 0 Absent
- 1+ Diminished or barely palpable
- 2+ Expected
- 3+ Increased
- 4+ Bounding pulse

Auscultated carotid arteries

Right (No point)

- No bruit
- Bruit

Left (1/2 point)

- No bruit
- Bruit

Auscultated heart sounds

Heart Sounds (No point)

- S1 and S2 audible
- S1, S2, and S3 audible
- S1, S2, and S4 audible
- S1, S2, S3, and S4 audible

Extra Heart Sounds (1/2 point)

- No extra sounds
- Gallops
- Murmur
- Friction rub

Valve clicks

Auscultated abdominal aorta

Sounds (1/1 point)

- No bruit
 Bruit

Auscultated abdominal and lower extremity arteries

Right: Renal (1/6 point)

- No bruit
 Bruit

Right: Femoral (1/6 point)

- No bruit
 Bruit

Left: Iliac (1/6 point)

- No bruit
 Bruit

Right: Iliac (1/6 point)

- No bruit
 Bruit

Left: Renal (1/6 point)

- No bruit
 Bruit

Left: Femoral (1/6 point)

- No bruit
 Bruit

Auscultated breath sounds

Breath Sounds (1/3 point)

- Present in all areas
 Diminished in some areas
 Absent in some areas

Adventitious Sounds (No point)

- No adventitious sounds
 Wheezing
 Fine crackles
 Stridor
 Rhonchi
 Rales

Location (No point)

- All areas clear
 Adventitious sounds in anterior right upper lobe
 Adventitious sounds in anterior right middle lobe
 Adventitious sounds in anterior right lower lobe
 Adventitious sounds in anterior left upper lobe
 Adventitious sounds in anterior left lower lobe
 Adventitious sounds in posterior right upper lobe
 Adventitious sounds in posterior right lower lobe
 Adventitious sounds in posterior left upper lobe
 Adventitious sounds in posterior left lower lobe

Performed EKG

Sinus Rhythm (No point)

- Regular
 Irregular

ST Changes (1/2 point)

- No ST elevation
 ST elevation present

Comments

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Topic 4: Focused Exam: Chest Pain Results | Turned In

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Education & Empathy : 2 of 4 (50.0%)

During the patient interview, there are a number of opportunities to provide patient education and empathy. The opportunities listed below are those identified by nursing experts to be of particular importance to this patient. A **Model Statement** is provided as an example of an appropriate response to each opportunity.

- Opportunities marked as **Not Encountered** are opportunities that were not elicited in the interview
- Opportunities marked as **Not Followed Up** are missed opportunities that were present in the interview, but where no statements were made
- Opportunities marked as **Followed Up** were followed up by students, and include the dialogue between student and patient

1 Family Medical History

Followed Up

Description: Mr. Foster shares his emotions over his family history of illness and death.



Any family history of heart attack (Clarified to: Do you have a family history of heart attack?)

Question
06:41 PM MDT



Well, my mom's dad died of a heart attack. He was pretty young too. Scares the bejeezus out of me. (Clarified to: if I have a family history of heart attack)



I'm so sorry to hear that your mom died of heart attacks I know it's a very hard moment for you

Empathize
06:42 PM MDT



Yes, thank you.



You should not worry but I asked you that you maintain a healthy diet in that you keep on exercising to prevent issues related to heart attack

Empathize
06:42 PM MDT



Thank you.

Model Statement: "Thank you for telling me about your family's health. It's clear you care for your family and hate to see them suffer, especially as it indicates your own risk factors. This medical history will help us develop a care plan for your own health."

2 Exercise

Not Followed Up

Description: Mr. Foster reports that he does not exercise regularly.



do you engage in exercise

Question
06:35 PM MDT



Well I used to ride my bike a lot but it got stolen a couple years ago. I guess I haven't had much regular exercise since then...I want to get a new bike after I recover from this surgery.



How was your recent meal

Model Statement: "Exercise can lead to health improvements for everyone, and is helpful for people with high blood pressure and cholesterol. We can help you consider some healthy forms of exercise that you might be interested in trying."

3 Pain and Discomfort

Description: Mr. Foster describes the symptoms that have been distressing him.



Tell me about what triggers your pain



I don't really know yet. It just started.



Does the pain affect your movement (Clarified to: Is your pain worse with movement?)



I don't really know, I only noticed it a few minutes ago. I tried to get up and walk around the room a little but I think that made it worse. (Clarified to: if my pain is worse with movement)



Are you stressed



Honestly, my life is pretty low stress. My job rarely stresses me out, my home life is great, and my kids generally behave. My only stress right now is this chest pain.



I like that you live a stress free lifestyle. You should try keep it that way and besides engage more in exercise.



Good to know. Thank you.

Model Statement: "I share your concern for these symptoms, and I'm sorry you're under so much discomfort and stress. We're going to assess what's going on so we can develop a quick and appropriate treatment plan."

4 Nutrition

Description: Mr. Foster describes his dietary habits and reveals gaps in nutrition.



How was your recent meal



My wife brought me some buffalo wings last night around eight.



What is your typical breakfast



Um let's see...For breakfast I usually eat a granola bar and drink an instant breakfast shake. I've been doing that while since it saves time in the morning. Most days for lunch I get a sandwich from the sub shop near work. That usually a turkey sub, but sometimes I get a spicy Italian sub. My wife and I grill a lot, and usually have some grilled meat with veggies for dinner.



What is your typical lunch



There's a sub shop near the office, so I usually get a turkey or Italian sub from there.



What is your typical dinner



My wife and I like to keep things hot with the grill. We usually have meat for dinner, potatoes, a vegetable side sometimes.



How is your cardiovascular system

Model Statement: "Because your diet can impact your health in many ways, it's best to eat veggies, fruits, and whole grains, and lean proteins like fish or chicken. Reducing your intake of red meat, refined sugars, and fried foods could help increase your overall well-being."

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Documentation / Electronic Health Record

[Document: Vitals](#)

[Document: Nursing Notes](#)

Document: Nursing Notes

Student Documentation

Model Documentation

Subjective

The patient reports that "I have been having some troubling chest pain now and then for the past month." Experiencing periodic chest pain with exertion such as yard working and overeating. Points to midsternum as location. Describes the pain as "tight and uncomfortable" upon movement or exertion. Mentioned an episode upon going up the stairs to bed. The most recent episode was three days ago after eating a large restaurant dinner. Denies radiation. Pain lasts for a few minutes and goes away when he rests. Patient states that "it has never gotten really bad" hence there was non need for an emergency. however, there was concern after three episodes in one month. Last physical was a year ago but he confirms not receiving any check up earlier. His regular diet include grilled meat, sandwiches and vegetables. Patient reports grilling between 4-5 times a week. Has fast food for lunch especially when busy. Denies coughing, shortness of breath, indigestion, heartburn, jaw pain, fatigue, dizziness, weakness, nausea, and diarrhea. Denies chest pain at time of interview. No history of anxiety or depression

Objective

General Survey: Patient is alert and oriented. Speech is clear. Sits comfortably with no acute distress.
Cardiac: S1, S2 without murmurs. S3 noted at mitral valve. No swelling or fluid retention in lower extremities.
Peripheral Vascular: No JVD present. JVP 3 cm above sternal angle. Left carotid no bruit. Right carotid has bruit. Right carotid pulse with thrill. Branchial radial femoral pulses without thrill 2+. Popliteal and dorsalis pedis pulses without thrill. Cap refill less than 3 seconds in all extremities.
Respiratory: Quite and unlabored breathing. Breath sounds are clear to auscultation in upper lobes and RML. Fine crackles in posterior bases of L/R lungs.
Gastrointestinal: Round soft non-tender with normoactive bowel sounds in all quadrants. No abdominal bruits. No tenderness light or deep palpitation.
Neuro: Alert and oriented x3 follows command and moves all extremities. Gross cranial nerves 2+ bilaterally
Skin: Warm and dry, intact. No tenting or sweating
Musculoskeletal: Moves all extremities
Psych: Normal. Maintains eye contact throughout.

Mr. Foster is post-op day 3 for a TURP (Transurethral resection of the prostate). He is complaining of chest pain that began 5 minutes ago. He rates his pain at 6/10. He reports the pain is localized to the sub-sternal region and describes it as "squeezing pressure." He reports the pain is constant and increasing in severity. He denies radiation but reports some pressure in the left shoulder as well. He reports the pain was accompanied by nausea at the onset, but denies emesis. The patient reports becoming increasingly anxious. He denies SOB and palpitations. He denies tenderness, redness, or changes in surgical site.

• General Survey: Alert, but uncomfortable appearing middle-aged male supine in hospital bed and mildly diaphoretic. Elevated respiratory rate and evident distress.

• Cardiovascular: No JVD, HR between 100-115, S1 & S2, + S4. No murmur, no rub. Occasional PVCs appreciated. BP range 92-109/57-68. No carotid bruit or thrill.

• Peripheral Vascular: Capillary refill <3 seconds on bilateral fingers and toes, radial pulses 2+, posterior tibial and dorsalis pedis pulses +1. No lower extremity edema. No varicosities, no areas of focal induration or erythema.

• Respiratory: Respirations quiet and unlabored, able to speak in full sentences. Lungs CTA. RR 24-26/m, O2 saturation 97-99%.

• Neuro: Alert and oriented x3, follows commands, moves all extremities.

• Skin: Diaphoresis. No pallor, redness, induration, or purulence noted.

• EKG (interpretation): Sinus tachycardia with occasional PVCs. No ST segment elevation.

Comments

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Care Plan : 11 of 11.5 (95.7%)

Nursing Diagnosis

3.5 out of 3.5

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Status

Student Response	Model Answer	Explanation	Points Earned
exhibits	exhibits	The correct status for the nursing diagnosis is "exhibits," because Mr. Foster's condition is not a risk, but rather is actually present.	0.5 out of 0.5

Diagnosis

Student Response	Model Answer	Explanation	Points Earned
deficient knowledge	deficient knowledge	Mr. Foster has reported his pain is a 0/10; his current healthcare needs are for education on relevant topics.	0.5 out of 0.5

Etiologies

Student Response	Model Answer	Explanation
insufficient knowledge of cardiac disease process	insufficient knowledge of cardiac disease process	Any patient who has undergone procedure needs teaching on recovery methods; in addition, assessment, Brian exhibited a lack of understanding about contributing factors to cardiac diseases.
insufficient knowledge of resources for cardiac procedure recovery	insufficient knowledge of resources for cardiac procedure recovery	Any patient who has undergone procedure needs teaching on recovery methods; in addition, assessment, Brian exhibited a lack of understanding about contributing factors to cardiac diseases.

Signs & Symptoms

Student Response	Model Answer	Explanation
not currently on cardiac diet	not currently on cardiac diet	Brian's stent was just placed, and he needs to follow the need for recovery instructions. His lifestyle is sedentary and his diet is not cardiac-friendly, and so he has not yet learned about the link between his lifestyle and diet & exercise.
sedentary lifestyle prior to hospitalization	sedentary lifestyle prior to hospitalization	Brian's stent was just placed, and he needs to follow the need for recovery instructions. His lifestyle is sedentary and his diet is not cardiac-friendly, and so he has not yet learned about the link between his lifestyle and diet & exercise.
new placement of cardiac stent	new placement of cardiac stent	Brian's stent was just placed, and he needs to follow the need for recovery instructions. His lifestyle is sedentary and his diet is not cardiac-friendly, and so he has not yet learned about the link between his lifestyle and diet & exercise.

Self Assessment

Your answer is not automatically evaluated by the simulation, but may be reviewed by your instructor.

Prompt	Student Response	Model Answer	Explanation
How can a patient's knowledge of their health risks affect their health?	Having knowledge of the health risks will ensure that the patient follows treatment guidelines as recommended	A patient's understanding of their health risks can lead them to be wary of warning signs, practice appropriate health habits, and know when to reach out to medical professionals for help.	Your role as a healthcare provider is not limited to physical and medical interventions; knowing how to educate your patients is a crucial part of their health.

Planning

Short-Term Goal

Student Response	Model Answer	Explanation
To have patient verbalize and agree to their post-stent care and heart-healthy lifestyle instructions, by end of hospitalization.	To have patient verbalize and agree to their post-stent care and heart-healthy lifestyle instructions, by end of hospitalization.	Having a patient verbalize the instructions lets you check for what might have missed. In addition, if the patient doesn't consent to their instructions, further persuasion should be used.

Interventions

Student Response	Model Answer	Explanation
Inform patient that his provider will be in soon to discuss post-operative medication	Inform patient that his provider will be in soon to discuss post-operative medication	These interventions teach the patient appropriate stent-site monitoring. Heart-healthy diet & exercise is appropriate in interventions especially after a procedure to mitigate it, should be reported to the provider immediately. Similarly, the patient can begin his diet anytime, but a new exercise regimen right after surgery increases his risk of infection.
Instruct patient that if chest pain develops, he should alert staff immediately	Instruct patient that if chest pain develops, he should alert staff immediately	These interventions teach the patient appropriate stent-site monitoring. Heart-healthy diet & exercise is appropriate in interventions especially after a procedure to mitigate it, should be reported to the provider immediately. Similarly, the patient can begin his diet anytime, but a new exercise regimen right after surgery increases his risk of infection.
Instruct patient to begin exercise regimen: low-impact walking, 15-20 minutes, 3 times a week, and increase intensity and frequency as tolerated	Instruct patient to begin exercise regimen: low-impact walking, 15-20 minutes, 3 times a week, and increase intensity and frequency as tolerated	These interventions teach the patient appropriate stent-site monitoring. Heart-healthy diet & exercise is appropriate in interventions especially after a procedure to mitigate it, should be reported to the provider immediately. Similarly, the patient can begin his diet anytime, but a new exercise regimen right after surgery increases his risk of infection.
Instruct patient to begin exercise regimen after a week	Instruct patient to begin exercise regimen after a week	These interventions teach the patient appropriate stent-site monitoring. Heart-healthy diet & exercise is appropriate in interventions especially after a procedure to mitigate it, should be reported to the provider immediately. Similarly, the patient can begin his diet anytime, but a new exercise regimen right after surgery increases his risk of infection.

Instruct patient to begin cardiac diet, including reduction of salt and red meat intake	Instruct patient to begin cardiac diet, including reduction of salt and red meat intake	These interventions teach Brian appropriate stent-site monitoring. A heart-healthy diet & exercise is appropriate in interventions especially after a procedure to mitigate it, should be reported to the provider immediately. Similarly, Brian can begin his diet anytime, but a new exercise regimen right after surgery increases his risk of infection.
Instruct patient to begin cardiac diet immediately	Instruct patient to begin cardiac diet immediately	These interventions teach Brian appropriate stent-site monitoring. A heart-healthy diet & exercise is appropriate in interventions especially after a procedure to mitigate it, should be reported to the provider immediately. Similarly, Brian can begin his diet anytime, but a new exercise regimen right after surgery increases his risk of infection.
Instruct patient to monitor stent site for signs of bleeding	Instruct patient to monitor stent site for signs of bleeding	These interventions teach Brian appropriate stent-site monitoring. A heart-healthy diet & exercise is appropriate in interventions especially after a procedure to mitigate it, should be reported to the provider immediately. Similarly, Brian can begin his diet anytime, but a new exercise regimen right after surgery increases his risk of infection.
Instruct patient to monitor stent site for signs of infection: redness, swelling, warmth, drainage	Instruct patient to monitor stent site for signs of infection: redness, swelling, warmth, drainage	These interventions teach Brian appropriate stent-site monitoring. A heart-healthy diet & exercise is appropriate in interventions especially after a procedure to mitigate it, should be reported to the provider immediately. Similarly, Brian can begin his diet anytime, but a new exercise regimen right after surgery increases his risk of infection.

Intervention Rationale

Your answer is not automatically evaluated by the simulation, but may be reviewed by your instructor.

Prompt	Student Response	Model Answer	Explanation
In 1 or 2 sentences, explain how your selected interventions work to accomplish your goal.	The intervention will ensure that the patient is equipped with knowledge on the treatment plan and necessary precautions to take into considerations	These interventions help Brian stay alert for problems in his stent-site healing, so that he knows when to contact his provider. Brian also receives teaching on concrete ways to diet and exercise for his cardiovascular health, while ensuring he makes his changes at an appropriate time during his surgery recovery.	It is important to use the tools they need to stay healthy in the short-term (monitoring their stent site) and in the long-term (developing healthy habits that stave off cardiovascular disease).

Data Collections

Student Response	Model Answer	Explanation
Ask patient to agree to and verbalize his instructions for diet and exercise	Ask patient to agree to and verbalize his instructions for diet and exercise	After all patient instructions h made, make sure your patien well as can verbalize them ba you spot any details they've r
Ask patient to rate his current pain level	Ask patient to agree to and verbalize his stent-related care instructions	After all patient instructions h made, make sure your patien well as can verbalize them ba you spot any details they've r

Discussion Of Care

Your answer is not automatically evaluated by the simulation, but may be reviewed by your instructor.

Prompt	Student Response	Model Answer	Explanation
Explain the rationale behind your nursing diagnosis.	Brian, your recently placed cardiac stent requires home recovery care from you. You have not been taught about heart-healthy practices that will prevent future cardiac diseases.	Brian, your recently placed cardiac stent will require some at-home recovery care from you, which you haven't yet been filled in on. In addition, you haven't been taught about some heart-healthy practices that will prevent future cardiac diseases.	A patient should their nursing diag rationale behind their sense of inv to identify areas i improvement.
Explain your goal for Mr. Foster and the interventions and data collections through which you will achieve it.	Brian, my goal for you is, by the end of your stay, to have you agree to and verbalize back the instructions you will receive on post-stent care and long-term heart health. I'm going to educate you on these subjects. At the end of your hospitalization, I'll have you repeat back your instructions to make sure you understand them.	Brian, my goal for you is, by the end of your stay, to have you agree to and verbalize back the instructions you'll receive on post-stent care and long-term heart health. I'm going to educate you on these subjects, with some help from your provider, who will review your medication regimen with you. At the end of your hospitalization, I'll have you repeat back your instructions to make sure you've got them down.	You should compr care plan to the p allowing them to involvement and their own healthc
Explicitly ask for Mr. Foster's consent to the Care Plan.	Do you consent your care plan	Do I have your consent to move forward with these interventions?	A patient must co interventions in tl Disagreements a opportunities to p patient educatio consider alternat
Inform Mr. Foster you will now begin his education interventions.	Now I will begin highlighting the possible interventions to make you feel better	Unless you have any other questions, I will now begin educating you on your post-stent care and your long-term health.	It's time to begin education interve your patient know

Intervention & Evaluation

Student Response	Model Answer	Explanation
Fully	Fully	Mr. Foster's repetition of his i shows a full and detailed kno them; furthermore, he conser these new choices. Your goal fully achieved.

Intervention & Evaluation Rationale

Your answer is not automatically evaluated by the simulation, but may be reviewed by your instructor.

Prompt	Student Response	Model Answer	Explanation
Your goal was that the patient, by the end of their hospitalization, verbalizes and agrees to instructions for their post-stent care and heart healthy practices. Have you achieved your goal?	Mr. Foster's repetition of his instruction a full and detailed knowledge of them. furthermore, he consents to making the right and healthy choices. These include engaging in exercise and eating a healthy diet. He confirms alerting the provider incase he feel any pain.	The goal for Mr. Foster has been fully achieved; he has agreed to and verbalized detailed and comprehensive knowledge of his instructions for post-stent recovery and long term heart-health, without missing any details.	A patient's verba instructions shov extent they unde remember those

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