

Topic 1: Focused Exam: Cough Results | Turned In

Health Assessment - GCU - March 2024, nrs-420

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Your Results

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Experience Overview

Patient: Danny Rivera



Digital Clinical Experience Score

95.6%

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

47.8 out of 50



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 22 out of 22	Objective Data Collection 14.8 out of 15
Education and Empathy 3 out of 3	Care Plan 8 out of 10

Time
110 minutes total spent in assignment

Interaction with patient
110 minutes

Comments

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



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Transcript


Started: Apr 06, 2024 | Total Time: 110 min

All Lines (154)	Interview Questions (37)	Statements (16)	Exam Actions (101)
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- 


Hello!

Question
04/06/24 11:56 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
04/06/24 11:58 PM MDT
- 

Your patient is Danny Rivera, an 8-year-old Puerto Rican boy presenting with a cough in the Shadowville Elementary nurse's office. Your role in this simulation is that of a healthcare provider who will **perform a focused history and physical examination** in order to collect data, assess Danny's condition, and transfer care. In this simulation, you will be able to perform procedures not always typical to a school setting so you can gather as much data as possible.
- 

What are my objectives in this assessment?

Question
04/06/24 11:58 PM MDT



Danny is very health literate and a good historian of his own health history; he can answer questions that not every child may be able to. In your interview with Danny, 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 cough. 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 Danny's family** so you can determine his genetic predisposition to any diseases. In addition to collecting subjective data, you will **perform a physical exam on Danny to gather objective data** about his health and physiology. Throughout the conversation, you should **educate and empathize with Danny** 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?



Because Danny is a pediatric patient, you will also be required to **make a phone call to his guardian's home to gather additional information**. 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. Rivera's condition, **identify a treatment goal, plan your interventions and evaluations**, and finally **assess if your goal was achieved**. You may also need to call Danny's guardian again to involve them in his treatments. 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. Rivera'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 cough 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 strategies can you use to develop rapport with a pediatric patient?



The two strategies for establishing rapport include keeping eye contact with the child and also beginning conversation with a topic that they understand



Time to begin.



Hi, my name is Andy



Hi.



What brings you to the clinic today?



My music teacher Mr. Hillman sent me here because he said I look sick. I have been coughing a lot. . . and I feel kinda tired.



I'm sorry that you feel that way. But I will do anything to help you get better



Yeah, thank you.



how often do you cough?



I just keep feeling like I have to cough every couple minutes or so. I think it gets worse at night.



how many time do you cough



I haven't counted it. So I don't know. Maybe one or two or three. [AUDIO COMING SOON]



what is the frequency of your cough?



I just keep feeling like I have to cough every couple minutes or so. I think it gets worse at night.



when did your cough starts?



I think the cough started two . . . No, it started three days ago.



how is your cough?



My cough seems kind of gurgly and watery.



I understand that you are seek. But i will advise you to stay away from crowded places



OK.



are you exposed to germs? (Clarified to Are you exposed to any environmental hazards?.)



Our house is pretty safe if you ask me . . . sometimes Papi smokes in the house though and I know that's bad, even for adults. It makes me unhappy when he smokes. (Clarified to if I am around environmental hazards.)



do you wash your hands?



Eh, I barely ever do. It's boring!



I would emphasize that you wash your hands regularly to kill germs



Oh, that's smart.



have you been with sick friends? (Clarified to Have you been around anyone sick?.)



No . . . not my mom or dad or anything. Well, Cindy was over at my house and she was out sick yesterday. (Clarified to if I have been around anyone who is sick.)



It is important that you stay away from sick people



Thanks! Now my brain is bigger.



do you cover your mouth when coughing?



When I cough, I like to let it all out.



it is important to cover your mouth when coughing to prevent germs from spreading



OK, now I'm smarter, thanks!



what makes you feel better? (Clarified to What makes your sore throat better?.)



It's just a little bit sore. I think it just stays the same no matter what, but if you think I have to eat ice cream for breakfast, I guess I can do that. (Clarified to what helps my throat.)



what are your relieving factors for cough (Clarified to What makes your cough better?.)



My mom gave me some medicine this morning. . . that helped my cough a little. I don't remember what it was called though, sorry. (Clarified to what makes my cough better.)



what medication do you use?



My mom gave me some medicine this morning. . . that helped my cough a little. I don't remember what it was called though, sorry.



what typical medication do you use?



My mom gave me some medicine this morning. . . that helped my cough a little. I don't remember what it was called though, sorry.



do you engage in exercise



I have gym class every day. I do all my exercises there. Abuela always has to remind me to play outside for a little bit on the weekends. . . I guess I like to play inside more.



do you have a running nose



My nose is always a little bit runny. . .but ever since I started coughing it's been worse, I think.



I feel sorry for you. But I will do anything to make you feel better



That is nice of you.



when did you start experiencing runny nose? (Clarified to When did you get a runny nose?.)



My nose is always a little bit runny. . .but ever since I started coughing it's been worse, I think. (Clarified to when I got the runny nose.)



how is your nasal discharge



The stuff coming from my nose? It's really drippy, like water, if that's what you mean.



how is your ear (Clarified to How are your ears?.)



My ears seem OK . . . (Clarified to how my ears are.)



do you have any allergies?



I don't think I have any allergies.



how is your family



I have a good family. Abuela and Abuelo, my mom's parents, live with us. We all take care of each other and share chores in the house. I feel like a pretty lucky kid.



is any member of your family sick? (Clarified to Is anyone in your family sick right now?.)



No . . . not my mom or dad or anything. Well, Cindy was over at my house and she was out sick yesterday. (Clarified to if anyone at home is sick.)



what is your family history



My mom's got diabetes, cholesterol, and high blood pressure. Papi talks about his cholesterol sometimes, and he smokes cigars. I know that's bad, especially because mom says he had asthma when he was little. Probably my age. Uch, it sounds like a lot when I say it altogether like that. . .



I'm sorry to hear that your mum has cholesterol, diabetes, and blood pressure.



Thank you.



It is important that you talk to papa about smoking cigars at home



Alright.



how is your medication



Oh, well, I have been sick before and I'm sick now . . . I had pneumonia once. Last year. My mom was really scared. She says I used to get earaches a lot too.



how are your eyes



My eyes are okay. I see fine, but sometimes I wish I had glasses like Tony.



how is your throat



My throat is a little bit sore, but just a little bit.



have you been sneezing



I don't sneeze a lot, just if my nose gets itchy . . . but that doesn't usually happen. My nose sometimes gets a little bit runny though.



does your chest hurt



No, I don't have pain in my chest. I would hate that!



do you have asthma



No. But my mom says Papi had asthma when he was a little kid. He shouldn't be smoking cigars because of it, but he does, and it makes me upset.



Im sorry your throat hurts. I'll take a look to see what we can do to make it better



Thanks for saying that.



do you know what dose of cough medicine your mum gave you



I don't know. It was the purple one.



Make sure you are not taking cough medicine without your mum helping you



Thanks! Now my brain is bigger.



Washed hands.



Measured blood pressure



Measured heart rate



Measured pulse oximetry



Measured respiratory rate



Measured temperature



Tested lung capacity with spirometer: FEV1: 1.549 L, FVC 1.78 L (FEV1/FVC: 87%)



Inspected upper conjunctiva



Inspected lower conjunctiva



Inspected right orbital area and sclera



Inspected left orbital area and sclera



Performed otoscopic examination of right ear



Performed otoscopic examination of left ear



Performed otoscopic examination of right ear



Inspected mouth



Inspected front of neck



Inspected right side of neck



Inspected back of neck



Inspected left side of neck



Inspected front of neck



Inspected left side of neck



Inspected back of neck



Inspected right side of neck



Inspected front of neck



Inspected anterior chest wall



Inspected posterior chest wall



Inspected anterior chest wall



Palpated frontal sinuses: No tenderness reported



Palpated maxillary sinuses: No tenderness reported



Palpated lymph nodes of head and neck: Enlarged and reported tenderness on the right side



Palpated supraclavicular lymph nodes: Not palpable



Palpated axillary lymph nodes: Not palpable



Palpated fremitus in anterior upper chest wall: Present and equal bilaterally



Ninety-nine.



Palpated fremitus in anterior lower chest wall: Present and equal bilaterally



Ninety-nine.



Palpated fremitus in posterior upper chest wall: Present and equal bilaterally



Ninety-nine.



Palpated fremitus in posterior middle chest wall: Present and equal bilaterally



Ninety-nine.



Palpated fremitus in posterior lower chest wall: Present and equal bilaterally



Ninety-nine.



Palpated chest expansion: Both sides rise symmetrically



Auscultated breath sounds in anterior right upper lobe



Auscultated breath sounds in anterior left upper lobe



Auscultated breath sounds in anterior right upper lobe



Auscultated breath sounds in anterior left middle lobe



Auscultated breath sounds in anterior right middle lobe



Auscultated breath sounds in anterior left middle 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 near spine



Auscultated breath sounds in posterior right lower lobe near spine



Auscultated breath sounds in posterior left lower lobe



Auscultated breath sounds in posterior right lower lobe on side



Auscultated breath sounds in posterior right lower lobe



Auscultated breath sounds in posterior left lower lobe on side



Auscultated voice sounds in anterior right upper lobe



Ninety-nine.



Auscultated voice sounds in anterior left upper lobe



Ninety-nine.



Auscultated voice sounds in anterior right upper lobe



Ninety-nine.



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



Ninety-nine.



Auscultated voice sounds in anterior right middle lobe



Ninety-nine.



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



Ninety-nine.



Auscultated voice sounds in anterior right lower lobe



Ninety-nine.



Auscultated voice sounds in anterior left lower lobe



Ninety-nine.



Auscultated voice sounds in posterior left upper lobe



Ninety-nine.



Auscultated voice sounds in posterior right upper lobe



Ninety-nine.



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



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



Ninety-nine.



Auscultated voice sounds in posterior left lower lobe near spine



Ninety-nine.



Auscultated voice sounds in posterior right lower lobe near spine



Ninety-nine.



Auscultated voice sounds in posterior left lower lobe



Ninety-nine.



Auscultated voice sounds in posterior right lower lobe



Ninety-nine.



Ninety-nine.



Auscultated voice sounds in posterior left lower lobe on side



Ninety-nine.



Auscultated voice sounds in posterior right lower lobe on side



Ninety-nine.



Ninety-nine.



Ninety-nine.



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 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 mitral area with the bell



Auscultated mitral area with the diaphragm



Percussed anterior right upper lobe



Percussed anterior left upper lobe



Percussed anterior right middle lobe



Percussed anterior left mid-chest (upper lobe)



Percussed anterior right lower lobe



Percussed anterior left lower lobe



Percussed posterior left upper lobe



Percussed posterior right upper lobe



Percussed posterior left mid-back (lower lobe)



Percussed posterior right mid-back (lower lobe)



Percussed posterior left lower lobe



Percussed posterior right lower lobe



Percussed posterior left lower lobe on side



Percussed posterior left lower lobe near spine



Percussed posterior right lower lobe near spine



Percussed posterior left right lobe on side



Measured diaphragmatic excursion: 3 cm



do you take any vitamins or supplements



Oh yeah, I take vitamins every day! The gummy dinosaur kind. I don't think I'm supposed to, but sometimes I sneak extra ones to be super healthy!



You should not take extra vitamins. That can be dangerous. Only take one per day.



OK.



You are right. Taking Vitamins is recommended. however, sometimes taking too many vitamins can be bad for you



Alright.



Danny, given that you are not feeling well, our focus is to make you dont develop infection, which for you just means getting sicker. We're going to talk about the ways we can work to prevent that, especially focusing on your risk factors, which are just things that give you a bigger chance of being sick. Some of your risk factors are that you were near a sick friend, have been exposed to cigar smoke could stand to wash your hands more, and also have touched your face with your fingers. I know that sounds like a lot, but if we work together, reducing your risk factors for infection can be easy and effective.



OK. I get it!



Let's talk about how we are going to help you not get sicker. So, I'm going to have a conversation with you and your father about things to do to ensure your heath. We will work together to discuss, and then have you and your father repeat what you have learned, so we can make extra sure you've got it down.



Alright.



Does this plan I just talked about sound good to you?



We can do it! I love learning and I'm really a good learner.



Danny, if you don't have any other questions, we can also start our discussion now!



Okie dokie artichokey.

Comments

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Subjective Data Collection: 22 of 22 (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
	Experts selected these topics as essential components of a strong, thorough interview with this patient.	Not Scored 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 cough

History of Presenting Illness

- Asked about onset of cough
 - Reports cough started 3 days ago
- Asked about characteristics of cough
 - Reports cough is wet
 - Reports clear sputum with cough
- Asked about frequency and duration of cough
 - Reports coughing every few minutes
 - Reports coughs last a few seconds
- Asked about aggravating factors for cough
 - Reports cough is worse at night
 - Denies smoking
 - Reports being exposed to secondhand

smoke through father

◦ Reports he doesn't know what triggers the cough

Asked about exposure to germs

◦ Reports playing with an ill cle

Asked about hand hygiene

◦ Reports infrequent hand was
◦ Reports occasionally putting
mouth

Asked about cough etiquette

◦ Denies covering mouth when

Asked about relieving factors for cough

◦ Reports cough is temporarily
medicine

Followed up on cough medicine

◦ Reports cough medicine was
◦ Reports taking one spoonful
◦ Reports mother gave him the
◦ Reports only took the medici
◦ Denies home remedies

Asked about typical medication use

◦ Denies taking medication
◦ Reports taking daily vitamin

Asked about activity level

◦ Reports typical high activity l
◦ Reports activity level low sink
◦ Reports still able to run or pl
◦ Reports focusing in class is c

Asked about nasal symptoms

◦ Reports current runny nose
◦ Denies sneezing

Followed up on nasal discharge

◦ Reports nasal discharge is cl
◦ Reports nasal discharge is th

Asked about ear symptoms

◦ Denies ear pain
◦ Reports history of frequent e:
◦ Denies ear discharge
◦ Denies hearing problems

Asked about throat symptoms

◦ Reports sore throat
◦ Reports a little pain with swa

Past Medical History

Asked about relevant medical history

◦ Reports frequent runny nose:
◦ Reports past frequent cough
◦ Reports past pneumonia
◦ Denies asthma diagnosis
◦ Reports immunizations as cu

Asked about allergies

- Denies seasonal allergies
- Denies food allergies
- Denies medication allergies

Asked relevant family history

- Reports father has history of
- Denies family history of allerg

Review of Systems

Asked about constitutional health

- Denies chills
- Denies fever
- Reports feeling somewhat fa
- Denies night sweats
- Reports cough makes it diffic
- Denies swelling

Asked about additional review of systems for HEENT

- Reports frequent colds
- Denies headaches
- Denies nosebleeds
- Denies vision difficulty
- Denies dizziness
- Denies watery eyes
- Denies eye redness
- Denies eye pain
- Denies sinus pain

Asked about review of systems for respiratory

- Denies chest tightness
- Denies chest pain
- Denies difficulty breathing

Comments

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Objective Data Collection: 14.8 of 15 (98.67%)

<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect
<input type="checkbox"/> Partially correct	<input type="checkbox"/> Missed

Inspected eyes and orbital area 1 of 1 point

Orbital Area (1/4 point)

- No visible abnormal findings
- Ptosis
- Eyelid
- Lesion

Sclera (1/4 point)

- White
- Yellow tint
- Redness

Conjunctiva (1/4 point)

- Moist and pink
- Dry appearance
- Redness
- Swelling

Conjunctival Discharge (1/4 point)

- No discharge
- Clear, watery discharge
- Purulent discharge

Inspected nasal cavities 1 of 1 point

Color (1/4 point)

- Pink
- Red
- Bluish

Discharge (1/4 point)

- No discharge
- Clear discharge
- Bloody discharge
- Purulent discharge

Turbinate Patency (1/4 point)

- Patent
- Decreased patency
- Not patent

Observations (1/4 point)

- No additional visible abnormal findings
- Foreign body present
- Polyp
- Septum perforated
- Septum deviated
- Lesion

Inspected ears 1 of 1 point

Right: Auditory Canal Color (1/10 point)

- Pink
- Red
- Pallor

Right: Tympanic Membrane Appearance (1/10 point)

- No visible abnormal findings
- Fluid observed
- Visible scars
- Bulging
- Perforation
- Retraction

Right: Discharge (1/10 point)

- No discharge
- Cerumen
- Clear discharge
- Bloody discharge
- Purulent discharge

Left: Tympanic Membrane Color (1/10 point)

- Pearly gray
- Red
- Opaque
- Yellow
- Not visible because of cerumen

Left: Cone Of Light (1/10 point)

- 7:00
- Cone of light distorted

Right: Tympanic Membrane Color (1/10 poi

- Pearly gray
- Red
- Opaque
- Yellow
- Not visible because of cerumen

Right: Cone Of Light (1/10 point)

- 5:00
- Cone of light distorted

Left: Auditory Canal Color (1/10 point)

- Pink
- Red
- Pallor

Left: Tympanic Membrane Appearance (1/1

- No visible abnormal findings
- Fluid observed
- Visible scars
- Bulging
- Perforation
- Retraction

Left: Discharge (1/10 point)

- No discharge
- Cerumen
- Clear discharge
- Bloody discharge
- Purulent discharge

Inspected mouth and throat

Oral Mucosa (1/5 point)

- Moist and pink
- Dry appearance
- Redness

Throat Color (No point)

- Pink
- Red

Post Nasal Drip (1/5 point)

- No discharge
- Clear discharge
- Purulent discharge

Tonsils (1/5 point)

- No visible abnormal findings
- Swelling
- Redness

Throat Texture (1/5 point)

- No abnormal findings
- Cobblestoning
- Exudate

Inspected neck

Symmetry (1/2 point)

- Symmetric
- Asymmetric

Appearance (1/2 point)

- No visible abnormal findings
- Swelling

- Visible pulsation
- Visible mass
- Discoloration

Inspected chest

Symmetry (1/2 point)

- Symmetric
- Asymmetric

Appearance (1/2 point)

- No visible abnormal findings
- Rash
- Barrel chest
- Intercostal retraction while breathing
- Excessive use of accessory muscles while breathing
- Skin growths (freckles or moles)

Auscultated breath sounds

Breath Sounds (1/3 point)

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

Adventitious Sounds (1/3 point)

- No adventitious sounds
- Wheezing
- Fine crackles
- Stridor
- Rhonchi
- Rales

Location (1/3 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

Auscultated for bronchophony

Bronchophony (1/1 point)

- Positive
- Negative

Auscultated heart sounds

Heart Sounds (1/2 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

Percussed chest wall

Observations (1/2 point)

Location (1/2 point)

- All areas resonant
- Some areas dull, some resonant
- Some areas hyperresonant, some resonant

- No areas of dullness
- Dullness, anterior right upper lobe
- Dullness, anterior right middle lobe
- Dullness, anterior right lower lobe
- Dullness, anterior left upper lobe
- Dullness, anterior left lower lobe
- Dullness, posterior right upper lobe
- Dullness, posterior right lower lobe
- Dullness, posterior left upper lobe
- Dullness, posterior left lower lobe

Measured diaphragmatic excursion

Range (1/1 point)

- 3-5 cm
- Greater than 3-5 cm
- Less than 3-5 cm

Palpated sinuses

Frontal (1/2 point)

- None reported
- Tenderness reported

Maxillary (1/2 point)

- None reported
- Tenderness reported

Palpated lymph nodes

Head And Neck (1/3 point)

- No palpable nodes
- Palpable nodes on right side
- Palpable nodes on left side

Supraclavicular (1/3 point)

- No palpable nodes
- Palpable nodes on right side
- Palpable nodes on left side

Axillary (1/3 point)

- No palpable nodes
- Palpable nodes on right side
- Palpable nodes on left side

Palpated fremitus

Symmetry (1/2 point)

- Equal bilaterally
- Unequal bilaterally

Vibration (1/2 point)

- Expected fremitus
- Decreased fremitus

Palpated chest expansion

Symmetry (1/1 point)

- Equal bilaterally
- Unequal bilaterally

Comments

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Topic 1: Focused Exam: Cough Results | Turned In

Health Assessment - GCU - March 2024, nrs-420

[Return to Assignment \(/assignments/981884/\)](#)



Your Results

Lab Pass (/assignment_attempts/16516701/lab_pass.pdf)

- [Overview](#)
- [Transcript](#)
- [Subjective Data Collection](#)
- [Objective Data Collection](#)
- [Education & Empathy](#)
- [Documentation](#)
- [Care Plan](#)

Documentation / Electronic Health Record

- [Document: Vitals](#)
- [Document: Nursing Notes](#)

Document: Nursing Notes

Student Documentation

Subjective

Danny says he had a cough for four to five days. He mentions his cough as watery and gurgly. He says the cough worsens at night and prevents him from sleeping. He notes a general tiredness due to the faint soreness in his throat. He narrates that his mother used over-the-counter drugs to treat his coughing symptoms, though the immediate effect was not significant. He mentions cold and runny nose often and admits he had frequent ear bowl movement, headache, dizziness, difficult swallowing, nosebleed, phlegm or sputum, difficulty breathing, or chest pain. He attributes his post-exercise coughing to the cold weather.

Objective

General survey: Fatigued appearing young boy seated on nursing station bench. He appears stable
 HEENT: Mucus membrane are moist, clear nasal discharge. Redness, cobblestoning in the back of throat. Eyes are dull in appearance, pink conjunctiva in the back throat. Her eyes are dull in appearance, pink conjunctiva. Right Tympanic membrane is red and inflamed. Right cervical lymph node is enlarged with reported tenderness.
 Cardiovascular: S1, S2, no murmurs, gallops or rubs
 Respiratory: Increased respiratory rate, but no acute distress. He can speak in full sentences. Breath sounds are clear to auscultation. Negative bronchophony. Chest wall is resonant to percussion. Expected fremitus, equal bilaterally. Spirometry: F3.15 L, FVC 3.91L (FEV1/FVC: 80.5%)

Model Documentation

Danny reports a cough lasting two to three days. He describes the cough as “watery and gurgly.” He reports the cough is worse at night and keeps him up. He reports general fatigue due to lack of sleep. He is experiencing mild soreness in his throat. He reports his mother treated his cough symptoms with over-the-counter medicine, but it was only temporarily effective. He reports frequent cold and runny nose, and he states that he had frequent ear infections as a child. He reports a history of pneumonia in the past year. He reports normal bowel movements. He denies fever, headache, dizziness, ear pain, trouble swallowing, nosebleed, phlegm or sputum, chest pain, trouble breathing and abdominal pain. He denies cough aggravation with activity.

- General Survey: Fatigued appearing young boy seated on nursing station bench. Appears stable.
- HEENT: Mucus membranes are moist, nasal discharge, and boggy turbinate. Fine bumps on the tongue. Cobblestoning in the back of throat. Eyes are dull in appearance, pink conjunctiva.
- Cardiovascular: Mild tachycardia. S1, S2, no murmurs, gallops or rubs.
- Respiratory: Respiratory rate increased, but no acute distress. Able to speak in full sentences. Breath sounds clear to auscultation.

Comments

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Topic 1: Focused Exam: Cough Results | Turned In

Health Assessment - GCU - March 2024, nrs-420

[Return to Assignment \(/assignments/981884/\)](#)



Your Results

Lab Pass (/assignment_attempts/16516701/lab_pass.pdf)

- [Overview](#)
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- [Education & Empathy](#)
- [Documentation](#)
- [Care Plan](#)**

Care Plan : 8 of 10 (80.0%)

Nursing Diagnosis

2 out of 3.5

Nursing Diagnoses: Definitions & Classifications 2018-2020 © NANDA-International, 2017 used by arrangement with Thieme Medical Publishers, Inc., a division of the Thieme Group. All rights reserved. Authorized translation from the English language edition published by Thieme Medical Publishers Inc. No part of this material may be reproduced in any form without the written permission of the agent of the copyright holder, NANDA-International. Direct inquires to nanda-i@thieme.com. Link for more information: <http://www.nanda.org/>.

Status

Student Response	Model Answer	Explanation	Points Earned
exhibits	is at risk for	The correct status for the nursing diagnosis is "is at risk for," because Danny's most pressing vulnerability is to an infection that he has not yet, but could, develop.	0 out of 0.5

Diagnosis

Student Response	Model Answer	Explanation	Points Earned
infection	infection	While a cough can be unpleasant, the most alarming thing it indicates about Danny's health is that he is at risk for an infection.	0.5 out of 0.5

Etiologies

Student Response	Model Answer	Explanation
played w/ sick peer	played w/ sick peer	Danny Rivera is at risk for infectious evidenced by: his playing with a sick peer; how he touches his face often, especially his eyes/nose/mouth; how rarely he washes his hands; and his exposure to secondhand smoke.
rare hand washing	rare hand washing	Danny Rivera is at risk for infectious evidenced by: his playing with a sick peer; how he touches his face often, especially his eyes/nose/mouth; how rarely he washes his hands; and his exposure to secondhand smoke.
upper resp. infection	secondhand smoke	Danny Rivera is at risk for infectious evidenced by: his playing with a sick peer; how he touches his face often, especially his eyes/nose/mouth; how rarely he washes his hands; and his exposure to secondhand smoke.
touches face often	touches face often	Danny Rivera is at risk for infectious evidenced by: his playing with a sick peer; how he touches his face often, especially his eyes/nose/mouth; how rarely he washes his hands; and his exposure to secondhand smoke.

Signs & Symptoms

Student Response	Model Answer	Explanation
cough	N/A	Because the infection that Danny Rivera has developed hasn't happened yet, he is not currently presenting with any signs or symptoms, so the correct answer is "N/A."

Self Assessment

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

Prompt	Student Response	Model Answer	Explanation
Why would a nursing diagnosis of a cough be incorrect, compared to a risk for infection? Consider the difference between nursing and medical diagnoses.	My differentials include cold, strep throat, rhinitis, allergies and asthma based on abnormal findings affecting the ears, upper respiratory tract and lymphatic region.	While a cough can be unpleasant and frequent, it is actually a symptom of something more alarming: the immune system being at risk for an infection. The most effective nursing care you should prioritize is to educate your patient on avoiding this more serious outcome.	Your nursing diagnosis always take into account the condition is most serious receiving the greatest benefit from your help. This diagnosis may not be the most common physical symptom to your patient, so always consider what is jeopardizing the patient's health the most.

Planning

Short-Term Goal

Student Response	Model Answer	Explanation
To have the patient and his guardian verbalize and agree to their instructions on how to avoid infection & practice respiratory hygiene, by end of the healthcare visit.	To have the patient and his guardian verbalize and agree to their instructions on how to avoid infection & practice respiratory hygiene, by end of the healthcare visit.	A risk-based diagnosis does not require medical interventions as the problem is hypothetical; the goal that does support diagnosis involves teaching the patient and his guardian about risk-reduction methods.

Interventions

Student Response	Model Answer	Explanation
Instruct family and patient on washing hands or using hand sanitizer before eating and after using the restroom	Instruct family and patient on washing hands or using hand sanitizer before eating and after using the restroom	Many of these instructions work to shrink the patient's likelihood of contact with harmful pathogens, which can lead to infection. Some instructions here also help prevent illness being spread to Danny's environment and family members, which promotes community health and reduces the patient's risk of becoming sick again.
Provide patient with cough syrup	Instruct family and patient that patient should increase fluid intake	Many of these instructions work to shrink the patient's likelihood of contact with harmful pathogens, which can lead to infection. Some instructions here also help prevent illness being spread to Danny's environment and family members, which promotes community health and reduces the patient's risk of becoming sick again.
Instruct family to keep their house smoke-free (reducing exposure to environmental pathogens)	Instruct family to keep their house smoke-free (reducing exposure to environmental pathogens)	Many of these instructions work to shrink the patient's likelihood of contact with harmful pathogens, which can lead to infection. Some instructions here also help prevent illness being spread to Danny's environment and family members, which promotes community health and reduces the patient's risk of becoming sick again.
Instruct patient on washing hands or using hand sanitizer after coughing or being near someone sick	Instruct patient on washing hands or using hand sanitizer after coughing or being near someone sick	Many of these instructions work to shrink the patient's likelihood of contact with harmful pathogens, which can lead to infection. Some instructions here also help prevent illness being spread to Danny's environment and family members, which promotes community health and reduces the patient's risk of becoming sick again.

Instruct patient to avoid touching fingers to eyes, nose, or mouth	Instruct patient to avoid touching fingers to eyes, nose, or mouth	Many of these instructions work to shrinking the patient's likelihood of contact with harmful pathogens, which can lead to infection. Some instructions here also help prevent illness being spread to Danny's environment and family members, which promotes community health and reduces the patient's risk of becoming sick again.
Instruct patient to cough into tissue, or sleeve if tissue is unavailable	Instruct patient to cough into tissue, or sleeve if tissue is unavailable	Many of these instructions work to shrinking the patient's likelihood of contact with harmful pathogens, which can lead to infection. Some instructions here also help prevent illness being spread to Danny's environment and family members, which promotes community health and reduces the patient's risk of becoming sick again.

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 is aimed at reduce risk of spreading the virus to other people. Besides, the focus is on improving the symptoms and helping the patient get back to normal life.	These interventions will teach Danny and his guardian how to keep their hands and lungs clean in a variety of ways, so that Danny's risk for infection is reduced as pathogens are eliminated.	Infection can be caused by multiple culprits, so it's important that your patient's teaching covers a thorough and specific array of infection habits.

Data Collections

Student Response	Model Answer	Explanation
Ask patient and family members to verbalize and agree to their instructions on infection prevention & respiratory hygiene	Ask patient and family members to verbalize and agree to their instructions on infection prevention & respiratory hygiene	It is important that your patient and guardian agree to their instructions. Changing lifestyle habits can be intimidating but necessary for the patient's health. Having Danny and his father verbalize back their instructions also assures they remember and understand the details.

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
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Explain the rationale behind your nursing diagnosis.	Danny, given that you are not feeling well, our focus is to make you don't develop infection, which for you just means getting sicker. We're going to talk about the ways we can work to prevent that, especially focusing on your risk factors, which are just things that give you a bigger chance of being sick. Some of your risk factors are that you were near a sick friend, have been exposed to cigar smoke could stand to wash your hands more, and also have touched your face with your fingers. I know that sounds like a lot, but if we work together, reducing your risk factors for infection can be easy and effective.	Danny, given that you aren't feeling well, we want to make sure you don't develop an infection, which for you just means getting even sicker. We're going to talk about the ways we can work to prevent that, especially focusing on your risk factors, which are just things that give you a bigger chance of being sick. Some of your risk factors are that you were near a sick friend, have been exposed to cigar smoke, could stand to wash your hands more, and have touched your face with your fingers. I know that sounds like a lot, but if we work together, reducing your risk factors for infection can be easy and effective.	A patient should understand their nursing diagnosis rationale behind it to increase their sense of involvement to identify areas for future improvement.
Explain your goal for Danny and the interventions and data collections through which you will achieve it.	Let's talk about how we are going to help you not get sicker. So, I'm going to have a conversation with you and your father about things to do to ensure your health. We will work together to discuss, and then have you and your father repeat what you have learned, so we can make extra sure you've got it down.	Let's talk about how we're going to help you not get sicker! So, I'm going to have a conversation with you and your father about things to do to ensure your health. You, he, and I will work together to discuss, and then have you agree to your goals. Then I'm going to have you and your father repeat what you've learned, so we can make extra sure you've got it down pat!	You should communicate the Care Plan to the patient, allowing them to exercise involvement and agency in their own healthcare.
Explicitly ask for Danny's consent to the Care Plan.	Does this plan I just talked about sound good to you?	Does this plan I just talked about sound good to you?	A patient must consider interventions in their Care Plan. Disagreements are opportunities to provide patient education and consider alternative options.
Inform Danny you will now begin educating him and will then call to educate his guardian.	Danny, if you don't have any other questions, we can also start our discussion now!	Danny, if you don't have any other questions, we can start our discussion now!	It's time to begin your education intervention. Let your patient know!

Intervention & Evaluation

Student Response	Model Answer	Explanation
Partially	Partially	While Danny correctly verbalizes a goal to reduce infection risks, his father only agreed to some of his instructions, expressing apprehension toward not smoking in the house. Your goal has been partially 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
Did you achieve your goal for your patient and his guardian by the end of the visit, getting each of them to agree to and verbalize your instructions for avoiding infection and practicing respiratory hygiene?	While Danny correctly verbalizes and also agrees to his instructions for reducing infection risks, his father only agrees to some of the instructions, further expressing apprehension toward not smoking inside the house. Your overall goal has been partially achieved.	While Danny agrees to his instructions and has verbalized a complete and correct understanding of what to do, his father expresses reluctance about reducing his smoking inside of the house. One of his instructions was to keep the house smoke-free in order to reduce Danny's risk of infection, so this aspect of your goal has not been achieved. However, both parties verbally agree to most of their other instructions, so your overall goal has been partially achieved.	Even with progress be in almost all aspects c patient teaching, you i adhere to your goal ar consider your work inc if certain agreements l been reached.

Comments

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