

Shadow Health will undergo maintenance starting on Saturday, April 4th at 1:00 AM CST until Saturday, April 4th at 9:00 AM CST. During this time Shadow Health may be inaccessible.

## Focused Exam: Pain Results | Turned In

Foundations of Gerontology - Spring 2025, NUR 3289

[Return to Assignment \(/assignments/1113625/\)](#)



### Your Results

Lab Pass (/assignment\_attempts/18837600/lab\_

#### Overview

[Transcript](#)

[Subjective Data Collection](#)

[Objective Data Collection](#)

[Education & Empathy](#)

[Documentation](#)

[Care Plan](#)

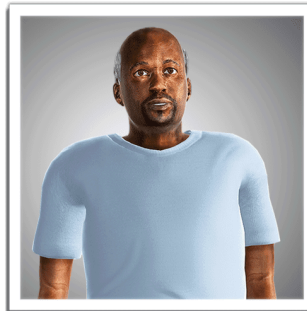
[Program Competency Progress](#)

[Video Tutorial](#)

[Reflections](#)

### Experience Overview

Patient: Edward Carter



Digital Clinical Experience Score

# 100%

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

93 out of 97



Proficiency Level: **Proficient**

**Beginning**   **Developing**   **Proficient**

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

**Subjective Data Collection**   **Objective Data Collection**  
**58 out of 58**   **27 out of 28**

**Education and Empathy**   **Care Plan**  
**1 out of 4**   **7 out of 7**

#### Time

**99 minutes** total spent in assignment

**Interaction with patient**   **Post-exam activities**  
**97 minutes**   **2 minutes**

### Comments

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



About Shadow Health (<https://evolve.elsevier.com/education/simulations/shadow-health/>)

Terms and Conditions (<https://www.elsevier.com/legal/elsevier-website-terms-and-conditions/elsevier-terms-and-conditions-for-personal-https://www.elsevier.com/>)

Privacy Policy (<https://www.elsevier.com/legal/privacy-policy>)

Accessibility ([https://service.elsevier.com/app/answers/detail/a\\_id/34675/supporthub/shadow-health/](https://service.elsevier.com/app/answers/detail/a_id/34675/supporthub/shadow-health/))

Support and Contact (<https://service.elsevier.com/app/home/supporthub/shadow-health/>) Patents (</static/patents>)

Cookies are used by this site. [Cookie Settings](#).

Copyright © 2026 Elsevier Inc., its licensors, and contributors. All rights are reserved, including those for text and data mining, AI training, and similar technologies.

Shadow Health will undergo maintenance starting on Saturday, April 4th at 1:00 AM CST until Saturday, April 4th at 9:00 AM CST. During this time She may be inaccessible.

# Focused Exam: Pain Results | Turned In

Foundations of Gerontology - Spring 2025, NUR 3289

[Return to Assignment \(/assignments/1113625/\)](#)



## Your Results

Lab Pass (/assignment\_attempts/18837600/lab\_

[Overview](#)

**[Transcript](#)**

[Subjective Data Collection](#)

[Objective Data Collection](#)

[Education & Empathy](#)

[Documentation](#)

[Care Plan](#)

[Program Competency Progress](#)

[Video Tutorial](#)

[Reflections](#)

## Transcript














Started: Mar 29, 2025 | Total Time: 97 min

All Lines (198)

Interview Questions (80)

Statements (4)

Exam Actions (114)

	Hi my name is Gayla. I'm your nurse today	03/29/25 10:
	Hello.	
	Assessed vitals	03/29/25 10: <b>E:</b>
	Assessed IV bag	03/29/25 10: <b>E:</b>
	Assessed IV pump	03/29/25 10: <b>E:</b>
	Assessed IV site: Dressing dry and intact	03/29/25 10: <b>E:</b>
	Checked Patient Wristbands: All information is correct	03/29/25 10: <b>E:</b>
	Assessed vitals	03/29/25 10: <b>E:</b>
	Assessed IV bag	03/29/25 10: <b>E:</b>
	Assessed IV pump	03/29/25 10: <b>E:</b>
	Assessed IV site: Dressing dry and intact	03/29/25 10: <b>E:</b>
	Checked Patient Wristbands: All information is correct	03/29/25 10: <b>E:</b>
	Inspected head and face	03/29/25 10: <b>E:</b>



Inspected forehead and scalp



Inspected nose and mouth



Inspected left side of head



Inspected back of head



Inspected right side of head



Inspected head and face



Tested left pupillary reaction with penlight



Tested right pupillary reaction with penlight



Inspected mouth



Inspected front of hips: visible edema



Inspected left hip: visible edema



Inspected back of hips: visible edema



Inspected right hip: visible edema



Inspected front of hips: visible edema



Inspected front of thighs



Inspected left thigh



Inspected back of thighs



Inspected right thigh



Inspected front of thighs



Inspected front of knees: Valgus deformity



Inspected left knee: visible swelling



Inspected back of knees: Valgus deformity



Inspected right knee: visible swelling



Inspected front of knees: Valgus deformity



Inspected front of lower legs



Inspected left lower leg



Inspected back of lower legs



Inspected right lower leg



Inspected front of lower legs



Inspected front of neck and face



Inspected chest and abdomen



Inspected front of right hand



Inspected front of left hand



Inspected front of legs



Inspected top of feet



Inspected left shoulder and left side of neck



Inspected top of left hand



Inspected left leg



Inspected left side of left foot



Inspected upper back and back of neck



Inspected lower back: visible redness



Inspected left hand palm



Inspected right hand palm



Inspected back of legs



Inspected heels



Inspected right shoulder and right side of neck



Inspected top of right hand



Inspected right leg



Inspected right side of right foot



Auscultated carotids



Auscultated breath sounds in anterior right upper lobe



Auscultated breath sounds in anterior right upper lobe



Auscultated breath sounds in anterior left upper lobe



Auscultated breath sounds in anterior left upper lobe



Auscultated breath sounds in anterior right middle lobe



Auscultated breath sounds in anterior right middle lobe



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



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



Auscultated breath sounds in anterior right lower lobe



Auscultated breath sounds in anterior right lower lobe



Auscultated breath sounds in anterior left lower lobe



Auscultated breath sounds in anterior left lower lobe



Auscultated breath sounds in posterior left upper lobe



Auscultated breath sounds in posterior left upper lobe



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



Auscultated breath sounds in posterior right 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 left lower lobe



Auscultated breath sounds in posterior right 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 on side



Auscultated breath sounds in posterior right lower lobe on side



Auscultated breath sounds in posterior right lower lobe on side



Auscultated breath sounds in posterior left lower lobe near spine



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 near spine



Auscultated heart sounds



Palpated PMI



Palpated left knee: reported tenderness, effusion, bony swelling, and crepitus, popping, or clicking



Palpated right knee: reported tenderness, effusion, bony swelling, and crepitus, popping, or clicking



Palpated posterior tibial pulse



Palpated dorsalis pedis pulse



Tested fine motor skills



Repeat and remember apple, penny, and table



Apple, penny, and table.



can you repeat the three words I asked you to remember earlier?



Apple, penny, and table.



Tested cognition



Tested strength of hips - no resistance: Active movement against gravity



Tested strength of hips - resistance: No active movement against resistance



Tested strength of knees against gravity: Active movement against gravity



Tested strength of knees against resistance: No active movement against resistance



Tested ROM of hips - flexion: Reduced hip flexion



Tested ROM of hips - extension: Reduced hip extension



Tested ROM of hips - abduction: Reduced hip abduction



Tested ROM of hips - adduction: Reduced hip adduction



Tested ROM of knees - flexion: Reduced knee flexion



Tested ROM of knees - extension: Reduced knee extension



Tested skin turgor



Tested capillary refill



Tested gait: Hesitancy, steps clear floor, and greater than 12 seconds to complete



what brings you to the clinic today



This morning I woke up with awful pain in my hips and knees. When I tried to get out of bed it was as if my joints just gave out and I fell right there in my bedroom. I hit my lower back on the bed frame, which I'm sure didn't help matters. To be honest, I'm worried that it's only going to get worse as I sit here getting older every minute.



I'm sorry you are feeling that way



I appreciate that. Thanks.



I will help you feel better



Thanks for saying that.



where are you at



I'm at Shadow General Hospital.



What is the time



It's . . . [Mr. Carter reports the correct time.]



when is the date



January 1 . . . [Mr. Carter reports the correct birth year.]



when was the onset and duration of your symptoms



This last month. That's when I first noticed any pain. It was more subtle at first, but gradually got worse. This morning, however, it was unbearable.



how is your urinary frequency (No matching questions found.)



any urinary problems



I've still got a handle on that, thank you.



do you have pain



Right this second, my pain has gone down a lot. Whatever the nurse gave me is helping. When I got to the ER this morning, I was in terrible pain.



where do you have pain



The pain was mostly in my hips and knees, but my back is sort of tender from when I hit it on the bed frame as I fell.



describe your pain



It was a deep, aching sort of pain. And occasionally it feels like my joints are grating.



how are you managing pain



Sometimes rest helps. The doctor also told me to try applying a warm, damp washcloth if I have morning stiffness in my hips. They also have me do some exercises for my knees, and I've got these elastic supports on both knees to help. If none of those things help, I take naproxen, but that didn't help this morning. The pain was unbearable. [AUDIO COMING SOON]



how severe is your pain



Right now, the pain isn't very severe. When I first got to the ER it was excruciating.



any preexisting health conditions



I have my share of standing health issues, sure.



any follow-up on hgh blood pressure diagnosis (No matching questions found.)



how is your hgh blood pressure diagnosis (Clarified to Are you diagnosed with high blood pressure?.)



Yes, I've been diagnosed with high blood pressure. (Clarified to if I have been diagnosed with hypertension.)



any atrial fibrillation diagnosis



Yes, I've been diagnosed with atrial fib.



when were you diagnosed with atrial fibrillation



I was... 61 when I got that diagnosis. Seven years ago.



any chronic kidney diagnosis (No matching questions found.)



are you diagnosed with chronic kidney disease (Clarified to Have you been diagnosed with chronic kidney disease?.)



I've been diagnosed with chronic kidney disease. (Clarified to if I have been diagnosed with chronic kidney disease.)



tell me about your allergies



I don't have any allergies.



tell me about your medication allergies



None that I know of.



what aggravate your pain



I have had a little pain every morning for the past month or so -- just walking around seemed to trigger it. I chalked it up to morning stiffness, getting old, that kind of thing. Sometimes it even feels like weather changes causes it. This morning was a game changer, though. I fell in my bedroom and hit my back on the bed frame.



have you been diagnosed with osteoarthritis



Yes, and it's been acting up. Badly!



does osteoarthritis affects your ADLs



Usually I'll have some grating, aching pains in my joints, especially in the morning. It makes it a bit harder to get around. The pain I had this morning, however, was just a different story.



how do you manage chronic kidney disease



Right now, I don't take any special medications for my kidney disease. So far I'm not seeing any symptoms from it, and so my doctor is just monitoring my levels.



when were you diagnosed with chronic kidney disease



I was 62 -- I've known about my kidneys for six years.



any medication regimen adherence (Clarified to How well do you adhere to your medication regimen?.)



Well, I see my doctor pretty often to make sure everything's on track. I keep everything in a pill box and take my medications with my meals so I take them on time. It's not rocket science. (Clarified to how well I adhere to my medication regimen.)



when was your last dose of home medications



Yesterday morning was the last time I took my regular medications. I haven't had a chance to take them today.



are you taking anticoagulant medication (Clarified to When did you last take anticoagulants?.)



No, I usually take all my meds in the morning but I didn't get a chance to take anything yet, since I came to the ER. (Clarified to when I last took anticoagulants.)



when last did you take calcium channel blocker medication



Yes.



when last did you take diuretic for hypertension



No, not yet today.



when last did you take injections for osteoarthritis (Clarified to What do you take for osteoarthritis?.)



Well, sometimes I take naproxen if I'm having joint stiffness, but I've also been getting these injection at the doctor every so often. [AUDIO COMING SOON] (Clarified to what I take for osteoarthritis.)



any problems with osteoarthritis injections



Yes, and it's been acting up. Badly!



tell me about your injections for osteoarthritis



The triamcinolone acetonide? I'm not sure what else there is to tell. They help decrease the pain some, though I can't say I much enjoy getting stuck. [AUDIO COMING SOON]



what are the medication administered for ER



They gave me morphine when I was in the ER.



How is your comfort here



I feel fairly comfortable, now that my pain isn't as intense.



any substance abuse



No. I never once tried drugs.



any relevant family history



Oh, I guess a few folks had some problems . . I'm not sure what you're looking for exactly though.



tell me about your general symptoms



This morning I woke up with awful pain in my hips and knees. When I tried to get out of bed it was as if my joints just gave out and I fell right there in my bedroom. I hit my lower back on the bed frame, which I'm sure didn't help matters. To be honest, I'm worried that it's only going to get worse as I sit here getting older every minute.



how are you feeling



Well, my hips and knees are hurting me terribly. Couldn't get out of bed this morning without falling down. Things are not going well for me.



any head problems



I don't typically get headaches.



any hearing problem



My hearing is still pretty good, I'd say.



how is your respiratory system



My breathing's always been alright.



how is your cardiovascular system



Well, I've got my atrial fib and hypertension, of course, but those are pretty under control.



how is gastrointestinal system



I'm fine. I haven't had any trouble with my stomach lately.



how is musculoskeletal system (No matching questions found.)



any gait problems



I probably look a bit odd getting around because of my arthritis. I've had some problems in recent years hitting a natural stride.



how is your musculoskeletal (No matching questions found.)



how is your walking



A little unsteady, I'd say.



any depression



No, I haven't had much cause for that.



any fall



I've never fallen like I did this morning. It was really very startling.



any bone problems (Clarified to Have you had bone problems?.)



I've had morning stiffness for about two years now. I was 66 when I was diagnosed with osteoarthritis. (Clarified to if I have had bone problems.)



are you feeling fatigued



I have been feeling the need to rest a lot more than usual. Sometimes I hardly have energy, especially in the afternoon.



how is your living environment



Life at home is good. I've got nothing to really complain about. I'm happy with the simplicity of getting older, just not all that comes along with it.



are you feeling safe at home



Yes, absolutely. I feel very safe.



are you bathing regularly (Clarified to Can you bathe yourself?.)



I can bathe myself, yes. I've got supports in my bathroom. (Clarified to if I can bathe by myself.)



can you dress yourself



I've not had any issues dressing myself.



can you do toileting



I haven't had trouble with that.



can you transfer from one place to another



I have some issues getting out of chairs. I sometimes need to use a cane or nearby support to get up



How are your feeding and eating habits



I can feed myself just fine.



how are your sleeping habits



Oh, I try to get to bed around 10 or 11 PM anymore, and I'll sleep until about 8 AM.



are you confused



No, I'd say I'm very alert.



any skin breakdown



No, I've not been particularly concerned about my skin.



any weight changes



I don't really think about it. I've always managed to maintain what I consider a healthy weight.



how is your oral and dental health (Clarified to How is your oral health?.)



My mouth is fine. No problems with my gums or teeth. (Clarified to how my oral health is.)



how is your appetite



I haven't been particularly hungry with this pain. In general, I eat like I always have.



any effects of health on social activity



I wouldn't say that. Though I do need to sit through some family events. Admittedly, I've been worried that it will get even worse as I age.



how is your perception of health



Well, with this damn arthritis acting up, I certainly feel like my health is fair. Though I do worry that it might start to get worse as I sit here getting older.



any recent ER visits



Not in the past three months.



where is your pain



The pain was mostly in my hips and knees, but my back is sort of tender from when I hit it on the bed frame as I fell.



any past medical history



I have my share of standing health issues, sure.



any existing health conditions



I have my share of standing health issues, sure.



what medications are you taking



I take several. I take two medications to treat my atrial fib, and I take another for blood pressure. Lately, I've been getting something for my osteoarthritis.



what medication do you take for blood pressure



It's called losartan-hydrochlorothiazide. [AUDIO COMING SOON]



what medication do you take for atrial fib



I take apixaban and verapamil.



how is your family (Clarified to Can you tell me about your family history?.)



Oh, I guess a few folks had some problems . . I'm not sure what you're looking for exactly though. (Clarified to to tell you about my family history.)



how is your paternal grand father (No matching questions found.)



how is your grandfather (No matching questions found.)



Your age, combined with having a chronic musculoskeletal condition, make it very likely that you will continue to experience joint pain. Given that you are currently on a number of medications, we're going to discuss some nonpharmacological approaches to pain management.



Okay, I understand now. Thank you.



If you don't have any other questions, we can start our discussion now. Does this plan I just talked about sound good to you?



You have my consent, you just tell me what I need to do.

## Comments

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



About Shadow Health (<https://evolve.elsevier.com/education/simulations/shadow-health/>)

Terms and Conditions (<https://www.elsevier.com/legal/elsevier-website-terms-and-conditions/elsevier-terms-and-conditions-for-personal-https://www.elsevier.com/>)

Privacy Policy (<https://www.elsevier.com/legal/privacy-policy>)

Accessibility ([https://service.elsevier.com/app/answers/detail/a\\_id/34675/supporthub/shadow-health/](https://service.elsevier.com/app/answers/detail/a_id/34675/supporthub/shadow-health/))

Support and Contact (<https://service.elsevier.com/app/home/supporthub/shadow-health/>) Patents (</static/patents>)

Cookies are used by this site. [Cookie Settings](#).

Copyright © 2026 Elsevier Inc., its licensors, and contributors. All rights are reserved, including those for text and data mining, AI training, and similar technologies.

Shadow Health will undergo maintenance starting on Saturday, April 4th at 1:00 AM CST until Saturday, April 4th at 9:00 AM CST. During this time She may be inaccessible.

# Focused Exam: Pain Results | Turned In

Foundations of Gerontology - Spring 2025, NUR 3289

[Return to Assignment \(/assignments/1113625/\)](#)



## Your Results

Lab Pass (/assignment\_attempts/18837600/lab\_

[Overview](#)

[Transcript](#)

**[Subjective Data Collection](#)**

[Objective Data Collection](#)

[Education & Empathy](#)

[Documentation](#)

[Care Plan](#)

[Program Competency Progress](#)

[Video Tutorial](#)

[Reflections](#)

## Subjective Data Collection: 58 of 58 (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

### Orientation

Established orientation

- Oriented to person
- Oriented to place
- Oriented to time
- Oriented to situation

### Chief Complaint

Established chief complaint

- Reports pain
- Reports recent fall
- Reports worry about worsening symptoms

### History of Present Illness

Asked about onset and duration of symptoms

- Reports recent episode of severe pain started this morning
- Reports pain has been getting progressively worse in the last few weeks

---

Asked about location of pain

- Reports hip pain
- Reports knee pain

---

Asked about characteristics of pain

- Describes pain as aching
- Describes pain as "deep"
- Denies shooting or sharp
- Reports occasional "grating"
- Denies burning pain
- Denies stinging pain

---

Asked about severity of pain

- Reports current pain is a
- Reports pain before medi

---

Asked about non-medication relieving factors of pain

- Reports that rest typically
- Reports not using any no treat this morning's pain
- Reports occasional use o hips
- Reports using range of m
- Reports wearing elastic s
- Denies use of ice as treat

---

Asked about aggravating factors of pain

- Reports that exercise exa
- Reports that weight beari stiffness
- Reports that pain and stif
- Reports that changes in v stiffness

---

Followed up on details of the fall

- Reports falling getting ou
- Reports hitting his back c
- Denies dizziness, syncop
- Denies substance use the

---

### Past Medical History

Asked about existing health conditions

- Reports osteoarthritis dia
- Reports hypertension dia
- Reports chronic kidney d
- Reports atrial fibrillation c

---

Followed up about osteoarthritis diagnosis

- Diagnosed age 66

---

Followed up about osteoarthritis symptoms and ADLs

- Reports increasing proble
- Reports increasing proble

---

Followed up about hypertension diagnosis

- Diagnosed at age 55

- Reports belief that blood pressure is well-controlled
- Reports typical blood pressure as 130/85
- Reports eating a low sodium diet

Followed up about atrial fibrillation diagnosis

- Diagnosed at age 61
- Denies recent episodes of
- Denies pacemaker or sur

Followed up about chronic kidney disease diagnosis

- Diagnosed at age 62
- Reports disease is stage

Asked about allergies

- Denies general allergies
- Denies environmental alle
- Denies latex allergy

Asked specifically about medication allergies

- Denies medication allergi

## Home Medications

Asked about home medications

- Reports medication for o
- Reports medications for a
- Reports medication for h
- Denies medication for ch
- Denies pain medication a
- Denies taking vitamins
- Denies taking herbal sup

Asked about medication regimen adherence

- Reports using a pillbox to
- Denies missing doses of
- Denies missing doses of i
- Denies difficulty obtaining
- Denies difficulty obtaining
- Denies difficulty obtaining

Followed up on last dose of home medications

- Reports taking naproxen
- Reports taking naproxen
- Denies taking other medi

Followed up on anticoagulant medication for atrial fibrillation

- Reports taking apixaban
- Reports apixaban dosage
- Reports apixaban frequer
- Denies apixaban side effe

Followed up on calcium channel blocker medication for atrial fibrillation

- Reports taking verapamil
- Reports verapamil dosag
- Reports verapamil freque
- Denies verapamil side eff

Followed up on combination ARB / diuretic for hypertension

- Reports taking losartan-h
- Reports taking losartan-h
- Denies taking losartan-h

- Reports losartan-hydrochlorothiazide dosage: 100 mg / 25 mg
- Reports losartan-hydrochlorothiazide frequency: 1x daily
- Denies losartan-hydrochlorothiazide side effects

---

Followed up on oral medication for osteoarthritis

- Reports taking naproxen
- Reports naproxen dosage
- Reports naproxen frequency
- Denies naproxen side effects
- Reports that naproxen is not causing pain
- Reports that naproxen is effective

---

Followed up on injections for osteoarthritis

- Reports injections are triamcinolone acetonide
- Reports triamcinolone acetonide dosage
- Reports triamcinolone acetonide frequency
- Reports triamcinolone acetonide injection sites
- Reports triamcinolone acetonide side effects
- Reports that injections are effective
- Reports that last injection was successful

---

### Patient Status

Asked about medication administered in ER

- Reports receiving morphine
- Reports morphine has been effective

---

Asked about patient comfort and needs

- Denies needing to use the toilet

---

### Social History

Asked about substance use

- Denies recent alcohol use
- Denies illicit drug use
- Denies use of tobacco and marijuana

---

### Family History

Asked about relevant family history

- Denies family history of osteoarthritis
- Denies family history of kidney disease
- Denies family history of cardiovascular disease
- Denies family history of diabetes
- Reports father and mother have hypertension

---

### Review of Systems

Asked about general symptoms

- Denies fever
  - Denies chills
  - Denies night sweats
-

Asked about review of systems for HEENT

Denies impaired hearing

Denies vision problems

---

Asked about review of systems for respiratory

Denies cough

Denies shortness of breath

Denies dyspnea on exertion

Denies wheezing

---

Asked about review of systems for cardiovascular

Denies chest pain

Denies palpitations

Denies edema

Denies claudication

---

Asked about review of systems for gastrointestinal

Denies abdominal pain

Denies difficulty swallowing

Denies nausea

Denies vomiting

Denies constipation

Denies diarrhea

Denies changes in stool color

---

Asked about review of systems for neurological

Reports weakness in lower extremities

Reports sore lower back

Denies frequent headaches

Denies numbness or tingling

Denies changes in coordination

Denies changes in memory

---

Asked about review of systems for musculoskeletal

Denies predisposing trauma

Reports limited range of motion

Denies muscle spasms

---

Asked about review of systems for psychological

Denies mood change

Denies suicidal thoughts

---

### Functional Status & Geriatric Syndromes

Asked about living environment

Reports living at home

Reports living with wife

Reports appropriate level of independence

Reports enjoying his home

Denies loneliness

---

Asked about feeling safe at home

Reports feeling safe at home

---

Asked about depression

---

Asked about bathing

Reports being able to bathe

Reports being able to reach

Reports being able to get

"extra careful"

---

Asked about dressing

- Reports being able to retr
  - Reports being able to put
  - Denies difficulty with butt
  - Denies difficulty tying shc
- 

Asked about toileting

- Reports being able to get (uses bathroom sink for suj
  - Reports being able to arr
  - Reports being able to cle
- 

Asked about transferring

- Reports difficulty getting
  - Reports some difficulty g
  - Reports occasional use o
- 

Asked about continence

- Reports full control over b
  - Reports full control over b
- 

Asked about feeding and eating

- Reports being fully able to
  - Reports being fully able to
  - Reports being able to pre
- 

Asked about sleeping habits

- Reports that sleep is goo
  - Denies insomnia
  - Denies frequent waking
  - Denies oversleeping
- 

Asked about confusion

- Denies confusion
- 

Asked about evidence of falls

- Denies previous falls
  - Denies dizziness, syncop
- 

Asked about gait and ambulatory aids

- Reports some problems \
  - Denies bedrest
  - Denies use of wheelchair
  - Reports occasional use o
  - Reports occasional use o walking
  - Reports occasional probl arthritis pain
- 

Asked about skin breakdown

- Reports that his skin seer
  - Denies open wounds
  - Denies rashes or lesions
  - Denies bruising (may hav but it hasn't appeared yet)
  - Denies pruritus
- 

Asked about weight changes

- Denies weight changes
- 

Asked about oral or dental problems

- Denies tooth problems ar

◦ Denies issues with mouth, jaw, or gums

◦ Reports no issues with being able to chew food

---

Asked about appetite changes

◦ Denies changes in appeti

◦ Denies feeling full quickly

---

Asked about effects of health on social activity

◦ Reports that social activit  
although he has to sit thro

◦ Reports feeling worried a  
independence

---

Asked about patient's perception of health

◦ Describes health as fair

---

Asked about tiredness, energy levels, and fatigue

◦ Reports increased fatigue

◦ Describes fatigue as "hav  
"needing to rest much mor

◦ Reports fatigue occurs in

◦ Reports fatigue for the las

---

Asked about recent ER visits or hospitalizations

◦ Denies ER visits or hospit

◦ Reports last hospitalizati

◦ Reports last hospitalizati

---

## Comments

---

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

---



Shadow Health will undergo maintenance starting on Saturday, April 4th at 1:00 AM CST until Saturday, April 4th at 9:00 AM CST. During this time She may be inaccessible.

## Focused Exam: Pain Results | Turned In

Foundations of Gerontology - Spring 2025, NUR 3289

[Return to Assignment \(/assignments/1113625/\)](#)



### Your Results

Lab Pass (/assignment\_attempts/18837600/lab\_

[Overview](#)

[Transcript](#)

[Subjective Data Collection](#)

**[Objective Data Collection](#)**

[Education & Empathy](#)

[Documentation](#)

[Care Plan](#)

[Program Competency Progress](#)

[Video Tutorial](#)

[Reflections](#)

## Objective Data Collection: 27 of 28 (96.43%)

- Correct
- Partially correct
- Incorrect
- Missed

### Assessed Vitals

1 of

#### Temperature (1/5 point)

- Normothermic
- Hyperthermic
- Hypothermic

#### Blood Pressure (1/5 point)

- Normotensive
- Hypertensive
- Hypotensive

#### Heart Rate (1/5 point)

- No abnormal findings
- Tachycardic
- Bradycardic

#### Respiratory Rate (1/5 point)

- No abnormal findings
- Tachypnea
- Bradypnea

#### O2 Saturation (1/5 point)

- No abnormal findings
- Hypoxemia

### Assessed IV Bag

1 of

#### Appropriate Fluid (1/3 point)

- Bag is normal saline
- Bag is not normal saline
- Bag is not labeled

#### Appropriate Label (1/3 point)

- Name and dosage are correct
- Name is incorrect
- Dosage is incorrect
- Infuse rate is incorrect
- Bag is not labeled

#### Fluid Appearance (1/3 point)

- No visible abnormal appearance
- Cloudy
- Inappropriate color
- Crystallization

## Assessed IV Pump

### Observations (1/1 point)

- IV pump is infusing IV fluid at the ordered rate
- IV pump is infusing IV fluid at a slower than the ordered rate
- IV pump is infusing IV fluid at a faster than the ordered rate

## Inspected IV Site

### Insertion Site (1/2 point)

- No visible abnormal signs
- Erytherma
- Infiltration

### Dressing (1/2 point)

- Dry and intact
- Moist dressing

## Inspected Head and Face

### Skull Symmetry (1/3 point)

- Symmetric
- Asymmetric

### Facial Feature Symmetry (1/3 point)

- Symmetric
- Asymmetric

### Appearance (1/3 point)

- No visible abnormal findings
- Rash
- Papules, pustules, or comedones
- Skin growths (freckles, moles, or birth mark)
- Excessive hair growth
- Evidence of skin trauma (scar, laceration, or bruising)
- Drooping eye
- Drooping mouth

## Inspected Eyes

### Eyelids (1/3 point)

- No visible abnormal findings
- Ptosis
- Swelling
- Lesion
- Allergic shiners

### Conjunctiva And Lens (1/3 point)

- No visible abnormal findings
- Sclera - injection
- Sclera - icterus
- Lens opacification

### Pupillary Reaction (1/3 point)

- No visible abnormal findings (PERRL)
- Unequal
- Irregular
- Miosis
- Mydriasis
- Non-reactive to light

## Inspected Mouth

### Oral Mucosa And Gums (1/3 point)

- Moist and pink, no bleeding
- Dry appearance
- Redness
- Swelling
- Bleeding or ulceration
- Red or white patches

### Lips (1/3 point)

- Smooth, moist
- Dry appearance
- Chapped
- Red at corners
- Swelling
- Bleeding or ulceration

- Red or white patches

**Tongue (1/3 point)**

- Moist, pink
- Dry appearance
- Redness
- Ulceration
- Swelling
- Red or white patches

---

**Inspected Hips**

---

**Inspected Thighs**

**Right: Appearance (1/3 point)**

- No visible abnormal findings
- Redness
- Bruising or other discoloration
- Edema
- Visible mass
- Atrophy
- Hypertrophy

**Symmetry (1/3 point)**

- Symmetric bilaterally
- Asymmetric

**Left: Appearance (1/3 point)**

- No visible abnormal findings
- Redness
- Bruising or other discoloration
- Edema
- Visible mass
- Atrophy
- Hypertrophy

---

**Inspected Knees**

**Alignment (1/3 point)**

- Normal alignment of femur and tibia
- Varus deformity
- Valgus deformity

**Right: Appearance (1/3 point)**

- No abnormal findings
- Visible swelling
- Erythema
- Visible mass
- Genu recurvatum

**Left Knee: Appearance (1/3 point)**

- No abnormal findings
- Visible swelling
- Erythema
- Visible mass
- Genu recurvatum

---

**Inspected Lower Legs**

**Right: Appearance (1/3 point)**

- No visible abnormal findings
- Redness
- Bruising or other discoloration
- Edema
- Visible mass
- Atrophy
- Hypertrophy

**Symmetry (1/3 point)**

- Symmetric bilaterally
- Asymmetric

**Left: Appearance (1/3 point)**

- No visible abnormal findings
- Redness
- Bruising or other discoloration
- Edema
- Visible mass
- Atrophy
- Hypertrophy

## Inspected Skin

### Wounds Or Sores (1/5 point)

- No abnormal findings
- Abrasion
- Laceration
- Exposed wounds or cuts
- Sore or pressure ulcer

### Color Or Appearance (1/5 point)

- No abnormal findings
- Purpura or petechiae
- Redness
- Jaundice
- Rash
- Freckles, birthmarks, melasma, or other lesions

### Skin Characteristics And Hair Growth (1/5 point)

- No abnormal findings
- Excessive dry or flaking skin
- Excessive hair growth

### Signs Of Skin Trauma (1/5 point)

- No abnormal findings
- Bruising
- Burn
- Ligature mark
- Scarring

### Masses Or Texture (1/5 point)

- No abnormal findings
- Visible masses (warts, cysts, or tumors)
- Varicosities
- Striae
- Moles or skin tags

## Auscultated Carotids

### Right (1/2 point)

- No bruit
- Bruit

### Left (1/2 point)

- No bruit
- Bruit

## Auscultated Breath Sounds

### Breath Sounds (1/2 point)

- Clear in all areas
- Diminished in some areas
- Absent in some areas

### Adventitious Sounds (1/2 point)

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

## Auscultated Heart Sounds

### Heart Sounds (1/3 point)

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

### Extra Heart Sounds (1/3 point)

- No extra sounds
- Gallops
- Murmur
- Friction rub
- Valve clicks

### Rate And Rhythm (1/3 point)

- Regular rate and rhythm
- Irregular rate
- Arrhythmia

## Palpated PMI

### Location (1/3 point)

- Present at midclavicular line and 5th intercostal space
- Displaced laterally right

### Size (1/3 point)

- < 2 cm (penny or dime sized)
- > 2 cm (quarter sized)

- Displaced laterally left

**Characteristics (1/3 point)**

- Brisk and tapping
- Increased amplitude (hyperdynamic)
- Sustained
- Double impulse
- Heaving

---

**Palpated Knees**

**Right (1/2 point)**

- No abnormal findings
- Sensation of warmth
- Reported tenderness
- Effusion
- Bony Swelling
- Crepitus, popping or clicking
- Contractures

**Left (1/2 point)**

- No abnormal findings
- Sensation of warmth
- Reported tenderness
- Effusion
- Bony swelling
- Crepitus, popping or clicking
- Contractures

---

**Palpated Posterior Tibial Pulse**

**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 Dorsalis Pedis Pulse**

**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

---

**Tested Fine Motor Skills**

**Observations At Rest (Arms And Hands At Patient's Side) (1/3 point)**

- Able to perform without difficulty; no tremor
- Tremor

**Observations With Held Posture (Forw Arms) (1/3 point)**

- Able to perform without difficulty; no

- Performed with difficulty
- Unable to perform

- Tremor
- Performed with difficulty
- Unable to perform

### Observations With Movement (Nose To Finger Test) (1/3 point)

- Able to perform without difficulty; no tremor
- Tremor
- Performed with difficulty
- Unable to perform

## Tested Cognition

### Clock Drawing Test (1/2 point)

- All numbers present in correct sequence and position; hands display requested time (2 points)
- Missing or incorrectly placed numbers, or hands do not display requested time (0 points)

### Word Recall (1/2 point)

- Correctly recalled three words (3 points)
- Correctly recalled two words (2 points)
- Correctly recalled one word (1 point)
- Correctly recalled zero words (0 points)

## Tested Hip Strength

### Strength (1/1 point)

- 0 - No muscle contraction
- 1 - Barely detectable contraction
- 2 - Active movement with gravity eliminated
- 3 - Active movement against gravity
- 4 - Active movement against gravity and resistance
- 5 - Active movement against full resistance without fatigue (normal)

## Tested Knee Strength

### Right (1/2 point)

- 0 - No muscle contraction
- 1 - Barely detectable contraction
- 2 - Active movement with gravity eliminated
- 3 - Active movement against gravity
- 4 - Active movement against gravity and resistance
- 5 - Active movement against full resistance without fatigue (normal)

### Left (1/2 point)

- 0 - No muscle contraction
- 1 - Barely detectable contraction
- 2 - Active movement with gravity eliminated
- 3 - Active movement against gravity
- 4 - Active movement against gravity and resistance
- 5 - Active movement against full resistance without fatigue (normal)

## Tested Hip Range of Motion

### Flexion (1/4 point)

- Expected range of motion (approx. 90 degrees)
- Reduced hip flexion

### Abduction (1/4 point)

- Expected range of motion (approx. 45 degrees)
- Reduced hip abduction

### Extension (1/4 point)

- Expected range of motion (approx. 30 degrees)
- Reduced hip extension

### Adduction (1/4 point)

- Expected range of motion (approx. 30 degrees)
- Reduced hip adduction

## Tested Knee Range of Motion

### Right: Flexion (1/4 point)

- Expected range of motion (approx. 130 degrees)
- Reduced flexion

### Right: Extension (1/4 point)

- Expected range of motion (approx. 0 to 15 degrees)
- Reduced extension

### Left: Flexion (1/4 point)

- Expected range of motion (approx. 130 degrees)
- Reduced flexion

### Left: Extension (1/4 point)

- Expected range of motion (approx. 0 to 15 degrees)
- Reduced extension

## Tested Skin Turgor

### Observations (1/1 point)

- No tenting
- Tenting

## Tested Capillary Refill

### Capillary Refill Time (1/1 point)

- Less than 2 seconds
- Greater than 2 seconds

## Tested Gait

### Initiation Of Gait (1/9 point)

- No hesitancy
- Hesitancy or multiple attempts to start

### Step Height (1/9 point)

- Steps clear floor
- Steps do not clear floor completely

### Step Continuity (1/9 point)

- Steps are continuous
- Discontinuity between steps

### Trunk (1/9 point)

- No sway, no flexion, no use of arms, and no use of walking aid
- No sway, flexion of knees or back, or arms spread out while walking
- Observable sway or use of walking aid

### Time To Complete Test (1/9 point)

- Less than or equal to 12 seconds (normal mobility)
- Greater than 12 seconds (increased likelihood of falls)

### Step Length (1/9 point)

- Stepping foot passes stationary foot
- Stepping foot does not pass stationary foot

### Step Symmetry (1/9 point)

- Right and left step length equal
- Right and left step length unequal

### Path (1/9 point)

- No deviation of path
- Some path deviation or use of walking aid
- Significant path deviation

### Walking Stance (1/9 point)

- Heels set apart
- Heels almost touching while walking

## Comments

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



About Shadow Health (<https://evolve.elsevier.com/education/simulations/shadow-health/>)

Terms and Conditions (<https://www.elsevier.com/legal/elsevier-website-terms-and-conditions/elsevier-terms-and-conditions-for-personal-https://www.elsevier.com/>)

Privacy Policy (<https://www.elsevier.com/legal/privacy-policy>)

Accessibility ([https://service.elsevier.com/app/answers/detail/a\\_id/34675/supporthub/shadow-health/](https://service.elsevier.com/app/answers/detail/a_id/34675/supporthub/shadow-health/))

Support and Contact (<https://service.elsevier.com/app/home/supporthub/shadow-health/>) Patents (</static/patents>)

Cookies are used by this site. [Cookie Settings](#).

Copyright © 2026 Elsevier Inc., its licensors, and contributors. All rights are reserved, including those for text and data mining, AI training, and similar technologies.

Shadow Health will undergo maintenance starting on Saturday, April 4th at 1:00 AM CST until Saturday, April 4th at 9:00 AM CST. During this time Shadow Health may be inaccessible.

## Focused Exam: Pain Results | Turned In

Foundations of Gerontology - Spring 2025, NUR 3289

[Return to Assignment \(/assignments/1113625/\)](#)



### Your Results

[Lab Pass \(/assignment\\_attempts/18837600/lab\\_pass.pdf\)](#)

[Overview](#)

[Transcript](#)

[Subjective Data Collection](#)

[Objective Data Collection](#)

[Education & Empathy](#)

**[Documentation](#)**

[Care Plan](#)

[Program Competency Progress](#)

[Video Tutorial](#)

[Reflections](#)

## Documentation / Electronic Health Record

[Flowsheets](#)

**[Nursing Admitting Note](#)**

### Nursing Admitting Note

#### Student Documentation

##### Chief Complaint

I have been feeling pain in my hips and knees. But my back is sort of tender after hitting the bed frame. This was due to a fall.

##### Orientation

oriented to place, time, and person

##### History of Present Illness

The patient reports feeling pain in hips and knees. He complains that his back feels tender from when he fell and hit on the bed frame.

##### Allergies

None

##### Past Medical History

High blood pressure  
Atrial fibrillation  
Chronic kidney disease  
Osteoarthritis

##### Past Surgical History

None

##### Medication History

(losartan hydrochlorothiazide) Blood pressure and (apixatan and verapamil) atrial fib medication

#### Model Documentation

Mr. Carter woke up with severe arthritic pain in his hips and knees this morning. Upon standing from bed, his joints gave out and he collapsed in his bedroom. He hit his back on the bed frame as he fell. He verbalizes that he is worried about getting around on his own, as well as about his osteoarthritis worsening over time.

A&O x 4

Mr. Carter is a 68-year-old African American male with a history of osteoarthritis, CKD, HTN, and Afib who presents to the ER today with complaints of worsening pain and stiffness of his hips and knees, weakness of his lower back with a recent fall. He says the pain and stiffness was the worst it has ever been and resulted in a fall out of bed. He hit his back on the bed frame and now has redness and tenderness to his lower back.

He describes the pain as aching and dull and worsens with the cold weather. He states that rest usually relieves the pain, moist heat helps his hips and elastic supports on the knees is helpful. Naproxen helps with the chronic pain. He states that he presented to the emergency department today due to worsening pain. Upon arrival to the ER, he reports pain level of his knees, hips and lower back a 9/10. He reports increasing fatigue for the last 3 months. He denies any nausea, vomiting, and weight loss.

NKA

Osteoarthritis since age 66  
HTN since age 55  
CKD, stage II, since age 62  
Underwent shock wave lithotripsy for kidney stone at 65.  
Afib since age 61

No previous surgeries.

Naproxen 220 mg, 1 tab P.O. twice per day for osteoarthritis pain. Last dose: this morning  
Warfarin 2.5 mg, 1 tab P.O. daily for irregular heart rate. Last dose: yesterday  
Verapamil 80 mg, 1 tab P.O. 3 times per day for high blood pressure. Last dose: yesterday  
HCTZ/losartan 100/25 mg, 1 tab P.O. daily for high blood pressure. Last dose: yesterday

## Student Documentation

## Model Documentation

### Family History

None

Mr. Carter reports that both his mother family history of osteoarthritis, CKD, kic

### Social History

Denies substance abuse

Mr. Carter is a retired pilot. He lives at h daughter who visits every few months. nicotine use. He denies any illicit drug t use.

### Review of Relevant Systems

HEENT: normal  
General: Fatigue  
Respiratory: Denies any problem  
Cardiovascular: Denies any problem  
Gastrointestinal: Denies any problem  
Neurological: oriented to place, person, and time  
Musculoskeletal: reports feeling pain in hips, knees and lower back, gait problems  
Psychological: Denies depression, stress or suicidal ideation

GENERAL: Negative for fever, chills, nig weight.

RESPIRATORY: Negative for shortness

CARDIOVASCULAR: Negative for ches

GASTROINTESTINAL: Negative for abc constipation, diarrhea.

NEUROLOGICAL: Negative for weakne numbness/tingling, dizziness, falls, or c

MUSCULOSKELETAL: Decreased rang the end of the range, moderate joint sw

### Functional Status & Geriatric Syndromes

Patient experiences challenges performign ADLs  
Needs maximum assistance and is dependent on performing ADLs  
Patient has history of falls  
Sleeps 8 hours a fay

Mr. Carter is able to carry out most ADL exception. He reports occasionally nee bathroom sink to get up from the toilet, use a cane when getting up from chairs himself, and has not troubles with incor balance troubles, requiring a cane again when moving through his home. He der

### Elder Abuse Assessment

Patient does not show signs of elder abuse

Mr. Carter does not appear to be a risk He has redness and soreness on his ba has no physical signs of abuse or negle his finances are managed. He says he f wife and is not at risk for abandonment

## Comments

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



About Shadow Health (<https://evolve.elsevier.com/education/simulations/shadow-health/>)

Terms and Conditions (<https://www.elsevier.com/legal/elsevier-website-terms-and-conditions/elsevier-terms-and-conditions-for-personal-digital-subscriptions-and-e-books>)

Privacy Policy (<https://www.elsevier.com/legal/privacy-policy>) Accessibility ([https://service.elsevier.com/app/answers/detail/a\\_id/34675/supporthub/shadow-health/](https://service.elsevier.com/app/answers/detail/a_id/34675/supporthub/shadow-health/))

Support and Contact (<https://service.elsevier.com/app/home/supporthub/shadow-health/>) Patents (</static/patents>)

Cookies are used by this site. [Cookie Settings](#).

Copyright © 2026 Elsevier Inc., its licensors, and contributors. All rights are reserved, including those for text and data mining, AI training, and similar technologies.



(<https://www.relx.com/>)

Shadow Health will undergo maintenance starting on Saturday, April 4th at 1:00 AM CST until Saturday, April 4th at 9:00 AM CST. During this time She may be inaccessible.

# Focused Exam: Pain Results | Turned In

Foundations of Gerontology - Spring 2025, NUR 3289

[Return to Assignment \(/assignments/1113625/\)](#)



## Your Results

Lab Pass (/assignment\_attempts/18837600/lab\_

[Overview](#)

[Transcript](#)

[Subjective Data Collection](#)

[Objective Data Collection](#)

**[Education & Empathy](#)**

[Documentation](#)

[Care Plan](#)

[Program Competency Progress](#)

[Video Tutorial](#)

[Reflections](#)

## Education & Empathy : 1 of 4 (25.0%)

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 no statements were made
- Opportunities marked as **Followed Up** were followed up by students, and include the dialogue between student and patient

### 1 Symptoms

Fold

**Description:** Mr. Carter reports coming to the ED with high levels of frequent pain.



what brings you to the clinic today

10:4



This morning I woke up with awful pain in my hips and knees. When I tried to get out of bed it was as if my joints just gave out and I fell right there in my bedroom. I hit my lower back on the bed frame, which I'm sure didn't help matters. To be honest, I'm worried that it's only going to get worse as I sit here getting older every minute.



I'm sorry you are feeling that way

E  
10:5



I appreciate that. Thanks.



I will help you feel better

E  
10:5



Thanks for saying that.

**Model Statement:** "The pain you're experiencing sounds very challenging. I would like to learn more about your pain and then we can talk about treating it to get you feeling better."

## 2 Activity Intolerance

**Description:** Mr. Carter reports decreased activity and fatigue, which are impacting his activities of daily living



any effects of health on social activity



I wouldn't say that. Though I do need to sit through some family events. Admittedly, I've been worried that it will get even worse as I age.



how is your perception of health

**Model Statement:** "It sounds like your arthritis symptoms are affecting your daily activities. I'm sorry to hear that."

## 3 Fall Risk

**Description:** Mr. Carter reports falling this morning while trying to get out of bed.



where is your pain



The pain was mostly in my hips and knees, but my back is sort of tender from when I hit it on the bed frame as I



any past medical history



I have my share of standing health issues, sure.



any existing health conditions



I have my share of standing health issues, sure.

**Model Statement:** "Unintentional falls are the most common cause of injuries for people 65 or older. If you need help to get up for any reason, please use the call button so I can assist you."

## 4 Inappropriate Medications for Older Adults

**Description:** Mr. Carter reports taking OTC naproxen for his pain. This medication meets Beers criteria of potentially inappropriate medications for older adults.



when last did you take injections for osteoarthritis (Clarified to: What do you take for osteoarthritis?)



Well, sometimes I take naproxen if I'm having joint stiffness, but I've also been getting these injections at the doctor every so often. [AUDIO COMING SOON] (Clarified to: what I take for osteoarthritis)



any problems with osteoarthritis injections

**Model Statement:** "I see that you take naproxen for your knee pain. Naproxen is a type of medication called a NSAID, which carries a risk of gastrointestinal bleeding, especially in older adults. I'd like us to talk with your provider about finding an alternate medication for you to treat your pain."

## Comments

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



About Shadow Health (<https://evolve.elsevier.com/education/simulations/shadow-health/>)

Terms and Conditions (<https://www.elsevier.com/legal/elsevier-website-terms-and-conditions/elsevier-terms-and-conditions-for-personal-https://www.elsevier.com/>)

Privacy Policy (<https://www.elsevier.com/legal/privacy-policy>)

Accessibility ([https://service.elsevier.com/app/answers/detail/a\\_id/34675/supporthub/shadow-health/](https://service.elsevier.com/app/answers/detail/a_id/34675/supporthub/shadow-health/))

Support and Contact (<https://service.elsevier.com/app/home/supporthub/shadow-health/>) Patents (</static/patents>)

Cookies are used by this site. [Cookie Settings](#).

Copyright © 2026 Elsevier Inc., its licensors, and contributors. All rights are reserved, including those for text and data mining, AI training, and similar technologies.

Shadow Health will undergo maintenance starting on Saturday, April 4th at 1:00 AM CST until Saturday, April 4th at 9:00 AM CST. During this time She may be inaccessible.

## Focused Exam: Pain Results | Turned In

Foundations of Gerontology - Spring 2025, NUR 3289

[Return to Assignment \(/assignments/1113625/\)](#)



### Your Results

Lab Pass (/assignment\_attempts/18837600/lab\_

[Overview](#)

[Transcript](#)

[Subjective Data Collection](#)

[Objective Data Collection](#)

[Education & Empathy](#)

[Documentation](#)

**[Care Plan](#)**

[Program Competency Progress](#)

[Video Tutorial](#)

[Reflections](#)

### Care Plan : 7 of 7 (100.0%)

#### Nursing Diagnosis

1.5

International classification for nursing practice (ICNP) nursing diagnoses (v2019\_06\_27) [Data set]. (2019). International Council of Nurses (ICN). <https://www.icn.ch/what-we-do/projects/ehealth-icnptm/icnp-downloa>

#### Diagnosis

Student Response	Model Answer	Explanation	Poir Earr
chronic pain	chronic pain	Per Mr. Carter's self-report of pain on a standardized pain scale, the chronic pain diagnosis is correct. While Mr. Carter is very likely to have difficulty toileting given his impaired mobility, a toileting self-care deficit diagnosis would not take priority over a chronic pain diagnosis. Similarly, Mr. Carter's age and pre-existing medical conditions do put him at risk for impaired skin integrity and impaired peripheral neurovascular function, but the patient's potential to develop these conditions is not more pressing than the patient's current, quantifiable experience of pain.	0.5 c 0.5

#### Signs & Symptoms

Student Response	Model Answer	Explanation
difficulty walking	difficulty walking	Mr. Carter reports a recent in things such as walk and exer does not report dizziness, dif transferring or accessing the bruising, or emotional distres
pain for the past month	pain for the past month	Mr. Carter reports experiencir month or so," in addition to a 9/10 before being medicated, sustained 1/10 after medicati not report dizziness, difficulty transferring or accessing the bruising, or emotional distres

## Planning

### Short-Term Goal

Student Response	Model Answer	Explanation
To have the patient, by end of shift, identify current pain level to achieve a comfort goal, and report an understanding of nonpharmacological pain management methods.	To have the patient, by end of shift, identify current pain level to achieve a comfort goal, and report an understanding of nonpharmacological pain management methods.	To ensure optimum patient cc ask your patient to state back undersanding of all instructio helps you determine and add misunderstandings or hesitat

### Interventions

Student Response	Model Answer	Explanation
Have patient complete a pain assessment every 2-4 hours	Have patient complete a pain assessment every 2-4 hours	Pain management involves ar array of considerations and s The salient themes include th health, and comfort of the pa
Encourage patient to maintain positions that minimize joint pressure	Encourage patient to maintain positions that minimize joint pressure	Pain management involves ar array of considerations and s The salient themes include th health, and comfort of the pa
Encourage patient to apply ice or heat as needed, either before or after strenuous mobility	Encourage patient to apply ice or heat as needed, either before or after strenuous mobility	Pain management involves ar array of considerations and s The salient themes include th health, and comfort of the pa
Discuss patient's need for an assistive ambulation device	Discuss patient's need for an assistive ambulation device	Pain management involves ar array of considerations and s The salient themes include th health, and comfort of the pa

### 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 interventions to provide the patient with a thorough and correct understanding of pain management as related to a nonpharmacological approach. The instructions cover a broad array of topics from everyday practices to what to do in rare scenarios.	These interventions provide Mr. Carter with a thorough and correct understanding of pain management as related to a nonpharmacological approach. The instructions cover a broad array of topics from everyday practices to what to do in rare scenarios.	It's important you teaching is thoro cover all necessa health considera detailed enough parent(s) can ma evidence-based
--	--	--	---

## Data Collections

Student Response	Model Answer	Explanation
Record vital signs and reassess patient's pain level. Ask patient to verbalize his understanding of the outlined nonpharmacological pain management methods	Record vital signs and reassess patient's pain level. Ask patient to verbalize his understanding of the outlined nonpharmacological pain management methods	It isn't necessary or feasible t patient act out his instruction determine his understanding. necessary, however, to have verbalize his understanding o instructions, so that you can any errors, omissions, or hesi his part.

## 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, as well as your goal(s) for Mr. Carter and the interventions and data collections you will use to help him achieve this goal(s).	Your age, combined with having a chronic musculoskeletal condition, make it very likely that you will continue to experience joint pain. Given that you are currently on a number of medications, we're going to discuss some nonpharmacological approaches to pain management.	Mr. Carter, your age, combined with having a chronic musculoskeletal condition (osteoarthritis, in this case), make it very likely that you will continue to experience joint pain. Given that you are currently on a number of medications, we're going to discuss some nonpharmacological approaches to pain management. Hopefully these methods will not only give you some peace of mind, but ensure that you are healthy and comfortable without an exclusive reliance on medications	Showing a patier understand their help build rappor that you have you right. Additionally the details of you and data collecti Mr. Carter unders and give him an raise concerns.
Before beginning this discussion of pain management methods, ask for Mr. Carter's consent to the Care Plan.	If you don't have any other questions, we can start our discussion now. Does this plan I just talked about sound good to you?	Mr. Carter, if you don't have any other questions, we can start our discussion now. Does this plan I just talked about sound good to you?	A patient must co interventions in tl Disagreements a opportunities to patient educatio consider alternat

## Intervention & Evaluation

Student Response	Model Answer	Explanation
Fully	Fully	When Mr. Carter verbalizes his understanding of the outlined pain management methods, he makes no errors or omissions; he also agrees to follow your instructions. Your goal has been 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
Did you achieve your goal of having the patient, within his visit at the hospital, verbalize his understanding of the outlined nonpharmacological pain management methods?	When Mr. Carter verbalizes his understanding of the outlined pain management methods, he makes no errors; he also agrees to follow instructions. Goals have been achieved	When Mr. Carter verbalizes his understanding of the outlined nonpharmacological pain management methods, he makes no errors or omissions; he also agrees to follow her instructions. Your goal has been fully achieved!	Listen closely to the patient when they state their instructions so you can determine she has a detailed understanding of the instructions.

### Comments

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



About Shadow Health (<https://evolve.elsevier.com/education/simulations/shadow-health/>)

Terms and Conditions (<https://www.elsevier.com/legal/elsevier-website-terms-and-conditions/elsevier-terms-and-conditions-for-personal-https://www.elsevier.com/>)

Privacy Policy (<https://www.elsevier.com/legal/privacy-policy>)

Accessibility ([https://service.elsevier.com/app/answers/detail/a\\_id/34675/supporthub/shadow-health/](https://service.elsevier.com/app/answers/detail/a_id/34675/supporthub/shadow-health/))

Support and Contact (<https://service.elsevier.com/app/home/supporthub/shadow-health/>) Patents (</static/patents>)

Cookies are used by this site. [Cookie Settings](#).

Copyright © 2026 Elsevier Inc., its licensors, and contributors. All rights are reserved, including those for text and data mining, AI training, and similar technologies.