

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: Cognition Results | Turned In

Foundations of Gerontology - Spring 2025, NUR 3289

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Your Results

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Experience Overview

Patient: Esther Park



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

89.5 out of 92.5



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**
56 out of 56 **24 out of 24**

Education and Empathy **Care Plan**
1 out of 4 **8.5 out of 8.5**

Time

75 minutes total spent in assignment

Interaction with patient **Post-exam activities**
74 minutes **1 minute**

Comments

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



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Transcript













Started: Apr 08, 2025 | Total Time: 74 min

All Lines (120)

Interview Questions (60)

Statements (3)

Exam Actions (57)

-  Hi, my name is Gayla. I'm your nurse today 04/08/25 2:1
-  Hello.
-  What brings you in today 04/08/25 2:1
-  Oh, I have this terrible headache. It's also been so hard to concentrate. My daughter says I've been different lately. I feel different, too. I feel like my memory is slipping.
-  I'm so sorry you feel that way. We will do our best to help you 04/08/25 2:1
-  Yes, I do appreciate that.
-  Where are you 04/08/25 2:1
-  I'm in the ER.
-  Could you tell me what time it is 04/08/25 2:1
-  It's . . . [Ms. Park reports the correct time.]
-  Could you tell me what time it is 04/08/25 2:1
-  It's . . . [Ms. Park reports the correct time.]



Tell me what symptoms you have



I came in because of this pounding headache . . . But I'm also concerned about my memory slipping. My daughter has noticed it, and she approached me about it. I think she's right. It's been harder to recall things lately, and it's hard to stay focused.



Do you feel pain



Oh, yes. This headache is just awful . . . it's a little better than it was, but I'm still in pain.



Why do you feel pain (No matching questions found.)



Where is your pain located



This headache . . . it's up high . . . behind my forehead.



Tell me your onset symptoms



The headache started two days ago. As for my memory loss, I guess it also began two days ago . . . I'm not entirely sure.



How often do you have headache



I don't usually get headaches . . . this is an unusual experience for me.



What makes your pain worse



I tried lying down to help the headache, but that seemed to make it worse.



How severe is your pain



Right now, it's about a 4 out of 10. When I came in, that was about a 9 out of 10.



What non medication treatment are you taking for pain (No matching questions found.)



How are you treating your pain



I tried taking an herbal remedy for the headache, but it did not work. I also tried a cold compress on my forehead, and that seemed to help some.



What are the existing health conditions do you have



Aside from what I came in for, I have high blood pressure.



How do you manage your hypertension (Clarified to How do you control your blood pressure?.)



I take my Accupril daily. Well, I remember to take it most days, anyway. (Clarified to how I control my blood pressure.)



When were you diagnosed with hypertension



I was 54.



What allergies do you have



I don't have any general allergies, but I am allergic to latex.



When did you start taking ginseng



I took some yesterday. I was hoping it would help the headache.



Tell me about your family



Well, let's see. I have two children, Timothy who lives in Houston, Texas, and my daughter Jennifer. I've been living with her for several years, since my husband Shin passed away.



How often do you exercise



Lately, I haven't gone as much, but I do like to take fitness classes at the community center. I also garden, which keeps me moving.



Tell me a family history



Well, I get my high blood pressure from my mother and father. My mother also had diabetes, Type II. And my father had high cholesterol.



Tell me about your substance use



Substances . . . Well, I don't drink very much. I don't use any substances . . . unless you're counting the herbal supplements I take.



When did you start taking alcohol



I've taken ginseng for years.



How many drinks do you take



On Sundays, I have my only drink for the week.



How is your diet



On the holidays our family gets together, I make traditional Korean dishes. But lately I have been more forgetful, so I sometimes eat a can of soup for lunch and dinner. Sometimes I will still make chicken c fish with vegetables and rice, but I am afraid that I will forget to turn the stove off . . .



Can you recall your 24-hour diet (Clarified to How is your 24 hour diet recall?)



I think I can remember what I ate. (Clarified to how is my twenty four hour diet recall.)



How is your salt intake



Salt? I don't know how much salt I eat. I don't pay attention to it.



Do you feel stressed right now



I don't have any stress in my life. I have a pretty steady rhythm.



How do you feel generally



Aside from the headache, I've been feeling more confused lately . . . It's been a little hard to keep track. I've always felt lucky to be so sharp at my age, but now I feel like it's hard to stay focused.



Tell me about your general symptoms



I came in because of this pounding headache . . . But I'm also concerned about my memory slipping. My daughter has noticed it, and she approached me about it. I think she's right. It's been harder to recall things lately, and it's hard to stay focused.



Do you have any fever



No, no fevers.



Do you have any vision problems



My eyes are fine, at least for a woman my age.



Do you have respiratory problems



I don't have any respiratory problems.



Do you have cardiovascular problems



Well, my heart is fine aside from this high blood pressure. I haven't had any palpitations or pain.



Do you have gastrointestinal problems



I am a little nauseated, actually . . .



When was your last bowel movement



I don't remember my last bowel movement, actually . . . I'm not sure when that was.



How is your musculoskeletal system



I haven't had any muscle problems.



How is your neurological system



This headache I have now . . . it's not a typical thing for me. I don't often get headaches.



How is your psychological system



I always thought I had good mental health. Recently, I find myself a little too nervous in new situations. I feel like I don't know what to do, and I don't want to be there. My mood has changed, too . . . I used to feel very peaceful, and now sometimes I feel overwhelmed.



Are you feeling depressed



No, I don't think I'm depressed.



Are you feeling safe at home



I feel very safe in my daughter's home.



Do you bath



Well . . . my daughter reminds me to bathe. Sometimes a few days pass and I forget. That's been happening more than usual.



Are you able to dress yourself



I don't have any problems dressing myself.



Are you able to do toilet transfer



I have no problems there . . . I can still get up from the seat, and still . . . You know, get everything clean.



Do you have any problem transferring from one place to another (No matching questions found.)



Do you have any problem transferring



Oh, I can get around the house just fine. I haven't needed any help.



Do you have incontinence



No, thankfully.



Are you able to eat independently



I can feed myself just fine.



How is your sleeping pattern



In general I think I'm a good sleeper, but lately I have been sleeping less than usual . . . I tend to wake up a few times a night.



Do you have any confusion



I have been confused lately . . . More confused than I've ever been before. It's hard for me to keep track of where I am, or what I am doing . . . The last few days, I find myself with these memory gaps. I feel like I should be able to remember basic things, but I just can't.



Have you experienced fall



I've never had any falls.



How is your skin



My skin has gotten a little thin as I've aged . . . I try to use a moisturizer to keep it healthy.



Any recent weight changes



My weight hasn't changed.



How is your appetite



My appetite is fine.



How is your perception on health (Clarified to How do you perceive your health?.)



I think my health is good, especially for a woman my age. I feel fortunate. (Clarified to how I perceive my health.)



Are you feeling tired



Most of the time my energy levels are good. I don't feel fatigued.



Do you have any recent er visits



The last time . . . I was 42. I had gallbladder surgery. The time before that was for my C-section.



Assessed vitals



Assessed IV bag



Assessed IV pump



Assessed IV Site: Dry and Intact



Assessed urine quality: clear, pale yellow, no noticeable odor



Checked Patient Wristbands: All information is correct



Inspected head and face



Inspected forehead and scalp



Inspected nose and mouth



Inspected right side of head



Inspected head and face



Inspected left side of head



Inspected back of head



Inspected right side of head



Inspected head and face



Inspected eyes



Inspected mouth



Inspected front of lower legs



Inspected left lower leg



Inspected back of lower legs



Inspected right lower leg



Inspected front of lower legs



Inspected mouth



Inspected front of neck and face



Inspected chest and abdomen



Inspected front of right hand



Inspected front of left hand



Inspected front of thighs and knees



Inspected front of lower legs



Inspected left shoulder and left side of neck



Inspected top of left hand: freckles or birthmarks



Inspected left thigh



Inspected left side of left shin and left foot



Inspected upper back and back of neck



Inspected lower back



Inspected back of left hand



Inspected back of right hand



Inspected back of upper legs: freckles or birthmarks



Inspected back of lower legs



Inspected right shoulder and right side of neck



Inspected top of right hand: freckles or birthmarks



Inspected right side of right thigh and knee



Inspected right side of right shin and foot



Auscultated carotids



Auscultated breath sounds



Auscultated heart sounds



Palpated temporal arteries: Right and left have no abnormal findings. Right and left amplitude 2+ Expected.



Palpated PMI



Palpated posterior tibial pulse

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Subjective Data Collection: 56 of 56 (100.0%)

Hover To Reveal...

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

○ Indicates an item that you found.

○ Indicates an item that is available to be found.

Category

Scored Items

Patient Data

Not Scored

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

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

Chief Complaint

Established chief complaint

- Reports headache
- Reports recent memory loss
- Reports changes in concentration recent difficulty concentrating

Orientation

Established orientation

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

History of Present Illness

Asked about onset of symptoms

○ Reports headache began 2 days ago

◦ Reports memory loss in the past 2 days

Asked about frequency and duration of headaches

◦ Reports headache pain h
◦ Reports headache pain h
since it began
◦ Reports that headaches e

Asked about location of pain

◦ Reports headache is "up

Asked about characteristics of pain

◦ Describes headache pain
◦ Reports a sensation of pr
◦ Denies sharp or shooting

Asked about aggravating factors of pain

◦ Reports not remembering
headache
◦ Reports that lying flat inci

Asked about severity of pain

◦ Reports that current pain
◦ Reports that pain upon ai

Asked about non-medication treatment and relieving factors of pain

◦ Reports taking herbs to h
◦ Reports herbs were not e
◦ Reports applying cold co
◦ Reports cold compress p

Past Medical History

Asked about existing health conditions

◦ Reports hypertension

Followed up on hypertension diagnosis

◦ Diagnosed with hyperten:
◦ Reports typical blood pre
◦ Reports belief that blood

Asked about allergies

◦ Denies general allergies
◦ Denies environmental alle
◦ Reports latex allergy
◦ Denies food allergy

Asked specifically about medication allergies

◦ Denies medication allergi

Home Medications

Asked about home medications

◦ Reports medication for hy
◦ Denies taking vitamins
◦ Reports taking herbal ren

Asked about medication regimen adherence

◦ Reports storing medicatio
pillbox)
◦ Reports that she "remem

- Denies missing doses of medication because of side effects
- Denies difficulty obtaining medications because of finances
- Denies difficulty obtaining medications because of transportation

Followed up on last dose of home medications and compliance

- Does not remember when
- Reports that she typically medication
- Reports that she may have remember

Followed up on medication for hypertension

- Reports taking quinapril (Accupril)
- Reports quinapril dosage
- Reports quinapril frequency
- Reports occasionally miss (Accupril)
- Denies quinapril side effects

Followed up on ginseng

- Takes ginseng because "it helps"
- Reports taking extra ginseng
- Does not know ginseng dosage
- Reports ginseng comes from Korea

Family History

Asked about family history

- Reports mother and father
- Reports mother had DM 1
- Reports father had hypertension

Asked about activity level

- Reports high level of mobility
- Reports moderate activity
- Regularly attends fitness
- Reports gardening as a hobby

Social History

Asked about substance use

- Reports low alcohol consumption
- Reports no illicit drug use
- Reports no history of cigarette use

Followed up about alcohol consumption

- Reports drinking 1 night a week
- Reports 1 drink per sitting
- Reports 4 drinks per month
- Reports typical drink is wine

Asked about diet

- Reports last meal was toxic
- Typically eats 3 meals a day
- Typically does not eat snacks
- Typical breakfast is a piece of toast
- Typical lunch is canned soup

◦ Typical dinner is canned soup, or occasionally chicken or fish with vegetables and rice

Asked 24-hour diet recall

- Reports she may have mi
 - Unable to recall meals fro
 - Reports she doesn't think sure
-

Asked about salt intake

- Reports being unsure of s
-

Asked about stress

- Reports low stress level
-

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

- Reports nausea
 - Denies vomiting
 - Denies abdominal pain
 - Denies difficulty swallowing
 - Denies constipation
 - Denies diarrhea
-

Followed up on last bowel movement

- Unable to recall last bowel
-

Asked about review of systems for musculoskeletal

- Denies recent injury
 - Denies joint pain
 - Denies erythema
 - Denies edema of joints
-

Asked about review of systems for neurological

- Denies weakness in extremities
 - Reports that current headaches frequent headaches
 - Denies numbness or tingling
-

Asked about review of systems for psychological

- Reports recent nervousness in new situations
- Reports recent mood changes
- Denies suicidal thoughts

Functional Status & Geriatric Syndromes

Asked about depression

Asked about living environment

- Reports living in a home
- Reports living with daugh
- Reports having her own r
- Reports appropriate amo
- Denies loneliness

Asked about feeling safe at home

- Reports feeling safe at hc

Asked about bathing

- Reports being able to bat
- Reports that her daughte
- Reports being able to rea
- Reports being able to get

Asked about dressing

- Reports being able to dre
- Denies trouble with zippe
- Reports being able to tie
- ons

Asked about toileting

- Reports being able to get
- Denies needing help with

Asked about transferring

- Reports being able to mo
- Reports being able to mo
- Denies use of mechanica

Asked about continence

- Reports full control of bo
- Reports full control of bla

Asked about ability to eat independently

- Reports ability to get foo
- Reports ability to prepare

Asked about sleeping habits

- Reports sleep is fair
- Reports sleeping less tha
- Denies insomnia
- Reports occasional wakir
- Denies oversleeping

Asked about confusion

- Reports occasionally feel

Asked about evidence of falls

- Denies recent falls
- Denies history of falls
- Denies dizziness, vertigo,

<input type="checkbox"/> Asked about gait and ambulatory aids	<ul style="list-style-type: none"> ◦ Denies gait impairment ◦ Denies bedrest ◦ Denies use of wheelchair ◦ Denies use of ambulatory ◦ Denies balance problems
<input type="checkbox"/> Asked about skin breakdown	<ul style="list-style-type: none"> ◦ Reports thin skin ◦ Denies open wounds ◦ Denies rashes or lesions ◦ Denies bruising ◦ Denies pruritus, itching or
<input type="checkbox"/> Asked about weight changes	<ul style="list-style-type: none"> ◦ Denies weight changes
<input type="checkbox"/> Asked about oral or dental problems	<ul style="list-style-type: none"> ◦ Denies tooth problems ar ◦ Denies issues with mouth ◦ Reports no issues with be
<input type="checkbox"/> Asked about appetite changes	<ul style="list-style-type: none"> ◦ Denies changes in appeti ◦ Denies feeling full quickly
<input type="checkbox"/> Asked about effects of health on social activity	<ul style="list-style-type: none"> ◦ Reports feeling less socia ◦ Denies that health proble social ◦ Denies that emotional pro less social
<input type="checkbox"/> Asked about patient's perception of health	<ul style="list-style-type: none"> ◦ Reports health is good
<input type="checkbox"/> Asked about tiredness, energy levels, and fatigue	<ul style="list-style-type: none"> ◦ Denies fatigue ◦ Reports typical energy lev
<input type="checkbox"/> Asked about recent ER visits or hospitalizations	<ul style="list-style-type: none"> ◦ Denies ER visits in the las ◦ Denies hospitalizations in ◦ Reports previous c-sectic ◦ Reports cholecystectomy

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Objective Data Collection: 24 of 24 (100%)

- 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
- Tachycardia
- Bradycardia

Respiratory Rate (1/5 point)

- No abnormal findings
- Tachypnea
- Bradypnea

Oxygen 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

Infusion Rate (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

Assessed IV Site

Insertion Site (1/2 point)

- No visible abnormal signs
- Erythema
- Infiltration

Dressing (1/2 point)

- Dry and intact
- Moist dressing

Assessed Urine Quality

Clarity Of Urine (1/3 point)

- Clear
- Cloudy

Color Of Urine (1/3 point)

- Clear
- Pale yellow
- Dark yellow
- Pink or amber
- Red or brown
- Orange

Odor (1/3 point)

- No noticeable odor
- Foul odor
- Sweet odor

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 (1/4 point)

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

Conjunctiva And Lens (1/4 point)

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

Pupillary Reaction (1/4 point)

- No visible abnormal findings (PERRL)

Accommodation (1/4 point)

- Normal constriction and dilation

- Unequal
- Irregular
- Miosis
- Mydriasis
- Non-reactive to light

- Unequal or no pupillary constriction
- Unequal or no pupillary dilation

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, pink, and 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 Lower Legs

Right: Appearance (1/3 point)

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

Left: 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

Inspected Skin

Wounds Or Sores (1/5 point)

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

Signs Of Skin Trauma (1/5 point)

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

Color Or Appearance (1/5 point)

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

Masses Or Texture (1/5 point)

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

Skin Characteristics And Hair Growth (1/5 point)

- No abnormal findings

- Excessive dry or flaking skin
- Excessive hair growth

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 Temporal Arteries

Right: Observations (1/4 point)

- No abnormal findings
- Tenderness
- Palpable nodules

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 abnormal findings
- Tenderness
- Palpable nodules

Left: Amplitude (1/4 point)

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

Palpated PMI

Location (1/3 point)

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

Size (1/3 point)

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

Characteristics (1/3 point)

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

Palpated Posterior Tibial Pulse

Right: Vibration (1/4 point)

- No thrill
- Thrill

Left: Vibration (1/4 point)

- No thrill
- Thrill

Right: Amplitude (1/4 point)

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

Left: Amplitude (1/4 point)

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

Palpated Dorsalis Pedis Pulse

Right: Vibration (1/4 point)

- No thrill
- Thrill

Left: Vibration (1/4 point)

- No thrill
- Thrill

Right: Amplitude (1/4 point)

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

Left: Amplitude (1/4 point)

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

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 Posture

Observations (1/1 point)

- No difficulty standing erect, shoulders even; no reported pain; no swaying, falling, or widening of feet
- Difficulty standing erect
- Shoulders uneven
- Patient reports pain
- Swaying or falling
- Widening of feet

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
- 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

Observations With Held Posture (Fore Arms) (1/3 point)

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

Tested Grip 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 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)

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

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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

Followed

Description: Ms. Park reports headache pain, lapses in memory, and difficulty answering questions.



What brings you in today

02:11



Oh, I have this terrible headache. It's also been so hard to concentrate. My daughter says I've been different lately. I feel different, too. I feel like my memory is slipping.



I'm so sorry you feel that way. We will do our best to help you

E
02:11



Yes, I do appreciate that.

Model Statement: "I'm sorry that you are struggling with these symptoms. We will do our best to alleviate your pain and make you more comfortable. Also, you can take as much time as you need to answer my questions."

2 Medication Compliance

Not Followed

Description: Ms. Park reports occasionally missing doses of quinapril and indicates she may have missed doses in the past few days.



How do you manage your hypertension (Clarified to: How do you control your blood pressure?)



I take my Accupril daily. Well, I remember to take it most days, anyway. (Clarified to: how I control my blood pressure)



When were you diagnosed with hypertension



I was 54.



What allergies do you have



I don't have any general allergies, but I am allergic to latex.

Model Statement: "Your current headache and high blood pressure might have been caused by missing dose of your blood pressure medication. To avoid episodes like this in the future, it's important to take all of your dose: quinapril. I have some tools to share with you to make medication planning easy. I will provide you with a pill container and calendar to track your medication."

3 Herbal Medication

Description: Ms. Park reports taking ginseng, which elevates blood pressure.



Tell me about your substance use



Substances . . . Well, I don't drink very much. I don't use any substances . . . unless you're counting the herbal supplements I take.



When did you start taking alcohol



I've taken ginseng for years.



How many drinks do you take



On Sundays, I have my only drink for the week.



How is your diet

Model Statement: "Studies show that regular doses of ginseng can contribute to high blood pressure. While ginseng is not a prescription medication, it can still affect your body systems. It is important to include anything you take regularly, even if it is not prescribed, when reporting your medications to healthcare providers, as they may interact with treatments or other medications."

4 Diet

Description: Ms. Park reports eating high-sodium foods such as canned soups.



How is your diet



On the holidays our family gets together, I make traditional Korean dishes. But lately I have been more forgetful, sometimes eat a can of soup for lunch and dinner. Sometimes I will still make chicken or fish with vegetables and rice, but I am afraid that I will forget to turn the stove off . . .



Can you recall your 24-hour diet (Clarified to: How is your 24 hour diet recall?)



I think I can remember what I ate. (Clarified to: how is my twenty four hour diet recall)



How is your salt intake



Salt? I don't know how much salt I eat. I don't pay attention to it.



Do you feel stressed right now



I don't have any stress in my life. I have a pretty steady rhythm.



How do you feel generally

Model Statement: "I noticed you eat soup on a regular basis. Canned soups can be very high in salt content, which may increase your blood pressure. I recommend purchasing "heart healthy" soup brands or those labelled low- to no-sodium content."

Comments

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Nursing Admitting Note

Student Documentation

Chief Complaint

I came in for cognition assessment

Orientation

Oriented to person, place, and time
Somewhat oriented to situation

History of Present Illness

Reports having headache 2 days ago. Reports memory loss in the last 2 days. Patient reports headache has been constant gradually worsening since it began. Patient reports pain is behind forehead. Patient reports pain is pounding and confirms sensation of pressure but denies sharp or shooting pain. Current pain level is 4/10. Patient also confirms having hypertension since the age of 54. Her typical blood pressure is 120/70

Allergies

Denies general allergies and environmental allergies
Reports latex allergy
Denies food allergies

Model Documentation

Patient came in with a pounding headache an some recent memory loss.

Alert and Oriented x 4

Ms. Park is a 78-year-old Korean American with a history of HTN. She presented to the ER with headache and inability to recall recent information. Park states the pain is a throbbing, pounding in the front of her head that has increased since yesterday. She states the pain is an uncomfortable pressure that hurts worse when lying flat. She uses ginseng and cold compresses at home with no relief. She reports difficulty concentrating with a 9/10. She reports nausea. Denies vomiting.

Latex (contact dermatitis)

Student Documentation

Model Documentation

Past Medical History

Patient is taking medication for hypertension
Denies taking vitamin supplements
Report taking herbal remedy. Patient does not remember when last dose of medication was. Report taking Accupril 10 mg orally. Denies any accupril side effects.

HTN since age 54
3 pregnancies

Past Surgical History

None

Cholecystectomy at 42
C-Section at 40

Medication History

Patient is taking Accupril 10 mg orally. no side effects reported. Patient is taking ginseng but does not know ginseng dosage.

Quinapril (Accupril) 10 mg daily for HTN
OTC use of ginseng in capsule form dai

Family History

Reports mother and father had hypertension. Reports mother had DM Type 2. Report father had hypercholesterolemia.

Mother deceased at age 88, hx of HTN
Father deceased at age 82, hx of HTN,
Maternal grandparents hx of coronary a
Paternal grandparents hx of obesity, CV
Siblings: Two brothers. Brother 80, hx o
prostate cancer; brother, 81, hx of HTN
Son, healthy, age 48
Daughter, healthy, age 46

Social History

Patient reports increased mobility and independence. Reports moderate activity level. Regularly attends fitness class. Patient reports low alcohol consumption. Denies illicit drug use and cigarette smoking. Patient reports last meal was toast at breakfast. Typically does not eat snacks. Patient typical breakfast is piece of fruit or toast. Typical lunch is canned soup. Patient reports she mat have missed meals. Patient is unable to recall meals from yesterday.

Ms. Park is a retired nurse. She is a wid
daughter. She is sexually active and has
present use of tobacco and illicit drugs.
wine per week.

Review of Relevant Systems

Denies fever, chills, or night sweats. Patient reports low stress levels.
Denies hearing or vision problems. Patient denies cough, SOB, dyspnea, or wheezing. Patient denies chest pain, palpitations, edema and claudication. Patient denies gastrointestinal problems. Patient unable to recall last bowel movements. Patient denies musculoskeletal problems. Patient reports current headache. Denies weakness in extremities, numbness or tingling.

GENERAL: Negative for fever chills, nig

RESPIRATORY: Negative for SOB, adve

CARDIOVASCULAR: Negative for ches

GASTROINTESTINAL: Positive for naus
abdominal pain. Unable to recall last BI

NEUROLOGICAL: Positive for headach
information. Reports anxiety, mild inson
with ADLs. Negative for fainting, numbr

Student Documentation

Model Documentation

Functional Status and Geriatric Syndromes

Reports recent nervousness in new situations. Patient reports recent mood changes. Denies suicidal thoughts. Denies depression

Ms. Park lives with her daughter. Has her privacy. Reports no problems bathing, toilet, bowels and bladder. No oral or dental problems. Some thin skin. Reports occasional confusion lately, but denies that health or emotion being less social. In her gait test, Ms. Park Her confusion and unsteadiness could indicate cognition worsens.

Elder Abuse Assessment

None

Ms. Park is beginning to display some cognitive which will increase her risk of having her daughter is already beginning to report stopped cooking for herself out of fear that she may need help with her ADLs and may while her daughter is at work. She has a daughter and says she feels safe in her her money is being managed. I recommend sure that as her cognition declines she

Comments

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Care Plan : 8.5 of 8.5 (100.0%)

Nursing Diagnosis

2.5

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
impaired memory	impaired memory	Of the listed options, "impaired memory" is the most appropriate. Ms. Park's headache pain has been reduced to 0/10, and Ms. Park reports no fatigue, and does not exhibit most of the symptoms associated with adult failure to thrive. "Impaired memory" most directly relates to the precipitating event which brought Ms. Park to the hospital. Now that Ms. Park's high blood pressure and pain have been resolved, the priority is to address her memory.	0.5 c 0.5

Signs & Symptoms

Student Response	Model Answer	Explanation	Poir Earr
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memory loss	memory loss	<p>Ms. Park's memory loss is evident connecting back to her impairment and confirmed by her patient and the data collected in her EHR. Though Ms. Park was admitted with high blood pressure and a severe headache, both her blood pressure and headache pain have been resolved. However, she is still experiencing impaired memory. Neither Ms. Park nor her daughter report that she has experienced any recent trauma, and she does not present with an unkempt appearance or unsteady gait.</p>
confusion, as reported by family member	confusion, as reported by family member	<p>Ms. Park's confusion is evident connecting back to her impairment and confirmed by her patient and the data collected in her EHR. Though Ms. Park was admitted with high blood pressure and a severe headache, both her blood pressure and headache pain have been resolved. However, she is still experiencing impaired memory. Neither Ms. Park nor her daughter report that she has experienced any recent trauma, and she does not present with an unkempt appearance or unsteady gait.</p>
clock drawing and word recall test score 1 out of 5	clock drawing and word recall test score 1 out of 5	<p>Ms. Park's cognition test scores are consistent with the evidence connecting back to her memory impairment, and confirmed by her interview and the data collected in her EHR. Though Ms. Park was admitted with high blood pressure and a severe headache, both her blood pressure and headache pain have been resolved. However, she is still experiencing impaired memory. Neither Ms. Park nor her daughter report that she has experienced any recent trauma, and she does not present with an unkempt appearance or unsteady gait.</p>

missing medication doses, as reported by family member	missing medication doses, as reported by family member	Ms. Park's daughter's report of missing medication doses is consistent with the data collected in her chart and confirmed by her patient and the data collected in her chart. Though Ms. Park was admitted with a severe headache, both her blood pressure and pain have been resolved. However, she is still experiencing impaired memory. Neither Ms. Park nor her daughter report that she has experienced any trauma, and she does not present with unkempt appearance or unsteady gait.
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Planning

Short-Term Goal

Student Response	Model Answer	Explanation
Once per patient visit between now and discharge, patient will verbalize and demonstrate use of memory techniques and compensatory strategies for memory loss.	Once per patient visit between now and discharge, patient will verbalize and demonstrate use of memory techniques and compensatory strategies for memory loss.	Improving Ms. Park's memory orientation either by the end of her hospital stay or by the time of her discharge will meet the criteria of realistic and measurable. The goal "Patient will practice memory techniques and compensatory strategies for memory loss" is not time-phased. The correct goal is the only goal which meets SMART criteria.

Interventions

Student Response	Model Answer	Explanation
Educate patient and daughter in memory-training techniques.	Educate patient and daughter in memory-training techniques.	The correct interventions for this patient's care plan will help her either to improve her memory or to accustom herself to her memory loss, help her around her memory loss, help her secure her safety and comfort during her hospital stay and once she returns to her home environment.
Educate patient and daughter on strategies to compensate for memory loss.	Educate patient and daughter on strategies to compensate for memory loss.	The correct interventions for this patient's care plan will help her either to improve her memory or to accustom herself to her memory loss, help her around her memory loss, help her secure her safety and comfort during her hospital stay and once she returns to her home environment.

Help patient select cueing strategies (e.g., pillbox) for home use.	Help patient select cueing strategies (e.g., pillbox) for home use.	The correct interventions for I care plan will help her either t memory or to accustom hers strategies which will allow her around her memory loss, help secure her safety and comfor her hospital stay and once sh her home environment.
Instruct patient in how to ask for help during a memory lapse.	Instruct patient in how to ask for help during a memory lapse.	The correct interventions for I care plan will help her either t memory or to accustom hers strategies which will allow her around her memory loss, help secure her safety and comfor her hospital stay and once sh her home environment.
Assess patient and daughter's knowledge of memory techniques.	Assess patient and daughter's knowledge of memory techniques.	The correct interventions for I care plan will help her either t memory or to accustom hers strategies which will allow her around her memory loss, help secure her safety and comfor her hospital stay and once sh her home environment.

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 to 3 sentences, explain how your selected interventions work to accomplish your goal.	The intervention will help her maintain longterm safety and quality of life	In order to educate Ms. Park on memory-training techniques and compensatory strategies that will help to maintain her long-term safety and quality of life, it is necessary to first assess her knowledge of memory techniques, to develop a shared understanding of the level of instruction needed. Since Ms. Park lives with her daughter, Jennifer, it is valuable to include Jennifer in your patient education and assessment. In cases of altered cognition, the needs of the patient and their family must be considered as a unit.	It is important th your patient both training techniqu what to do when experience a me including how to This will give Ms. options to emplo memory loss exa and may help to safety and maint. Including Ms. Pa Jennifer in this ec help Jennifer unc to meet her moth when Ms. Park re

Data Collections

Student Response	Model Answer	Explanation
Once per patient visit before discharge, perform a cognition test on Ms. Park and ask your patient to verbalize and demonstrate memory techniques and compensatory strategies for memory loss.	Once per patient visit before discharge, perform a cognition test on Ms. Park and ask your patient to verbalize and demonstrate memory techniques and compensatory strategies for memory loss.	To evaluate Ms. Park's ability memory techniques and com strategies, it is important to a demonstrate them as well as them. Regular cognition tests to understand fluctuations in patient's mentation.

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 Ms. Park and the interventions and data collections you will use to help achieve this goal(s).	It is sound like you have been struggling with your memory for several months now. We want to do everything we can to help get you ready to return home safely. To that end, i would like to work with you on memory techniques that will help train your memory. This will include strategies like setting regular reminders for your home hypertension medication, to help keep your blood pressure under control and prevent a recurrence of the urgent situation that brought you into the hospital.	Ms. Park, from your own and your daughter's reports, it sounds like you have been struggling with your memory for several months now. We want to do everything we can to help get you ready to return home safely. To that end, I would like to work with you on memory techniques and compensatory strategies that will help you to train your memory as well as help you to work around your memory impairment. This will include strategies like setting regular reminders for your home hypertension medication, to help keep your blood pressure under control and prevent a recurrence of the urgent situation that brought you into the hospital.	
Ask for Ms. Park's consent to the Care Plan.	Ms. Park, if you don't have any other questions, we can start our discussions now. Does this plan I just talked about sound good to you?	Ms. Park, 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 j patient educator consider alternat

Intervention & Evaluation

Student Response	Model Answer	Explanation
Partially	Partially	Since the goal is for the patie verbalize and demonstrate m techniques and compensator at every visit between now ar it is impossible for the plan to completed within this visit. M successfully repeats back an memory techniques and com strategies during this visit, ho meaning that the goal is parti

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 the following goal? "Once per patient visit between now and discharge, patient will verbalize and demonstrate use of memory techniques and compensatory strategies for memory loss."	Given that the goal is for the patient is to verbalize techniques at every visit, it is possible to implement this plan. The patient repeats back the words.	Since the goal is for the patient to verbalize and demonstrate memory techniques and compensatory strategies at every visit between now and discharge, it is impossible for the plan to be completed within this visit. Ms. Park successfully repeats back and practices memory techniques and compensatory strategies during this visit, however, meaning that the goal is partially met.	Assessing your performance to verbalize and demonstrate memory techniques to determine how further patient education based on gaps in performance, rec understanding.

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