

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.

## Health History Results | Turned In

Advanced Health Assessment - STU - August 2023, nur504ap4

[Return to Assignment \(/assignments/867632/\)](#)



### Your Results

Lab Pass (/assignment\_attempts/14978169/lab\_

#### Overview

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### Experience Overview

Patient: Tina Jones



Digital Clinical Experience Score

# 83.7%

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

112 out of 152



Proficiency Level: **Developing**

Beginning

**Developing**

Proficient

Students rated as “developing” demonstrate clinical reasoning abilities as they apply their knowledge of advanced practice competencies. In clinical programs, 25% of students perform at the level of a developing practitioner. Review your results in the left side of the page to identify areas for improvement.

**Subjective Data Collection**

100 out of 100

**Objective Data Collection**

1 out of 1

**Education and Empathy**

4 out of 11

**Information Processing**

7 out of 40

**Time**

120 minutes total spent in assignment

**Interaction with patient**

113 minutes

**Post-exam activities**

7 minutes

### Comments

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



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## Transcript

Started: Aug 27, 2023 | Total Time: 113 min

All Lines (155)

Interview Questions (112)

Statements (31)

Exam Actions (12)

	Weight: 90 kg	Ex	08/27/23 11:4
	BMI: 31	Ex	08/27/23 11:4
	Random blood glucose: 238	Ex	08/27/23 11:4
	Blood pressure: 142/82	Ex	08/27/23 11:4
	Respiratory rate: 19	Ex	08/27/23 11:4
	O2 sat: 99%	Ex	08/27/23 11:4
	Heart rate: 86	Ex	08/27/23 11:4
	Height: 170.2 cm	Ex	08/27/23 11:4
	Temperature: 38.4 °C	Ex	08/27/23 11:4
	hello, my name is Yndia, I am your nurse today		08/27/23 11:4
	Hey.		
	can you confirm your name		08/27/23 11:4
	Tina Jones.		



why did you come in today?



I got this scrape on my foot a while ago, and I thought it would heal up on its own, but now it's looking pretty nasty. And the pain is killing me!



i'm sorry you are feeling that I will help you get better



I appreciate you saying that.



what additional symptoms have you experienced (Clarified to What about other symptoms?.)



I mean, it's all red and swollen, and there's pus, it feels hot, it hurts like hell... It's got all that going on. (Clarified to what other symptoms I have.)



can you rate your current pain level on a scale of 0 to 10?



I'd say a 7. It hurts a lot, and the pain pills haven't kicked in yet.



Please describe the pain



It's throbbing and like, sharp if I try to put weight on it.



It is important to keep your foot clean



OK, I understand.



This should help ensure the the wound is free of germs



Thanks for telling me.



how did you hurt your pain



I was going down the back steps, and I tripped. . . I caught the railing, but I guess I kind of turned my ankle a little bit. And I scraped up my foot on the edge of the step.



I'm sorry for the incident that occure



Thanks for understanding.



Has your foot been draining any liquids



Yeah, there's definitely pus.



how have you treated the wound (Clarified to How have you cared for the scrape?.)



I made sure to clean it and just keep it bandaged. And I put Neosporin on it. (Clarified to how I have been taking care of the scrape.)



what did you do to treat your foot after your accident



I made sure to clean it and just keep it bandaged. And I put Neosporin on it.



how effective was neosporin



Well, I had to come back to get my foot checked out even though I used the ointment. [AUDIO COMING SOON]



can you walk with your foot being injured



No, I can't. I can't put any weight on it without like, shooting pain.



i'm sorry you experiencing pain



Thanks.



I will prescribe pain medication to help you feel better



Alright, thanks for letting me know.



what preexisting medical conditions do you have?



Well, in terms of general health stuff, I have asthma and diabetes.



I'm sorry that you have asthma and diabetes



I appreciate you telling me that.



It is important to eat healthy to help manage both diseases



Sure, I think I understand what you mean.



I understand your foot hurts, but I need to know this information to make sure i take care of the problem correctly



Thanks for saying that.



when were you diagnosed with diabetes



I was diagnosed when I was 24.



what do you do to manage your asthma



I try to avoid things that give me breathing problems, but when my asthma starts to act up, I just use my inhaler.



what medications did you take for your diabetes?



It was Metformin.



do you take medicine for your diabetes?



I don't take anything for my diabetes anymore.



what made you stop taking medication for your diabetes\?



I guess I just got sick of feeling sick and gassy all the time, and it was overwhelming, remembering to take pills and check my sugar. I feel a lot better now that I'm just eating healthier than I did when I was taking the pills.



do you monitor your blood glucose?



I have a monitor at home, but to be honest I don't really use it that often. It's such a hassle to check my blood sugar, and my diabetes is under control right now so I don't really need to.



how frequently do you urinate



I don't know. Every hour or two when I'm awake?



what is your current diet



It's pretty good, I think. I'm not a huge health nut or anything.



have you ha any change in appetite



Yeah, lately I've definitely been much hungrier than usual.



has your weight changed



Yeah, I've lost some weight recently.



do you know why you lost weight



I don't know what caused it, I just lost weight.



how often do you have asthma exacerbation (Clarified to What is your history of asthma exacerbations?.)



I haven't had an asthma attack in a while, but I used to get them growing up, and my chest would feel really tight, like I couldn't take in air, and I would wheeze really bad and get all sweaty. It was way worse than now, especially because I would use my inhaler and it wouldn't help. It was really scary. (Clarified to what my history of asthma exacerbations is.)



It is important to keep off pollen or dust



That makes sense.



This should help reduce symptoms related to asthma



OK, I understand.



what asthma symptoms have you experienced



My chest and throat get tight, and I start to wheeze. It feels like I can't take in air, like I can't get enough air into my lungs.



i'm sorry that your chest hurts



I appreciate you telling me that.



I will make sure you feel better



Thanks for telling me.



how many puffs do you take when using your asthma inhaler?



I usually use two puffs from my albuterol inhaler -- it's 90 micrograms a spray -- but lately sometimes I need three puffs. [AUDIO COMING SOON]



what are some things that trigger your asthma



Being around cats is the worst, but dust and running up stairs can make my breathing bad, too. I haven't had a full asthma attack in years, though.



You should also try to avoid staying away from cats



I appreciate you saying that.



what allergies do you have



I'm allergic to cats.



when did you realize you were allergic to cats (Clarified to How old were you when you had your first penicillin reaction?.)



Yeah, but it was a long time ago, when I was little. . . the doctor told me not to take it again after that. (Clarified to how old I was when I got a rash from penicillin.)



how effective was your pain medication at home?



They only help for a few hours at a time.



what medication allergies do you have



I'm allergic to penicillin.



what food allergies do you have



I don't have any food allergies that I know of.



are you allergic to dust, mold, or pollen



Well. . . I don't know if it's allergies, but sometimes my asthma acts up around dust.



what immunizations have you received



I got a tetanus booster for work about a year ago. For the other kinds, I got all the required ones when I was a kid, and for college...I'm sure I have a record somewhere at home.



it is important to keep your vaccines upto date



Sure, I think I understand what you mean.



have you received a flu vaccine



That makes sense.



have you had any prior hospitalizations



Well, I went a week ago on the day I hurt my foot to get it checked out. That was the first time I've been in the hospital since I was probably sixteen, though.



have you had any gastrointestinal problems (Clarified to Do you have gastrointestinal problems?.)



No. I've never really had stomach or bowel problems. (Clarified to if I have gastrointestinal problems.)



it is important to eat fruits and vegetables to help with digestions



Alright, thanks for letting me know.



do you have a family history of psychiatric illness



No. They're crazy, but nobody's diagnosed with anything.



do you have any neck, throat or gland problems (Clarified to Are your glands swollen?.)



No, not that I noticed. (Clarified to if I have swollen glands.)



do you have any problems with your head



I don't think I have any problems. I get headaches sometimes, but that's all.



any problem with your ears



No. I think my ears are fine.



any problems with your eyes and vision



I've actually been noticing problems lately. When I'm reading or studying I'll notice that things start to get kind of blurry.



any problems with your nose



My nose is fine right now. Sometimes it runs, but not very often.



do you have problems with your mouth



No.



do you have a history of cardiovascular problems



My heart's fine, thank God!



any problems with your breasts



No, no problems in that area.



Have you had any reproductive problems



I don't think I have problems in that area. I just get really bad periods, that's all.



I'm sorry you are experiencing bad periods



Thanks.



have you had any neurological problems



No, nothing like that.



have you had any musculoskeletal problems



No.



do you have a history of skin disease



Um, I have acne, if that counts.



does your paternal grandfather have any health problems



Grandpa Jones had colon cancer, and that caused all kinds of problems for him. Plus, he had high blood pressure, and . . . I'm pretty sure he had diabetes.



I'm sorry about your grandpa had cancer



Thanks for understanding.



You should try eat special diet and always exercise alot



OK, I understand.



does your mother have any health problems



Mom has high cholesterol and blood pressure, I think. She seems to be doing okay though.



does your father have any health problems



Well, he passed away. But he had a couple things . . . Type 2 diabetes, like me, and high cholesterol and blood pressure.



I'm sorry to hear that your father passed away



Thanks for saying that.



how did your father die



He died in a car accident.



where is your wound located?



I appreciate you saying that.



do you get thirsty often?



You know, I did notice lately that I've been really thirsty.



what happened with your father's car accident (Clarified to When was your dads car accident?.)



It was last year... I guess a little over a year ago. (Clarified to when my dad's car accident was.)



how long was your dad's car accident



It was last year... I guess a little over a year ago.



how did you cope with your fathers death?



Well, right after he died, after the funeral and everything, I just tried to get through that. Mom was having such a hard time, crying a lot, everything made her sad, she was kinda depressed. So I guess at first I just focused on getting things done--groceries, laundry, insurance papers and stuff. Knowing that Mom needed me kinda helped me get through day by day. There was about a month where it was hard for us to get to church. Even getting up and ready for church was too overwhelming. But our church family helped us out, and gave us rides to church and brought meals and all that, so they really helped build us back up. Things were only hard like that for a few months.



It is important that you keep a close circle and socialize with others especially when under depression



Sure, I think I understand what you mean.



what caused your dad's death



He died in a car accident.



how is your paternal grandmother's health?



Granny's doing good. She's still living on her own. She's slowing down, but we help her out. She lives down the street from us, and she gets around okay. I think she takes some pills, maybe for blood pressure? She might have high cholesterol too. She seems happy.



how is your paternal grandfather's health?



Grandpa Jones passed away when I was really little.



I'm sorry that your grandpa passed away



Thanks for understanding.



how is your maternal grandfather's health?



Well, Poppa died about five years ago.



how is your maternal grandmother's health?



Nana was 73 when she died of a stroke about five years ago. I think she had high blood pressure and cholesterol, too.



I'm sorry to hear that your maternal grandmother died



Thanks for saying that.



how is your brother's health



He's a healthy guy. Kinda big like me.



how is your sister's health



She's pretty healthy. She has asthma too, but she almost never has attacks.



does your family have a history of obesity



No, I don't think so. My brother and my dad are kind of big, but I wouldn't say they were obese or anything.



it is important that you try and maintain a healthy lifestyle



Thanks for telling me.



This includes exercising and eating healthy



Alright, thanks for letting me know.



does your family have a history thyroid issue



No, I don't think so.



does your family have a history of substance abuse



No, no drugs in my family. The only thing like that is that one of my uncles is an alcoholic.



does your family have a history of headaches



No, not that I know of.



how much alcohol do you drink



I don't drink very much -- I only have a few drinks when I go out.



what is your level of education



Well, I'm finishing up my Bachelor's degree right now.



what are stressors



Generally, I get stressed when I have too much to do. I can get kind of scattered and disorganized, and then that just makes it worse. But nothing's been too stressful lately, except for my foot, of course.



it is important that you maintain a close social circle to help you in times of depression



That makes sense.



we are going to take care of everything as quickly as possible



I appreciate you telling me that.



where do you live



Right now I'm living at my mom's place, which is out in the suburbs a bit. It's like a half hour from here.



what is your belief system



I'm Baptist. My faith is a big part of my life--when things get hard like they've been this past year, I know I can trust that God's looking out for me. I've been going to the same church since I was a kid, too, so the people at church are practically part of my family.



have you experienced abuse



No, no way. I've never been hurt or anything in the way that you're talking about.



have you used illicit drugs



Well, I used to smoke pot. . . but I don't do that anymore.



what type of drugs did you use?



Um...I've smoked pot before. In high school, and after high school... I definitely don't anymore, though.



have you used drugs other than marijuana



No.



when did you last use drugs?



I haven't smoked pot since I was twenty or twenty-one.



have you ever smoked cigarettes?



No. I think it's gross.



have you been around people that are smoking



Some of my friends smoke when we go out drinking. But I don't smoke, and nobody at home smokes.



how old were you when your father died?



He died last year, so I was 27.



did your father die from any disease



He died in a car accident.



can you tell me about your father's health?



He had high blood pressure and cholesterol, and diabetes too.



i can't imagine how you feel about losing your father



Thanks.



tell me about your father



Dad was a little stricter than Mom growing up. . . he would sometimes get kind of mad at us when we did something wrong. But he never hit us or anything. He would just get really calm and quiet, and tell us to go to our rooms without supper, or that we were grounded when we were older. Or like, he'd make us rake the yard or wash his car or something. It's pretty sad to think about now. . . he was a really good father.



how old was your father when he died?



Last year when Dad passed, he was only 58.



where is your wound located?



It's on the ball of my foot.



have your wound been assessed?



It's not healing up; the scrape has gotten worse and worse. Two days ago it started looking nasty and hurting me a lot more.



did you go to ER



Yeah, right after it happened, I worried I might've sprained my ankle so mom drove me to the ER.



How is your drainage



It looks whitish... I don't know, it just looks like pus. It's gross.



how do you manage diabetes?



I just watch what I eat and try to stay away from sweets.



it is important that you keep eating healthy



Thanks for telling me.



do you have latex allergy



Nope.



have you received flu vaccine



No.



how is your hypertension



Well, I know my family has high blood pressure, so it's possible that I could get it, too, when I'm older.



how is your cat allergy



Whenever I'm around cats, I start sneezing, my eyes get itchy. . . and my asthma starts to act up.



do you use pain medication



Yeah, I had to start taking pain medication.



what dosage of pain medication do you use



I'm not 100% sure, but I think they're 50 milligrams.



do you use OTC medication



I take Tylenol for a headache sometimes, or Advil for cramps, but not often.



any problem accessing healthcare? (Clarified to Is money a barrier to your access to healthcare?.)



I have insurance, and I can normally afford my co-pay. It's just been a hassle in the past to find time to get regular checkups. [AUDIO COMING SOON] (Clarified to if I have difficulty accessing healthcare because of finances.)



do you take salt (No matching questions found.)



how is your salt intake



Honestly, I don't pay much attention to how much salt I eat. My mom is always reaching for the salt shaker, but I don't usually add salt to my food.



how is your caffeine intake



I don't know how much caffeine is in them exactly, but I drink about four Diet Cokes a day.



how is your constitutional health



I've been fine. It's just my foot that's killing me!



how is menstrual flow



I'd say it's heavy. I use the like, extra absorbent tampons, and I still have to change it every two or three hours.



how are your menstrual symptoms



I get bad cramps, and I get grumpy for a couple days.



how do you treat menstrual symptoms



I take Advil. I try a heating pad sometimes and that only helps a little.



how is your sexual activity?



Uh, I wouldn't say I have a "sex life" right now.



how is your contraception



Not so great... My foot really hurts right now.



do you use contraception



Nope. But I've been single for a while so I haven't needed to.



do you use condom



I used condoms... some of the time. I was on the pill.



any STI testing



Yeah, I'm sure they did those tests when I went for a pap smear before.



any history of pregnancy



I've never been pregnant.



how is your health



Overall, my health is pretty good. I have a couple of problems, I guess, but they don't bother me too much.



Measured wound: 2 cm x 1.5 cm, 2.5 mm deep



Swabbed wound and sent to lab for C & S



Cleansed and irrigated wound with normal saline and applied dry sterile dressing.

## Comments

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## Subjective Data Collection: 100 of 100 (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 pain

○ Reports foot wound

### History of Present Illness

Asked to rate current pain level on a scale

○ Reports current pain is 7/10

Asked for details about the pain

○ Reports pain is throbbing

○ Reports pain is sharp when she attempts to stand

○ Reports pain has increased in the past few days

○ Reports feeling pain radiating into arm

◦ Reports pain prevents bearing weight on foot

Asked location of wound

- Reports right foot is injured
- Reports wound is on the plantar surface

Asked details of the injury

- Reports she scraped foot on concrete
- Reports initial injury occurred 2 weeks ago
- Reports mild ankle injury
- Reports being barefoot at the time of injury

Asked about the assessment of the injury at the ER

- Reports going to the ER after 2 weeks
- Reports going to the ER because of increasing pain and ankle sprain
- Reports receiving an X-ray at the ER
- Reports X-ray showed no bony injury
- Reports receiving a prescription for pain medication

Asked about drainage from the foot wound

- Reports that the wound bled initially
- Reports seeing pus draining from the wound
- Reports noticing pus 2 days after injury

Followed up on drainage

- Reports pus as white or yellow
- Denies odor from the wound

Asked about home treatment of foot wound

- Reports wound care regimen initiated at home
- Reports cleaning wound twice daily with saline
- Reports cleaning wound with hydrogen peroxide
- Reports applying bacitracin, (Neosporin) ointment

Asked about other foot wound symptoms

- Reports swelling around foot
- Reports swelling worsened in the last week
- Reports redness around the wound
- Reports that the wound feels warm to the touch

Explored impact of patient's foot injury on activities of daily living

- Reports pain affects ability to walk
- Reports pain affects ability to stand for long periods of time
- Reports pain prevented her from attending school

## Past Medical History

Asked about preexisting medical conditions

- Reports diabetes
- Reports asthma

Followed up on diabetes diagnosis

- Reports specific age of diabetes diagnosis
- Reports that her diabetes is well controlled

Asked about diabetes management through lifestyle changes

- Reports staying away from sweets
- Reports drinking diet soda instead of regular

---

Asked about current diabetes medication use

- Reports that she does not cu diabetes

---

Asked about past diabetes medication use

- Reports that she used to take
- Reports previous medication metformin
- Reports last use of medicati

---

Asked about blood glucose monitoring

- Reports infrequent blood glu
- Reports last glucose check v
- Reports confusion about wh

---

Asked about thirst

- Reports increased thirst
- Reports increased water inta

---

Asked about frequency of urination

- Reports more frequent urin
- Reports urinating every hour
- Reports urinating 2 to 3 time

---

Asked about change in appetite

- Reports increased appetite
- Reports change in appetite b

---

Asked about weight change

- Reports recent loss of 10 lbs
- Reports weight loss occurrec

---

Followed up on reason for weight change

- Reports weight loss was unir

---

Asked about history of asthma exacerbations

- Reports last asthma attack w
- Reports last exacerbation w

---

Asked about asthma symptoms

- Reports chest tightness durir
- Reports difficulty breathing d
- Reports wheezing during exe

---

Asked about prior hospitalizations

- Reports past hospitalizations
- Reports last hospitalization w
- Reports last hospitalization w
- Reports about 5 total hospita child and teen
- Reports past nebulizer use

---

Asked about asthma diagnosis

- Reports specific age of diagn

---

Asked about asthma management

- Reports using an inhaler
- Reports inhaler is albuterol (F
- Reports last use of inhaler w
- Reports using inhaler no mor

---

<input type="checkbox"/> Asked about number of puffs when using asthma inhaler	<input type="radio"/> Reports recommended dose <input type="radio"/> Reports typically taking 2 puffs <input type="radio"/> Reports sometimes needing rescue inhaler
--	--

---

<input type="checkbox"/> Asked about asthma triggers	<input type="radio"/> Reports asthma triggered by dust <input type="radio"/> Reports asthma triggered by pollen <input type="radio"/> Reports asthma triggered by mold <input type="radio"/> Denies seasonal triggers
--	--

---

<input type="checkbox"/> Asked about general allergies	<input type="radio"/> Reports allergy to cats
--	---

---

<input type="checkbox"/> Followed up on cat allergy symptoms	<input type="radio"/> Reports sneezing, itchy eyes
--	--

---

<input type="checkbox"/> Asked about latex allergy	<input type="radio"/> Denies latex allergy
--	--

---

<input type="checkbox"/> Asked about medication allergies	<input type="radio"/> Reports penicillin allergy
---	--

---

<input type="checkbox"/> Asked about penicillin reaction	<input type="radio"/> Reports that penicillin results in rash
--	---

---

<input type="checkbox"/> Asked about food allergies	<input type="radio"/> Denies food allergies
---	---

---

<input type="checkbox"/> Asked if the patient has allergies to dust, mold, or pollen	<input type="radio"/> Reports reaction to dust <input type="radio"/> Reports dust causes sneezing and wheezing <input type="radio"/> Denies seasonal allergies
--	--

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<input type="checkbox"/> Asked about general immunizations received	<input type="radio"/> Reports being up to date on immunizations
---	---

---

<input type="checkbox"/> Asked about childhood immunizations	<input type="radio"/> Reports receiving all necessary childhood immunizations
--	---

---

<input type="checkbox"/> Asked if the patient has received a flu vaccine	<input type="radio"/> Denies receiving annual flu vaccine
--	---

---

<input type="checkbox"/> Asked if the patient received a tetanus immunization	<input type="radio"/> Reports last tetanus vaccination 5 years ago
---	--

---

<input type="checkbox"/> Asked about hypertension	<input type="radio"/> Denies past diagnosis of hypertension <input type="radio"/> Reports that last BP reading was 120/80 <input type="radio"/> Denies checking BP regularly
---	--

---

### Home Medications

<input type="checkbox"/> Asked about use of pain medication	<input type="radio"/> Reports taking prescription pain medication <input type="radio"/> Reports medication is tramadol
---	---

---

<input type="checkbox"/> Followed up on pain medication frequency	<input type="radio"/> Reports taking pain medication 3 times a day <input type="radio"/> Reports taking tramadol 3 times a day
---	---

◦ Reports last dose was this morning

Followed up on pain medication dose

◦ Reports dosage is 50 mg  
◦ Reports taking 2 pills each time

Followed up on efficacy of pain medication

◦ Reports that pain pills provided relief  
◦ Reports pain returns in full evening

Asked about other prescription medications

◦ Reports a prescription inhaler

Asked about use of OTC medication

◦ Reports occasionally taking Tylenol  
◦ Reports occasionally taking Tylenol for headaches  
◦ Denies vitamin supplements  
◦ Denies herbal supplements

### Social Determinants of Health

Asked about access to healthcare

◦ Denies finances are a barrier  
◦ Denies transportation is a barrier

Followed up on diabetes noncompliance

◦ Reports that she got sick of taking medication  
◦ Reports disliking metformin side effects  
◦ Reports disliking checking blood glucose  
◦ Denies that cost of metformin was a barrier to continuing medication  
◦ Denies that glucometer-related costs were a barrier to checking blood glucose

Asked about patient's level of education

◦ Reports currently working towards a degree  
◦ Reports her major is accounting

Asked about patient's living situation

◦ Reports living with mother and brother  
◦ Reports family members will help with activities of daily living

### Social History

Asked about stressors

◦ Reports she is currently under stress

Asked about food intake

◦ Reports last meal was dinner  
◦ Reports last meal consisted of chicken, rice, and mashed potatoes  
◦ Reports breakfast is usually cereal  
◦ Reports lunch is usually a sandwich  
◦ Reports dinner is usually a hamburger with side of vegetables  
◦ Reports snacks are pretzels and chips

Asked about salt intake

◦ Denies adding salt to food

---

Asked about caffeine intake

- Denies drinking coffee
- Reports habitual diet soda dr
- Reports drinking up to 4 diet

---

Asked about illicit drug use

- Reports history of recreation:

---

Followed up on drug use

- Reports last use was at age 17
- Reports she stopped because of waning interest

---

Asked about alcohol intake

- Reports last alcoholic drink was at age 17
- Reports no more than 2 or 3 sitting
- Reports no more than 1 or 2 alcohol

---

Asked about tobacco use

- Denies smoking tobacco
- Denies vaping

---

Asked about secondhand smoke

- Denies exposure to secondhand smoke

---

### Family Medical History

Asked about mother's health

- Reports mother diagnosed with hypertension
- Reports mother diagnosed with diabetes

---

Asked about father's health

- Reports father was diagnosed with hypertension
- Reports father was diagnosed with diabetes
- Reports father was diagnosed with heart disease

---

Followed up on father's death

- Reports father died at age 58
- Reports cause of death was heart disease

---

Followed up on coping with father's death

- Reports past grief
- Reports feeling at peace now

---

Asked about paternal grandfather's health

- Reports paternal grandfather with diabetes
- Reports paternal grandfather with hypertension
- Reports paternal grandfather with cholesterol
- Reports paternal grandfather with heart disease

---

Asked about paternal grandmother's health

- Reports paternal grandmother with hypertension
- Reports paternal grandmother with cholesterol

---

Asked about maternal grandfather's health

- Reports maternal grandfather diagnosed with high blood pressure
- Reports maternal grandfather diagnosed with high cholesterol

---

Asked about maternal grandmother's health

- Reports maternal grandmoth blood pressure
- Reports maternal grandmoth cholesterol

---

Asked about brother's health

- Denies brother having diagnc

---

Asked about sister's health

- Reports sister diagnosed wit

---

Asked about family history of obesity

- Reports that family members

---

Asked about family history of thyroid issues

- Denies family history of thyro

---

Asked about family history of substance abuse

- Reports 1 uncle has alcoholis

---

Asked about family history of headaches

- Denies family history of head

---

### Review of Systems

Asked about constitutional health

- Reports occasional tiredness
- Reports typical sleep pattern
- Reports fever
- Reports chills
- Denies night sweats

---

Asked about review of systems for mental health

- Denies depression
- Denies suicidal ideation or at

---

Asked about review of systems for head

- Reports occasional headach
- Denies current headache
- Denies head injury

---

Asked about review of systems for ears

- Denies change in hearing
- Denies ringing or tinnitus
- Denies ear pain
- Denies ear discharge

---

Asked about review of systems for eyes and vision

- Reports periods of blurry visi
- Denies corrective lenses
- Denies double vision
- Reports infrequent itchy eyes
- Denies eye redness
- Denies discharge, crusting or
- Denies eye pain
- Denies dry eyes

◦ Reports last eye exam was in childhood

---

Asked about review of systems for nose

- Reports infrequent nose prot
  - Reports infrequent runny nos
  - Denies frequent sinus proble
  - Denies change in sense of sr
  - Denies nosebleeds
- 

Asked about review of systems for mouth and jaw

- Denies dental problems
  - Reports last dental visit was
  - Denies change in sense of ta
  - Denies dry mouth
  - Denies mouth pain
  - Denies mouth sores
  - Denies gum problems
  - Denies tongue problems
  - Denies jaw problems
- 

Asked about review of systems for neck, throat, and glands

- Denies difficulty swallowing
  - Denies sore throat
  - Denies lymph node problems
  - Denies frequent sore throat
  - Denies swollen glands
  - Denies voice changes
  - Denies general neck problerr
- 

Asked about breast health

- Reports doing occasional bre
  - Denies general breast proble
  - Denies breast lumps
  - Denies breast pain
  - Denies nipple changes
  - Denies nipple discharge
  - Denies ever having a mammo
- 

Asked about review of systems for respiratory

- Denies current breathing pro
  - Denies current wheezing
  - Denies current chest tightnes
  - Denies pain while breathing
  - Denies frequent coughing
- 

Asked about review of systems for cardiovascular

- Denies chest pain or discom
  - Denies palpitations
  - Denies irregular heartbeat
  - Denies easy bruising
  - Denies edema
  - Denies circulation problems
  - Denies vascular diseases
- 

Asked review of systems for gastrointestinal

- Denies nausea
- Denies vomiting
- Denies stomach pain
- Denies change in bowel mov
- Denies heartburn, GERD, or i

- Denies constipation
- Denies diarrhea or loose stool
- Denies flatulence or bloating
- Denies bloody or tarry stool

---

Asked review of systems for genitourinary

- Denies painful or difficult urin
- Reports waking up to urinate
- Reports large amount of urin
- Denies blood in urine
- Denies flank pain
- Denies incontinence
- Denies history of urinary trac
- Reports normal vaginal disch

---

Asked review of systems for reproductive

- Reports last menstrual perio
- Reports that periods are irreg
- Reports menstruating every 6
- Reports typical period lasts 5

---

Followed up on menstrual flow

- Reports heavy periods
- Reports heavy flow for 4 to 5
- Reports changing tampon ev
- Reports using super absorbe
- Denies anemia

---

Followed up on menstrual symptoms

- Reports heavy cramping
- Reports cramps for the first 2

---

Asked about treatment of menstrual symptoms

- Reports using a heating pad
- Reports taking ibuprofen for
- Reports ibuprofen effectively

---

Asked about sexual activity

- Denies recent sexual activity
- Reports past sexual activity
- Reports that she prefers to s
- Reports first sexual activity w
- Reports last sexual activity w
- Reports total number of parti

---

Asked about contraception

- Reports no current use of any control
- Reports past use of oral cont
- Reports last taking oral contr ago
- Reports she didn't see the pr while single

---

Asked about condom use

- Reports past condom use
- Reports past sexual encount
- Reports oral contraceptive us

---

Asked about STI testing

- Reports last STI testing was

- Denies STI symptoms
- Reports uncertainty about past partners and STI testing

---

Asked about history of pap smears

- Reports last pap smear was
- Reports no abnormal pap smears

---

Asked about history of pregnancy

- Denies current pregnancy
- Denies past pregnancies

---

Asked review of systems for musculoskeletal

- Denies muscle pain
- Denies joint pain
- Denies muscle weakness
- Denies joint swelling
- Denies back pain
- Denies history of fractures or

---

Asked review of systems for neurological

- Denies recent loss of consciousness
- Denies dizziness or vertigo
- Denies lightheadedness
- Denies vision disturbances
- Denies tingling
- Denies loss of coordination
- Denies loss of sensation
- Denies history of seizures
- Denies problems with balance
- Denies memory loss

---

Asked review of systems for skin, hair, and nails

- Denies skin rashes
- Reports rarely using sunscreen
- Reports acne
- Reports excessive facial or body hair
- Reports changes to neck skin
- Reports moles
- Reports no body sores (aside from insect bites)
- Denies dandruff
- Denies nail abnormalities
- Reports occasional dry skin

---

## Comments

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## Objective Data Collection: 1 of 1 (100.0%)

Hover To Reveal...

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

- Indicates an item that you found.
- Indicates an item that is available to found.

### Category

### Scored Items

### Patient Data

#### Not Scored

Experts selected these examinations as essential components of objective data collection for this patient.

Thorough examinations will yield better data. The following actions reveal the c data of the patient's case.

### Wound Treatment

Inspected wound

- Measured wound: 2 cm x 1.5 cm, 2.5 deep
- Swabbed wound and sent to lab for
- Cleansed and irrigated wound with n saline and applied dry sterile dressing.

## Comments

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## Your Results

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## Documentation / Electronic Health Record

**Document: Provider Notes**

### Document: Provider Notes

#### Student Documentation

##### Identifying Data & Reliability

Tina's left foot has a wound that she obtained. She is 28 year old female, presenting to the clinic as the patient and seems reliable

##### General Survey

Tina Jones appear alert and confident. She expresses discomfort to her right lower extremity. She is dressed appropriately without body odor but warm to touch. She appears overweight for her height.

##### Chief Complaint

i got this straight on my foot a while ago... It's pretty nasty. And the pain is killing me!

##### History Of Present Illness

Tina presents to the clinic for recent scrape on the right lower extremity after tripping and falling downstairs. Tina states pain is a seven out of ten. Pain tends to radiate upper ankle and is difficult to walk. This scrape happened a week ago but became painful a few days ago. Tina describes the pain as throbbing and sharp if weight-bearing. Tina stated her pain improves slightly when she takes medication. She is currently taking 50 mg of tramadol PO, TID as needed for pain. patient denies a loss of consciousness during fall. Denies injury to head. Tina stated she injured her ankle as well. She was assessed in an ED after a fall to rule out any fractures. Tina noted drainage from scrape two days ago. She is been managing the wound at home by keeping a bandage and applying Neosporin BID. Tina also stated that the area surrounding her scrape was tender swollen and wamr to touch. The ain is impacting her activities of daily living as she has difficulty walking on her foot. Reported fever and chills overnight.

#### Model Documentation

Ms. Jones is a 28-year-old African American single woman who presents to establish care and with a recent right foot injury. She is the primary source of the history and offers information freely, without contradiction. Speech is clear and coherent. She maintains eye contact throughout the interview.

Ms. Jones is alert and oriented, seated upright on the examination table, and is in no apparent distress. She is dressed appropriately with good hygiene.

"I got this scrape on my foot a while ago, and I thought it would heal up on its own, but now it's looking pretty nasty. And the pain is killing me!"

Ms. Jones reports that a week ago she tripped while walking on concrete stairs outside, twisting her right ankle and scraping the ball of her foot. She sought care in a local emergency department where x-rays were negative and was provided tramadol for pain. She has been cleansing the site twice a day and is applying antibiotic ointment and a bandage. She reports that ankle edema and pain have resolved but the bottom of the foot is increasingly painful. The pain is described as "throbbing" and "sharp" with weight bearing. She states her ankle "ached" but that has since resolved. Pain is rated 7 out of 10 with medication, but is a 9 with weight bearing. She reports that over the past two days the ball of the foot has become swollen and increasingly red; yesterday she noted discharge oozing from the wound. She denies any odor from the wound. Her shoes feel tight; so she has been wearing slip-ons. She reports fever of 102 degrees Fahrenheit last night. She denies recent illness. Reports a 10-pound, unintentional weight loss over the month and increased appetite. Denies change in diet or level of activity.

**Medications**

She has been taking Neosporin BID. Takes 50mg Tram at all PO TID for pain. Takes albuterol 90 ug per path for asthma, using 2 to 3 times per week for relief of symptoms. Tina stated she was previously prescribed metformin for her diabetes but has since stopped taking it as she has "Got sick of dealing with it." Tina denies taking any vitamins or herbal supplements. She reports taking 500 mg of Tylenol PO as needed for headaches

Acetaminophen 500-1000 mg PO prn (headache)  
 Ibuprofen 600 mg PO TID prn (menstrual cramps)  
 Tramadol 50 mg PO TID prn (foot pain)  
 Albuterol 90 mcg/spray MDI 2 puffs Q4H prn

**Allergies**

She is allergic to penicillin resulting to hives and allergy to cats with ocular pruritus, sneezing, and asthma flares. no other allergies reported

Medications: Penicillin (rash).

Environmental: cats and dust (runny nose, itchy eyes, increased asthma symptoms).

**Medical History**

Tina was previously diagnosed of asthma, being managed with her albuterol inhaler. She reports that when she has an asthma flare she gets a tight throat and wheeze, feeling like she 'can't get enough air.' Tina's asthma is triggered by cat, dust, and running upstairs. Tina is also diagnosed with type II diabetes. Tina was prescribed to Matt Foreman for her diabetes by 'trying to stay active, avoiding sugar and that seems to be working well.' And states that she 'she got sick of feeling gassy all the time and it was overwhelming remembering to take pills and check sugars.' Tina reports that she 'almost never' checks her blood sugars because she 'doesn't understand what the numbers mean.' Tina states that she doesn't have a monitor for blood sugars at home. Tina reported recently she has noticed she feels increase in hunger and thirst as well as more frequent urination quantified at once every hour or two while awake. She reports unintentional weight loss of 10 pounds in the past month. She denies any peripheral neuropathy.

Asthma diagnosed at age 2 1/2. She uses her inhaler around cats and dust. She uses her inhaler 2 times a day. She was exposed to cats three days ago and had positive relief of symptoms. She was last hospitalized for school.

Type 2 diabetes, diagnosed at age 24. She stopped three years ago, stating that the diagnosis was overwhelming, taking pills and checking blood sugar. Last blood glucose monitor her blood sugar. Last blood glucose emergency room.

No surgeries.

Menarche, age 11. Identifies as heterosexual. Menstrual period 3 weeks ago. For the past 3 weeks) with heavy bleeding lasting 9-10 days. No oral contraceptives in the past. When sexual use condoms. Never tested for HIV/AIDS. No symptoms. Last tested for STIs four years ago.

Last Pap smear 4 years ago.

Last eye exam in childhood.

Last dental exam "a few years ago."

No exercise.

24-hour Diet Recall: States that she skipped breakfast and would typically have a baked good for breakfast and a meatloaf or chicken for dinner. Her snack is French fries.

Immunizations: Tetanus booster was received. Influenza is not current, and human papillomavirus. She reports that she believes she is up to date on immunizations. She received the meningococcal vaccine in college.

Safety: Has smoke detectors in the home, does not ride a bike. Does not use sunscreen. Grandmother and dad, are in the home, locked in parent's room.

**Health Maintenance**

Tina is up to date on all of her childhood immunizations, reports that she had a tetanus vaccine last year. Denies getting her flu shot this year. Tina reports that her last pap smear was 4 years ago.



**Review of Systems**

She denies having any gastrointestinal problems, HEENT, and skin.

**Objective**

BMI = 31  
 Blood glucose: 238  
 RR: 19  
 HR: 86  
 BP: 142/82  
 Pulse: 99%  
 Temp: 101.1F

Constitutional - Affirms: occasional tiredness  
 chills, night sweats

HEENT (Head) - Denies: head injury

HEENT (Eyes) - Affirms: periods of blurry vision  
 Denies: corrective lenses, double vision, eye  
 dryness

HEENT (Ears) - Denies: changes in hearing, t

HEENT (Nose) - Affirms: infrequent nose problems  
 Denies: frequent sinus problems, epistaxis, e

HEENT (Mouth/Throat) - Denies: dry mouth,  
 jaw problems, sore throat, voice changes

Respiratory - Denies: current breathing problems  
 shortness of breath

Cardiac - Denies: chest pain, palpitations, ar  
 edema, vascular diseases, circulation problems

Gastrointestinal - Denies: abdominal pain, na  
 of appetite, indigestion, constipation, bloatin

Genitourinary - Affirms: nocturia. Denies: her  
 retention, frequency, pain with urination

Neurological - Denies: dizziness, lightheaded  
 loss of sensation, loss of coordination, seizu

Musculoskeletal - Denies: joint pain, muscle  
 edema, back pain

Integumentary - Affirms: lesion on foot, mole  
 rash, pruritis, acne, dandruff, nail anomalies,

Reproductive - Affirms: menorrhagia, amenor  
 Denies: anemia

Psychiatric - Denies: depression, suicidal ide

Vitals:  
 Height: 170.2 cm  
 Weight: 90 kg  
 BMI: 31  
 Temp: 38.4 C  
 BP: 142/82  
 HR: 86  
 RR: 19  
 O2 Sat: 99%

Wound: 2 cm x 1.5 cm, 2.5 mm deep wound  
 of foot, serosanguinous drainage. Mild eryth  
 edema, no tracking.

Labs: Glucose: 238

## Student Documentation

## Model Documentation

### Assessment

Tina was assessed at ER after sustaining injury.

### Plan

patient will demonstrate improvement in pain reduction. Overall rate before 2/10.

Relevant Diagnoses:

Acute pain of the foot

Local infection of skin and subcutaneous tissue

Uncontrolled NIDDM

Asthma

Dysmenorrhea

HTN

Menorrhagia

Obesity

Oligomenorrhea

PCOS

Acute pain of the foot: Prescribe analgesic. Educate patient on use and potential side effects. Provide patient with non-pharmacological pain relief, such as RICE (rest, ice, compression, elevation).

Local infection of skin and subcutaneous tissue: Clean and re-dress wound. Prescribe antibiotics (based on specificity post-culture results). Educate patient on using anti-infective medication, reporting symptoms of infection, and importance of regular foot care.

Uncontrolled NIDDM: Assess peripheral pulses, sensation, sensory neuropathy, and retinopathy. Order labs for fasting glucose. Educate patient on need for regular monitoring, signs and symptoms of hyperglycemia, and treatment regimens. Prescribe first-line drug.

Asthma: Educate patient on developing and following a treatment plan.

Dysmenorrhea: Prescribe NSAIDs and/or oral contraceptives. Educate on NSAIDs and/or oral contraceptive use. Perform manual pelvic exam.

HTN: Educate on HTN pathophysiology, associated morbidity and mortality, and lifestyle interventions. Assess for bruits.

Menorrhagia: Order labs to evaluate for polycystic ovary syndrome, thyroid disease. Inspect hair growth and for signs of hirsutism. Educate patient on keeping a menstrual calendar and on ways to reduce symptoms.

Obesity: Educate on diet and exercise interventions. Assess for signs and symptoms of sleep apnea, dyslipidemia, and non-alcoholic fatty liver disease. Order labs to evaluate for thyroid disease.

Oligomenorrhea: Order labs to evaluate for polycystic ovary syndrome and thyroid disease. Inspect hair growth and for signs of hirsutism. Educate patient on keeping a menstrual calendar.

PCOS: Perform pelvic exam. Order pelvic ultrasound. Educate on relationship to diabetes. Refer GYN.

## Comments

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## Information Processing : 7 of 40 (17.5%)

Each relevant diagnosis is scored on a four-point scale:

- **Priority (1 point):** the correct priority of the diagnosis was chosen
- **Evidence (up to 2 points):** the strength of the patient cue(s) selected as evidence for the identified diagnosis
  - **Required Evidence:** selecting at least one cue that **directly indicates** the presence of a problem or is worth 2 points
  - **Supporting Evidence:** selecting at least one cue that is a **contributing factor** or **cause** of a problem without the presence of Required Evidence, is worth 1 point
- **Planning (1 point):** the plan proposed to address the diagnosis includes at least one correct component

## Relevant Diagnoses

### 1. Acute pain of the foot

4 of 4

#### Priority 1 / 1

**Student Response:** High

**Correct Priority:** High

**Priority Pro Tip:** Managing acute pain is an immediate high priority, because other health concerns cannot be effectively addressed while a patient experiences severe pain.

#### Evidence 2 / 2

##### Relevant

"I'd say a 7. It hurts a lot, and the pain pills haven't kicked in yet." **Required Evidence**

##### Irrelevant

"I mean, it's all red and swollen, and there's pus, it feels hot, it hurts like hell... It's got all that going on."

**Evidence Pro Tip:** Tina reports intense pain and pain on a numerical scale. She also reports characteristics of the pain, including its duration of one week; this time defines her pain as acute.

**Planning** 1 / 1

**Relevant**

**Educate - Medication:** Educate the patient on medications used for pain relief.

**Irrelevant**

**Educate - Medication:** Educate the patient on diabetes medication action, dose, and schedule.

**Educate - Disease Process:** Educate the patient on associated risks of hypertension with diabetes.

**Educate - Disease Process:** Educate the patient on diabetes pathophysiology, risks of morbidity and mortality, importance of self-care.

**Educate - Disease Process:** Educate the patient on relation of genetic and lifestyle factors, including diet, with hypertension.

**Planning Pro Tip:** Intervene to reduce the pain with an appropriate analgesic and educating the patient on potential side effects. Provide the patient with non-pharmacological pain relief, such as RICE (rest, ice, compression, and elevation).

**2. Local infection of skin and subcutaneous tissue of the foot**

**Priority** 1 / 1

**Student Response:** High

**Correct Priority:** High

**Priority Pro Tip:** Treating this infection is a high priority because if the infection may lead to it spreading to surrounding tissues. Treating the infection can prevent adverse event bacteremia.

**Evidence** 1 / 2

**Relevant**

"I got this scrape on my foot a while ago, and I thought it would heal up on its own, but now it's looking pretty nasty. And the pain is killing me!" **Supporting Evidence**

**Evidence Pro Tip:** Tina presents with an open wound on the surface of the foot. The wound is red, swollen, and has a discharge. Tina reports that the appearance and pain have worsened with time- all of these factors support infection.

**Irrelevant**

"Yeah, there's definitely pus."

**Planning** 1 / 1

**Relevant**

**Intervene - Labs:** Obtain a wound culture.

**Intervene - Labs:** Obtain blood for culture x2 (blood from two sites).

**Irrelevant**

**Intervene - Labs:** Order a 24 hour urine test for free cortisol and creatinine.

**Planning Pro Tip:** Assess the wound directly to identify the infectious organism, then treat the wound. Regional lymph nodes may be swollen. Address the root cause of Tina's other acute issues; after receiving cultures, the antibiotic given may be changed. Ensure that Tina understands the wound, use the anti-infective effectively, and monitor for worsening infection. Foot care is especially important for Tina. The need to proactively monitor her foot health.

**3. Uncontrolled type 2 diabetes mellitus**

**Priority** 0 / 1

**Student Response:**

**Correct Priority:** High

**Priority Pro Tip:** Tina's uncontrolled diabetes and places her at risk for end organ damage. Tight glucose control for Tina makes this a high priority.

**Evidence** 0 / 2

**Relevant**

(None provided)

**Irrelevant**

(None provided)

**Evidence Pro Tip:** Tina's current blood glucose of uncontrolled type 2 DM. Tina reports symptoms of control such as polyuria, polydipsia, and nocturia.

**Planning** 0 / 1

**Relevant**

(None provided)

**Irrelevant**

(None provided)

**Planning Pro Tip:** Assess for impacts of Tina including diminished peripheral pulses, peripheral neuropathy, and order labs to check for renal function. Establish a baseline fasting glucose level need to monitor her blood glucose and be aware of hyperglycemia. Provide better control by prescribing insulin. As Tina's diabetes is uncontrolled, appropriate diet, monitoring, and treatment regimen.

**4. Asthma**

**Priority** 0 / 1

**Student Response:**

**Correct Priority:** Low

**Priority Pro Tip:** Although Tina requires education on asthma, she does not report active respiratory symptoms, so a lower priority diagnosis.

**Evidence** 0 / 2

**Relevant**

(None provided)

**Irrelevant**

(None provided)

**Evidence Pro Tip:** Tina reports a personal history of past hospitalizations for asthma attacks, as well as the use of an inhaler. Her sibling's asthma is of interest, given environmental factors in the development of asthma.

**Planning** 0 / 1

**Relevant**

(None provided)

**Irrelevant**

(None provided)

**Planning Pro Tip:** Because Tina does not report symptoms of asthma, instead relying on a history of attacks, educate her on recognizing and preventing asthma attacks. Though Tina does not report an acute exacerbation, it is valuable to assess for abnormal findings that suggest asthma.

**5. Dysmenorrhea**

**Priority** 0 / 1

**Student Response:**

**Correct Priority:** Low

**Priority Pro Tip:** This is a lower priority diagnosis because Tina is not currently menstruating; her current pain may be due to her foot wound.

**Evidence** 0 / 2

**Relevant**

(None provided)

**Irrelevant**

(None provided)

**Evidence Pro Tip:** Dysmenorrhea is the symptom of painful menstruation, which Tina directly reports when describing her periods.

## Planning 0 / 1

### Relevant

(None provided)

### Irrelevant

(None provided)

**Planning Pro Tip:** Menstrual pain can be reduced with NSAIDs and/or oral contraceptives, so you should provide education on their pros and cons. Urinalysis and pelvic exam are useful tools to rule out causes other than her menstrual issues.

## 6. Hypertension

## Priority 0 / 1

Student Response:

Correct Priority: Low

**Priority Pro Tip:** Tina's hypertension should be addressed by reducing her blood pressure may reduce her risk of cardiovascular sequelae. However it is lower priority than her asthma as hypertension will not be significantly improved if not addressed.

## Evidence 0 / 2

### Relevant

(None provided)

### Irrelevant

(None provided)

**Evidence Pro Tip:** Hypertension is established by two elevated blood pressure (systolic > 140 or diastolic > 90) on two occasions. Tina's records reveal an elevated BP at today's visit establishes Tina's hypertension. Tina's risk factors include: race, family history of hypertension, and diabetes.

## Planning 0 / 1

### Relevant

(None provided)

### Irrelevant

(None provided)

**Planning Pro Tip:** Tina should be educated on the pathophysiology, associated risks relating to hypertension, and lifestyle interventions. It is important to consider other causes of secondary hypertension. Auscultate for renal artery bruits and consider renal artery stenosis. Other causes of secondary hypertension to consider including hyperaldosteronism, pheochromocytoma, and renal artery stenosis.

## 7. Menorrhagia

## Priority 0 / 1

Student Response:

Correct Priority: Low

**Priority Pro Tip:** Menorrhagia is a secondary endocrine and metabolic disorder and thus is a medical emergency.

## Evidence 0 / 2

### Relevant

(None provided)

### Irrelevant

(None provided)

**Evidence Pro Tip:** Tina reports menstruation with heavy bleeding. Tina reports no recent sexual activity, ruling out a common cause of irregular menstruation. Tina's history are hormonal and she has no intrauterine devices.

## Planning 0 / 1

### Relevant

(None provided)

### Irrelevant

(None provided)

**Planning Pro Tip:** Endocrine disorders are the most common cause of irregular menstruation, so order labs to evaluate for hyperandrogenism and thyroid disease. Inspect for both hirsutism and acanthosis nigricans. Educate Tina on the importance of a menstrual calendar to more precisely identify irregularities. Consider oral medications to reduce symptoms.

## 8. Obesity

Priority 0 / 1

Student Response:

Correct Priority: Low

**Priority Pro Tip:** Although Tina's obesity shows up at her office visit, addressing it cannot appreciably alter a single visit.

Evidence 0 / 2

Relevant

(None provided)

Irrelevant

(None provided)

**Evidence Pro Tip:** Based on the WHO's BMI, a BMI of 31 identifies her as obese.

Planning 0 / 1

Relevant

(None provided)

Irrelevant

(None provided)

**Planning Pro Tip:** Tina should be advised about diet and exercise interventions to reduce her body weight and risks of obesity and comorbidities. Assess Tina for comorbidities, such as hirsutism, acanthosis nigricans, dyslipidemia, and non-alcoholic fatty liver disease. Check liver function to rule out hypothyroidism as a contributor.

## 9. Oligomenorrhea

Priority 0 / 1

Student Response:

Correct Priority: Low

**Priority Pro Tip:** Oligomenorrhea is a second-order endocrine and metabolic disorder and thus is a

Evidence 0 / 2

Relevant

(None provided)

Irrelevant

(None provided)

**Evidence Pro Tip:** Tina reports having about 6 periods per year, which is fewer than the criteria for oligomenorrhea, which are periods occurring fewer than 9 per year. Her periods occur fewer than 90 days apart, so oligomenorrhea is the correct diagnosis rather than

Planning 0 / 1

Relevant

(None provided)

Irrelevant

(None provided)

**Planning Pro Tip:** Endocrine disorders are the most common cause of irregular menstruation, so order labs to evaluate for polycystic ovary syndrome, thyroid disease, and hyperprolactinemia. Inspect for both hair growth and acanthosis nigricans, which are indicative of hyperandrogen production and that indicative of deficiency of insulin. Educate your patient on how to use a calendar to more precisely identify irregularities.

## 10. Polycystic ovarian syndrome

Priority 0 / 1

Student Response:

Correct Priority: Low

**Priority Pro Tip:** PCOS is the root cause of many of her symptoms and should be addressed. However, it is a lower-priority problem; addressing her pain and hyperglycemia first will help to improve her status.

**Evidence** 0 / 2

**Relevant**

(None provided)

**Irrelevant**

(None provided)

**Evidence Pro Tip:** The Rotterdam criteria should be used for diagnosis of PCOS. At least two of the following criteria should be met: oligo- or anovulation (Tina reports infrequent menstruation), hyperandrogenism (Tina reports excess hair in a male pattern), or polycystic ovaries (Tina reports obesity, and acanthosis nigricans - all reported symptoms of PCOS).

**Planning** 0 / 1

**Relevant**

(None provided)

**Irrelevant**

(None provided)

**Planning Pro Tip:** A pelvic exam should be performed to evaluate for palpable enlargement of the ovaries. An ultrasound should be used to evaluate for cysts of the ovaries. Educate Tina on the relationship to diabetes. Work with Tina to assist with her care. Further assessment and lab work may be indicated to evaluate for androgen excess.

## Other Diagnoses Identified

## Comments

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



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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.

# Health History Results | Turned In

Advanced Health Assessment - STU - August 2023, nur504ap4

[Return to Assignment \(/assignments/867632/\)](#)



## Your Results

Lab Pass (/assignment\_attempts/14978169/lab\_

[Overview](#)

[Transcript](#)

[Subjective Data Collection](#)

[Objective Data Collection](#)

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

[Documentation](#)

[Information Processing](#)

[Information Processing...](#)

[Video Tutorial](#)

[Self-Reflection](#)

## Education & Empathy : 4 of 11 (36.4%)

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 **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 w statements were made
- Opportunities marked as **Followed Up** were followed up by students, and include the dialogue between stuc patient

### 1 Expression of pain

Followed

**Description:** Tina expresses frustration about her level of pain.



can you walk with your foot being injured

11:5



No, I can't. I can't put any weight on it without like, shooting pain.



i'm sorry you experiencing pain

**E**  
11:5



Thanks.



I will prescribe pain medication to help you feel better

11:5



Alright, thanks for letting me know.

**Model Statement:** "I'm sorry to hear that your pain is returning. We want you to be in as little pain as possible. Together we can figure out the best way to reduce your pain quickly."

### 2 Impact of injury on daily life

Not En

**Description:** Tina brings up her pain and frustration at how being unable to bear weight on her foot impacts her life.

**Model Statement:** "This sounds like a challenging time for you. I understand your frustration at having your life interrupted by foot pain. We'll do our best to get your foot healed, and have you back to your usual routine as soon as possible."

### 3 Gaps in health literacy around diabetic diet

**Description:** Tina describes controlling her diabetes by avoiding "sweets."



how do you manage diabetes?



I just watch what I eat and try to stay away from sweets.



it is important that you keep eating healthy



Thanks for telling me.

**Model Statement:** "Staying away from sugar is a great start. I can give you some more information on what a balanced diet looks like for someone with diabetes. For example, many starchy foods break down into glucose in the body, like pasta, and so you can eat those in moderation, too. Most people with diabetes feel better when they limit all starches, eat protein, and take regular medication."

### 4 Lack of treatment with diabetes medication

**Description:** Tina reveals that she does not treat her diabetes with medication.



do you take medicine for your diabetes?



I don't take anything for my diabetes anymore.



what made you stop taking medication for your diabetes?



I guess I just got sick of feeling sick and gassy all the time, and it was overwhelming, remembering to take pills and check my sugar. I feel a lot better now that I'm just eating healthier than I did when I was taking the pills.



do you monitor your blood glucose?

**Model Statement:** "I understand that it can be challenging to keep up with daily medication. But it's important to keep your blood sugar under control to prevent long-term damage to your health, and medication can really help. I'd like to talk with you more about getting back onto a prescription. We could start you at a low dose, which reduces the side effects."

### 5 Lack of blood glucose monitoring

**Description:** Tina reveals that she does not check her blood sugar.



do you monitor your blood glucose?



I have a monitor at home, but to be honest I don't really use it that often. It's such a hassle to check my blood sugar, and my diabetes is under control right now so I don't really need to.



how frequently do you urinate



I don't know. Every hour or two when I'm awake?



what is your current diet



It's pretty good, I think. I'm not a huge health nut or anything.

**Model Statement:** "I understand how it can feel like a frustrating chore to check your sugar every day. But it is important to keeping your diabetes under control. When you monitor your sugar, it helps you understand what foods, activities, and times of day contribute to you feeling your best. And keeping your sugar down will help your foot wound heal quickly, too. If you would like, I can help you find a monitor that is as painless as possible. I can also teach you more about what the numbers mean."

---

## 6 Gaps in health literacy around asthma control

**Description:** Tina describes increased inhaler use and decreased effectiveness, indicating that her asthma is uncontrolled.



how many puffs do you take when using your asthma inhaler?



I usually use two puffs from my albuterol inhaler -- it's 90 micrograms a spray -- but lately sometimes I need three puffs. [AUDIO COMING SOON]



what are some things that trigger your asthma



Being around cats is the worst, but dust and running up stairs can make my breathing bad, too. I haven't had a full asthma attack in years, though.



You should also try to avoid staying away from cats



I appreciate you saying that.

**Model Statement:** "It sounds like your asthma is giving you some problems, and you're not getting full relief from your inhaler. I would like to talk with you about changing your medication and your regimen, to reduce your frequent breathing problems, so that you feel better day-to-day. Most patients find that using a daily inhaler is an easy way to reduce your asthma symptoms even more."

---

## 7 Loss of a family member

**Description:** Tina shares information about her father dying.



did your father die from any disease



He died in a car accident.



can you tell me about your father's health?



He had high blood pressure and cholesterol, and diabetes too.



i can't imagine how you feel about losing your father



Thanks.

**Model Statement:** "I'm sorry to hear about your father's passing. That sounds like a difficult situation."

---

## 8 Counseling around past drug use

**Description:** Tina discusses her past history of marijuana smoking.



have you used illicit drugs



Well, I used to smoke pot. . . but I don't do that anymore.



what type of drugs did you use?



Um...I've smoked pot before. In high school, and after high school... I definitely don't anymore, though.



have you used drugs other than marijuana



No.



when did you last use drugs?



I haven't smoked pot since I was twenty or twenty-one.



have you ever smoked cigarettes?



No. I think it's gross.



have you been around people that are smoking



Some of my friends smoke when we go out drinking. But I don't smoke, and nobody at home smokes.

**Model Statement:** "Thank you for sharing that information. It's good to hear that you no longer smoke pot. It's better for your asthma and your overall health."

---

## 9 Gap in sexual health literacy

---

**Description:** Tina reveals that she doesn't fully understand the importance of testing for STIs.



do you use contraception



Nope. But I've been single for a while so I haven't needed to.



do you use condom



I used condoms... some of the time. I was on the pill.



any STI testing



Yeah, I'm sure they did those tests when I went for a pap smear before.



any history of pregnancy



I've never been pregnant.

**Model Statement:** "There are many sexually transmitted infections that don't necessarily present symptoms, for either men or women, and can persist for years if left untreated. The only way to be certain you and your partners are free of STIs is for both of you to get tested. This can be done as a part of a typical gynecological exam. Because your past partner was not tested, I would recommend that you get tested during your next annual pap smear."

## 10 Risk for hypertension

**Description:** Tina discusses her blood pressure readings as usually high, and her family's history of hypertension.



how is your hypertension



Well, I know my family has high blood pressure, so it's possible that I could get it, too, when I'm older.



how is your cat allergy



Whenever I'm around cats, I start sneezing, my eyes get itchy. . . and my asthma starts to act up.



do you use pain medication



Yeah, I had to start taking pain medication.

**Model Statement:** "It sounds like your blood pressure is typically high. For normal blood pressure, we like to see a top number of below 120 and a bottom number below 80. Because of your family's history of hypertension, it's important for us to determine your blood pressure over time. We have your BP reading from today, and then I'd like you to come back and get a reading two more times. That way, we can establish how your blood pressure runs over time. If your pattern is high blood pressure, we may want to get you on a medication to lower it. Having low blood pressure reduces your risk of other health problems such as stroke."

## 11 Describes problematic menstrual cycle and symptoms

**Description:** Tina describes her periods as painful, long, and heavy.



how do you treat menstrual symptoms



I take Advil. I try a heating pad sometimes and that only helps a little.



how is your sexual activity?



Uh, I wouldn't say I have a "sex life" right now.



how is your contraception

**Model Statement:** "Those periods sound painful and difficult to deal with. I'm sorry you have so many challenging symptoms. If you are interested, we can talk about hormonal birth control options that can make your periods less painful, or even lighter."

## Comments

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