

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: Infection Results | Turned In

Foundations of Gerontology - Spring 2025, NUR 3289

[Return to Assignment \(/assignments/1113628/\)](#)



## Your Results

Lab Pass (/assignment\_attempts/19010680/lab\_

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## Experience Overview

Patient: Patricia Young



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

80.67 out of 88.5



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**  
**52 out of 53**   **23.67 out of 24**

**Education and Empathy**   **Care Plan**  
**1 out of 4**   **4 out of 7.5**

### 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 27, 2025 | Total Time: 74 min

All Lines (111)

Interview Questions (61)

Statements (3)

Exam Actions (47)

-  Hello my name is Gayla I'm your nurse today 04/27/25 2:C
-  Hello, dear.
-  What brings you in 04/27/25 2:C
-  Gracious . . . this pain is just . . . oh, it's just terrible. Last night, it was there, but not as much . . . not as much as this morning. It hasn't let up a bit . . .
-  I'm so sorry that you feel that way we will do our best to make you feel better 04/27/25 2:C
-  You're sweet to say that.
-  How is your overall fluid intake and hydration 04/27/25 2:C
-  Well, I love my coffee. My daughter makes a big pot in the morning, so I drink about three cups a day.
-  Do you take water 04/27/25 2:C
-  Well . . . I occasionally miss a dose here or there if I forget, but I think I remember most doses.
-  What amount of fluid do you take (Clarified to What is your normal daily fluid intake?.) 04/27/25 2:C



Well, I love my coffee. My daughter makes a big pot in the morning, so I drink about three cups a day (Clarified to what my typical daily fluid intake is.)



Do you stay hydrated



I think . . . maybe . . . I'm not sure . . . I don't know if I've had any recently.



Do you feel any pain



Yes, there's still some pain but it's . . . it's hard for me to say exactly how much of it.



Where is your pain located



I have this awful pain in my back and stomach, and pain when I urinate.



What is the characteristic of your pain



I couldn't really tell you what the pain is like at its worst . . . It's a constant pain, though. I have this ache in my back and my abdomen, and it burns when I urinate.



What makes your pain worse



The pain was there all night, and felt worse this morning. I'm not sure I could say what makes it worse, I can only tell you how it feels. My abdomen and back hurt constantly, and the pain when I urinate is awful.



How do you treat your pain (Clarified to What have you done to reduce your pain?.)



It's been constant . . . and I didn't try anything at home. (Clarified to how I have been reducing my pain.)



Do you have any existing health condition



I was diagnosed with, hmm . . . high cholesterol . . . I've also had a few UTIs as an adult.



Do you have any history of UTI



Yes, I've had UTIs before . . . maybe once a year . . . but this back pain . . . it just doesn't make sense



Do you have hypercholesterolemia (Clarified to Do you have a history of hypercholesterolemia?.)



Yes. I've had high cholesterol for about twenty years now, as a matter of fact. (Clarified to if I have a history of high cholesterol.)



Do you have any allergies



No allergies here.



How do you manage your cholesterol



Well, I take a few medications for it.



When did you have high cholesterol



I was diagnosed when I was . . . oh . . . late 50s, I suppose.



Do you have any history of surgery



I had surgery years ago. I suppose I was 48 years old. They took my gallbladder out, so I was in the hospital for a bit.



What medications are you taking



I'm taking two medications for my high cholesterol. I think they're called, um, Lip-something . . . and Pravicoles? Privacon?



When was the last dose for Home medication



Oh . . . hm. I don't remember if I took my medication today . . . but I'm fairly sure I took them yesterday.



When do you take bolt statin (Clarified to Do you take statins?.)



Yes, I take two medications for my high cholesterol - Lip . . . Lipitor? Liptar? and . . . Prav-something. don't remember the exact name. (Clarified to if I take statins.)



When did you start taking high cholesterol



Oh, I've been taking that high cholesterol medicine for a long time . . . I can't remember exactly when I started. Dr. Turner prescribed it to me.



How often are you taking statin?



Yes, I take two medications for my high cholesterol - Lip . . . Lipitor? Liptar? and . . . Prav-something. don't remember the exact name.



When was the last time you took statin (Clarified to When was the last time you took any medications?.)



Oh . . . hm. I don't remember if I took my medication today . . . but I'm fairly sure I took them yesterday. (Clarified to when I last took medication.)



Do you have any history of STIs



Well, I only ever had sexual relations with William, and he's been gone for . . . for years. Eleven? Eleven years.



How often do you take alcohol (No matching questions found.)



do you take alcohol



Well, I drink a little wine on special occasions.



Do you engage in exercise



I used to take more walks around my neighborhood . . . I just haven't had the energy . . . Most days I sit and watch TV. I like to crochet a little while I watch the History Channel.



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



Our family health problems . . . a lot of us have high cholesterol. My brothers do, and they also have heart disease. My dad died of a heart attack, and my mother died of a stroke, years ago. (Clarified to to tell you about my family history.)



How is your head



I've never had a head injury.



How is your respiratory system



I haven't had any problems with my lungs. I don't normally feel out of breath.



How is your gastrointestinal system



My stomach has been just fine, really.



How is your cardiovascular system



My only heart problem is my high cholesterol.



How is your musculoskeletal system



I have occasional aches and pains, but it's nothing out of the ordinary for a lady my age.



How is your neurological system



I have felt a little weak lately. I don't have much energy to do many things . . . I'm fairly sedentary. I also feel somewhat disoriented. It's hard for me to keep track of things sometimes.



How is your genitourinary system



I have this terrible pain when I use the bathroom. It feel this awful burning when I urinate, and I am so irritated down there.



Do you have any depression



Oh, heavens, no. I don't have depression . . . I had a hard time after I lost my children . . . but my husband got me through it . . . It's been years and years . . .



Do you bathe



Oh, I take a shower . . . maybe once every other day or so. I'm lucky that I can still manage on my own.



Do you feel safe at home



I feel very safe at home.



Any problem toileting



No, I can go by myself. I can still get up from the toilet, reach everything I need to clean, and put my clothes back on without any difficulty.



Any problem dressing



I don't have any problems dressing myself.



Are you able to eat independently



I can feed myself just fine.



Any problem transferring



I'm afraid I'm not sure what you mean by "transfer" . . . could you run that by me again? Maybe ask me a different way.



Do you have continence



I've had trouble controlling . . . that. It's embarrassing, but there were a few times where I couldn't make it to the toilet in time. I mean, my bowels are fine . . . it's just this burning sensation when I . . . when I go . . . it's difficult.



Do you feel confused



I do feel confused right now. That hasn't been typical for me, but in the last day or so I seem to have come a little unglued. I just don't feel right.



How is your sleeping habit



I've always been a good sleeper. My husband William used to joke that I could sleep through anything.



How is your gait



My gait is a little unsteady these days, but I don't need any devices to help me get around.



Have you fallen recently



I've never had problems with falls.



Any history of weight changes



I have gained some weight lately . . . about ten pounds. It happened when I moved in with my daughter a few months ago. She's an excellent cook. We're a real meat and potatoes kind of family. I also don't move around like I used to . . .



Have you had skin breakdown (Clarified to Have you had skin problems?.)



Skin problems . . . I think my skin is fine. (Clarified to if I have had skin problems.)



Have you had any change in appetite



Since yesterday, I haven't felt hungry at all. I just have no appetite. Normally, I don't feel full too quickly, but right now I just have no appetite at all.



Do you have any dental problems (Clarified to Do you have any oral or dental problems?.)



I don't have any teeth troubles. (Clarified to if I have any oral or dental problems.)



How is your perception of health



I'd say my health is fair. I suppose it could be better. I feel well most days, but lately I've been having some hard days.



Does your hair affect your engagement in social activities (No matching questions found.)



do you engage in social activities



I used to be more social, but now, most days I spend time with my family. They're all I need, though. I have a pretty large family, and I'm lucky because we see each other often.



How has your head affected how you engage with others (No matching questions found.)



Effects of health on social activity (Clarified to Do your health problems affect your social life?.)



My health issues don't impact my social life too terribly. My family and I have sturdy relationships. (Clarified to if my health problems affect my social life.)



Do you need to take both statins



Oh, well . . . my doctor gave me the . . . Lip . . . the Lipitor? He prescribed it maybe two months ago, and I kept taking the other one, too. I thought maybe Dr. Turner wanted me to take them both.



Assessed vitals



Assessed IV bag



Assessed IV pump



Assessed IV site



Assessed urine quality: cloudy, reddish orange, and a foul odor



Checked Patient Wristbands: All information is correct



Inspected eyes



Inspected eyes



Inspected mouth



The inspection will involve visually and manually examining the perineal area



Thanks for walking me through that.



Inspected perineal area: some redness present



Can you please turn to your side



Inspected neck



Inspected abdomen



Inspected front of right hand



Inspected front of left hand



Inspected front of legs



Inspected feet



Inspected left shoulder and neck



Inspected top of left hand



Inspected left leg



Inspected left foot



Inspected upper back and neck



Inspected lower back



Inspected left palm



Inspected left palm



Inspected right palm



Inspected back of legs



Inspected back of feet



Inspected right shoulder and neck



Inspected top of right hand



Inspected right leg



Inspected right foot



Auscultated carotids



Auscultated breath sounds



Auscultated heart sounds



Palpated abdomen with light pressure



Palpated abdomen with deep pressure



Palpated suprapubic region: no distension, tenderness reported



Oww...



Palpated posterior tibial pulse



Palpated dorsalis pedis pulse



Percussed Left CVA: Tenderness reported



Hmmm...



Percussed Right CVA: Tenderness reported



Oww...



Repeat and remember apple penny and table



Apple, penny, and table.



Can you repeat the three words I ask you to remember earlier



Apple, penny, and... uh, I'm not sure of the last one?



Tested cognition



Tested fine motor skills



Tested grip



Tested skin turgor



Tested capillary refill



Tested gait: hesitancy, right and left step length equal, some path deviation, discontinuity between steps, observable sway in trunk, heels set apart, and greater than 12 seconds to complete.



I will use your subjective data and objective data to help you achieve desired goals



Yes, yes, I understand.



Do you consent to this?



I give you my consent.

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## Subjective Data Collection: 52 of 53 (98.1%)

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

### Orientation

Established orientation

○ Oriented to person

○ Disoriented to place

○ Disoriented to time

○ Oriented somewhat to situation

### Patient Status

Asked about fluid intake and hydration

○ Denies current thirst

○ Reports does not remember eating today

◦ Reports does not remember drinking fluids today

---

### History of Presenting Illness

Asked about onset, duration, and frequency of symptoms

- Reports pain began last r
- Reports pain has been cc
- Reports that pain increas

---

Asked about location of pain

- Reports generalized abdc
- Reports back pain
- Reports pain during urina

---

Asked about characteristics of pain

- Reports pain during urina
- Reports back and abdom
- Denies sharp or shooting
- Denies cramping pain

---

Asked about aggravating factors of pain

- Reports no known aggrav

---

Asked about treatment and relieving factors of pain

- Denies treatment with me
- Denies use of heating pac

---

Asked about severity of pain

- Patient is unable to quant

---

### Past Medical History

Asked about existing health conditions

- Reports history of UTIs a
- Reports hypercholesterol

---

Followed up on history of UTI

- Reports UTIs once or twi
- Reports typical UTI treatr
- antibiotics

---

Followed up on hypercholesterolemia

- Diagnosed age 58

---

Asked about allergies

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

---

Asked specifically about medication allergies

- Denies medication allergi

---

### Home Medications

Asked about home medications

- Reports taking 2 medicat
- Denies taking vitamins
- Denies taking herbal sup

---

Asked about medication regimen adherence

- Denies using a pillbox to organize medications
- Reports that she occasionally misses doses "here a there" if she forgets
- 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

- Reports not being sure she didn't think I did"
- Reports last dose of med

---

Followed up on medications for hypercholesterolemia

- Reports taking Pravachol
- Reports taking Lipitor
- Denies knowing dosage for both
- Reports taking both medications
- Reports taking one before the other but is unsure which is which
- Denies side effects of either

---

Followed up on need for both statins

- Reports starting Lipitor "right away"
- Reports continuing Pravachol
- Reports not being sure if she needs both

---

### Family History

Asked about relevant family history

- Reports family history of hypertension
- Reports 2 brothers with heart disease
- Reports father died of heart disease
- Reports mother died of stroke

---

### Social History

Asked about sexual activity and history of STIs

- Reports no recent sexual activity
- Reports sexual activity with one partner
- Denies history of STIs
- Reports no recent STI tests

---

Asked about substance use

- Reports occasional alcohol use
- Denies illicit drug use
- Denies past tobacco use

---

Followed up on alcohol use

- Reports occasional wine
- Reports drinking "only on weekends"
- Reports drinking less than 14 drinks per week

---

Asked about exercise and activity level

- Reports low activity level
- Reports activity level has decreased over time
- Reports activity level has decreased over time

- Reports feeling more sedentary

---

## Review of Systems

Asked about general symptoms

- Reports feeling feverish
- Denies chills
- Denies night sweats

---

Asked about review of systems for HEENT

- Denies impaired vision
- Denies impaired hearing

---

Asked about review of systems for respiratory

- Denies cough
- Denies shortness of breath
- Denies dyspnea on exertion
- Denies wheezing

---

Asked about review of systems for cardiovascular

- Denies chest pain
- Denies palpitations
- Denies edema
- Denies claudication

---

Asked about review of systems for gastrointestinal

- Denies difficulty swallowing
- Denies nausea
- Denies vomiting
- Denies constipation
- Denies diarrhea
- Denies changes in stool color

---

Asked about review of systems for musculoskeletal

- Reports unsteady gait
- Denies recent injury
- Reports occasional "aches and pains"
- Reports she used to walk
- Denies erythema of joints
- Denies edema of joints

---

Asked about review of systems for neurological

- Reports feeling weak
- Reports feeling disoriented
- Denies frequent headaches
- Denies numbness or tingling

---

Asked about review of systems for genitourinary

- Reports irritation around perineum
- Denies vaginal drainage
- Denies history of yeast infections
- Denies history of ovarian cysts
- Reports 6 pregnancies
- Reports 4 live births

---

## Functional Status & Geriatric Syndromes

Asked about depression

---

Asked about living environment

- Reports living in a home
- Reports living with daughter and family
- Reports having her own room
- Reports appropriate amount of privacy
- Denies loneliness

---

Asked about feeling safe at home

◦ Reports feeling safe at home

---

Asked about bathing

- Reports being able to bathe
- Reports being able to reach
- Reports being able to get

---

Asked about dressing

- Reports being able to retrieve
- Reports being able to put
- Denies difficulty with buttons
- Denies difficulty tying shoes

---

Asked about toileting

- Reports being able to get
- Reports being able to arrange
- Reports being able to clean

---

Asked about transferring

- Reports difficulty getting
- Reports some difficulty getting
- Denies use of mechanical

---

Asked about continence

- Reports full control of bowel
- Reports incontinence (rectal)
- Describes incontinence as

---

Asked about ability to eat independently

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

---

Asked about sleeping habits

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

---

Asked about confusion

- Reports some current confusion
- Reports that confusion is

---

Asked about evidence of falls

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

---

Asked about gait and ambulatory aids

- Reports some gait impairment
  - Denies bedrest
  - Denies use of wheelchair
  - Denies use of ambulatory
  - Denies balance problems
-

Asked about skin breakdown

- Reports that skin seems "regular" (not notably thick thin)
- Denies open wounds
- Denies rashes or lesions
- Denies bruising
- Denies pruritus, itching or scratching

---

Asked about weight changes

- Reports some weight gain
- Reports gaining 10 lbs
- Reports weight gain occurred family 5 months ago
- Reports weight gain was

---

Asked about oral or dental problems

- Denies tooth problems or
- Denies issues with mouth
- Reports no issues with br

---

Asked about appetite changes

- Reports recent anorexia
- Reports anorexia started
- Denies feeling full quickly

---

Asked about effects of health on social activity

- Reports generally feeling
- Denies emotional problem

---

Asked about patient's perception of health

- Reports that health is "fair"
- Reports feeling well most days

---

Asked about tiredness, energy levels, and fatigue

- Reports fatigue
- Reports onset of fatigue

---

Asked about recent ER visits or hospitalizations

- Denies ER visits in last 3
- Denies hospitalizations in
- Last hospitalization was
- Reason for last hospitaliz

---

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### Objective Data Collection: 23.67 of 24 (98.63%)

- Correct  Incorrect  
 Partially correct  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 as ordered (D5 0.45% NS)  
 Bag is not as ordered (D5 0.45% NS)  
 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 (No point)

- Clear
- Pale yellow
- Dark yellow
- Pink or amber
- Reddish orange

### Odor (1/3 point)

- No noticeable odor
- Foul odor
- Sweet odor

## Inspected Eyes

### Eyelids (1/3 point)

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

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

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

### Pupillary Reaction (1/3 point)

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

## Inspected Mouth

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

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

### Lips (1/3 point)

- Smooth, 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 Perineum****Appearance (1/1 point)**

- No abnormal findings
- Redness
- Sores
- Edema
- Striation
- Bleeding
- Discharge

**Inspected Skin****Wounds Or Sores (1/5 point)**

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

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

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

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

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

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

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

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

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

**Auscultated Carotids****Right (1/2 point)**

- No bruit
- Bruit

**Left (1/2 point)**

- No bruit
- Bruit

**Auscultated Breath Sounds****Breath Sounds (1/2 point)**

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

**Adventitious Sounds (1/2 point)**

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

## Auscultated Heart Sounds

### Heart Sounds (1/3 point)

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

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

- Regular rate and rhythm
- Irregular rate
- Arrhythmia

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

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

## Palpated Abdomen Light Palpation

### Tenderness (1/3 point)

- None reported
- Tenderness reported

### Location Of Tenderness (1/3 point)

- No quadrants tender
- Right upper quadrant
- Right lower quadrant
- Left upper quadrant
- Left lower quadrant

### Observations (1/3 point)

- No additional observations
- Masses
- Guarding
- Distension

## Palpated Abdomen Deep Palpation

### Presence Of Unexpected Mass (1/2 point)

- No palpable mass
- Palpable mass

### Location Of Mass (1/2 point)

- No palpable mass
- Right upper quadrant
- Right lower quadrant
- Left upper quadrant
- Left lower quadrant
- Around umbilicus

## Palpated Suprapubic Region

### Bladder Distension (1/2 point)

- No bladder distension
- Palpable bladder distension

### Tenderness (1/2 point)

- No tenderness reported
- Tenderness reported

## Palpated Posterior Tibial Pulse

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

- No thrill
- Thrill

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

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

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

- No thrill

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

- 0 Absent

Thrill

1+ Diminished or barely palpable

2+ Expected

3+ Increased

4+ Bounding pulse

### Palpated Dorsalis Pedis Pulse

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

No thrill

Thrill

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

0 Absent

1+ Diminished or barely palpable

2+ Expected

3+ Increased

4+ Bounding pulse

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

No thrill

Thrill

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

0 Absent

1+ Diminished or barely palpable

2+ Expected

3+ Increased

4+ Bounding pulse

### Percussed CVA

#### Cva Tenderness (1/1 point)

No CVA tenderness exhibited

CVA tenderness exhibited

### 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 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 Held Posture (Fore Arms) (1/3 point)

Able to perform without difficulty; no

Tremor

Performed with difficulty

Unable to perform

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

Able to perform without difficulty; no tremor

Tremor

Performed with difficulty

Unable to perform

### Tested 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)

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

#### Step Length (1/9 point)

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

#### Step Symmetry (1/9 point)

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

#### Path (1/9 point)

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

#### Walking Stance (1/9 point)

- Heels set apart
- Heels almost touching while walking

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# Focused Exam: Infection Results | Turned In

Foundations of Gerontology - Spring 2025, NUR 3289

[Return to Assignment \(/assignments/1113628/\)](#)



## Your Results

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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

Fol

**Description:** Ms. Young reports abdominal and costovertebral pain, burning with urination, and confusion.



What brings you in

02:0



Gracious . . . this pain is just . . . oh, it's just terrible. Last night, it was there, but not as much . . . not as much as this morning. It hasn't let up a bit . . .



I'm so sorry that you feel that way we will do our best to make you feel better

E  
02:0



You're sweet to say that.

**Model Statement:** "I'm sorry you are experiencing these symptoms, Ms. Young. UTIs can be very painful and can also cause the confusion you've been experiencing. The ibuprofen should help relieve your discomfort. We want to make sure you're as comfortable as possible, so let me know if there's anything else I can do for you."

### 2 Medication

Not Fc

**Description:** Ms. Young reports taking two different statins and occasionally missing doses of medication.



Do you need to take both statins



Oh, well . . . my doctor gave me the . . . Lip . . . the Lipitor? He prescribed it maybe two months ago, and I kept taking the other one, too. I thought maybe Dr. Turner wanted me to take them both.



Thanks for walking me through that.



Oww...



Hmmm...



Oww...



Apple, penny, and table.



Apple, penny, and... uh, I'm not sure of the last one?



Yes, yes, I understand.



I give you my consent.

**Model Statement:** "When it comes to your medications, both atorvastatin and pravastatin are in the "statin" family and have the same effect. Typically, a patient only takes one of these medications at a time. I would like to contact your physician to figure out which one is most appropriate for you. As well, I recommend using a pillbox to organize your medications, so you avoid accidentally missing doses."

### 3 Diet and Exercise

**Description:** Ms. Young reports decreased activity and weight gain since moving in with her daughter.



Any history of weight changes



I have gained some weight lately . . . about ten pounds. It happened when I moved in with my daughter a few months ago. She's an excellent cook. We're a real meat and potatoes kind of family. I also don't move around like I used to . . .



Have you had skin breakdown (Clarified to: Have you had skin problems?)



Skin problems . . . I think my skin is fine. (Clarified to: if I have had skin problems)



Have you had any change in appetite



Since yesterday, I haven't felt hungry at all. I just have no appetite. Normally, I don't feel full too quickly, but right now I just have no appetite at all.

**Model Statement:** "As you get older, staying active and eating right are very important for maintaining a healthy lifestyle. There are many simple home exercises that will help keep your muscles strong even if you have limited mobility, and diet plans can help you avoid high-cholesterol foods so you can stay at a healthy weight. I'll refer you to a dietitian and occupational therapist who will be able to assist you."

### 4 Fall Risk

**Description:** Ms. Young reports having an unsteady gait.



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## Documentation / Electronic Health Record

[Flowsheets](#)

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

### ED Nursing Note

#### Student Documentation

#### Model Documentation

##### Chief Complaint

"This pain is just ... oh it's just terrible. Last night, it was there, but not as much.."

Patient reports frequent pain during urination, abdominal pain, back pain, and periods of co

##### Orientation

Oriented to place, time, and person

Oriented to person. Only somewhat oriented t situation; not oriented to place or time.

##### History of Present Illness

Patient woke up feeling pain on her back and stomach. She confirms feeling pain during urination. Patient states that the pain is constant. She confirms that the pain was there all night but felt worse during morning.

Ms. Patricia Young is a 74-year-old White wor history of frequent UTIs and bladder leakage. postmenopausal and presents today to the EI onset confusion, fever, generalized abdominal CVA tenderness, and burning with urination. S reports lethargy and loss of appetite.

##### Allergies

Patient has no allergies

NKA / NKDA

##### Past Medical History

Patient confirms having history of high cholesterol for about twenty years now. She was diagnosed with high cholesterol during late 50s. Patient has no history of UTI.

Hypercholesterolemia, since age 58  
Frequent UTIs, 2-3 per year  
Postmenopausal, bladder leakage  
6 pregnancies/4 live births

**Past Surgical History**

patient confirms having gallbladder surgery at an age 48 years old.

Cholecystectomy age 48

**Medication History**

Patient is taking two medications for high cholesterol. The last dose for home medication yesterday. The patient does not remember taking medications today.

Lipitor 20 mg P.O. daily. Last dose possible  
Pravachol 10 mg P.O at bedtime. Last consulted  
primary physician - 2 statins ordered

**Family History**

Patient confirms that her family has health problems. Brother is diagnosed with heart disease. Dad died of heart attack and mother died of stroke years ago.

Mother deceased - stroke  
Father deceased - heart attack  
Siblings - 2 brothers with heart disease

**Social History**

Patient confirms having sexual relations with William, who has been gone for about 11 years. Patient states that she drink a little wine on special occasions. Patient confirms engaging in walks around the neighborhood.

Employment: Retired teacher.

Marital Status: Husband deceased 11 y

Living situation: Moved in with daughter  
increasing age and forgetfulness. Has c

Tobacco: Denies all tobacco use.

Alcohol/illicit drug use: Drinks occasionally

**Review of Relevant Systems**

HEENT: normocephalic  
Respiratory system: No SOB or lung problems  
Gastrointestinal system: No vomiting or diarrhea  
Cardiovascular System: High cholesterol  
Musculoskeletal system: Patient has occasional aches and pains  
Neurological system: patient feels weak and have less energy. Patient lives sedentary lifestyle  
Genitourinary system: painful urination

GENERAL: Low-grade fever, chills, fatigue  
weight gain over last 5 months since m

RESPIRATORY: Negative for shortness

CARDIOVASCULAR: Negative for chest

GASTROINTESTINAL: States generalized  
nausea/vomiting, constipation, diarrhea

GENITO-URINARY: Incontinent of urine  
urine pink tinged amber with strong odor

NEUROLOGICAL: Generalized weakness  
Becomes agitated with questioning. Denies  
numbness/tingling, dizziness.

INTEGUMENTARY: Perineal rash, redness  
secondary to incontinence.

**Functional Status & Geriatric Syndromes**

Patient confirms feeling safe at home. Patient denies having depression but had a hard time after losing children. Patient is independent taking bath. Patient has no problem with toileting. Patient has no problem dressing self. Patient is able to eat independently. Patient has burning sensation. She is incontinent. Patient confirms feeling confused right now. Patient has no trouble sleeping. Her gait is a little unsteady. Patient has no history of fall. Patient has gained weight (about 10 pounds). Since yesterday, the patient hasn't felt hungry at all. Patient has no teeth problems. Patient views health as fair.

Incontinence secondary to UTI. Denies  
transferring, feeding and eating, sleeping  
abnormal for her. Ms. Young's gait shows  
her steps. As her mobility is slightly impaired  
as a potential fall risk.

## Student Documentation

## Model Documentation

### Elder Abuse Assessment

None

Ms. Young does not appear to be at risk of long-term urine burns from neglect, but this appears to be from her home with her daughter and is having trouble being comfortable with how her finances are being exploited.

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### Care Plan : 4 of 7.5 (53.3%)

#### Nursing Diagnosis

1.5 c

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
inadequate pain control	inadequate pain control	The inadequate pain control diagnosis is most correct. While Ms. Young is likely to be less active given her recent pain, an activity intolerance diagnosis would not take priority over an inadequate pain control diagnosis. Similarly, Ms. Young's age and medical history do put her at risk for impaired skin integrity, but the patient's potential to develop this condition is not more pressing than the patient's current, quantifiable experience of pain.	0.5 c 0.5

#### Signs & Symptoms

Student Response	Model Answer	Explanation	Poir Earr
------------------	--------------	-------------	-----------

burning on urination	burning on urination	Ms. Young reports burning or She does not report altered e diaphoresis, exertional discor impaired circulation, or sensc impairment.
suprapubic pain	suprapubic pain	Ms. Young presents with supi related to her UTI. She does r altered epidermis, diaphoresi: discomfort, impaired circulati sensory motor impairment.
exertional discomfort	agitation and guarding behavior	Ms. Young presents with sign and guarding behavior relatec She does not report altered e diaphoresis, exertional discor impaired circulation, or sensc impairment.

## Planning

### Short-Term Goal

Student Response	Model Answer	Explanation
To have the patient, by end of shift, determine a comfort-function goal and exhibit an understanding of how to notify a healthcare member if she experiences a pain intensity level greater than the comfort-function.	To have the patient, by end of shift, determine a comfort-function goal and exhibit an understanding of how to notify a healthcare member if she experiences a pain intensity level greater than the comfort-function.	To ensure optimum patient cc assist your patient with deter appropriate comfort-function Working together will help yo and address any of the patier misunderstandings or hesitat

### Interventions

Student Response	Model Answer	Explanation
Show patient where call light is located, and demonstrate how to use it	Show patient where call light is located, and demonstrate how to use it	Determining a comfort-functi involves an enormous array o considerations and strategies themes include the safety, he comfort of the patient.
Conduct and document a comprehensive pain assessment, using appropriate pain assessment tools	Conduct and document a comprehensive pain assessment, using appropriate pain assessment tools	Determining a comfort-functi involves an enormous array o considerations and strategies themes include the safety, he comfort of the patient.
Review patient's full medication profile for potential drug interactions	Review patient's full medication profile for potential drug interactions	Determining a comfort-functi involves an enormous array o considerations and strategies themes include the safety, he comfort of the patient.

Observe patient for signs of activity intolerance (dizziness, nausea, fatigue, pallor, etc.)	Assist patient in developing an effective comfort-function goal	Determining a comfort-function involves an enormous array of considerations and strategies. Key themes include the safety, health, and comfort of the patient.
--	---	--

### Intervention Rationale

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

Prompt	Student Response	Model Answer	Explanation
In 1 or 2 sentences, explain how your selected interventions work to accomplish your goal.	the intervention will help ensure achievement of the short term goal	These interventions help prepare Patricia for outlining an appropriate comfort-function goal, as well as how to request help should her pain become unmanageable.	It's important you teach thorough health considerations in detail enough to make accurate based decisions.

### Data Collections

Student Response	Model Answer	Explanation
Record vital signs and reassess patient's pain level. Ask patient to state back and agree to the outlined comfort-function goal.	Record vital signs and reassess patient's pain level. Ask patient to state back and agree to the outlined comfort-function goal.	To ensure optimum patient care, ask your patient to state back understanding of the outlined helps you determine potential misunderstanding, and gives opportunity to address them.

### 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. Young and the interventions and data collections you will use to help her achieve this goal(s).	I will use your subjective data and objective data to help you achieve desired goals	Ms. Young, it sounds like you're experiencing acute pain right now. In order to help you feel more comfortable, while also prioritizing your safety, we're going to have a detailed discussion about how to create a comfort-function goal that fits with your overall health and health history. I'll go over key things with you, including where your call light is located and how to use it, as well as review your medication profile with you to note any potential drug interactions. I'll also continue to monitor your vitals and reassess your pain level. Finally, I'll have you state back and agree to the outlined comfort-function goal we create for you to make sure you don't have any misunderstandings.	Showing a patient understand their help build rapport that you have your right. Additionally the details of you and data collection Ms. Young under plan, and give her opportunity to raise
Before beginning her pain management education, ask for Ms. Young's consent to the Care Plan.	Do you consent to this?	Ms. Young, 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 consider interventions in the Disagreements a opportunities to patient education consider alternative

### Intervention & Evaluation

Student Response	Model Answer	Explanation
Partially	Fully	Ms. Young successfully demonstrates appropriate comfort-function your assistance, and exhibits understanding of how to notify healthcare member if she expects pain intensity level greater than the comfort-function goal. Your goal fully achieved!

### Intervention & Evaluation Rationale

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

Prompt	Student Response	Model Answer	Explanation
--------	------------------	--------------	-------------

Did you achieve your goal of having the patient, by the end of your shift, determine a comfort-function goal and exhibit an understanding of how to notify a healthcare member if she experiences a pain intensity level greater than the comfort-function?	The patient confirms understanding of the use of call button. Confirms how to document comprehensive pain assessment. Patient confirms the need for full medication profile review.	Ms. Young successfully determines an appropriate comfort-function goal with your assistance, and exhibits complete understanding of how to notify a healthcare member if she experiences a pain intensity level greater than the comfort-function goal. Your goal has been fully achieved!	Listen closely to when they state I understand of instructions so you determine if there is a misunderstanding.
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