

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: End of Life Results | Turned In

Foundations of Gerontology - Spring 2025, NUR 3289

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Experience Overview

Patient: Regina Walker



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

76 out of 80.5



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**
51 out of 52 **18 out of 18**

Education and Empathy **Care Plan**
1 out of 4 **6 out of 6.5**

Time

27 minutes total spent in assignment

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

Comments

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



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Transcript

Started: May 04, 2025 | Total Time: 26 min

All Lines (84)

Interview Questions (49)

Statements (3)

Exam Actions (32)

	Assessed vitals	E:
		05/04/25 11:
	Assessed IV bag	E:
		05/04/25 11:
	Assessed IV pump	E:
		05/04/25 11:
	Assessed IV site	E:
		05/04/25 11:
	Assessed urine quality: clear, dark yellow, no noticeable odor	E:
		05/04/25 11:
	Assessed urine quality: clear, dark yellow, no noticeable odor	E:
		05/04/25 11:
	Checked Patient Wristbands: All information is correct	E:
		05/04/25 11:
	Inspected left eye: Sclera - icterus	E:
		05/04/25 11:
	Inspected right eye: Sclera - icterus	E:
		05/04/25 11:
	Inspected mouth	E:
		05/04/25 11:
	Inspected front of neck and face: jaundice	E:
		05/04/25 11:
	Inspected chest and abdomen	E:
		05/04/25 11:
	Inspected front of right hand and arm	E:
		05/04/25 11:



Inspected front of left hand and arm



Inspected front of thighs and knees



Inspected front of shins and top of feet



Inspected back of neck and upper back



Inspected lower back and hips



Inspected back of left hand and arm



Inspected back of right hand and arm



Inspected back of thighs and knees



Inspected calves and heel



Auscultated carotids



Auscultated breath sounds



Auscultated heart sounds



Auscultated bowel sounds



Palpated abdomen with light pressure



Palpated abdomen with deep pressure



Palpated bladder



repeat and remember apple, penny, and table



Apple, penny, and table.



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



Apple, penny, and table.



Tested cognition



Tested skin turgor



Tested capillary refill



Hello my name is gayla I'm your nurse today\



Hello, there. Nice to meet you.



What brings you to the clinic today



I was having trouble with the pain from my cancer. I just couldn't take it anymore at home.



I'm sorry to hear that you feel that way



Yes, thanks very much.



Where are you



I'm in the hospital.



How is your fluid intake



This week it's been quite low. I just haven't been very thirsty these days.



Any urinary comfort



It's been normal as far as I can tell.



What was your recent meal



Let's see, I had a few bites of yogurt last night before bed. I think that was the last time I had anything.



Any preferences for hospice care



I want to allow things to take their course . . . it's time for me to stop fighting and just enjoy the time I have left in what little ways I can. My husband and I have chosen an assisted living residence near my home where I'll go for hospice care. I have been told that they can help me with the pain there . . . and it's close enough that my husband can be with me.



Do you have any advanced directives



Yes, all my affairs should be in order.



Do you have any pain



Yes, even now I know the pain's there. It's been dulled, but it's certainly not gone.



What is a characteristic of your pain



I can feel it all over my body . . . It's a sharp pain in my bones, my legs, and my ribs. It's been getting much worse over the past two days.



How do you treat your pain (Clarified to How did you treat your pain?.)



I tried the fast-acting morphine this morning when the pain was very bad, and it wasn't very helpful at all. (Clarified to how I treated my pain.)



How severe is your pain



It's better now than before, but I can still feel it there.



Do you have any allergies



Well, I don't have allergies to anything but penicillin. I told them right when I arrived.



Do you have medication allergies



I'm allergic to penicillin, but that's it.



Do you have penicillin allergy



Yes, I'm allergic to penicillin. I got a rash from it once as a child.



How often do you take morphine



Usually I take the long-acting morphine every 12 hours, and the immediate release whenever the pain gets to be too much.



Any substance abuse



No, I do not.



How is your head



My head feels just fine, that's not where I'm having the pain.



How is the respiratory system



I never have breathing problems.



How is the cardiovascular system



I don't have any trouble with my heart. [AUDIO COMING SOON]



How is your gastrointestinal system



Well, I've been getting pain in my stomach and I've been a bit constipated as well. Which I think is why I feel so full and bloated.



Do you have constipation



Yes, I've had constipation recently.



How often do you have constipation



Yes, I've had constipation recently.



How is your logical system (No matching questions found.)



How is your neurological system



Well, I have felt very weak lately. I know that's likely a nervous system issue.



How is your psychological system



I've got plenty on my mind, of course. It's worrying to think about the end, no matter how you swing it.



How do you treat constipation (Clarified to Have you tried anything to treat the constipation?.)



No, not yet. (Clarified to if I have tried to treat the constipation.)



Do you feel depressed



I have my ups and downs. Nothing so down I'd call depression, though.



How is your living environment



I'm living with my husband in our home. I'm happy there still, all the familiar surroundings, visits from our friends . . . but if the pain is going to be as bad as this morning from now on, I'm not sure what I can do about it at home.



Do you feel safe at home



Of course, I've never felt threatened at home.



Do you have any problem bathing



Yes, I can't quite bathe on my own now. My husband has been helping me when I need to. We also have a shower bench that I sit on so I don't have to worry about falling.



Do you have any problem dressing



I don't have any trouble dressing myself.



Do you have any problem toileting



I don't have any trouble going when I don't mean to, if that's what you mean, but aside from being a bit constipated recently, I need a bit of assistance getting on and off the toilet.



Do you have any problem transferring



Well, I have the most trouble getting up from any sort of lying position, so I spend most of my time in bed. My husband usually gives me a hand when I need to get up.



Are you able to eat independently



Yes, I haven't gotten to that point yet and hopefully won't have to ever worry about having someone feed me.



How is your sleeping habit



I'll take my medication before bed generally and just try to get what sleep I can. My quality of sleep has been quite poor lately, though.



Do you have confusion



No, not currently.



Any evidence of falls



I don't think I have any "evidence of falls," whatever that means.



Do you have skin breakdown



I wouldn't call it much of a problem but my skin has been feeling thinner than normal.



Anyway weight changes (No matching questions found.)



Have you lost weight recently



Yes, I've lost a bit of weight in the past two months or so.



Do you have oral or dental problems



No, I don't have any problems with my mouth, jaw, or teeth.



Do you have any change in appetite



My appetite has been rather small lately, I haven't been eating too much for the last months.



Does your illness affect your social activity (Clarified to Do your health problems affect your social life?.)



Yes, it certainly does. I love that we get plenty of visitors at our house, but it's hard for me even to get up and see them sometimes. (Clarified to if my health problems affect my social life.)



How is your perception of health



I'd say my health is poor in general. I'm quite aware of the situation I'm in.



Do you feel fatigue



Yes, I'm just exhausted all the time. The pain just takes so much out of me.



Any recent hospitalization



No, I haven't been to the hospital for around three months.



N/A



I understand what you're saying. Thank you.



Do i have you consent



I consent. You can begin now.

Comments

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Subjective Data Collection: 51 of 52 (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
	Experts selected these topics as essential components of a strong, thorough interview with this patient.	Not Scored A combination of open and closed questions will yield better patient data. The following details are facts of the patient's case
Chief Complaint	<input type="checkbox"/> Established chief complaint	<input type="radio"/> Reports pain
Orientation	<input type="checkbox"/> Established orientation	<input type="radio"/> Oriented to person <input type="radio"/> Oriented to place <input type="radio"/> Oriented to time <input type="radio"/> Oriented to situation
Patient Comfort and Status	<input type="checkbox"/> Asked about fluid intake and hydration	<input type="radio"/> Denies current thirst <input type="radio"/> Reports very little water intake in the past week <input type="radio"/> Reports a few sips of ginger ale today

Asked about urinary comfort Reports last urination was
 Denies pain or burning wi

Asked about most recent meal Denies current hunger
 Reports no food intake to
 Last meal was a few bites

Asked about preferences for hospice care Reports wanting to be in

Asked about advanced directives Reports having an advan

History of Present Illness

Asked about onset and duration of pain Pain became unbearable
 Reports pain increasing c
 Reports experiencing sor

Asked about location of pain Reports bone pain
 Reports pain in legs
 Reports pain in ribs

Asked about characteristics of pain Describes pain as sharp

Asked about aggravating factors of pain Reports that pain is cons:
worsening

Asked about treatment and relieving factors of pain Reports that nothing relie
 Reports prescription pain

Asked about severity of pain Reports current pain is a
 Reports pain before medi

Past Medical History

Asked about existing health conditions Reports stage IV breast c
 Reports hypertension dia

Asked about allergies Denies general allergies
 Denies latex allergy

Asked specifically about medication allergies Reports allergy to penicill

Followed up about penicillin allergy Reports last taken in child
 Reports reaction was a re

Home Medications

Asked about home medications

- Reports taking long-acting morphine
- Reports taking immediate release morphine
- Denies taking vitamins
- Denies taking herbal supplements

Followed up on long-acting morphine

- Reports morphine dosage
- Reports morphine frequency
- Reports morphine is typical overall pain level

Followed up on immediate release morphine

- Reports morphine dosage
- Reports morphine frequency
- Reports morphine is typical breakthrough pain

Social History

Asked about substance use

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

Review of Systems

Asked about general symptoms

- Denies fever
- Denies chills
- Denies night sweats

Asked about review of systems for HEENT

- Reports impaired vision
- Reports wearing glasses
- Denies impaired hearing

Asked about review of systems for respiratory

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

Asked about review of systems for cardiovascular

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

Asked about review of systems for gastrointestinal

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

Followed up on constipation

- Reports last BM was 4 days

Asked about review of systems for musculoskeletal

- Reports loss of strength

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

- | | |
|---|---|
| <input type="checkbox"/> Asked about review of systems for neurological | <ul style="list-style-type: none"> ◦ Reports weakness ◦ Denies frequent headaches ◦ Denies changes in coordination |
|---|---|

- | | |
|--|---|
| <input type="checkbox"/> Asked about review of systems for psychological | <ul style="list-style-type: none"> ◦ Reports irritation ◦ Reports anxiety |
|--|---|

Functional Status & Geriatric Syndromes

- Asked about depression

- | | |
|---|---|
| <input type="checkbox"/> Asked about living environment | <ul style="list-style-type: none"> ◦ Reports living in a house ◦ Reports living with husband ◦ Denies loneliness ◦ Reports visits from children |
|---|---|

- | | |
|---|--|
| <input type="checkbox"/> Asked about feeling safe at home | <ul style="list-style-type: none"> ◦ Reports feeling safe at home |
|---|--|

- | | |
|--|---|
| <input type="checkbox"/> Asked about bathing | <ul style="list-style-type: none"> ◦ Reports needing help bathing ◦ Reports being able to reach ◦ Reports that husband assists ◦ Reports that husband helps with shower ◦ Reports that she sits on a stool |
|--|---|

- | | |
|---|---|
| <input type="checkbox"/> Asked about dressing | <ul style="list-style-type: none"> ◦ Reports being able to retrieve ◦ Reports being able to put on ◦ Denies difficulty with buttons ◦ Denies difficulty tying shoes |
|---|---|

- | | |
|--|--|
| <input type="checkbox"/> Asked about toileting | <ul style="list-style-type: none"> ◦ Reports needing assistance ◦ Reports being able to arrange ◦ Reports being able to clean |
|--|--|

- | | |
|---|---|
| <input type="checkbox"/> Asked about transferring | <ul style="list-style-type: none"> ◦ Reports difficulty getting ◦ Reports some difficulty getting ◦ Denies use of mechanical |
|---|---|

- | | |
|---|---|
| <input type="checkbox"/> Asked about continence | <ul style="list-style-type: none"> ◦ Reports full control over bladder ◦ Reports full control over bowels |
|---|---|

- | | |
|---|---|
| <input type="checkbox"/> Asked about ability to eat independently | <ul style="list-style-type: none"> ◦ Reports being fully able to ◦ Reports being fully able to ◦ Reports being too weak to |
|---|---|

- | | |
|--|--|
| <input type="checkbox"/> Asked about sleeping habits | <ul style="list-style-type: none"> ◦ Reports poor sleep |
|--|--|

- Reports occasional insomnia
- Reports frequent waking
- Denies oversleeping

Asked about confusion

◦ Denies confusion

Asked about evidence of falls

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

Asked about gait and ambulatory aids

◦ Denies gait impairment
 ◦ Reports being on bedrest
 ◦ Denies use of wheelchair

Asked about skin breakdown

◦ Reports thin skin
 ◦ Denies open wounds
 ◦ Denies rashes or lesions
 ◦ Denies bruising
 ◦ Denies pruritus, itching or

Asked about weight changes

◦ Reports weight loss

Followed up about weight loss

◦ Reports 20 lbs weight loss
 ◦ Reports weight loss occurred
 ◦ Reports weight loss was
 ◦ Reports weight 190 before

Asked about oral or dental problems

◦ Denies jaw pain
 ◦ Denies jaw pain interfering

Asked about appetite changes

◦ Reports anorexia
 ◦ Reports anorexia for the last
 ◦ Reports feeling full quickly
 ◦ Reports being able to only eat
 time

Asked about effects of health on social activity

◦ Reports that health prevents
 activity
 ◦ Denies that emotional problems
 engaging in social activity

Asked about patient's perception of health

◦ Reports poor health

Asked about tiredness, energy levels, and fatigue

◦ Reports fatigue
 ◦ Reports fatigue is constant

Asked about recent ER visits or hospitalizations

◦ Reports no ER visit in the
 ◦ Reports no hospitalizations
 ◦ Reports last cancer treatment

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Objective Data Collection: 18 of 18 (100%)

- Correct
- Partially correct
- Incorrect
- Missed

Assessed Vitals

1 of

Temperature (1/5 point)

- Normothermic
- Hyperthermic
- Hypothermic

Blood Pressure (1/5 point)

- Normotensive
- Hypertensive
- Hypotensive

Heart Rate (1/5 point)

- No abnormal findings
- Tachycardia
- Bradycardia

Respiratory Rate (1/5 point)

- No abnormal findings
- Tachypnea
- Bradypnea

Oxygen Saturation (1/5 point)

- No abnormal findings
- Hypoxemia

Assessed IV Bag

1 of

Appropriate Fluid (1/3 point)

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

Appropriate Label (1/3 point)

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

Fluid Appearance (1/3 point)

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

Assessed IV Pump

Infusion Rate (1/1 point)

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

Assessed IV Site

Insertion Site (1/2 point)

- No visible abnormal signs
- Erythema
- Infiltration

Dressing (1/2 point)

- Dry and Intact
- Moist dressing

Assessed Urine Quality

Clarity Of Urine (1/3 point)

- Clear
- Cloudy

Color Of Urine (1/3 point)

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

Odor (1/3 point)

- No noticeable odor
- Foul odor
- Sweet odor

Inspected Eyes

Eyelids (1/4 point)

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

Conjunctiva And Lens (1/4 point)

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

Pupillary Reaction (1/4 point)

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

Accommodation (1/4 point)

- Normal constriction and dilation
- Unequal or no pupillary constriction
- Unequal or no pupillary dilation

Inspected Mouth

Oral Mucosa And Gums (1/3 point)

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

Lips (1/3 point)

- Smooth, pink, and moist
- Dry appearance
- Chapped
- Red at corners
- Swelling
- Bleeding or ulceration
- Red or white patches

Tongue (1/3 point)

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

Inspected 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 tumor)
- Varicosities
- Striae
- Moles or skin tags

Auscultated Carotids

Right (1/2 point)

- No bruit
- Bruit

Left (1/2 point)

- No bruit
- Bruit

Auscultated Breath Sounds

Breath Sounds (1/2 point)

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

Adventitious Sounds (1/2 point)

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

Auscultated Heart Sounds

Heart Sounds (1/3 point)

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

Extra Heart Sounds (1/3 point)

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

Rate And Rhythm (1/3 point)

- Regular rate and rhythm

- Irregular rate
- Arrhythmia

Auscultated Bowel Sounds

Bowel Sounds (1/2 point)

- Absent
- Hypoactive
- Normoactive
- Hyperactive

Location Of Non Normoactive Bowel S

- All quadrants normoactive
- Right upper quadrant
- Right lower quadrant
- Left upper quadrant
- Left lower quadrant

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 Bladder

Tenderness (1/2 point)

- None reported
- Tenderness reported

Distension (1/2 point)

- No distension
- Distension

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 points)
- Correctly recalled zero words (0 points)

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

Comments

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Education & Empathy : 1 of 4 (25.0%)

During the patient interview, there are a number of opportunities to provide patient education and empathy. The opportunities listed below are those identified by nursing experts to be of particular importance to this patient. A **Model Statement** is provided as an example of an appropriate response to each opportunity.

- Opportunities marked as **Not Encountered** are opportunities that were not elicited in the interview
- Opportunities marked as **Not Followed Up** are missed opportunities that were present in the interview, but no statements were made
- Opportunities marked as **Followed Up** were followed up by students, and include the dialogue between student and patient

1 Symptoms

Followed

Description: Ms. Walker reports pain.



What brings you to the clinic today

11:30



I was having trouble with the pain from my cancer. I just couldn't take it anymore at home.



I'm sorry to hear that you feel that way

11:30



Yes, thanks very much.

Model Statement: "We're going to do everything we can to keep your pain to a minimum and make you as comfortable as possible. Don't hesitate to use the call button and we'll be here."

2 End of Life Care

Not Followed

Description: Ms. Walker reports having an advanced directive and wanting to go into hospice.



Any preferences for hospice care

11:30



I want to allow things to take their course . . . it's time for me to stop fighting and just enjoy the time I have left in what little ways I can. My husband and I have chosen an assisted living residence near my home where I'll go for hospice care. I have been told that they can help me with the pain there . . . and it's close enough that my husband can be with me.



Do you have any advanced directives



Yes, all my affairs should be in order.



Do you have any pain

Model Statement: "Thank you for sharing, Ms. Walker. I'm glad you've had this discussion with your family and made decisions about your preferences. I would recommend 24-hour hospice care, where you will be able to have pain management around the clock instead of only once a day from a visiting nurse. I will have the doctor discuss with you further. Please know that we're available to answer any questions you may have."

3 Risks of Morphine

Description: Ms. Walker reports taking morphine.



How often do you take morphine



Usually I take the long-acting morphine every 12 hours, and the immediate release whenever the pain gets to be much.



Any substance abuse



No, I do not.



How is your head

Model Statement: "Morphine puts you at risk for a few side effects. To prevent constipation, you will need to add more fiber into your diet and you may want to add a fiber supplement or a laxative as needed. Morphine can also put you at risk of a fall. Make sure you rise slowly, remove any loose carpets, and make sure you wear shoes that provide good balance when walking."

4 Pressure Ulcers

Description: Ms. Walker reports being on bedrest most of the time.



Do you have skin breakdown



I wouldn't call it much of a problem but my skin has been feeling thinner than normal.



Have you lost weight recently



Yes, I've lost a bit of weight in the past two months or so.



Do you have oral or dental problems



No, I don't have any problems with my mouth, jaw, or teeth.

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Focused Exam: End of Life Results | Turned In

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Care Plan : 6 of 6.5 (92.3%)

Nursing Diagnosis

1.5

International classification for nursing practice (ICNP) nursing diagnoses (v2019_06_27) [Data set]. (2019). International Council of Nurses (ICN). <https://www.icn.ch/what-we-do/projects/ehealth-icnptm/icnp-downloa>

Diagnosis

Student Response	Model Answer	Explanation	Poir Earr
readiness for effective coping	readiness for effective coping	Per Ms. Walker's self-reported interest in hospice care, pending her increased home care needs, the readiness for effective coping diagnosis is most correct. While disturbed body image may seem like a potentially correct option given that Ms. Walker had a mastectomy (left breast), at no point does Ms. Walker discuss feeling detached, disgusted, or disappointed with her body, as a result of the surgery or otherwise. Ms. Walker is also not reporting or showing signs of infection.	0.5 c 0.5

Signs & Symptoms

Student Response	Model Answer	Explanation	Poir Earr
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interest in hospice care	interest in hospice care	Ms. Walker states her interest in hospice care during the interview portion of the assignment. Ms. Walker does not report depersonalization of body, electrolyte imbalance, headaches, or tachycardia. Though some cancer treatments can affect hormones, Ms. Walker's readiness for effective coping is not related to hormonal change.
increased home care needs	increased home care needs	Ms. Walker's readiness for effective coping is related to her professional experience with hospice care. Ms. Walker does not report depersonalization of body, electrolyte imbalance, headaches, or tachycardia. Though some cancer treatments can affect hormones, Ms. Walker's readiness for effective coping is not related to hormonal change.

Planning

Short-Term Goal

Student Response	Model Answer	Explanation
Patient will verbalize an understanding of coping methods and resources, as well as report an improved understanding of hospice care, by end of shift.	Patient will verbalize an understanding of coping methods and resources, as well as report an improved understanding of hospice care, by end of shift.	To ensure optimum patient care, ask your patient to verbalize an understanding of coping methods and resources, including any you have discussed during patient education. This will help you determine and address any misunderstandings or hesitations.

Interventions

Student Response	Model Answer	Explanation
Evaluate patient's current understanding of coping strategies supporting their transition to hospice care	Evaluate patient's current understanding of coping strategies supporting their transition to hospice care	Education on active coping resources involve an array of considerations and salient themes include the patient's health, and comfort of the patient.
Observe patient for signs of infection such as redness, warmth, discharge, and increased body temperature	Provide referrals to patient, and patient's family if present, to appropriate resources (funeral services, spiritual support, financial assistance, etc.)	Education on active coping resources involve an array of considerations and salient themes include the patient's health, and comfort of the patient.

Reinforce coping strategies and palliative care principles related to terminal illness	Reinforce coping strategies and palliative care principles related to terminal illness	Education on active coping resources involve an array of considerations and s The salient themes include th health, and comfort of the pa
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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 aim to ensure wellbeing of the patient	These interventions provide Ms. Walker with a thorough and correct understanding of active coping methods and coping resources. The instructions cover a broad array of topics from everyday practices to what to do in rare scenarios.	It's important you teaching is thorough cover all necessary health considerations detailed enough patient(s) can make evidence-based

Data Collections

Student Response	Model Answer	Explanation
Ask patient to state back an understanding of the outlined coping methods and available resources. Assess patient's sense of understanding regarding the transition into hospice care.	Ask patient to state back an understanding of the outlined coping methods and available resources. Assess patient's sense of understanding regarding the transition into hospice care.	It isn't necessary or feasible t patient act out her instruction determine her understanding. necessary, however, to have verbalize her understanding c instructions, so that you can any errors, omissions, or hesi her part.

Discussion Of Care

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

Prompt	Student Response	Model Answer	Explanation
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<p>Explain the rationale behind your nursing diagnosis, as well as your goal(s) for Ms. Walker and the interventions/data collections you will use to help her achieve this goal(s).</p>	<p>N/A</p>	<p>Ms. Walker, it sounds like you have made an informed decision regarding the future of your cancer treatment, but could still use some help determining appropriate coping methods that you and your family members can rely on even after you have made the transition into hospice care. Given that you are seeking palliative care rather than curative care at this stage in your treatment, we're going to discuss your immediate and long term priorities, as well as some active coping strategies that have proven useful for patients with terminal illness. Additionally, we'll go over the strengths of your current caretaking situation, as well as areas that could use improvement -- this will help me provide the best, most appropriate referrals to you and your family. Hopefully this discussion will not only provide you with some needed information regarding coping methods and hospice care, but also give you some peace of mind.</p>	<p>Showing a patient understand their help build rapport that you have you right. Additionally the details of you and data collecti Ms. Walker unde plan, and give he opportunity to ra</p>
<p>Before you begin this discussion on active coping methods and resources, ask for Ms. Walker's consent to the Care Plan.</p>	<p>Do i have you consent</p>	<p>Ms. Walker, 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?</p>	<p>A patient must co interventions in tl Disagreements a opportunities to j patient educator consider alternat</p>

Intervention & Evaluation

Student Response	Model Answer	Explanation
<p>Fully</p>	<p>Fully</p>	<p>Ms. Walker verbalized her un of coping methods and resou reported an improved unders hospice care, by end of shift. has been fully achieved!</p>

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
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Your Results

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ED Nursing Note

Student Documentation

Model Documentation

Chief Complaint

(No Documentation Made)

Ms. Walker has severe pain related to Stage IV breast cancer mets to bone and liver.

Orientation

(No Documentation Made)

Alert and Oriented x 4

History of Present Illness

(No Documentation Made)

Ms. Walker is a 69-year-old African American woman with a history of Stage IV breast cancer with metastases to the bone and liver. Additional history positive for HTN diagnosed at 44. Ms. Walker present to the ER today with complaints of bone pain. She has not had a bowel movement in 4 days. The pain is at a level of 4/10, constant and sharp even with pain medication. Pain was 9/10 upon arrival. She is weak and fatigued. Her appetite is decreased as she is only drinking sips of ginger ale at this time. The husband brought her into the ER since Ms. Walker was in too much pain at home. Her medications were not working. Ms. Walker has stopped all chemotherapy and radiation treatment modalities.

Allergies

(No Documentation Made)

Penicillin

Past Medical History

(No Documentation Made)

Stage IV breast cancer with mets to bone and liver
Mastectomy, with radiation and chemotherapy age 64 years
HTN diagnosed age 44

Past Surgical History

(No Documentation Made)

Mastectomy, with radiation and chemotherapy age 64 years

Student Documentation

Model Documentation

Medication History

(No Documentation Made)

Long-acting morphine 60 mg every 12 h
Immediate release morphine 20 mg for
HCTZ/losartan 100/25 mg, 1 tab P.O. d.
dose: yesterday

Family History

(No Documentation Made)

Mother: deceased, age 73, stroke, histo
Father: deceased, age 65, heart failure,
diabetes

Social History

(No Documentation Made)

Marital status: Married at age 35. Husb.
One adopted male child, now age 30.

Employment: Patient retired from job at
firm.

Alcohol/Illicit Drug Use: No tobacco use
cannabis, cocaine, or other drugs. No l

Review of Relevant Systems

(No Documentation Made)

GENERAL: Negative for fever, chills, nig
over last two weeks. Cachexic state.

HEENT: Denies impaired hearing or visi

RESPIRATORY: Negative for cough, sh
exertion, wheezing, or night sweats.

CARDIOVASCULAR: Negative for palpi

GASTROINTESTINAL: Positive for cons
Positive for right side abdominal pain, c
swallowing. No nausea/vomiting.

NEUROLOGICAL: Weakness apparent.
Able to move to BSC with help of one. 1
assistance of one. No fainting, frequent
dizziness or falls. Confused and agitate

SKIN: Skin yellow and pale. Decreased
changes. Negative for rashes, pigment
bruising.

MUSCULOSKELETAL: Negative for rec
joints. Bone pain constant and sharp. F
two weeks.

Functional Status and Geriatric Syndromes

(No Documentation Made)

Ms. Walker lives in a home with her hus
bathing, and that husband assists. Rep
assistance with toileting. Has some diff
morning, but has full continence of bow
reports poor sleep, occasional insomnia
thin skin, and weight loss, 20 pounds ir
had changes in her appetite in the last 1
her health inhibits her social activity. Ms
the pain medications that she is taking.
sure that she receives help.

Elder Abuse Assessment

No signs of abuse

Ms. Walker does not exhibit any warnin
to be cared for by her husband. She do
members. Because she relies on her fai
neglect or abandonment, but she displ
pressure ulcers. She says she feels safe

Comments

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



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