

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: Mobility Results | Turned In

Foundations of Gerontology - Spring 2025, NUR 3289

[Return to Assignment \(/assignments/1113627/\)](#)



### Your Results

Lab Pass (/assignment\_attempts/18971799/lab\_

#### Overview

[Transcript](#)

[Subjective Data Collection](#)

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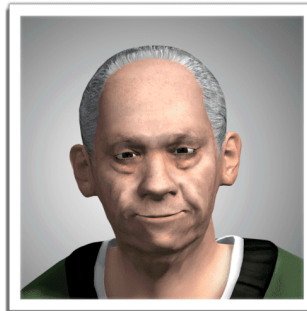
[Program Competency Progress](#)

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### Experience Overview

Patient: Robert Hall



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

85.17 out of 94.5



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**  
**54 out of 54**   **26.67 out of 27**

**Education and Empathy**   **Care Plan**  
**1 out of 4**   **3.5 out of 9.5**

#### Time

**100 minutes** total spent in assignment

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

### Comments

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



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### Transcript












Started: Apr 18, 2025 | Total Time: 99 min

All Lines (152)

Interview Questions (53)

Statements (4)

Exam Actions (95)

-  Hi, my name is Gayla. I'm your nurse today 04/18/25 11:
-  Hello, hello.
-  What brings you in today 04/18/25 11:
-  Well, long story short, I fell this morning. Right when I got out of my car I was hit with this wave of dizziness. The whole garage started spinning around me and next thing I knew, I was hitting the ground. Luckily my daughter found me after a while. On top of that is this wild pain that started in my leg. I don't know if the two are connected but it's been swelling up and hurting bad.
-  So sorry you feel that way 04/18/25 11:
-  Much appreciated.
-  we will help you feel better 04/18/25 11:
-  Thanks a lot for saying that.
-  What is the onset of your symptoms 04/18/25 11:
-  Well, I'll usually have a little pain from my arthritis but I noticed my left leg getting much more painful about two days ago and it hasn't stopped hurting since then.
-  Where is your pain located 04/18/25 11:



In my lower left leg, around the calf. It was getting hard to bear. I was thinking of coming here even before I fell this morning.



Please describe your pain (Clarified to Can you describe your pain?.)



It's like a sharp, nagging feeling. Kind of like someone's been jabbing my leg over and over again. (Clarified to what the pain is like.)



What makes your pain worse



It's really not something that comes and goes, more of a constant issue. But I will say that walking around definitely aggravates it.



How do you treat your pain



Well, I tried resting the leg and taking some Advil but nothing seemed to work. It just kept on hurting.



How severe is your pain



Without this pain medication, I'd call it very severe.



Are you done with hypertension



Hypertension is another way to say 'high blood pressure,' right?



When did you have hypertension



Hmm, gotta think on that one. I was 57.



When did you have osteoarthritis



I have arthritis, yes, but it doesn't usually give me pain anything like what I had this morning.



How do you manage osteoarthritis



I have arthritis, yes, but it doesn't usually give me pain anything like what I had this morning.



When were you diagnosed with arthritis



Didn't know there was gonna be a history test, heh. I must have been 57 when I was diagnosed.



When were you the most with prostate enlargement



I was diagnosed with an enlarged prostate right when I turned 69.



Do you have any allergies



Nope, I've always been allergy-free.



Do you have medication allergies



I've never had any sort of bad reaction to medication, no.



Are you taking home medications



Aside from the occasional Benadryl for sleep, I take medication for my blood pressure and for my prostate. I keep up to date on them pretty well. My regular pharmacy closed down, so my daughter filled my prescription at a new place for both of them about two weeks ago. I could go get them, but she just lives closer to this new place.



How is your medication regimen adherence



I've got one of those pillboxes -- makes it easy. One whole pill in the morning, one whole pill in the evening.



When was your last dose of Home medications



Well, my last dose of the prostate medicine had to have been yesterday, but I took my hypertension medication this morning . . . that was before the fall, of course. I think I took some Benadryl to get to sleep earlier this week, too.



What medications do you take for hypertension (Clarified to What blood pressure medicine do you take?.)



It's called metoprolol. (Clarified to what blood pressure medicine I take.)



What medication do you take for prostate enlargement



Proscar, I think it's called.



Tell me a family history (Clarified to Can you tell me about your family history?.)



I'm not sure I know much about my extended family, but I know my parents' history. (Clarified to to tell you about my family history.)



Any substance abuse



Of course not, I don't mess with that stuff.



How often do you take alcohol (Clarified to How often do you drink alcohol?.)



I drink pretty infrequently, less than once a week. Maybe less than once a month, even. (Clarified to how often I drink alcohol.)



How often do you smoke



When I was smoking, I was up to a pack a day. That's ancient history by now though.



How often do you exercise



I used to walk every day, always enjoyed how cool it is in the mornings . . . but I haven't been on top of it lately. This dizziness makes me a little nervous about going too far from home.



Tell me a general symptoms (Clarified to What general symptoms have you experienced?.)



Well, it's really just the leg pain and the dizziness that have been bothering me. (Clarified to what general symptoms I have experienced.)



How is your head



Feels just fine to me.



How is your respiratory system



My breathing is fine right now.



How is your cardiovascular system



My heart's always been fine.



How is your gastrointestinal system



You mean stomach problems? No, I don't really have those.



How is your musculoskeletal system



Been better. I've got arthritis and this dang leg pain, although I don't know if that counts. [AUDIO COMING SOON]



How is your psychological system



Fine. I don't have those sorts of issues.



How do you feel generally



It's certainly been better. I eat alright, try and exercise, but lately I've been feeling like my health is pretty poor. It's a couple different issues but mostly this dizzy feeling I've had for the past two weeks, the leg pain, and the fall.



Do you have fever



Can't say I've had a fever in a long time.



Are you feeling depressed



Can't say that I feel down too often. I get lonely every now and then, sure, but I definitely wouldn't say I'm depressed.



Are you safe at home



Yes, I've always felt safe at home.



How often do you bath



I shower every day. I don't feel right otherwise.



How is your dressing



No, I have no trouble putting my clothes on in the morning.



How is your toileting



The normal amount, I think. I haven't been going more often than normal.



Do you have any problem transferring



I have some difficulty getting up, but I keep a cane close to help me out with that.



Do you have any problem going to the toilet



No, I can use the toilet just fine. I do use a cane getting on and off of it.



Are you able to eat independently



I'm able to eat on my own just fine.



How are your sleeping habits



I don't have a schedule, I'll take sleep when I can get it these days.



Are you feeling confused



No, not in general.



Do you have any skin breakdown



Well, my skin feels a little thin, but nothing I'd call an issue really.



Do you have any weight changes



Yes, I've lost a bit of weight recently. About 10 pounds or so.



Do you have any Dental Problems (Clarified to Have you had problems with your teeth?)



I don't have any toothaches, no. (Clarified to if I have had problems with my teeth.)



How is your appetite



I suppose I have been eating less than I normally do. I just don't really get hungry like I used to.



How does your health affect social activity (Clarified to How do your health problems affect your social life?)



It's just hard to get out of the house like I used to. (Clarified to how my health problems affect my social life.)



Do you feel fatigued



I have been feeling that way, especially when I've been moving around a lot or running errands through the day.



Have you experienced any hospitalization (Clarified to Have you ever been hospitalized?)



Believe it or not, not recently. I was in the hospital once when I was 55 -- took a spill off my roof. I also had surgery for an abdominal hernia three years after that. (Clarified to if I have ever been hospitalized.)



Assessed vitals



Assessed blood pressure after lying for 5 minutes



Assessed IV bag



Assessed IV pump



Assessed IV site: Dressing dry and intact



Checked Patient Wristbands: All information is correct



Inspected head and face



Inspected forehead and scalp



Inspected nose and mouth



Inspected left side of head



Inspected back of head



Inspected right side of head



Inspected head and face



Inspected right side of head



Inspected back of head



Inspected eyes



Inspected mouth



Inspected front of neck and face



Inspected chest and abdomen



Inspected front of right hand



Inspected front of left hand



Inspected front of legs



Inspected top of feet



Inspected left shoulder and left side of neck



Inspected top of left hand



Inspected left leg



Inspected left side of left foot



Inspected upper back and back of neck



Inspected lower back



Inspected left hand palm



Inspected right hand palm



Inspected back of legs



Inspected heels



Inspected right shoulder and right side of neck



Inspected top of right hand



Inspected right leg



Inspected right side of right foot



Inspected front of thighs



Inspected left thigh: visible bruising



Inspected back of thighs



Inspected right thigh



Inspected front of thighs



Inspected front of lower legs



Inspected left lower leg: redness, other discoloration, and edema



Inspected back of lower legs



Inspected right lower leg



Inspected front of lower legs



Auscultated carotids



Auscultated heart sounds



Auscultated breath sounds in anterior right upper lobe



Auscultated breath sounds in anterior right upper lobe



Auscultated breath sounds in anterior left upper lobe



Auscultated breath sounds in anterior left upper lobe



Auscultated breath sounds in anterior right middle lobe



Auscultated breath sounds in anterior right middle lobe



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



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



Auscultated breath sounds in anterior right lower lobe



Auscultated breath sounds in anterior right lower lobe



Auscultated breath sounds in anterior left lower lobe



Auscultated breath sounds in anterior left lower lobe



Auscultated breath sounds in posterior left upper lobe



Auscultated breath sounds in posterior left upper lobe



Auscultated breath sounds in posterior right upper lobe



Auscultated breath sounds in posterior right upper lobe



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



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



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



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



Auscultated breath sounds in posterior left lower lobe



Auscultated breath sounds in posterior left lower lobe



Auscultated breath sounds in posterior right lower lobe



Auscultated breath sounds in posterior right lower lobe



Auscultated breath sounds in posterior left lower lobe on side



Auscultated breath sounds in posterior left lower lobe on side



Auscultated breath sounds in posterior right lower lobe on side



Auscultated breath sounds in posterior right lower lobe on side



Auscultated breath sounds in posterior left lower lobe near spine



Auscultated breath sounds in posterior left lower lobe near spine



Auscultated breath sounds in posterior right lower lobe near spine



Auscultated breath sounds in posterior right lower lobe near spine



Palpated PMI



Palpate dorsalis pedis pulses



Palpated posterior tibial pulse



Palpated lower extremities



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 fine motor skills



Tested hip strength



Tested knee strength



Tested hip range of motion



Tested knee range of motion



Tested skin turgor



Tested capillary refill



Tested gait: hesitancy, discontinuity between steps, and greater than 12 seconds to complete



Inspected front of lower legs



The patient diagnosis is defined by current symptoms, medical and family history.



OK, I think I've got it. Thank you.



Do you consent to the care plan



You go right ahead.

## Comments

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## Subjective Data Collection: 54 of 54 (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

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

Established chief complaint

- Reports leg pain
- Reports leg swelling

#### Orientation

Established orientation

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

#### History of Present Illness

Asked about onset and duration of symptoms

- Reports fall was 9 am this morning
- Reports lower leg pain started 2 days ago. Also reports mild constant pain

knees and hips due to arthritis.

- Reports leg swelling started 2 days ago
- Reports pain has been constant since onset
- Reports pain steadily gets worse

---

Asked about location of pain

◦ Reports pain in left lower

---

Asked about characteristics of pain

- Describes pain as "nagging"
- Describes pain as sharp
- Denies stinging or burning
- Reports sensation of warmth

---

Asked about aggravating factors of pain

◦ Reports pain is worse with

---

Asked about treatment and relieving factors of pain

- Reports taking Advil
- Reports Advil did not relieve pain
- Denies home treatments: heat, rest, etc.
- Reports no relief of pain today

---

Asked about severity of pain

- Current pain level is 2/10
- Pain level arriving at ER was 8/10

---

### Past Medical History

Asked about existing health conditions

- Reports hypertension
- Reports osteoarthritis
- Reports prostate enlargement

---

Followed up about hypertension diagnosis

- Hypertension diagnosed 10 years ago
- Reports belief that hypertension is controlled
- Reports that typical number of readings is "never above 140 for the first 3 readings"
- Reports that he doesn't check his blood pressure
- Reports that he only checks his blood pressure a few months
- Denies checking BP before diagnosis

---

Followed up about osteoarthritis diagnosis

- Arthritis diagnosed at age 65
- Reports hip pain
- Reports knee pain
- Reports morning stiffness
- Reports using heat to relieve pain
- Reports doing exercises 1-2 times per week

---

Followed up about prostate enlargement diagnosis

◦ Diagnosed at age 69

---

Asked about allergies

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

Asked specifically about medication allergies

Denies medication allergies

---

### Home Medications

Asked about home medications

- Reports medication for hypertension
  - Reports medication for prostate enlargement
  - Reports occasionally taking vitamins
  - Denies taking vitamins
  - Denies taking herbal supplements
- 

Asked about medication regimen adherence

- Reports using a pillbox to help with adherence
  - Denies missing doses of medication
  - Denies missing doses of medication due to financial effects
  - Denies difficulty obtaining finances
  - Denies difficulty obtaining transportation
- 

Followed up on last dose of home medications

- Reports taking hypertension medication
  - Reports last dose of medication for prostate enlargement yesterday
  - Reports last dose of sleep aid
- 

Followed up on medication for hypertension

- Reports taking metoprolol
  - Reports metoprolol dosage
  - Reports metoprolol frequency
  - Denies metoprolol side effects
- 

Followed up on medication for prostate enlargement

- Reports taking Proscar (finasteride)
  - Reports Proscar dosage
  - Reports Proscar frequency
  - Denies Proscar side effects
- 

Followed up on sleep aid

- Reports taking Benadryl (diphenhydramine)
  - Reports Benadryl dosage
  - Reports Benadryl frequency
  - Denies Benadryl side effects
- 

### Family History

Asked about relevant family history

- Reports father died of colon cancer
  - Reports mother died of heart disease
- 

### Social History

Asked about substance use

- Reports occasional alcohol use
  - Denies illicit drug use
  - Reports past cigarette smoking
- 

Followed up on alcohol use

- Reports occasional beer drinking

- Reports drinking only at gatherings
- Reports drinking less than 1 drink per week
- Reports that drinking often gives heartburn so he tends to avoid alcohol

---

Followed up on cigarette smoking

- Reports started smoking
- Reports quitting smoking
- Reports smoking 1 pack

---

Asked about exercise

- Reports occasional exerc
- Reports enjoying walking he does not have the energ distances.
- Reports that dizziness ha

---

## Review of Systems

Asked about general symptoms

- Denies feeling feverish
- Denies chills
- Denies night sweats

---

Asked about review of systems for HEENT

- Reports hearing loss
- Reports wearing a hearing
- Reports vision problems
- Reports wearing glasses

---

Asked about review of systems for respiratory

- Denies shortness of breat
- Denies cough
- Denies dyspnea on exerti
- Denies wheezing

---

Asked about review of systems for cardiovascular

- Denies history of blood cl
- Denies history of DVT
- Denies chest pain
- Denies palpitations
- Reports claudication

---

Asked about review of systems for gastrointestinal

- Denies abdominal pain
- Denies difficulty swallowi
- Denies nausea
- Denies vomiting
- Denies constipation
- Denies diarrhea
- Denies changes in stool c

---

Asked about review of systems for musculoskeletal

- Reports occasional joint p
- Reports erythema of joint
- Reports edema of joints

---

Asked about review of systems for neurological

- Reports overall weakness
- Denies frequent headach
- Reports numbness and ti

◦ Denies numbness / tingling elsewhere in body

---

Asked about review of systems for psychological

- Denies anxiety
  - Denies recent mood char
  - Denies suicidal thoughts
- 

### Functional Status & Geriatric Syndromes

Asked about depression

---

Asked about living environment

- Reports living in a house
  - Reports living alone
  - Reports some loneliness
  - Reports visits from one o
- 

Asked about feeling safe at home

- Reports feeling safe at hc
- 

Asked about bathing

- Reports being able to bat
  - Reports being able to rea
  - Reports being able to get
  - Reports that his daughter
- 

Asked about dressing

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

Asked about toileting

- Reports being able to get (uses cane)
  - Reports being able to arr
  - Reports being able to cle
- 

Asked about transferring

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

Asked about continence

- Reports full control over k
  - Reports occasional urinal enlargement
- 

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 poor sleep
  - Reports occasional inson
  - Reports frequent waking
  - Denies oversleeping
- 

Asked about confusion

- Denies confusion

- 
- Asked about evidence of falls
- Reports recent fall
  - Reports history of falls
  - Reports falling twice in th
  - Reports recent dizziness
  - Reports increased dizzine
  - Reports dizziness gets w
- 

- Asked about gait and ambulatory aids
- Reports some gait impair
  - Denies bedrest
  - Denies use of wheelchair
  - Reports occasionally usir
  - Reports balance problem
- 

- Asked about skin breakdown
- Reports thin skin
  - Denies open wounds
  - Denies rashes or lesions
  - Reports Bruising
  - Denies pruritus, itching or
- 

- Asked about weight changes
- Reports weight loss
  - Reports 10 lbs weight los
  - Reports weight loss occu
  - Reports weight loss was
- 

- Asked about oral or dental problems
- Denies tooth problems ar
  - Denies issues with mouth
  - Reports no issues with be
- 

- Asked about appetite changes
- Reports anorexia
  - Reports anorexia for the l
  - Reports feeling full quickl
- 

- Asked about effects of health on social activity
- Reports that health some engaging in social activity
  - Denies that emotional prc engaging in social activity
- 

- Asked about patient's perception of health
- Reports poor health
- 

- Asked about tiredness, energy levels, and fatigue
- Reports fatigue
  - Reports activity increases
  - Reports some fatigue mo
- 

- Asked about recent ER visits or hospitalizations
- Reports ER visit in the las
  - Denies hospitalization in 1
  - Reports going to the ER 4
  - Reports getting a hip x-ra
  - Reports x-ray revealed no
  - Denies being admitted to
-



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## Objective Data Collection: 26.67 of 27 (98.78%)

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Correct           | <input type="checkbox"/> Incorrect |
| <input type="checkbox"/> Partially correct | <input type="checkbox"/> Missed    |

### Assessed Vitals

1 of

#### Temperature (1/4 point)

- Normothermic
- Hyperthermic
- Hypothermic

#### Heart Rate (1/4 point)

- No abnormal findings
- Tachycardic
- Bradycardic

#### Respiratory Rate (1/4 point)

- No abnormal findings
- Tachypnea
- Bradypnea

#### O2 Saturation (1/4 point)

- No abnormal findings
- Hypoxemia

### Assessed Orthostatic Blood Pressure

1 of

#### Blood Pressure At Rest (1/2 point)

- Normotensive
- Hypotensive
- Hypertensive

#### Evidence Of Orthostatic Hypotension (1/2 point)

- No significant orthostatic changes
- Systolic decrease of  $\geq 20$  mmHg
- Diastolic decrease of  $\geq 10$  mmHg
- Exhibits signs of presyncope

### Assessed IV Bag

1 of

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

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

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

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

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

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

---

### Assessed IV Pump

#### Observations (1/1 point)

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

---

### Assessed IV Site

#### Insertion Site (1/2 point)

- No visible abnormal signs
- Erytherma
- Infiltration

#### Dressing (1/2 point)

- Dry and intact
- Moist dressing

---

### Inspected Head and Face

#### Skull Symmetry (1/3 point)

- Symmetric
- Asymmetric

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

- Symmetric
- Asymmetric

#### Appearance (1/3 point)

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

---

### Inspected Eyes

#### Eyelids (1/4 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

#### Lips (1/3 point)

- Smooth, pink, and moist

- Dry appearance
- Redness
- Swelling
- Bleeding or ulceration
- Red or white patches

- 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

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

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

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

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

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

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

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

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

---

**Inspected Thighs**

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

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

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

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

**Symmetry (1/3 point)**

- Symmetric bilaterally
- Asymmetric

---

**Inspected Lower Legs**

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

- No visible abnormal findings
- Redness
- Bruising or other discoloration
- Edema

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

- No visible abnormal findings
- Redness
- Bruising or other discoloration
- Edema

- Visible mass
- Atrophy
- Hypertrophy

- Visible mass
- Atrophy
- Hypertrophy

**Symmetry (No point)**

- Symmetric bilaterally
- Asymmetric

---

**Auscultated Carotids**

**Right (1/2 point)**

- No bruit
- Bruit

**Left (1/2 point)**

- No bruit
- Bruit

---

**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 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

---

**Palpated PMI**

**Location (1/3 point)**

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

**Size (1/3 point)**

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

**Characteristics (1/3 point)**

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

---

**Palpated Dorsalis Pedis Pulses**

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

- No thrill
- Thrill

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

- 0 Absent
- 1+ Diminished or barely palpable

- 2+ Expected
- 3+ Increased
- 4+ Bounding pulse

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

- No thrill
- Thrill

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

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

---

**Palpated Posterior Tibial Pulse**

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

- No thrill
- Thrill

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

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

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

- No thrill
- Thrill

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

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

---

**Palpated Lower Extremities**

**Right Calf (1/6 point)**

- No abnormal findings
- Pitting edema
- Tenderness
- Warmth

**Left Calf (1/6 point)**

- No abnormal findings
- Pitting edema
- Tenderness
- Warmth

**Right Ankle (1/6 point)**

- No abnormal findings
- Pitting edema
- Tenderness
- Warmth

**Left Ankle (1/6 point)**

- No abnormal findings
- Pitting edema
- Tenderness
- Warmth

**Right Foot (1/6 point)**

- No abnormal findings
- Pitting edema
- Tenderness
- Warmth

**Left Foot (1/6 point)**

- No abnormal findings
- Pitting edema
- Tenderness
- Warmth

---

**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 Hip Strength**

**Strength (1/1 point)**

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

**Tested Knee Strength**

**Right (1/2 point)**

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

**Left (1/2 point)**

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

**Tested Hip ROM**

**Flexion (1/4 point)**

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

**Abduction (1/4 point)**

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

**Extension (1/4 point)**

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

**Adduction (1/4 point)**

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

**Tested Knee ROM**

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

- Expected ROM (approx. 130 degrees)
- Reduced flexion

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

- Expected ROM (approx. 130 degrees)
- Reduced flexion

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

- Expected ROM (approx. 0 to 15 degrees)
- Reduced extension

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

- Expected ROM (approx. 0 to 15 degrees)
- Reduced extension

**Tested Skin Turgor**

**Observations (1/1 point)**

- No tenting
- Tenting

### Tested Capillary Refill

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

- Less than 2 seconds
- Greater than 2 seconds

### Tested Gait

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

- No hesitancy
- Hesitancy or multiple attempts to start

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

- Steps clear floor
- Steps do not clear floor completely

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

- Steps are continuous
- Discontinuity between steps

#### Trunk (1/9 point)

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

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

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

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

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

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

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

#### Path (1/9 point)

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

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

- Heels set apart
- Heels almost touching while walking

## Comments

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



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# Focused Exam: Mobility Results | Turned In

Foundations of Gerontology - Spring 2025, NUR 3289

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## 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

Fold

**Description:** Mr. Hall describes the symptoms and the fall that brought him to the ED.



What brings you in today

11:20



Well, long story short, I fell this morning. Right when I got out of my car I was hit with this wave of dizziness. The whole garage started spinning around me and next thing I knew, I was hitting the ground. Luckily my daughter found me after a while. On top of that is this wild pain that started in my leg. I don't know if the two are connected but it's been swelling up and hurting bad.



So sorry you feel that way

E  
11:20



Much appreciated.



we will help you feel better

E  
11:20



Thanks a lot for saying that.

**Model Statement:** "I'm sorry to hear about the fall, as well as the pain and dizziness. That would be startling for anyone to go through. We're going to continue managing any pain from the fall and work on figuring out what's been making you so dizzy."

## 2 Medication Use

**Description:** Mr. Hall reveals that he is inadvertently taking a double dose of metoprolol and that he occasionally takes diphenhydramine to help him fall asleep.



Are you taking home medications



Aside from the occasional Benadryl for sleep, I take medication for my blood pressure and for my prostate. I keep up to date on them pretty well. My regular pharmacy closed down, so my daughter filled my prescription at a new place for both of them about two weeks ago. I could go get them, but she just lives closer to this new place.



How is your medication regimen adherence



I've got one of those pillboxes -- makes it easy. One whole pill in the morning, one whole pill in the evening.



When was your last dose of Home medications



Well, my last dose of the prostate medicine had to have been yesterday, but I took my hypertension medication this morning . . . that was before the fall, of course. I think I took some Benadryl to get to sleep earlier this week, too.



What medications do you take for hypertension (Clarified to: What blood pressure medicine do you take?)



It's called metoprolol. (Clarified to: what blood pressure medicine I take)



What medication do you take for prostate enlargement



Proscar, I think it's called.



Tell me a family history (Clarified to: Can you tell me about your family history?)



I'm not sure I know much about my extended family, but I know my parents' history. (Clarified to: to tell you about my family history)

**Model Statement:** "Mr. Hall, it appears that you've been taking a double dose of metoprolol. Your current pills are the 50 mg version, so you should only be taking half a pill at a time. This double dose could be what has caused your dizziness as well as your fall this morning. Also, the diphenhydramine you've been taking to fall asleep can contribute to dizziness and falls."

## 3 BP Measurements

**Description:** Mr. Hall reveals that he has no way to measure his blood pressure at home, and no close grocery stores or pharmacies where he can check his vitals.



What medications do you take for hypertension (Clarified to: What blood pressure medicine do you take?)



It's called metoprolol. (Clarified to: what blood pressure medicine I take)



What medication do you take for prostate enlargement



Proscar, I think it's called.



Tell me a family history (Clarified to: Can you tell me about your family history?)



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### Care Plan : 3.5 of 9.5 (36.8%)

#### Nursing Diagnosis

0.5

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
risk for impaired skin integrity	risk for fall	Of the listed diagnoses, "risk for fall" addresses the most immediate threat to Mr. Hall's safety.	0 ou

#### Signs & Symptoms

Student Response	Model Answer	Explanation	Poir Earr
alteration in skin integrity	orthostatic hypotension	Mr. Hall's medications can cause dizziness upon standing. Alterations in skin integrity, turgor, and other characteristics, are not direct indicators of Mr. Hall's fall risk. Additionally, while Mr. Hall's enlarged prostate can make it difficult for him to control his bladder, neither decrease in bladder capacity nor ineffective toileting habits relate directly to his risk for fall.	0 ou

fall history	fall history	Mr. Hall's fall history puts him at risk for falls. Alterations in skin integrity and other characteristics, are indicators of Mr. Hall's fall risk. Additionally, while Mr. Hall's enlarged prostate can make it difficult for him to control his bladder, neither decrease in bladder capacity nor ineffective toileting habits relate directly to his risk for falls.
altered skin characteristics	inappropriate medication dosage	Mr. Hall has been nonadherent to instructions for his metoprolol, which could be contributing to his dizziness upon standing. Altered skin integrity, turgor, and other characteristics, are not direct indicators of Mr. Hall's fall risk. Additionally, Mr. Hall's enlarged prostate can make it difficult for him to control his bladder, neither decrease in bladder capacity nor ineffective toileting habits relate directly to his risk for fall.
alteration in skin turgor	chronic pain when attempting to ambulate	Mr. Hall reports chronic pain when attempting to ambulate, resulting in decreased mobility and increased risk for DVT. Alterations in skin integrity and other characteristics, are indicators of Mr. Hall's fall risk. Additionally, while Mr. Hall's enlarged prostate can make it difficult for him to control his bladder, neither decrease in bladder capacity nor ineffective toileting habits relate directly to his risk for falls.

## Planning

### Short-Term Goal

Student Response	Model Answer	Explanation
At every encounter with staff members before discharge, Mr. Hall will verbalize and demonstrate safety practices to prevent falls.	At every encounter with staff members before discharge, Mr. Hall will verbalize and demonstrate safety practices to prevent falls.	Remember that the goal should be measurable, specific, and time-phased, and difficult to achieve. The goal of "free to walk when he goes home" is non-specific, time-phased, and difficult to achieve. The goal of "ability to transfer from bed to chair without falling is too limited a goal for Mr. Hall, who can walk short distances."

## Interventions

Student Response	Model Answer	Explanation
Verify patient has “fall risk” bracelet.	Verify patient has “fall risk” bracelet.	The correct interventions will prevent Mr. Hall from falls during his hospital stay and contribute to his immediate safety. Interventions related to Mr. Hall's care do not support the goal plan. Raising full side rails on bed is a form of patient restraint and would require a provider's order. Additionally, raising full side rails increase a patient's risk of injury if falling, should they attempt to climb the rails.
Instruct patient in use of call light and place call light within easy reach.	Instruct patient in use of call light and place call light within easy reach.	The correct interventions will prevent Mr. Hall from falls during his hospital stay and contribute to his immediate safety. Interventions related to Mr. Hall's care do not support the goal plan. Raising full side rails on bed is a form of patient restraint and would require a provider's order. Additionally, raising full side rails increase a patient's risk of injury if falling, should they attempt to climb the rails.
Recommend patient pursue regular physical therapy for strength training.	Assist client with toileting on his schedule.	The correct interventions will prevent Mr. Hall from falls during his hospital stay and contribute to his immediate safety. Interventions related to Mr. Hall's care do not support the goal plan. Raising full side rails on bed is a form of patient restraint and would require a provider's order. Additionally, raising full side rails increase a patient's risk of injury if falling, should they attempt to climb the rails.
Educate patient to ask for assistance with toileting during his hospital stay.	Educate patient to ask for assistance with toileting during his hospital stay.	The correct interventions will prevent Mr. Hall from falls during his hospital stay and contribute to his immediate safety. Interventions related to Mr. Hall's care do not support the goal plan. Raising full side rails on bed is a form of patient restraint and would require a provider's order. Additionally, raising full side rails increase a patient's risk of injury if falling, should they attempt to climb the rails.
Teach patient's family safety measures to prevent falls at home.	Raise half-length side rails and lower patient's bed.	The correct interventions will prevent Mr. Hall from falls during his hospital stay and contribute to his immediate safety. Interventions related to Mr. Hall's care do not support the goal plan. Raising full side rails on bed is a form of patient restraint and would require a provider's order. Additionally, raising full side rails increase a patient's risk of injury if falling, should they attempt to climb the rails.

Raise full side rails and lower the patient's bed.	Educate patient on metoprolol dosage.	The correct interventions will Mr. Hall from falls during his t and contribute to his immediate Interventions related to Mr. H care do not support the goal plan. Raising full side rails on bed is a form of patient restraint would require a provider's order additionally, raising full side rails increase a patient's risk of injury falling, should they attempt to the rails.
Educate patient in techniques to reduce dizziness when standing.	Educate patient in techniques to reduce dizziness when standing.	The correct interventions will Mr. Hall from falls during his t and contribute to his immediate Interventions related to Mr. H care do not support the goal plan. Raising full side rails on bed is a form of patient restraint would require a provider's order additionally, raising full side rails increase a patient's risk of injury falling, should they attempt to the rails.

### 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 ensure the patient is free from fall during hospital stay	Orienting Mr. Hall to his environment and educating him on fall prevention tactics, along with arranging his immediate environment to reduce the likelihood of falls, will help to decrease the risk of falls that could threaten Mr. Hall's safety.	Addressing a patient falls in the hospital requires providing resources and meeting the patient's immediate well as collaborating with the patient themselves.

### Data Collections

Student Response	Model Answer	Explanation
During hospitalization and at discharge, review nursing notes and talk to patient and care team to discover evidence of falls, and ask patient to verbalize and demonstrate safety practices for fall prevention.	During hospitalization and at discharge, review nursing notes and talk to patient and care team to discover evidence of falls, and ask patient to verbalize and demonstrate safety practices for fall prevention.	You will need to depend upon colleagues to get a full and accurate picture of Mr. Hall's fall history patient and patient's family may not necessarily be the best history of falls, so it is important to refer to notes and talk to the patient's to discover any history of falls during Hall's hospital stay. To evaluate ability to perform fall prevention techniques, it is important to demonstrate them as well as 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 Mr. Hall and the interventions and data collections you will use to help achieve this goal(s).	The patient diagnosis is defined by current symptoms, medical and family history.	Mr. Hall, we want to do what we can to prevent you from having another fall, as that could lead to potentially serious complications. There are several simple steps we can take to reduce your risk of falling in the hospital, including adjusting the rails on your bed, placing your call light button in easy reach, and giving you a "fall risk" bracelet. Remember that it is important to use the call light button whenever you need to get up, so that I or another member of your care team can come to assist you. I will also be walking you through several fall prevention tactics that you can take, and talking to you about your metoprolol medication. You have been taking twice the amount of your metoprolol dose, and this could be contributing to your dizziness when you stand. These interventions will help to make the hospital a safer environment for you. To determine the success of these interventions, I will be regularly reviewing the nursing notes of your care team. Also, each shift, you will be asked to repeat and demonstrate fall-prevention techniques.	
Ask for Mr. Hall's consent to the Care Plan.	Do you consent to the care plan	Mr. Hall, if you don't have any other questions, we can start our discussion now. Does this plan I just talked about sound good to you?	A patient must co interventions in tl Disagreements a opportunities to j patient educator consider alternat

## Intervention & Evaluation

Student Response	Model Answer	Explanation
Fully	Partially	Although Mr. Hall was able to and demonstrate safety pract prevent falls, the success of t cannot be determined before discharge. As such, the patie care will be transferred to the Your goal has been partially n

## Intervention & Evaluation Rationale

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

Prompt	Student Response	Model Answer	Explanation
Did you achieve the following goal? "During hospitalization and at discharge, review nursing notes and talk to patient and care team to discover evidence of falls, and ask patient to verbalize and demonstrate safety practices for fall prevention."	The patient confirms understanding the fall precautions. This include standing up slowly and seeking assistance when toileting. The patient confirms that he will sit down every time he starts feeling dizzy.	Although Mr. Hall was able to verbalize and demonstrate safety practices to prevent falls, the success of the care plan cannot be determined before the patient's discharge. As such, the patient's plan of care will be transferred to the next nurse. This means that the goal has been partially met.	It is important to both verbalize and demonstrate his safety practices to he understands y instructions.

## Comments

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## Documentation / Electronic Health Record

[Flowsheets](#)

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

### Nursing Admitting Note

#### Student Documentation

#### Model Documentation

##### Chief Complaint

"Right when I got out of my car I was hit with this wave of dizziness"

Mr. Hall reports severe cramping pain and swelling in his left lower leg, as well as a fall due to dizziness upon standing.

##### Orientation

Oriented to place, time, space, and person

A&O x 4

##### History of Present Illness

The patient confirms feeling pain at lower leg. The pain has been getting worse for the past 2 days. The patient fell this morning. He confirms feeling dizzy and hitting the ground

Mr. Hall is an 80-year-old White man with a history of HTN, BPH with urinary incontinence, and arthritis who presented to the ER with complaints of left lower leg pain x 2 days and dizziness. He describes the pain as being localized to the left lower leg.

He says the pain was increasingly severe yesterday and he noticed that his calf was swollen. He describes the pain as sharp, nagging and constant. He also states that this pain is different from the usual arthritis pain he gets in his hips and knees and that nothing makes the pain better or worse. He tried taking Advil for the pain at home, but it was ineffective.

Upon arrival to the ER, he reports pain level 10/10 and describes it as a cramp like pain that won't ease up. Patient reports feeling dizzy for about 2 weeks, since he has had his prescription refilled. Has fallen in the past prior to the fall yesterday. However, he did not have any major injuries as a result of these falls.

##### Allergies

NKA

NKA

##### Past Medical History

Prostate enlargement diagnosed at 69  
Arthritis diagnosed at 57  
Hypertension diagnosed at 57

HTN, diagnosed at age 57  
Arthritis, diagnosed at age 57  
Prostate enlargement with minimal urinary incontinence, diagnosed at age 69

## Student Documentation

## Model Documentation

### Past Surgical History

No surgical history

Mr. Hall reports that he had one previous surgery at age 58.

### Medication History

Hypertension diagnosed at age 55  
Metoprolol 50mg Tablets for Hypertension

Metoprolol 25 mg, 1 tab daily for high blood pressure  
Finasteride (Proscar) 5 mg, 1 tab P.O. once daily  
Benadryl, dosage unknown, 1 tab PRN for allergies  
Advil (ibuprofen) 200 mg, 1 tab PRN for pain

### Family History

N/A

Father died of colon cancer at age 62  
Mother died of heart failure at age 78

### Social History

Patient denies taking illegal substances  
Patient drinks alcohol infrequently (less than once a week).

Employment: Mr. Hall is a retired carpenter.

Marital status: He is a widower and has a daughter who lives close by and checks on him frequently. She comes to visit and calls daily.

Tobacco use: Mr. Hall smoked cigarettes for 20 years, quit 10 years ago.

Alcohol/Illicit Drug: Occasional alcohol at gatherings. He generally avoids it because of his liver. He has never used drugs and denies any illicit drug use.

### Review of Relevant Systems

Denies respiratory problems  
Denies cardiovascular issues  
Denies Gastrointestinal issues

(No Model Documentation Provided)

### Functional Status & Geriatric Syndromes

None

Mr. Hall currently lives alone. He reports that he can bathe and feed himself, as well as bathe independently. His daughter has a bar installed for him. He experiences urinary incontinence due to his enlarged prostate. He uses a toilet with support (uses cane). He has osteoarthritis and occasionally uses his cane to balance while walking. He experiences difficulty getting out of bed.

He states that his sleep is usually of poor quality with frequent waking. He says he has recent dizziness when standing, and that the dizziness has increased over the last 6 months. He has a prior history of falls, and reported a fall 3 months ago. He visited the ER in the last 3 months for a fall, getting a hip X-ray with no fracture four months ago.

Mr. Hall reports that his skin is thin, and he has experienced weight loss of 10 lbs over the past 6 months. He says that the weight loss is increased with activity, as it prevents him from engaging in social activities.

### Elder Abuse Assessment

No sign of elderly abuse

Mr. Hall does not have signs of elder abuse. He needs adequate care. Due to his age, he needs someone to check on him daily and to manage his medications. His bruising appears to be self-inflicted. He says he feels safe in his relationship with his daughters. I would schedule regular checks to make sure he is safe and into in-home care options.

## Comments

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



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