vSim Health Assessment Case 4: Vernon Russell

Documentation Assignments

1. Document range-of-motion exercises performed and Vernon Russell's response to the activity.

   Did passive and active exercising in terms of range-of-motion exercises with Vernon Russell for both the upper and lower limbs. The exercises ranged from flexing and extending the shoulders, elbows, wrists, hips, knees, and ankles, as well as abducting and adducting them. Vernon was a little shy in the beginning but he got involved very well when he understood what was expected of him. He manifested minimal to moderate left-side claudication, especially on the movements involving the left arm flexion and the extension of the left arm in the anterior plane that he likened to a 2 out of 10 in terms of pain. He was compliant and showed an understanding of the exercises and his desire to proceed with the exercises in the plan of care.
2. Document your focused assessment of Vernon Russell's musculoskeletal system in an SBAR format.

   Situation: Vernon Russell is also a 55-year-old Male patient who had a stroke and sustained mild left hemiplegia, and he is currently in the transitional care unit.
   Background: Vernon is hypertensive, has coronary artery disease, and has been diagnosed with diabetes mellitus type 2. The patient had a head CT scan in the ED and received thrombolytic therapy. He currently smokes more than one packet per day, has been smoking for over three and half decades, and hardly exercises.
   Assessment: He is weak on the left upper and lower limb with a power of 3/5, and on the right side, the power was assessed at 5/5. He displays moderately reduced flexibility of the arm on the affected side, and he is slightly uncomfortable while undertaking physical movements. The patient presents no sign of manifestation of joint pain; redness or swelling was noted. Patient is unable to walk independently, and if allowed to walk, the gait is unstable, therefore requiring close monitoring while walking. Vital signs are stable: RR 16, HR 90, BP 138/86, SpO2 at 98%, and the patient has a temperature of 37°C or 98.6°F.
   Recommendation: Keep on reminding and helping the patient with range-of-motion exercises to help enhance the movement and strength of the left side of the body. Make sure that Vernon has access to his call light for help when he needs it. Ensure client education on fall risk factors and preventive measures, and assist during walking and positioning changes to minimize chances of falling. Review musculoskeletal status and the level of mobility on a daily basis and modify the interventions according to the improvement or deterioration.

3. Document patient education provided to Vernon Russell regarding the following aspects of his rehabilitation plan: fall prevention, safety precautions, and mobility/exercise.

   Administered patient education to Vernon Russell concerning other features of his rehabilitation plan, such as fall prevention measures, safety measures, and mobility exercises. Ensured that the patient understood the need to use devices like the walker or pointer to avoid falls and gain steadiness. Instructed Vernon on how to ensure that his surroundings had no barriers, to wear slip-resistant shoes, and to always ask for help before trying to get up unassisted. Described basic limb movements meant to achieve range of motion and increase muscle strength while stressing the gradualness for those motions to be effective without causing more harm. Vernon listened and looked convinced, nodding at patches to indicate his awareness of these measures in his rehabilitation. He was offered education on fall prevention and exercising regimes and was informed to seek clarification in case he didn't understand something. Vernon promised to adhere to the recommended safety and mobility measures as prescribed.

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Guided Reflection Questions

Opening Questions

How did you feel throughout the simulation experience?

During the whole simulation practice, I experienced feelings of both expectation and pressure. The scenario showed how opinions should be given with really good intuition and how clients should be treated in terms of patient-centeredness, and I did everything to ensure that Vernon Russell was given accurate and safe care. In some instances, I felt assured of the actions that I was taking while, at the same time, realizing that I needed to be more analytical, particularly on issues relating to his stroke.

What do you think went well?

In my view, the targeted subjective assessments, especially the musculoskeletal assessment on Vernon, were satisfactory. When speaking with the patient and analyzing his responses, I was able to recognize some of the major concerns for him, including left-sided weakness and balance problems. The safety features and fall prevention information that I gave to the patient was well understood by Vernon, who seemed to grasp the details of his rehabilitation program.

Reflecting on Vernon Russell's case, were there any actions you performed differently when repeating the scenario, or that you would do differently if you were to repeat it? If so, how did/would your patient care change and what differences, if any, did you or would you expect in Vernon Russell's outcomes?

In this case, I would have concentrated more on paying attention to the fact that Vernon felt like he was being actively included in his care plan as the first step. This would include a more frequent and clear expression of his goals and concerns so as to enable him to express what he wants and what he is worried about early. This may lead to the enhancement of his compliance and rehabilitative motivation to various exercises and safety measures, thereby improving his overall results.

Scenario Analysis Questions*

PCC What cues did you recognize when you received the initial SBAR report that prompted you to investigate further?

In the initial SBAR to the providers, important cues to consider were Vernon's left-sided hemiplegia, history of hypertension and coronary artery disease, and that he has recently been transferred to the transitional care unit. These cues led me to explore his restrictions in mobility, risk of falling down, and the necessity for individualized interventions for musculoskeletal disorders.

EBP/S When analyzing the relevant initial cues, what priority problem(s) did you identify for Vernon Russell?

The priority problems included his difficulty in moving around due to left-sided hemiplegia, risk of falling, pain control, and rehabilitation. Consequently, he had a smoking history and was unable to exercise, both of which are critical in presenting clear teaching and counseling needs.

EBP What priority assessment needs did you identify for Vernon Russell?

Priority nursing assessments included assessing a range of motion, muscle strength, balance, coordination, pain level, and knowledge regarding safety precautions, including the use of a walker. Assessing the client's vital signs and conducting a comprehensive musculoskeletal assessment was important in order to inform the client's next steps and recognize any issues that may arise concerning his stroke rehabilitation.

EBP Describe findings that might concern you regarding Vernon Russell's safety, fall risk, and musculoskeletal assessments.

Issues included Vernon's left-sided weakness in his balance and his high risk of falls. His past medical note smoking history and sedentary lifestyle also increase concern for future cardiovascular events and possible subsequent strokes. Also, he did not know how to use assistive devices, and the constant reminders about safety measures were important considerations in his fall risk.

S Describe the safety measures that should be incorporated in Vernon Russell's care.
T&C Based on assessment findings and Vernon Russell's history, what additional resources may be beneficial for this patient?

Measures to avoid falls ought to involve positioning the bed at the lowest level with wheels securely locked, ensuring the location of the call light is within reach, and using non-slip mats in the room. Frequent observation when the patient is out of bed and during transfers, adequate rounding, and reminders on the use of walking aids are recommended. Explaining to Vernon other precautions that he could take to prevent falling, like standing up gradually from a sitting position, is also important.

PCC What risk factors does Vernon Russell have (modifiable and nonmodifiable) that indicate the risk for reoccurrence of a stroke?

It would probably be helpful if Vernon were referred to physical therapy and occupational therapy to assist in his recovery. A smoking cessation program and dietary counseling could tackle modifiable risk factors of the patient. Furthermore, a stroke support group could offer encouragement and information to Vernon and his family regarding his rehabilitation process.

PCC What patient education should be initiated due to the identified modifiable risk factors?

Several nonmodifiable factors apply to Vernon, for example, his age and history of stroke. His smoking habit, hypertension, coronary artery disease, diabetes mellitus, and lack of exercise are

considered modifiable risk factors. These are key determinatives of recurrent stroke risk, indicating the need for risk reduction interventional efforts.

Concluding Questions

Describe how you would apply the knowledge and skills that you acquired in Vernon Russell's case to an actual patient care situation.

Learning from Vernon, it becomes clear that the assessments and care plans require students to understand how to apply them to specific clients. In clinical practice, I would use these competencies when assessing the patient, identifying vital information from the SBAR reports, and promoting patient safety. I would encourage open communication with the patients and their families so that their involvement can be promoted, and patients would be encouraged to participate in their own care with an increased focus on health promotion and disease prevention.

What opportunities for improvement should you address?

Areas for improvement include learning more about how to manage work priorities, specifically in time-bound situations, and increasing efficiency during assessments and interventions. I could also pay much attention to improving the aspect of communication to ensure that all the instructions given to the patients and all the education imparted to them are easily understood. A valuable experience for ongoing professional development would also be to ask peers and mentors for feedback on their observations of my performance and implement this into practice.