

Your Results

Lab Pass (/assignment_attempts/7606025/lab_pass.pdf)

Overview

Transcript

Subjective Data Collection

Objective Data Collection

Education & Empathy

QSEN Competencies

Documentation

SBAR

Reflections

Subjective Data Collection: 52 of 52 (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 patient's case.
Chief Complaint	<div><input type="checkbox"/> Established chief complaint</div>	<div><input type="radio"/> Reports pain</div>
Orientation	<div><input type="checkbox"/> Established orientation</div>	<div><input type="radio"/> Oriented to person <input type="radio"/> Oriented to place <input type="radio"/> Oriented to time <input type="radio"/> Oriented to situation</div>
Patient Comfort and Status	<div><input type="checkbox"/> Asked about fluid intake and hydration</div> <div><input type="checkbox"/> Asked about urinary comfort</div> <div><input type="checkbox"/> Asked about most recent meal</div> <div><input type="checkbox"/> Asked about preferences for hospice care</div> <div><input type="checkbox"/> Asked about advanced directives</div>	<div><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</div> <div><input type="radio"/> Reports last urination was around 10 AM <input type="radio"/> Denies pain or burning with urination</div> <div><input type="radio"/> Denies current hunger <input type="radio"/> Reports no food intake today <input type="radio"/> Last meal was a few bites of yogurt last night</div> <div><input type="radio"/> Reports wanting to be in hospice care</div> <div><input type="radio"/> Reports having an advanced directive</div>

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Support

https://www.coursehero.com/file/67526611/End-of-Life-subjectivepdf/

History of Present Illness

- | | |
|--|--|
| <input type="checkbox"/> Asked about onset and duration of pain | <ul style="list-style-type: none">◦ Pain became unbearable 2 days ago◦ Reports pain increasing over the past 2 days◦ Reports experiencing some pain most of the time |
| <input type="checkbox"/> Asked about location of pain | <ul style="list-style-type: none">◦ Reports bone pain◦ Reports pain in legs◦ Reports pain in ribs |
| <input type="checkbox"/> Asked about characteristics of pain | <ul style="list-style-type: none">◦ Describes pain as sharp |
| <input type="checkbox"/> Asked about aggravating factors of pain | <ul style="list-style-type: none">◦ Reports that pain is constant - no periods of relief or worsening |
| <input type="checkbox"/> Asked about treatment and relieving factors of pain | <ul style="list-style-type: none">◦ Reports that nothing relieves her current pain◦ Reports prescription pain pill |
| <input type="checkbox"/> Asked about severity of pain | <ul style="list-style-type: none">◦ Reports current pain is a 4/10◦ Reports pain before medication was a 9/10 |

Past Medical History

- | | |
|--|---|
| <input type="checkbox"/> Asked about existing health conditions | <ul style="list-style-type: none">◦ Reports stage IV breast cancer with liver metastasis◦ Reports hypertension diagnosis |
| <input type="checkbox"/> Asked about allergies | <ul style="list-style-type: none">◦ Denies general allergies◦ Denies latex allergy |
| <input type="checkbox"/> Asked specifically about medication allergies | <ul style="list-style-type: none">◦ Reports allergy to penicillin |
| <input type="checkbox"/> Followed up about penicillin allergy | <ul style="list-style-type: none">◦ Reports last taken in childhood◦ Reports reaction was a rash |

Home Medications

- | | |
|--|--|
| <input type="checkbox"/> Asked about home medications | <ul style="list-style-type: none">◦ Reports taking long-acting morphine◦ Reports taking immediate release morphine◦ Denies taking vitamins◦ Denies taking herbal supplements |
| <input type="checkbox"/> Followed up on long-acting morphine | <ul style="list-style-type: none">◦ Reports morphine dosage: 60 mg◦ Reports morphine frequency: every 12 hours◦ Reports morphine is typically effective at reducing overall pain level |
| <input type="checkbox"/> Followed up on immediate release morphine | <ul style="list-style-type: none">◦ Reports morphine dosage: 20 mg◦ Reports morphine frequency: as needed |

○ Reports morphine is typically effective at reducing breakthrough pain

Social History

☐ Asked about substance use

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

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 ago

☐ Asked about review of systems for musculoskeletal

- Reports loss of strength
- Denies recent injury
- Denies erythema
- Denies edema of joints

☐ Asked about review of systems for neurological

- Reports weakness
- Denies frequent headaches
- Denies changes in coordination

☐ Asked about review of systems for psychological

- Reports irritation
- Reports anxiety

Functional Status & Geriatric Syndromes

<input type="checkbox"/> 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 every few days
<input type="checkbox"/> Asked about feeling safe at home	◦ 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 most parts of body ◦ Reports that husband assists in bathing ◦ Reports that husband helps her get in and out of the shower ◦ Reports that she sits on a shower bench
<input type="checkbox"/> Asked about dressing	<ul style="list-style-type: none"> ◦ Reports being able to retrieve clothing ◦ Reports being able to put on clothes ◦ Denies difficulty with buttons and zippers ◦ Denies difficulty tying shoes
<input type="checkbox"/> Asked about toileting	<ul style="list-style-type: none"> ◦ Reports needing assistance to get on and off toilet ◦ Reports being able to arrange clothing during toileting ◦ Reports being able to clean genital area without help
<input type="checkbox"/> Asked about transferring	<ul style="list-style-type: none"> ◦ Reports difficulty getting out of bed in the morning ◦ Reports some difficulty getting out of chairs ◦ Denies use of mechanical aids for transferring
<input type="checkbox"/> Asked about continence	<ul style="list-style-type: none"> ◦ Reports full control over bowels ◦ Reports full control over bladder
<input type="checkbox"/> Asked about ability to eat independently	<ul style="list-style-type: none"> ◦ Reports being fully able to eat and feed herself ◦ Reports being fully able to get food from plate to mouth ◦ Reports being too weak to prepare food
<input type="checkbox"/> Asked about sleeping habits	<ul style="list-style-type: none"> ◦ Reports poor sleep ◦ Reports occasional insomnia ◦ Reports frequent waking ◦ Denies oversleeping
<input type="checkbox"/> Asked about confusion	◦ Denies confusion
<input type="checkbox"/> Asked about evidence of falls	<ul style="list-style-type: none"> ◦ Denies recent falls ◦ Denies history of falls ◦ Denies dizziness, vertigo, or syncope
<input type="checkbox"/> Asked about gait and ambulatory aids	◦ Denies gait impairment

- Reports being on bedrest most of the time
- Denies use of wheelchair

☐ Asked about skin breakdown

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

☐ Asked about weight changes

- Reports weight loss

☐ Followed up about weight loss

- Reports 20 lbs weight loss
- Reports weight loss occurred over the last 2 months
- Reports weight loss was unintentional
- Reports weight 190 before cancer diagnosis

☐ Asked about oral or dental problems

- Denies jaw pain
- Denies jaw pain interfering with food

☐ Asked about appetite changes

- Reports anorexia
- Reports anorexia for the last few months
- Reports feeling full quickly
- Reports being able to only take a few bites or sips at a time

☐ Asked about effects of health on social activity

- Reports that health prevents her from engaging in social activity
- Denies that emotional problems prevent her from 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 last 3 months
- Reports no hospitalization in the last 3 months
- Reports last cancer treatments were 3 months ago

Comments

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

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