

① Hand hygiene + gloves

② Intro + rapport

- Good morning, my name is Madison, I'll be your student nurse today. Can I get your **full name** and **date of birth** please? (Response) Nice to meet you (name).

③ Subjective data collection

a. What brings you in today? **Reason for seeking care.**

- What is your pain lvl on scale of 1-10? (note, anticipate giving analgesic)
- What does the pain feel like- does it radiate or stay in one spot?

b. When did this illness/injury happen/start? **History of present illness.**

- Are you taking anything for that? (what, how much)
- What were you doing it occurred?
- Have you been seen for this before? → **passing out?**

c. Do you have a hx of (**neuro**: headaches, LOC, blurry vision) (**musc.**: muscle ^{cramps/spasms}, broken/fragile bones, falling? painful/swollen joints?) **past medical hx.**

- **neuro**: How often, what prompts them, how long do they last?
- **musc.**: How often, what prompts them, how long do they last? **Does anyone in your family have a hx of fragile bones/osteoporosis?**

d. Have you had any surgeries? **past surgical hx.**

- If yes, for what?

e. Are you up-to-date on your vaccinations? **immunizations**

- If no, what do you need?
- Any trouble getting access to the vaccine?

f. Do you have any allergies- meds, food, etc? **Allergies**

- What happens? (Hives, anaphylaxis)

g. Are you currently taking any meds? **current meds**

- What for, what med, dose, how often

h. Do you have any issue completing ^{daily} tasks at home by yourself? **safety in home**

- Do you feel safe at home?
- Home health nurse?

④ Identify what **focused assessment** to perform.

- **neurological vs musculoskeletal**
- (3) **assessment skills + their subcomponents** (ROM, sensory, CN and their specifics)

5 perform 3 medication checks

- first assess, preparing, before giving to pt

6 identify/verbalize 11 rights of med admin

- drug, dose, patient, route, time, reason, documentation, to refuse, response, education, assessment

7 safely, correctly administer pain medication

- chooses correct med to administer
- Retrieve/check
- Tell pt what to expect
- Review: Heparin, Morphine, Valium, Lisinopril, warfarin

8 safely, correctly administer influenza vaccine

- Identify correct deltoid landmark
- draws medication safely, accurately ("OK, small pinch!")

9 completes all in 25 min

- Assessment, reporting, medication

PATIENT SCENARIOS

BILLIE MCMICHAEL

· 48 y.o. female

Acetaminophen

· Right shoulder sore after throwing softball

- **Inspection + palpation:** redness, swelling, compare bilaterally gently palpating
- **Compare:** strength bilaterally w/resistance and force
- **ROM:** flexion + extension (117-180; 28-80°), internal + external rotation (30-110; 40-117°), abduction + adduction (40-60; 90°)

KODY WASHINGTON

· 59 y.o. male

· Headache (2 days ago) + dizziness (comes + goes)

- **Romberg test:** close eyes + hands at sides or across chest; note stumbling or falling
- **Weber test:** test CN VIII (vestibulocochlear) for vibrations felt, hearing loss, test for unilateral sensorineural hearing loss
- **Finger-to-nose test:** touch provider's finger, tip of nose, then finger again in another location

AISHLEE GOLDIE

· 26 y.o. female

· Knee + ankle pain following MVA

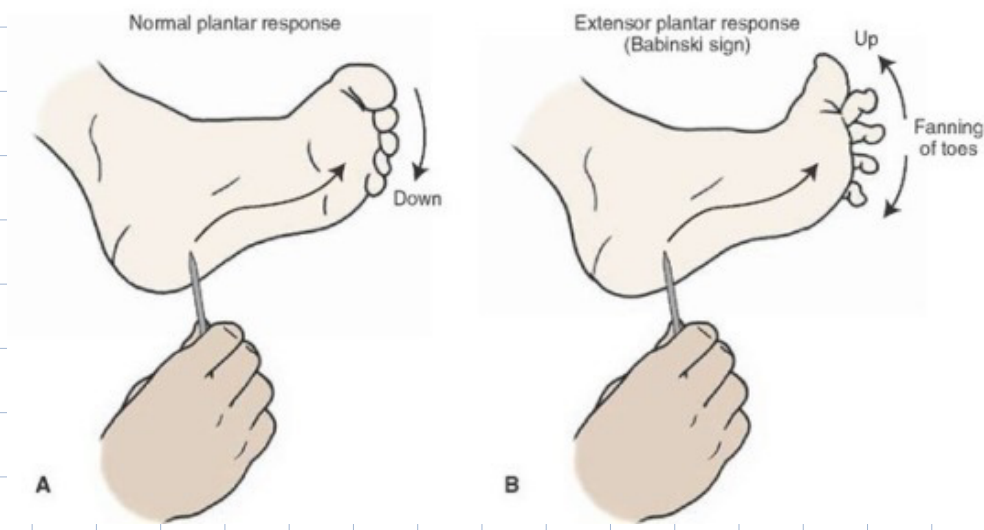
- **Inspection:** bilateral exam for color, bruising
- **palpation:** bumps, lesions, swelling
- **ROM:** flexion + extension (120-160; 0°), strength of knee + ankle w/applied resistance, dorsiflexion + plantar flexion (20-30; 50°)

THOMASINA BINGE

· 74 y.o. female

· Referred-weakness in legs, occasional falls

- **Deep tendon reflex test:** Babinski test (sole of foot), bicep/tricep/Achilles/patellar ^{plantar reflex/}
- **Neuropathy Screening:** skin sensation on soles of feet (10 places)
- **CN exam:** specifically vestibulocochlear (CN VIII/8), Weber test (vibrations, sound), Romberg test



BABINSKI TEST

Babinski sign (right) should NOT be present after 2 yrs

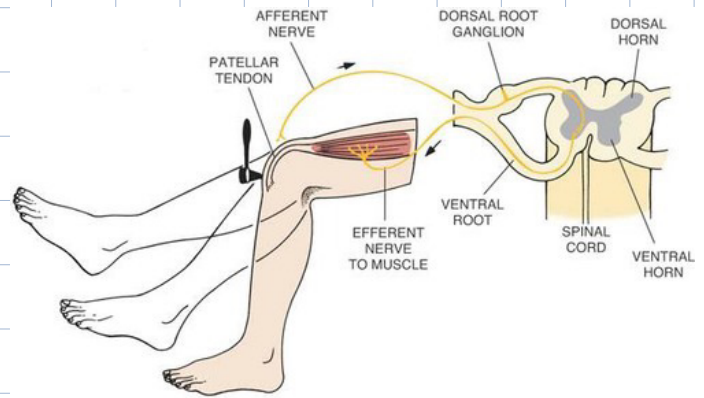
*After 2 yrs may indicate CNS issue



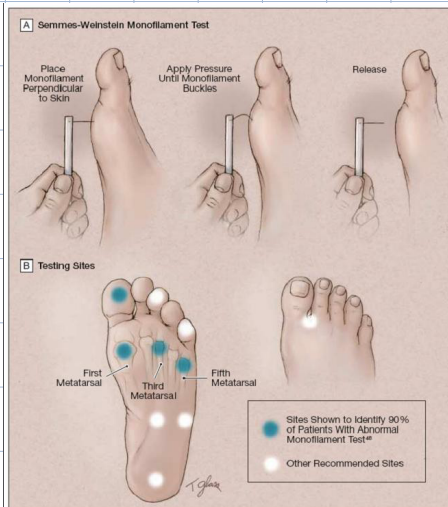
DEEP TENDON REFLEXES

Bicep, tricep, patellar, Achilles, brachioradialis

*Need a reflex hammer

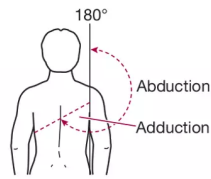
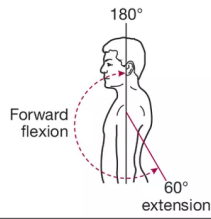


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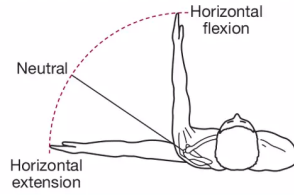
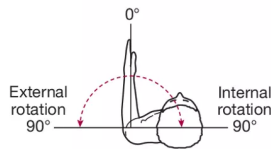
NEUROPATHY SCREENING

Test (10) locations on feet w/ object to see if sensation is felt



ROM-SHOULDER

- Flexion (117-180°); Extension (28-80°)
- Internal rotation (30-110°); External rotation (40-117°)
- Abduction (40-60°); Adduction (90°)



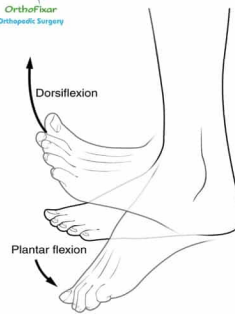
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ROM-ANKLE

- Dorsiflexion (20-30°)
- Plantar flexion (50°)



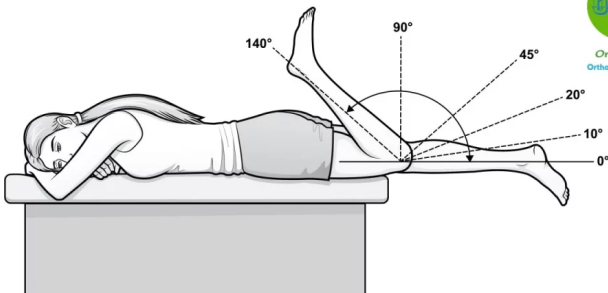
Ankle Range of Motion



Ankle Range of Motion testing is divided into active range of motion (AROM) and passive range of motion (PROM), with overpressure being superimposed at the end of available range to assess the end feel.

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Knee ROM



ROM-KNEE

- Flexion (120-150°)
- Should be NO extension (0°)

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HEPARIN

- **purpose:** blood thinner
- **caution:** bruising easily, report bleeding/bruising, headaches, joint swelling, abdominal pain

MORPHINE

- **purpose:** pain relief, sedative
- **caution:** drowsiness, fall risk, dizziness, confusion
- * Assess pain level after 15 min (IM route) after 1 hr (oral route),

VALIUM

- **purpose:** anxiolytic (anti-anxiety), treat seizures, treat alcohol withdrawal
- **caution:** fall risk, drowsiness, dizziness, spinning sensation, headaches, constipation
- * Avoid standing w/o assistance

LISINAPRIL

- **purpose:** ACE inhibitor (↓ BP)
- * Take BP before giving; avoid ↑ potassium (leafy greens, bananas)
- **caution:** exercise caution when sitting → standing, dry cough, dizziness

WARFARIN

- **purpose:** blood thinner
- **caution:** avoid leafy greens (vitamin K is an antagonist to this med), bruising easily; report bleeding

INFLUENZA VACCINE

- **side effects:** drowsiness, flu-like symptoms (headache, chills, nausea), pain/soreness/redness at injection site
- * communicate adverse effects (should be reported immediately)
- Hives, difficulty breathing, fast heartbeat
- warn pt before injection "Ok, you'll feel a little pinch"
- To find proper placement: 3 fingers down from acromion process, within triangle created by index + thumb. pull skin taut and inject

NAPROXEN peak: 2-4 hrs

- **purpose:** pain relief, anti-inflammatory
- **caution:** confusion, dizziness, fall risk, changes in vision
 - * DO NOT take w/other pain relievers unless directed by provider
- **onset:** 1hr

ACETAMINOPHEN peak: 1hr

- **purpose:** pain relief, anti-inflammatory
- **caution:** may cause skin rash (report immediately), nausea, lack of appetite, headache, drinking alcohol may ↑ risk of stomach bleeding
- **onset:** 30-60min