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## Shadow health comprehensive assessment pdf

1. Study Guide - No 509 shadow health comprehensive assessment instructor guide 2. Exam (deepenings) - Shadow health tina jones comprehensive assessment-subjective data collection 3. Exam (preparation) - Shadow health comprehensive assessment tina jones -documentation / electronic health r . . 4. Exam (preparation) - No 509 comprehensive assessment; Tina Jones-lab report 5. Presentation - No 509 shadow health comprehensive assessment soap note 6. Summary - Nurs 325 patient assessment health skills task Of: jogalega • 12 hours ago By: alusine • 1 month ago Inspected upper extremities Right shoulder without swelling, masses, or deformity (Found) Pro Tip: A comprehensive musculoskeletal exam includes inspection of all joints and muscle groups for swelling, masses, discoloration, and deformity. Example Question: Right arm without swelling, masses, or deformity (Found) Pro Tip: An extensive musculoskeletal exam includes inspection of all joints and muscle groups for swelling, masses, discoloration, and deformity. Example Question: Right elbow without swelling, masses, or deformity (Found) Pro Tip: An extensive musculoskeletal exam includes inspection of all joints and muscle groups for swelling, masses, discoloration, and deformity. Example Question: Right wrist and hand without swelling, masses, or deformity (Found) Pro Tip: An extensive musculoskeletal exam includes inspection of all joints and muscle groups for swelling, masses, discoloration, and deformity. Example Question: Left shoulder without swelling, masses, or deformity (Found) Pro Tip: An extensive musculoskeletal exam includes inspection of all joints and muscle groups for swelling, masses, discoloration, and deformity. Example Question: Left arm without swelling, masses, or deformity (Found) Pro Tip: An extensive musculoskeletal exam includes inspection of all joints and muscle groups for swelling, masses, discoloration, and deformity. Example Question: Left elbow without swelling, masses, or deformity (Found) Pro Tip: An extensive musculoskeletal exam includes inspection of all joints and muscle groups for swelling, masses, discoloration, and deformity. Example Question: Left wrist and hand without swelling, masses, or deformity (Found) Pro Tip: An extensive musculoskeletal exam includes inspection of all joints and muscle groups for swelling, masses, discoloration, and deformity. Example Question: Fingernails: no combs or abnormalities in nails, pink nail beds (Found) Pro Tip: Nail appearance suggests the status of respiratory and vascular function and the presence of nutrient deficiencies or diseases. This is especially important to assess in your patient because diabetics are at risk of peripheral vascular disease. Comprehensive Assessment Tina Jones Shadow Health Transcript, Subjective, Goal & Documentation Sample Question: Comprehensive Assessment of Tina Jones American Sentinel University Comprehensive by Tina Jones A 28-year-old woman, Tina Jones, presents to the clinic for a pre-employment physical. A comprehensive assessment of Ms Jones will be carried out and key findings will be determined. A comprehensive physical assessment provides basic, personal knowledge of a patient and provides the basis for health promotion through education and counselling (Bickley & Szilagyi, 2013). An individualized plan of care taking into account Ms. Jones's age, physical study results, nursing theory, and healthy people 2020 goals will be discussed. Health history Current Health Status Tina Jones enters the clinic for a general physical exam. She says she recently got a new accounting job at Smith, Stevens, Silver & Company and that she needs a physical pre-employment. She denies any acute concern about this visit. The last visit to the clinic was four months ago for an annual gynaecological exam. At the time she was diagnosed with polycystic ovarian syndrome (PCOS), for which she was prescribed the pill Yaz. She says she takes the pill daily, at the same time every day. Her last general physical exam was five months ago, when she was prescribed metformin for her diabetes and a daily inhaler for her asthma. Three months was her last visit to the optometrist, for which she was given prescription glasses. She called the glasses improve her vision, reduce her blurred eyesight and have helped to eliminate her headaches. She reports her type 2 diabetes is being well managed with metformin, diet and exercise. She regularly monitors her blood sugar levels, checking once a day in the morning. She has also kept records of her asthma by monitoring her peak flow. The rescue inhaler was last used three months ago, with a total of two applications in the past year. Psychosocial history Tina reports that she has improved her diet

by limiting carbohydrates, staying away from sweets and increasing vegetable consumption. She has also increased her physical activity. She says she goes for a 30-40-minute walk 4-5 times a week and swims once a week. Tina doesn't smoke or doesn't use recreational drugs. Reports she smoked marijuana when she was younger but hasn't for many years. She drinks socially, reaches out with friends about 2-3 times a month, and her caffeine intake has dropped to 1-2 diet sodas a day. She currently lives with her mother and sister, but has a lease that starts at her own apartment in a month. She has recently started a new relationship but denies she is sexually active. Her new job is as an accounting assistant, starting in two weeks. Tina says she is very excited about the new opportunity. She reports that she has a strong friend and family support system and is very active in her church. This strong support system helps ease her stress and anxiety by providing a blade board. She reports no depression or anxiety. She that she can do well with future life changes. Family history Ms. Ms. mother is alive, age 50, and has high blood pressure and high cholesterol. Her father has died, aged 58, in a car accident a year ago. He had high blood pressure, high cholesterol, and type 2 diabetes. Her maternal grandparents both died in their 70s of stroke and had a history of hypertension and high cholesterol. Her grandmother is alive and well, 82, with hypertension. Her maternal grandfather died at 65 of colon cancer and had a history of type 2 diabetes. There is no family history of other cancers, mental illness, physical examination identifying data and the reliability of Ms. Jones's a pleasant, 28-year-old African American single woman who presents for a pre-employment physical. She is the primary source of information and is reliable. Her speech is clear, and eye contact is appropriate. Chief Complaint I came in because I am required to have a recent physical exam for health insurance at my new job. Medication and allergy Metformin: Started five months ago. 850 mg twice daily. Reports eating probiotic yogurt helps with side effects. Fluticasone propionate: 88 mcg / spray, two puffs twice daily. Albuterol: 90mcg/ spray MDI, two puffs every four hours as needed. Drospirenone and ethinyl estradiol: one pill every day. Ibuprofen: 600 mg as needed for menstrual cramps. Ms Jones has a penicillin allergy with a reaction of rashes. She's allergic to cats and dust. These allergens exacerbate her asthma symptoms, so she tries to avoid them. She denies any food allergies. Review of Systems General. Ms. Jones sits comfortably on the study table, in no acute distress. No current complaints or recent illness. She seems well nourished and dresses appropriate. Reports recent weight loss. Vitals: Height 170 cm, Weight 84 kg, BMI 29, BP 128/82, HR 78, RR 15, O2 99%, Temp 37.2C. HEENT. Ms Jones reports no headaches, vision changes, eye pain or itchy eyes. She wears corrective lenses and states that they have helped with her blurred vision and headaches. Denies changes in hearing or ear pain. Denies a runny nose or sneezing. Five months ago, the last dental visit was without any worries. Upon examination, the head is normocephalic without lesions or soreness of the scalp. Hair is normal texture and distributed evenly. Sclera white, conjunctivitis pink, PERRLA, EOMs intact. Left disk round with sharp margins. Mild retinopathic changes on the right. Vision 20/20 with bilateral corrective lenses. Nasal cavities pink, no discharge. Ear canal pink, tympanic membrane pearly gray, no drainage. Whispers heard bilaterally. Mucous membranes pink and moist, almonds 2 + bilaterally. Gag reflex present, swallows without difficulty. Sinus' palpable without tenderness noted. No click on jaw palpation, full ROM. Thyroid palpable, nodules, no goiter. Axillary and cervical lymph nodes palpable, no lymphadenopathy. Respiratory tract. Ms Jones reports no shortness of breath or breathing difficulties. No wheezing runny nose or cough. The last use of her rescue inhaler was three months ago and total over the past year. The front and posterior chest walls are symmetrical with respiration, no deformities, rashes, or lesions. Breath sounds present and just bilateral, no accidental sounds noted. Chest resonance on percussion. Palpated fremitus just bilaterally. Normal bronchophony results. Spirometry: FVC 3.9L, FEV1 3.15L, FEV1/FVC ratio 80.56%. Cardiovascular. Ms Jones reports no chest pain, palpitations, or swelling of the hands and feet. The pulse is regular, S1, S2, no murmurs, gallops or rubs. Bilateral carotiser 2+, no tension, no bruits. PMI nondisplaced, no hives or lifts. Peripheral impulses 2+, just bilaterally. No peripheral edema. Capillary refill <3 seconds. Abdominal. Do not report nausea, vomiting, constipation, diarrhea, pain or heartburn. Upon inspection, stomach protuberant and symmetrical. Gross hair growth noted from pubis to umbilicus. Gut sounds normoactive and present in all four quadrants. Abdomen tympanic on percussion. Liver spread 7 cm MCL, tangle 1 cm below the right costal margin. Abdomen soft without tenderness, guarding or masses with palpation. Muscle. Ms Jones reports no muscle pain or weakness. Her gait is smooth with even stride. Full ROM of TMJ without crepitus. Upper and lower extremities symmetrically without lesions or swelling. Full ROM and 5/5 strength in extremities, spine and hips. Deep tendon reflexes 2+, upper and lower. Neurological. Report no dizziness, tingling or loss of sensation. Awake and awake. Oriented towards person, place and time. Able to identify sharp, dull and soft touch to upper and lower extremities. Double shoulder shrug against resistance, able to turn the head in both directions against resistance. Positional in the fingers and toes is normal. Able to perform repeated alternating movements, finger to nose smooth, able to run heel down shin without deviation. Stereognostication and graphesthesia usually bilaterally. Monofilament tests show decreased sensation in both the right and left large toes and forefoot. Skin, hair and nails. Ms Jones states her acne has improved due to birth control pill use. States skin on the neck has stopped getting darker. Her skin is pink, warm, with no tent. Pustules noted on bilateral cheeks. Dark discoloration of the skin on the neck. Normal hair distribution. Fingernails pink without clubbing, combs or abnormalities. Abnormal results Based on Tina's physical examination, there were some important results that were abnormal. First, her BMI indicates that she is overweight, and only 0.9 points away from obese. Second, the decreased sensation in her feet noticed during monofilaments testing is a sign of peripheral neuropathy caused by her diabetes. Distal symmetrical sensory polyneuropathy is the most common type, and because of that Ms. Jones is asymptomatic, is most likely (Bickley & Szilagyi, 2013). There were retinopathic changes in her right which is mild. Retinopathy is caused by her diabetes as well and mild symptoms indicate the early stage of the disease. Other Other to find was discoloration on her neck. Acanthosis nigricans are a common condition characterized by velvety, hyperpigmented plaques on the skin (Sander, 2018, para. 1). It is usually at the same time as systemic diseases characterized by insulin resistance, most commonly diabetes and obesity, both of which Ms. Jones exhibits. Abnormal hair growth on her body and face are abnormal and probably a result of her PCOS. And finally, the pustules on Ms. Jones's face are consistent with a diagnosis of acne vulgaris (Dains, Baumann, & Scheibel, 2012). Based on these assessment findings and Ms. Jones's medical history, a plan of care should be developed that takes into account her diabetes, asthma, weight, and PCOS. Plan of Care Self care is important for the patient to improve and maintain their health and to reduce or recover from illness. Dorothea Orem's self-care nursing model assumes people should be self-reliant and responsible for their care (Petiprin, 2016). It is up to the nurse to identify areas of self-care deficit and provide patients with the training, guidance and leadership needed to promote a better quality of life. Healthy People 2020 is a science-based national plan that includes goals and objectives to promote disease prevention and health promotion (Office of Disease Prevention and Health Promotion, 2014). Ms. Jones's assessment findings include many topics in this plan, including diabetes, weight status and nutrition, physical activity, and respiratory diseases. A plan for the care of Tina should consider the healthy people 2020 topics related to her conditions and should include education, direction, support and strengthening for health promotion and self-care. First, it seems that Ms. Jones has begun to take her health seriously and has implemented healthy practices in her daily routine. Her weight loss, improvement in diet, the addition of exercise, and adherence to her medication are all aspects of her own care that promote health. Ms. Jones should be encouraged by the additions and progress she has made. Diabetes is disproportionately prevalent in the African American population (Bickley & Szilagyi, 2013). Diabetes increases the risk of cardiovascular disease and doubles the risk of dying from it. Ms. Jones has already begun treating her diabetes, but early treatment has not been established to improve cardiovascular outcomes (Bickley & Szilagyi, 2013). Risk factors for diabetes that Ms. Jones possesses include a first-degree relative with diabetes, a member of a high-risk ethnic population, PCOS, acanthosis nigricans and BMI >25. Diabetes requires self-management behavior for life. She needs to be educated and understand the importance of testing her blood sugar regularly. She should be encouraged to continue to take her metformin as prescribed and be instructed on the importance of regular follow-up visits to monitor glucose control through HgA1C levels. A reference to podiatrist is important to monitor her neuropathy and for foot care. This type of neuropathy is slowly progressive and maintaining an HgA1C level of less than 7.4% reduces this progression (Bickley & Szilagyi, 2013). She also needs to be trained on a regular basis to see an ophthalmologist to perform eye examinations to monitor her retinopathy. Promoting cardiovascular health is a high priority for healthy people 2020. Along with controlling diabetes, other leading modifiable risk factors include diet, physical activity, and overweight and obesity. Better nutrition and continuation of daily exercise should be emphasized. Not only are these goals consistent with healthy people 2020 (#4 of the 24 goals), but they will aid in controlling her diabetes and PCOS. Regular physical activity should include moderate and vigorous activities and muscle-related activities (Office of Disease Prevention and Health Promotion, 2014). A dietitian referral can be beneficial to educate about the details and offer support. Ms. Jones's asthma seems to be under control at this point, although five self-care skills should be assessed: medication use, peak expiratory flow meter use, applying an asthma action plan, keeping a daily follow-up schedule, and avoiding triggers (Altay & Cavusoglu, 2013). It is important to continuously monitor proper inhaler use and educate on the importance of monitoring the use of her rescue inhaler. Ms Jones must be trained on the need for care when there is reduced effectiveness of her regular medication, which means an increased use of her rescue inhaler. Finally, because of her age and the recent start of a new relationship, Ms. Jones should be educated on reproductive health. A health care professional 2020 goal is the promotion of healthy sexual behavior and access to quality services to prevent sexually transmitted diseases. Although Ms. Jones is not sexually active, she says she is likely to be soon. Self-care instruction should include reiterating the importance of taking her pill at the same time every day to prevent pregnancy, the fact that the pill does not protect against sexually transmitted diseases (STD), and that some form of protection should be used to protect against STDs when the time comes. Conclusion A comprehensive medical history and physical examination revealed current health, health behaviors and health issues by Ms Tina Jones. Based on these findings, along with guidance from key goals for healthy people 2020, a plan of care specialized for Ms. Jones was created, given her age and culture. With the help of Orem's self-care model, the advanced practice nurse can identify self-care deficits and assume the role to provide training, training, guidance and leadership for the patient in achieving optimal health. References Altay, N., & Cavusoglu, H. (2013, April 23). Using Orem's self-care model for asthmatic adolescents. Journal of specialists in paediatric nursing. Bickley, L. S., & Szilagyi, P. G. (2013). Bates' guide to physical examination and storytelling (11th ed.). Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins. Dains, J. E., Baumann, L. C., & Scheibel, P. (2012). 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