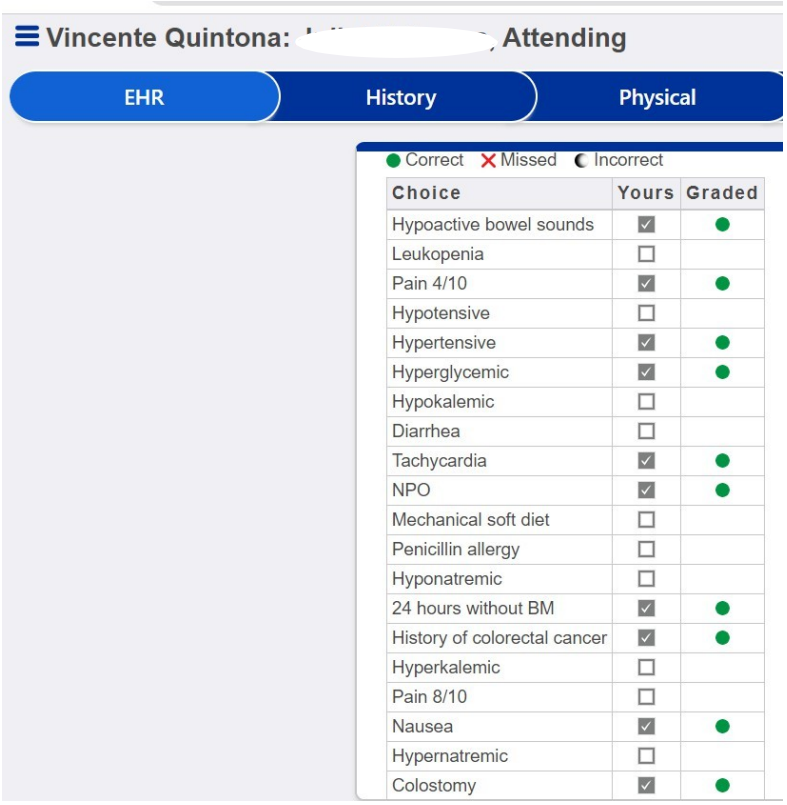
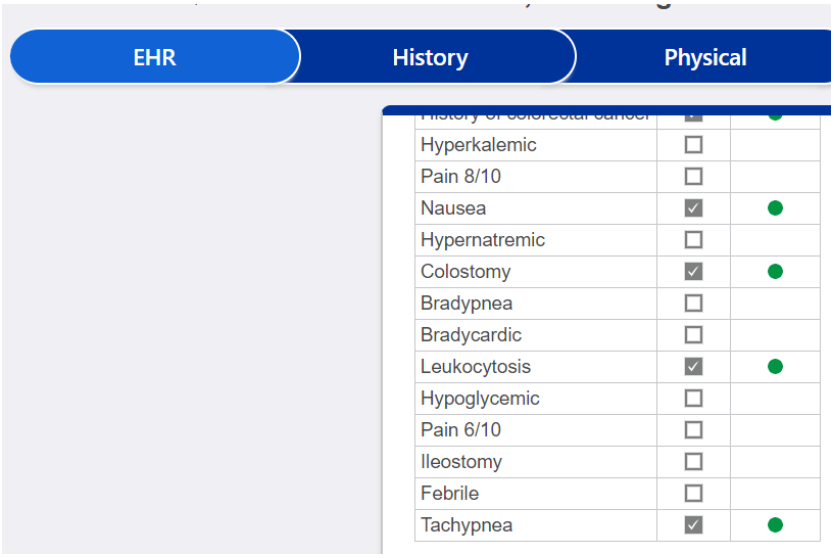

Vincente Quintona:
Attending
EHR
History
Physical
Correct
Missed
Incorrect
Choice
Yours
Graded
Hypoactive bowel sounds
Leukopenia
Pain 4/10
Hypotensive
Hypertensive
Hyperglycemic
Hypokalemic
Diarrhea
Tachycardia
NPO
Mechanical soft diet
Penicillin allergy
Hyponatremic
24 hours without BM
History of colorectal cancer
Hyperkalemic
Pain 8/10
Nausea
Hypernatremic
Colostomy


EHR
History
Physical
Hyperkalemic
Pain 8/10
Nausea
Hypernatremic
Colostomy
Bradypnea
Bradycardic
Leukocytosis
Hypoglycemic
Pain 6/10
Ileostomy
Febrile
Tachypnea

History | Physical

● Correct ✕ Missed ◐ Incorrect

Choice	Yours	Graded
Marijuana use	☑	●
Stabbing pain	☐	
Smoker	☑	●
Needs influenza vaccine	☐	
Nausea	☑	●
Pain 5/10	☐	
Family history of hypertension	☐	
Bloating	☑	●
Nonsmoker	☐	
Peanut allergy	☐	
Pain 8/10	☑	●
Penicillin allergy	☐	
Vomiting	☐	
Family history of colon cancer.	☐	
Denies drug use	☐	
Alcohol use	☑	●
Denies alcohol use	☐	
Cramping	☑	●
Pain 2/10	☐	

History | Physical | Analyze

Result	Question
✓	I am here to perform an assessment.
✓	Let me wash my hands before we get started.
✓	Are you wearing any fingernail polish?
✓	Can I take a look at your wristband to confirm your identity?
✓	Do you have any allergies?
✓	Have you had anything hot or cold to drink recently?
✓	Hello. I am your nurse and will be taking care of you.
✓	How are you feeling?
✓	How can I help you today?
✓	Let me close the curtain/door before we get started.
✓	Let me clean my equipment with disinfectant wipes.
✓	I am here to take your vital signs.
✓	I will keep you informed of the steps in my care and how long it will take.
✓	What happened?
✓	What is your name?
✓	What time is it?

History | Physical | Analyze | A

✓	When is your birthday?
✓	Where are you?
✓	Do you have any other symptoms or concerns we should discuss?
✓	Are you taking any prescription medications?
✓	Do you have any difficulty performing activities of daily living?
✓	Do you have nausea and/or vomiting?
✓	Can you tell me about any current or past medical problems you have had?
✓	Do you drink alcohol? If so, what do you drink and how many drinks per day?
✓	Do you now or have you ever smoked or chewed tobacco?
✓	Do you use any recreational drugs? If so, what?
✓	Are you experiencing any violence, abuse, trauma, or bullying? If so, by whom?
✓	When and what did you last drink?
✓	When was your last bowel movement?
-	Do you have any other associated symptoms with your pain?
✓	Can you describe your pain?
✓	Do you have pain anywhere? If so, where?
-	Does your pain travel or spread anywhere else? If so, where?
-	Have you ever had this pain before?