

Tina Jones Shadow Health

Tina Jones shadow health

Please use the patient information provided below for this paper.

This assignment assesses the intended course outcome(s)

- Use the information found in patients' health histories, genograms, and assessments to formulate an individualized plan of nursing care that focuses on the patient's health promotion and disease prevention needs.

Students will use the information found in Tina's history, physical exam, and problem list to formulate an individualized health promotion and disease prevention care plan.

Recommendations should be evidence-based and from credible sources. The readings in module eight contain some suggested sources for obtaining health and screening recommendations for your patient.

The plan for addressing the health promotion and disease prevention needs of your patient should include the following:

Demographics:

- Age, gender, and race of the patient
- Education level (health literacy)
- Access to healthcare

[Tina Jones Comprehensive Assessment](#)

Insurance/Financial Status

Can the patient afford medications, a healthy diet, and other out-of-pocket expenses?

Screening/Risk Assessment

- Identified health concerns based on screening assessments and demographic information

Nutrition/Activity

BRIAN FOSTER CHEST PAIN SHADOW HEALTH ASSESSMENT

- What is the patient's activity level?
- Is the environment where the patient lives safe for activity?
- Nutrition recommendations based on age, race, gender, and pre-existing medical conditions.
- Activity recommendations

Social Support

- Support systems, family members, community resources

Health Maintenance

- Recommended health screening based on age, race, gender, and pre-existing medical conditions

Patient Education

- Identified knowledge deficit areas/patient education needs (medication teaching etc.)
- Self-care needs/ Activities of daily living.

* The paper should be written and referenced in APA format and be no longer than 4 pages (excluding the cover page and references).

Your paper will be evaluated based on the following criteria:

Criteria

- Level 3
- Level 2
- Level 1

Demographics (5%)

- Includes age, race, and gender of the patient
- Missing one data item
- Missing 2 or more data items

Insurance/Financial Status (10%)

- Includes information regarding the patient's insurance status and ability to afford medications and other out-of-pocket expenses
- Missing some information regarding insurance status and ability to pay for medications and other out-of-pocket expenses.
- Missing information regarding the patient's insurance status, ability to pay for medications and other out-of-pocket expenses

Screening /Risk Assessment (10%)

- Identifies health concerns based on screening assessments and demographic information.

- Missing some information regarding health concerns by excluding information from screening assessments and demographics
- Health concerns are not identified due to information missing from screening assessments and demographics.

Nutrition/Activity (20%)

- Completely assess the patient's nutrition and activity levels and make recommendations based on age, race, gender, and pre-existing medical conditions.
- Missing some information regarding the patient's nutrition and activity levels, make recommendations based on age, race, gender, and pre-existing medical conditions.
- Most information regarding the patient's nutrition and activity levels is missing; recommendations are missing or not based on the patient's age, race, gender, and pre-existing medical conditions.

Social Support (10%)

- Identifies support systems such as family members and community resources
- Missing some information regarding support systems such as family members and/or community resources
- Little to no information regarding social support.

Health Maintenance (20%)

- Overall health maintenance recommendations made based on age, race, gender, and pre-existing medical conditions
- Missing some recommendations, mostly based on age, race, gender, and pre-existing medical conditions
- Missing many recommendations loosely related to age, race, gender, and pre-existing medical conditions

Patient Education (20%)

- Identified knowledge deficit areas/patient education needs, including self-care needs and activities of daily living
- Missing one or more areas of knowledge deficit/patient education needs, including self-care and activities of daily living
- Lacks identification of knowledge deficit areas/patient education needs. Does not consider self-care needs or activities of daily living.

Organization, Spelling And Grammar, APA (5%)

- Organized, easy to read, no spelling or grammar mistakes, appropriate use of APA
- Organized and easy to read, with few spelling or grammar mistakes and few errors in APA. Tina Jones shadow health
- Disorganized, difficult to read, and has many spelling and grammar errors and mistakes. Does not use APA

Overall Score Points

(60-100)

Points

Health History

- Student Documentation
- Model Documentation
- Identifying Data & Reliability

Ms. Jones Is Xxxx

Ms. Jones is a pleasant, 28-year-old African American single woman who presents for a pre-employment physical. She is the primary source of history. Ms. Jones offers information freely and without contradiction. Speech is clear and coherent. She maintains eye contact throughout the interview.

General Survey

Tina Jones Is Alert And Xxxx

Ms. Jones is alert and oriented, seated upright on the examination table, and is in no apparent distress. She is well-nourished, well-developed, and dressed appropriately with good hygiene.

Reason For Visit

Presents To Xxx

“I came in because I’m required to have a recent physical exam for the health insurance at my new job.”

History Of Present Illness

The Patient Is A Xxx

Ms. Jones reports recently obtaining employment at Smith, Stevens, Stewart, Silver & Company. She needs to obtain a pre-employment physical before initiating employment. Today she denies any acute concerns.

Her last healthcare visit was 4 months ago when she received her annual gynecological exam at Shadow Health General Clinic. Ms. Jones states that the gynecologist diagnosed her with polycystic ovarian syndrome and prescribed oral contraceptives at that visit, which she tolerates well.

She has type 2 diabetes, which she controls with diet, exercise, and metformin, which she just started 5 months ago. She has no medication side effects at this time. She states that she feels healthy, takes better care of herself than in the past, and looks forward to beginning the new job.

Medications

XXX Twice Daily XXXX

- Fluticasone propionate, XXX(last use: this morning)
- Drospirenone and XXXX (last use: this morning)
- XXXX (last use: three months ago)
- IXXXX (menstrual cramps: last taken 6 weeks ago)

Allergies

XXXX No Known XXX

• XXXX • Denies food and latex allergies • XXXXX. She states that she has XXXXX and increased asthma symptoms when exposed to allergens.

Medical History

Diabetes Type 2 – Diagnosed Xxx

XXXdiagnosed at age 2 1/2. She uses her XXXwhen she is around cats. Her last aXXXXX was in high school. Never intubated. XXXX. She began XXX months ago and initially had some gastrointestinal side effects, which have since dissipated.

XXXXXXXXXX. No surgeries. OB/GYN: Menarche, age 11. First sexual encounter at age 18, sex with men, identify as heterosexual. Never pregnant. My last menstrual period was 2 weeks ago. Diagnosed with XXX.

For the past four months (after initiatingXXXX), cycles were regular (every 4 weeks) with moderate bleeding lasting 5 days. Has a new male relationship, sexual contact not initiated. She plans to use condoms with sexual activity. Tested XXX four months ago.

Health Maintenance

Ms. Jones Has Xxx

Last xxx 4 months ago. Last xxx three months ago. Last xxx months ago. xxx2 years ago. xxx: xxx was received within the past year, xxx is not current, and xxx has not been received. She reports she is currently on xxx and received the xxxx for xxx. Safety: Has

smoke detectors in the home, wears a seatbelt in the car, and does not ride a bike. Uses six. Xx, having belonged to her dad, is in the home, locked in her parents' room.

Family History

Her Mother Is Still Alive. She Has Xxx

Mother: age xxxx • Father: deceased in a car accident one year ago at age 58, xxx, and xxx • Brother (Michael, 25): overweight • Sister (Britney, 14): asthma • Maternal grandmother: died at age 73 of a xx, history of xxx

Maternal grandfather: died at age 78 of a stroke, history of hypertension, high cholesterol • Paternal grandmother: still living, age 82, hypertension • Paternal grandfather: died at age 65 of xxx • Paternal uncle: alcoholism • Negative for mental illness, other cancers, sudden death, kidney disease, sickle cell anemia, thyroid problems

Social History

Has Never Been Pregnant Xxx.

Never married, no children. Lived independently since age 19, currently lives with mother and sister in a single-family home, but will move into own apartment in one month. She will begin her new position at Smith, Stevens, Stewart, Silver, & Company in two weeks. She enjoys spending time with friends, reading, attending Bible study, volunteering in her church, and dancing. Tina is active in her church and describes a strong family and social support system. She states that family and church help her cope with stress.

No tobacco. Cannabis use from age 15 to age 21. Reports no use of cocaine, methamphetamines, and heroin. Uses alcohol when “out with friends, 2-3 times per month,” reports drinking no more than 3 drinks per episode.

Typical breakfast is a frozen fruit smoothie with unsweetened yogurt; lunch is vegetables with brown rice or a sandwich on wheat bread or low-fat pita; dinner is roasted vegetables and a protein; snack is carrot sticks or an apple.

Denies coffee intake but consumes 1-2 diet sodas daily. No recent foreign travel. No pets. Participates in mild to moderate exercise four to five times weekly: walking, yoga, or swimming.

Mental Health History

Denies Any Problems With Xxxx

Reports decreased stress and improved coping abilities have improved previous sleep difficulties. Denies current feelings of depression, anxiety, or thoughts of suicide.

Alert and oriented to person, place, and time. Well-groomed, easily engages in conversation, and is cooperative. The mood is pleasant. No tics or facial fasciculation.

Speech is fluent, and words are clear.

Chief Complaint

Finding:

Established chief complaint

Finding:

Reports sore throat

(Found)

Pro Tip: Initially, establishing a chief complaint allows the patient to express their reason for seeking care, primary concerns, or condition they are presenting with.

Example Question:

Is your throat sore?

Finding:

Reports itchy throat

(Found)

Pro Tip: Initially, establishing a chief complaint allows the patient to express their reason for seeking care, primary concerns, or condition they are presenting with.

Example Question:

Is your throat itchy?

Finding:

Reports itchy eyes

(Found)

Pro Tip: Initially, establishing a chief complaint allows the patient to express their reason for seeking care, primary concerns, or condition they are presenting with.

Example Question:

Are your eyes itchy?

Finding:

Reports runny nose

(Found)

Pro Tip: Initially, establishing a chief complaint allows the patient to express their reason for seeking care, primary concerns, or condition they are presenting with.

Example Question:

Do you have a runny nose?

History Of Present Illness

Finding:

Asked about the onset of symptoms

Finding:

Reports sore throat began “about a week ago”

(Found)

Pro Tip: Follow-up questions will enable Tina to more fully and specifically describe her condition, experience, or symptoms. Establishing a timeline for how long Tina’s throat has been sore will also aid in treating her sore throat.

Example Question

How long has your throat been sore?

Finding:

Reports runny nose began “about a week ago”

(Available)

Pro Tip: Establishing a timeline for how long Tina’s nose has been running will illustrate

how long she has been suffering these particular symptoms and might indicate possible triggers.

Example Question:

When did your nose start running?

Finding:

Reports itchy eyes began “about a week ago”

(Available)

Pro Tip: Follow-up questions will enable Tina to more fully and specifically describe her condition, experience, or symptoms. Establishing a timeline for how long Tina’s eyes have been itching will also aid in treating her itchy eyes.

Example Question:

When did your eyes start itching?

Finding:

Asked about aggravating factors for throat symptoms

Finding:

Reports throat pain is constant

(Available)

Pro Tip: Follow-up questions will enable Tina to more fully and specifically describe her condition, experience, or symptoms. Establishing a timeline for how long Tina’s throat has been sore will also aid in treating her sore throat.

Example Question:

Is the throat pain constant?

Finding:

Reports throat pain is worse in the morning

(Available)

Pro Tip: Follow-up questions will enable Tina to more fully and specifically describe her condition, experience, or symptoms. Establishing a timeline for how long Tina's throat has been sore will also aid in treating her sore throat.

Example Question:

When does your sore throat feel the worst?

Finding:

Reports some soreness with swallowing

(Available)

Pro Tip: Follow-up questions will enable Tina to more fully and specifically describe her condition, experience, or symptoms.

Example Question:

Does it hurt when you swallow?

Finding:

Asked severity of throat discomfort

Finding:

Describes sore throat as mild to moderate

(Found)

Pro Tip: Pain severity might change for a variety of reasons. Asking Tina to rate the

severity of her pain on a scale of 1-10 will provide a quantified and relative measurement of her condition.

Example Question:

Can you rate your sore throat on a scale of 0 to 10?

Finding:

Asked about frequency and duration of runny nose

Finding:

Reports nose is runny “pretty much all day”

(Available)

Pro Tip: Establishing a timeline for how long Tina’s nose has been running will illustrate how long she has suffered these particular symptoms, when the symptoms are worst, and possible triggers.

Example Question:

How often does your nose run?

Finding:

Asked about the character of nasal symptoms

Finding:

Denies itchy nose

(Available)

Pro Tip: Follow-up questions will enable Tina to more fully and specifically describe her condition, experience, or symptoms.

Example Question:

Does your nose itch?

Finding:

Denies sinus pain

(Available)

Pro Tip: Follow-up questions will enable Tina to more fully and specifically describe her condition, experience, or symptoms.

Example Question:

Do you feel any sinus pain?

Finding:

Denies sinus pressure

(Available)

Pro Tip: Follow-up questions will enable Tina to more fully and specifically describe her condition, experience, or symptoms.

Example Question:

Do you feel any sinus pressure?

Finding:

Denies sneezing

(Available)

Pro Tip: Infected sinuses can manifest as nose problems. Asking Tina about her nasal symptoms solicits information about her sinuses and possible sinus problems.

Example Question:

Have you been sneezing?

Finding:

Followed up about the character of nasal discharge

Finding:

Reports clear discharge

(Found)

Pro Tip: Follow-up questions will enable Tina to more fully and specifically describe her condition, experience, or symptoms.

Example Question:

What color is your mucus?

Finding:

Reports thin discharge

(Available)

Pro Tip: Follow-up questions will enable Tina to more fully and specifically describe her condition, experience, or symptoms.

Example Question:

Is the mucus thick?

Finding:

Denies purulent discharge

(Found)

Pro Tip: Follow-up questions will enable Tina to more fully and specifically describe her condition, experience, or symptoms.

Example Question:

Does your mucus have pus in it?

Finding:

Asked about eye symptoms

Finding:

Reports eye itching is constant

(Found)

Pro Tip: Follow-up questions will enable Tina to more fully and specifically describe her condition, experience, or symptoms. Determining when Tina's eyes itch will also aid in treating her itchy eyes.

Example Question:

Do your eyes constantly itch?

Finding:

Reports eye redness

(Available)

Pro Tip: Follow-up questions will enable Tina to more fully and specifically describe her condition, experience, or symptoms.

Example Question:

Are your eyes red?

Finding:

Asked related respiratory symptoms

Finding:

Reports breathing isn't affected

(Found)

Pro Tip: Asking about how Tina is recently breathing can provide a comparative baseline for assessing Tina's current condition and previous breathing concerns or conditions.

Example Question:

Have you had any changes in your breathing?

Finding:

Denies cough

(Available)

Pro Tip: A shallow history of a patient's condition can provide a comparative baseline for juxtaposing an attack, exacerbation, and more regular breathing. Soliciting this information from Tina allows her to explain any recent developments with her asthma.

Example Question:

Do you have a cough?

Finding:

Denies chest tightness

(Available)

Pro Tip: For many patients with asthma, exacerbation often results in chest tightness.

Asking Tina if her chest feels tight might point to possible asthma symptoms.

Example Question:

Does your chest feel tight?

Finding:

Asked about related asthma symptoms

Finding:

Denies recent wheezing

(Available)

Pro Tip: Some people who experience chronic asthma may be accustomed to wheezing and thus might not volunteer this information. Asking Tina whether she has been wheezing illustrates how her asthma is presenting.

Example Question:

Have you been wheezing?

Finding:

Denies an increase in recent asthma symptoms

(Available)

Pro Tip: Discerning what's making Tina's asthma worse can point to possible triggers like environmental factors, bodily positions, or movements that may affect Tina's breathing.

Example Question:

Has your asthma been worse lately?

Finding:

Asked about exposure to allergens

Finding:

Reports no exposure to cats

(Found)

Pro Tip: Tina's symptoms are consistent with being exposed to allergens. Asking Tina if she's recently been exposed to allergens could explain what's triggering her symptoms.

Example Question:

Have you been recently exposed to any allergens?

Finding:

Reports no exposure to mold or mildew

(Available)

Pro Tip: Exposure to mold can result in the painful ear, nose, or throat symptoms. Asking Tina if she has mold in her house might indicate a possible trigger that she has been exposed to.

Example Question:

Do you have mold in your house?

Finding:

Reports no exposure to dust

(Available)

Pro Tip: Exposure to dust can result in the painful ear, nose, or throat symptoms. Asking Tina if she has dust in her house might indicate a possible trigger that she has been exposed to.

Example Question:

Do you have dust in your house?

Finding:

Reports no known exposure to irritants in the work environment

(Available)

Pro Tip: Environmental factors at home or work can often be primary allergy triggers. Asking Tina about possible allergens at work might indicate a relevant factor in her recent exacerbation.

Example Question:

Are you allergic to anything at work?

Finding:

Reports changing bedding “once a week”

(Available)

Pro Tip: Bedding provides the perfect environment for dust mites and other allergens. By asking Tina if she regularly changes her bedding, you’re soliciting information about environmental factors that might exacerbate her condition.

Example Question:

How often do you change your bedding?

Finding:

Asked about the perceived cause of symptoms

Finding:

Describes symptoms as similar to allergies

(Found)

Pro Tip: Questions about what factors might have caused certain symptoms can point to a patient's environmental stressors, habits, and general well-being. Asking Tina what caused her asthma might indicate her health literacy and understanding of what factors impact her breathing.

Example Question:

Do you know what's causing your symptoms?

Finding:

Reports that the symptoms don't seem like a common cold

(Found)

Pro Tip: A patient is an expert on her body. Asking Tina if she thinks she has a cold will allow Tina to compare her current symptoms with cold symptoms she's historically had and describe if her current symptoms differ from those she experiences when she has a cold.

Example Question:

Do you think you have a cold?

Finding:

Describes similarity to her sister's hay fever symptoms

(Available)

Pro Tip: A patient is an expert on her body. Asking Tina if she thinks she is having an allergic reaction will allow Tina to compare her current symptoms with symptoms she's historically had during an allergic reaction.

Example Question:

Do you think you are having an allergic reaction?

Finding:

Reports no history of cigarette smoking

(Available)

Pro Tip: Smoking or inhaling substances can have adverse respiratory effects. Asking Tina if she has recently smoked can help you discern whether smoking affected Tina's recent asthma exacerbation.

Example Question:

Have you smoked cigarettes recently?

Finding:

Reports no recent exposure to secondhand smoke

(Available)

Pro Tip: Secondhand smoke can be particularly triggering for asthmatics. Whether Tina has been exposed to secondhand smoke might indicate a proximate environmental trigger.

Example Question:

Have you been exposed to secondhand smoke recently?

Medical History

Finding:

Confirmed use of medications

Finding:

Confirmed medications from the previous visit (no new medications)

(Found)

Pro Tip: Determining what, if any, medications a patient is taking is a crucial element of a thorough health history and will help you avoid unwanted drug interactions.

Example Question:

Have you started taking any new medications?

Finding:

Followed up about inhaler use

Finding:

Uses an inhaler to treat asthma symptoms

(Available)

Pro Tip: It's essential to ask specifically what medications a patient uses to treat her current complaint or any ongoing medical conditions.

Example Question:

Do you use an inhaler for your asthma?

Finding:

Inhaler is Proventil

(Available)

Pro Tip: A patient's medication reveals a current treatment plan and healthcare access.

Asking Tina what medication she takes for her asthma will indicate her treatment plan and the degree to which she complies.

Example Question:

What is the name of the inhaler you are currently using?

Finding:

The last use of the inhaler was last week

(Available)

Pro Tip: Soliciting a shallow history of a patient's medication history can reveal recent exacerbation. Asking Tina when she last used her inhaler will indicate when her symptoms most recently required medical treatment.

Example Question:

When did you last use your inhaler?

Finding:

Reports typical inhaler use is 2 – 3 times a week

(Available)

Pro Tip: Asthma exacerbation can result in increased wheezing, shortness of breath, and chest tightness. Asking if Tina's been using her inhaler more frequently since exacerbation can indicate how she's been treating her symptoms since exacerbation.

Example Question:

How often do you use your inhaler?

Finding:

Reports using 2 – 3 puffs of the inhaler when used

(Available)

Pro Tip: Inhaler effectiveness can vary over time for various reasons. Asking Tina about how many inhaler puffs she needs to resolve symptoms can indicate whether her asthma has worsened or point to potential problems like poor inhaler technique.

Example Question:

How many puffs of your inhaler do you use?

Finding:

The prescribed dosage is 2 puffs

(Available)

Pro Tip: A patient's medication reveals a current treatment plan and healthcare access. Asking Tina how many puffs of her inhaler she's prescribed will indicate her treatment plan and the degree to which she complies.

Example Question:

How many puffs of your inhaler are you supposed to do?

Finding:

Followed up about medications and relieving factors for nose and eye symptoms

Finding:

Reports no treatment for itchy eyes

(Available)

Pro Tip: Tina's response to a question about managing her itchy eyes will reveal her symptoms' severity, health literacy, and how she's complied with previous treatment plans.

Example Question:

Have you treated your eyes with anything?

Finding:

Reports no treatment for nasal symptoms

(Available)

Pro Tip: Tina's response to a question about managing her runny nose will reveal her symptoms' severity, health literacy, and how she's complied with previous treatment plans.

Example Question:

Have you done anything for your runny nose?

Finding:

Reports no antihistamine

(Available)

Pro Tip: Tina's response to a question about taking antihistamines will reveal the severity of her symptoms, her health literacy, and how she's complied with previous treatment plans.

Example Question:

Have you taken any antihistamines?

Finding:

Reports no decongestant

(Available)

Pro Tip: Tina's response to a question about taking any decongestants will reveal her symptoms' severity, health literacy, and how she's complied with previous treatment plans.

Example Question:

Have you taken any decongestants?

Finding:

Followed up about medications and relieving factors for throat symptoms

Finding:

Reports lozenges as treatment

(Available)

Pro Tip: Tina's response to a question about managing her sore throat will reveal her symptoms' severity, health literacy, and how she's complied with previous treatment plans.

Example Question:

Have you taken anything for your sore throat?

Finding:

Reports lozenges reduce symptoms

(Available)

Pro Tip: A patient's medication reveals a current treatment plan and healthcare access.

Asking Tina if the lozenges help will illustrate the extent of her pain and how effectively

OTC treatments work for her throat.

Example Question:

Do the lozenges help?

Finding:

Reports ingesting lozenges every few hours

(Available)

Pro Tip: A patient's medication reveals a current treatment plan and healthcare access.

Asking Tina how frequently she has a lozenge will illustrate the extent of her pain and

how effectively OTC treatment works for her throat.

Example Question:

How often do you have a lozenge?

Finding:

Reports drinking water reduces symptoms

(Available)

Pro Tip: Follow-up questions will enable Tina to more fully and specifically describe her

condition, experience, or symptoms.

Example Question:

Does drinking water help?

Finding:

Confirmed allergies

Finding:

Reports known allergy to cats

(Available)

Pro Tip: Environmental factors can often be primary allergy triggers. Asking whether Tina has a cat allergy can reveal one such trigger.

Example Question:

Can you confirm that you're allergic to cats?

Finding:

Reports known allergy to dust

(Available)

Pro Tip: Environmental factors can often be primary allergy triggers. Asking whether Tina has a dust allergy can reveal one such trigger.

Example Question:

Are you allergic to dust?

Finding:

Reports no previous problems with seasonal allergies

(Available)

Pro Tip: Discerning what's making Tina's asthma worse can point to possible triggers like environmental factors, bodily positions, or movement that may affect Tina's breathing. Asking Tina whether she has seasonal triggers will indicate, in part, Tina's health literacy.

Example Question:

Do you have seasonal allergies?

Review Of Systems

Finding:

Asked about general symptoms

Finding:

Denies recent or frequent illnesses

(Available)

Pro Tip: Asking about recent illnesses can help you determine the cause of a patient's symptoms.

Example Question:

Have you been sick recently?

Finding:

Denies chills

(Available)

Pro Tip: Chills could be an indication of fever, which could be an indication of infection.

Example Question:

Have you had any chills?

Finding:

Denies fever

(Found)

Pro Tip: Fever could signal that an infection causes the patient's symptoms.

Example Question:

Have you had a fever?

Finding:

Reports low energy level

(Available)

Pro Tip: Low energy or fatigue can be important symptoms or contributing factors to discover and can help you rule out certain conditions.

Example Question:

Have you felt fatigued?

Finding:

Denies nausea or vomiting

(Available)

Pro Tip: Nausea or vomiting can indicate an infection.

Example Question:

Have you felt nauseous?

Finding:

Asked about the review of systems for head

Finding:

Reports occasional headaches

(Found)

Pro Tip: Sinus problems can result in increased pressure buildup and headaches. Asking Tina if she gets headaches is soliciting information about possible symptoms that she experiences.

Example Question:

Do you ever get headaches?

Finding:

Denies current headache

(Available)

Pro Tip: Assessing how a patient feels in the current moment can allow you to juxtapose their chief complaint alongside the symptoms they experience. Asking Tina if she has a headache solicits information about how she feels now.

Example Question:

Do you have a headache currently?

Finding:

Denies history of head injury

(Available)

Pro Tip: People who've experienced head injuries are at increased risk for sinusitis.

Asking Tina whether she's ever had a head injury solicits health history information that might explain the cause of her symptoms.

Example Question:

Have you ever had a head injury?

Finding:

Denies lightheadedness

(Found)

Pro Tip: Sinus infections can result in inner ear disturbances and, thus, lightheadedness.

Asking Tina if she is lightheaded could point to inner ear disturbances.

Example Question:

Do you ever get lightheaded?

Finding:

Followed up on headaches

Finding:

Headaches occur once a week

(Found)

Pro Tip: Establishing a timeline for how often Tina gets headaches will illustrate how long she has suffered these symptoms and might indicate possible triggers.

Example Question:

How often do you get headaches?

Finding:

Headaches last “a few hours”

(Found)

Pro Tip: Establishing a timeline for how long Tina’s headaches last will illustrate how long she has been suffering these particular symptoms and might indicate possible triggers.

Example Question:

How long do your headaches last?

Finding:

Describes headaches as tight and throbbing

(Available)

Pro Tip: Follow-up questions will enable Tina to more fully and specifically describe her condition, experience, or symptoms.

Example Question:

How would you describe your headaches?

Finding:

Describes the headache location as behind her forehead

(Found)

Pro Tip: Specifying the location of the pain can narrow and define where Tina’s pain is occurring. Soliciting this information allows you to treat her symptoms.

Example Question:

Where do you feel your headaches?

Finding:

Rates headache pain as a 3 or 4

(Available)

Pro Tip: Pain severity might change for a variety of reasons. Asking Tina to rate the severity of her pain on a scale of 1-10 will provide a quantified and relative measurement of her condition.

Example Question:

How would you rate your headache pain on a scale of 0 to 10?

Finding:

Reports treating headaches with Tylenol

(Found)

Pro Tip: Tina's response to a question about managing her headaches will reveal her symptoms' severity, health literacy, and how she's complied with previous treatment plans.

Example Question:

How do you treat your headaches?

Finding:

Reading and studying seem to cause headaches

(Found)

Pro Tip: Soliciting information about possible headache triggers will allow Tina to

consider what, if any, activities, weather patterns, movements, or sensory input is correlated with her headaches.

Example Question:

What seems to cause your headaches?

Finding:

Asked about the review of systems for eyes

Finding:

Reports occasional blurry vision

(Found)

Pro Tip: Follow-up questions will enable Tina to more fully and specifically describe her condition, experience, or symptoms.

Example Question:

Do you have blurry vision?

Finding:

Reports worsening vision

(Found)

Pro Tip: Establishing a timeline for whether Tina's vision has worsened will illustrate how long she has suffered these particular symptoms and might indicate possible triggers.

Example Question:

Has your vision gotten worse?

Finding:

Denies eye pain

(Found)

Pro Tip: Sinusitis can create pressure behind the eyes, causing eye pain. Asking Tina whether she is experiencing eye pain solicits information about possible symptoms.

Example Question:

Have you had eye pain?

Finding:

Denies dry eyes

(Available)

Pro Tip: Dry eyes occur when the eyes do not produce enough tears to lubricate them. Asking Tina if she has dry eyes solicits information about one particular symptom.

Example Question:

Have you had dry eyes?

Finding:

Reports last vision exam was in childhood

(Found)

Pro Tip: Asking Tina when her last vision test was will indicate the degree to which she's seen her vision as needing medical attention.

Example Question:

When was your last vision test?

Finding:

Does not use corrective lenses

(Found)

Pro Tip: Corrective lenses might indicate a recent change in vision. Asking Tina whether she has glasses or contacts solicits information about her vision history.

Example Question:

Do you have glasses or contacts?

Finding:

Followed up on vision problems

Finding:

Describes blurry vision as “fuzzy letters”

(Available)

Pro Tip: Broad, open questions will allow Tina to describe, in her own words, the specific pain and discomfort that she is experiencing.

Example Question:

Can you describe your blurry vision?

Finding:

Blurry vision occurs when reading for long periods

(Found)

Pro Tip: Establishing a timeline for how frequently Tina gets blurry vision will illustrate how long she has suffered these particular symptoms and might indicate possible triggers.

Example Question:

When do you get blurry vision?

Finding:

Blurry vision occurs after 2+ hours of reading

(Available)

Pro Tip: Establishing a timeline for how long Tina's vision stays blurry will illustrate how long she has suffered these particular symptoms and might indicate possible triggers.

Example Question:

How long have you been reading when your vision gets blurry?

Finding:

Reports that blurry vision and headaches often coincide

(Available)

Pro Tip: Follow-up questions will enable Tina to more fully and specifically describe her condition, experience, or symptoms.

Example Question:

Do you get headaches when you have blurry vision?

Finding:

Asked about the review of systems for ears

Finding:

Denies general ear problems

(Found)

Pro Tip: Soliciting a shallow medical history relevant to Tina's chief complaint will allow you to assess her condition relative to past concerns.

Example Question:

Have you had ear problems?

Finding:

Denies change in hearing

(Found)

Pro Tip: Ear pain can suggest an ear infection, during which the middle of the ear becomes clogged with fluid and mucous, affecting hearing. Asking Tina if she has ear pain might indicate a possible ear infection and a reason for changes in her hearing.

Example Question:

Have you had any changes in your hearing?

Finding:

Denies ear pain

(Found)

Pro Tip: Ear pain can suggest an ear infection, during which the middle of the ear becomes clogged with fluid and mucous. Asking Tina if she has ear pain might indicate a possible ear infection.

Example Question:

Have you had ear pain?

Finding:

Denies ear discharge

(Available)

Pro Tip: Ear discharge is the leakage of blood, pus, or wax from the ear and can result from a ruptured eardrum, eczema, or swimmer's ear. Asking whether she's noticed ear discharge could indicate whether she has a ruptured eardrum.

Example Question:

Have you noticed ear discharge?

Finding:

Reports last hearing test was in childhood

(Available)

Pro Tip: Asking Tina when her last hearing test was will indicate how much she's seen her hearing as needing medical attention.

Example Question:

When was your last hearing test?

Finding:

Asked about the review of systems for nose

Finding:

Denies change in the sense of smell

(Available)

Pro Tip: Changes in the sense of smell could be a symptom of acute sinusitis. Asking

Tina if she's changed her sense of smell indicates whether she might be suffering from acute sinusitis.

Example Question:

Have you had any changes in your sense of smell?

Finding:

Reports no nasal or sinus surgeries

(Available)

Pro Tip: A history of nasal surgery might indicate that Tina had chronic nasal problems.

Asking Tina if she's ever had nasal surgery solicits information about her medical history.

Example Question:

Have you ever had nasal surgery?

Finding:

Denies nosebleeds

(Available)

Pro Tip: Nosebleeds are often caused by sinusitis. Asking Tina if she ever gets nosebleeds solicits information about her medical history.

Example Question:

Do you ever get nosebleeds?

Finding:

Asked about the review of systems for mouth and jaw

Finding:

Denies general mouth problems

(Found)

Pro Tip: Broad, open questions will allow Tina to describe, in her own words, the specific pain and discomfort that she is experiencing.

Example Question:

Have you ever had problems with your mouth?

Finding:

Denies change in the sense of taste

(Available)

Pro Tip: Sinusitis can result in decreased smell or taste. Asking if Tina's sense of taste has changed lately might indicate a sign of sinusitis.

Example Question:

Has your sense of taste changed?

Finding:

Denies dry mouth

(Found)

Pro Tip: Sinusitis can result in dry mouth. Asking if Tina's recently had dry mouth might indicate a sign of sinusitis.

Example Question:

Have you had a dry mouth recently?

Finding:

Denies history of oral surgery

(Available)

Pro Tip: A history of oral surgery might indicate that Tina had former oral problems.

Asking Tina if she's ever had oral surgery solicits information about her medical history.

Example Question:

Have you ever had oral surgery?

Finding:

Denies mouth pain

(Available)

Pro Tip: Sometimes, the infection can spread to a cheekbone through an infected tooth.

Asking Tina if she's had mouth pain might indicate a problem area that has caused the infection.

Example Question:

Do you have mouth pain?

Finding:

Denies mouth sores

(Available)

Pro Tip: In some cases, the infection can spread to a cheekbone through an infection in the mouth. Asking Tina if she has any mouth sores might indicate a problem area that has caused the infection.

Example Question:

Do you have any mouth sores?

Finding:

Denies gum problems

(Found)

Pro Tip: If left untreated, gum problems, like abscesses, can result in sinusitis. Asking Tina if she has problems with her gums solicits information about possible causes of her symptoms.

Example Question:

Do you have any problems with your gums?

Finding:

Denies tongue problems

(Available)

Pro Tip: If left untreated, tongue problems, like abscesses, can result in sinusitis. Asking Tina if she has problems with her tongue solicits information about possible causes of her symptoms.

Example Question:

Do you have any problems with your tongue?

Finding:

Denies jaw problems

(Available)

Pro Tip: If left untreated, jaw problems, like abscesses, can result in sinusitis. Asking Tina if she has problems with her jaw solicits information about possible causes of her symptoms.

Example Question:

Do you have any problems with your jaw?

Finding:

Asked about the review of systems for dentition

Finding:

Denies current dental problems

(Available)

Pro Tip: Sometimes, the infection can spread to a cheekbone through an infected tooth. Asking Tina if she has any dental problems might indicate a problem area that has caused the infection.

Example Question:

Do you have any current dental problems?

Finding:

Reports visit within the last 2 years

(Available)

Pro Tip: Seeing a dentist regularly can ensure that, among other things, tooth infections, which can cause sinusitis, do not go untreated. Asking Tina when she last saw a dentist will reveal her health literacy and indicate whether or not her mouth is a problem area.

Example Question:

When did you last see the dentist?

Finding:

Reports regular visits in childhood

(Available)

Pro Tip: Seeing a dentist regularly as a child can lay the foundation for good dental hygiene and prevent infection. Asking Tina how often she saw the dentist as a child will suggest her health and dental history.

Example Question:

How often did you see the dentist when you were a child?

Finding:

Reports a few cavities in childhood

(Available)

Pro Tip: Sometimes, the infection can spread to a cheekbone through an infected tooth. Asking Tina what dental problems she's had might indicate a problem area that has caused the infection.

Example Question:

What dental problems have you had?

Finding:

Asked about the review of systems for neck, throat, and glands

Finding:

Denies history of recurrent strep throat

(Available)

Pro Tip: Soliciting a shallow medical history relevant to Tina's chief complaint will allow you to assess her condition relative to past concerns.

Example Question:

Do you get strep throat often?

Finding:

Denies lymph node problems

(Available)

Pro Tip: Swollen lymph nodes may appear in the neck when an infection is present. Asking Tina whether she has had any problems with her lymph nodes will solicit a history of her condition.

Example Question:

Do you have any problems with your lymph nodes?

Finding:

Denies history of general throat problems

(Available)

Pro Tip: Throat problems are often linked to sinusitis. Asking Tina if she has a history of throat problems will illustrate her medical history in relation to similar concerns.

Example Question:

Do you have a history of throat problems?

Finding:

Denies voice changes

(Found)

Pro Tip: Sinusitis can often lead to tonsil problems and voice changes. Asking Tina if she has noticed any changes to her voice would indicate whether sinus problems might cause her symptoms.

Example Question:

Have you noticed any changes to your voice?

Finding:

Denies history of tonsil problems

(Available)

Pro Tip: Sinusitis can often lead to tonsil problems. Asking Tina if she has a history of tonsil problems would reveal whether problems with her sinuses have led to tonsil problems.

Example Question:

Do you have any history of tonsil problems?

Finding:

Denies general neck pain

(Available)

Pro Tip: Neck pain, soreness, or soft tissue damage might result in sinus pain. Asking

Tina if she has neck pain is soliciting information about a possible cause of her symptoms.

Example Question:

Do you have neck pain?

Family History

Finding:

Asked about relevant family history

Finding:

Reports sister with hay fever

(Available)

Pro Tip: A family history of allergies is important to determine whether a patient is at risk for developing allergies.

Example Question:

Do you have any family members with allergies?

Finding:

Denies family history of vision problems

(Found)

Pro Tip: Vision problems are often genetic. Learning about a patient's family history around vision can help you predict risk.

Example Question:

Do vision problems run in your family?

Finding:

Denies family history of sinus problems

(Available)

Pro Tip: Sinus problems are often genetic. Learning about a patient's family history around sinus problems can help you predict risk.

Example Question:

Do sinus problems run in your family?

Finding:

Denies family history of ear or hearing problems

(Available)

Pro Tip: Ear problems are often genetic. Learning about a patient's family history around ear problems can help you predict risk.

Example Question:

Do hearing problems run in your family?

Finding:

Denies family history of mouth, throat, or gland problems

(Available)

Pro Tip: Because problems like mouth or throat cancer can be genetic, it's important to understand family history to determine risk factors.

Example Question:

Do you have any family history of throat problems?

Finding:

Denies family history of headaches or migraine

Sclera

Injection

Color Nasal

- Pale
- Bluish

Discharge (No Point)

- No discharge
- Clear discharge
- Bloody discharge
- Purulent discharge

Turbinate Patency

- Patent

Right: Tympanic Membrane Color Right And Left Ear

- Pearly gray

Oral Mucosa (No Point)

- Moist and pink
- Tonsils
- Edema

Tonsil Grade

- 1+: Tonsils <25% of space between pillars

Posterior Oropharynx Color (1/6 Point)

- Pink
- Erythemic

Posterior Oropharynx Texture

- Cobblestoning

Post Nasal Drip (No Point)

- Clear discharge

Appearance Neck

- Discoloration

Right: Retina

- Cotton wool bodies

Right

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- “It is possible to develop new allergies as an adult, and so I will take that into consideration as I try to determine the cause of your symptoms.”
- “I’m sorry to hear you don’t feel well. I’ll ask you some questions to learn more about your symptoms, and we will make a plan to help you feel better.”
- “Thank you for letting me know that you’re using throat drops in addition to the medications you usually take. I will ask you a few questions about how you use each medication.”

Student Response

After verifying vaccination history, you should be able to cross out certain diseases, such as diphtheria, and move on to assess for other relevant causes of the sore throat. I would consider hand-foot-mouth disease and bacterial or viral pharyngitis for his age. I would need to assess vital signs, including temperature, and obtain a rapid strep swab and a throat culture swab to assess for bacterial or viral properties and verify if an antibiotic would be needed. He would need an assessment involving his eyes, ear, head, neck, and throat. Looking for palpable nodes, redness, swelling, tenderness, drainage, loss of hearing, and pain.

Model Note

Differential diagnosis includes viral pharyngitis, strep throat, influenza, cold, and sinusitis. To rule out strep, rapid strep is indicated. Palpation of the cervical lymph nodes may demonstrate enlarged, tender cervical lymph nodes.

Visualization of the throat also gives clues to the diagnosis. White pus pockets and petechiae on the palate are classic signs of strep throat. Erythema alone may indicate

viral infection or postnasal drip. If the purulent discharge is noted in the posterior pharynx, assess for nasal discharge and palpate the appropriate sinuses for the patient's age.

Consider sinusitis if palpation elicits pain and purulent nasal discharge is reported over the last 7-10 days. A negative rapid flu test would rule out influenza.

Tina's 76-year-old great-aunt comes into the clinic for a visit, and you find that she frequently asks you to repeat what you say. During the Rinne test, air conduction was greater than bone conduction in her left ear.

- What is your differential diagnosis?
- What additional assessments would you perform?

Model Note

Differential diagnosis includes sensorineural hearing loss and anatomical defects.

Sensorineural hearing loss is common in old age and can be caused by heredity, diabetes, cerebrovascular disease, excessive noise, ototoxic medications, hyperlipidemia, hypothyroidism, and renal failure.

Assessments should include a history of hearing impairment and ear injuries. Inquiring about chronic ear infections or other trauma that leads to anatomical abnormalities is important. An analysis of Tina's great aunt's medications and past medications can be used to rule out ototoxicity. Fasting glucose levels and Hgb A1C can be tested to rule out diabetes.

TSH and T4 levels can rule out hypothyroidism. GFR or creatinine levels can rule out renal failure. Triglycerides, cholesterol, HDL, and LDL levels can be used to rule out hyperlipidemia. A neurological assessment should be completed to rule out cerebral ischemia. The hearing loss should be attributed to old age if no concrete diagnosis is made.

Questions

1. Suppose you had found that Tina's pupils were reactive to both direct and consensual light, yet unequal in size. Which condition would you suspect?

Correct: Anisocoria is a condition where the pupils are unequal in size. Anisocoria can be found in about 20% of normal individuals.

- Unequal visual acuity
- Optic neuritis
- Glaucoma
- Anisocoria (**Correct Response**)

2. During your physical exam with Tina, imagine you had palpated an enlarged left supraclavicular lymph node. What would this finding have indicated?

Correct: Malignancies originating in the pelvis or abdomen are likely to metastasize to the left supraclavicular lymph node, also known as Virchow's node.

- Nothing, because this is a normal variant
- A serious pathology (**Correct Response**)
- A previous infection of the throat
- Active infection of the throat

3. If you had observed Arteriovenous (AV) nicking during the retinal exam on Tina, what would you have seen?

Correct: AV nicking is the compression of the vein at arteriovenous crossings due to arterial stiffening. This results in bulging of the vein on either side of the artery making the vein appear to stop on either side of the artery. AV nicking is usually a result of chronic hypertension.

- Transparent arterial walls
- Opaque arterial walls
- Tortuous arteries and veins
- Vein stops on either side of the artery (**Correct Response**)

4. Suppose you detected a click while palpating Tina's temporomandibular joint (TMJ). What could have been the cause?

Model Note: Crepitus, limited mobility, and pain in the jaw are probable indicators of temporomandibular joint dysfunction (TMJ syndrome). The clicking noises are most likely caused by disc displacement between the condyle and fossa (ball and socket) at the temporomandibular joint.

5. If Tina had reported new onset ear pain, what would have been the most useful finding to determine otitis media?

Model Note: A useful diagnostic finding that suggests otitis media is the lack of mobility of the tympanic membrane during insufflation. This immobility is caused by increased pressure of the middle ear when air or fluid is trapped due to infection and impairment of the Eustachian tube.

6. Imagine you inspected Tina's throat and noted that her tonsils touched each other.

How would you grade her tonsils on the tonsillar hypertrophy grading scale?

Model Note: Using the standardized tonsillar hypertrophy grading scale, the tonsils are graded 4+ because they touch one another and, therefore, occupy more than 75% of the space between the posterior pillars of the throat.