

● Correct ✖ Missed ● Incorrect

Choice	Yours	Graded
Introduces self to client	<input checked="" type="checkbox"/>	●
Provides Privacy	<input checked="" type="checkbox"/>	●
Performs hand hygiene	<input checked="" type="checkbox"/>	●
Identifies client with two identifiers	<input checked="" type="checkbox"/>	●
Assists client to a sitting or lying position	<input checked="" type="checkbox"/>	●
Inform client of procedure to be performed <ol style="list-style-type: none"> 1. Rationale for performing assessment 2. Breathe normally 3. Answers questions 	<input checked="" type="checkbox"/>	●
Assesses for allergies	<input checked="" type="checkbox"/>	●
Cleanses equipment with dry disinfectant wipe (if applicable)	<input checked="" type="checkbox"/>	●
Verifies provider's orders (if applicable)	<input checked="" type="checkbox"/>	●

Scoring: Your score will be scaled downward for incorrect selections you make.

Doorway Information

Ilse Jane Fenwick is a 12-year-old female who is brought to the clinic by her mother for a wellness visit.

Past medical history:

- No chronic health problems.
- No surgeries.
- No hospitalizations.
- The last clinic visit was one year ago for a wellness visit.

Medications: Multivitamin daily.

Allergies: No known.

Family history: Mom: type 1 diabetes mellitus.

Social history: Starting 6th grade. She is an only child. Gets good grades. Swims at the local community center.

Immunization Schedule Birth to 15 Months

Immunization	Birth	1 Month	2 Months	4 Months	6 Months	12 Months	15 Months
Diphtheria, Tetanus, Pertussis (DTaP)			X	X	X		X
Hepatitis A						X	
Hepatitis B	X	X			X		
Human papillomavirus (HPV)							
Measles, Mumps, Rubella (MMR)						X	
Varicella							
Meningococcal ACWY							
Influenza					X	X	X
Pneumococcal conjugate (PVC13)			X	X	X	X	
Haemophilus influenzae (Hib)			X	X	X	X	
Rotavirus (RV) - Rotarix			X	X			
Inactivated polio (IVP)			X	X	X		
Varicella						X	

Immunization Schedule 18 Months to 16 Years

Immunization	18 Months	19-23 Months	2-3 Years	4-6 Years	7-10 Years	11-12 Years	13-15 Years	16 Years
Diphtheria, Tetanus, Pertussis (DTaP)				X				
Tetanus, diphtheria, pertussis (Tdap)						X		
Hepatitis A	X							
Hepatitis B								
Human papillomavirus (HPV)								
Measles, Mumps, Rubella (MMR)				X				
Varicella				X				
Meningococcal ACWY						X		
Influenza	X	X	X	X	X	X		
Pneumococcal conjugate (PVC13)								
Haemophilus influenza (Hib)								
Rotavirus (RV) - Rotarix								
Inactivated polio (IVP)				X				
Varicella				X				

History Feedback

You asked 42 unique questions. 25 were key questions/statements suggested by the case author. You also asked an additional 17 unique questions.

✗ Missed Questions

You didn't ask all important questions suggested by the case author for this case. You missed asking 10 of the 35 key questions. (Note: Sometimes there is more than one way to get similar information from your patient. Eliciting information in more than one way when interviewing a patient can be useful.)

Associated Sx/Sx Characteristics:

- Have you gained or lost weight unintentionally, despite normal appetite and exercise?
- Are you having any difficulty sleeping?
- Do you have a dizziness problem?
- Do you have a problem with fatigue/tiredness?

Risk Factors:

SH:

- Do you now or have you ever smoked or chewed tobacco?
- Do you use any recreational drugs? If so, what?

HPI/ROS:

- Do you have any problems with an itchy scalp, skin changes, moles, thinning hair, or brittle nails?
- Do you have any problems with nervousness, depression, lack of interest, sadness, memory loss, or mood changes, or ever hear voices or see things that you know are not there?
- When you urinate, have you noticed any pain, burning, blood, difficulty starting or stopping, dribbling, incontinence, urgency during day or night, or any changes in frequency?
- Have you noticed any breast discharge, lumps, scaly nipples, pain, swelling, or redness?