

This is a graded discussion: 50 points possible

due Jan 17

Week 2 Discussion: Reflection on the Nurse's Role in Health Assessment (Graded)

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Purpose

The purpose of this reflection is for learners to reflect on the nurse's role in health assessment in various care settings.

Course Outcomes

This reflection enables the student to meet the following course outcomes:

CO 1: Demonstrate a head to toe physical assessment. (PO 1)

CO 3: Describe physical, psychosocial, cultural, and spiritual influences on an individual's health status. (PO 1)

Due Date

During the assigned week (Sunday the start of the assigned week through Sunday the end of the assigned week):

- Posts in the discussion at least two times, and
- Posts in the discussion on two different days

Points Possible

50 points

Directions

- Reflection is an activity that involves your deep thought into your own experiences related to the concepts of the week. Answers should be detailed. In reflections students:
 - Demonstrate understanding of concepts for the week
 - Engage in meaningful dialogue with classmates and/or instructor
 - Express opinions clearly and logically, in a professional manner
- Use the rubric on this page as you compose your answers.
- Scholarly sources are **NOT required** for this reflection
- Best Practices include:
 - Participation early in the week is encouraged to stimulate meaningful discussion among classmates and instructor.
 - Enter the reflection often during the week to read and learn from posts.
 - Select different classmates for your reply each week.

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Reflection Questions

Reflect on your current or prior practice setting.

- ◆ **Paragraph One:** Briefly describe the type(s) of nursing health assessments you commonly perform.
 - Explain how your nursing health assessments are focused or comprehensive.
 - Provide examples of key subjective and objective data collected by nurses in this setting.
- ◆ **Paragraph Two:** Describe the typical patient population in your practice setting.
 - What are some special considerations that you have used for obtaining an accurate health history and physical assessment in this patient population?
 - Examples may include age, lifestyle, financial status, health status, culture, religion, or spiritual practices.

Grading

To view the grading criteria/rubric, please click on the 3 dots in the box at the end of the solid gray bar above the discussion board title and then Show Rubric. See Syllabus for Grading Rubric Definitions.

This topic is closed for comments.



Stacy Owens

(<https://chamberlain.instructure.com/courses/74479/users/1431>)

Jan 7, 2021

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Hi Class,

This week's reflection will allow us to explore similarities and differences in nursing assessments in various practice settings. Please feel free to share examples from your own practice, as this is a great way for us to learn from each other.

Contact me anytime if you have any questions related to the posting requirements or any other course concerns.

Here's to a great week!

Stacy

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credit.***



Alisha Kriech

<https://chamberlain.instructure.com/courses/74479/users/188424>

Jan 11, 2021

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Week 2 Discussion: Reflection on the Nurse's Role in Health Assessment

Health assessment in nursing is the evaluation of a patient's health status by performing a physical exam after taking a health history. Understanding the different types of health assessments is the key to identifying the specific needs for your patient. I have worked in the emergency department for the last four years and I have used a variety of health assessments such as comprehensive and focused assessments. These assessments are based on the triage level of the patients. In the emergency room we use four levels of acuity including non-urgent, less-urgent, urgent, emergent or resuscitation. As we are triaging a patient, we are able to obtain subjective and objective data. When the patient arrives, we ask about biographical data, personal/ family health history and reasons for seeking healthcare. While obtaining the symptoms that the patient is experiencing, we are able to observe the patient's physical appearance. This will help appropriately decide what triage level the patient will be. An example of an emergent patient would be when an elderly patient comes in for severe chest pain with a history of cardiac stents and myocardial infarction. This patient could be experiencing symptoms such as difficulty breathing, diaphoresis, clammy skin and guarding their chest which are all objective data. Subjective data that the patient could be experiencing includes chest pain, dizziness, fatigue, indigestion or nausea. This patient will receive more of a comprehensive assessment than someone who comes in because they fell and hurt their right arm. Someone with an arm injury would be considered a less-urgent patient and would have a focused assessment performed. Subjective data of this patient includes 10/10 pain with an achy, throbbing feeling to the arm. Objective data may include deformity to the arm, abrasions, swelling, redness, bruising, capillary refill and a palpable radial pulse.

In the emergency department, there is no typical patient population. We care for a variety of patients. To name a few, we care for pediatrics up to geriatrics. We also care for patients who are homeless, who have psych disorders and even religious preferences. There are special considerations in each population. For pediatric patients, we rely on the parents for their child's health history and reasons for seeking healthcare. For geriatrics, patients may have an altered mental status. In this case, calling a family member and asking the patients neurological baseline might be appropriate in order to fully understand the patients' health concern. Patients who are homeless are most often able to verbalize their concerns, however helping them with a prescription they may need might be necessary. If a psychiatric patient is unable to verbalize the medications they usually take for their mental health, calling their pharmacy might help to facilitate getting them back on their medications. In any healthcare setting, a nurse must be un-biased about patients' religious preferences. If a patient's blood count is low and they are in need for a blood transfusion, a nurse may offer verbal benefits of the transfusion. However, if the patient declines, this is their preference. All in all, I feel that the emergency **T**_d**O**_e**P**partment allows nurses to see a global view of patients and I believe this has improved my assessment skills tremendously.

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