

Unit One - Terms and Tech

Patient History and Scenarios

Step 1: Assign each student one of the following scenarios. Have each student research the patient's condition and be prepared to answer questions related to health history and current health complaints.

Step 2: Pair students up and have them interview one another and fill in patient history form. Each student is to role-play the scenario they have been given to research.

Patient Scenarios

1. A 57-year-old male suffering from a MI. History of HTN, Arteriosclerosis, and a forty-year two pack a day cigarette smoking.
2. A 82-year-old woman with left sided weakness and a diagnosis of a CVA. History of DM, bladder incontinence, and glaucoma.
3. A pregnant 25-year- old woman with a history of gestational diabetes, toxemia, and severe headaches.
4. A 33-year-old woman with a history of TIA's, muscle weakness, and DVT's.
5. A 40-year-old male with Chron's disease. History of depression and suicidal tendencies.
6. A 20-year-old homeless male with a history of ETOH use, TB, and schizophrenia.
7. A 35-year-old female with morbid obesity presents with a history of sleep apnea and a cholecystectomy.
8. A 17-year- old female with a history of fatigue, severe dysmenorrhea, and PID.
9. A 18-year-old male with gonorrhea, UTI, and a history of asthma.
10. A 21-year-old male with a history of Oxycontin and heroin use, peptic ulcers, and severe acne.
11. A 56-year-old female with Grave's disease. History of severe weight loss, increased appetite, sleeping disorders, and heart palpitations.
12. A 14-year-old male suffering from heart arrhythmias, syncope, and chronic fatigue.

Health Occupations Professional Essentials

13. A 5-day-old premature baby boy with jaundice, high-pitched crying, and restlessness. (You will answer as the parent)
14. A 67-year-old female presents with pneumonia. History of arthritis and uterine cancer.
15. A 5-year-old female presents with chickenpox. History of a broken clavicle and eczema.
16. A 13-year-old female presents with spiral fracture to tibia with complete fracture through the tibia and fibula growth plate. History of appendectomy and hypoglycemia.
17. A 8-year-old male with history of hemophilia, multiple blood transfusions, and is positive for HIV.
18. A 71-year-old male presents with rectal bleeding, arrhythmia's and is HoH.
19. A 88-year-old female presents with hemorrhoids. History of emphysema and scarlet fever.
20. A 15-year-old female with Down syndrome presents with epileptic seizure activity. History of esophageal stricture and amenorrhea.

Health Occupations Professional Essentials

HOPE Unit 1 – Unit Activity

Name: _____ Period: _____ Date: _____

TODAY'S DATE / /					
PATIENT NAME:		PREFERRED NAME:		PHONE #	
FOR NONE		AGE		HT.	
ADMISSION / LIST		MEDICATIONS		FOODS	
		LATEX		OTHERS	
PREVIOUS HOSPITALIZATION(S) OR OPERATIONS (INDICATE APPROXIMATE YEAR)			CURRENT AND RECENT MEDICATIONS (INCLUDE PRESCRIPTIONS, EYE DROPS, OVER-THE-COUNTER MEDS, ASPIRIN, IBUPROFEN, DIET AIDES & DOSAGE)		
CHECK IF YOU HAVE A BAD REACTION TO ANESTHESIA? X YES X NO					
HAS A BLOOD RELATIVE HAD A BAD REACTION TO ANESTHESIA? X YES X NO					
YES	NO	HAVE YOU HAD:		YES	NO
		DIABETES			
		HYPOGLYCEMIA (Low Blood Sugar)			
		THYROID PROBLEMS			
		HEART PROBLEMS (Rheumatic Fever, Murmur, Chest Pain, Heart Attack, Irregular Heartbeat, EKG changes, Angina, Ankle Swelling, Valve Replacement, etc.)			
		BLOOD CLOTS, TRANSFUSION PROBLEMS, OR BLEEDING TENDENCY (Hemophilia etc.)			
		HIGH BLOOD PRESSURE			
		STROKE (Weakness/ Numbness on one side, Difficulty Speaking, Loss of Vision etc.)			
		SEIZURES (Epilepsy, Convulsions, Blackouts, etc.)			
		NEUROLOGICAL PROBLEMS (Loss of Sensation, Numbness, Tingling, etc)			
		SEVERE HEADACHES			
		LUNG PROBLEMS (Asthma, Chronic Cough, Pneumonia, Wheezing, Shortness of Breath, Emphysema, Abnormal Chest X-ray, etc.			
		TUBERCULOSIS/TB			
		SLEEP APNEA (Breathing Interruption During Sleep, etc.)			
		LIVER PROBLEMS (Jaundice, Hepatitis, etc.)			
		KIDNEY, BLADDER OR PROSTATE PROBLEMS (Infections, etc.)			
		STOMACH PROBLEMS (Ulcer, Hiatal Hernia, Reflux, Heartburn, etc.)			
		BOWL PROBLEMS (Irritable Bowel, Diverticulosis, etc.)			
		BACK TROUBLE (Strain, Disc Problems, Numbness/Tingling of Hands or Feet, etc.)			
		BROKEN BONES OF HEAD, NECK OR SPINE OR RESTRICTIONS IN MOVEMENT			
		DIFFICULTY OPENING MOUTH (TMJ, etc.)			
		ARTHRITIS			
		MUSCLE DISORDERS (MD, Myesthenia Gravis, etc.)			
		CANCER			
		MENTAL HEALTH / PHOBIAS (Anxiety, Depression, Psychosis, etc.)			
		MENTAL DISABILITY (Confusion, Memory Loss, Downs Syndrome, etc.)			
		SKIN PROBLEMS (Eczema, Fragile, etc.)			
		OTHER MEDICAL PROBLEMS / COMMENTS			
		ANY ILLNESS, COLD, COUGH OR FEVER WITHIN THE LAST WEEK?			
		RECENT EXPOSURE TO ANY COMMUNICABLE DISEASES? (Chicken Pox, Measles etc.)			
YES	NO	HAVE YOU HAD:		YES	NO
		WOMEN: IS THERE A POSSIBILITY YOU ARE PREGNANT?			
		LAST MENSTRUAL PERIOD:			
		DO YOU HAVE A HISTORY OF SMOKING?			
		PACKS PER DAY		DATE QUIT	
		DO YOU DRINK ALCOHOLIC BEVERAGES			
		HOW OFTEN:		HOW MUCH?	
		DO YOU HAVE A HISTORY OF SUBSTANCE ABUSE OR ADDICTION?			
		DO YOU HAVE ANY OF THE FOLLOWING:			
		False Teeth		Bridges	
		Loose Teeth		Capped Teeth	
				Braces	
				Retainers	
		DO YOU WEAR CONTACT LENSES?			
		ARE YOU RECEIVING TREATMENT FOR GLAUCOMA?			
		DO YOU HAVE ANY SPECIAL COMMUNICATION NEEDS? Vision			
		Hearing		Language	
				Speech	
		DO YOU HAVE ANY PHYSICAL LIMITATIONS?			
		DO YOU HAVE ANY ENVIRONMENTAL CONCERNS? (Room Temperature, Lighting, etc.)			
		DO YOU HAVE ANY SPECIAL REQUESTS?			
		DO YOU CURRENTLY NEED ASSISTANCE TO GET AROUND THE HOUSE, DO ERRANDS, AND TAKE CARE OF YOUR PERSONAL NEEDS?			
		WOULD YOU LIKE TO DISCUSS ANY CONCERNS OR FEARS REGARDING THIS PROCEDURE?			
YES	NO	1. Do you have a history of falling down?		YES	NO
		2. Have you used or do you currently use any of the following services?			
		Homemaker services			
		Meals on Wheels			
		Transportation			
		Medical supplies / Oxygen			
		Nursing services			
		Other:			
		3. Have you been or are you afraid you will be physically, verbally or mentally abused by someone?			
		4. Would you like to discuss any financial concerns regarding:			
		Cost of this hospitalization			
		Questions about insurance / Medicare coverage			
		Cost of ongoing treatment / medications & supplies			
		5. In the last 6 months, have you experienced:			
		Weight change Appetite change			
		Explain:			
		6. Are you on a special diet or is there anything you cannot eat? Explain:			
		7. Do you have any difficulty chewing, swallowing or with digestion? Explain:			
		8. Do you have any problems or complaints regarding urination?			
		Pain / Burning Control			
		Frequency Other			
		9. Do you have any problems or complaints regarding your bowel movements? Constipation			
		Diarrhea Black / bloody stools			
		Other:			
		10. Do you use anything to maintain your usual bowel pattern? Enemas Laxatives			
		Special diet Fiber supplements			
		Stool softeners Other			
		11. Do you have any problems sleeping?			
		Insomnia Pain Breathing difficulties			
		Up at night to use bathroom			
		Other:			
		12. Would you like to discuss any concerns about the impact of your condition on your sexuality?			
		Explain:			
		13. Are there any cultural or religious practices which are important to maintain or perform during this hospitalization?			
		14. Is there anything else you want to ask about or tell us that will help you deal with your condition?			
		15. Who will be the key support person for you during this hospitalization?			