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MITTEN Saginaw Partnership
 Aleda E. Lutz VAMC/Saginaw Valley State University

Mobility Simulation Used as Saginaw Valley State University

Scenario File Name:

Student Level: N1 (Nursing Fundamentals)
 Expected Simulation Run Time: 15-20
 Simulation Location: Sim. Lab.

Course: N261
 Debrief/Guided Reflection Time: 30 min
 Debriefing Location: H112B

Short Description of Simulation:

This simulation focuses on assessing patient's mobility and its impact on patient's ADL, functional and social/family health, determining patient's fall risk, as well as ensuring patient's safety.

Purpose of Simulation:

The purpose of the simulation is to help students:

- cultivate awareness of the impact of patient's (a Veteran's) mobility on quality of life and safety.
- develop assessment skills related to patient's mobility and risk for falls, as well as identify environmental risks and appropriate interventions for fall prevention.

Learner Objectives:

1. Communicate therapeutically with a patient who is experiencing altered mobility.
2. Identify safety issues and intervene to provide a safe environment of care.
3. Demonstrate competent assessment skills with a focus on musculoskeletal, neurological, and mobility assessment.
4. Utilize the Morse Fall Risk Scale to assess a patient with altered mobility.
5. Utilize critical thinking to take appropriate action to transfer a patient with altered mobility.
6. Demonstrate safe patient handling skills while caring for a patient with altered mobility.

Curriculum Specific Objectives: Threads

- | | |
|---|--|
| <input checked="" type="checkbox"/> Communication | <input type="checkbox"/> Leadership |
| <input checked="" type="checkbox"/> Critical Thinking/Reasoning | <input checked="" type="checkbox"/> Safety (QSEN) |
| <input type="checkbox"/> Care Management | <input type="checkbox"/> Professional Identity/Ethics |
| <input type="checkbox"/> Health Promotion | <input checked="" type="checkbox"/> Diversity |
| <input type="checkbox"/> Evidence-based Practice (QSEN) | <input checked="" type="checkbox"/> Patient Centered Care (QSEN) |

Curriculum Specific Objectives: Concepts

- | | |
|--|--|
| <input type="checkbox"/> Technology/Information (QSEN) | <input type="checkbox"/> Disaster |
| <input type="checkbox"/> Nurturance | <input type="checkbox"/> Accountability |
| <input checked="" type="checkbox"/> Cultural Role | <input type="checkbox"/> Vulnerability Disparities |
| <input type="checkbox"/> Professionalism | <input type="checkbox"/> Health Surveillance |
| <input type="checkbox"/> Teaching/Learning | <input type="checkbox"/> Structure Culture |
| <input type="checkbox"/> Elimination | <input type="checkbox"/> Legal Regulatory |
| <input type="checkbox"/> Inflammation | <input type="checkbox"/> Fluid-Electrolyte |

- Comfort
- Mobility/motion
- End of Life
- Consciousness
- Thought
- Psychosocial Integrity
- Mood
- Collaboration (QSEN)
- Conflict Resolution
- Advocacy
- Sexuality
- Human Reproduction
- Growth & Development
- Violence

- Thermoregulation
- Hemostasis
- Ventilation/Perfusion
- Oxygenation
- Physiological Integrity
- Leadership
- Quality (QSEN)
- Change
- Transition
- Economics
- Political Change
- Organization

Psychomotor Skills Required prior to simulation:

Musculoskeletal and mobility assessment

Cognitive Skills Required prior to simulation:
(i.e. independent reading, video review, computer simulations, lecture)

Readings:

Giddens's Concepts Book: Chapter 23-Mobility pp. 239-247

Pre-simulation lecture:

- Mobility
- Fall risk and Morse scale
- Fall prevention
- Safe Patient Handling

Nursing Diagnosis:

Mobility: Physical Impaired
Falls, Risk for

References, Evidence-Based Practice Guidelines, Protocols, or Algorithms used for this scenario:

(site source, author, year, and page)

Giddens, J. F. (2013). *Concepts for nursing practice*. St Louis, MO: Mosby.

Joint Commission Patient Safety Goals:

http://www.jointcommission.org/standards_information/npsgs.aspx

National Center for Patient Safety- Fall Prevention & Management

<http://www.patientsafety.gov/CogAids/FallPrevention/index.html#page=page-1>

2007 NCLEX-RN Test Plan Categories and Subcategories

Choose all areas included in the simulation

Safe and Effective Care Environment

Management of Care

- | | |
|--|--|
| <input type="checkbox"/> Advance Directives | <input type="checkbox"/> Establishing Priorities |
| <input checked="" type="checkbox"/> Advocacy | <input type="checkbox"/> Ethical Practice |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Informed Consent |
| <input type="checkbox"/> Client Rights | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Collaboration with Interdisciplinary team | <input type="checkbox"/> Legal Rights and Responsibilities |
| <input type="checkbox"/> Concepts of Management | <input type="checkbox"/> Performance Improvement (QI) |
| <input checked="" type="checkbox"/> Confidentiality/Information Security | <input type="checkbox"/> Referrals |
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Resource Management |
| <input type="checkbox"/> Continuity of Care | <input type="checkbox"/> Staff Education |
| <input type="checkbox"/> Delegation | <input type="checkbox"/> Supervision |

Safety and Infection Control

- | | |
|--|---|
| <input type="checkbox"/> Accident Prevention | <input type="checkbox"/> Medical and Surgical Asepsis |
| <input type="checkbox"/> Disaster Planning | <input type="checkbox"/> Reporting of Incident/Event |
| <input type="checkbox"/> Emergency Response Plan | <input type="checkbox"/> Irregular Occurrence/Variance |
| <input type="checkbox"/> Error Prevention | <input type="checkbox"/> Security Plan |
| <input type="checkbox"/> Handling Hazardous and Infectious Materials | <input type="checkbox"/> Standard/Transmission Based/Other
Precautions |
| <input type="checkbox"/> Home Safety | <input type="checkbox"/> Use of Restraints/Safety Devices |
| <input checked="" type="checkbox"/> Injury Prevention | <input checked="" type="checkbox"/> Safe Use of Equipment |

Health Promotion and Maintenance

- | | |
|---|--|
| <input checked="" type="checkbox"/> Aging Process | <input checked="" type="checkbox"/> Health Screening |
| <input type="checkbox"/> Ante/Intra/Postpartum and Newborn Care | <input type="checkbox"/> High Risk Behaviors |
| <input type="checkbox"/> Developmental Stages and Transitions | <input type="checkbox"/> Human Sexuality |
| <input type="checkbox"/> Disease Prevention | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Expected Body Image Changes | <input type="checkbox"/> Lifestyle Choices |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Principles of Teaching/Learning |
| <input type="checkbox"/> Family Systems | <input type="checkbox"/> Self-Care |
| <input type="checkbox"/> Growth and Development | <input type="checkbox"/> Techniques of Physical Assessment |
| <input type="checkbox"/> Health and Wellness | |
| <input type="checkbox"/> Health Promotion Programs | |

Psychosocial Integrity

- | | |
|--|---|
| <input type="checkbox"/> Abuse/Neglect | <input type="checkbox"/> Psychopathology |
| <input type="checkbox"/> Behavioral Interventions | <input type="checkbox"/> Religious and Spiritual Influences on Health |
| <input type="checkbox"/> Chemical and Other Dependencies | <input type="checkbox"/> Sensory/Perceptual Alternations |
| <input type="checkbox"/> Coping Mechanisms | <input type="checkbox"/> Situational Role Changes |
| <input type="checkbox"/> Crisis Interventions | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Cultural Diversity | <input type="checkbox"/> Support Systems |
| <input type="checkbox"/> End of Life Care | <input checked="" type="checkbox"/> Therapeutic Communications |
| | <input type="checkbox"/> Therapeutic Environment |

<input type="checkbox"/> Family Dynamics	<input type="checkbox"/> Unexpected Body Image Changes
<input type="checkbox"/> Grief and Loss	
<input type="checkbox"/> Mental Health Concepts	
Physiologic Integrity	
Basic Care and Comfort	
<input checked="" type="checkbox"/> Assistive Devices	<input type="checkbox"/> Nutrition and Oral Hydration
<input type="checkbox"/> Complementary and Alternative Therapies	<input type="checkbox"/> Palliative/Comfort Care
<input type="checkbox"/> Elimination	<input type="checkbox"/> Person Hygiene
<input checked="" type="checkbox"/> Mobility/Immobility	<input type="checkbox"/> Rest and Sleep
<input type="checkbox"/> Non-Pharmacologic Comfort Interventions	
Pharmacological and Parenteral Therapies	
<input type="checkbox"/> Adverse Effects/Contraindications	<input type="checkbox"/> Parenteral/Intravenous Therapies
<input type="checkbox"/> Blood and Blood Products	<input type="checkbox"/> Pharmacological Agents/Actions
<input type="checkbox"/> Central Venous Access Devices	<input type="checkbox"/> Pharmacological Interactions
<input type="checkbox"/> Dosage Calculations	<input type="checkbox"/> Pharmacological Pain Management
<input type="checkbox"/> Expected Effects/Outcomes	<input type="checkbox"/> Total Parenteral Nutrition
<input type="checkbox"/> Medication Administration	
Reduction of Risk Potential	
<input type="checkbox"/> Diagnostic Tests	<input type="checkbox"/> Potential for Complications from:
<input type="checkbox"/> Lab Values	<input type="checkbox"/> Surgical Procedures and Health
<input type="checkbox"/> Monitoring Conscious Sedation	<input type="checkbox"/> Alterations
<input type="checkbox"/> Potential for Alteration in Body Systems	<input checked="" type="checkbox"/> System Specific Assessments
<input type="checkbox"/> Potential for Complication of Diagnostic Tests/Treatments/Procedures	<input type="checkbox"/> Therapeutic Procedures
	<input type="checkbox"/> Vital Signs
Physiologic Adaptation	
<input type="checkbox"/> Alteration in Body Systems	<input type="checkbox"/> Infectious Diseases
<input type="checkbox"/> Fluid and Electrolyte Imbalances	<input type="checkbox"/> Medical Emergencies
<input type="checkbox"/> Hemodynamics	<input type="checkbox"/> Pathophysiology
<input type="checkbox"/> Illness Management	<input type="checkbox"/> Radiation Therapy
	<input type="checkbox"/> Unexpected Response to Therapies

Fidelity

(utilized for simulation set-up)

Setting/Environment:

LTC/rehab- Patient's room

Simulator Mannequin/s Needed:

None

Props:

Equipment attached to manikin:

- IV sites:
- IV tubing with primary line
fluids running @ cc/hr
- Secondary IV line running @
cc/hr
- Foley catheter cc output color
- PCA pump running
- O2 @ Liters per
- Monitor attached
- ID band
- Allergy band
- DNR band
- Chest Tubes
- NG Tube
- OG Tube
- ET tube
- Suction
- Other

Bed Positioning

- HOB Flat
- HOB Elevated
- Side rails up x2
- Side rails up x3
- Side rails up x4
- Side rails down
- Breaks on
- Breaks off
- Other

Bed Side Props

- Personal Items: Old photo of military couple
- Chair at bedside
- Other: Water cup, kleenex box on bedside
table, with table out of reach
- Clutter around the room

Medications and Fluids:

- Oral Meds:
- IV Fluids:
- IVPB:
- IV Push:
- IM or SC:
- Topical:
- Other:

Diagnostics Available:

(Include Any Abnormal Results)

- Labs:
- Diagnostic Tests:
 - 12 lead EKG
 - X-rays location
 - CT location
 - MRI location
 - Ultrasound location
 - Cardiac Cath.
 - Stress Test
- Other:

Documentation Forms:

- Physician Orders:
- Admit Orders:
- Medication Administration Record
- Graphic Record
- Triage Record
- Shift Assessment
- History and Physical
- Code Record
- Anesthesia/PACU Record
- Standing (Protocol) Orders
- Transfer Orders
- Other Props: Morse Fall Risk Assessment Scale,
muscle strength scale

Resources

- Craven & Hirnle
- Taylor
- Weber & Kelley
- Ignatavicius & Workman
- Other

Moulage

- Emesis
- Stool
- Sputum
- Other: Bruising to right arm with blue and red powder make up

Equipment available in room:

- Bedpan/Urinal
- Foley kit
- Straight Catheter Kit
- Incentive Spirometer
- Fluids
- IV start kit
- IV tubing
- IVPB tubing
- IV pump
- Feeding bag with tubing
- O2 delivery devices type
- Crash cart with airway devices and emergency medications
- Suction
- Other:
 - Walker
 - Gait Belt

Simulation Participant Information

Assignment of Roles:

S = Student

F= Faculty

LS= Lab Staff

CL= Clinical Instructor

SP = Standardized Patient

- Primary Nurse Student#1
- Secondary Nurse Student #2
- Clinical Instructor
- Family Member #1
- Family Member #2
- Observer(s) 1-2 Students
- Physician/ Advanced Practice Nurse
- Respiratory Therapy
- Pharmacy
- Lab
- Imaging
- Social Services
- Clergy
- Unlicensed Assistive Personnel
- Code Team
- Other:

Important information related to roles: see role card

Report students will receive before the simulation (report from ER nurse, night nurse, etc.)

Mr. Bernard Smith has been admitted to LTC/rehab for strengthening. Vital signs and general assessment for the shift have been completed, but you notice his current fall risk assessment is incomplete. You will be conducting a mobility and fall risk assessment, transfer patient to chair, all while ensuring patient's safety.

Prior to admission, Mr. Smith has lived with his wife of 60 years at SVSU retirement community for the last 3 years.

Brief Description of Patient:

Admission Day: Today's date

Name: Bernard (Bernie) Smith

Gender: Male **Age:** 86

Race: African American

Weight: 180 **Height:** 6'0"

Religion:

Major Support: Wife, Clara

Allergies: PCN

Code Status: Full Code

Immunizations:

Flu vaccine: This season

Pneumonia vaccine: Up to date

Attending Physician/Team: Amanda Jones, FNP-BC

Consults: Physical Therapy (PT), Occupational Therapy (OT)

Past Medical and Surgical Hx:

Hypertension, COPD, osteoarthritis, Total hip replacement (Rt) s/p fall 2 years ago

Home Medications:

Capoten 25 mg po BID

Lasix 20 mg po daily

Multivitamin and Ca supplement 1 tab PO daily

Albuterol inhaler 2 puffs Q 4hrs PRN

Advil 200mg 2-3 Tab PO Q8hrs PRN (Last dose 3 hours ago)

Vicodin ES 7.5 mg hydrocodone bitartrate / 300 mg acetaminophen 1 Tab PO Q4-6hrs PRN (Last dose 5 min. ago)

History of Present illness:

Admitted to LTC/rehab for strengthening.

Social History:

- Lives in SVSU's retirement home with his wife prior to admission to LTC/Rehabilitation unit. Has 3 children and 8 grandchildren who all live in the area.

- Is a combat Veteran of Korea.
- Is retired from Dow Chemical Co and volunteers at the local VFW three nights/week and every Sunday morning.

Primary Medical Diagnosis: Osteorthritis

Scenario Progression Outline
(Utilized during simulation)

Timing	Manikin or Patient Actions	Other Standardized Patient Actions	Expected Interventions	Teaching points for debriefing
First minutes	Initial Stage: Baseline Vital Signs -T: 92.7 -P: 80 -R: 24 -BP: 146/84 -SpO2: 94% -Cardiac Rhythm: -Breath Sounds: -Heart Sounds: -Abdominal Sounds: -LOC: Alert and oriented -Abnormal Assessment	See Role Card	<input type="checkbox"/> SN introduces self <input type="checkbox"/> SN clarifies role (SVSU SN) <input type="checkbox"/> Provide hand hygiene <input type="checkbox"/> ID patient <input type="checkbox"/> Identify allergies <input type="checkbox"/> Identify family member <input type="checkbox"/> As pt. if OK for family member to stay in room <input type="checkbox"/> Confidentiality maintained <input type="checkbox"/> Completes safety survey, notes that siderails are down <input type="checkbox"/> Begins to establish rapport with the pt and family member <input type="checkbox"/> Assess patient for pain and other symptoms <input type="checkbox"/> Uses COLDSPA <input type="checkbox"/> Assess pt. history, background information related to present illness <input type="checkbox"/> Explores impact of present	

	<p>Findings:</p> <ul style="list-style-type: none"> • Joints and back pain (5/10 on 0-10 scale) • Knees warm to touch, slightly swollen and red • Limited ROM due to pain and stiffness • Muscles achy with occasional spasms. <p>-Other symptoms:</p> <p>-Verbalization(s) of Simulator:</p>		<p>illness on functionality (ADLs. Social life, relationships, etc)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documents appropriately <input type="checkbox"/> Further assesses patient <input type="checkbox"/> Provides comfort measures <input type="checkbox"/> Uses proper body mechanics to assist patient with mobility <input type="checkbox"/> Assists patient with mobility safely with proper technique <input type="checkbox"/> Assesses emotional status <input type="checkbox"/> Uses active listening and therapeutic communication <input checked="" type="checkbox"/> Completes Morse Fall Risk Assessment and document <input checked="" type="checkbox"/> Completes muscle strength assessment and document <input checked="" type="checkbox"/> Nurse's safety maintained during transfers <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	
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Debriefing/Guided Reflection Questions for this Simulation

- Express Reaction:
 - How did you feel throughout the simulation? Interacting with patient? Interacting with family?
 - What do you feel went well?
 - What do you feel did not go well?
- Guided Analysis:
 - Describe the objectives you were able to achieve.
 - What were the key assessments and interventions?
 - Describe your thought process for the actions you took.
 - What were your outcomes?
 - If you were able to do this again, what would you do differently?
- Summarizing:
 - What do you feel you got out of this experience?
 - What are the take home points of the simulation?
 - What do you plan to incorporate into your practice next time?

Standardized Patient Role Card

Patient: Bernie Smith

Background: Your name is Bernard Smith, but everyone calls you Bernie

Bernie Smith is an 86-year-old resident of SVSU's retirement home. He lives there with his wife, Clara, of 60 years. They have 3 children together, 8 grandchildren and 15 great grandchildren.

Bernie is a combat Veteran who served in the Korean conflict (1950-1953) and was honorably discharged after 3 years of service. In fact, Bernie and Clara were married during the war when Bernie came home on furlough for 1 week! They have just celebrated their 60th wedding anniversary.

Bernie is very proud of his military service. He volunteers 3 nights a week as a bartender at his local VFW (Veteran of Foreign Wars) and helps make pancake breakfasts there every Sunday. He likes to hang out with other Veterans he met through the VFW. There is a special bond among Veterans because they understand what it is to be a soldier, especially if they served in the same war. As he is getting older, he has been thinking more and more about the olden days and his days in the military, and what gets him through that is the time he spends with his Veteran friends.

Bernie has had back surgery due to disc disease shortly after being discharged from the military. His disc problem was brought about by heavy lifting and walking on uneven terrain while carrying heavy equipment. He also has shrapnel imbedded in his left hip from an old war injury. He has also had a total right hip replacement after a fall he sustained a few years ago.

Bernie has been feeling more pain in his joints and back from his arthritis and has been very stiff, especially in the morning. Advil has not been enough to control his pain, so he is taking the Vicodin his doctor prescribed, which makes him sleepy and tired. He fell 2 weeks ago at the VFW and hasn't been there since. He felt worse after the fall, especially with the bruises his right thigh and right arm sustained. He became progressively weaker and hasn't left home even to take his morning walk with Clara. He uses a walker around the house. Due to increased pain and stiffness and fear of falling, he has now avoided movement and has been sitting in his reclining chair most of the day.

He knows Clara has been worried about him. She has been caring for him all that time since he fell.

Directions: Your student nurse will assess your strength and your risk for fall and help you transfer from bed to a chair.

You are weak, but your strength is equal on both sides of your body. Your joints hurt (pain level is 5 on a 0-10 scale, achy and constant, stabbing in the knees and hips occasionally). When you take your meds, it comes down to 3. The worst it gets is 8/10.

When ambulating, you use a walker. It takes you few tries to pull yourself up to a standing position. You are stooped over and shuffle your feet when you walk. You are slow, and your steps are small. Most of all, you are afraid to fall again. This is your second fall as you fell few years ago on ice and needed a total hip replacement (Rt).

You are despondent. You haven't been able to drive, go to the VFW, or do anything. You have been short with Clara, especially when you are in pain. You feel useless and unable to take care of things. You haven't been able to interact with your grandkids and great-grandkids when they come to visit. It hurts to even have the little ones in your lap. That makes you sad and somewhat depressed.

You are stoic; you don't like to ask for help and never needed it from anyone, and now that you do, you feel very frustrated. You try your hardest to do things on your own, but show your frustration as you struggle to do so.

Family Member: Clara Smith

Background: Your name is Clarabelle Smith. Everyone calls you Clara.

Clara Smith is an 84-year-old resident of SVSU's retirement home. She lived there for the past 3 years with her husband of 60 years, Bernie. They have 3 children together, 8 grandchildren and 15 great grandchildren.

Clara is not a Veteran (Bernie is), but is a member of the Women's Auxiliary at the VFW (Veterans of Foreign Wars). Being a wife of a Veteran is something Clara is VERY proud of. On nights when Bernie volunteers at the VFW, Clara plays bridge and plans events with other members of the Women's Auxiliary. She loves being there with her friends. They are there 3 nights a week when Bernie volunteers as a bartender and on Sundays, he helps make pancake breakfasts.

Lately, Bernie has been feeling more pain in his back and joints from his arthritis and has been very stiff, especially in the morning. He has refused to go on the daily morning walks these days and Clara haven't gone by herself. He has avoided movement and has been sitting in his reclining chair most of the day. He has become weaker and is using a walker to get around the house.

Advil has not been enough to control his pain, so he is taking the Vicodin his doctor prescribed, which makes him sleepy and tired. He fell 2 weeks ago at the VFW and sustained bruises on his left side. They haven't been out of the house since. He doesn't want to do anything or go anywhere, and when the great-grandkids are over, he doesn't interact with them as much.

Clara has been watching Bernie very closely. She is afraid that he would fall again and break his hip. She has been trying to do everything for him, but he seems to be annoyed and grumpy most of the time. He doesn't like to ask for help or to need anyone's help, even hers.

Clara has also been feeling very lonely, but she hasn't wanted to leave Bernie by himself. She hasn't been able to go anywhere or see her friends at the VFW. Family members visit sometimes, but for brief periods of time.

Directions: A student nurse will assess Bernie's strength and risk for fall and help him transfer from the bed to a chair.

You are worried about your husband. You may ask questions about his safety and share your above concerns with the student nurse. You may state how Bernie's illness has affected him and you.

Observer

A student nurse will assess Bernie's strength and risk for fall and complete a Morse Fall Risk Assessment. The student will help Bernie transfer from the bed to a chair.

Simulation Scenario: Bernie Smith is an 86-year-old resident of SVSU's retirement home. He lives there with his wife, Clara, of 60 years. They have 3 children together, 8 grandchildren and 15 great grandchildren.

Bernie is a combat Veteran who served in the Korean war (1950-1953) and was honorably discharged after 3 years of service. In fact, Bernie and Clara were married during the war when Bernie came home on furlough for 1 week! They have just celebrated their 60th wedding anniversary.

Bernie is very proud of his military service. He volunteers 3 nights a week as a bartender at his local VFW (Veteran of Foreign Wars) and helps make pancake breakfasts there every Sunday. He likes to hang out with other Veterans he met through the VFW. There is a special bond among Veterans because they understand what it is to be a soldier, especially if they served in the same war. As he is getting older, he has been thinking more and more about the olden days and his days in the military, and what gets him through that is the time he spends with his Veteran friends.

Bernie has been feeling more pain in his joints and back from his arthritis and has been very stiff, especially in the morning. He has avoided movement and has been sitting in his reclining chair most of the day. Advil has not been enough to control his pain, so he is taking the Vicodin his doctor prescribed, which makes him sleepy and tired. He fell 2 weeks ago at the VFW and hasn't been there since. He felt worse after the fall, especially with the bruises his right thigh and right arm sustained. He became progressively weaker and hasn't left home even to take his morning walk with Clara. He uses a walker around the house.

He knows Clara has been worried about him. She has been caring for him all that time since he fell. She has been watching Bernie very closely. She is afraid that he would fall again and break his hip. She has been trying to do everything for him, but he seems to be annoyed and grumpy most of the time. He doesn't like to ask for help or to need anyone's help, even hers.

Clara has also been feeling very lonely, but she hasn't wanted to leave Bernie by himself. She hasn't been able to go anywhere or see her friends at the VFW. Family members visit sometimes, but for brief periods of time.

Student Nurse

Mr. Bernard Smith has been admitted to LTC/rehab for strengthening. Vital signs and general assessment for the shift have been completed, but you notice his current fall risk assessment is incomplete. You will be conducting a mobility and fall risk assessment, transfer patient to chair, all while ensuring patient's safety.

Prior to admission, Mr. Smith has lived with his wife of 60 years at SVSU retirement community for the last 3 years.