\****Highlighted areas are required. Please fill out as much information as possible.***

|  |  |
| --- | --- |
| Simulation Title: |  |
| Author |  |
| Date developed |  |
| Scenario revision dates: |  |
| Learners roles: (Students, RN, MD, PA) |  |
| Number of learners per scenario |  |
|  |  |
| Development Hours: |  |
| Objectives: |  |
| Simulation Setting: (OR, PACU, Pt room)  In Simulation center or Insitu |  |
| Simulator: (3G, Child, Infant, Imbedded participant, SP) |  |
| Storyline: patient history:  Includes patient name, age, weight, height, gender, PMHx, current meds, allergies, and current background |  |
| Equipment required: ( IV’s, ET tubes, Chest tubes) |  |
| Fluids and medications: |  |
| Moulage (bruising, abrasions, etc.): |  |
| Paperwork, labs, X rays and EKG’s, photos, videos: |  |
| Interventions: (fluid resuscitation, medication administration, airway management, CPR) |  |
| Procedures: |  |
|  |  |
| Evaluation tools and measurement points: |  |
| Advance organizer/pretest and how delivered |  |
| Estimated time to run simulation and debriefing |  |
| Comments: |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Stimuli/Event:**

**Stimuli/Event:**

**Time:**

**Actions**:

**VS:**

**PE:**

**Hand off**:

**Vitals (VS):**

**PE:**

**Time:**

**Actions**:

**VS:**

**PE:**

**Stimuli/Event:**

**Time:**

**Actions**:

**VS:**

**PE:**

**Time:**

**Actions**:

**VS:**

**PE:**

**Stimuli/Event:**

**Time:**

**Actions**:

**VS:**

**PE:**

**Stimuli/Event:**

Deviation

Ideal

**Scenario end:**

**Time:**

**Actions**:

**VS:**

**PE:**

**Stimuli/Event:**

**Time:**

**Actions**:

**VS:**

**PE:**

**Time:**

**Actions**:

**VS:**

**PE:**

Embedded / SP script / Additional Information

|  |  |
| --- | --- |
| **S** | **Situation**  **Your Name \_\_\_\_\_\_\_\_\_\_ Unit**  **Patient Name Room #**  **I am concerned about** |
| **B** | **Background**  **The patient is in the hospital because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Significant Vital Signs are** \_\_\_\_\_\_\_\_\_  Significant Labs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Significant Test Results:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The patient if complaining of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The patient’s **physical assessment** demonstrates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  This is a change from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The following interventions have been tried: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **A** | **Assessment**  My assessment of the situation is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  might be happening.  Tell the physician if the problem is severe and may be life threatening. |
| **R** | **Recommendation/Request**  I think the following needs to be done:  Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tests \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Physician needs to come now and assess the patient. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Transfer to ICU \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you want me to call you back for any reasons? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What would you like me to do if the patient does not improve? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |