

OB Simulation Evaluation Tool

Circle OB Scenario:

1 2 3 4 5 6 7 8

Name of TPCN: _____

	Task	Performed		Comments
		Yes	No	
	Introduction to			
	Patient			
	Family			
	Standard Precautions			
	Handwashing entering room			
	Handwashing pre procedures			
	Handwashing post procedures			
	Handwashing exiting room			
	Gloves			
	Focused Assessment			
	V.S. / Pulse Ox			
	Cardiac			
	Respiratory			
	Abdomen / Fundal Assessment			
	FHM Monitor Assessment			
	Labor Assessment			
	Reassessment with status change			
	Reassessment post intervention			
	Interventions			
	IV fluid hydration			
	Selects & applies appropriate O2			
	Positions patient / Left Lateral as needed			
	Performs vaginal exam			
	Performs glucose check			
	Obtains lab specimens as ordered			
	Performs IUR as indicated LL / O2 / Bolus / Oxytocin Off			
	Monitors response of interventions			
	Recognizes need for additional intervention			
	Notifies Team for assistance			
	Notifies Provider as needed			
	IV fluid			
	Verify order			
	Correct rate			
	Correct fluid			
	Meds (IVPB/PO/IM)			
	Correct patient			
	Allergies			
	Right Medication			
	Right Dose			
	Right route			
	Right time			
	Right Indication			
	Communication with			
	Patient			
	Family			
	Providers			

NOTES:

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Debriefers's Signature: _____