

Name \_\_\_\_\_

Date \_\_\_\_\_

## Simulation Observation Tool

*Write Additional Notes & the Plus / Delta on the back*

Time	Task	Performed		Comments
		Yes	No	
	<b>Introduction</b>			
	· Self & coworker (name, title, purpose)			
	· Patient / Family			
	<b>Communication</b>			
	· Patient / family			
	· Professionals			
	· SBAR			
	<b>Safety</b>			
	· Patient / family / Professionals			
	· Red Rules / The 4 Ps			
	<b>Standard Precautions</b>			
	· Hand hygiene upon entry & exit			
	· Hand hygiene pre and post-procedure/meds			
	· Gloves / Gown / Mask / Face Shield prn			
	<b>Focused Assessment</b>			
	· Vital Signs (T-P-R-B/P, SaO <sub>2</sub> & Pain)			
	· Neuro – Orientation / move / sensation			
	· Heart / Pulses			
	· Lungs			
	· Abdomen			
	· Skin / Surgical / Injury Sites			
	· Reassessment with status change			
	· Reassessment post intervention			
	<b>Oxygenation</b>			
	· Alters pt. position / HOB			
	· Select & apply proper device			
	· Oxygen flow rate appropriate			
	· Monitors response / reassess			
	· Recognize need for further intervention			
	· Adjust O <sub>2</sub> delivery system / flow rate			
	<b>Medication (IM, IV Push, IVPB, PO/SL, SQ)</b>			
	client (2 Identifiers)			
	- drug	- dose		
	- route	- rate of IVPB / IV		
	- time / timely	- reason		
	- education	- evaluation		
	<b>IV Fluids</b>			
	· Fluid & rate, site assessment			
	· Compatibility			
	<b>Education</b>			
	· Patient / Visitor / Others			
	·			