

Name _____

Date _____

Simulation Observation Tool

Write Additional Notes & the Plus / Delta on the back

Time	Task	Performed		Comments
		Yes	No	
	Introduction			
	· Self & coworker (name, title, purpose)			
	· Patient / Family			
	Communication			
	· Patient / family			
	· Professionals			
	· SBAR			
	Safety			
	· Patient / family /Professionals			
	· Red Rules / The 4 Ps			
	Standard Precautions			
	· Hand hygiene upon entry & exit			
	· Hand hygiene pre and post-procedure/meds			
	· Gloves /Gown / Mask/Face Shield prn			
	Focused Assessment			
	· Vital Signs (T-P-R-B/P, SaO ₂ & Pain)			
	· Neuro – Orientation /move/sensation			
	· Heart /Pulses			
	· Lungs			
	· Abdomen			
	· Skin / Surgical / Injury Sites			
	· Reassessment with status change			
	· Reassessment post intervention			
	Oxygenation			
	· Alters pt. position / HOB			
	· Select & apply proper device			
	· Oxygen flow rate appropriate			
	· Monitors response / reassess			
	· Recognize need for further intervention			
	· Adjust O2 delivery system / flow rate			
	Medication (IM, IV Push, IVPB, PO/SL, SQ)			
	client (2 Identifiers)			
	- drug	- dose		
	- route	- rate of IVPB / IV		
	- time / timely	- reason		
	- education	- evaluation		
	IV Fluids			
	· Fluid & rate, site assessment			
	· Compatibility			
	Education			
	· Patient / Visitor / Others			
	·			