

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:

Debriefers Signature: