

Simulation Preparation Request

Course:	Faculty:	Date of simulation:
Scenario Title:		Estimated Scenario Time:
Total number of Students:		Number of students in each scenario:

Patient Profile			
Primary Medical Dx:		MD:	
Name:		Gender:	
Pt. MR #:	DOB:	Age:	Allergies:

Initial Mannequin Settings

Vital Signs	
O2 (# Liters/ device)	
NGT (suction setting; amount)	
Foley (amount of urine; color)	
Wound (Dressing type, location)	
Drains (location, amount of drainage)	*indicate type:

Equipment			Supplies					
Y/N	#		Y/N	#		Y/N	#	
IV pump			Foley catheter			Patient labels # of sheets		
Laptop			Central line					
White Board			Secondary (IVPB) IV tubing			MAR how many		
IV cart			Syringes (size, quantity)					
Isolation (PPE) cart			Needle (gauge, quantity)					
Respiratory cart			Feeding supplies			Draw and/or push fluids through IV		
NG cart			Patient Moulage (i.e. bedsores)					
Wound cart								
Vital Signs Machine			Personal hygiene (toothettes, bedpan, etc)					
Femoral sheath			Body fluids					
Femostop			SBAR forms					
Hemodynamic monitoring setup			Lab forms					
Additional Notes:								

Student Roles Badges	
Charge RN	
Primary RN	
Recorder/ Resource RN	
Family member	
Student nurse	
Pharmacist	
Patient	
Other (specify)	

Simulation Scenario information

Course _____

Faculty _____

Pt name	Brief description	Pyxis use during Sim Yes/No	Docucare use during Sim Yes/No	Video playback in debriefing Yes/No	How many times per semester	# of students in Sim group/total	Day of week/time	# of spaces (beds,rooms) needed Sim/activities