

**Maurine Church Coburn School of Nursing  
Fundamentals Simulation Worksheet**

| Room  | Date   | Vital Signs                                       |   | Medications                            | Lab Work/Diagnostic Studies   |
|---|--|---|---|--|---|
| Pt.<br>DOB:<br>MR#<br>Dx:<br>M.D.<br><input type="checkbox"/> DNR <input type="checkbox"/> DNI  | Age:<br><input type="checkbox"/> Female<br><input type="checkbox"/> Male | 8am<br>T<br>P<br>R<br>BP<br>Pain<br>O2 Sat.       | 12 noon<br>T<br>P<br>R<br>BP<br>Pain<br>O2 Sat. | 8    9    10    11<br><br>12   13   14 | Most Recent Labs:<br>BGC _____<br>WBC _____ Hgb _____ Hct _____ Plt _____<br>Na+ _____ K+ _____ Alb. _____ BUN _____<br>Cr _____<br>Other _____ |
| Allergies:  |  | <b>Shift Report</b><br><u>Notes/Order Changes</u> |   | <b>Assesment</b>                       |   |
| Diet Orders:  |  |   |   | Neurological (LOC/orientation):        |   |
| Height/Weight:  |  | EENT:   |   | Respiratory:                           |   |
| IV Fluids/Rate/Location: <input type="checkbox"/> R <input type="checkbox"/> L  |  |   |   | Cardiovascular:                        |   |
| IV Solution:  |  | Gastrointestinal:                                 |   | *Cap. Refill                           |   |
| <input type="checkbox"/> INT <input type="checkbox"/> Peripheral <input type="checkbox"/> PICC <input type="checkbox"/> Central Line <input type="checkbox"/> PCA |  |   |   | *Peripheral Pulses                     |   |
| Respiratory Orders:   |  | Renal/Urinary:                                    |   | *Last BM                               |   |
| Activity Orders:  |  |   |   | *Bowel Sounds                          |   |
| Physical Therapy Orders:  |  | Musculoskeletal:                                  |   | Integument:                            |   |
| I&O:  |  |   |   | *Edema                                 |   |
| Invasive Lines/Tubes:<br>(Foley, n/g, JP, hemovac, wound vac, chest tubes, etc)   |  | <b>Simulation Roles</b>                           |   | Pain:                                  |   |
| Other Treatment Orders: (i.e. Telemetry)  |  |   |   | IV site:                               |   |
|   |  | RN _____  |   | Invasive Lines/Tubes:                  |   |
|   |  | Medications _____                                 |   | Psychosocial:                          |   |
|   |  | Treatments _____                                  |   | ADL's:                                 |   |
|   |  | Documentation _____                               |   | Patient Teaching Needs:                |   |
|   |  | Observer _____                                    |   |  |   |
|   |  | Other _____                                       |   |  |   |

- Basics**
- Wash Hands
  - Intro Self
  - Check Name Band
  - Bed Position
  - Room Safety
  - Gloves
  - Other

**Medications**

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