Maurine Church Coburn School of Nursing

Pediatric Simulation Worksheet

Room	**Date**	**Vital Signs**		**Medications**	**Lab Work/Diagnostic Studies**
Pt.	Age:	8am	12 noon		Most Recent Labs:
DOB:	☐ Female	T	T		BGC _____ _____
MR#	☐ Male	P	P	8 9 10 11	WBC _____ Hgb _____ Hct _____ Plt _____
Dx:		R	R		Na+ _____ K+ _____ Alb. _____ BUN _____
		BP	BP	12 13 14	Cr _____ CRP _____
M.D.		Pain	Pain		Other
☐ DNR ☐ DNI		O2 Sat.	O2 Sat.		

Allergies:

Diet Orders:

Weight/kg:

IV Fluids/Rate/Location: ☐ R ☐ L

IV Solution:

(100% Maintenance _____/hr)

☐ INT ☐ Peripheral ☐ PICC ☐ Central Line

Respiratory Orders:

Activity Orders:

I&O:

Invasive Lines/Tubes:
(Foley, n/g, JP, hemovac, wound vac, chest tubes, etc)

Other Treatment Orders: (i.e. Telemetry)

Shift Report

Notes/Order Changes

Simulation Roles

RN _____

Medications _____

Treatments _____

Documentation _____

Observer _____

Other _____

Assessment

Neurological (LOC/orientation):

EENT:

Respiratory:

Cardiovascular:

*Cap. Refill

*Peripheral Pulses

Gastrointestinal:

*Last BM

*Bowel Sounds

Renal/Urinary:

Musculoskeletal:

*CSM's

Integument:

*edema

Pain:

IV site:

Invasive Lines/Tubes:

Psychosocial:

ADL's:

Patient/Family Teaching Needs: