

Scenario Setup Form

Fill in the form completely for each scenario. Your simulation reservation will not be confirmed until after this form is submitted. If you wish to run multiple scenarios on the same day, a separate setup form is required for each individual scenario. This should be completed and **submitted no later than 2 weeks prior to your simulation.**

CONTACT INFORMATION			
Faculty Name			
Course Title			
Date(s)			
Have you completed the Clinical Simulation Request form?	YES	NO (If no, do so before continuing)	
SCENARIO INFORMATION			
Title			
Brief Description of Scenario			
Number of Students			
Number of Rooms			
Scenario Setting			
Scenario Length	mins		
PATIENT INFORMATION			
Need a name band with an MRN?	YES	NO	
Patient Name			
DOB			
SEX			
Allergies			
VITAL PROGRESSION			
Display vitals on Patient Monitor?	YES	NO	
Event 1: Initial Stage	Event 2:	Event 3:	Event 4:
HR SpO2	HR SpO2	HR SpO2	HR SpO2
RR BP	RR BP	RR BP	RR BP
Temp	Temp	Temp	Temp
SUPPLIES (Check all that apply and clarify if needed in the SETUP INSTRUCTIONS box)			
BP CUFF	IV	SCD	ABS
Incentive Spirometer	Nasal Cannula	Moulage	Pitcher w/ Cup
SETUP INSTRUCTIONS (Please provide details about the desired room setup, meds, equipment and supplies.)			