

## 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									
Facult	y Name								
Course	e Title								
Date(s	s)								
Have you completed the Clin		nical Simulation Request form		?	YES	NO (If no, do so before continuing)		continuing)	
SCENARIO INFORMATION									
Title									
Brief Description of									
Scenar	rio								
Numb	er of Students								
Numb	er of Rooms								
Scena	rio Setting								
Scenario Length		1	mins						
PATIENT INFORMATION									
Need a name band with an MRN?			YES		NO				
Patient Name									
DOB									
SEX									
Allergies									
VITAL PROGRESSION									
Displa	y vitals on Patient Mo	nitor?	YES		NO				
Event	1: Initial Stage	Event 2:		Event 3:		Ever	nt 4:		
HR	SpO2	HR	SpO2	HR	SpO2	HR		SpO2	
RR	BP	RR	BP	RR	BP	RR		BP	
Temp		Temp		Temp		Tem	p		
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			
<b>SETUP INSTRUCTIONS</b> (Please provide details about the desired room setup, meds, equipment and supplies.)									
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