

Simulation Lab Request Form

Instructions:

Fill in the form as completely as possible for each scenario you wish to run. If you wish to run multiple simulations on the same day, a separate patient scenario form is required for each simulation. If we already have your patient scenario form on file, only the first page is necessary. This is to ensure the lab is properly set up, manikins are configured properly and the proper schedule is set. When complete, press the submit button at the bottom of the form. It will be emailed to the Operations Manager. You will receive a confirmation email back for the dates and times requested. If you are unable to email the form, you may print and place in the Lab Request box in the HPN 126 Central Stores.

The request for space must be submitted no later than three weeks prior to the date requested to ensure all equipment and supplies are available for the times requested. The HPC Skills and Simulation Management reserves the right to assign rooms that best accommodate all learners. Supplies will be ordered according to availability and cost.

Please save a copy of this form to your files in case you need to make request modifications.

Requestor Information:

Course title and number: _____ Total # of students: _____
 Are you rotating groups through a period of dates? Y N If Y, max # of students/session?
 How many students will be in a group in each scenario?
 Requestor Name: _____ Email: _____ Phone: _____

Lab Requested: Date(s): _____ Beginning Time: _____ Ending Time: _____
 How Many Sim Rooms Requested: _____ How many need recording capabilities?
 Will you be using the sim rooms simultaneously? Y N
 What type of simulator(s) do you need? **Adult:** Male Female **Pedi:** 5y/o 1 y/o
 Maternal Newborn Premie

Debrief and Live Streaming:

Will you need a separate room to debrief? Y N If YES, how many people will be debriefed?
 Are you planning on live streaming the scenario to the debriefing room? Y N
 If so, how many will be viewing?

Scenario Information:

Do we have your scenario(s) on file? Y N
 Please provide scenario name:
 If NO, continue to the next page.

Learning Objectives:

Room Setting(ER, Hospital Room, etc): _____ Length of Scenario: _____ Minutes

Simulation Lab Request Form

Brief Description: _____

h _____ @ _____

Patient name:

DOB: _____ Sex: M F Age: _____ Allergies:

Patient Information:

Patient name:

DOB: _____ Sex: M F Age: _____ Allergies:

Patient Information:

Patient name:

DOB: _____ Sex: M F Age: _____ Allergies:

Patient Information:

Patient name:

DOB: _____ Sex: M F Age: _____ Allergies:

Patient Information:

Patient name:

DOB: _____ Sex: M F Age: _____ Allergies:

Patient Information:

Patient name:

DOB: _____ Sex: M F Age: _____ Allergies:

Drugs to be Administered: Please do not leave blank. Enter **None** if no drugs will be used

Drug1: _____ **Generic Name:** _____ **Dose Label:** _____/_____

Delivery Method: Vial: 2ml 10ml Powder 2 ml Ampule Prefilled 10ml Syringe

IV Bag: 50 100 250 500 (ml) Tablet Patch Suppository

Elixir Inhalation Tube Ointment Insulin pen

Total Needed: _____ **Other Details:** _____

Simulation Lab Request Form

Drug2:		Generic Name:				Dose Label: ____/____		
Delivery Method:		<u>Vial:</u>	2ml	10ml	Powder	<u>2 ml Ampule</u>	<u>Prefilled 10ml Syringe</u>	
<u>IV Bag:</u>		50	100	250	500 (ml)	<u>Tablet</u>	<u>Patch</u>	<u>Suppository</u>
<u>Elixir</u>		<u>Inhalation Tube</u>		<u>Ointment</u>	<u>Insulin pen</u>	Other		
Total Needed:		Other Details:						

Drug3:		Generic Name:				Dose Label: ____/____		
Delivery Method:		<u>Vial:</u>	2ml	10ml	Powder	<u>2 ml Ampule</u>	<u>Prefilled 10ml Syringe</u>	
<u>IV Bag:</u>		50	100	250	500 (ml)	<u>Tablet</u>	<u>Patch</u>	<u>Suppository</u>
<u>Elixir</u>		<u>Inhalation Tube</u>		<u>Ointment</u>	<u>Insulin pen</u>	Other		
Total Needed:		Other Details:						

Drug4:		Generic Name:				Dose Label: ____/____		
Delivery Method:		<u>Vial:</u>	2ml	10ml	Powder	<u>2 ml Ampule</u>	<u>Prefilled 10ml Syringe</u>	
<u>IV Bag:</u>		50	100	250	500 (ml)	<u>Tablet</u>	<u>Patch</u>	<u>Suppository</u>
<u>Elixir</u>		<u>Inhalation Tube</u>		<u>Ointment</u>	<u>Insulin pen</u>	Other		
Total Needed:		Other Details:						

Drug5:		Generic Name:				Dose Label: ____/____		
Delivery Method:		<u>Vial:</u>	2ml	10ml	Powder	<u>2 ml Ampule</u>	<u>Prefilled 10ml Syringe</u>	
<u>IV Bag:</u>		50	100	250	500 (ml)	<u>Tablet</u>	<u>Patch</u>	<u>Suppository</u>
<u>Elixir</u>		<u>Inhalation Tube</u>		<u>Ointment</u>	<u>Insulin pen</u>	Other		
Total Needed:		Other Details:						

Drug6:		Generic Name:				Dose Label: ____/____		
Delivery Method:		<u>Vial:</u>	2ml	10ml	Powder	<u>2 ml Ampule</u>	<u>Prefilled 10ml Syringe</u>	
<u>IV Bag:</u>		50	100	250	500 (ml)	<u>Tablet</u>	<u>Patch</u>	<u>Suppository</u>
<u>Elixir</u>		<u>Inhalation Tube</u>		<u>Ointment</u>	<u>Insulin pen</u>	Other		
Total Needed:		Other Details:						

Drug7:		Generic Name:				Dose Label: ____/____		
Delivery Method:		<u>Vial:</u>	2ml	10ml	Powder	<u>2 ml Ampule</u>	<u>Prefilled 10ml Syringe</u>	
<u>IV Bag:</u>		50	100	250	500 (ml)	<u>Tablet</u>	<u>Patch</u>	<u>Suppository</u>
<u>Elixir</u>		<u>Inhalation Tube</u>		<u>Ointment</u>	<u>Insulin pen</u>	Other		
Total Needed:		Other Details:						

Patient Monitor Display: Please tell us what you would like displayed on the patient monitor.
NONE if want it off

Simulation Lab Request Form

Special Instructions: Please enter a DETAILED description of how the lab space should be arranged and any props or equipment needed for the scenario. Examples: *Hall Adult in ER with pitting edema on both ankles and several tissues containing greenish sputum. IV connected and running with NS, ETC.*

Supply Request: Please list all *expendable* items requested, **including new moulage** supplies (i.e., 2x2 sterile gauze). ***Our inventory list is available for your reference at www.mclennan.edu/allied-health/simulation-lab/resources***
Please check here if you need the supplies to be new (not recycled).

Item	Inventory Item Number	Total Quantity Needed	*For Lab Use Only*					
			Quantity Needed		Quantity Returned		Quantity Used	
			N	R	N	R	N	R

Simulation Lab Request Form

Equipment Request: Please list all NON-expendable items requested. Example: *Pedi blood pressure cuff.*

Item	Quantity Needed	*For Lab Use Only*	
		Quantity Returned	

Other important information that can be saved, made available to students, and used to generate data results with each scenario in SimulaitonIQ includes:

- Scripts:
 - Learner Roles: *These roles will be used to create the checklists for assessment*
 - Supporting Roles: *(Family member)*
- Simulation Paths: *Define the storyline for the scenario and upload support files as needed. Files can be uploaded for each.*
 - Management
 - Complications
 - Distractions
 - Branching Point
- Simulation Guides: *Instructions for the participants in the scenario*
- Debrief Plan
- Evaluation Summary Checklists associated with scenario:
 - Performance Assessment
 - Team Performance Assessment
- Learner Assessment Checklists & Questions associated with scenario:
 - Learner Pre-encounter → Study Documents, Support Files, Questionnaire
 - Learner Post-encounter → Questionnaire
 - Survey
 - Learner Self-Assessment

If you wish to take advantage of these tools, simulation personnel will provide a short training for you on where to access, input and upload this information.

Lab Roles and Responsibilities:

Simulation faculty and staff roles and responsibilities:

- Prepare supplies and medications as requested.
- Prepare the simulation room and technology based on assigned cases for the day and faculty’s prep list.
- Set-up the debrief room.
- Review the scenario set-up and tablet programming with the clinical instructor.

Instructor roles and responsibilities:

- Provide students a brief orientation on their roles and responsibilities and the simulation area at the start of each day.
- Manage the live scenario from the simulation control room and respond appropriately to students’ actions. This may require altering the scenario.
- Provide the voice of the patient.
- Remind Students to leave area neat and recycle supplies