

## SKILLS ORIENTATION AND MAINTENANCE CHECKLIST

Name:		Initial Training Date:	
Trained By:			
Simulator Used:			
Affiliation:			
<input type="checkbox"/> UVIC		<input type="checkbox"/> UBC	<input type="checkbox"/> Island Health
Would you be interested in operating this equipment for other groups?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Please use the checkbox in the left hand column to prioritize items necessary for the types of scenarios you will want to run. You can email this back to us or print it and bring it to your training session. Training for the Basic Simulator Procedures takes approximately 45 to 60 minutes. Follow up training can be arranged to further enhance your skillset.

### Basic Simulator Procedures

	Demonstrated	Practiced	Date Completed
<input type="checkbox"/> Starting a Scenario	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Adjusting Vital Sign Values	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Changing Waveforms	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Body Sounds (Heart, Lung, Bowel)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Vocal Sounds (Cough, Moan, Scream, Vomit, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Voice of Patient (Speaking)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Pulse Locations	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Eyelids and Pupils	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Cardiac Leads	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> *Displaying Content on Display (X-Ray, 12-Lead, Etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Ending Scenario	<input type="checkbox"/>	<input type="checkbox"/>	

### Basic Patient Monitor Procedures

	Demonstrated	Practiced	Date Completed
<input type="checkbox"/> Starting Vital Sign Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Checking Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Pulse Oximeter	<input type="checkbox"/>	<input type="checkbox"/>	

\*Requires the use of an external laptop. If you do not have one, please let us know at the time of booking so that we can discuss your needs.

# SKILLS ORIENTATION AND MAINTENANCE CHECKLIST

## Advanced Procedures

		Demonstrated	Practiced	Date Completed
<b>Airway</b>				
<input type="checkbox"/>	Orotracheal Intubation	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Nasotracheal Intubation	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Transtracheal Intubation	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Tongue Edema	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Pharyngeal Swelling	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Laryngospasm	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Decreased Cervical Range of Motion	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Trismus	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Stomach Distention (Incorrect Intubation)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Breathing</b>				
<input type="checkbox"/>	Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Chest Tube Placement	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Needle Decompression	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Cardiac</b>				
<input type="checkbox"/>	Pulse Strength	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Tamponade Decompression	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Vascular Access</b>				
<input type="checkbox"/>	IV	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	IO	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Misc.</b>				
<input type="checkbox"/>	More Body Sounds	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Seizure	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Body Fluids (Tears, Sweat, Ears, Nostrils, Urine)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Catheterization	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Gender	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Power On Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Power Off Equipment	<input type="checkbox"/>	<input type="checkbox"/>	

## Advanced Patient Monitor Procedures

		Demonstrated	Practiced	Date Completed
<input type="checkbox"/>	Patient Monitor Setup and Layout	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Displaying Imported Content on Patient Monitor	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Alarms	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Configuring Automatic Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	