PATIENT CHART

Chart for Mia Jones Simulation #3

SBAR Report Students Will Receive Before Simulation

**Time:** 1600

**Person providing report:** Triage nurse

**Situation:** Mia is a 5-year-old girl who was brought to the emergency department by her Grandma.

**Background:** She fell from the monkey bars at the local park after school.

**Assessment:** Vitals – HR 120, RR 30, BP 100/56, O2 sat 100%, Temp 98.6. Mia is alert and oriented x 3. She is complaining of a sore mouth, but would not let me look inside her mouth. Grandma says she gave her acetaminophen before she brought Mia to the hospital. Grandma had a note stating that she had authority to give consent for care, but I called Mia’s mom and she gave consent for care over the phone.

**Recommendation:** Please do a head-to-toe assessment and an oral assessment.

|  |  |
| --- | --- |
| **Patient Name:** Mia Jones | **MRN:** |
| **Room:** #3 | **Provider Name:** |
| **DOB:** 05-31-YYYY (reflect age 5) | **Date Admitted:** |
| **Age:** 5 years old | **Allergies:** No known allergies |

Nursing Notes

|  |  |
| --- | --- |
| **Date/Time:** |  |
| Today’s date/1600 | Triage Nurse:  Alert and oriented x 3. Complaining of a sore mouth. Grandma states she gave acetaminophen before she brought patient to the hospital. Mia’s mother was contacted by phone and has given verbal consent for care. Anita Kenzie, RN |
|  |  |

Medication Reconciliation Form

**Source of medication list (i.e., patient, family member, primary care provider):** Grandma

**Allergies/Sensitivities:** None known

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Medication Name** | **Dose** | **Route** | **Frequency** | **Reason** | **Last Dose** | **Continue/DC** |
| No Daily Medications |  |  |  |  |  | C  DC |
|  |  |  |  |  |  | C  DC |
|  |  |  |  |  |  | C  DC |

|  |
| --- |
| Signature RN: Anita Kenzie, RN  Print Name: Anita Kenzie, RN Date: Today |

Reviewed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Scan to pharmacy

Vital Signs Record

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **Today’s date** | **Day** | **Day** | **Day** | **Day** | **Day** | **Day** |
| **Time:** | 1600 |  |  |  |  |  |  |
| **Temperature:** | 98.6 |  |  |  |  |  |  |
| **Heart Rate/Pulse:** | 120 |  |  |  |  |  |  |
| **Respirations:** | 30 |  |  |  |  |  |  |
| **Blood Pressure** | 100/56 |  |  |  |  |  |  |
| **O2  Saturation:** | 100% |  |  |  |  |  |  |
| **Weight:** | - |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Nurse Initials:** | *AK* |  |  |  |  |  |  |

Medication Reconciliation Form

**Source of medication list (i.e., patient, family member, primary care provider):** Grandmother

**Allergies/Sensitivities:** None known

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Medication Name** | **Dose** | **Route** | **Frequency** | **Reason** | **Last Dose** | **Continue/DC** |
| No daily medications |  |  |  |  |  | C  DC |
|  |  |  |  |  |  | C  DC |
|  |  |  |  |  |  | C  DC |

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| --- |
| Signature RN: Melissa Miller, RN  Print Name: Melissa Miller, RN Date: today |

Reviewed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Scan to pharmacy