

MOCK EMERGENCY EVALUATION FORM

Date of mock emergency: _____

	Yes	No	Comments and other information
Placed mock call to EMS immediately			
Airway assessed			
Breathing assessed			Respiratory rate: Description of respiration:
Oxygen started for respiratory distressed			
Circulation assessed			BP: Pulse:
Any other initial interventions used			
Patient reassured frequently until mock EMS arrived			At 5 min: At 10 min:
Head to toe examination			
All supplies required for management of the patient were available			
Supplies requested were found quickly			
Emergency nursing record form was available and/or used			
Personnel knew how to use equipment properly			
Condition C cards were available and/or used			
Leader communicated effectively and roles were assigned			
Events were recorded accurately			
Other:			