

Simulation Exercise Evaluation Sheet

Appropriate History/Assessment of Grade 1 Infusion Reaction

Yes/No (check)	Task	Points
	Up to date vital signs	1
	Examination of patient	1
	Asked about dyspnea, nausea, abdominal pain	1
	Asked current Medications	1
	Asked about co-morbidities	0
	Onset of symptoms (time)	1
	Date of prior infusion/last infusion	1
	Problems with prior infusions	1
	Pre-medications given today	1
	Infusion rate	1
	Interventions already started	1

Grade 1 Reaction Patient Intervention

Yes/No (check)	Task	Points
	Continue the infusion	1
	Continue and decrease the infusion rate (Recommended Rate _____)	
	Stop the infusion	
	*Adjuvant Medication (circle all that are recommended) <i>Antihistamine Acetaminophen/Tylenol Steroids</i> <i>IV Fluids</i>	*0
	Maintain IV (only need to state if they said to stop the infusion)	1
	Repeat vital sign monitoring requested	1
	Asked for update on patient in 15 minutes	1

Grade 3 Reaction Patient Intervention

Yes/No (check)	Task	Points
	Recommended to stop the infusion	1
	Activate rapid response team	1
	Adjuvant medications (circle all that are recommended) * <i>Epinephrine (Dose _____) Steroids</i> <i>Antihistamine</i> <i>IV Fluids Nebulizer/Albuterol Glucagon</i> <i>Other vasopressor Acetaminophen/Tylenol</i>	*1
	Continuous non-invasive hemodynamic monitoring	1
	Placed patient on oxygen	1
	Request rituximab be added to patient's allergy list	1
	Requested update patient's family or emergency contact	1

Feedback from participant

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