APPENDIX Table. Scenarios and Checklist Scoring Rubric.

Form A Scenarios	Form B Scenarios
1. 3rd Degree Heart Block ☐ Establishes patient is somnolent, but arousable ☐ Recognizes complete heart block on monitor ☐ Orders 12-lead EKG ☐ Stops Amiodarone ☐ Administers Atropine ☐ Administers appropriate vasoactive agent for hypotension ☐ Applies Pacing Pads ☐ Defines Pacing Parameters ☐ Begins Pacing	**1. Atrial Fibrillation** ☐ Increase FIO2 ☐ Order 12 lead EKG ☐ Diagnoses atrial fibrillation ☐ Orders appropriate pharmacologic treatment ☐ Recognizes that condition continues to deteriorate ☐ Determines urgent need for cardioversion ☐ Selects appropriate settings and delivery for cardioversion ☐ Recognizes failure of cardioversion on 1st attempt ☐ Second cardioversion attempted with higher energy
2. ARDS ☐ Interprets new blood gas result ☐ Requests/Reviews Ventilator Settings ☐ Auscultation of Chest ☐ Requests CXR ☐ Interprets CXR as worsening of ARDS ☐ Adds PEEP to at least 10 cm ☐ Reduces Tidal Volume, mentions 6 ml/kg of ideal body weight ☐ Discuss lung protective ventilation/ventilation goals with nurse ☐ Orders repeat ABG	**2. Pulmonary Embolus** ☐ Administers fluid challenge ☐ Auscultates chest ☐ Orders chest X-ray ☐ Interprets chest X-ray ☐ Orders & interprets EKG ☐ Requests ABG ☐ Correctly interprets ABG ☐ Suggests pulmonary embolus diagnosis ☐ Seeks confirmatory evidence of PE ☐ Discusses anticoagulation therapy with surgery service
3. Status Asthmatics ☐ Change Nasal to 100% 02 ☐ Auscultates chest and determines presence of wheezing. (Must auscultate bilaterally) ☐ Talks to patient about breathing and notes unable to complete sentences ☐ Begins aggressive B-agonist therapy-only gets credit if ordered immediately after auscultation ☐ Confirms history of severe asthma ☐ Confirms asthma requiring ICU admission in the past ☐ Orders an intravenous steroid ☐ Orders an inhaled anti-cholinergic	**3. Postoperative Atelectasis** ☐ Change Nasal Cannula to100% 02 ☐ Auscultate to determine absence of wheezing ☐ Discusses breathing with patient ☐ Chest X-Ray ordered ☐ Chest X-Ray interpreted ☐ Incentive Spirometry ordered ☐ Pain Relief Assessment ☐ Suggest PCA or other appropriate pain therapy to improve pain relief

4. Decreased Urine Output-Obstructed Foley □ Inquiries about urine output □ Inquiries about IV fluid rate □ Requests information about HR and blood pressure □ Inquiries about patient symptoms □ Examines abdomen (attention to lower abdomen) □ Examines foley catheter □ Requests irrigation of foley catheter □ Orders bladder ultrasound □ Orders foley catheter replaced	**4. Decreased Urine Output-Hypovolemia** □ Confirms that urine output decrease previously treated with 500 ml bolus 3 hours ago □ Notes current fluid management at 75 ml/hr □ Notes changes in CVP, BP and HR □ Increases maintenance fluids, recognizes hypovolemia needing fluid resuscitation □ Notes available labs: Hb 9.6, WBC 12, Creat 0.8, BUN 42, Lactate 3.2 □ Orders repeat lab tests: CBC, lactate, BMP □ Administers fluid challenge with increase in BP to 85/50 □ Orders further fluid bolus
5. Cardiogenic Shock □ Administers 100 % O_2 □ Recognizes presence of ST-T Wave changes on monitor □ Orders 12-lead EKG □ Performs physical examination □ Sends appropriate lab tests: Troponin, CK-MB, CBC, ABG, BNP □ Begins vasopressor therapy to improve blood pressure □ Orders or completes stat TTE □ Initiates cardiology consult with understanding pt may need to go to the cath lab □ Inquiries about I/O □ Orders rectal aspirin	**5. Septic Shock** □ Increase FiO_2 □ Notes patient is febrile, tachycardic, hypotensive, tachypneic (needs all 4) □ Reviews fluid therapy (4 liters over 12 hours) & orders fluid bolus □ Reviews lab tests: Hgb 10.2, WBC 18.2 with left shift, Lactate 3.9 □ Performs physical examination □ Articulates goals of therapy (MAP, CVP, SVO2 and UO) (goal is CVP is 12-14) □ Begins vasopressor therapy to improve blood pressure □ Indicates desire to place central line □ Obtains blood cultures □ Initiates antimicrobial therapy
6. Cuff Leak □ Orders/administers 100% FiO2 □ Begins manual ventilation via ambu bag to auscultate chest □ Notes ET tube pilot balloon is deflated and re-inflates pilot balloon □ Diagnoses cuff leak □ Establishes history of difficult intubation based on history and intubation note(s) □ Requests help for airway □ Requests bronchoscope □ Requests difficult airway equipment	**6. Mucus Plug** □ Orders/administers 100% FiO2 □ Begins manual ventilation via ambu bag □ Auscultates chest □ Determines decreased breath sounds □ Passes suction catheter (stops at 20 cm) □ Inquires/reviews airway history □ Calls for help □ Requests bronchoscope □ Requests difficult airway equipment

7. Hyperkalemia □ Examines the patient, focus on injured leg. Notes pulses are present and confirms adequate perfusion □ Reviews previous K+ □ Orders new set of electrolytes □ Reviews vitals I/O's: finds progressive tachycardia, UOP had been 30ml/hr then decreased □ Notes peaked T-waves on monitor □ Requests 12-lead EKG □ 1amp Calcium Gluconate □ 10U IV insulin with 1amp D50 □ Increases IV Fluids	**7. Hyperkalemia-Pulseless Leg** □ Examines the patient, focus on injured leg. Notes pulses are absent □ Contacts vascular surgery service □ Reviews I/O's □ Notes peaked T-waves on monitor □ Measures compartment pressure □ Requests 12-lead EKG □ Recognizes hyperkalemia as acute problem and provides differential □ Orders 1amp Calcium Gluconate □ Orders 10U IV insulin with 1amp D50 □ Increases IV Fluids
8. Opioid Overdose □ Increases FiO2 □ Determines responsiveness □ Determines opioid use in post-anesthesia care unit □ Assess respiratory rate □ Auscultates chest □ Assess pupils □ Requests opioid antagonist □ Administers appropriate dose of opioid antagonist □ Discusses management post-opioid antagonist	**8. Ischemic Stroke** □ Establishes disorientation to place, person and time □ Evaluates for lateralizing signs □ Calls for stroke team (neurology consult) □ Orders stat head CT scan □ Recognize risk factors for stroke in patient □ Orders stroke work up: TTE, carotid dopplers