

APPENDIX C: DEBRIEFING TOOL

Directions: Form is to be completed immediately after patient situation by the designated team member. After completion, the form is given to _____(designated by unit/hospital). After the debrief, team members who want to provide additional input are encouraged to complete an incident report.

Goal: Allow team a debrief mechanism to talk immediately about a patient care situation to capture what went well, what could have been done better and what prevented the team from caring for the patient effectively.

Patient Name: _____ Form completed by: _____

Date: _____ Time: _____

Team members attending debriefing (Print Names):

	Yes	No	
Team Attendance			Comments
1. Help arrived in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	
2. Team members assumed or were assigned needed roles	<input type="checkbox"/>	<input type="checkbox"/>	
3. Team members stayed in role through situation	<input type="checkbox"/>	<input type="checkbox"/>	
4. Adequate help was present	<input type="checkbox"/>	<input type="checkbox"/>	
Medication Administration	Yes	No	Comments
<input type="checkbox"/> N/A			
1. Medications arrived in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	
2. Medications were given in accordance with policy	<input type="checkbox"/>	<input type="checkbox"/>	
3. Adequate volume and type of medications were in room	<input type="checkbox"/>	<input type="checkbox"/>	
Device Placement	Yes	No	Comments
<input type="checkbox"/> N/A			
1. Device was placed correctly	<input type="checkbox"/>	<input type="checkbox"/>	
2. More than one device was used	<input type="checkbox"/>	<input type="checkbox"/>	

Fluid & Blood Product Administration	Yes	No	Comments
1. Second IV was started in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	
2. Was any type of blood product administered?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Blood arrived in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	
4. Was massive transfusion policy activated?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Was rapid transfuser used?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Rapid transfuser arrived in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	
7. Rapid transfuser was used effectively and according to procedure	<input type="checkbox"/>	<input type="checkbox"/>	
8. Adequate amount of blood was available	<input type="checkbox"/>	<input type="checkbox"/>	
Surgical Treatment	Yes	No	Comments
1. Operating room ready in timely manner	<input type="checkbox"/>	<input type="checkbox"/>	
2. Adequate staff for procedure	<input type="checkbox"/>	<input type="checkbox"/>	
3. Support staff called to room arrived in time to assist with procedure	<input type="checkbox"/>	<input type="checkbox"/>	
4. Appropriate supplies for procedure were readily available	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	Comments
Other Issues to Report	<input type="checkbox"/>	<input type="checkbox"/>	