

2018 Third Year Intersession Simulation Case Evaluation		Order Performed (1 st , 2 nd , 3 rd , etc) Leave blank if did not perform
Case Start Time: _____		
<i>History</i>		
a. History of present illness (OLD CARTS)		
b. Focused history (history of asthma)		
c. Review of systems (associated symptoms)		
<i>Physical Examination</i>		
a. Cardiac		
b. Pulmonary		
c. Peripheral pulse		
<i>Diagnostics and Therapeutics Ordered</i>		
Bronchodilator		Order Time: _____
Name: _____ Dose: _____ Route (circle): oral - inhalation - injection		
Corticosteroids		
Name: _____ Dose: _____ Route (circle): oral - inhalation - injection		
Chest radiograph		
Supplemental oxygen		
Expiratory flow rate (peak flow or FEV ₁)		

<i>Case Presentation</i>	Call Time: _____	Order Performed Restart numbering
Name (introduces self)		
Role		
Patient name		
Chief complaint		
History of present illness		
Pertinent history (e.g., history of asthma)		
Vital signs		
Pertinent exam findings (e.g., wheezing)		
Peak flow values		
X-ray results		
Bronchodilator treatment given		
Corticosteroids given		
Response to treatment		
Assessment		
Request to physician (circle one): discharge – admit – see patient – none		

- Ped Patient
 Adult Patient

Case End Time: _____
Participant Identification Number: _____