

Neonatal Hypothermia Team Debriefing Form

Person Completing Form:	Title:	Date of Event/Drill:
--------------------------------	---------------	-----------------------------

Staff who Participated in the Event/Drill

Staff Name	Role	Staff Name	Role

Time Clinical Event/Scenario Commenced:	Time Clinical Event/Scenario Concluded:	Length of Time:
--	--	------------------------

Type of Clinical Event/Drill:	Recognition	Readiness
<p>Neonatal Hypothermia</p> <hr style="width: 20%; margin-left: 0;"/> <p>Describe Event/Scenario:</p>	<p><input type="checkbox"/> Was there prompt recognition of the event/drill?</p> <p><u>Interventions</u></p> <p><input type="checkbox"/> Were appropriate interventions performed in response to the event/drill?</p> <p><u>Continued Monitoring</u></p> <p><input type="checkbox"/> Were temperature checks initiated/performed q10min until normothermia was achieved?</p> <p><u>Education</u></p> <p><input type="checkbox"/> Was education provided to the parent and support persons regarding the event and recognizable signs/symptoms of neonatal hypothermia?</p> <p><input type="checkbox"/> Was education provided to the parent regarding neonatal hypothermia prevention?</p>	<p><input type="checkbox"/> Was there adequate staffing on the unit?</p> <p><input type="checkbox"/> Was additional staff alerted as required?</p> <p><input type="checkbox"/> Did all staff have adequate clinical knowledge of event/scenario and treatment required?</p> <p><input type="checkbox"/> Did all staff know how to access the necessary equipment?</p> <p><input type="checkbox"/> Were all staff competent in handling equipment required?</p> <p><input type="checkbox"/> Was the emergency equipment in working condition?</p>

Area of Opportunity	Action Needed	Person Responsible for Follow-up