

Event #:	Event Time (HH:MM) AM/PM		
Headset #: R2-D2	Start: 3:56 pm	End:	
Obs. Initials: CR			
Event Description: Provide a summary of what's happening at the moment/what the individual is doing. Do not include any identifying information (names, etc). Remember the participant must be involved with the event. Do not detail the event if your headset was not present.			
<p>3:56 pm initialization Green lights? Connected?</p>			
Additional Comments:			
Rating: How traumatic/stressful does this event seem to be? 1= lowest, 5= highest			
1 2 3 4 5			

Event #	Event Time (HH:MM) AM/PM		
Headset # R2-D2	Start: 4:02 pm	End: 4:09 pm	
Obs. Initials: CR			
Event Description: Provide a summary of what's happening at the moment/what the individual is doing. Do not include any identifying information (names, etc). Remember the participant must be involved with the event. Do not detail the event if your headset was not present.			
<p>4:02 pm patient #1 ↳ L-sided head heaviness → progresses to L side body heaviness - intense, sudden, once or twice a week</p> <p>4:06 pm - physical exam ↳ full neuro exam (strength, sensation, reflexes & motion)</p> <p>4:09 pm - referred to charting</p>			
Additional Comments:			
Rating: How traumatic/stressful does this event seem to be? 1= lowest, 5= highest			
1 2 3 4 5			

Event #:	Event Time (HH:MM) AM/PM	
Headset #: R2-D2	Start: 4:31 pm	End: 4:34 pm
Obs. Initials: dn		

Event Description:

Provide a summary of what's happening at the moment/what the individual is doing. Do not include any identifying information (names, etc). Remember the participant must be involved with the event. Do not detail the event if your headset was not present.

4:31 pm - pt. #2 w/ stomach pain
 ↳ fever, nausea, night sweats for a few days
 ↳ pt. threw up during visit, provided bag for patient to use

4:36 pm - returned to desk for charting

Additional Comments:

Rating:

How traumatic/stressful does this event seem to be? 1= lowest, 5= highest

1	2	3	4	5
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(3)

Event #	Event Time (HH:MM) AM/PM	
Headset # R2-D2		
Obs. Initials: dn	Start: 4:42 pm	End: 4:56 pm

Event Description:

Provide a summary of what's happening at the moment/what the individual is doing. Do not include any identifying information (names, etc). Remember the participant must be involved with the event. Do not detail the event if your headset was not present.

4:43 pm - patient #3
 ↳ low blood pressure for a few days
 ↳ reduced appetite and sleeping all the time

4:49 pm - performed point of care ultrasound

4:56 pm - returned to desk

Additional Comments:

Rating:

How traumatic/stressful does this event seem to be? 1= lowest, 5= highest

1	2	3	4	5
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(2)

Event #:	Event Time (HH:MM) AM/PM	
Headset #: RRR R202	Start: 5:11	End: 5:19 pm
Obs. Initials: CL		

Event Description:

Provide a summary of what's happening at the moment/what the individual is doing. Do not include any identifying information (names, etc). Remember the participant must be involved with the event. Do not detail the event if your headset was not present.

5:11 pm - patient #4
burning pain + dizziness
~~back~~
progressively worse, worse w/ movement

5:14 physical exam w/ neurological exam

5:19 pm - returned to desk for charting

Additional Comments:

Rating:

How traumatic/stressful does this event seem to be? 1= lowest, 5= highest

1 2 3 4 5

Event #	Event Time (HH:MM) AM/PM	
Headset # R202	Start: 5:38 pm	End:
Obs. Initials: CL		

Event Description:

Provide a summary of what's happening at the moment/what the individual is doing. Do not include any identifying information (names, etc). Remember the participant must be involved with the event. Do not detail the event if your headset was not present.

5:38 pm - patient #5 - taking patient history
burning in throat and chest

5:40 pm - beginning physical exam

5:48 pm patient education on symptoms + plan of care

5:45 pm - return to desk - immediately got up to check on other patient

5:47 pm - return to desk for charting

Additional Comments:

5:51 pm - rechecked w/ pt. #2 wif

6:04 pm - rechecked w/ pt. #3

Rating:

How traumatic/stressful does this event seem to be? 1= lowest, 5= highest

1 2 3 4 5

Event #:	Event Time (HH:MM) AM/PM	
Headset #: R2 02	Start:	End:
Obs. Initials: CW	Start: 6:10 pm	End:

Event Description:

Provide a summary of what's happening at the moment/what the individual is doing. Do not include any identifying information (names, etc). Remember the participant must be involved with the event. Do not detail the event if your headset was not present.

6:10 - pt. #6 - wl low blood pressure & syncope for 1.5 weeks
having some heart problems recently
& history of stents and bypass

6:13 - physical exam

6:15 - returned to desk for charting

6:18 - checked up on pt. 6 and pt. 2

Additional Comments:

6:18 - returned to desk for charting

6:20 - checked up on previous patients

Rating:

How traumatic/stressful does this event seem to be? 1= lowest, 5= highest

1

2

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4

5

6:30pm - shut off device

Event #	Event Time (HH:MM) AM/PM	
Headset #	Start:	End:
Obs. Initials:		

Event Description:

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Additional Comments:

Rating:

How traumatic/stressful does this event seem to be? 1= lowest, 5= highest

1

2

3

4

5