

PICU Debriefing Form

*Reminder: Don't forget to enter a SAFE report if appropriate

Patient Sticker

Date: _____

Completed by: (optional) _____

Check all that apply:

☐ Code

☐ Unplanned extubation*

☐ Dislodgement of CVL/chest tube.

☐ Medication error. ☐ Other

☐ ECMO

☐ Procedural sedation

☐ Equipment malfunction

☐ Workplace violence

**Please use specific UPE form for unplanned extubation debriefs*

Describe event in detail: _____

Key Considerations:

Was communication clear during event?

Were roles understood by all team members?

Was situational awareness maintained?

Were errors made or avoided?

Was the workload efficiently/effectively distributed?

What went well?

What could we do better next time? Any equipment issues?

What Team STEPPS tools were used? [ex. SBAR, Call-out, CHECK-BACK, checklist, situation monitoring]