

# Test Answer Sheet and Evaluation Instructions

## *'COMPLICATIONS IN PERIANESTHESIA CARE'*

Please be advised that the following are required for **(20 Contact Hour)** completion.

1. Test Answer Sheet (is on **Reverse** side): record your answers by filling in box with a **PENCIL**.
2. Evaluation (**Below**): **MUST** be completed for processing this test.
3. Return this original for processing **DO NOT** fax.
4. Mail to: **Specialty Health Education, Inc. / PO Box 992 / Blue Bell, PA 19422**

If you have any questions, please contact us at 610-272-1850.

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### EVALUATION

1. Can you state nursing considerations associated with airway management issues related to perianesthesia practice? Yes No
2. Can you state the significance of amniotic fluid embolism and the clinical management issues associated with the parturient? Yes No
3. Can you state the perianesthesia care considerations associated with a PACU patient experiencing benzocaine induced methemoglobinemia? Yes No
4. Can you state the perianesthesia considerations associated with a patient diagnosed with deep vein thrombosis? Yes No
5. Can you identify clinical management issues associated with the diabetic patient? Yes No
6. Can you state the perianesthesia management considerations associated with managing a hypertensive patient? Yes No
7. Can you list perianesthesia care considerations associated with the patient receiving benzodiazepines, narcotics, sedatives, hypnotics, inhalational anesthetics, and local anesthetic agents? Yes No
8. Was the content relevant to your practice? Yes No
9. Was the teaching method effective? Yes No
10. Did the offering meet your objectives? Yes No
11. How long did it take to thoroughly review the material and complete this test? \_\_\_\_\_ hrs \_\_\_\_\_ min.
12. Additional comments or suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Name: \_\_\_\_\_ Data Base Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date: \_\_\_\_\_

'Complications in Perianesthesia Care'

(20 Contact Hours upon completion)

1. A  B  C  D  E
2. A  B  C  D  E
3. A  B  C  D  E
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72. A  B  C  D  E
73. A  B  C  D  E
74. A  B  C  D  E
75. A  B  C  D  E