

Test Answer Sheet and Evaluation Instructions

QUESTIONS AND ANSWERS IN 'PERIOPERATIVE CARE: O.R. NURSING CONSIDERATIONS'

Please be advised that the following are required for **(25 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.

EVALUATION

- | | | | |
|-----|--|------------------------------|-----------------------------|
| 1. | Can you state the physiologic manifestations and treatment associated with benzocaine induced methemoglobinemia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Can you state the etiology and treatment associated with deep vein thrombosis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Can you describe the physiologic effects of the aging process and their implications for perioperative patient care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Can you state the perioperative care considerations for the patient with a history of substance abuse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Can you state the perioperative care considerations for the hypothermic patient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | Can you state the physiologic manifestations and treatment protocol for the malignant hyperthermic patient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | Can you state the perioperative care considerations for the obese surgical patient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | Can you state the treatment protocols for the surgical patient presenting with a perioperative emergency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. | Can you state the pharmacokinetic and pharmacodynamic considerations for the surgical patient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. | Can you list the specific perioperative considerations associated with administration of anesthetic agents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | Can you state the perioperative considerations associated with the administration of regional anesthesia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. | Was the content relevant to your practice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. | Was the teaching method effective? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. | Did the offering meet your objectives? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. | How long did it take to thoroughly review the material and complete this test? _____ hrs _____ min. | | |
| 16. | Additional comments or suggestions: _____ | | |

Your Name: _____ Data Base Number: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Date: _____

'Questions & Answers in Perioperative Care: O.R. Nursing'

(25 Contact Hours upon completion)

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