

Test Answer Sheet and Evaluation Instructions

QUESTIONS AND ANSWERS IN 'PERIANESTHESIA CARE: PEDIATRICS'

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.

EVALUATION

1. Can you identify three hazards in the perioperative/perianesthesia environment that pose risk in a newly introduced pediatric population? Yes No
2. Can you list specific features related to the pediatric cardiovascular and pulmonary system? Yes No
3. Can you identify the anatomic characteristics of the pediatric airway and their implications on perianesthesia care? Yes No
4. Can you identify the perianesthesia nursing implications associated with special pediatric patient populations Yes No
5. Can you state the pharmacologic considerations associated with perianesthesia care pertinent to the pediatric patient population? Yes No
6. Can you identify the perianesthesia management associated with pediatric emergencies in the PACU setting? Yes No
7. Can you list specific risks associated with the perianesthesia care of pediatric patients? Yes No
8. Can you identify appropriate equipment and medications required in the pediatric perianesthesia care environment? Yes No
9. Can you identify the perianesthesia considerations associated with ENT, dental, ophthalmic and GI surgery? Yes No
10. Was the content relevant to your practice? Yes No
11. Was the teaching method effective? Yes No
12. Did the offering meet your objectives? Yes No
13. How long did it take to thoroughly review the material and complete this test? _____ hrs _____ min.
14. Additional comments or suggestions: _____

Your Name: _____ Data Base Number: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Date: _____

'Questions & Answers in Perianesthesia Care: Pediatrics'

(20 Contact Hours upon completion)

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