

# Test Answer Sheet and Evaluation Instructions

## QUESTIONS AND ANSWERS IN PERIANESTHESIA CARE, VOLUME I

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 pharmacology associated with anesthetic agents?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.  | Can you list postanesthesia care associated with muscle relaxants?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.  | Can you state the advantages/disadvantages of regional anesthesia?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4.  | Can you identify procedures conducive to regional anesthesia?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5.  | Can you identify methods to calculate ABL & NPO status?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6.  | Can you state the indications for crystalloids and colloids?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7.  | Can you state the physiologic effects of hypothermia?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8.  | Can you identify nursing interventions to effectively manage dysrhythmias in the postanesthesia setting?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9.  | Can you identify specific physiologic alterations in trauma?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. | Can you identify signs and symptoms associated with MH?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | Can you list the components of a MH treatment protocol?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. | Can you identify the physiologic changes of pregnancy?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. | Can you state physiologic variations in the pediatric patient?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. | Can you state the normal hemodynamics for the pediatric patient?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. | Can you state nursing considerations associated with CAD, hypertension, and COPD in the geriatric patient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. | Can you list 3 methods to decrease postop shivering?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. | Can you identify the components of informed consent and a malpractice suit?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. | Was the content relevant to your practice?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. | Was the teaching method effective?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. | Did the offering meet your objectives?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. | How long did it take to thoroughly review the material and complete this test? _____ hrs _____ min.        |                              |                             |
| 22. | Additional comments or suggestions: _____  |                              |                             |
|     | _____  |                              |                             |
|     | _____  |                              |                             |

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

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

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

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

- 1. A  B  C  D  E
- 2. A  B  C  D  E
- 3. A  B  C  D  E
- 4. A  B  C  D  E
- 5. A  B  C  D  E
- 6. A  B  C  D  E
- 7. A  B  C  D  E
- 8. A  B  C  D  E
- 9. A  B  C  D  E
- 10. A  B  C  D  E
- 11. A  B  C  D  E
- 12. A  B  C  D  E
- 13. A  B  C  D  E
- 14. A  B  C  D  E
- 15. A  B  C  D  E
- 16. A  B  C  D  E
- 17. A  B  C  D  E
- 18. A  B  C  D  E
- 19. A  B  C  D  E
- 20. A  B  C  D  E
- 21. A  B  C  D  E
- 22. A  B  C  D  E
- 23. A  B  C  D  E
- 24. A  B  C  D  E
- 25. A  B  C  D  E
- 26. A  B  C  D  E
- 27. A  B  C  D  E
- 28. A  B  C  D  E
- 29. A  B  C  D  E
- 30. A  B  C  D  E
- 31. A  B  C  D  E
- 32. A  B  C  D  E
- 33. A  B  C  D  E
- 34. A  B  C  D  E
- 35. A  B  C  D  E
- 36. A  B  C  D  E
- 37. A  B  C  D  E
- 38. A  B  C  D  E
- 39. A  B  C  D  E
- 40. A  B  C  D  E
- 41. A  B  C  D  E
- 42. A  B  C  D  E
- 43. A  B  C  D  E
- 44. A  B  C  D  E
- 45. A  B  C  D  E
- 46. A  B  C  D  E
- 47. A  B  C  D  E
- 48. A  B  C  D  E
- 49. A  B  C  D  E
- 50. A  B  C  D  E

- 51. A  B  C  D  E
- 52. A  B  C  D  E
- 53. A  B  C  D  E
- 54. A  B  C  D  E
- 55. A  B  C  D  E
- 56. A  B  C  D  E
- 57. A  B  C  D  E
- 58. A  B  C  D  E
- 59. A  B  C  D  E
- 60. A  B  C  D  E
- 61. A  B  C  D  E
- 62. A  B  C  D  E
- 63. A  B  C  D  E
- 64. A  B  C  D  E
- 65. A  B  C  D  E
- 66. A  B  C  D  E
- 67. A  B  C  D  E
- 68. A  B  C  D  E
- 69. A  B  C  D  E
- 70. A  B  C  D  E
- 71. A  B  C  D  E
- 72. A  B  C  D  E
- 73. A  B  C  D  E
- 74. A  B  C  D  E
- 75. A  B  C  D  E
- 76. A  B  C  D  E
- 77. A  B  C  D  E
- 78. A  B  C  D  E
- 79. A  B  C  D  E
- 80. A  B  C  D  E
- 81. A  B  C  D  E
- 82. A  B  C  D  E
- 83. A  B  C  D  E
- 84. A  B  C  D  E
- 85. A  B  C  D  E
- 86. A  B  C  D  E
- 87. A  B  C  D  E
- 88. A  B  C  D  E
- 89. A  B  C  D  E
- 90. A  B  C  D  E
- 91. A  B  C  D  E
- 92. A  B  C  D  E
- 93. A  B  C  D  E
- 94. A  B  C  D  E
- 95. A  B  C  D  E
- 96. A  B  C  D  E
- 97. A  B  C  D  E
- 98. A  B  C  D  E
- 99. A  B  C  D  E
- 100. A  B  C  D  E