

Test Answer Sheet and Evaluation Instructions

QUESTIONS AND ANSWERS IN PERIANESTHESIA CARE, VOLUME II

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. | State the difference between Type I and Type II diabetes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | List the preop, intraop, and postoperative care of the diabetic patient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | List the potential perioperative side effects associated with herbal supplements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | State the physiologic effects associated with hypothermia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | List methods used to prevent the development of perioperative hypothermia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | Identify patient populations at risk for PONV? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | List the perioperative methods available to reduce the occurrence of PONV? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | State the etiology and clinical manifestations of NPPE? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. | Delineate ideal body weight and body mass index calculations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. | State the major physiologic effects associated with obesity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | List the advantages and disadvantages associated with regional anesthesia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. | List pediatric anatomical variations that increase the risk for postoperative respiratory compromise post tonsillectomy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. | Recognize the steps necessary for postoperative airway management? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. | State the pertinent postoperative care for TURP patients? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. | List the benefits of the BIS monitor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. | Was the content relevant to your practice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. | Was the teaching method effective? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. | Did the offering meet your objectives? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. | How long did it take to thoroughly review the material and complete this test? _____ hrs _____ min. | | |
| 20. | Additional comments or suggestions: _____ | | |
| | _____ | | |
| | _____ | | |

Your Name: _____ Data Base Number: _____

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City/State/Zip: _____

Home Phone: _____ Date: _____

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