

Webinar Evaluation Form

Title: Epidural hematoma: when hours count

Moderator: Patricia Iyer MSN RN LNCC

Instructor: Cheryl Gatti

1. How would you rate the instructor? ___Excellent ___Good ___Average___ Poor

Instructor: Jude Lark

2. How would you rate the instructor? ___Excellent ___Good ___Average___ Poor
3. Please evaluate the extent to which objectives were met.

OBJECTIVES:	Fully	Partially	Not at all
At the end of the activity the learner will have the knowledge base to evaluate cases involving epidural hematoma. 1.			
2. At the end of the activity the learner will have the skills to successfully analyze cases involving an epidural hematoma.			

4. Comments about this webinar:

May we use your comments in our marketing? If so, please provide your name, profession (nurse, attorney) and city/state.

Name:

Profession:

City/State

5. How could this program be improved?
6. What are your suggestions for future topics?

If you do not wish to have one nursing contact hour, please return only this form by email to contactus@medleague.com or by fax to 908-806-4511 or by mail to Patricia Iyer Associates, 260 Route 202-31, Suite 200, Flemington, NJ 08822. If you wish nursing contact hours, both the evaluation form and post test are to be sent to Taylor College at the address on the next page.

Nursing Contact Hour Post Test

Title: Epidural hematoma: when hours count

Circle the letter that best answers the question.

1. What syndrome is commonly associated with an epidural hematoma?
 - a. Cauda equina syndrome
 - b. Carpal tunnel syndrome
 - c. Ankylosing spondylitis
 - d. Cervical spine syndrome

2. Poor outcomes are associated with delays in intervention of greater than;
 - a. 4 hours
 - b. 2 hours
 - c. 10 hours
 - d. 12 hours

3. In the LNC review of the medical record of a patient with an epidural catheter who developed an epidural hematoma, what would be the most significant finding?
 - a. Blood pressure medication held
 - b. Increased BUN/creatinine
 - c. Bladder incontinence
 - d. Headache

Name:

Address:

Street, City, Zip

Please return the post test and evaluation form to:

Norman Heavens
Taylor College
PO Box 93666
Los Angeles, CA 90093-0666

A check for \$15.00 written to Taylor College should accompany the post test and evaluation form. You may call in a credit card number, if you prefer, to 1-800-743-4006. Please contact

Norman Heavens with any questions. Do not send \$15.00 or the forms to Patricia Iyer Associates or Med League Support Services.