

Teleseminar Evaluation Form

Title: Air Embolism: The Silent Killer

Instructor: Sue Masoorli RN

Moderator: Patricia Iyer MSN RN LNCC

1. How would you rate the instructor? ___Excellent ___Good ___Average___ Poor
2. Please evaluate the extent to which objectives were met. After participating in the program I am prepared to:

OBJECTIVES:	Fully	Partially	Not at all
1. Describe the dynamics of air embolism			
2. List the symptoms related to air embolism			
3. Identify symptoms of catheter related sepsis			

3. Comments about this teleseminar:

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

Name:

Profession:

City/State

4. How could this program be improved?
5. 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: Air Embolism: The Silent Killer

Circle the letter that best answers the question.

1. How many mls of air can enter a 14 gauge catheter per second?
 - a. 200 mls
 - b. 500 mls
 - c. 550 mls
 - d. 600 mls

2. Which catheter site is high risk for air embolism?
 - a. jugular vein
 - b. cephalic vein
 - c. basilic vein
 - d. femoral vein

3. Which symptom is most indicative of catheter related sepsis?
 - a. chills
 - b. malaise
 - c. fever spike
 - d. elevated blood pressure

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.