

Teleseminar Evaluation Form

Title: IV Therapy: Complication or Malpractice

Instructor: Sue Masoorli

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. Explain the difference between infiltration and extravasation			
2. Identify high risk areas for nerve injury related to venipuncture			

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: IV Therapy: Complication or Malpractice

Circle the letter that best answers the question.

1. What is the most critical factor related to peripheral IV infiltrations?
 - A. Blood Return
 - B. Size of Swelling
 - C. Coolness
 - D. All of the Above

2. Extreme infiltrations can result in which injury?
 - A. Fasciotomy
 - B. Complex Regional Pain Syndrome
 - C. Compartment Syndrome
 - D. All of the Above

3. The most common symptom of nerve contact with an IV device is an electric shock sensation complaint by the patient.
 - A. True
 - B. False

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.