

**Answer/Evaluation Form:**

**Evaluation and Management of Apparent Life-Threatening Events in Infants**

**COMPLETE THE FOLLOWING**

*This test may be copied for use by others.*

Name: \_\_\_\_\_

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

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

Preferred telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Check Enclosed     Visa     Mastercard

Credit Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Registration fee: *Pediatric Nursing* Subscriber: Free  
 Regular: \$20.00

**ANSWER FORM:**

1. If you applied what you have learned from this activity into your practice, what would be different?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluation	Strongly disagree		Strongly agree		
2. By completing this activity, I was able to meet the following objectives:					
a. Identify the epidemiology and risk factors of apparent life-threatening events (ALTEs).	1	2	3	4	5
b. Discuss the etiology of infants with ALTEs.	1	2	3	4	5
c. Explain the assessment process of an infant who has experienced an ALTE.	1	2	3	4	5
d. Describe nursing interventions for an infant who has experienced an ALTE.	1	2	3	4	5
3. The content was current and relevant.	1	2	3	4	5
4. The objectives could be achieved using the content provided.	1	2	3	4	5
5. This was an effective method to learn this content.	1	2	3	4	5
6. I am more confident in my abilities since completing this material.	1	2	3	4	5
7. The material was (check one) ___new ___review for me					
8. Time required to complete the reading assignment: _____minutes					

I verify that I have completed this activity: \_\_\_\_\_  
 Signature

Comments  
 \_\_\_\_\_  
 \_\_\_\_\_

**OBJECTIVES**

1. Identify the epidemiology and risk factors of apparent life-threatening events (ALTEs).
2. Discuss the etiology of infants with ALTEs.
3. Explain the assessment process of an infant who has experienced an ALTE.
4. Describe nursing interventions for an infant who has experienced an ALTE.

**CNE INSTRUCTIONS**

1. To receive continuing nursing education credit for individual study after reading the article, complete the answer/evaluation form to the left.
2. Photocopy and send the answer/evaluation form along with a check or credit card order payable to **Pediatric Nursing** to *Pediatric Nursing*, CNE Series, East Holly Avenue Box 56, Pitman, NJ 08071-0056.
3. Test returns must be postmarked by **April 30, 2012**. Upon completion of the answer/evaluation form, a certificate for **1.4** contact hour(s) will be awarded and sent to you.

This activity is provided by Anthony J. Jannetti, Inc.

Anthony J. Jannetti, Inc. is accredited as a provider of continuing nursing education by the American Nurses' Credentialing Center's Commission on Accreditation (ANCC-COA).

Anthony J. Jannetti, Inc. is a provider approved by the California Board of Registered Nurses, provider number CEP 5387. Licenses in the state of CA must retain this certificate for four years after the CNE activity is completed.

Accreditation status does not imply endorsement by the provider or ANCC of any commercial product.

This article was reviewed and formatted for contact hour credit by Sally S. Russell, MN, CMSRN, CPP, AJJ Education Director; and Veronica D. Feeg, PhD, RN, FAAN, Editor.

I am an (check one)  
 RN     APN     LPN/LVN     PA  
 Other \_\_\_\_\_