

Answer/Evaluation Form:

Oral Hygiene Care in the Pediatric Intensive Care Unit: Practice Recommendations

COMPLETE THE FOLLOWING

This test may be copied for use by others.

Name: _____

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OBJECTIVES

1. Explain how proper oral hygiene and appropriate interventions in the pediatric critical care setting may minimize the risk of infection.
2. List the problem-based triggers that acted as the basis for this literature review.
3. Discuss how pediatric nurses can incorporate oral hygiene guidelines into practice in the PICU.

ANSWER FORM:

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

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 **1.3** contact hour(s) and 24 pharmacology minutes will be awarded and sent to you.

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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.

Evaluation	Strongly disagree		Strongly agree		
2. By completing this activity, I was able to meet the following objectives:					
a. Explain how proper oral hygiene and appropriate interventions in the pediatric critical care setting may minimize the risk of infection.	1	2	3	4	5
b. List the problem-based triggers that acted as the basis for this literature review.	1	2	3	4	5
c. Discuss how pediatric nurses can incorporate oral hygiene guidelines into practice in the PICU.	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

I am an (check one)

RN APN LPN/LVN PA

Other _____