

Answer/Evaluation Form

Seizure Precautions for Pediatric Bedside Nurses

Deadline for Submission: August 31, 2012

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

OBJECTIVES

1. Define seizure.
2. Explain the different types of seizures.
3. Outline the bedside needs of children who experience seizures.

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. Upon completion of the answer/evaluation form, a certificate for **1.2** contact hour(s) 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 Judy A. Rollins, PhD, RN, Editor.

ANSWER FORM

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

Evaluation	Strongly disagree	1	2	3	4	5	Strongly agree
2. By completing this activity, I was able to meet the following objectives:							
a. Define seizure.		1	2	3	4	5	
b. Explain the different types of seizures.		1	2	3	4	5	
c. Outline the bedside needs of children who experience seizures.		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 _____