

Pediatric Pain Management Post- Test

Name _____
(Please enter legal name above)

Birth date (required)

Format: 01/03/1999

M	M	D	D	Y	Y	Y	Y

Where do you work? (example: HCMC, MVAHCS, etc.) Enter N/A if you are not employed.

Hospital _____ Unit _____

*Email Address _____

*TCHP hospitals must use work email address.

I verify that I have read this home study and have completed the post-test and evaluation.

By checking this box, I am submitting my electronic signature to this statement.

- 1) Pain impulses are NOT carried on:
 - a) C-fibers
 - b) Unmyelinated fibers
 - c) A-delta fibers
 - d) Elastic fibers

- 2) At what stage do children take a more active stance toward managing their own pain?
 - a) Preoperational
 - b) Concrete Operational
 - c) Formal Operational

- 3) How does chronic pain differ from acute pain?
 - a) Physiological changes may be absent
 - b) Overt pain expression may be absent
 - c) None of the above
 - d) Both a and b

- 4) What is the best indicator of pain in a child?
 - a) Physiological changes
 - b) Behavioral changes
 - c) Self-report of pain
 - d) None of the above

- 5) Which procedures are likely to require BOTH analgesia/anesthesia and sedation?
 - a) Setting a broken leg
 - b) Circumcision
 - c) Getting a shot
 - d) Starting an IV

- 6) Why would you want to give an analgesic during chest tube placement when the patient is already sedated with Versed®?
 - a) You want to make sure they don't wake up
 - b) To attack pain using 2 different neural mechanisms
 - c) To increase alveolar ventilation
 - d) Because Versed® does not relieve pain

- 7) Non-drug approaches to pain management usually:
 - a) Are used instead of pain medication
 - b) Do not relieve pain
 - c) Are a good supplement to pain medication
 - d) Both b and c

- 8) Which of the following comfort measures are appropriate to use with a preterm neonate?
 - a) Warm articles that come in contact with their skin
 - b) Swaddling
 - c) Group cares to minimize handling
 - d) Turn off unnecessary lights
 - e) All of the above

Expiration date: The last day that post tests will be accepted for this edition is **December 31, 2017**—your envelope must be postmarked on or before that day.

Evaluation: Pediatric Pain Management

Please complete the evaluation form below by placing an “X” in the box that best fits your evaluation of this educational activity. Completion of this form is required to successfully complete the activity and be awarded contact hours.

At the end of this home study program, I am able to:	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree
1. Identify the physiological basis of pain.	
2. Correlate possible manifestations of pain to developmental age.	
3. Describe three essential components of pain assessment.	
4. Describe one or more medications that are used for pain management in children.	
5. Identify at least three non-pharmacological interventions for pain.	
6. Identify three or more common misconceptions about managing pain in children.	
7. The teaching / learning resources were effective. <i>If not, please comment:</i>	

The following were disclosed in writing prior to, or at the start of, this educational activity (please refer to the first 2 pages of the booklet).	YES or NO
8. Notice of requirements for successful completion, including purpose and objectives	
9. Conflict of interest	
10. Disclosure of relevant financial relationships and mechanism to identify and resolve conflicts of interest	
11. Sponsorship or commercial support	
12. Non-endorsement of products	
13. Off-label use	
14. Expiration Date for Awarding Contact Hours	
15. Did you, as a participant, notice any bias in this educational activity that was not previously disclosed? <i>If yes, please describe the nature of the bias:</i>	

16. How long did it take you to read this home study and complete the post test and evaluation:
 _____ hours and _____ minutes.

17. Did you feel that the number of contact hours offered for this educational activity was appropriate for the amount of time you spent on it?
 ___ Yes
 ___ No, more contact hours should have been offered
 ___ No, fewer contact hours should have been offered.

Expiration date: December 31, 2017
