

## VTE Test Questions and Evaluation

1. Which hospital Service has the highest number of VTE events?
  - a. General Surgery
  - b. Medical
  - c. Orthopedic Surgery
  - d. Medical Oncology
  
2. VTE is the most common cause of preventable hospital death.  
True or False
  
3. The VTE Risk Assessment / Order form is completed on:
  - a. adult patients on admission
  - b. on transfer to or from ICU
  - c. post-op
  - d. all of the above
  
4. A 55 year old female admitted to 8 south. PMH: CHF, HTN, DM expected length of stay is 4 days. Which VTE risk assessment level would you assign to this patient?
  - a. Low
  - b. Moderate
  - c. High
  - d. None of the above
  
5. The VTE Risk Assessment / Order form is part of the permanent medical record?  
True or False
  
6. Incomplete forms are assigned a medical records deficiency and are reportable to CPIC.  
True or False

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Goal: Reduce the number of potentially preventable hospital acquired VTEs through the implementation and use of a standardized VTE risk assessment/order form.

Objectives: Upon completion of this education, the learner will:

- Understand the prevalence and impact of hospital acquired VTEs
- Understand the importance of reducing hospital acquired VTEs
- Understand the need for a standardized process to assess VTE risk and implement appropriate prophylaxis orders
- Understand the CFV process for assessing VTE risk and ordering prophylaxis.
- Understand the VTE Risk Assessment/Orders Form and how and when to complete it.

Please evaluate the activity:

Do you believe any part of the activity was product promotional?		NO	YES	N/A		
		Completely	Mostly	Moderately	Hardly	Not at all
1.	Was the activities Goals and Objectives met?					
2.	Were the above participant's objectives met?					
3.	Was the method conducive to learning?					
4.	To what extent has this educational activity been relevant to your Professional Needs and Interests?					
5.	To what extent was your professional knowledge or skills enhanced?					
6.	How will this information be applied to your practice? Briefly describe..	<hr/> <hr/> <hr/> <hr/>				
7.	Did this on-line activity meet your goals and expectations?	YES	NO	Suggestions: <hr/> <hr/> <hr/>		

Additional Comments or suggestions:

Please print these forms and fax it to 910-615-4706 to complete the process for 1.0 Hours of *AMA PRA Category 1 Credit(s)*<sup>™</sup>.