1. The following statements about pediatric strokes are true EXCEPT:
a. Pediatric strokes occur most frequently during adolescence.
b. The cause of pediatric strokes may be hemorrhage, AIS or cerebral sinovenous thrombosis.
c. Imaging studies are the most definitive diagnostic aids for pediatric strokes.
d. If the diagnosis of a pediatric stroke is made, the prognosis may not be known.

2. In the 2004 study about pediatric strokes published in Lancet Neurology, the researchers concluded:
a. children should immediately be started on the AHA protocol for pediatric strokes
b. there is no evidence-based practice available for prevention and treatment of perinatal pediatric strokes
c. children with suspected pediatric strokes should be cared for in a pediatric stroke program
d. there is no link that maternal factors might cause perinatal pediatric strokes

3. If the possible cause of a pediatric stroke is cardiac abnormalities, which diagnostic aid may be ordered?
a. magnetic resonance angiograms
b. echocardiograms
c. cardiac catheterization
d. EKG

4. Older children who develop pediatric strokes often have a history of all of the following disorders/diseases EXCEPT:
a. sickle cell disease
b. congenital heart disease
c. immune diseases
d. cystic fibrosis

5. The most definitive diagnostic aid to determine if an infant or child has a pediatric stroke is:
a. MRI
b. CT scan
c. ECG
d. lumbar puncture

6. The treatment plan for children with an AIS includes all of the following EXCEPT:
a. supportive care
b. protocols for AIS or thrombolytics established by the AHA
c. emergency care when indicated
d. rehabilitation

7. Where does pediatric stroke currently rank on leading causes of death in children?
a. second
b. fifth
c. sixth
d. tenth

8. When an infant has a stroke, it is usually diagnosed at what age?
a. birth
b. 1 month
c. 4 to 6 months
d. 12 months

9. Pediatric stroke affects how many newborns?
a. 2 in 100,000
b. 5 in 100,000
c. 25 in 100,000
d. 500 in 100,000

10. What type of stroke occurs when an artery in the brain is blocked?
a. a hemorrhagic stroke
b. a hypovolemic stroke
c. an arteriolar ischemic stroke
d. a cerebral sinovenous thrombosis

**Pediatric Stroke**

**Earn 1 Contact Hour NOW!**

**Registration/Answer Form #424**

**LEARNER FEEDBACK QUESTIONS**

1. A B C D
2. A B C D
3. A B C D
4. A B C D
5. A B C D
6. A B C D
7. A B C D
8. A B C D
9. A B C D
10. A B C D

**EVALUATION**

1. A B C D E
2. A B C D E
3. A B C D E
4. A B C D E
5. A B C D E

**How many minutes did you need to complete this CE offering?**

**Minutes:**

**Keep ADVANCE Coming!**

This may be only a trial copy or it may be time to renew. You won’t continue to receive ADVANCE for Nurses unless you contact us for your FREE subscription.

- **YES! I am a Nurse, sign me up!**
- I prefer to receive a **PRINT SUBSCRIPTION**. (e-mail address required below)
- I prefer to receive the **DIGITAL EDITION**. (e-mail address required below)

**Date:**

**Signature (required):**

**E-mail:**

**JOB TITLE** that best describes your position (fill in just one circle completely)

- **RN**
- **LPN**
- **Nursing School Student**
- **Manager/Supervisor**
- **Nursing Administrator**
- **Nursing Faculty**
- **Private Practice**
- **Staff Development**
- **Staff Nurse**
- **Program Director**

**PRACTICE SETTING** that best describes your setting (fill in just one circle completely)

- **Ambulatory**
- **Cardiac**
- **Case Management**
- **Chemical Dependency**
- **Clinical Specialist**
- **Critical Care**
- **CICNA**
- **Dermatology**
- **Diabetes**
- **Education**
- **ED/ER**
- **Geriatrics/UTC**
- **Gynecology**
- **Home Health**
- **Hospital**
- **ICU**
- **Infection Control**
- **IV Therapy**
- **Managed Care**
- **Managerial**
- **Administrative**
- **Maternal/Child**
- **Med/Surg**
- **MR/DD**
- **Nursing/Clinical Imatics**
- **Sales/Marketing**
- **School Nurse**
- **Student**
- **Subacute**
- **Support Staffing**
- **Travel Nursing**
- **UR/OA**
- **Rehab**
- **Research**
- **School Nursing**
- **Sales/Marketing**
- **Student**
- **Subacute**
- **Support Staffing**
- **Travel Nursing**
- **UR/OA**

**CUSTOMER INFORMATION**

For accuracy, please print clearly. (NM)

**Name:**

**Street Address:**

**City:**

**State:**

**Zip:**

**Daytime Phone:**

**E-mail Address:**

**Credit Card No.:**

**Exp. Date:**

**License No. (FL required):**

**PAYMENT S8**

Make check (any checks returned for non-sufficient funds will be assessed a $25 service fee) or money order payable to Merion Publications Learning Scope, 2900 Horizon Dr., King of Prussia, PA 19406, or pay by credit card:

**Name of Cardholder:**

**E-mail Address:**

**Credit Card No.:**

**Exp. Date:**

**Date:**

**Signature:**

**E-mail:**

**JOB TITLE** that best describes your position (fill in just one circle completely)

- **RN**
- **LPN**
- **Nursing School Student**
- **Manager/Supervisor**
- **Nursing Administrator**
- **Nursing Faculty**
- **Private Practice**
- **Staff Development**
- **Staff Nurse**
- **Program Director**

**PRACTICE SETTING** that best describes your setting (fill in just one circle completely)

- **Ambulatory**
- **Cardiac**
- **Case Management**
- **Chemical Dependency**
- **Clinical Specialist**
- **Critical Care**
- **CICNA**
- **Dermatology**
- **Diabetes**
- **Education**
- **ED/ER**
- **Geriatrics/UTC**
- **Gynecology**
- **Home Health**
- **Hospital**
- **ICU**
- **Infection Control**
- **IV Therapy**
- **Managed Care**
- **Managerial**
- **Administrative**
- **Maternal/Child**
- **Med/Surg**
- **MR/DD**
- **Nursing/Clinical Imatics**
- **Sales/Marketing**
- **School Nurse**
- **Student**
- **Subacute**
- **Support Staffing**
- **Travel Nursing**
- **UR/OA**

**WWW.ADVANCEWEB.COM/NURSES • FEBRUARY 11, 2013 • NORTHEAST • ADVANCE FOR NURSES**