CE Test

Evaluation of Key Factors Impacting Feeding Safety in the Neonatal Intensive Care Unit: A Systematic Review

Instructions:

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Registration Deadline: December 4, 2020

Disclosure Statement: The authors and planners have disclosed that they have no financial relationships related to this article.

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The registration fee for this test is $11.95 for NANN members and $17.95 for nonmembers.

DOI: 10.1097/ANC.0000000000000587

CE TEST QUESTIONS

ANC0219

GENERAL PURPOSE: To present a systematic review designed to evaluate factors impacting feeding safety in the neonatal intensive care unit (NICU).

LEARNING OBJECTIVES/OUTCOMES: After completing this continuing education activity, you should be able to:

1. Specify consequences of feeding-related errors and the regulatory guidelines that help minimize them.
2. Identify factors impacting feeding safety in the NICU.

1. Receipt of the wrong human milk is considered to be
a. of minor consequence.
b. unavoidable at times.
c. a fluid exposure.

2. Strategies to minimize feeding-related errors in the NICU include
a. using feeding-related software.
b. preparation in areas adjacent to the bedside.
c. restricting feeding preparation to RNs only.

3. Joint Commission regulatory guidelines require that how many patient identifiers are used when providing infant feeds?
a. 1
b. 2 including the room number
c. 2 or more

4. What location does the Infant Formula Act of 1980 designate for expressed milk intake, storage, and preparation?
a. the bedside
b. the medication preparation area
c. a separate, centralized room

5. Seven studies cited in the article found that use of a centralized milk preparation area can reduce feeding errors by
a. 43% to 62%.
b. 63% to 82%.
c. 83% to 100%.

6. A study evaluating use of a feeding error protocol to improve patient safety found that the protocol improved standards of care through the use of centralized preparation, feeding technicians, and
a. checklists.
b. electronic labels.
c. patient identification protocols.

7. A study evaluating infant-feeding contamination found that formulas prepared at which area were 24 times more likely than other samples to show contamination?
a. at the bedside
b. in a mixed-use localized area
c. in the centralized preparation area

8. Results of 10 studies found that when trained technicians were used, feeding-related patient safety outcomes
a. remained unchanged.
b. improved.
c. worsened slightly.

9. At the NICU facility that implemented a human milk management center team, which team member was responsible for providing information on feeding volume and frequency, fortifier type, calorie level, and type of milk used?
a. pharmacist
b. trained technician
c. primary RN

10. One study cited in the article found that the use of dedicated milk technicians decreased scanned errors for
a. expired milk and milk preparation.
b. feeding frequency.
c. feeding volumes.

11. The study in which military service members were trained to work as trained technicians showed that use of trained technicians may
a. decrease the time to full enteral feeds.
b. increase the cost of care.
c. increase weight gains.

12. Studies included in the review have found that implementation of which type of specialized software has led to reductions in feeding errors?
a. bar code-scanning
b. mobile data entry
c. clinical decision support

13. Which staff member is responsible for administering feeds?
a. dietitian
b. feeding technician
c. nurse

14. The literature search found that studies have examined all of the following roles the registered dietician (RD) plays in the NICU feeding process *except*

a. communicating feeding orders.
b. promoting safety.
c. training technicians.

15. The review concluded that the key factors impacting feeding safety in the NICU are use of a centralized preparation area, trained technicians, and

a. bar code-scanning technology.
b. feeding error protocols.
c. low patient to nurse staffing ratios.

16. What do the authors recommend as a strategy nurses can use today to reduce contamination?

a. encourage breastfeeding
b. avoid delegation to technicians
c. use ready-to-feed products

17. The authors recommend that further research be done into the role of which team member in NICU collaborative performance and quality improvement?

a. RN
b. RD
c. trained technicians