This test may be copied for use by others.

COMPLETE THE FOLLOWING:

Name: ______________________________________________________________

Address: ____________________________________________________________________________________________

City: ___________________________ State: _______________ Zip: ________________

Preferred telephone: (Home) ___________________ (Work) ___________________

SUNA Member Expiration Date: ______________________________________

Registration fee: SUNA Member: $12.00

Nonmember: $20.00

Answer Form:

1. Name one new detail (item, issue, or phenomenon) that you
learned by completing this activity.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. How will you apply the information from this learning activity to
your practice?

a. Patient education.  
b. Staff education.  
c. Improve my patient care.  
d. In my educational course work.  
e. Other: Please describe. __________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Objectives

This educational activity is designed for nurses and other health care professionals
who care for and educate patients regarding end-of-life issues. The evaluation that fol-
lows is designed to test your achievement of the following educational objectives. After
studying this offering, you will be able to:
1. Discuss issues surrounding end-of-life decisions.
2. List resources for end-of-life care.
3. Describe common symptoms at the end-of-life as well as management
techniques.

Posttest Instructions

1. To receive continuing education credit for individual study after reading the article,
complete the answer/evaluation form to the left.

2. Detach and send the answer/evaluation form along with a check or money order
payable to SUNA to Urologic Nursing, CE Series, East Holly Avenue Box 56, Pitman,
NJ 08071–0056.

3. Test returns must be postmarked by February 28, 2005. Upon completion of the
answer/evaluation form, a certificate for 1.0 contact hour(s) will be awarded and
sent to you.

This activity has been provided by the Society of Urologic Nurses and Associates, which is
accredited as a provider of continuing nursing education by the American Nurses’ Creden-
tialing Center’s Commission on Accreditation (ANCC-COA). SUNA is a provider
approved by the California Board of Registered Nurses, provider number CEP 05556. Licenses
in the state of CA must retain this certificate for four years after the CE activity is completed.

This article was reviewed and formatted for contact hour credit by Sally S. Russell, MN,
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