



24387

Michigan Diabetes Outreach Network  
Nursing Management of Diabetes  
Independent Study Module Series, 2006

**Gestational Diabetes Mellitus**

**Registration Application and Post Test Answer Sheet**

MNA CEAP Approval Dates: 7/7/06-7/7/08

CDR Approval Dates: 7/7/06-7/7/08

A  
B  
C  
D  
E  
F  
G  
H  
I  
J  
K  
L  
M  
N  
O  
P  
Q  
R  
S  
T  
U  
V  
W  
X  
Y  
Z  
0  
1  
2  
3  
4  
5  
6  
7  
8  
9

This program has been awarded 2 contact hours by the Michigan Nurse's Association, which is accredited as an approver of continuing education in nursing by the American Nurse's Credentialing Center Commission on Accreditation. The Commission on Dietetic Registration (CDR) has also approved this activity for 2 contact hours. Minimum passing grade is 70% (7 out of 10). The questions in the post-test are based on the information presented in this module. To apply for contact hours, enter your answers on this form and fill in the Registration Application information. Complete the Participant Evaluation form as well.

**Registration Application** Enter one letter per box, use black ink and use capital block letters similar to the sample letters down the left side of the form.

First Name

Last Name

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Home Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

State

Zip Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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--	--	--	--	--	--

(Area Code) Home Telephone Number

ID Number (License)

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ID Type:  Driver's License  Professional License  Other

Please mark with an 'x' all that are appropriate:

RN  LPN  NP  RD  Doctor  Pharmacist  MA  Student  Other

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer Address/City/State/Zip : \_\_\_\_\_

E-mail: \_\_\_\_\_

Please mark one only (optional):

ECDON  SEMDON  SODON  TENDON  TIPDON  UPDON  Out of State

Affiliated w/primary care DM collaborative/health disparities program?

Yes  No

**Post Test Answers** Mark the appropriate answers below.

A B C D

A B C D

1

6

2

7

3

8

4

9

5

10

FOR OFFICE USE ONLY

MDON Reviewer

Review Date

Score

24387

X

Participant Signature



MICHIGAN DIABETES OUTREACH NETWORKS

MNA CEAP Approval Dates: 7/7/06-7/7/08

CDR Approval Dates: 7/7/06-7/7/08

Title of Activity: Nursing Management of Diabetes, Independent Study Module Series, 2006  
**Gestational Diabetes Mellitus**

Today's Date

/   /

Participant Name (print): \_\_\_\_\_

Using the following scale, rate your achievement of each objective listed below by marking the appropriate letter: a = excellent, b = good, c = satisfactory, and d = unsatisfactory.

	<b>Excellent</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>
1. Define gestational diabetes mellitus (GDM).	<input type="radio"/> a	<input type="radio"/> b	<input type="radio"/> c	<input type="radio"/> d
2. Describe the metabolic changes associated with the development of GDM.	<input type="radio"/> a	<input type="radio"/> b	<input type="radio"/> c	<input type="radio"/> d
3. List one potential risk of GDM on both the fetus and one on the mother.	<input type="radio"/> a	<input type="radio"/> b	<input type="radio"/> c	<input type="radio"/> d
4. State the diagnostic criteria for the individual with GDM.	<input type="radio"/> a	<input type="radio"/> b	<input type="radio"/> c	<input type="radio"/> d
5. List one component of medical nutrition therapy for the individual with GDM.	<input type="radio"/> a	<input type="radio"/> b	<input type="radio"/> c	<input type="radio"/> d
6. State the criteria for initiating insulin as treatment for the individual with GDM.	<input type="radio"/> a	<input type="radio"/> b	<input type="radio"/> c	<input type="radio"/> d
7. State two recommendations for post-partum care for the individual with GDM.	<input type="radio"/> a	<input type="radio"/> b	<input type="radio"/> c	<input type="radio"/> d
8. Relationship of the objectives to the overall purpose/goal(s) of the activity.	<input type="radio"/> a	<input type="radio"/> b	<input type="radio"/> c	<input type="radio"/> d
9. Effectiveness of teaching/learning resources.	<input type="radio"/> a	<input type="radio"/> b	<input type="radio"/> c	<input type="radio"/> d
10. Time required of the learner to complete the activity:				
	<input type="text"/>	hour(s)	<input type="text"/> <input type="text"/>	minute(s)

Comments: