

## STICKY WHISKER® SECUREMENT DEVICE

DATE \_\_\_\_\_

FACILITY / HOSPITAL \_\_\_\_\_

NAME + TITLE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

Type(s) of bed (check all that apply): ☐ Open warmer bed ☐ Isolette ☐ Crib

The length of the Sticky Whiskers® was: ☐ The right size ☐ Too small ☐ Too large

### CIRCLE YES OR NO FOR EACH STATEMENT

Did you clean the skin prior to application?	YES	NO
Was it easy to apply the Sticky Whisker?	YES	NO
Did the Sticky Whisker help to secure and hold the nasal cannula in place?	YES	NO
When you reposition the nasal cannula, did the Sticky Whiskers remain intact with the skin?	YES	NO
Did the Sticky Whiskers help to keep the prongs from rolling out/dislodging from the nares?	YES	NO
Was it easy to remove the Sticky Whiskers?	YES	NO
Would you support the adoption of the Sticky Whiskers?	YES	NO

### ADDITIONAL COMMENTS:

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