

# 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: