

# STICKY WHISKER® SECUREMENT DEVICE

DATE \_\_\_\_\_

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

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

DEPARTMENT \_\_\_\_\_

Type(s) of bed (check all that apply):     Open warmer bed     Isolate     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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