Test: 2023 Fire Study Guide

Score: _____

Question 1 of 107

A 59-year-old male patient is complaining of dizziness and nausea. You note the patient's pulse is 44 and he is alert and oriented. The patient's airway and breathing has been addressed. What is the next most appropriate action?

- **A)** Search for reversible causes.
- **B)** Place in Trendelenburg position.
- **C)** Place patient in the recovery position.
- **D)** Begin CPR

Question 2 of 107

A 54-year-old male is complaining of substernal chest pain that radiates into his jaw and left arm. The patient presents as pale, diaphoretic and has shortness of breath. The patient denies any drug allergies or prescription medications. What medication should you administer first?

- **A)** Epi 1:1000 0.3mg IM
- **B)** Albuterol 5mg Nebulized
- **C)** Aspirin 324mg PO
- **D)** Nitroglycerin 0.4mg sublingual

Question 3 of 107

You a treating an adult patient with crushing chest pain that radiates to the left arm. The patient took 324mg of Aspirin prior to your arrival as instructed by GM911. You initiate treatment with nitroglycerin. How many total doses can you administer?

- **A)** No maximum as long as patient BP remains greater than 100mmHg.
- **B)** 3 total doses
- **C)** No repeat doses
- **D)** 5 total doses

Question 4 of 107

Please identify the correct location for the V4 electrode in the 12 lead procedure.

- **A)** 4th intercostal space to the right of the sternum.
- **B)** Right arm.
- **C)** 5th intercostal space midclavicular
- **D)** 5th intercostal space midaxillary

Question 5 of 107

You are treating an adult patient that presents with bilateral rales in the lower lobes. The patient is having obvious shortness of breath with accessory muscle use noted. The patient has a history of congestive heart failure and angina pectoris. After addressing airway and breathing, what medication can you administer if the patient has a prescription?

- **A)** 0.4mg Nitroglycerin SL
- **B)** Albuterol 5.0mg Nebulized
- **C)** Aspirin 324mg PO
- **D)** Epinephrine 0.3mg IM

Question 6 of 107

An 85 y/o male is complaining of chest pain and shortness of breath. You check his pulse and realize that it is only 35. The patient is alert and oriented and all of his vital signs are stable. What is the most appropriate action to assist the ALS provider on scene with you.

- **A)** Perform 3-lead ECG procedure
- **B)** Perform 12-lead ECG procedure
- **C)** Place NIBP cuff on patient
- **D)** None of these answers are correct

Question 7 of 107

You are caring for a patient complaining of chest pain and respiratory distress with wheezing. The report that they have taken the following medication in the past 24 hours: atorvastatin, lisinopril, metoprolol and viagra. What medication would be contraindicated in their treatment?

- **A)** Aspirin 324mg PO
- **B)** Oxygen 4 lpm via Nasal Canula
- **C)** Nitroglycerin 04.mg SL
- **D)** Albuterol 5mg Nebulized

Question 8 of 107

You are responding on a 70-year-old male patient in cardiac arrest. His wife tells you that she found the patient unresponsive, lying in bed. The wife tells you that the last time she saw the patient responsive was last night, and she has been out of the house for the last 8 hours. On your assessment, the patient is pulseless and apneic. Your cardiac monitor shows asystole. What is your next course of action?

- **A)** Move the patient to a dry area and prepare to defibrillate at 360j
- **B)** Withhold CPR, follow Deceased Subjects Policy
- **C)** Begin CPR and call for CPR discontinuation orders since he does not fit the criteria to withhold resuscitation.
- **D)** Begin CPR and continue until the Termination of Resuscitation criteria are met at 15 minutes.

Question 9 of 107

Effective CPR with a definitive airway in place is defined as:

- **A)** Compressions ≥2”, 100 – 120 per minute, breath every 6 seconds
- **B)** Compressions ≥2”, ≥ 120 per minute, breath every 10 seconds
- **C)** Compressions ≥2.5”, 100 - 120 per minute, breath every 6 seconds
- **D)** Compressions ~2”, 100 -120 per minute, breath every 10 seconds

Question 10 of 107

What can be done to increase the effectiveness of CPR during a cardiac arrest in a pregnant female?

- **A)** Perform CPR in a semi fowlers position
- **B)** Perform CPR supine while utilizing a manual left uterine displacement maneuver
- **C)** Perform CPR supine on a spine board with a pillow under the left side of the board
- **D)** Hand placement or the Lucas pad needs to be moved superior ~1.5” to account for organ displacement.

Question 11 of 107

Which of the following is NOT specifically referred to in the protocols as a way to limit interruptions in chest compressions while treating a patient in cardiac arrest?

- **A)** Pre-charging the monitor or delivering chest compressions while the AED is charging
- **B)** Immediately returning to chest compressions after a defibrillation is delivered
- **C)** Considering placing a BIAD instead of intubating the patient
- **D)** Performing manual chest compressions while delivering the defibrillation

Question 12 of 107

During CPR with an advanced airway in place what is your goal capnography reading to confirm effective chest compressions?

- **A)** ≥ 10 mmHg
- **B)** ≥ 15 mmHg
- **C)** ≥ 20 mmHg
- **D)** Effective chest compression have no correlation to capnography, only changes in ventilation rate can affect capnography.

Question 13 of 107

You are treating an adult patient who has received high quality CPR for ten minutes along with three defibrillations. The patient continues to remain in refractory VTach/VFib. In addition to Amiodarone, you would also next consider what intervention?

- **A)** Change defibrillation pad placement to a new vector
- **B)** Precordial thump
- **C)** Increasing your Joules setting
- **D)** Calling medical control for D/C orders

Question 14 of 107

What is arguably the most significant cause for re-arrest after ROSC?

- **A)** Hyperperfusion
- **B)** Acidosis confirmed through elevated SpCO
- **C)** Hyperventilation
- **D)** Failure to address H's and T's

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Question 15 of 107

The target SPO2 in post resuscitation is…?

- **A)** ≥ 90%
- **B)** 92 - 98%
- **C)** 94 - 99%
- **D)** 100%

Question 16 of 107

The role of the first responder to make contact with a patient in witnessed cardiac arrest is to:

- **A)** Assume the team leader role and delegate roles to incoming responders
- **B)** Promptly begin chest compressions
- **C)** Apply the AED/Monitor and deliver defibrillation if indicated
- **D)** Determine if the patient is eligible for the Termination of Resuscitation protocol before any other action is taken.

Question 17 of 107

You have arrived on scene as the second arriving responder on a cardiac arrest. The initial provider has been on scene for approximately 2 minutes. What is the most likely assignment you will receive from them?

- **A)** Timekeeper
- **B)** Team leader
- **C)** Compressor
- **D)** Airway Management

Question 18 of 107

When is it most likely that the role of team leader on a team focused CPR will be filled?

- **A)** The first arriving responder will always be the Team Leader
- **B)** The second arriving responder fills this role while the first arriving responder only focuses on patient care
- **C)** The third arriving responder either fills the role of Team Leader, or takes over for the first or second arriving responders so that one of them may be Team Leader
- **D)** This role is only ever filled by an ALS provider and can only be filled when ALS arrives on scene

Question 19 of 107

You arrive on scene of an unknown problem at a store to find an unresponsive elderly man. The patient has a device worn in a vest that has a percutaneous drive line routed from the controller through the LUQ of the abdomen. What is the first step to diagnosing this device's function?

- **A)** Look and listen for alarms
- **B)** Auscultate the right upper quadrant
- **C)** Check for a carotid pulse
- **D)** Attempt to auscultate a blood pressure

Question 20 of 107

If you are not able to auscultate a hum over the heart in a VAD patient, what must you immediately consider?

- **A)** Profound Hypovolemia
- **B)** VAD failure
- **C)** Device is in demand mode
- **D)** Call the VAD coordinator for advice

Question 21 of 107

Before trying the spare VAD control module in the case of a failure what steps should be performed first?

- **A)** Replace driveline, check batteries, attempt to restart the VAD
- **B)** Ensure drive line is fully connected, remove and replace both batteries to perform hard reboot, attempt to restart the VAD
- **C)** Ensure drive line is fully connected, check batteries, clear all alarms and faults
- **D)** Ensure drive line is fully connected, check batteries, plug into external power source, attempt to restart the VAD

Question 22 of 107

How does treatment of cardiac arrhythmias vary between a VAD and a Total Artificial Heart (TAH)?

- **A)** TAH does not generate ECG, where as one is obtainable with VAD
- **B)** Antidysrhythmic medications are only given to patients with a TAH, not a VAD
- **C)** Patients with a TAH will rarely suffer arrhythmias so any aberrancy must be treated promptly
- **D)** All arrhythmias found with a TAH need to be promptly transmitted to the implantation center.

Question 23 of 107

You arrive on scene to find an adult patient in cardiac arrest with a Wearable Cardioverter Defibrillator Vest in place. The device is alarming with a two-tone and voicing “Press response buttons to delay treatment.” “Bystanders, do not interfere.” What is your best immediate course of action?

- **A)** Begin BLS CPR
- **B)** Treat the device as an AED and allow vest to complete shock cycle
- **C)** Press the response button to delay the intervention
- **D)** Immediately remove the vest and treat under appropriate protocol

Question 24 of 107

When a Wearable Cardioverter Defibrillator Vest begins alarming, who should push the response button?

- **A)** Any CPR trained person, as this will begin the voice prompts
- **B)** The patient or caregiver who is trained on the device
- **C)** Only the patient, the response button cancels electrical therapy for the conscious patient.
- **D)** Any CPR trained person, this button functions as the shock button to assure that a shock is appropriate to deliver

Question 25 of 107

What type of shock classically presents with warm, dry, pink skin with normal capillary refill time and typically alert?

- **A)** Hypovolemic
- **B)** Cardiogenic
- **C)** Distributive
- **D)** Obstructive

Question 26 of 107

What is the best position for the patient to be placed in for intubation/BIAD management during transport.

- **A)** Supine
- **B)** Left Lateral Recumbent
- **C)** Slightly elevated, approximately 10-20 degrees
- **D)** Fowlers

Question 27 of 107

What is the correct hand or plunger placement for compressions in cardiac arrest for an adult patient?

- **A)** Over sternum, between nipples (inter-mammary line)
- **B)** Over sternum, just cephalad from xyphoid process
- **C)** Over sternum, just caudal from manubrium
- **D)** Mid-sternal, in line with 3rd rib

Question 28 of 107

You arrive on an apneic patient lying on the roadside. There are no bystanders or witnesses to what happened on scene. How should you initially open this patient's airway?

- **A)** Modified head-tilt, chin-lift
- **B)** Head-tilt, chin-lift
- **C)** Place in sniffing position
- **D)** Modified jaw thrust

Question 29 of 107

You arrive to find other responders already on scene at an adult cardiac arrest. High quality CPR is being performed and a BIAD is in place with good compliance. You take the team leader/ CPR coach role. Which of the following suggestions would be appropriate?

- **A)** Continue to your CPR at 30:2 ratio since the ratio does not change for adults.
- **B)** Your compressions need to be at least 1/3 the depth of the chest or approximately 2.5"
- **C)** We need to continue continuous compressions at 100-120 and ventilate 10 times per minute
- **D)** Effective CPR is hard and fast, let's switch to a new compressor to obtain a rate of ≥ 120 per minute

Question 30 of 107

During the cardiac arrest care of a 76-year-old, you deliver a defibrillation. What is the next action?

- **A)** Perform a pulse check for 10 seconds
- **B)** Immediately begin CPR with chest compressions
- **C)** Immediately begin CPR with 2 ventilations
- **D)** Place a BIAD if you have not yet done so

Question 31 of 107

You have arrived at the side of a patient in cardiac arrest and notice a small box under the skin of the chest. Where should the defibrillation pads on the cardiac monitor/defibrillator be placed?

- **A)** To the right of sternum at 2nd ICS and anterior axillary line at 5th ICS
- **B)** In an anterior-posterior position
- **C)** For patients with implanted pacers/defibrillators, pads may be placed in their normal position. The presence of implanted pacers/defibrillators should not delay defibrillation.
- **D)** Pads should be placed on the anterior and lateral aspects of the chest and can be moved slightly so they do not cover any portion of the device.

Question 32 of 107

What button on the Lucas is used to lock in the start position so that the plunger can't be adjusted further?

- **A)** On/off
- **B)** Adjust
- **C)** Pause
- **D)** Active

Question 33 of 107

Which of the following does not need to be verified prior to honoring a DNR?

- **A)** The form(s) must be an original North Carolina DNR form (yellow form - not a copy) and/or North Carolina MOST form (bright pink – not a copy)
- **B)** The effective date and expiration date must be completed and current or the "No expiration date" box must be checked
- **C)** The DNR a Form must be signed by the patient or medical power of attorney.
- **D)** The DNR and/or MOST Form must be signed by a physician, physician's assistant, or nurse practitioner.

Question 34 of 107

At a minimum, how many complete sets of vital signs must be obtained with every patient encounter?

- **A)** At least 2 for every patient.
- **B)** 2 for medical patients, 3 for trauma patients.
- **C)** 1 for refusal patients, 2 for all other patients.
- **D)** 3 for medical patients, 2 for trauma patinets.

Question 35 of 107

Which of the following statements about patient refusals is **true**?

- **A)** Refusals are high-risk situations. Patients should be encouraged to allow an assessment by EMS and transportation to a medical facility.
- **B)** There is no risk to the provider or the patient during patient refusal situations.
- **C)** You don't need to obtain a patient signature on a refusal form.
- **D)** A patient only needs to be conscious in order for them to refuse care.

Question 36 of 107

What should be assessed on every patient with an altered mental status?

- **A)** Blood glucose level
- **B)** End-tidal capnography
- **C)** Pedal pulses
- **D)** Orthostatic vital signs

Question 37 of 107

Which of the following patients would require a higher index of suspicion that they may be experiencing a life-threatening emergency?

- **A)** A 61-year-old male patient with back pain, signs of shock/poor perfusion, and diminished pedal pulses.
- **B)** A 22-year-old male with left sided flank pain, normal vital signs, and painful urination.
- **C)** A 35-year-old male with lower back pain after lifting a heavy box, normal vital signs, and no complaints of numbness/tingling.
- **D)** A 45-year-old male with lower back pain radiating down his right leg, and a history of sciatica.

Question 38 of 107

You are treating a patient who has been involved in an assault with facial trauma. The patient's only complaint is that his front teeth have been knocked out. You are able to locate 2 of the teeth on the ground beside the patient. What is your next course of action?

- **A)** Handling the tooth by the crown only, scrub the tooth with normal saline and transport in a lactated ringer's solution.
- **B)** Handling the tooth by the root only, rinse the tooth with normal saline and transport in a normal saline solution.
- **C)** Handling the tooth by the crown only, scrub the tooth with normal saline and transport in a piece of sterile gauze.
- **D)** Handling the tooth by the crown only, rinse the tooth with normal saline and transport in a normal saline solution.

Question 39 of 107

Which of the following sequence of events is appropriate for the treatment of epistaxis (without significant or multisystem trauma)?

- **A)** Compress nostrils with direct pressure, head tilt forward, suction active bleeding if needed, Afrin 2 sprays to the affected nostril, continue direct pressure
- **B)** Compress nostrils with direct pressure, head tilt back, suction active bleeding if needed, Afrin 2 sprays to the affected nostril, continue direct pressure
- **C)** Afrin 2 sprays to the affected nostril, pack nostril with hemostatic gauze, head tilt back, monitor, reassess
- **D)** Afrin 2 sprays to the affected nostril, head tilt forward, allow blood to drain from nose, suction oropharynx as needed, monitor, reassess

Question 40 of 107

You are treating a 10-year-old female (112 lbs.) for complaints of chills, body aches, and diarrhea. The patient has no medical history, no allergies, and takes no medications. Her vital signs are: BP 110/80 mmHg, HR 98 bpm, RR 14 breaths/min, Temp 103.1^{o}F. Which of the following would be included in your treatment plan for this patient?

- **A)** Tylenol 764 mg PO
- **B)** Tylenol 1,000 mg PO
- **C)** Tylenol 650 mg PO
- **D)** Tylenol 840 mg PO

Question 41 of 107

Which of the following statements is **TRUE** regarding patients in police custody?

- **A)** During transport, any patient who is handcuffed or restrained by law enforcement must be accompanied by an officer who is capable of removing the device.
- **B)** If a patient is handcuffed or restrained by law enforcement, the officer who is capable of removing the device may follow behind EMS in a patrol car while EMS is transporting the patient.
- **C)** If a patient is in police custody, all efforts should be made to have the patient ride with law enforcement officers to the hospital, rather than EMS.
- **D)** Law enforcement officers should dictate patient care and the treatments given by providers.

Question 42 of 107

You are treating a patient who was pepper sprayed in the eyes/face by law enforcement. The patient is not violent and is allowing you to treat them. What is the appropriate course of treatment for this patient?

- **A)** Remove contaminated clothing, transport the patient to the hospital, have patient stand in a decontamination shower for up to 30 minutes.
- **B)** Irrigate face and eyes continuously with milk to neutralize the pepper spray, remove contaminated clothing, monitor for at least 20 minutes for signs of respiratory distress.
- **C)** Wipe the patient's face with a dry cloth, allow them to spit out any remaining pepper spray in their mouth, irrigate with water continuously, and obtain an a patient refusal.
- **D)** Remove contaminated clothing, irrigate face and eyes continuously with copious amounts of water, monitor for at least 20 minutes for signs of respiratory distress.

Question 43 of 107

Which of the following pieces of information is critical to obtain on every patient who is suspected of having a stroke?

- **A)** Patient's social security number
- **B)** Patient's insurance information
- **C)** Time of last oral intake
- **D)** Time of last seen normal

Question 44 of 107

When treating a patient experiencing an acute stroke, which of the following would be the correct way to report the patient's last seen normal time?

- **A)** "Approximately 45 minutes ago."
- **B)** "18:35 today."
- **C)** "Right before he went to bed."
- **D)** "Right around the time his grandson got home from school."

Question 45 of 107

Which of the following patients would indicate a positive sepsis screen and require a Sepsis Alert?

- **A)** A 78-year-old female with BP 98/60 mmHg, HR 110 bpm, RR 22 breaths/min, and temp of 102.2^{o}F.
- **B)** A 16-year-old female with BP 112/80 mmHg, HR 98 bpm, RR 20 breaths/min, and temp 99.8^{o}F.
- **C)** An 86-year-old male with BP 130/90 mmHg, HR 86 bpm, RR 18 breaths/min, and temp 101.8^{o}F.
- **D)** A 6-year-old male with BP 84/40 mmHg, HR 120 bpm, RR 20 breaths/min, and temp 100.4^{o}F.

Question 46 of 107

You are on scene treating a 25-year-old male patient for a possible behavioral health crisis. The patient was initially calm, but is now agitated, yelling at providers, has clenched fists, and is standing in an aggressive stance. Which of the following is an appropriate response to this situation?

- **A)** Attempting verbal de-escalation. If the patient does not respond, withdraw from the scene and request law enforcement assistance.
- **B)** Telling the patient to "just calm down."
- **C)** Physically striking the patient before he can strike you.
- **D)** Telling your partner to restrain the patient while you sedate him.

Question 47 of 107

What medication would you give to an adult patient who is experiencing an allergic reaction with symptoms of itching/hives **only**?

- **A)** Benadryl 50 mg PO
- **B)** Benadryl 100 mg PO
- **C)** Epinephrine 1:1,000 0.15 mg IM
- **D)** Epinephrine 1:1,000 0.3 mg IM

Question 48 of 107

You are treating a 30-year-old female for an allergic reaction. The patient is pale, cool, and diaphoretic. She is complaining of throat tightness, difficulty breathing, itching/hives, and dizziness. What is your **FIRST** treatment for this patient?

- **A)** Benadryl 50 mg PO
- **B)** Benadryl 50 mg IM
- **C)** Epinephrine 1:1,000 0.3 mg IM
- **D)** Epinephrine 1:1,000 0.15 mg IM

Question 49 of 107

You are treating a patient with severe hemorrhage from their dialysis fistula. Which of the following treatment plans would **not** be appropriate for this patient?

- **A)** Control of hemorrhage with uninterrupted, direct pressure.
- **B)** Application of a tourniquet if bleeding cannot be controlled with uninterrupted, direct pressure.
- **C)** 500 mL Normal Saline bolus.
- **D)** Applying a light, non-bulky dressing to the area.

Question 50 of 107

Which of the following patients would you suspect of having a hypertensive crisis?

- **A)** A 30-year-old female with a blood pressure of 170/100 mmHg who has a history of hypertension, and complaints of a panic attack.
- **B)** A 50-year-old male with a blood pressure of 160/90 mmHg who is complaining of flank pain and a history of kidney stones.
- **C)** A 38-year-old female with a blood pressure of 180/100 mHg who is complaining of back pain after a fall.
- **D)** A 45-year-old male with a blood pressure of 220/120 mmHg who is complaining of chest pain.

Question 51 of 107

Which of the following is a troubleshooting technique to ensure that a high blood pressure reading is accurate?

- **A)** Ensuring the blood pressure cuff is an appropriate size for the patient's body habitus.
- **B)** Getting the patient to take a few deep breaths before taking their blood pressure.
- **C)** Taking an automated blood pressure reading rather than a manual one.
- **D)** Having the patient sit upright with their legs crossed.

Question 52 of 107

Which type of shock would you be most concerned about in a patient who is experiencing unilateral decreased breath sounds, hypotension, and tachycardia secondary to a penetrating chest trauma?

- **A)** Obstructive
- **B)** Cardiogenic
- **C)** Neurologic
- **D)** Distributive

Question 53 of 107

Which of the following measurement devices is mandatory following the placement of an endotracheal tube or a BIAD (once available on scene)?

- **A)** End-tidal capnography (EtCO2) monitoring
- **B)** SpO2
- **C)** Glucometer
- **D)** 3-Lead ECG

Question 54 of 107

What is the minimum goal SpO2 measurement when providing a patient with supplemental oxygen?

- **A)** 92%
- **B)** 94%
- **C)** 100%
- **D)** 80%

Question 55 of 107

Which of the following pieces of information is most important to know when treating a patient who has ingested a harmful substance?

- **A)** The patient's phone number
- **B)** The patient's insurance information
- **C)** Where the substance was ingested
- **D)** The time of ingestion

Question 56 of 107

You are treating an adult patient who is found unresponsive in the driver's seat of a parked vehicle. The patient has agonal respirations and his pupils are 2mm and sluggish. The patient has a strong carotid pulse. Which of the following would be included in your treatment for this patient?

- **A)** Narcan 0.4 mg IM/IN, repeat until patient regains consciousness.
- **B)** Narcan 0.4-2 mg IM/IN, repeat if needed until patient's ventilations and oxygenation improve.
- **C)** Epinephrine 1:1,000 0.3 mg IM
- **D)** Aspirin 325 mg PO (chewed)

Question 57 of 107

Which of the following is **not** indicated for a choking patient?

- **A)** Blind finger sweeps
- **B)** Back blows
- **C)** Chest thrusts
- **D)** CPR

Question 58 of 107

Where can you collect blood from for a blood glucose analysis?

- **A)** Fingertip stick only
- **B)** Fingertip stick and intravenous access
- **C)** Earlobe stick only
- **D)** Fingertip stick or earlobe stick

Question 59 of 107

Which of the following factors can affect the reliability of the pulse oximeter reading?

- **A)** Poor peripheral circulation (blood volume, hypotension, hypothermia)
- **B)** Fingernail polish
- **C)** Irregular heart rhythms
- **D)** All of the other answer choices are correct

Question 60 of 107

What change in vital signs are needed to determine if the patient has orthostatic vital sign changes?

- **A)** A fall in systolic blood pressure of more than 30 mmHg or a rise in pulse rate more than 20 bpm.
- **B)** A rise in systolic blood pressure of more than 30 mmHg or a fall in pulse more than 20 bpm.
- **C)** Any rise in heart rate when going from sitting to standing.
- **D)** A rise in EtCO2 to approximately 40-45 mmHg.

Question 61 of 107

When performing verbal de-escalation, which of the following would be **incorrect**?

- **A)** Crossing your arms across your chest and regularly interrupting the patient when they speak.
- **B)** Establishing rapport with the patient and emphasizing that you are there to keep them safe.
- **C)** Demonstrating the patient's need for personal space by maintaining approximately 6 feet of distance between you and the patient.
- **D)** Offering realistic, comforting choices to the patient, such as giving them a blanket.

Question 62 of 107

When should the MEND Prehospital Stroke Assessment be performed?

- **A)** Only patients that are suspected of having a Large Vessel Occlusion (LVO) stroke.
- **B)** Any patient that is suspected of having a stroke.
- **C)** Patients that are suspected of having a stroke, but are outside of the treatment window.
- **D)** Patient with an abnormal stroke presentation.

Question 63 of 107

When should you perform the FAST-ED Prehospital Stroke Screen?

- **A)** Whenever the patient is experiencing abnormal stroke symptoms.
- **B)** Whenever you do not have time to perform the MEND exam.
- **C)** Whenever the patient is outside of the treatment window for an acute stroke.
- **D)** In conjunction with the MEND stroke exam to determine if the patient is experiencing a large vessel occlusion (LVO).

Question 64 of 107

How many providers are preferred in order to apply physical restraints to a patient?

- **A)** 3-6
- **B)** 10
- **C)** 2
- **D)** 1

Question 65 of 107

What is the process of providing general scene rehabilitation?

- **A)** Log personnel into the general rehabilitation section, assess vital signs, treat heat or cold stress with active cooling or warming measures, rehydrate responder, reassess responder after 20 minutes.
- **B)** Log personnel into the general rehabilitation section, assess vital signs, release responder based on vital signs.

Question 66 of 107

How much oral fluid should a responder consume when they are checked into scene rehabilitation and under heat or cold stress?

- **A)** 50-100 ounces
- **B)** 60-90 ounces
- **C)** 12-32 ounces
- **D)** 8-12 ounces

Question 67 of 107

You arrive on scene for a patient that is 36 weeks pregnant, and is having “the urge to push”. After gaining history, what should you do?

- **A)** Check for crowning
- **B)** Grab your OB kit and start preparing for birth
- **C)** Make a decision to stay and deliver or to load up and transport
- **D)** All answers are correct

Question 68 of 107

While assessing your pregnant patient, you check for crowning and see the umbilical cord coming out from the vaginal opening, you should:

- **A)** Cover the cord with a sterile dressing
- **B)** Place patient on stretcher with hips elevated, knees to chest, initiate transport
- **C)** Insert gloved fingers into the vagina to relieve pressure on the cord
- **D)** All answers are correct

Question 69 of 107

While delivering a baby in a residence, you notice the baby’s bottom is delivering first, you should:

- **A)** Encourage mother not to push and initiate transport.
- **B)** Have mother push as hard as she can to get the baby to pass through.
- **C)** Perform an emergent episiotomy to clear the path for delivery.
- **D)** Have mother get in a bathtub as water helps with a breech birth.

Question 70 of 107

Once the baby is born, you should wait for the umbilical cord to stop pulsating and then cut the cord. Where should you place the clamps?

- **A)** Place first clamp about 3 cm from the infant's abdomen and second clamp about 3 cm away from first clamp.
- **B)** Place first clamp about 7.5 cm from the infant's abdomen and second clamp about 2.5 cm away from first clamp.
- **C)** Place first clamp about 10 cm from the infant's abdomen and second clamp about 5 cm away from first clamp.
- **D)** Place first clamp about 5 cm from the infant's abdomen and second clamp about 10 cm away from first clamp.

Question 71 of 107

You have just delivered a baby, you note that the baby is non-vigorous and the Heart Rate is <60, you begin chest compressions. Your ratios of compressions to ventilations are:

- **A)** 15:2
- **B)** 3:1
- **C)** 30:2
- **D)** 10:3

Question 72 of 107

APGAR should be checked and noted at 1 min and 5 mins after birth. APGAR stands for:

- **A)** Appearance, Pulse, Greatness, Activity, Reputation
- **B)** Approach, Position, Gravity, Activity, Reaction
- **C)** Appearance, Position, Gravity, Action, Respirations
- **D)** Appearance, Pulse, Grimace, Activity, Respiration

Question 73 of 107

You have just delivered a baby that has a heart rate <100/min, but above 60. You should:

- **A)** Start CPR and place patient on an AED
- **B)** Position and clear airway if necessary; begin oxygenating patient with BVM.
- **C)** Shake baby and give baby instructions to help improve breathing.
- **D)** Place the baby on CPAP, but lower the settings so you don't over inflate the lungs.

Question 74 of 107

You have determined that your 6-year-old male patient has ineffective breathing, what should you attempt prior to moving on to a more advanced procedures?

- **A)** O2 via nasal cannula is all that is required
- **B)** Perform a CPAP procedure
- **C)** Start with a King airway
- **D)** You should perform basic maneuvers first, such as reposition the airway, use airway adjuncts.

Question 75 of 107

Your ventilation rate for a Neonate is ___, your ventilation rate for a toddler is ___?

- **A)** 30; 25
- **B)** 20; 15
- **C)** 12; 10
- **D)** 5; 6

Question 76 of 107

You are treating a 14-year-old patient with a history of asthma. You can hear wheezing in all lung fields. The patient has a prescription for albuterol but is out. You should begin with a treatment of:

- **A)** Albuterol 2.5mg and Atrovent 1.5mg, nebulized
- **B)** Albuterol 2.5mg, nebulized
- **C)** Atrovent 0.5mg, nebulized
- **D)** Albuterol, continuous

Question 77 of 107

During your resuscitative efforts for a 12-year-old female patient in cardiac arrest, if you do not have an advanced airway in place, what is your compression to ventilation ratio?

- **A)** 15:2
- **B)** 30:2
- **C)** 3:1
- **D)** Every 3 seconds

Question 78 of 107

You're performing CPR on a 7-year-old male patient in Cardiac Arrest, your compression rate and depth of compression should be:

- **A)** 130-150; 1.5 inches
- **B)** 100-120; 2 inches
- **C)** 80-100; 2 inches
- **D)** 150; 2.5 inches

Question 79 of 107

You(as an EMT provider) realize your 7-year-old male patient in Cardiac Arrest is in arrest secondary to an Opioid OD, your treatment option will include:

- **A)** Naloxone 6mg IN/IM
- **B)** Epi .15 mg IM
- **C)** Naloxone 0.1 mg/kg IN
- **D)** Ondansetron 0.2 mg/kg IN

Question 80 of 107

If you have an advanced airway in place with a patient that is < 1 year, you would give __ breath every __ seconds with continuous, uninterrupted compressions.

- **A)** 1; 3
- **B)** 2; 3
- **C)** 3; 2
- **D)** 1; 2

Question 81 of 107

If you have an advanced airway in place with a patient that is ≥ 1 year, you would give __ breath every __ seconds with continuous, uninterrupted compressions.

- **A)** 1; 3
- **B)** 2; 3
- **C)** 3; 2
- **D)** 1; 2

Question 82 of 107

1. You gain ROSC on a pediatric patient after 3 mins of CPR, what is your ideal ETCO2 to maintain your patient at?

- **A)** 35-45 mmHg
- **B)** 40-50 mmHg
- **C)** 30-40 mmHg
- **D)** 25-35 mmHg

Question 83 of 107

Your patient is an 8-year-old male patient that weighs 40kg, he was stung by a bee and is now experiencing hives and wheezing. What is your first line medication and dose for this patient?

- **A)** Diphenhydramine 1mg/kg PO
- **B)** Albuterol Nebulizer 2.5mg
- **C)** Epinephrine 1:1000 0.3mg IM
- **D)** Epinephrine 1:1000 0.15mg IM

Question 84 of 107

You are treating a 6-year-old, 28kg patient presenting with hives after eating a PB&J sandwich. What would you treat this patient with?

- **A)** Epi 1:1000 0.3 mg IM
- **B)** Diphenhydramine 1 mg/kg PO
- **C)** Albuterol 2.5 mg nebulized
- **D)** Diphenhydramine 50mg PO

Question 85 of 107

When treating a patient for an allergic reaction requiring Epi 1:1000, what determines whether you give the adult dose or the pediatric dose?

- **A)** ≥49kg adult dose, <49kg pediatric dose
- **B)** ≥25kg adult dose, <25kg pediatric dose
- **C)** ≥30kg adult dose, <30kg pediatric dose
- **D)** 15 and above-adult dose, 14 and under pediatric dose

Question 86 of 107

To give oral glucose to a pediatric patient, what criteria would you use to determine if that route is acceptable?

- **A)** Pt has the ability to swallow and protect their own airway
- **B)** Pt is able to open their eyes
- **C)** The patient is not alert
- **D)** Oral Glucose is contraindicated for pediatric patients

Question 87 of 107

When delivering a baby, once the head is delivered, you should sweep your fingers around the babies neck. What are you checking for?

- **A)** Nuchal Cord
- **B)** Cord Prolapse
- **C)** Meconium Staining
- **D)** Crowning

Question 88 of 107

The general definition of what constitutes a pediatric patient for weight based medications is:

- **A)** Length-based Resuscitation Tape, age less than or equal to 15, or weight less than or equal to 49kg
- **B)** Under 21 years of age
- **C)** Anyone that looks like an adult should be considered an adult
- **D)** Less than or equal to the age of 12, regardless of anything else

Question 89 of 107

A patient that has had chemical spray (i.e. pepper spray) used on them should be monitored for _____ post exposure, as it may take this long for respiratory symptoms to develop?

- **A)** 35min
- **B)** 60min
- **C)** 5-10min
- **D)** 20min

Question 90 of 107

For Spinal Motion Restriction, we use the acronym NSAIDS: Neuro, Significant mechanism, Alertness, Intoxication, Distracting injury, _____, What does the second S stand for?

- **A)** Skull Injury
- **B)** Skin Evaluation
- **C)** Sphincter Tone
- **D)** Spinal Exam

Question 91 of 107

For a chemical burn to the eye(s), how long should you irrigate the eye(s)?

- **A)** 1hr
- **B)** 3-4min
- **C)** at least 30min
- **D)** not at all

Question 92 of 107

If normal saline or sterile water is not available for irrigation in chemical burns, you may use_____.

- **A)** Nothing else
- **B)** Tap water
- **C)** Dirt
- **D)** Baking soda

Question 93 of 107

You have a patient showing signs of brain herniation (hypertension, bradycardia, slow/irreg. respirations), you have placed an advanced airway, but you don't immediately have access to capnography, what should your ventilation rate be?

- **A)** 35-45 breaths/min. Significant hyperventilation is recommended in head injury patients.
- **B)** 25-30 breaths/min. Hyperventilation is recommended in head injury patients
- **C)** 8-10 breaths/min. We perform controlled hyperventilation for head injury patients
- **D)** 10-12 breaths/min. We do not hyperventilate head injury patients

Question 94 of 107

You are on the scene of a multiple patient incident. You are triaging an adult male who cannot walk and has a respiratory rate <30, and cap refill >3 seconds, what color triage tag would you place on this patient.

- **A)** Green
- **B)** Yellow
- **C)** Red
- **D)** Black

Question 95 of 107

The best method of protection from radiation sources are:

- **A)** Time-exposed, Distance-from, Shielding-from source
- **B)** Run-Hide-Fight
- **C)** Good fitness, Immunizations, Strong sense of smell
- **D)** Airway, Breathing, Circulation

Question 96 of 107

Trendelenburg position is not recommended in the head trauma patient because:

- **A)** It is a recommendation in head trauma
- **B)** It causes compartment syndrome
- **C)** It may increases Intracranial Pressure and worsens blood pressure.
- **D)** It will cause a conscious patient to go unresponsive.

Question 97 of 107

When considering that an electrical conduction device, such as a Taser, has been deployed on a subject and the barbs are embedded in their skin; when should they be transported and the barbs not removed?

- **A)** You should always remove the barbed probes, regardless of location of embedment
- **B)** When the probes are embedded above the level of the clavicles, female breasts or genitalia
- **C)** When you have a suspicion that the probe may be in bone, blood vessels or sensitive structures
- **D)** Both answers indicating probes embedded above the clavicles and in bone are correct.

Question 98 of 107

Which are examples of appropriate times for you to use a tourniquet?

- **A)** Life threatening extremity hemorrhage that is not able to be controlled by direct pressure
- **B)** Junctional hemorrhage controlled with direct pressure
- **C)** Serious extremity hemorrhage where tactical considerations prevent the use of standard hemorrhage control techniques
- **D)** All answers except junctional hemorrhage are correct.

Question 99 of 107

You are transporting a pregnant trauma patient that has been fully immobilized. She advises she is roughly 21 weeks pregnant, fundus appearing to be above umbilicus. You make sure she is placed in what position?

- **A)** Supine
- **B)** Left lateral recumbent, at 10-20 degree elevation
- **C)** Right lateral recumbent at 90 degrees
- **D)** Have patient do a lateral displacement of the fundus

Question 100 of 107

When on a scene with multiple casualties, the concept of reverse triage is used with what types of patients?

- **A)** Drowning
- **B)** Lightning strike
- **C)** Shooting
- **D)** Burns

Question 101 of 107

Which severity level of hyperthermia includes elevated body temperature, cool/moist skin, weakness, anxious, and/or tachycardia

- **A)** Heat Rash
- **B)** Heat Cramps
- **C)** Heat Exhaustion
- **D)** Heat Stroke

Question 102 of 107

With a localized frostbite injury, we do **NOT** want to do what?

- **A)** Rub the skin to warm it
- **B)** Massage the skin
- **C)** Allow refreezing when thawed
- **D)** All answers are correct

Question 103 of 107

When a patient is being ventilated, what is the target EtCO2 reading?

- **A)** 30-35mmHg
- **B)** 35-45mmHg
- **C)** 30-40mmHg
- **D)** 30-45mmHg

Question 104 of 107

All of the following are passive warming measures except which one?

- **A)** Remove cold/wet clothing
- **B)** Dry and cover with a blanket
- **C)** Move to a warm environment
- **D)** Applying hot packs to groin and axilla

Question 105 of 107

You are treating an adult patient that has ineffective breathing and pinpoint pupils. What is the medication and dose that you are using to treat the patient?

- **A)** Narcan, 0.4-4mg IN/IM max single dose
- **B)** Narcan, 0.4-2mg IN/IM max single dose, may repeat to 4mg max total dose
- **C)** Glucagon, 2mg IM
- **D)** Acetaminophen, 650mg PO

Question 106 of 107

The only time a penetrating trauma to the head, torso, or back needs to be spinally immobilized is:

- **A)** always immobilize a penetrating trauma
- **B)** You never have to immobilize
- **C)** If they are in cardiac arrest
- **D)** When there is evidence of spinal injury

Question 107 of 107

Applying ice is contraindicated in which type of bite?

- **A)** Snake
- **B)** Dog
- **C)** Spider
- **D)** Bee/Wasp