



Paramedic Study Guide
2003

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1. ACUTE ABD 001

Solid organs in the abdominal cavity and retroperitoneal space include the:

- A. Liver, spleen, and pancreas.
- B. Liver, pancreas, and gallbladder
- C. Spleen, pancreas, and gallbladder
- D. Pancreas, intestines, and colon

2. ACUTE ABD 002

Hollow organs in the abdominal cavity and retroperitoneal space include the:

- A. Stomach, intestines, and gallbladder.
- B. Pancreas, gallbladder, and intestines.
- C. Stomach, liver, and intestines.
- D. Pancreas, gallbladder, and stomach.

3. ACUTE ABD 003

An obese 42-year-old female presents with upper right quadrant abdominal pain which worsens after meals.

The most likely assessment should be:

- A. Cholecystitis.
- B. Appendicitis.
- C. Aortic aneurysm.
- D. Abdominal trauma.

4. ACUTE ABD 004

An elderly patient complaining of acute, severe LLQ pain and nausea, tells you he has never had any abdominal complaints before today. He has a fever of 102° F. Of the following choices, which is the most likely the cause of his problem?

- A. Gastritis.
- B. Cholecystitis.
- C. Diverticulitis.
- D. Pancreatitis.

5. ACUTE ABD 005

All of the following disease processes are associated with non-hemorrhagic abdominal pain EXCEPT:

- A. Ovarian cysts.
- B. Esophageal varices.
- C. Pelvic inflammatory disease.
- D. Gastritis.

6. ACUTE ABD 007

The medical history of a 65-year-old male reveals long-term NSAID use for sore joints. He describes his stomach pain as burning or gnawing discomfort in the epigastric region which is improved following meals or by taking antacids. These symptoms and history suggest:

- A. Stomach cancer.
- B. Peptic ulcer.
- C. Colitis.
- D. Esophageal varices.

7. ACUTE ABD 008
A 58-year-old female patient has a history of hypertension and alcoholic liver cirrhosis. Her chief complaint today includes abdominal pain with nausea and vomiting of bright red blood. You suspect:
- A. Acute diverticulosis.
 - B. Ruptured abdominal aortic aneurysm.
 - C. Ruptured esophageal varices.
 - D. Exacerbation of a peptic ulcer.
8. ACUTE ABD 010
Which of the following questions is LEAST helpful in assessing abdominal pain?
- A. Is the pain aggravated while eating?
 - B. Is the pain relieved by drinking milk?
 - C. Is there diarrhea?
 - D. Is there nausea or vomiting?
9. ACUTE ABD 012
A patient complaining of abdominal pain should be asked specific questions regarding his pain before an attempt is made to palpate the abdomen. When a patient can point to the exact site with his finger, a well-localized disease process is in progress, abdominal palpation should begin:
- A. Farthest from the site indicated by the patient.
 - B. At the site where pain is occurring.
 - C. Superior or inferior to the site of the pain.
 - D. Opposite the site indicated by the patient.
10. ACUTE ABD 013
A patient with peritoneal inflammation often presents with:
- A. Bradycardia.
 - B. Hematuria.
 - C. Vomiting.
 - D. Hematemesis.
11. ACUTE ABD 014
A patient with generalized inflammation in the abdomen usually presents with all of the following EXCEPT:
- A. Rigid abdomen.
 - B. Tachycardia.
 - C. Hematemesis.
 - D. Orthostatic hypotension.
12. ACUTE ABD 015
An elderly patient presents with nausea, hematemesis, melena, and hypotension. Your most likely assessment is:
- A. Diverticulosis.
 - B. Viral gastroenteritis.
 - C. Lower GI bleed.
 - D. Upper GI bleed.

13. ACUTE ABD 016
A 35-year-old female awoke in the night and noticed bright red rectal bleeding. She presents with tachycardia and hypotension. Your most likely assessment is:
- A. Perforated stomach ulcer.
 - B. Lower GI bleed.
 - C. Hemorrhoids.
 - D. Diverticulitis.
14. ACUTE ABD 017
Your 81-year-old patient complains of a sudden onset of severe, constant pain in his abdomen which radiates to his lower back. Femoral pulses are weak, and you palpate a pulsating mass in his abdomen. If possible, to ensure the best outcome this patient should be taken to the nearest hospital that can provide:
- A. In-hospital surgeons and anesthesia.
 - B. Chaplain services.
 - C. Ultrasound capability.
 - D. A CT scanner in service.
15. ACUTE ABD 018
A 29-year-old female is complaining of a gradual onset of a cramping type abdominal pain. She describes the pain as localized around the umbilicus initially, and most intense in the lower right quadrant. She tells you she feels a little nauseous and has no appetite. You suspect:
- A. Gastritis.
 - B. Appendicitis.
 - C. Cholecystitis.
 - D. Diverticulitis.
16. ACUTE ABD 020
All of the following are appropriate management tools for the patient with abdominal pain EXCEPT:
- A. IV balanced salt solution.
 - B. Morphine sulfate.
 - C. Oxygen administration.
 - D. ECG monitoring.
17. ACUTE ABD 021
Which of the following is LEAST likely to result in acute renal failure?
- A. Genitourinary infection.
 - B. Severe trauma to the kidneys.
 - C. Abuse of alcohol.
 - D. A high dose of IV vasopressors.
18. ACUTE ABD 022
Chronic renal failure is usually:
- A. Not reversible.
 - B. Of sudden onset.
 - C. Associated with increased urinary output.
 - D. Hereditary.

19. ACUTE ABD 024
A 21-year-old female presents with fever, dysuria, and lower abdominal pain. Your most likely assessment is:
- A. Kidney stone.
 - B. Ovarian cyst.
 - C. Severe dehydration.
 - D. Urinary tract infection.
20. ACUTE ABD 025
A 68-year-old female with a history of hypertension complains of vomiting, dizziness, and oliguria. She tells you she is due for dialysis and is thirsty. Your most likely assessment should be:
- A. Hepatomegaly.
 - B. Renal failure.
 - C. Hypoglycemia.
 - D. Dehydration.
21. ACUTE ABD 026
Initial signs and symptoms of renal failure include:
- A. Hypokalemia and generalized edema.
 - B. Hypomagnesemia and hypertension.
 - C. Pulmonary edema and signs of heart failure.
 - D. Jaundice and ascites.
22. ACUTE ABD 028
Which of the following is the LEAST appropriate out-of-hospital intervention for a dialysis patient?
- A. Administration of high flow oxygen..
 - B. Administration of a fluid challenge
 - C. Transport to an appropriate facility.
 - D. Monitoring of cardiac rhythm.
23. ACUTE ABD 029
Which of the following is the classic presenting symptom for a patient with renal calculi (kidney stone)?
- A. An acute onset of flank pain radiating to the groin.
 - B. A gradual onset of flank pain.
 - C. An acute onset of abdominal pain radiating to the back.
 - D. A gradual onset of retro-peritoneal pain.
24. ACUTE ABD 030
A 32-year-old male experienced an abrupt onset of severe, colicky flank pain on his right side radiating into the testicle, which woke him up. He says he is nauseous. His skin is cool, pale, and clammy, and he is unable to sit still. He is most likely suffering from:
- A. Pancreatitis.
 - B. A kidney stone.
 - C. A gall stone.
 - D. Testicular torsion.

25. ACUTE ABD 032
A 49-year-old female who has just completed hemodialysis complains of sudden dyspnea with peripheral cyanosis. She is hypotensive, tachycardic, tachypneic and barely able to tell you she has sharp chest pain. Her skin is cool, pale, and diaphoretic. This patient is most likely suffering from:
- A. Pneumothorax.
 - B. Congestive heart failure.
 - C. An exacerbation of asthma.
 - D. An air embolus.
26. ACUTE ABD 034
A 46-year-old female dialysis patient has an implanted vascular access device (VAD). Her family called 9-1-1 because it is Sunday, and they noticed her VAD site is swollen, red and draining. The patient presents with fever, generalized weakness and body aches. Before transport to a hospital, your treatment should include:
- A. IV access using the VAD for fluid administration.
 - B. Flushing the VAD with heparin or saline solution.
 - C. Application of a sterile dressing.
 - D. Dislodging a clot if present.
27. ACUTE ABD 035
Any patient with a history of renal failure who is in cardiac arrest should be suspected of having severe:
- A. Seizure activity, and should receive Valium and dextrose 50% during resuscitation.
 - B. Uremia, and should receive Ringer's lactate and nasogastric tube placement during resuscitation.
 - C. Hemorrhage, and should receive fluids and pneumatic anti-shock garment during resuscitation.
 - D. Hyperkalemia, and should receive calcium and sodium bicarbonate during resuscitation.
28. AIRWAY 001
A contraindication to endotracheal tube placement is when the:
- A. Glottic opening cannot be visualized.
 - B. Patient has laryngospasms.
 - C. Patient has had a laryngotracheotomy.
 - D. Patient is conscious and has adequate respirations.
29. AIRWAY 002
All of the following are potential complications of nasotracheal intubation, EXCEPT:
- A. Epistaxis.
 - B. Fracture of the cribriform plate.
 - C. Vocal cord injury.
 - D. Retropharyngeal laceration.
30. AIRWAY 003
Which statement below is true regarding nasotracheal intubation?
- A. Suction catheters will encounter an unusual resistance during suctioning.
 - B. It is usually recommended over oral intubation in children.
 - C. It can be a useful technique for the conscious patient.
 - D. The angle of the tube in the nasopharynx prevents passage of suction catheters.

31. AIRWAY 004
All of the following are advantages of using a pocket mask over a bag-valve-mask, EXCEPT:
- A. With supplemental oxygen 80-90% oxygen can be provided.
 - B. There is increased ease in maintaining a mask-to-face seal.
 - C. A single rescuer can maintain spinal stabilization while ventilations are performed.
 - D. Higher tidal volume can be obtained using a pocket mask.
32. AIRWAY 005
The LEAST invasive way to secure a patient's airway when intubation is unsuccessful is to:
- A. Perform a needle cricothyrotomy.
 - B. Provide continuous suctioning of the airway.
 - C. Place an pharyngeal esophageal airway device.
 - D. Place a nasogastric tube.
33. AIRWAY 006
Which one of the following statements is FALSE with respect to paramedic continuing education?
- A. Everyone is subject to decay of knowledge and skills.
 - B. Continuing education prevents occupational burn-out.
 - C. Continuing education contributes to assurance that quality patient care is being delivered.
 - D. As the volume of calls decreases, training should correspondingly increase.
34. AIRWAY 007
Paramedic skills may deteriorate over the course of time because skills learned during the initial course may:
- A. Be outdated.
 - B. Not have been mastered.
 - C. Be taught improperly.
 - D. Be infrequently used.
35. AIRWAY 008
For which of the following patients would rapid sequence intubation be the next intervention of choice?
- A. An unresponsive victim of head and chest trauma with clenched teeth.
 - B. A conscious CHF patient in extreme respiratory distress and a PO₂ = 89.
 - C. An overdose patient who is confused and combative.
 - D. A pediatric patient in status seizure with clenched teeth.
36. AIRWAY 009
Correct placement of the endotracheal tube in an adult is confirmed by:
- A. The appearance of gastric contents in the endotracheal tube when managing the airway of a patient known to have aspirated.
 - B. An increase in heart rate.
 - C. Checking lung fields for equal and bilateral lung sounds.
 - D. Passing a nasogastric tube to decompress the stomach and prevent further distention.

37. AIRWAY 010
Following intubation with an endotracheal tube, the paramedic is able to auscultate breath sounds only on the right side. The next step is to:
- A. Advance the tube a few centimeters.
 - B. Secure the tube and ventilate.
 - C. Withdraw the tube completely.
 - D. Withdraw the tube a few centimeters.
38. AIRWAY 011
You are intubating a patient using a MacIntosh blade. This type of blade is designed to have the tip of the blade placed into the:
- A. Oropharynx.
 - B. Vallecula.
 - C. Epiglottis.
 - D. Glottis.
39. AIRWAY 012
The primary reason for inflating the cuff during endotracheal intubation in an adult patient is to:
- A. Stabilize the tube.
 - B. Decrease gastric distention.
 - C. Allow for tracheal suctioning.
 - D. Prevent aspiration.
40. AIRWAY 013
The primary reason for performing the Sellick maneuver during endotracheal intubation is to:
- A. Prevent regurgitation.
 - B. Decrease dead air space.
 - C. Avoid having to hyperextend the neck.
 - D. Make intubation easier.
41. ANAPHYLAXIS 001
A 46-year-old male is having difficulty breathing, is diaphoretic, and complains of tightness in his chest. Upon your arrival his level of consciousness is decreased. Which one of the following is LEAST likely to be the cause of his signs and symptoms?
- A. Myocardial infarction.
 - B. Severe asthma attack.
 - C. Hypoglycemia.
 - D. Spontaneous pneumothorax.
42. ANAPHYLAXIS 002
You suspect your patient is having an anaphylactic reaction to a recent ingestion of peanut butter. Her wheezing is caused by:
- A. Bronchospasm.
 - B. Coughing.
 - C. Foreign body airway obstruction.
 - D. Hives.

43. ANAPHYLAXIS 003
While visiting a horse barn a young girl was exposed to horse dander. She says that almost immediately she felt like she was "choking". Your examination reveals inspiratory stridor, tachycardia, wheezing, dyspnea, bronchospasm and hemoptysis. Immediate intervention is required because:
- A. Shock is the primary cause of death in status asthmaticus.
 - B. Vascular collapse is the primary cause of death in anaphylaxis.
 - C. Airway obstruction is the primary cause of death in anaphylaxis.
 - D. Cardiac dysrhythmias are the primary cause of death in status asthmaticus.
44. ANAPHYLAXIS 004
Your patient was stung by a bee. She is very agitated and shows all of the symptoms associated with anaphylaxis. She tells you she thinks she is going to die. While you begin to treat her symptoms, she deteriorates further, exhibiting loss of consciousness and seizure activity. This progression is due to:
- A. Hypoxia.
 - B. Hyperventilation and severe anxiety.
 - C. Pseudoseizures.
 - D. Venom being neurotoxic causing seizures.
45. ANAPHYLAXIS 007
Which of the following gastrointestinal tract signs/symptoms would you most expect in a patient suffering from anaphylaxis?
- A. Nausea/vomiting and abdominal pain.
 - B. Diarrhea with melena.
 - C. Increased bowel sounds and belching.
 - D. Abdominal distention and constipation.
46. ANAPHYLAXIS 011
Signs and symptoms of anaphylaxis include:
- A. Stridor, bronchospasm, accessory muscle use.
 - B. Rales, wheezing, jugular venous distention.
 - C. Rales, rhonchi, tracheal deviation.
 - D. Stridor, rhinorrhea, sacral edema.
47. ANAPHYLAXIS 012
Cardiovascular signs and symptoms of anaphylaxis include:
- A. Bradycardia, hypertension, jugular venous distention.
 - B. Tachycardia, hypertension, jugular venous distention.
 - C. Tachycardia, hypotension, dysrhythmias.
 - D. Bradycardia, hypotension, increased peripheral resistance.
48. ANAPHYLAXIS 013
A common sign/symptom of cardiovascular compromise in anaphylaxis is:
- A. Hypotension.
 - B. Diaphoresis.
 - C. Hypertension.
 - D. Bradycardia.

49. ANAPHYLAXIS 014
A patient you are treating for severe anaphylaxis has a seizure. This progression is most likely due to:
A. Marked urticaria and pruritus.
B. Hypoxia and shock.
C. Pulmonary vasodilation and cardiac ischemia.
D. Histamine release and urticaria.
50. ANAPHYLAXIS 017
A common sign/symptom of integumentary system involvement in anaphylaxis is:
A. Varicella..
B. Purpura.
C. Ecchymosis.
D. Erythema
51. ANAPHYLAXIS 018
In a patient with anaphylaxis, the LEAST likely integumentary system sign is:
A. Petechiae.
B. Mottling.
C. Angioedema.
D. Hives.
52. ANAPHYLAXIS 020
In the treatment of anaphylaxis, an agent which blocks the harmful effects of histamine is:
A. Methylprednisolone (Solu-Medrol).
B. Aminophylline.
C. Racemic ephedrine (MicroNEFRIN).
D. Diphenhydramine (Benadryl)
53. ANAPHYLAXIS 021
A 23-year-old female was skiing when she suddenly stopped in distress. You arrive to find her having difficulty breathing, with audible wheezing. She is tachycardic and complains that her chest feels tight. In 3-4 word sentences she tells you that she is allergic to some food additives and just finished lunch. You provide ventilatory support and administer:
A. 0.1 - 0.2 ml., 1:10,000 epinephrine subcutaneously.
B. 0.3 - 0.5 ml., 1:1000 epinephrine subcutaneously.
C. 0.3 - 0.5 ml., 1:10,000 epinephrine intravenously.
D. 0.1 - 0.2 ml., 1:1000 epinephrine intravenously.
54. ANAPHYLAXIS 022
A 32-year-old male with a history of asthma was stung on the arm by a yellow jacket. You find him unresponsive and hypotensive, with diminished breath sounds. You provide ventilatory support and immediately administer:
A. Subcutaneous epinephrine 1:1000..
B. Intravenous epinephrine 1:1000.
C. Intravenous epinephrine 1:10,000
D. Subcutaneous epinephrine 1:10,000.

55. ASSESSMENT 001
When initiating patient care, the EMT must rapidly identify the chief complaint, establish which problems require immediate management, and obtain information about the patient which may not be readily available later at the hospital. These are all critical components of patient:
- A. Assessment.
 - B. Prioritizing.
 - C. Treatment.
 - D. Triage.
56. ASSESSMENT 002
Observation of the environment, patient, and condition is called _____, whereas providing field interventions based on your findings is called _____:
- A. Mechanism of injury or illness/ action.
 - B. An assessment/ treatment or management.
 - C. Prioritizing/ following protocols.
 - D. Signs and symptoms/ intervention.
57. ASSESSMENT 003
Your partner is having a difficult time placing an endotracheal tube in a 12-year-old drowning victim. The most likely cause is:
- A. Pulmonary edema.
 - B. The temperature of the water.
 - C. A large amount of water in the lungs.
 - D. Laryngospasm.
58. ASSESSMENT 004
You are called to assist an anxious 58-year-old male complaining of an uncontrollable nose bleed. Conventional methods to stop the bleed are unsuccessful. This is suggestive of a bleed which originates in the:
- A. Posterior nasopharynx requiring rapid transport to a hospital.
 - B. Nasal mucous membranes requiring packing the nose with pressure dressings.
 - C. Cribriform plate requiring surgery.
 - D. Anterior nasopharynx requiring alleviation of his apprehension to control the bleeding.
59. ASSESSMENT 005
An anxious 58-year-old man complains of a sore throat and difficulty swallowing. He has no pertinent medical history. He is leaning forward in his chair and drooling. His temperature is 101o F., respiratory rate 22, lung sounds clear, and blood pressure 190/94. These signs and symptoms are suggestive of:
- A. Laryngotracheobronchitis.
 - B. Pneumonia.
 - C. Epiglottitis.
 - D. Bronchitis.

60. ASSESSMENT 006
A 63-year-old female has been stung by a bee and is having a severe allergic reaction manifested by extreme difficulty with breathing. You suspect this is due to:
- A. Tracheal deviation.
 - B. Esophageal varices.
 - C. Nasopharyngeal spasm.
 - D. Laryngeal edema.
61. ASSESSMENT 007
A 23-year-old male is suffering from fractured ribs sustained while playing baseball. Following oxygenation, he has progressive shortness of breath, absence of breath sounds on the affected side, cyanosis and hypotension. Your next treatment should be:
- A. Positive pressure ventilation.
 - B. Needle chest decompression.
 - C. Cardiopulmonary resuscitation.
 - D. Immediate application of PASG.
62. ASSESSMENT 008
During airway management, pathological obstructions of the nares can preclude the use of a/an:
- A. Pharyngeal esophageal airway device.
 - B. Oropharyngeal airway.
 - C. Nasal cannula.
 - D. Nasopharyngeal airway.
63. ASSESSMENT 009
While performing a needle cricothyroidotomy, what potential complication would NOT be expected?
- A. A false lumen (passage).
 - B. Subcutaneous emphysema.
 - C. A pneumothorax.
 - D. A vascular injury.
64. ASSESSMENT 010
Needle cricothyrotomy may be valuable in maintaining an airway in all of the following cases EXCEPT when:
- A. There is an obstruction below the vocal cords.
 - B. Definitive airway management is required.
 - C. The airway is obstructed by laryngeal edema.
 - D. The airway cannot be managed by manual measures.
65. ASSESSMENT 011
You confirm proper initial placement of a needle cricothyrotomy catheter by:
- A. Aspirating air freely through the syringe.
 - B. Monitoring the level of oxygen saturation.
 - C. Auscultating bilateral breath sounds.
 - D. Observing airflow through catheter when patient exhales.

66. ASSESSMENT 012
A 17-year-old female upset by the recent breakup of a relationship, appears to be anxious and hyperventilating. Her breath sounds are equal and clear bilaterally. You decide to transport her to the hospital to rule out:
- A. Post traumatic stress syndrome.
 - B. Suicidal ideation.
 - C. Respiratory acidosis.
 - D. Serious causes of tachypnea.
67. ASSESSMENT 013
A common complication of a fractured larynx is:
- A. Subcutaneous emphysema.
 - B. Paralysis of the arytenoid cartilages.
 - C. Transcutaneous erythema.
 - D. Cricoid crepitus.
68. ASSESSMENT 014
Which of the following is NOT a sign of tension pneumothorax?
- A. Tracheal deviation.
 - B. Jugular venous distension.
 - C. Paradoxical chest movement.
 - D. Unequal breath sounds.
69. ASSESSMENT 015
A 16-year-old football player collided with the goal post. His only complaint is pain to the left side of his chest. Inspection reveals a bruise to the left lateral chest wall. You note reduced breath sounds on the left side, however he displays no shortness of breath. You suspect the patient has a:
- A. Simple pneumothorax.
 - B. Flail chest.
 - C. Cardiac contusion.
 - D. Tension pneumothorax.
70. ASSESSMENT 016
While ventilating an intubated patient, you notice resistance to ventilation is increasing. Which of the following is the LEAST likely cause?
- A. Development of tension pneumothorax.
 - B. Partial occlusion of endotracheal tube.
 - C. An esophageal intubation.
 - D. Mainstem bronchial intubation.
71. ASSESSMENT 017
A 26-year-old male patient is in significant respiratory distress after blunt trauma to the left lateral chest wall. He presents with restlessness and instability of the chest wall during inspiration. Your most likely diagnosis is a:
- A. Cardiac tamponade.
 - B. Massive hemothorax.
 - C. Tension pneumothorax.
 - D. Flail Chest.

72. ASSESSMENT 018
The most common cause of ineffective ventilation with a bag valve mask is:
- A. An inadequate percentage of oxygen.
 - B. An inadequate face mask seal.
 - C. A damaged valve connection.
 - D. A leak in the oxygen reservoir.
73. ASSESSMENT 019
A 60-year-old female has a long history of smoking and chronic bronchitis with subsequent chronic hypoxemia, chronic hypercarbia, pulmonary vascular hypertension with ventricular dysfunction. She is complaining of extreme weakness and exhaustion from labored breathing. Your most likely assessment is:
- A. Hypocapnia.
 - B. Hypokalemia.
 - C. Right heart failure.
 - D. Pulmonary hypotension.
74. ASSESSMENT 020
A common mistake made in airway management during cardiac arrest is to:
- A. Delay ventilation of a patient prior to endotracheal intubation.
 - B. Attempt the intubation too early and encounter an intact gag reflex or laryngospasm.
 - C. Allow another rescuer to manage the patient's airway and perform artificial ventilations while assembling the equipment for endotracheal intubation.
 - D. Allow CPR and oxygen therapy to continue for more than three minutes prior to initiating placement of an endotracheal tube.
75. ASSESSMENT 021
Which of the following is the best indicator for evaluating the effectiveness of ventilation?
- A. The pulse rate.
 - B. The rise and fall of the chest.
 - C. The level of consciousness.
 - D. The color of the skin.
76. ASSESSMENT 022
You have intubated a patient who requires a definitive airway. Following intubation, you assess the adequacy of ventilations by auscultating for breath sounds, visualizing chest expansion, and:
- A. ECG monitoring.
 - B. Checking pupillary reaction.
 - C. Monitoring blood pressure.
 - D. Checking pulse oximetry.
77. ASSESSMENT 023
Your patient is pale, cyanotic and cold to touch. These signs are classic indications of:
- A. Carbon monoxide poisoning.
 - B. Poor perfusion.
 - C. Spinal trauma.
 - D. Increased intracranial pressure.
78. ASSESSMENT 024
All of the following indicate poor perfusion EXCEPT:

- A. Cool skin.
- B. Pallor.
- C. Tremors.
- D. Weak pulse.

79. ASSESSMENT 025

You are performing advanced life support (ALS) procedures for a victim in cardiac arrest. You should continuously re-assess the patient during the resuscitation phase because:

- A. The patient may develop an ECG rhythm with a pulse that would otherwise go unnoticed.
- B. Continuous quality improvement (CQI) review may identify a problem later.
- C. Your clinical experience allows you deviation from local protocols.
- D. Continuous re-assessment gives you time to review local protocols.

80. ASSESSMENT 026

Your patient is an elderly male in ventricular fibrillation. Prior to your arrival, First Responders completed two unsuccessful rounds of electrical therapy with an AED. You begin to look for other conditions which may account for refractory ventricular fibrillation because:

- A. Correctable causes of refractory ventricular fibrillation will be found in most cases.
- B. In the hands of minimally trained personnel, there are frequently simple oversights in management with an AED.
- C. Cardiac arrest is potentially reversible if there is a predisposing cause that can be corrected.
- D. If refractory ventricular fibrillation persists despite proper measures, therapeutic medication options are likely to be successful.

81. ASSESSMENT 027

One of the objectives of the detailed exam on a medical patient is met when you:

- A. Alleviate anxiety by assuring him that everything will be alright.
- B. Keep your assessment very brief to gain his confidence.
- C. Assure the patient that you can treat any emergency.
- D. Perform a systematic assessment.

82. ASSESSMENT 028

While performing a detailed examination on a patient with cirrhosis of the liver, you note an accumulation of fluid within the abdominal cavity. This finding is called:

- A. Presacral edema.
- B. Ascites.
- C. Anasarca.
- D. Peritoneal bloating.

83. ASSESSMENT 029

Following your initial exam on a patient with an extensive medical history, your detailed or focused exam requires you to:

- A. Manage any immediate life-threatening problems.
- B. Detect obvious life-threats.
- C. Look, listen, feel and smell.
- D. Substantiate a definitive diagnosis.

84. ASSESSMENT 030

The purpose of the secondary (detailed) exam is to:

- A. Discover medical conditions or injuries that are not immediately life-threatening but may become

so if left untreated.

- B. Apply effective patient management techniques to abnormal findings.
- C. Determine the chief complaint, history of the present illness or injury, and significant past medical history.
- D. Establish priorities of care based on obvious life-threatening conditions.

85. ASSESSMENT 031

When assessing a female patient with chest pain, the LEAST important historical feature is:

- A. Quality.
- B. Age of menarche.
- C. Provocation.
- D. Severity.

86. ASSESSMENT 032

While obtaining an appropriate history from a patient, important components which must be identified, are included in all of the following mnemonics EXCEPT:

- A. ABCDE.
- B. AMPLE.
- C. OPQRST.
- D. AVPU.

87. ASSESSMENT 033

Your 32-year-old female patient complains of abdominal pain. Her statement that she is not experiencing nausea, vomiting, or diarrhea provides important information known as:

- A. Unrelated negatives.
- B. Pertinent negatives.
- C. Chief complaints.
- D. Denial.

88. ASSESSMENT 034

When documenting pertinent negatives, you are recording:

- A. An absence of associated symptoms.
- B. Family history.
- C. Past medical history.
- D. Chief complaints.

89. ASSESSMENT 035

While transporting a seriously ill medical patient to the hospital, the paramedic should reassess the patient every:

- A. Five minutes and each time you perform a significant intervention.
- B. Twenty minutes or whenever you note a change in signs or symptoms.
- C. Ten minutes or prior to performing a significant intervention.
- D. Fifteen minutes or just prior to notifying the receiving hospital of your ETA.

90. ASSESSMENT 036
The primary function of an EMS run report is to:
- A. Illustrate in detail the skill of the attending EMS providers.
 - B. Provide a permanent record of the definitive diagnosis.
 - C. Provide medical liability protection.
 - D. Document patient assessment and management.
91. ASSESSMENT 037
Which one of the following is the LEAST important reason for a well-documented prehospital care report?
- A. To provide immunity from lawsuits for volunteer EMTs.
 - B. To provide the documentation of unique scene situations that may affect patient care.
 - C. To give physicians and nurses an understanding of the patient's initial condition and type of care received in the out-of-hospital setting.
 - D. As a means for medical directors to monitor care in the field and to review prehospital emergency calls.
92. BEHAVIORAL 001
The best way to interact with a 6-year-old girl who is emotionally distressed is to:
- A. Ignore the child until she settles down.
 - B. Use honesty and compassion to establish trust.
 - C. Use a commanding voice to establish authority.
 - D. Tell the child whatever is necessary to gain her trust.
93. BEHAVIORAL 003
All of the following are techniques of prehospital management of patients who are hostile and angry EXCEPT:
- A. Telling him your primary concern is to help him and to keep the peace.
 - B. Telling him that he should stop thinking only of himself and consider those around him.
 - C. Telling him what you need him to do and allow him a chance to comply voluntarily.
 - D. Letting him know what he can expect from you and what you expect from him.
94. BEHAVIORAL 004
When removing a gunshot patient from a hostile environment, the most important consideration is:
- A. The safety of the rescuers.
 - B. Assessing the level of consciousness.
 - C. Cervical spine immobilization.
 - D. Airway control.
95. BEHAVIORAL 005
A 45-year-old male is anxious and says he feels like he is going crazy. The patient has no past medical history of mental illness and is in good physical health. During initial contact with the patient, your first step should be to:
- A. Place patient in soft restraints and transport.
 - B. Reassure the patient that it was a good idea to call for help.
 - C. Advise the patient to seek counseling services.
 - D. Perform a detailed exam.

96. BEHAVIORAL 006
All of the following are situations when a bystander could appropriately be asked to leave the scene, EXCEPT:
- A. When an overzealous family member will not let your coherent patient answer questions on her own.
 - B. When a patient has been sexually assaulted and you are performing a patient assessment.
 - C. When you are highly suspicious of child abuse and the suspected parent will not let his 12-year-old daughter answer your questions.
 - D. When a distraught but in-control wife is crying in the presence of her husband who has collapsed.
97. BEHAVIORAL 008
Which one of the following is LEAST characteristic in a person with a suicide plan.
- A. Excessive grieving over death of a spouse.
 - B. Giving one's possessions away.
 - C. Obsessing about death and dying.
 - D. Exhibiting transient personality disorders.
98. BEHAVIORAL 009
You are called to assist a 35-year-old female in crisis who just lost her job. She has a history of chronic emotional instability and drug abuse. Your patient tells you she feels helpless and worthless. You are concerned about her risk for suicide because of all of the following EXCEPT for her:
- A. Gender.
 - B. History of drug abuse.
 - C. Age.
 - D. History of emotional instability
99. BEHAVIORAL 010
Which of the following is LEAST likely to be a precipitating factor in a suicide attempt?
- A. Diagnosis of a serious illness.
 - B. Death of a spouse.
 - C. Retirement.
 - D. Breakup of a close relationship.
100. BEHAVIORAL 012
Which of the following would be an appropriate approach when interviewing a disturbed patient?
- A. Develop a structure or pattern when questioning, rather than permitting a natural flow of information.
 - B. Avoid beginning with open-ended questions that may distract the patient from the current problem.
 - C. Avoid directly discussing the nature of interventions the patient can expect on the way to the hospital.
 - D. Discourage the patient to express his anger and frustrations.
101. BEHAVIORAL 016
You are caring for a six-year-old whose father is being Rx for behavioral problems. The child is distraught after observing his father hit his mother. The mother was not seriously injured. While your partner is comforting the child's mother, you attempt to reduce the child's anxiety by:
- A. Allowing the child to stay near his mother.
 - B. Discouraging the child from crying or showing any further emotion.
 - C. Leaving the child alone while care is administered to his mother.
 - D. Avoiding further trauma to the child by removing her from the scene.

102. BEHAVIORAL 017
You are called to a home where several family members and friends are gathered following an assault. The scene has been secured. Which of the following techniques is considered appropriate to help reduce anxiety in this setting?
- A. Take your time in settling the disturbance to ensure a lasting resolution.
 - B. Give the bystanders tasks to redirect their focus.
 - C. Interview all bystanders to convey a sense of wanting to get an accurate over-view of the entire situation.
 - D. Assume command of the situation by insisting everyone follow your plan of action.
103. BEHAVIORAL 018
You and your partner respond to a domestic violence scene. Upon your arrival, you are confronted with an armed patient. You should immediately:
- A. Use reasonable force with at least four people and restrain the patient.
 - B. Call the appropriate mental health personnel for intervention assistance.
 - C. Remain on the scene and request immediate help from law enforcement.
 - D. Move out of range and summon law enforcement personnel.
104. BEHAVIORAL 020
You encounter an agitated and aggressive patient who is threatening to harm you. Your best action would be to:
- A. Avoid verbal contact..
 - B. Obtain assistance from law enforcement
 - C. Ignore patient threats and continue treatment.
 - D. Immediately attempt to restrain the patient.
105. BEHAVIORAL 021
When dealing with a violent situation where restraints will be required, which one of the following guidelines is most important?
- A. Offer the patient an opportunity to cooperate.
 - B. Capitalize on the element of surprise.
 - C. Make sure adequately prepared man-power is available.
 - D. Make sure you have a back-up plan.
106. BEHAVIORAL 022
If it is necessary to restrain a combative patient, the paramedic should always:
- A. Check distal pulses after application of restraints.
 - B. Place patient in prone position before applying restraints.
 - C. Tighten restraints until patient calms down.
 - D. Remove all restraints as soon as the patient calms down.
107. BEHAVIORAL 023
All of the following are instances when the paramedic may be required to transport a patient against his will, EXCEPT:
- A. When the patient is disoriented.
 - B. When the patient meets trauma system entry criteria.
 - C. When a relative with durable power of attorney for health care, requests transport.
 - D. When the patient is intoxicated.
108. BEHAVIORAL 024

When dealing with a potentially violent patient, the best way to protect yourself is to:

- A. Move behind the patient slowly.
- B. Speak with a loud and commanding voice.
- C. Assert your authority by maintaining direct eye contact with the patient.
- D. Assure an escape route.

109. BEHAVIORAL 026

After an extraordinary call, the most important reason a critical incident stress debriefing session should be called is to:

- A. Share feelings about the call.
- B. Discuss what went wrong with the call.
- C. Identify new equipment that would have made the call easier.
- D. Assign responsibility for a poor outcome.

110. BEHAVIORAL 027

_____ is used to effectively reduce the negative impact of a critical event.

- A. Psychology.
- B. Stress management.
- C. Debriefing.
- D. Alcohol.

111. BURNS 001

The major complication of circumferential burns of the chest is:

- A. Inhibition of the clotting mechanism which increases fluid loss.
- B. Electrolyte imbalance from loss of fluid.
- C. Reduction of respiratory tidal volume and distal circulation.
- D. Increasing tissue necrosis due to anaerobic metabolism.

112. BURNS 003

The four major sources of burn injuries are:

- A. Spills, acids, carcinogens, and nerve poisons.
- B. Thermal, chemical, electrical, and radiation.
- C. Combustibles, non-flammable gases, poisons, and explosives.
- D. Blasts, etiological materials, vapors, and organophosphates.

113. BURNS 004

Which of the following is LEAST likely to alter the severity of a burn:

- A. Outside air.
- B. Length of exposure.
- C. Temperature of burn source.
- D. Location of burn injury.

114. BURNS 005
A 22-year-old female spilled hot grease on her forearm, assessed as a 5% second-degree burn. Pain control for this type of burn includes all of the following EXCEPT:
- A. Ice packs on burned area.
 - B. Moist clean dressing.
 - C. IV administration of analgesics as needed.
 - D. Cool clean water.
115. BURNS 009
Your patient tells you he was cleaning out his garage where several bags of dry lime were stored. He is covered with lime upon your arrival. Your first action should be to:
- A. Have him remove his clothes..
 - B. Cover burned areas with wet sterile dressings.
 - C. Flush his body with copious amounts of water.
 - D. Brush away all lime particles from his body
116. BURNS 011
The half-life of carbon monoxide molecules in room air is approximately:
- A. Twelve hours.
 - B. Eight hours.
 - C. One hour.
 - D. Four hours.
117. BURNS 012
Management of inhalation burns should routinely include:
- A. Establishment of an IV.
 - B. Administering high-concentrations of oxygen.
 - C. The use of neutralizing agents.
 - D. Endotracheal intubation.
118. BURNS 013
Your assessment of inhalation burns should include careful observation for which of the following common signs?
- A. Wheezes, subcutaneous emphysema, and productive cough.
 - B. Dry mucous membranes, petechiae, and an ulcerated trachea.
 - C. A brassy cough or stridor, edema and signs of hypoxemia.
 - D. Singed nasal or facial hairs, hives, and tracheal deviation.
119. CARDIAC 001
After performing Valsalva's maneuver you would expect to observe:
- A. A decreasing heart rate.
 - B. A decreasing respiratory rate.
 - C. An increasing heart rate.
 - D. A narrowing pulse pressure.

120. CARDIAC 002
Your 38-year-old male patient experienced a syncopal episode while shaving. He has no medical history, and his wife tells you she ran upstairs when he heard a loud thump and found him on the bathroom floor looking pale and sweaty. He regained consciousness after just a few moments. After examining him, and finding no other reason for his sudden loss of consciousness, you suspect it may have been due to:
- A. Ventricular tachycardia as a result of Torsades de Pointes.
 - B. Parasympathetic stimulation as a result of shaving.
 - C. Low blood pressure as a result of hypoglycemia.
 - D. Cardiac syncope as a result of labyrinthitis.
121. CARDIAC 003
All of the following are common signs or symptoms of a cardiac event EXCEPT:
- A. Productive cough with yellow sputum.
 - B. Shortness of breath.
 - C. Crushing type chest pain.
 - D. Nausea and vomiting.
122. CARDIAC 005
A 78-year-old male has fainted. Before fainting, he complained of a slow irregular heart beat, nausea and lightheadedness. This is suggestive of:
- A. A pulmonary embolism.
 - B. Hypoglycemia.
 - C. A drug overdose.
 - D. Cardiac syncope.
123. CARDIAC 006
A 72-year-old female suffered a syncopal episode. Her caretaker tells you that she complained earlier of chest discomfort. A common cardiac disorder associated with syncope is/are:
- A. Dysrhythmias.
 - B. Atherosclerosis.
 - C. Cardiogenic shock.
 - D. Angina.
124. CARDIAC 007
You are trying to obtain a medical history on a 40-year-old male who appears to be restraining response to pain but is frightened. His wife called 9-1-1 when he became pale, very sweaty, and started to vomit copiously while sitting and reading. The most important question to be asked is:
- A. What did you have for your last meal?
 - B. Do you have a headache or visual disturbances?
 - C. How much alcohol have you consumed in the last 24 hours?
 - D. Do you have any chest pain or discomfort?

125. CARDIAC 008
A 56-year-old male has a sudden onset of dyspnea, cough, and anxiety. Your assessment reveals tachycardia, tachypnea, hypotension, and distended neck veins. He denies any chest pain. You suspect:
- A. Massive pulmonary embolism and ask the patient if there is a recent history of immobilization.
 - B. Pleurisy and ask the patient if he has experienced any chest trauma or infection.
 - C. Acute aortic aneurysm and ask the patient if he has a history of hypertension.
 - D. Marfan's syndrome and ask the patient if there is a family history of Marfan's.
126. CARDIAC 009
A 67-year-old female has been diagnosed with a cardiac disorder. The LEAST pertinent aspects of her past medical history is:
- A. Compliance with her cardiac medications.
 - B. Hypertension.
 - C. A myocardial infarction.
 - D. Serious illness.
127. CARDIAC 010
A 80-year-old activated the EMS system because she was having chest pain. Which of the following aspects of her history is LEAST pertinent?
- A. Do you have a religious affiliation?
 - B. Do you have a history of heart problems?
 - C. Do you have any allergies?
 - D. What medications are you taking?
128. CARDIAC 011
A classification of commonly prescribed drugs for cardiovascular problems includes:
- A. Steroids.
 - B. Antiviral agents.
 - C. ACE inhibitors.
 - D. Antibacterials.
129. CARDIAC 012
All of the following are classifications of prescription medications which are commonly used by patients with cardiovascular problems EXCEPT:
- A. Beta blockers..
 - B. Calcium channel blockers.
 - C. Anticoagulants.
 - D. Thrombolytics
130. CARDIAC 013
Following a workup on a patient complaining of chest pain, you determine that the patient most likely has unstable angina. This means he commonly has chest pain when:
- A. Resting.
 - B. Straining while having a bowel movement.
 - C. Exercising.
 - D. Experiencing stress.

131. CARDIAC 014
A 61-year-old male experiencing cardiac chest pain describes his pain as an 11 on a scale from 1-10, 10 being the most severe pain. He has no prior medical history, and he tells you the pain began 45 minutes ago. Which of the following aspects of the physical exam is LEAST important to report?
- A. Skin color.
 - B. Jugular vein distention.
 - C. Pupillary accommodation.
 - D. Peripheral edema.
132. CARDIAC 015
Your 73-year-old female patient had several near syncopal episodes earlier in the day. She is otherwise healthy and takes no medications. Your partner assists her to a standing position in order for you to obtain orthostatic vital signs and she immediately becomes dizzy. This finding indicates:
- A. A positive test result and no further attempt to have her sit or stand should be initiated.
 - B. Hypovolemia and immediate infusion of 1000 cc of a balanced salt solution should be initiated.
 - C. A neurologic emergency and she should be immediately transported to the closest hospital.
 - D. A cardiopulmonary cause and external pacing should be initiated immediately.
133. CARDIAC 016
A 58-year-old male works as an air traffic controller. He has always been healthy, but today following a large evening meal he called 911 complaining of chest pain which he describes as "probably just indigestion". He tells you antacids do not seem to help. His blood pressure, respiratory rate and ECG in lead two are normal. You should:
- A. Suggest that he wait a couple of hours until the food has digested and if the pain persists, call 911.
 - B. Encourage him to be immediately evaluated at the hospital.
 - C. Leave him a few nitroglycerine tablets to get him through the night.
 - D. Allow him to stay at home as long as someone is with him at all times and have him make an appointment to see his physician the next morning.
134. CARDIAC 017
During the physical examination of a patient complaining of cardiac chest pain, it is critical to establish the onset of pain, and move quickly because this patient may be a candidate for:
- A. Heart valve replacement.
 - B. Morphine sulfate.
 - C. Beta blockers.
 - D. Thrombolytic therapy.
135. CARDIAC 018
If thrombolytics are administered within 90 minutes post MI, cardiac damage may be minimized. It is especially important to obtain a thorough patient history to determine if the procedure is contraindicated because thrombolytics agents can cause:
- A. Strokes.
 - B. Pulmonary hypertension.
 - C. Renal failure.
 - D. Reflex bradycardias.

136. CARDIAC 019
A 35-year-old female developed sudden heart palpitations after exercising. She complains of chest pain, lightheadedness and dizziness and has a history of Wolff-Parkinson-White Syndrome. She tells you she feels she can't catch her breath, and that she is taking procainamide. Vital signs are: BP 80/50, pulse is 190 and regular, respirations 22, skin is slightly moist. Lungs are clear bilaterally. Her ECG is as follows:
INSERT A SUPRAVENTRICULAR TACHYCARDIA ~ 190
The probable cause of this dysrhythmia is:
- A. Pronestyl toxicity.
 - B. Age-related.
 - C. Re-entry mechanism.
 - D. Sympathetic over-stimulation.
137. CARDIAC 020
A home health nurse called 9-1-1 because her 81-year-old patient experienced a sudden loss of consciousness while sitting. The patient appears to have a right-sided weakness, and has a history of hypertension and coronary artery disease. Her syncopal event is LEAST likely due to:
- A. Hemorrhage into the brain tissue.
 - B. An embolus in the cerebral blood vessels.
 - C. A thrombus formation that occludes arterial blood to the brain.
 - D. Cerebrovascular dilation.
138. CARDIAC 021
Patients who have a history of cardiac disease may present with altered levels of consciousness. This is particularly significant, because this finding may indicate:
- A. Peripheral vasoconstriction due to increased adrenergic tone.
 - B. A transient ischemic attack caused by atherosclerosis.
 - C. An increase in central venous pressure due to pulmonary hypertension.
 - D. A decreased cerebral perfusion caused by poor cardiac output.
139. CARDIAC 022
Peripheral and presacral edema may be caused by:
- A. A chronic back-pressure in systemic venous circulation.
 - B. Histamine release during an allergic reaction to cardiac medications.
 - C. Blockage of the coronary arteries and resultant myocardial tissue ischemia.
 - D. Recent history of coronary artery bypass or angioplasty.
140. CARDIAC 023
An alert heart transplant patient presents with anxiety, diaphoresis, nausea, generalized weakness, an irregular pulse, and shortness of breath. He denies any chest pain, his lungs are equal bilaterally, and he is hypotensive. Given the choices below, the most likely cause of these symptoms is:
- A. A spontaneous pneumothorax.
 - B. A pulmonary embolus.
 - C. An acute myocardial infarction.
 - D. A vasovagal episode.

141. CARDIAC 024
Failure of the right ventricle typically causes:
- A. Paroxysmal nocturnal dyspnea.
 - B. Pulmonary edema.
 - C. Paradoxical pulses.
 - D. Peripheral edema.
142. CARDIAC 025
Your 63-year-old patient tells you he has a history of right heart failure. Today you were called because he doesn't feel well, his heart is racing, and he has difficulty breathing. He takes Lanoxin and Lasix, but states he ran out of Lasix yesterday. In this setting, your physical assessment would most likely also reveal:
- A. A nonproductive cough.
 - B. Peripheral edema.
 - C. A bradycardia.
 - D. Petechia.
143. CARDIAC 026
Which of the following are LEAST likely to cause irregular cardiac rhythms?
- A. Drugs and electrolytes.
 - B. Congestive heart failure and right atrial enlargement.
 - C. Hypertension and dependent edema.
 - D. Myocardial injury and ischemia.
144. CARDIAC 028
An attending ED physician tells you he suspects that your patient has a temporary occlusion caused by a coronary artery spasm. This condition is known as:
- A. Acute angina pectoris.
 - B. Prinzmetal's angina.
 - C. Pre-infarct angina.
 - D. Unstable angina.
145. CARDIAC 031
A 76-year-old female presents with rapid and labored breathing, diaphoresis, cyanosis, neck vein engorgement, agitation and confusion. She has rales, a rapid irregular pulse and an elevated blood pressure. Your management should include ECG monitoring and:
- A. Administer high flow oxygen, nitroglycerine, furosemide and morphine sulfate.
 - B. Intubate and administer furosemide, dopamine and apply and inflate the pneumatic anti-shock garment.
 - C. Intubate and administer nitroglycerine, furosemide, nifedipine and dopamine.
 - D. Assist ventilations with a bag-valve-mask device and administer nitroglycerine, amyl nitrate and morphine sulfate.
146. CARDIAC 032
The MOST common cause of right ventricular failure is:
- A. Left ventricular failure.
 - B. A myocardial infarction.
 - C. A pulmonary embolism
 - D. COPD.
147. CARDIAC 033

A 70-year-old male is awakened from sleep with severe difficulty breathing. His pulse rate is 130, B/P is: 160/100, and his respiratory rate is 34 and labored with a spasmodic cough producing blood-tinged sputum.

The most likely cause of this condition is:

- A. Congenital heart disease.
- B. Pulmonary emboli.
- C. Right heart failure.
- D. Left heart failure.

148. CARDIAC 034

An elderly female complains of shortness of breath, chest pain and a spasmodic cough which produces blood-tinged sputum. She has a history of cardiac problems and cannot lie down long before having to sit up to breathe. She is diaphoretic, cyanotic and very agitated. Her heart rate is 160 and blood pressure 190/102. ECG recording is as shown below. You apply high flow oxygen with ventilatory support. While en route to the hospital your choice of drugs includes:

- A. Aminophylline, dopamine, and nifedipine.
- B. Lasix, Demerol, and aspirin.
- C. Nitroglycerine, furosemide, and morphine sulfate.
- D. Morphine sulfate, nitroglycerine, and lidocaine.

INSERT 2:1 ATRIAL FLUTTER HERE

149. CARDIAC 035

Your patient tells you she is taking digoxin, and a potassium-sparing diuretic. Her ECG shows: ATRIAL FIBRILLATION STRIP ~ 110 rate

This combination of medications, along with her ECG strip, suggests that she has previously been diagnosed with:

- A. Congenital valve defect.
- B. Unstable angina.
- C. Cor pulmonale.
- D. Congestive heart failure.

150. CARDIAC 036

An 80-year-old male with a cardiac history presents with confusion, pulse of 160, hypotension, and pulmonary edema following an episode of severe chest pain. The ECG monitor shows ventricular tachycardia. Your most appropriate treatment is to:

- A. Administer IV dopamine and transport rapidly.
- B. Prepare for immediate synchronized cardioversion at 100 joules.
- C. Prepare for immediate defibrillation at 50 joules.
- D. Administer IV adenosine and transport rapidly.

151. CARDIAC 037

An anxious 65-year-old male presents with low back pain following a syncopal episode. His vital signs are: pulse 110, respirations 24, B/P 110/80. He denies any recent trauma and the only medication he is taking is for hypertension. You should most likely suspect:

- A. A possible GI bleed..
- B. An acute appendicitis.
- C. A severe back strain.
- D. An abdominal aneurysm

152. CARDIAC 038

All of the following statements are true regarding an abdominal aortic aneurysm (AAA) EXCEPT:

- A. AAA's frequently occur soon after myocardial infarctions.
- B. Blood can create a false passage within the walls of the aorta.
- C. A pulsatile mass in the abdomen may often be palpated.
- D. If the aorta ruptures, the patient often has a syncopal episode with hypotension.

153. CARDIAC 039

Common features of an acute arterial occlusion in an extremity include all of the following EXCEPT:

- A. Pitting edema.
- B. Pallor.
- C. A pulseless extremity.
- D. Pain.

154. CARDIAC 040

A 38-year-old female with a long history of smoking reports that she experienced a sudden onset of severe shortness of breath and coughed up blood-stained sputum. She takes vitamins and birth control pills and has no significant medical history. You should suspect:

- A. A pulmonary embolus.
- B. A spontaneous pneumothorax.
- C. Hyperventilation syndrome.
- D. An acute asthmatic attack.

155. CARDIAC 041

A pulmonary embolism is a blockage of a pulmonary artery by a clot or other foreign material which originated in the:

- A. Femoral artery.
- B. Lower extremities.
- C. Heart.
- D. Brain.

156. CARDIAC 042

Deep venous thrombosis differs from an acute arterial occlusion in that patients with deep venous thrombus:

- A. Have paresthesias and or paralysis.
- B. Must be treated within 6 hours to salvage the limb.
- C. Complain of gradually increasing pain and swelling.
- D. Have emboli that frequently arise from the left ventricle.

157. CARDIAC 043

Risk factors which contribute to the development of venous thrombosis include all of the following, EXCEPT:

- A. Hypertension.
- B. Obesity.
- C. Extended periods of sitting.
- D. Oral contraceptives.

158. CARDIAC 044
You receive an order from the base hospital to administer 2 mg/kg of a particular medication. Your patient's weight is determined to be 44 pounds. The drug is supplied in 10 ml which contains 100 mg. The volume to be given is:
- A. 2 ml.
 - B. 4 ml.
 - C. 8 ml
 - D. 6 ml.
159. CARDIAC 045
You are asked by medical control to administer an IV drug by using a Microdrip (60 gtts/ml) chamber. You prepare the IV drip by mixing 5 grams in a 250 ml IV bag. How many drops per minute should you infuse in order to administer 5 milligrams/minute?
- A. 15 gtts/min.
 - B. 30 gtts/min.
 - C. 5 gtts/min.
 - D. 10 gtts/min.
160. CARDIAC 047
Atropine may be considered harmful in:
- A. Asystole.
 - B. Third degree heart block with wide QRS complex.
 - C. Sinus bradycardia with hypotension.
 - D. Ventricular escape rhythms.
161. CARDIAC 050
Which one of the following actions of epinephrine is considered a damaging consequence of the medication?
- A. Increased myocardial oxygen requirements.
 - B. Increased coronary and cerebral perfusion.
 - C. Increased systemic vascular resistance.
 - D. Increased blood pressure.
162. CARDIAC 051
Dopamine in the 5 to 10 mcg/kg/minute dose range will:
- A. Increase blood flow to the renal mesenteric.
 - B. Increase stroke volume and myocardial contractility.
 - C. Increase central venous vasoconstriction.
 - D. Dilate the myocardial vessels allowing more oxygen to the heart muscle.
163. CARDIAC 052
Which statement below is true regarding dopamine?
- A. Effects are not dose related..
 - B. Beta-adrenergic effects predominate at rates < 20 mcg/kg/minute.
 - C. Dosages of 1-2 mcg/kg/minute usually result in end-organ ischemia.
 - D. It is inactivated by sodium bicarbonate

164. CARDIAC 054
By dilating the arterioles and veins in the periphery, nitroglycerine:
A. Decreases blood flow to the heart.
B. Is an analgesic.
C. Lowers myocardial oxygen demand.
D. Provides sedative properties.
165. CARDIAC 055
Vasodilator drugs such as an amyl nitrite inhalant and nitroglycerine are contraindicated in cases of:
A. Hypotension.
B. Acute respiratory distress.
C. Esophageal spasm.
D. Prinzmetal's angina.
166. CARDIAC 056
A contraindication to the use of vasodilator drugs such as amyl nitrite inhalant, nitroglycerine, and Nipride (sodium nitroprusside) is:
A. Malignant hypertension.
B. Hypotension.
C. Acute respiratory distress.
D. Prinzmetal's angina.
167. CARDIAC 059
Reactions to diazepam (Valium) include all of the following, EXCEPT:
A. Hypotension.
B. Psychomotor impairment.
C. Ataxia.
D. Extra pyramidal symptoms.
168. CARDIAC 062
You are treating an 82-year-old female who is complaining of lightheadedness and weakness when she stands up. She has been taking digitalis for several months, and just recently her doctor also prescribed aminophylline. Vital signs are: BP 80/72, pulse 40 and irregular, respirations 22 and slightly labored, and her temperature is normal. You suspect possible:
A. Adverse drug interaction.
B. Cardiac asthma.
C. Vasovagal episodes.
D. Digitalis toxicity.
169. CARDIAC 063
A 58-year-old male recently saw his doctor for cardiac irregularity and was prescribed Lanoxin and Lasix. New symptoms include a progression of headache, blurred vision, nausea, vomiting, and loss of appetite. He is most likely experiencing:
A. Transient ischemic attacks.
B. Digoxin toxicity.
C. Gastrointestinal disturbances.
D. A migraine headache.
170. CARDIAC 064
Your patient is experiencing signs and symptoms of a myocardial infarction. A single lead ECG (e.g., Lead

II) reading generally allows the paramedic to determine all of the following EXCEPT the:

- A. Location of an infarct.
- B. Presence of ectopic beats.
- C. Magnitude of T wave elevation.
- D. Heart rate.

171. CARDIAC 066

A 60-year-old patient complaining of substernal chest pain has been taking propranolol (Inderal). A few days ago she stopped taking the drug because she did not have money to refill the prescription. She is short of breath, pale, diaphoretic, and vomiting. She tells you she can feel pain in her left arm. Given this information, you conclude that she is experiencing:

- A. Cardiac dysrhythmias because of imbalances between myocardial oxygen supply and demand.
- B. Angina pectoris because of imbalances between myocardial oxygen supply and demand.
- C. Cardiac dysrhythmias because she abruptly stopped taking her medication.
- D. Angina pectoris because she abruptly stopped taking her medication

172. CARDIAC 069

During cardiac resuscitation on a patient in ventricular fibrillation, how much pressure should be applied to the defibrillator paddles during defibrillation?

- A. 25 pounds.
- B. 20 pounds.
- C. 10 pounds.
- D. 15 pounds.

173. CARDIAC 071

A sinus bradycardia may occur as a result of:

- A. Chronic smoking.
- B. Fever of 40o C. (104o F.).
- C. Mild hypoxemia.
- D. Well conditioned athletes.

174. CARDIAC 072

Your 82-year-old patient says she felt her heart "skipping beats" and felt light-headed before she fainted. She denies any cardiac history. Your assessment is unremarkable except for a slow heart rate. You should suspect:

- A. A seizure.
- B. A cardiac problem.
- C. A hypertensive crisis.
- D. An aortic aneurysm.

175. CARDIAC 073
A patient complains of a sudden onset of a fast heart rate and sweating. Your exam reveals a fast heart rate and mild shortness of breath. Your ECG recording shows the following rhythm. Immediate treatment should include:
INSERT SVT STRIP HERE >160
- A. Transcutaneous pacing.
 - B. Verapamil 5 mg IVP.
 - C. Synchronized cardioversion.
 - D. Adenosine 6 mg IVP.
176. CARDIAC 074
If the following ECG rhythm causes your conscious patient to develop chest pain, shortness of breath and hypotension, your initial treatment should include:
INSERT SVT > 180
- A. Synchronized cardioversion.
 - B. IV atropine.
 - C. Vagal maneuvers.
 - D. Defibrillation at 360 joules.
177. CARDIAC 075
You have just successfully resuscitated a cardiac arrest patient who was in ventricular fibrillation. Now the monitor shows a junctional escape rhythm with a narrow complex. Your patient is unresponsive with a blood pressure of 80/40, and a pulse of 38. Your initial treatment should include oxygenation and IV:
- A. Isoproterenol hydrochloride.
 - B. Epinephrine infusion.
 - C. Dopamine.
 - D. Transcutaneous pacing (TCP).
178. CARDIAC 078
Initial ALS treatment of unwitnessed, pulseless ventricular tachycardia should initially include:
- A. Rapid defibrillation at 200 joules.
 - B. Precordial thump, followed by lidocaine 1.5 mg/kg IV.
 - C. Lidocaine 1 mg/kg IV.
 - D. Synchronized cardioversion at 100 joules.
179. CARDIAC 079
The ECG strip below is an example of:
- A. Supraventricular tachycardia with aberrancy.
 - B. A paced rhythm with capture.
 - C. Junctional rhythm with PVC's.
 - D. Ventricular tachycardia.

180. CARDIAC 080
An internal pacer that can pace both the atrium and the ventricles is called:
A. A duplex pacemaker.
B. A complete circuit pacemaker.
C. An AV-sequential pacemaker.
D. Antitachycardia pacemaker.
181. CARDIAC 081
Initial field treatment of a symptomatic second degree AV block with frequent PVC's and slow ventricular response should include:
A. Transcutaneous pacing.
B. A fluid challenge of 500 milliliters.
C. Lidocaine 2% 1-1.5 mg/kg.
D. Epinephrine 1:10,000 1 mg IVP.
182. CARDIAC 082
A 65-year-old male complains of generalized weakness. He has no medical history and takes no medications. Vital signs are: BP 136/78, Pulse is approximately 56 and irregular, respirations are 20 and non-labored, lungs are clear and skin is warm and dry. His ECG shows:
INSERT MOBITZ I ~ RATE OF 56
You should:
A. Administer .5 mg atropine IVP.
B. Administer 5-15 mg Valium IVP and transcutaneous pacing.
C. Provide continuous assessment and supportive care.
D. Recommend that he call his physician for an appointment.
183. CARDIAC 083
You are dispatched to the home of a pulseless, apneic, 100 kg 68-year-old female found supine on the kitchen floor. Your initial ECG shows the following rhythm:
INSERT THIRD DEGREE AV BLOCK
The above ECG strip is an example of:
A. Third degree AV block.
B. Second degree AV block, Type 2.
C. Second degree AV block, Type 1.
D. First degree AV block.
184. EMS COMM 001
When treating a patient complaining of cardiac chest pain, given the following list, which is the LEAST important when providing a verbal report to the receiving physician?
A. Activity at onset of pain..
B. Productive cough
C. Vital signs.
D. ECG findings.

185. EMS COMM 002
When reporting patient assessment information to the physician in a radio report, given the following list, which is most important to report?
- A. Mental status.
 - B. Risk factors for cardiac disease.
 - C. Allergies.
 - D. Medication history.
186. EMS SYSTEM 005
Upon arrival at the scene of a multiple vehicle crash, the initial responsibility of the paramedic is to determine:
- A. Special extrication tools needed.
 - B. Number of patients.
 - C. Scene safety.
 - D. Number of units needed.
187. EMS SYSTEM 006
Which of the following is LEAST likely to prevent paramedic psychomotor skill degradation?
- A. Participating in case reviews.
 - B. Practice labs.
 - C. Responding on an EMS call.
 - D. Clinical rotations.
188. EMS SYSTEM 007
Although specific requirements vary from state to state, the goal of EMT continuing education and refresher training in every state is to:
- A. Conduct random audits to validate EMT continuing education compliance.
 - B. Review previously learned materials, receive new information and to demonstrate skills proficiency.
 - C. Submit information which allows states to review each applicants physical and mental qualifications.
 - D. Provide EMTs with additional training for career advancement.
189. ENDOCRINE 003
An 8-month-old baby was brought to your station by his parents. The mother tells you the baby has been drinking and urinating more frequently than normal. The child appears weak, his skin is dry and feels quite warm. He is tachycardic and is breathing rapidly and deeply. Suddenly and without warning he vomits. You should suspect this child's problem is:
- A. Diabetic ketoacidosis.
 - B. Meningitis.
 - C. Septicemia.
 - D. Insulin shock.
190. ENDOCRINE 004
Childhood onset diabetes (Type I), is:
- A. Non-insulin dependent diabetes.
 - B. Diet-controlled diabetes.
 - C. Non-ketotic diabetes.
 - D. Insulin dependent diabetes.

191. ENDOCRINE 006
A 40-year-old, obese patient is taking an oral hypoglycemic medication for his recent onset of diabetes mellitus. Which of the following best describes his condition?
- A. Juvenile onset diabetes.
 - B. Insulin dependent diabetes.
 - C. Non-insulin dependent diabetes.
 - D. Diet controlled diabetes.
192. ENDOCRINE 007
Most adult onset diabetic patients require:
- A. Diets which are high in protein.
 - B. Glucagon injections.
 - C. Insulin injections.
 - D. Oral hypoglycemic medications.
193. ENDOCRINE 008
Which type of diabetes generally responds to diet and/or oral hypoglycemia agents?
- A. Early childhood or teen onset diabetes..
 - B. Adult onset diabetes
 - C. Abnormal autoimmune diabetes..
 - D. Heritable component diabetes
194. ENDOCRINE 011
Which one of the following statements is true regarding the effects of insulin?
- A. Side effects of insulin include polydipsia and glycosuria.
 - B. Insulin causes glucagon to be released by the liver.
 - C. As insulin levels increase, blood glucose level decreases.
 - D. Insulin causes cellular uptake of glucose to decrease.
195. ENDOCRINE 012
The leading cause of hypoglycemia in the diabetic patient is due to:
- A. Physiological stress.
 - B. Emotional stress.
 - C. Infectious disease.
 - D. An excess of insulin.
196. ENDOCRINE 013
When a patient is hypoglycemic, the presentation of cool, pale, diaphoretic skin is caused by:
- A. Glucose.
 - B. Catecholamines.
 - C. Glucagon.
 - D. Fat stores.

197. ENDOCRINE 014
Under normal conditions, the body maintains a range of serum glucose concentration in an adult that varies between:
- A. 40 and 110 mg/dl.
 - B. 60 and 140 mg/dl.
 - C. 100 and 160 mg/dl.
 - D. 80 and 120 mg/dl.
198. ENDOCRINE 015
A common cause of hypoglycemia in a diabetic patient is:
- A. Overexertion from exercise.
 - B. Forgetting to take insulin.
 - C. Administration of antibiotics.
 - D. Eating a very large meal.
199. ENDOCRINE 016
A 24-year-old insulin dependent diabetic is found unconscious on the floor. Her uneaten meal is on the table and an empty syringe and needle are found on the counter. What is most likely the cause of her unconscious state?
- A. Narcotic overdose.
 - B. Hyperglycemia.
 - C. Hypoglycemia.
 - D. Diabetic ketoacidosis.
200. ENDOCRINE 017
Which of the following signs and/or symptoms would indicate hypoglycemia?
- A. Low blood pressure, warm dry skin.
 - B. Fruity breath, Kussmaul breathing.
 - C. Polyuria, polydipsia.
 - D. Cool clammy skin, combativeness.
201. ENDOCRINE 018
Objective: 4.3.22
Which of the following signs would LEAST likely point to hypoglycemia?
- A. Bizarre behavior..
 - B. Deep, rapid respirations
 - C. Cold, clammy skin.
 - D. Seizures.

202. ENDOCRINE 019

A 31-year-old female is found unresponsive on the couch by a friend. The friend tells you she doesn't know if the patient has any medical problems, but that earlier today, she appeared to have been drinking, and when she asked her friend if she had been doing drugs or alcohol she was told "no". Your exam reveals a weak, rapid pulse, cold clammy skin, a blood pressure is 124/72, respirations are 20/min. and shallow. These signs and symptoms are most suggestive of:

- A. Acetaminophen overdose.
- B. Capoten toxicity.
- C. Hypoglycemia.
- D. Anaphylaxis.

203. ENDOCRINE 020

Which of the following are common early signs and/or symptoms of hypoglycemia?

- A. Hunger, restlessness.
- B. Fruity breath odor, deep respirations.
- C. Nausea, low blood pressure.
- D. Thirst, abdominal pain.

204. ENDOCRINE 022

A 31-year-old female is found unresponsive on the couch in her apartment. Her friend tells you that earlier today when they were together, she acted as if she were drunk but had denied the use of any drugs or alcohol. Your exam reveals a weak, rapid pulse of 120, and cold clammy skin. Her blood pressure is 124/72, respirations are 20 and shallow. These signs and symptoms are most suggestive of:

- A. Hypoglycemia.
- B. Anaphylaxis.
- C. Toxic shock syndrome.
- D. Diabetic coma.

205. ENDOCRINE 024

Clinical responses to elevated blood sugar include:

- A. Frequent urination, extreme thirst and abdominal pain.
- B. Fatigue, diaphoresis, and blurred vision.
- C. Muscle cramps, frequent urination and headache.
- D. Extreme thirst, hyperactivity, and increased peripheral edema.

206. ENDOCRINE 027

When a patient develops diabetic ketoacidosis, the blood sugar level in the body is:

- A. Elevated.
- B. Normal.
- C. Inadequate.
- D. Variable.

207. ENDOCRINE 028
When a patient develops diabetic ketoacidosis, the insulin level in the body is:
A. Elevated.
B. Acidified.
C. Deficient.
D. Normal.
208. ENDOCRINE 030
Your 70-year-old patient has a history of juvenile onset diabetes. Signs and symptoms of diabetic ketoacidosis began to surface last evening. You suspect he needs insulin because his blood glucose level is 360 mg/dl and insulin will allow the transport of:
A. Carbohydrates into the cells.
B. Glucose into the cells.
C. Oxygen into the cells.
D. Thiamine into the cells.
209. ENDOCRINE 031
You are called to assist a 17-year-old male who appears quite ill. His mother informs you that he has had recent noticeable rapid weight loss, and seems to be hungry and thirsty most of the time. Your examination reveals abdominal pain, blurred vision, and a decreasing sensorium. These symptoms follow a course typical of:
A. Anorexia nervosa.
B. Insulin shock.
C. Crohn's disease.
D. Diabetes mellitus.
210. ENDOCRINE 032
Your 40-year-old with a history of diabetes is found unconscious with fruity breath and deep sighing. His wife indicates that he has recently been experiencing nausea, extreme thirst, and frequent urination. Your most likely assessment is:
A. Insulin shock.
B. Diabetic ketoacidosis.
C. Hyperglycemia with increased insulin levels.
D. Hyperosmolar hyperglycemic nonketotic coma.
211. ENDOCRINE 033
Diabetic ketoacidosis may be precipitated by:
A. Missed meals.
B. Greater than normal physical activity.
C. An insufficient insulin dose.
D. An increased level of insulin.
212. ENDOCRINE 034
A primary cause of diabetic ketoacidosis is:
A. Infection.
B. A decrease in food intake.
C. A decrease in metabolic rate.
D. Excessive insulin.
213. ENDOCRINE 035

Common signs and symptoms of diabetic ketoacidosis include:

- A. Bradycardia, bradypnea, and hypertension.
- B. Warm, dry skin, abdominal pain, and deep rapid respirations.
- C. Nervousness, irritability, and seizures.
- D. Unilateral weakness, slurred speech and drowsiness.

214. ENDOCRINE 036

All of the following are classic signs and/or symptoms of diabetic ketoacidosis EXCEPT:

- A. Polyuria.
- B. Kussmaul breathing.
- C. Acetone breath.
- D. Rapid loss of consciousness.

215. ENDOCRINE 041

Why does a patient with diabetic ketoacidosis breathe in a "Kussmaul" pattern?

- A. To increase oxygen available to the brain.
- B. To increase glucose delivery into the cells.
- C. To raise oxygen levels which balances acidosis.
- D. To lower carbon dioxide levels and balance acidosis.

216. ENDOCRINE 042

Your 50-year-old diabetic patient has gradually been getting more dehydrated. He now has fruity smelling breath and has rapid, deep respirations. What is happening?

- A. His tachypnea is compensating for his dehydration.
- B. He is breaking down body tissue as a source of energy.
- C. He is no longer spilling sugar into his urine and must compensate by hyperventilating.
- D. His insulin level has risen, causing his sugar level to fall.

217. ENDOCRINE 043

In a patient with hyperglycemia, the body will react by:

- A. Developing systemic acidosis, causing subsequent hypoventilation.
- B. Dropping the blood glucose level, inducing a feeling of thirst.
- C. Releasing excess sugar into the urine, causing diuresis.
- D. Retaining fluids, causing dilution of acids in the bloodstream.

218. ENDOCRINE 044

Your 23-year-old patient has a history of diabetes. She is conscious, and breathing deeply. Her skin is warm and dry. She reports increased thirst, excessive hunger, urination, malaise and vomiting over the past 24 hours. Her pulse is 130, BP 70/40, and her blood glucose level is 300 mg/dl. Your emergency intervention requires:

- A. 25 gm. 50% dextrose IVP.
- B. 1-2 mg. naloxone IVP.
- C. Fluid challenge with 0.9% sodium chloride.
- D. 100 mg. thiamine IVP.

219. ENDOCRINE 045
Your patient is a 28-year-old unresponsive male with diabetes. He took his insulin this morning but did not eat breakfast. Later in the morning his co-workers noticed he became impatient, then argumentative and angry. When you apply firm pressure to his trapezius muscle, he responds only by groaning. To prevent serious brain injury you:
- A. Administer orange juice or other sugar-type drink.
 - B. Apply oral glucose between the patient's cheek and gum.
 - C. Administer IV 25% dextrose.
 - D. Administer IV 50% dextrose.
220. ENDOCRINE 046
Micronase, Glucotrol and Orinase are medications prescribed for:
- A. Hypertension.
 - B. Diabetes.
 - C. Vertigo.
 - D. Inflammation pain.
221. ENDOCRINE 047
You find an unconscious otherwise healthy 32-year-old female. Her blood glucose level is 40 mg/dl. In order to raise her blood glucose your initial treatment is to first administer:
- A. 25 gm. oral glucose.
 - B. 2 mg. Narcan IVP.
 - C. 50ml of 50% dextrose IVP.
 - D. 10 mg. thiamine IVP.
222. ENDOCRINE 055
Your patient is an 84-year-old female who has suffered a CVA. She is unable to speak. The area of the brain most likely affected by the stroke is the:
- A. Cerebrum.
 - B. Cerebellum.
 - C. Mesencephalon (mid-brain).
 - D. Diencephalon.
223. ENVIRONMENTAL 001
Heat loss secondary to direct contact with the cool ground is an example of:
- A. Conduction.
 - B. Radiation.
 - C. Convection.
 - D. Evaporation.
224. ENVIRONMENTAL 002
Which one of the following mechanisms reduces excess heat loss?
- A. Shivering.
 - B. Sweating.
 - C. Peripheral vasoconstriction.
 - D. Decreased muscle tone.

225. ENVIRONMENTAL 004
Which of the following best describes the progressive severity of heat-related emergencies?
- A. Heat stroke, heat exhaustion, heat cramps.
 - B. Heat cramps, heat exhaustion, heat stroke.
 - C. Heat stroke, heat cramps, heat exhaustion.
 - D. Heat exhaustion, heat cramps, heat stroke.
226. ENVIRONMENTAL 006
A construction worker complains of acute pain in his calves, hands, and feet. He has been working in the hot sun, sweating profusely and has not had anything to eat or drink for over two hours. His vital signs are within normal limits. Your assessment is that he is suffering from:
- A. Heat cramps.
 - B. Heat stroke.
 - C. Sun stroke.
 - D. Heat exhaustion.
227. ENVIRONMENTAL 011
A firefighter has collapsed while working at the site of a fire. He is alert and complains of nausea, vomiting, stomach cramps, and of being light headed. The most appropriate treatment is to:
- A. Infuse a balanced salt solution.
 - B. Immerse patient in tepid water.
 - C. Administer salt tablets.
 - D. Administer 50 milliliters of D50 IVP.
228. ENVIRONMENTAL 012
Treatment of heat exhaustion includes:
- A. Administering oral fluids.
 - B. Rapid sequence intubation.
 - C. IV fluid replacement.
 - D. IV dextrose.
229. ENVIRONMENTAL 013
In the order of importance, which one of the following is correct procedure when treating any heat emergency?
- A. Moving the patient to a cool environment.
 - B. Administering oral fluids.
 - C. Establishing IV therapy.
 - D. Initiating ECG monitoring.
230. ENVIRONMENTAL 015
Which one of the following is true regarding heat stroke?
- A. Normal heat regulation mechanisms are exhausted.
 - B. Profuse sweating occurs.
 - C. Given time, the body will recover without treatment.
 - D. The hypothalamus is overstimulated.

231. ENVIRONMENTAL 016
Which of the following would predispose a patient to a heat-related emergency?
A. Alcohol intoxication.
B. Heredity.
C. Hypertension.
D. Excessive sodium intake.
232. ENVIRONMENTAL 018
Which one of the following is NOT a clinical feature of mild to moderate hypothermia.
A. Shivering.
B. Impaired judgement.
C. Respiratory depression.
D. Staggering gait.
233. ENVIRONMENTAL 019
Which one of the following ECG changes is associated with moderate to severe hypothermia?
A. The presence of a J wave.
B. A shortened PR interval.
C. A peaked P wave.
D. An elevated ST segment.
234. ENVIRONMENTAL 020
A hunter has been found unconscious in the snow. He has no palpable pulses and his core temperature is not registering on the thermometer. The most appropriate initial action is to:
A. Administer epinephrine.
B. Establish whether or not he has a cardiac rhythm.
C. Administer dextrose 50% IVP.
D. Immerse the patient in warm water.
235. ENVIRONMENTAL 022
Field techniques in the management of deep frostbite during transport should include:
A. Application of hot packs.
B. Immersion in cool water.
C. Pad the injured extremity.
D. Massage the extremity.
236. ENVIRONMENTAL 023
A 26-year-old female has lost sensation in the fingers of both hands, after having spent the entire day skiing in icy and windy conditions. You observe that her skin is white, cold, and waxy. You should immediately:
A. Remove wet or constrictive clothing.
B. Immerse the hands in water (greater than 110 degrees F).
C. Gently rub the area to improve circulation.
D. Place warm packs in hands and wrap carefully with gauze.

237. ENVIRONMENTAL 024
Asphyxia in near-drowning is primarily due to:
- A. Pulmonary edema.
 - B. Airway obstruction.
 - C. The diving reflex.
 - D. Atelectasis.
238. ENVIRONMENTAL 025
You respond to a near-drowning incident. Bystanders tell you the 18-year-old female was initially unconscious for a short period of time. She has now recovered, is alert and does not want to go to the hospital. You encourage her to do so because within the next 12 to 72 hours she could present clinically with:
- A. Respiratory distress which is referred to as post-immersion syndrome.
 - B. Air embolism which is referred to as Caisson's Disease.
 - C. Atelectasis of the lungs which is referred to as secondary drowning.
 - D. Pulmonary hypertension which is referred to as barotrauma.
239. ENVIRONMENTAL 026
A healthy female was submerged in water for 45 minutes before your arrival. The two factors which may contribute to a favorable outcome after an extensive period of submersion time are:
- A. An agonal rhythm and effective chest compressions.
 - B. A salt water versus fresh water environment.
 - C. The water temperature and age of the patient.
 - D. The ambient temperature and distance to definitive care.
240. ENVIRONMENTAL 027
You have just arrived at the scene of a near drowning with an unknown down time. A pulseless adult male patient is being removed from the water as you arrive. After immobilizing the cervical spine, in what order would you institute the following interventions?
- A. Rescue breathing, chest compressions, intubation, and establish an IV.
 - B. Intubate, establish an IV, chest compressions and hyperventilate.
 - C. Rescue breathing, intubation, chest compressions and establish an IV.
 - D. Chest compressions, rescue breathing, establish an IV and intubate.
241. ENVIRONMENTAL 028
You respond to a call from a scuba diver who ascended from the depths rapidly following his dive a few hours ago. He is complaining of deep pain in his shoulders and elbows, made worse with any movement. You suspect:
- A. Arterial gas embolism.
 - B. Decompression illness.
 - C. Recompression injury.
 - D. Nitrogen narcosis.

242. ENVIRONMENTAL 030
A 25-year-old male patient complains of chest pain and difficulty breathing after being kicked in the chest by a horse. On palpation you feel a "crackling, popping" sensation over his rib cage. The most plausible explanation for this is:
- A. Subcutaneous emphysema, caused by air leaking into the tissues from the airway or esophagus.
 - B. Hematoma of the chest wall, caused by flail segment moving with inspiration and expiration.
 - C. Hematoma of the chest wall, due to blood leaking into the muscle and other tissues.
 - D. Subcutaneous emphysema, due to capillary bleeding into the subcutaneous tissues.
243. ENVIRONMENTAL 031
After a rapid ascent, a scuba diver developed a sudden onset of severe chest pain followed by a loss of consciousness. Your care during transport to the emergency department should be to protect the airway and:
- A. Place the patient in the Trendelenburg position.
 - B. Perform a needle thoracentesis.
 - C. Administer 100% oxygen.
 - D. Administer nitrous oxide.
244. GERIATRICS 002
With increasing age, lung function changes result in:
- A. Increases in the cough reflex.
 - B. Greater tidal volumes.
 - C. A decrease in oxygen uptake.
 - D. The lungs becoming more compliant.
245. GERIATRICS 004
Cardiovascular changes in the elderly include: hypertrophy of the heart, arteriosclerosis and a degeneration of the conduction system. Clinical manifestations of these changes would include:
- A. A decrease in cardiac output, hypotension, and bradycardia.
 - B. A decrease in cardiac output, hypertension, and bradycardia.
 - C. An increase in cardiac output, hypertension, and tachycardia.
 - D. An increase in cardiac output, hypotension, and tachycardia.
246. GERIATRICS 005
Renal dysfunction in the elderly patient is responsible for which of the following conditions?
- A. Hyperkalemia, dehydration, and hypertension.
 - B. Hyperglycemia, hyperkalemia, and hypertension.
 - C. Hypokalemia, dehydration, and hypotension.
 - D. Hypoglycemia, hypokalemia, and dehydration.
247. GERIATRICS 006
Your 93-year-old patient fell from her bed in a nursing home, is confused, and complains of lower back pain. Her chart reveals she has a history of renal disease and suffers from a decrease in cardiac reserve. From this history, you conclude that:
- A. She is at risk for fluid overload.
 - B. She is suffering from organic brain syndrome.
 - C. This is most likely a case of elder abuse.
 - D. She is not a candidate for spinal immobilization.
248. GERIATRICS 007
Which of the following is not considered a normal finding in the elderly?

- A. Increased bleeding times.
- B. Decreased sensitivity to cold.
- C. Decreased skin turgor.
- D. Urinary incontinence.

249. GERIATRICS 008

A geriatric patient has been diagnosed with a urinary tract infection. Which of the following measurements might be considered unreliable just because of the patient's age?

- A. Body temperature.
- B. Blood pressure.
- C. Poor skin turgor.
- D. Level of consciousness.

250. GERIATRICS 009

In the geriatric population, which one of the following is LEAST likely to alter mental status?

- A. A systemic infection.
- B. A cerebral vascular accident.
- C. A thyroid supplement.
- D. A trial of benzodiazepines.

251. GERIATRICS 010

Which of the following is a consequence of osteoporosis?

- A. Susceptibility to spontaneous fractures.
- B. Decreased mobility.
- C. Loss of balance.
- D. Swollen and deformed joints.

252. GERIATRICS 011

Examination of a 76-year-old supine female patient reveals pale skin, BP 100/60, and a pulse of 110. ECG shows atrial fibrillation. When you repeat vital signs with the patient in a seated position, BP drops to 80/60 and pulse increases to 130. The patient has been having diarrhea with black stools. You suspect she is experiencing:

- A. Uncontrolled atrial fibrillation.
- B. Dehydration.
- C. A bowel obstruction.
- D. A GI hemorrhage.

253. GERIATRICS 013

Dementia, diverticulitis, transient ischemic attacks are all disease processes commonly found in:

- A. Geriatric patients.
- B. Psychiatric patients.
- C. Pediatric patients.
- D. Trauma patients.

254. GERIATRICS 014
A diabetic complication involving higher levels of blood sugar than those seen in diabetic ketoacidosis but which does not result in Kussmaul's respirations is known as:
- A. Alcoholic hyperglycemia.
 - B. Hyperglycemic hyperosmotic non-ketotic coma.
 - C. Hyperglycemic crisis.
 - D. Hypertension-induced hyperglycemia.
255. GERIATRICS 016
Of the following, which factor may complicate the evaluation of a geriatric patient?
- A. Geriatric patients tend to have an altered response to pain.
 - B. As compared to younger patients, geriatric patients are more likely to develop a high fever in response to infections.
 - C. Geriatric patients are less prone to hypothermia and heat-related illnesses than younger patients.
 - D. Geriatric patients tend to overstate their physical complaints.
256. GERIATRICS 018
In evaluating a geriatric patient, a significant complication to obtaining an accurate assessment is the patient's:
- A. Decrease in pain sensation
 - B. Inability to maintain internal homeostasis.
 - C. Decrease in the velocity of nerve conduction.
 - D. Long-term memory loss.
257. GERIATRICS 019
Which of the following is not a common chronic complaint in the elderly?
- A. Inability to void.
 - B. Constipation.
 - C. Rectal bleeding.
 - D. Loss of appetite.
258. GERIATRICS 020
Your elderly patient complains of nausea, blurred vision and severe pain in her right eye. The eye appears to be red. Her condition is suggestive of:
- A. A corneal abrasion, and prehospital management includes flushing the eye copiously.
 - B. Conjunctivitis, and prehospital management includes sterile dressings and body substance isolation.
 - C. Retinal detachment, and prehospital management includes immediate transport to a hospital.
 - D. Acute glaucoma, and prehospital management includes immediate transport to the hospital.
259. GERIATRICS 022
Conditions such as diminished sight, confusion and depression in a geriatric patient:
- A. Should be interpreted as signs of mental disorder.
 - B. May cause an exaggeration of the severity of the patient's primary complaint.
 - C. May mask the patient's ability to communicate all signs and symptoms.
 - D. Should be interpreted as signs of medication interactions.

260. GERIATRICS 023
What considerations commonly mask the patient's ability to communicate significant signs and symptoms:
- A. Difficulty hearing, confusion, multiple complaints, diminished pain.
 - B. Living alone, concern over financial costs, excessive clothing, and difficulty hearing.
 - C. Fear of the hospital setting, loss of memory, confusion, and hypochondria.
 - D. Fear of losing autonomy, medication, osteoporosis, and chronic illness.
261. GERIATRICS 024
Which of the following complaint(s) in the elderly is most underestimated and overlooked by paramedics?
- A. Lower extremity pain.
 - B. Fatigue and weakness.
 - C. Fever.
 - D. Numbness in hands and feet.
262. GERIATRICS 025
A 69-year-old male with a history of congestive heart failure presents with dyspnea that has gradually increased over the past week. He has a productive cough with brown sputum. Vital signs are: BP 110/66, HR 96, RR 20, and temperature is 100.6 degrees F. The most likely assessment would be:
- A. Pneumonia.
 - B. Exacerbated COPD.
 - C. Pulmonary embolism.
 - D. Pulmonary edema.
263. GERIATRICS 031
In cases of chronic senile dementia, the most common sign is:
- A. Memory loss.
 - B. Reasoning deficiency.
 - C. Loss of language skills.
 - D. Spatial orientation problems.
264. GERIATRICS 034
All of the following medications are commonly associated with toxicity in geriatric patients EXCEPT:
- A. Estrogen.
 - B. Furosemide.
 - C. Theophylline.
 - D. Digitalis.
265. GERIATRICS 035
A class of drugs that can lead to addiction in the geriatric patient are:
- A. Tricyclic antidepressant.
 - B. Beta Blockers.
 - C. Benzodiazepines.
 - D. Calcium channel antagonists.

266. GERIATRICS 042
An elderly cardiac patient with renal disease presents with disorientation, heart block, syncope and visual disturbances. She is most likely suffering from:
- A. Nitroglycerine overdose.
 - B. Digitalis (Lanoxin) toxicity.
 - C. Propranolol (Inderal).
 - D. Furosemide (Lasix) toxicity.
267. GERIATRICS 047
Which of the following is not a cause of lower intestinal hemorrhage:
- A. Duodenal ulcers.
 - B. Ulcerative colitis.
 - C. Diverticulosis.
 - D. Tumors of the colon.
268. GERIATRICS 048
Which of the following is not a predisposing factor for hypothermia common in geriatric patients:
- A. Hyperglycemia.
 - B. Hypothyroidism.
 - C. Alcoholism.
 - D. Malnutrition.
269. GERIATRICS 053
Which of the following statements regarding diuretics is FALSE?
- A. Side effects include dehydration and electrolyte imbalances.
 - B. Actions include increasing vasoconstriction.
 - C. Uses include congestive heart failure and edema.
 - D. Precautions include storing the drug away from light.
270. GERIATRICS 060
Which one of the following is LEAST likely to be an adverse reaction to furosemide (Lasix)?
- A. Hyponatremia.
 - B. Volume depletion.
 - C. Hypoglycemia.
 - D. Potassium depletion.
271. GERIATRICS 062
An example of an adverse reaction to antihypertensive therapy would be:
- A. Fatigue.
 - B. Syncope.
 - C. Hyperglycemia.
 - D. Respiratory depression.

272. GERIATRICS 065
An adverse reaction to LSD is:
A. Pupillary constriction.
B. Tinnitus.
C. Psychosis.
D. Hypotension.
273. INFECTIONS 007
A means through which communicable diseases may be directly transmitted is:
A. Soil.
B. Airborne mucous droplets.
C. Food products.
D. Water.
274. INFECTIONS 011
Which of the following is a communicable disease caused by a virus?
A. Hepatitis B.
B. Syphilis.
C. Tuberculosis.
D. Tetanus.
275. INFECTIONS 022
The type of hepatitis most commonly acquired by the ingestion of contaminated food and water is:
A. Hepatitis A.
B. Hepatitis C.
C. Hepatitis D.
D. Hepatitis B.
276. INFECTIONS 023
The type of hepatitis infection that is transmitted by exposure to contaminated body fluids, and results in the most serious consequences is:
A. Hepatitis D.
B. Hepatitis A.
C. Hepatitis B.
D. Hepatitis C.
277. INFECTIONS 024
The fecal-oral route is the mode of transmission of:
A. Hepatitis A.
B. Hepatitis C.
C. Hepatitis D.
D. Hepatitis B.

278. INFECTIONS 026
Hepatitis is a result of exposure to a:
A. Prion.
B. Bacteria.
C. Parasite.
D. Virus.
279. INFECTIONS 027
The most serious consequences of hepatitis infection are related to the:
A. Liver.
B. Kidneys.
C. Spleen.
D. Pancreas.
280. INFECTIONS 029
All of the following are correct statements regarding the transmission of hepatitis, EXCEPT:
A. Hepatitis D exists only when hepatitis B is also present.
B. Hepatitis B is blood-borne.
C. Hepatitis A is fecal-oral.
D. Hepatitis C is airborne.
281. INFECTIONS 030
During routine transport of a patient with suspected hepatitis, the EMT's most effective precaution against infection is:
A. Hand-washing.
B. Mask.
C. Gown.
D. Goggles.
282. INFECTIONS 032
Meningitis is usually caused by all of the following EXCEPT:
A. Hapten.
B. Virus.
C. Bacteria.
D. Fungus.
283. INFECTIONS 033
Nuchal rigidity, purpuric rash, and flu-like symptoms would most likely be due to:
A. Varicella.
B. Hepatitis B.
C. Meningitis.
D. Rubella.

284. INFECTIONS 035
Common findings or signs/symptoms of meningitis include:
- A. Productive cough and rhinorrhea.
 - B. Fever and stiff neck.
 - C. Drooling and sore throat.
 - D. Diarrhea and diaphoresis.
285. INFECTIONS 036
All of the following are symptoms of acute meningitis EXCEPT:
- A. Headache.
 - B. Malaise.
 - C. Night sweats.
 - D. Fever.
286. INFECTIONS 038
You suspect your 4-year-old conscious patient has meningitis. Examination reveals cool clammy skin, non-labored respirations of 32/minute, pulse rate of 132, and blood pressure of 60/40. Your management should include high flow oxygen and:
- A. IO infusion of a balanced salt solution at 5 ml/kg.
 - B. IV infusion of a balanced salt solution at 20 ml/kg.
 - C. IO infusion of a D5W solution at 20 ml/kg.
 - D. IV infusion of a D5W solution at 5 ml/kg.
287. INFECTIONS 039
A child presents with signs and symptoms (lasting one to several days) of high fever, lethargy, severe headache, and a stiff neck. Which of the following would be most consistent with a diagnosis of meningitis?
- A. Projectile vomiting.
 - B. Drooling and sore throat.
 - C. Explosive diarrhea.
 - D. Purpura and petechiae.
288. INFECTIONS 041
Signs and symptoms of meningitis include high fever, lethargy or irritability, severe headache, and a stiff neck, lasting one to several days, and:
- A. Nausea and vomiting..
 - B. Toxic ingestions or exposure.
 - C. A history of recent ear or respiratory tract infection
 - D. Drooling and sore throat.
289. INFECTIONS 042
Of the following, which is a most important and often over-looked body substance isolation precaution to take while treating a patient suspected of having meningococemia?
- A. Personal use of protective eye wear.
 - B. The wearing of a full-length protective gown.
 - C. Placement of a surgical mask on the patient.
 - D. Wearing gloves.

290. INFECTIONS 043
HIV causes AIDS through its primary action on the:
A. Nervous system.
B. Respiratory system.
C. Lymphatic system.
D. Immune system.
291. INFECTIONS 045
The body system most affected by HIV, resulting in secondary, opportunistic infections is the:
A. Endocrine system.
B. Nervous system.
C. Immune system.
D. Cardiovascular system.
292. INFECTIONS 046
A common opportunistic infection in AIDS patients is:
A. Pneumocystis carinii pneumonia.
B. Streptococcal meningitis.
C. Hemophilus influenza.
D. Staphylococcus aureus.
293. INFECTIONS 050
HIV positive patients commonly develop purplish skin tumors known as:
A. Petechiae.
B. Urticaria.
C. Purpura.
D. Kaposi's sarcoma.
294. INFECTIONS 051
An 18-year-old female with a history of multiple sexual partners and substance abuse complains of cramping, fever, and steady suprapubic abdominal pain. Your preliminary assessment is:
A. Pelvic inflammatory disease .
B. Threatened abortion.
C. Ovarian cyst.
D. Herpes Simplex 2 viral infection.
295. INFECTIONS 054
The single most effective way to prevent transmission of communicable diseases in the prehospital setting is:
A. Use of an alcohol-based hand wash.
B. Wearing gloves.
C. Hand washing.
D. Wearing an eye protection device.

296. INFECTIONS 055

The most effective way to prevent infectious disease transmission is:

- A. Washing hands with cool water for at least five minutes.
- B. Using a water-less alcohol gel for cleaning hands.
- C. Wearing a new pair of gloves with each new patient.
- D. Thoroughly washing hands with soap and warm water.

297. INFECTIONS 056

After transporting a tuberculosis patient, the most effective cleaning solution for disinfecting the ambulance interior is:

- A. Household cleaners.
- B. Fresh 1:10 bleach/water solution.
- C. Ammonia.
- D. Soap and water.

298. INFECTIONS 057

It is recommended that paramedics have tetanus, diphtheria, measles, mumps, rubella and polio vaccinations. OSHA rules state that paramedics are REQUIRED to have:

- A. Routine HIV testing.
- B. Influenza vaccinations.
- C. Hepatitis vaccinations.
- D. Routine sexually transmitted disease testing.

299. LEGAL 001

ORS 30.800, Oregon's Good Samaritan law, protects trained medical personnel who render emergency care voluntarily in good faith and without expectation of compensation, from damages for injury, death or loss that results from acts or omissions while rendering emergency medical assistance. The exception to this protection is when it is alleged and proven by the complaining party that:

- A. The actions of the EMT did not honor the patient's religious beliefs.
- B. An act violated local or state EMS protocols.
- C. A patient-EMT relationship was established once care was initiated.
- D. The person was grossly negligent in rendering emergency medical assistance.

300. LEGAL 003

In Oregon, an EMS medical director (supervising physician) is required to spend a minimum of ___ hours of contact time per year with EMTs under their direction.

- A. 24
- B. 8
- C. 2
- D. 12

301. LEGAL 004

You are at the scene of a motor vehicle crash involving two cars. The driver of one vehicle is dead on your arrival. The driver of the other car has been extricated prior to your arrival and is lying on the pavement moaning. His blood pressure is 88/P, pulse rate is 98, respirations are 30 and shallow. Your nearest hospital (15 minutes away by ground) is a Level III trauma center. A helicopter air ambulance can be at the scene in 20 minutes to transport the patient directly to a Level I center. A Level II trauma center is 45 minutes away. You should manage the airway and:

- A. Transport the patient to the Level I trauma center by ground.
- B. Activate the trauma system, and have the patient transported by helicopter directly to the Level I trauma center.
- C. Transport the patient to the Level II trauma center.
- D. Transport the patient to the Level III trauma center.

302. LEGAL 008

All of the following are mandatory trauma system entry criteria EXCEPT:

- A. Fall > 20 feet.
- B. Two or more fractures of the humerus or femur.
- C. Heavy extrication time > 20 minutes.
- D. Spinal cord injury with limb paralysis.

303. LEGAL 014

Controlled substances should be stored and secured according to regulations under the:

- A. Oregon Health Division (OHD).
- B. Federal Drug Administration (FDA).
- C. US Drug Enforcement Administration (DEA).
- D. Oregon Board of Medical Examiners (BME).

304. LEGAL 019

Oregon rules require an EMT to notify the Division of certain changes in status. Failure to notify is LEAST likely to lead to:

- A. Probation.
- B. Suspension.
- C. Incarceration.
- D. Revocation.

305. LEGAL 022

Upon arrival at the hospital with a cardiac patient, you find the hospital staff is very busy. Your dispatcher asks if you are available to respond to a triple shooting. You move the patient to a stretcher in the hall and run out the door telling the charge nurse that she now has a patient in the hall. This could be considered:

- A. Ethically justified considering the situation.
- B. Appropriate use of resources.
- C. Proper transfer of patient care.
- D. A potential case of patient abandonment.

306. LEGAL 023
Terminating the EMT-patient relationship without ensuring that the patient receives at least an equivalent level of subsequent care is called:
- A. Negligence.
 - B. Abandonment.
 - C. Commission.
 - D. Omission.
307. LEGAL 024
The termination of a health care provider-patient relationship, without continuance of equal or greater level of care is known as:
- A. Abduction.
 - B. Implied care.
 - C. Libel.
 - D. Abandonment.
308. LEGAL 026
You have a severely injured adult patient who is alert and oriented and is refusing all treatment on the basis that it is against his religious beliefs. You decide that it would be in his best interest to go to the hospital for evaluation, so you restrain the patient and transport him. This is considered to be:
- A. Justified, considering the situation.
 - B. Ethical, but illegal.
 - C. False imprisonment.
 - D. Moral abduction.
309. LEGAL 030
Which of the following comments should NOT appear on your run report?
- A. The patient is drunk.
 - B. The patient states that nitroglycerine did not relieve his pain.
 - C. The patient's breath has an odor consistent with ingestion of alcoholic beverages.
 - D. The patient states he is HIV positive.
310. MCI 002
During a mass casualty incident, the Incident Commander is the individual who:
- A. Determines whether primary treatment is to be conducted on site or at the treatment sector.
 - B. Is in charge of establishing an area where patients can be assembled and treated.
 - C. Is in charge of and responsible for all activities at the incident.
 - D. Is in charge of determining and obtaining hospital transportation for the patients.
311. MCI 003
The objective of scene triage is to:
- A. Set up a patient treatment area.
 - B. Immediately transport the most critically injured patients.
 - C. Apply a START tag to each patient.
 - D. Do the most good for the most people.

312. MCI 005
Within the Incident Command System, the transfer of command takes place when:
- A. The treatment sector begins to receive and treat patients.
 - B. Any higher ranking official arrives on the scene.
 - C. The first paramedic arrives on the scene.
 - D. An individual assuming control has been briefed and accepts transfer of command.
313. MED TERM 001
In prehospital terminology, assessment refers to _____, while management refers to _____.
- A. Evaluation/ Treatment.
 - B. Priorities/ Resuscitation.
 - C. Triage/ Protocols.
 - D. Scene Survey/ Scene Control.
314. NERVOUS 002
The vision center of the brain is contained within the _____ lobe.
- A. Occipital.
 - B. Frontal.
 - C. Parietal.
 - D. Temporal.
315. NERVOUS 005
Your elderly patient is having trouble with balance and coordination and you suspect transient ischemic attack. If this is the case, the affected area in the brain would be the:
- A. Parietal lobes.
 - B. Occipital cortex.
 - C. Cerebrum.
 - D. Cerebellum.
316. NERVOUS 006
In what part of the brain is voluntary thought, memory, movement, perception and emotion located?
- A. Cerebrum.
 - B. The midbrain.
 - C. The brainstem.
 - D. Cerebellum.
317. NERVOUS 007
Your first consideration of a patient with neurological deficit should include:
- A. Observing for abnormal or unusual posturing.
 - B. Obtaining details of the presenting illness.
 - C. Determination of the patient's level of consciousness.
 - D. Eliciting evidence of current prescribed medications.

318. NERVOUS 008
Which of the following aspects of the medical history would most likely explain why a patient experienced a sudden non-traumatic rapid decreased level of consciousness?
A. Organic brain disorder.
B. Physical exhaustion.
C. Wernicke's syndrome.
D. The ingestion of drugs or alcohol.
319. NERVOUS 009
In a patient who has sustained head trauma, all of the following are important indicators of increasing intracranial pressure EXCEPT:
A. Projectile vomiting.
B. Falling blood pressure.
C. A deterioration in sensorium.
D. A Glasgow Coma Score < 8.
320. NERVOUS 013
In the assessment of a comatose patient, a combination of hypertension, bradypnea, and bradycardia are suggestive of:
A. Hypoglycemia..
B. Diabetic ketoacidosis.
C. A heroin overdose.
D. An increased intracranial pressure
321. NERVOUS 014
While sky diving, your patient fell to the ground when her parachute failed to open completely. If she is suffering from an increased intracranial pressure (ICP), you would expect to find decreased level of consciousness and a/an:
A. Decreased blood pressure, increased pulse, and increased respirations.
B. Increased blood pressure, decreased pulse, and decreased respirations.
C. Decreased blood pressure, decreased pulse, and decreased respirations.
D. Increased blood pressure, increased pulse, and increased respirations.
322. NERVOUS 015
Which of the following respiratory patterns indicates the highest degree of severity in head-injured patients?
A. Kussmaul.
B. Eupnea.
C. Cheyne-Stokes.
D. Ataxic.
323. NERVOUS 017
While obtaining a history from family members in a patient with an altered mental status, an essential question to be answered is:
A. When did the patient last see a doctor?
B. How would you describe the patient's medication compliance?
C. How quickly did the patient's mental status change?
D. When did the patient last eat a full meal?
324. NERVOUS 018
An inequality in the size of the pupils is referred to as:

- A. Nystagmus, and occurs in approximately 50% of the population.
- B. Doll's eye reflex, and is routinely observed in trauma patients.
- C. Amblyopia, indicating "lazy eye" or congenital head injury.
- D. Anisocoria, which naturally occurs in a modest percentage of the population.

325. NERVOUS 020

During the initial survey of an unresponsive patient with a nontraumatic neurological emergency, the patient's breathing should be monitored closely for respiratory abnormalities which could result from:

- A. Decreased mean arterial pressure (MAP).
- B. Metabolic changes.
- C. Increased intracranial pressure (ICP).
- D. Body temperature elevation.

326. NERVOUS 023

During a head to toe survey you have a finding of unilateral fixed dilated pupil which would be indicative of:

- A. Severe central nervous system injury.
- B. A barbiturate overdose.
- C. An opiate overdose.
- D. Circulatory insufficiency.

327. NERVOUS 024

A unilaterally dilated pupil in an alert patient may indicate any of the following EXCEPT:

- A. Anisocoria..
- B. A concussion
- C. Cataract surgery.
- D. An eye injury.

328. NERVOUS 025

Which one of the following statements is true regarding the evaluation of a patient with a neurologic emergency?

- A. An unresponsive patient who suddenly develops a fixed, dilated pupil requires immediate transport.
- B. Anisocoria is an early sign of pending grand mal seizure.
- C. A unilateral dilated pupil in the alert patient signifies traumatic head injury.
- D. Periorbital ecchymosis is an early sign of intracranial hemorrhage following head trauma.

329. NERVOUS 026

A patient has a brain lesion following a head injury or bleed. Both eyes are looking laterally in the same direction. This is called:

- A. Deviation of the gaze.
- B. Dysconjugate gaze.
- C. Conjugate gaze.
- D. Destructive focus.

330. NERVOUS 027
A unilateral paralysis of upward gaze in a patient following trauma to the head or face would most likely signal:
- A. Partial detachment of the retina.
 - B. Optic nerve injury.
 - C. Associated brain pathology.
 - D. Fracture of the orbit of the eye.
331. NERVOUS 028
Repetitive extraocular movements observed indicates:
- A. Nystagmus.
 - B. Hyphema.
 - C. Anisocoria.
 - D. Diplopia.
332. NERVOUS 029
During a check of the pupils of a head-injured patient, you note that the eyes are aimed in opposite directions. This condition is known as:
- A. Sensitizing focus.
 - B. Conjugate gaze.
 - C. Dysconjugate gaze.
 - D. Nystagmus.
333. NERVOUS 030
Your 45-year-old male patient suffered facial injuries during a motor vehicle crash, and is complaining of severe eye pain. During your assessment of the eyes you notice significant swelling and a diminished range of motion. These findings are most likely due to:
- A. Conjunctival hemorrhage.
 - B. An acute retinal artery occlusion.
 - C. A detached retina.
 - D. An orbital fracture.
334. NERVOUS 031
Which one of the following statements is true regarding the evaluation or management of the spine in a trauma patient?
- A. Neurologic assessment is done to determine whether the patient should be immobilized.
 - B. Spinal immobilization should be initiated during the initial assessment.
 - C. Reflex responses should always be evaluated during the initial assessment.
 - D. A normal neurologic examination will rule out the possibility of spinal cord injury.
335. NERVOUS 032
Which of the following would be the LEAST important finding in the assessment or treatment of a patient suspected of spinal injury?
- A. An ability to move all extremities.
 - B. Re-evaluation of neurologic status.
 - C. Continuous manual protection of the spine.
 - D. Follow-up pain evaluation.

336. NERVOUS 033
The Glasgow Coma Scale is a numerical rating system that relates consciousness to which three parameters?
A. Eye opening, orientation, verbal response.
B. Eye opening, verbal response, motor response.
C. Eye opening, memory, motor response.
D. Verbal response, orientation, motor response.
337. NERVOUS 034
Your patient does not respond with eye opening, does not respond verbally to stimulus, and extends both arms and legs during the motor response test. Using the Glasgow Coma Scale you give him a total score of:
A. 3.
B. 5.
C. 4.
D. 6.
338. NERVOUS 035
Your patient has suffered a central nervous system insult. While evaluating the Glasgow Coma Scale she opens her eyes when you speak to her, and responds to questions inappropriately. While you are assessing her motor response she attempts to remove your hand as you apply pressure to her trapezius muscle. Her GCS score is:
A. 11.
B. 9.
C. 10.
D. 12.
339. NERVOUS 036
The lowest Glasgow Coma Scale score possible is _____; the highest possible score is _____.
A. 2/ 14.
B. 3/ 15.
C. 4/ 16.
D. 0/ 15.
340. NERVOUS 037
During the postictal phase following a seizure, the highest priority of care is:
A. Restrain the patient to further prevent injury.
B. Establish an intravenous line.
C. Move the patient to a quiet environment.
D. Manage the airway and administer oxygen.
341. NERVOUS 039
Your patient is a 26-year-old female who has a history of seizure activity. Her friend called 9-1-1 when she observed her having a second seizure before she awoke from the first. Upon your arrival, she is actively seizing. Priority treatment should consist of:
A. Administering naloxone (Narcan) while closely monitoring her blood sugar.
B. Immediately administering diazepam (Valium) while closely monitoring her level of consciousness.
C. Checking her blood sugar and administering diazepam (Valium).
D. Closely monitoring her respirations and blood pressure.
342. NERVOUS 040

You suspect your unresponsive patient has a history of seizure activity. Which of the following medications might you expect to find in her medicine cabinet?

- A. Tegretol.
- B. Prozac.
- C. Zestril.
- D. Inderal.

343. NERVOUS 041

Your 32-year-old patient is complaining of a sudden onset of nausea, vomiting, loss of appetite, visual disturbances and photophobia and sudden excruciating headache. Your management should include:

- A. Encouraging him to rest in bed in a dark room at home until his migraine subsides.
- B. Transporting him immediately to the hospital.
- C. Contacting his personal physician for instructions on how to advise him to care for himself at home.
- D. Calling a close friend of his to come and stay with him until he is feeling better.

344. NERVOUS 042

Because Dilantin (phenytoin) has a narrow therapeutic window, a breakthrough seizure is most likely due to:

- A. A possibly toxic drug level.
- B. A developed tolerance to the drug.
- C. Hypersensitivity to the drug.
- D. A sub-therapeutic drug level.

345. NERVOUS 043

Which statement is true regarding transient ischemic attacks?

- A. They do not require immediate transport to the hospital.
- B. They may last from minutes to several hours.
- C. They may cause permanent neurological deficit.
- D. They rarely reoccur in most patients.

346. NERVOUS 044

Transient ischemic attacks can be differentiated from strokes because TIA's cause deficits that usually:

- A. Are less severe.
- B. Are fewer in number.
- C. Last less than 24 hours.
- D. Do not affect speech.

347. NERVOUS 045

A 56-year-old male with a history of hypertension tells you he experienced a brief period of aphasia which is now resolved. Which of the following has most likely occurred?

- A. Transient ischemic attack.
- B. Cerebrovascular accident.
- C. An episode of labyrinthitis.
- D. Focal motor seizure.

348. NERVOUS 046
A contraindication to the administration of 50% dextrose is:
- A. Thiamine deficiency.
 - B. Intracranial bleeding.
 - C. Organic brain syndrome.
 - D. Chronic alcoholism.
349. NERVOUS 047
A recommended safety practice for the administration of naloxone (Narcan) in suspected narcotic overdose is to titrate dosage to a patient's:
- A. Level of consciousness.
 - B. Blood pressure.
 - C. Respirations.
 - D. Heart rate.
350. NERVOUS 049
Which one of the following is the least likely effect of diazepam (Valium)?
- A. Reduction in seizure activity..
 - B. Anxiety relief.
 - C. Respiratory depression.
 - D. Analgesia
351. NERVOUS 050
In addition to skeletal muscle relaxation or sedation, diazepam (Valium) has several therapeutic effects including anxiety relief, reduction in seizure activity, and:
- A. Amnesia.
 - B. Euphoria.
 - C. Respiratory depression.
 - D. Analgesia.
352. NERVOUS 052
A sudden interruption of the flow of blood to the brain may cause _____, while a sudden, excessive and disorderly discharge of brain neurons provokes _____.
- A. A stroke/ Wernicke's syndrome.
 - B. A syncopal event/ seizures.
 - C. Amnesia/ dysconjugate gaze.
 - D. Hypoxia/ transient ischemic attacks.
353. NERVOUS 054
You respond to a call from a grade school where a teacher tells you she observed the nine-year-old patient blinking her eyes and staring off into space for a few seconds, followed by an immediate return to normal activities. The teacher reports that she observed one other episode when the child was staring off into space while smacking her lips. These signs and symptoms are typical of:
- A. A petit mal seizure.
 - B. A psychomotor seizure.
 - C. Complex seizures.
 - D. A jacksonian seizure.
354. NERVOUS 055
A patient appears to be having a seizure without signs of urinary incontinence or drooling. Upon

administering a sternal rub, the seizure activity is terminated. Your assessment is:

- A. Abrupt seizure.
- B. System abuse.
- C. Pseudoseizure.
- D. Absence seizure.

355. NERVOUS 056

A 28-year-old male tells you he had a loss of consciousness preceded by a metallic taste in his mouth and was able to visualize a scene that looked very familiar, which he describes as *deja vu*. An observer reports that before your patient lost consciousness for a brief period, he was acting confused and staggering with brief jerking motions. You document:

- A. A jacksonian march seizure.
- B. A focal motor seizure.
- C. A pseudoseizure.
- D. A psychomotor seizure.

356. NERVOUS 057

A confused 25-year-old female is found sitting on the ground. A friend says that the patient's right arm started twitching, approximately ten minutes prior to your arrival. The initial problem could best be described as a:

- A. Grand mal seizure.
- B. Focal motor seizure.
- C. Psychomotor seizure.
- D. Petit mal seizure.

357. NERVOUS 058

Which one of the following statements is true regarding seizures?

- A. Unconsciousness usually lasts for hours.
- B. In the postictal period, the patient is usually alert.
- C. The patient usually experiences a prodromal symptom prior to the onset of the seizure.
- D. If present, clonic movements usually last less than five minutes.

358. NERVOUS 059

You respond to a patient who is having a series of generalized seizures without an intervening return of consciousness. You classify this type of seizure activity as status epilepticus which may result in:

- A. Extreme hypothermia, brain contusion, and severe dehydration.
- B. Extreme hyperthermia, fractures of long bones, and increased intracranial pressure.
- C. Hypothermia, fractures of long bones, and skeletal muscle necrosis.
- D. Hyperthermia, increased intracranial pressure, and elevation of blood sugar.

359. NERVOUS 060

The phase of seizure activity when a patient exhibits extreme muscular rigidity, including hyperextension of the back, is referred to as the:

- A. Catatonic phase.
- B. Clonic phase.
- C. Hypertonic phase.
- D. Tonic phase.

360. NERVOUS 061

Generalized seizures typically present in the following order of phases _____, _____, _____ and postictal:

- A. Aura/ decreased LOC/ tonic-clonic.
- B. Decreased LOC/ aura/ tonic-clonic.
- C. Decreased LOC/ tonic-clonic/ aura.
- D. Aura/ tonic-clonic/ decreased LOC.

361. OB/GYN/NEO 001

Sudden onset of non-traumatic abdominal pain which radiates from the epigastrium to the right upper quadrant, is associated with recent ingestion of fatty or fried foods, and most commonly occurs at night, is indicative of:

- A. Cholecystitis.
- B. Pancreatitis.
- C. Appendicitis.
- D. Esophagitis.

362. OB/GYN/NEO 002

When examining the victim of sexual assault, the paramedic should:

- A. Avoid examining the genitalia due the emotional state of the victim.
- B. Examine the genitalia if severe injury is present or suspected.
- C. Question the victim in detail about the incident in order to determine the need for an examination of the genitalia.
- D. Complete a thorough examination of the genitalia to collect evidence.

363. OB/GYN/NEO 003

Of the following, the most important aspect in the management of the sexually abused female patient is:

- A. Offering psychological and emotional support.
- B. Assisting the patient if she wants to wash up before transport.
- C. Careful vaginal examination.
- D. Thoroughly questioning the victim about the incident.

364. OB/GYN/NEO 004

Which of the choices below is the most important detail when examining a third trimester obstetric patient in labor?

- A. Gravidity and parity.
- B. Degree of effacement.
- C. How many centimeters the patient has dilated.
- D. Frequency and quality of contractions.

365. OB/GYN/NEO 005

All of the following are important aspects of history taking in obstetric patients, EXCEPT:

- A. Who is the father?
- B. Complications of pregnancy if any.
- C. Maternal lifestyle.
- D. Parity and gravidity.

366. OB/GYN/NEO 006
Maternal changes brought about by pregnancy include:
- A. A slight decrease in pulse rate and an increase in sensation.
 - B. Displacement of the heart to the right and downward.
 - C. An increase in circulating blood volume and an increase in cardiac output.
 - D. An enhanced venous return from the legs.
367. OB/GYN/NEO 007
Trauma during pregnancy can result in:
- A. Abruptio placenta.
 - B. Eclampsia.
 - C. Placenta previa.
 - D. Vaso previa.
368. OB/GYN/NEO 008
Infants of diabetic mothers tend to be:
- A. Small.
 - B. Hypoglycemic.
 - C. Large.
 - D. Hyperglycemic.
369. OB/GYN/NEO 009
Blood pressure above 140/90 in the 3rd trimester may indicate:
- A. The onset of labor.
 - B. Abruptio placenta.
 - C. Placenta previa.
 - D. Severe eclampsia.
370. OB/GYN/NEO 011
During pregnancy, cardiac output normally:
- A. Increases up to 60%.
 - B. Decreases by 10%.
 - C. Increases up to 40%.
 - D. Remains virtually unchanged.
371. OB/GYN/NEO 012
In all ectopic pregnancies, the fertilized ovum is implanted:
- A. Outside the uterus.
 - B. On the corpus luteum.
 - C. On the outer edge of an ovary.
 - D. In the fallopian tubes.
372. OB/GYN/NEO 013
Signs and symptoms in a patient suffering from an ectopic pregnancy include:
- A. Severe acute manifestations in 2-3 days after the ovum implants.
 - B. Intermittent mild to acute severe symptoms after 30 days of implant.
 - C. Normal vital signs without pain until severe pain presents around the 30th week of pregnancy.
 - D. Normal vital signs without pain until spontaneous abortion occurs in approximately the 10th week.
373. OB/GYN/NEO 014

Your patient is suffering from a suspected ectopic pregnancy. Her vital signs are within normal limits. Because of the potential for shock, which of the following is the correct position for transport?

- A. Left lateral recumbent position.
- B. Supine position with legs elevated.
- C. The knee-chest position.
- D. Semi-Fowler position.

374. OB/GYN/NEO 015

Your 32-year-old female patient presents with vaginal bleeding, abdominal pain, cool and clammy skin, tachycardia, and hypotension. You suspect an ectopic pregnancy. Your management would include all of the following, EXCEPT:

- A. Administration of magnesium sulfate.
- B. Providing aggressive intravenous fluid resuscitation.
- C. Administering ventilation with oxygen.
- D. Continuously monitoring vital signs.

375. OB/GYN/NEO 016

An ectopic pregnancy is defined as a/an:

- A. Delivery of a nonviable fetus.
- B. Implantation of a fertilized egg outside the uterus.
- C. Incomplete abortion.
- D. In vitro fertilization.

376. OB/GYN/NEO 017

Abruptio placenta is defined as:

- A. Abrupt and painful separation of the placenta from the uterus as a sequela to endometriosis.
- B. A premature separation of the placenta from its uterine attachment resulting from a sexually transmitted disease.
- C. Abrupt and painful separation of the placenta from its uterine attachment caused by hypertension, a long umbilical cord, or trauma.
- D. A premature separation of the placenta from its uterine attachment caused by hypertension, short umbilical cord, or trauma.

377. OB/GYN/NEO 018

A third trimester patient with a painful, rigid abdomen and minimal or no vaginal bleeding should be suspected of having:

- A. Placenta previa.
- B. Amniotic fluid embolism.
- C. Eclampsia.
- D. Abruptio placenta.

378. OB/GYN/NEO 019

Which one of the following statements is true regarding the pathophysiology of abruptio placenta?

- A. Blood loss may be concealed between the uterine wall and the placenta.
- B. Internal bleeding is generally minimal.
- C. Vaginal blood loss is usually excessive.
- D. Blood loss is concealed internally within the amniotic sac.

379. OB/GYN/NEO 021

You are assessing a multigravida patient in her third trimester. She is complaining of non- traumatic

abdominal pain with minimal dark colored vaginal bleeding. Her abdomen and uterus is tender and rigid when palpated. She is anxious, respirations are 24 and non-labored, pulse is 110 and her blood pressure is normotensive. You highly suspect:

- A. Uterine inversion.
- B. Placenta previa.
- C. Ruptured ovarian cyst.
- D. Abruptio placenta.

380. OB/GYN/NEO 023

Signs and symptoms of placenta previa include:

- A. A rigid tender abdomen.
- B. Severe uterine contractions.
- C. Painless vaginal bleeding.
- D. Maternal hypertension.

381. OB/GYN/NEO 024

A third trimester patient with painless bright red vaginal bleeding should be suspected of having:

- A. Placenta previa.
- B. Eclampsia.
- C. Preeclampsia.
- D. Abruptio placenta.

382. OB/GYN/NEO 025

Signs of placenta previa include:

- A. Excessive weight gain along with continuous headaches, dizziness, blurring of vision, and persistent vomiting.
- B. Painful vaginal bleeding that may range from spotting to profuse hemorrhage.
- C. Painless vaginal bleeding that may range from spotting to profuse hemorrhage.
- D. Hypertension, protein in the urine, and heavy bleeding during sexual intercourse.

383. OB/GYN/NEO 026

Signs and symptoms of preeclampsia include:

- A. Generalized edema.
- B. Sudden loss of weight.
- C. Severe lower abdominal pain.
- D. Hypotension.

384. OB/GYN/NEO 027

Signs and symptoms of preeclampsia in a 27-year-old patient include:

- A. Hypertension, edema, fever, and strong Braxton-Hicks contractions.
- B. Hypertension, edema, epigastric pain, and abnormal weight gain.
- C. Normal vital signs up to the 26th week of gestation followed by headaches, hypotension, and frequent grand mal seizure activity.
- D. Normal vital signs up to the 26th week of gestation followed by minor vaginal bleeding with low grade fever.

385. OB/GYN/NEO 029

The classic triad of signs and symptoms that must be present for the diagnosis of preeclampsia are:

- A. Hypotension, hemoglobinuria, and coma.
- B. Hypertension, hemoglobinuria, and seizures.

- C. Hypertension, proteinuria, and edema.
- D. Hypotension, proteinuria, and dehydration.

386. OB/GYN/NEO 030

The characteristics which are present in eclampsia but not in preeclampsia are:

- A. Hypertension and proteinuria.
- B. Edema and nulliparity.
- C. Advanced maternal age with diabetes.
- D. Seizures and coma.

387. OB/GYN/NEO 031

Your treatment of a patient suffering from preeclampsia could include:

- A. Immediate transport with dimmed compartment lighting, low flow oxygen, and placement in the Trendelenburg positioning.
- B. Placing the patient on her left side, and administering high concentration of O₂, and possibly IV magnesium sulfate.
- C. Placing the patient on her right side, administering IV fluids with a balanced salt solution and oxygen and providing gentle transport.
- D. Placing the patient in a supine position with elevation of the extremities, ECG monitoring and IV TKO.

388. OB/GYN/NEO 032

You are caring for a 16-year-old primigravida patient who is in her 30th week. She complains of being dizzy with a severe headache. Her pulse is 90, respirations 16, and blood pressure 168/98. While your partner is taking off a ring which appears to be impairing her circulation in her finger, she becomes unresponsive and exhibits tonic-clonic activity. Which of the following IV medications should be included in your management of this patient?

- A. Magnesium sulfate/ naloxone (Narcan).
- B. Oxytocin (Pitocin)/ benzodiazepines.
- C. Benzodiazepines/ magnesium sulfate.
- D. Naloxone (Narcan)/ oxytocin (Pitocin).

389. OB/GYN/NEO 033

You are called to assist a patient who is hemodynamically unstable. Having determined this, which of the following is LEAST important for you to assess?

- A. Metabolic status.
- B. Respiratory function.
- C. Orthostatic vital signs.
- D. Circulatory status.

390. OB/GYN/NEO 034
Supine-hypotensive syndrome in the third trimester is a condition that is caused by:
- A. The uterus compressing the aorta.
 - B. Braxton Hicks contractions.
 - C. The uterus compressing the inferior vena cava.
 - D. Internal hemorrhage.
391. OB/GYN/NEO 035
The most common fetal presentation during delivery is:
- A. Top of head.
 - B. Brow.
 - C. Face.
 - D. Back of head.
392. OB/GYN/NEO 038
If the infant's head is delivered with the umbilical cord wrapped around the neck, the most important first step is to:
- A. Attempt to slip the cord over the head.
 - B. Place the patient in the Trendelenburg position.
 - C. Encourage the patient to push with each contraction.
 - D. Cut the cord between two clamps.
393. OB/GYN/NEO 039
As you arrive at the scene, a difficult delivery is occurring due to a cephalopelvic disproportion. The patient is a 20-year-old primigravida who has been experiencing strong, frequent contractions for a prolonged period. Prehospital care should include maternal oxygen administration, rapid transport and:
- A. Uterine massage.
 - B. Placing patient in knee-chest position.
 - C. IV magnesium sulfate.
 - D. IV access for fluid resuscitation.
394. OB/GYN/NEO 040
As you arrive at the scene, a difficult delivery is occurring due to a cephalopelvic disproportion. The patient is a 20-year-old primigravida who has been experiencing strong, frequent contractions for a prolonged period. Prehospital care should include maternal oxygen administration, rapid transport and:
- A. Placing patient on her left side.
 - B. ECG monitoring.
 - C. Massaging the uterus.
 - D. Administering IV magnesium sulfate.
395. OB/GYN/NEO 041
One of the most common malpresentations of a fetus is:
- A. Occipitoposterior.
 - B. Breech.
 - C. Occipitoanterior.
 - D. Transverse.

396. OB/GYN/NEO 045
A complication that is more common in twin births than in single births is:
A. Breech presentation.
B. Uterine rupture.
C. Uterine inversion.
D. Pulmonary embolus.
397. OB/GYN/NEO 046
The most common cause of postpartum hemorrhage is:
A. Uterine atony.
B. Placenta previa.
C. Spontaneous abortion.
D. Abruptio placenta.
398. OB/GYN/NEO 047
All of the following can cause postpartum hemorrhage EXCEPT:
A. Retained fragments of placenta.
B. Loss of uterine tone.
C. Eclampsia.
D. Birth canal lacerations.
399. OB/GYN/NEO 048
A 29-year-old female who has been in labor for eight hours experiences a sudden increase of abdominal pain and then labor stops abruptly. The patient becomes shocky with a tender, rigid abdomen. The most likely diagnosis is:
A. Abruptio placenta.
B. Placenta previa.
C. Cephalopelvic disproportion.
D. Uterine rupture.
400. OB/GYN/NEO 049
The most common cause of uterine inversion is:
A. Explosive delivery.
B. Pulling on the umbilical cord.
C. Prolonged labor.
D. Multiple births.
401. OB/GYN/NEO 050
A pregnant 24-year-old develops a pulmonary embolism and sudden onset of shortness of breath due to an amniotic fluid emboli following a home delivery. The best treatment for this patient includes monitoring ECG and vital signs, rapid transport and:
A. Oxygen via a NRM, IV, and 40 units of oxytocin.
B. Oxygen, intubation, IV, and 40 units of oxytocin.
C. Oxygen via NRM or BVM as indicated.
D. Oxygenation, and 1-4 grams magnesium sulfate 10% IVP over 3 minutes.

402. OB/GYN/NEO 052
After delivery, the most important first step to prevent heat loss in the newborn is to:
- A. Wrap the neonate in a dry blanket or towel.
 - B. Place warm water bottles next to the neonate.
 - C. Thoroughly dry the neonate.
 - D. Cover the neonate's head.
403. OB/GYN/NEO 055
The APGAR score should ideally occur:
- A. 1 and 5 minutes after birth.
 - B. 15 to 20 minutes after birth.
 - C. 5 to 10 minutes after birth.
 - D. 10 to 15 minutes after birth.
404. OB/GYN/NEO 056
In which order should resuscitation of a distressed infant occur after drying, warming, positioning, suction and tactile stimulation. Administration of oxygen, and:
- A. Intubation, BVM ventilations, medications, chest compressions.
 - B. BVM ventilations, chest compressions, medications, intubation.
 - C. BVM ventilations, chest compressions, intubation, medications.
 - D. Chest compressions, BVM ventilations, intubation, medications.
405. OB/GYN/NEO 057
Intraosseous cannulation requires that the needle be inserted into the anterior surface of the tibial bone 2 centimeters distal to the tibial tuberosity, and directed perpendicularly or slightly inferior in order to avoid the:
- A. Joint.
 - B. Periosteum.
 - C. Bone marrow.
 - D. Epiphyseal plate.
406. OB/GYN/NEO 058
The best method of administering oxygen to a distressed neonate who cannot be ventilated with a BVM is:
- A. Applying an infant non-rebreather mask.
 - B. Endotracheal intubation.
 - C. Using an infant nasal cannula.
 - D. Gently blowing oxygen across the neonate's face via a pediatric face mask.
407. OB/GYN/NEO 059
At one minute postpartum, the infant has circumoral cyanosis. Supplemental oxygen should initially be administered by:
- A. An endotracheal tube.
 - B. A pediatric Venturi mask.
 - C. Free flow oxygen from tubing or mask held 1/2" from the nose.
 - D. A non-rebreather mask at 10 liters/minute.

408. OB/GYN/NEO 060
Oxygen should be administered to a neonate who was just delivered via:
A. Gently blowing oxygen across the face of the neonate.
B. Endotracheal intubation.
C. A pediatric nasal cannula.
D. An infant non-rebreather mask.
409. OB/GYN/NEO 061
Following delivery of a distressed neonate, meconium which resembles "peasoup" is observed in the amniotic fluid. After suctioning the mouth and nose with a bulb syringe, your next step should be to immediately:
A. Report evidence of meconium staining to the receiving hospital while en route to the hospital.
B. Immediately transport neonate to the closest hospital.
C. Intubate and suction using the endotracheal tube as a suction catheter.
D. Repeat aggressive suctioning of oropharynx using a bulb syringe.
410. OB/GYN/NEO 062
Meconium in the amniotic fluid indicates:
A. An serious infection.
B. That a stillborn infant will be delivered.
C. That a precipitous delivery is imminent.
D. Fetal distress.
411. OTHER 001
T F The Oregon Revised Statute authorizes the Department to discipline EMT's and First Responders.
412. OTHER 002
The Oregon Administrative Rules apply to which of the following aspects of EMS?
A. Ambulance services.
B. Ambulance service areas.
C. All of the above.
D. Emergency Medical Technicians.
413. OTHER 003
Unprofessional conduct includes all of the following except:
A. Violation of a written agreement with the Department.
B. Use of illegal drugs on or off duty.
C. Unlawful use of red lights and siren.
D. Violation of standing orders.
414. OTHER 004
T F Habitual or excessive use of intoxicants or drugs applies only to driving under the influence of intoxicants or drugs (DUII).
415. OTHER 005
T F The Department may suspend, fine, revoke, or place on probation an EMT or First Responder.

416. OTHER 006
An applicant, First Responder or EMT may be required to appear before the:
A. State EMS Committee.
B. Subcommittee on Certification and Discipline.
C. Medical Advisory Board..
D. EMT Committee of the Board of Medical Examiners
417. OTHER 007
T F Refusing an invitation for an interview with the Department may result in discipline against a certificate holder.
418. OTHER 008
T F Any EMT certified under this chapter shall report to the Department any information the person may have that appears to show that an EMT is or may be medically incompetent, guilty of unprofessional or dishonorable conduct or mentally or physically unable to safely function as an EMT in accordance with Oregon Revised Statute:
419. OTHER 009
A certified EMT must report to the Department within 30 days which of the following events?
A. A change in Medical Director.
B. A change in home address.
C. Disciplinary restriction being placed upon scope of practice by the medical director.
D. Restriction or loss of driving privileges.
420. OTHER 010
If an immediate threat to public safety exists, the Department is authorized to issue a/an:
A. Cease and Desist Order..
B. Emergency Suspension and Notice of Intent to Revoke
C. Any of the above.
D. Notice of Violation.
421. OTHER 011
Any action proposed by the Department shall provide for a:
A. Fine in lieu of other penalty.
B. Contested case hearing.
C. Meeting with the EMS Director.
D. Cooling-off period.
422. PEDIATRICS 001
Which of the following words best describes the fontanelle of an infant with signs and symptoms of dehydration?
A. Depression.
B. Discoloration.
C. Bulging.
D. Pulsating.

423. PEDIATRICS 002
Your two-month old febrile patient presents with a history of vomiting and a sunken anterior fontanelle. You suspect:
- A. Dehydration.
 - B. Meningitis.
 - C. Hydrocephaly.
 - D. Increased intracranial pressure.
424. PEDIATRICS 003
When called to a SIDS scene, which of the following would NOT be considered a typical finding or observation for a SIDS death?
- A. Prone position..
 - B. Rigor mortis.
 - C. Frothy hemoptysis.
 - D. Age greater than 12 months
425. PEDIATRICS 005
Which of the following is the LEAST likely factor when determining the potential for child abuse:
- A. Caretaker history of abuse as a child.
 - B. Younger-aged parents.
 - C. Racial or ethnic minority status.
 - D. Drug or alcohol abuse by the caretaker.
426. PEDIATRICS 006
Which of the following is the LEAST likely indication of child abuse:
- A. Withdrawn, passive, or depressed manner.
 - B. Multiple bruises on lower extremities.
 - C. Burns or skin marks in a pattern.
 - D. Multiple bruises on torso in various stages of healing.
427. PEDIATRICS 007
Which of the following is most characteristic of the child who is most likely to be abused?
- A. Any child with two working parents.
 - B. A child under the age of 5 years.
 - C. A child over the age of 5 years.
 - D. A child being cared for by grandparents.
428. PEDIATRICS 008
Which of the following is a typical characteristic of a child abuser?
- A. A parent who was raised in a single-parent home.
 - B. A parent who works full-time.
 - C. An overly emotional parent.
 - D. A parent who was abused as a child.

429. PEDIATRICS 014
In Oregon an EMT is required to report suspected cases of:
- A. Child abuse.
 - B. Elder abuse.
 - C. Communicable diseases.
 - D. Sexual harassment.
430. PEDIATRICS 016
The most common cause of new onset of seizures in the pediatric patient is:
- A. Head trauma.
 - B. Meningitis.
 - C. Hypoxia.
 - D. Fever.
431. PEDIATRICS 017
After airway and ventilatory support, the initial management of the severely dehydrated child should include a fluid bolus of:
- A. 100 ml. fluid challenge of an isotonic crystalloid.
 - B. 20 ml/kg. over 10 - 20 minutes.
 - C. 10 ml/kg. up to 250 ml.
 - D. Two times the estimated body weight loss.
432. PEDIATRICS 018
Select the most correct statement regarding bacterial meningitis.
- A. Fever rarely develops.
 - B. The progression of symptoms is slow, ranging over 5-6 days.
 - C. The most common route of transmission is through blood exposure.
 - D. It is usually preceded by an URI or ear infection.
433. PEDIATRICS 020
A febrile infant under 2 months of age:
- A. Should be immediately evaluated by a physician because of extreme vulnerability to increased intracranial pressure.
 - B. Should be seen in the doctor's office at the time of the next available appointment.
 - C. Should be immediately evaluated by a physician because of extreme vulnerability to becoming septic.
 - D. Should be kept away from other children because the infant is immunocompromised.
434. PEDIATRICS 021
You suspect early septicemia in an eight-year-old patient. Which of the following signs/symptoms would not support your assessment?
- A. Bradycardia.
 - B. Lethargy.
 - C. Tachypnea.
 - D. Fever.

435. PEDIATRICS 024
A 3-month-old female infant presents with respiratory distress, fever, and warm mottled skin. The baby has been ill for several days with increasing irritability. She does not appear to recognize her parents and looks very ill. She is tachycardic and displays a delayed capillary refill. What is the most likely cause of these signs and symptoms?
- A. Sepsis.
 - B. Gastroenteritis.
 - C. Epiglottitis.
 - D. Pneumonia.
436. PEDIATRICS 025
Septic shock that accompanies a bacterial infection is often due to:
- A. Changes in the viscosity of the blood.
 - B. An excess of serum and protein in the plasma.
 - C. Cellular level hypoxia.
 - D. The release of endotoxins.
437. PEDIATRICS 026
In the pediatric patient, which of the following diseases is associated with the ingestion of salicylate-containing medications during a viral illness?
- A. Reyes Syndrome.
 - B. Rubella.
 - C. Toxic Shock Syndrome.
 - D. Meningitis.
438. PEDIATRICS 027
Early signs of progressive respiratory distress include:
- A. Bradycardia, unresponsiveness, and apnea.
 - B. Tachycardia, idioventricular rhythm, and diminished respiratory effort.
 - C. Tachycardia, irritability, and labored respiratory effort.
 - D. Bradycardia, decreased mental status, and bradypnea.
439. PEDIATRICS 030
Asthma and bronchiolitis are both:
- A. Upper airway diseases.
 - B. Chronic obstructive pulmonary diseases.
 - C. Metastatic lung diseases.
 - D. Lower airway diseases.
440. PEDIATRICS 032
Which of the following statements is correct when performing a physical exam on a conscious child with signs and symptoms of croup?
- A. Depress tongue with depressor to examine the epiglottis.
 - B. Examine the child away from parents.
 - C. Observe the child before touching him/her.
 - D. Complete the entire exam before transport.

441. PEDIATRICS 036
Croup and epiglottitis are both:
- A. Lower airway diseases.
 - B. Upper airway diseases.
 - C. Metastatic lung diseases.
 - D. Chronic obstructive pulmonary diseases.
442. PEDIATRICS 038
When treating a child with suspected epiglottitis, the paramedic should:
- A. Make no attempt to visualize the airway if the child is ventilating adequately.
 - B. Obtain vascular access in the event the patient should become apneic.
 - C. Administer nebulized racemic epinephrine.
 - D. Have the child lie down during transport to maintain control of the airway.
443. PEDIATRICS 039
In epiglottitis, the pediatric patient is at risk of sudden and complete airway obstruction which may be precipitated by:
- A. Steam from a humidifier.
 - B. Administering humidified oxygen.
 - C. Attempting to visualize the airway.
 - D. Auscultating the chest with a stethoscope.
444. PEDIATRICS 041
The maximum single dose of atropine in an adolescent is:
- A. 0.02 mg.
 - B. 1.0 mg.
 - C. 0.5 mg.
 - D. 0.04 mg.
445. PEDIATRICS 049
Which one of the following is most likely to cause an asthma attack in a child?
- A. Stress.
 - B. Aspirin.
 - C. Exercise.
 - D. Allergens.
446. PEDIATRICS 050
Which of the following is considered the most critical finding in the pediatric asthma patient?
- A. Silent chest.
 - B. Grunting.
 - C. Stridor.
 - D. Wheezing.

447. PEDIATRICS 051
All of the following statements are true regarding the pediatric airway as compared to the adult airway, EXCEPT:
- A. The epiglottis is more u-shaped in the pediatric airway.
 - B. The cricoid ring is the narrowest point in the pediatric airway.
 - C. The larynx is lower in the pediatric airway.
 - D. The tongue is larger relative to the size of the mouth in the pediatric airway.
448. PEDIATRICS 052
Which one of the following statements is true regarding the peculiarities of the pediatric airway?
- A. The tongue is relatively small compared to the mouth.
 - B. The larynx is lower than in the adult airway.
 - C. The radius is largest at the cricoid ring.
 - D. Pediatric patients are often obligate nose-breathers.
449. PEDIATRICS 055
Vascular access sites during the resuscitation of a neonate to consider, include all of the following EXCEPT the:
- A. Brachiocephalic vein.
 - B. Tibial bone.
 - C. Umbilical vein.
 - D. Peripheral veins.
450. PEDIATRICS 056
Your 4-year-old patient remains cyanotic and bradycardic while being ventilated. You should be aware that:
- A. He has incomplete development of airway cartilage.
 - B. There is ventilation/perfusion mismatching.
 - C. He is experiencing inadequate ventilation.
 - D. He has subcutaneous emphysema.
451. PEDIATRICS 058
When approaching a child to be examined, which of the following observations may be accomplished without touching the child?
- A. Cervical spine integrity.
 - B. The patient's preferred position.
 - C. Internal hemorrhaging.
 - D. Core temperature.
452. PEDIATRICS 062
Which of the following statement is true regarding pediatric asthma?
- A. Dehydration is common.
 - B. The intubated child is easy to ventilate.
 - C. Aminophylline is considered a first line medication.
 - D. Initial tachycardias are rare.

453. PEDIATRICS 065
Clinical findings of bronchiolitis include all of the following, EXCEPT:
- A. Tachypnea.
 - B. A cough.
 - C. Stridor.
 - D. A low-grade fever.
454. PEDIATRICS 068
A common symptom of epiglottitis is:
- A. Bilateral wheezing.
 - B. A barking cough.
 - C. Nausea and vomiting.
 - D. A sore throat leading to drooling
455. PEDIATRICS 069
A priority to treating a child with epiglottitis includes:
- A. Keeping the patient supine.
 - B. Rapid transport.
 - C. Establishing an IV.
 - D. Administering racemic epinephrine.
456. PEDIATRICS 070
Priority treatment for pediatric foreign body aspiration is to:
- A. Perform a finger sweep while keeping the child's mouth open.
 - B. Perform Heimlich maneuver if necessary if child is less than 1 year of age.
 - C. Perform direct laryngoscopy if the child cannot be ventilated.
 - D. Perform alternating chest thrusts and back blows if child is over 1 year of age.
457. PEDIATRICS 071
Which of the following is considered a hazard of suctioning?
- A. Hypoxia.
 - B. An increase in secretions.
 - C. A decrease in intracranial pressure.
 - D. Systemic hypertension.
458. PEDIATRICS 078
The most important sign/symptom determining the urgency of treatment in a pediatric patient is:
- A. Blood pressure..
 - B. Babinski's reflex.
 - C. Body temperature.
 - D. Level of consciousness
459. PEDIATRICS 079
The most important scene factor determining the urgency of treatment in a pediatric trauma patient is:
- A. Distance from the hospital.
 - B. The initial (primary) survey.
 - C. Protocol driven on-scene time requirements.
 - D. Availability of parents or guardians.
460. PEDIATRICS 081
Cyanosis and bradycardia in a child on high flow oxygen is most likely due to:
- A. Oxygen toxicity.

- B. Inadequate ventilation.
- C. Congenital defects in the airway.
- D. Cardiovascular abnormalities.

461. PEDIATRICS 084

Which one of the following statements most accurately describes how the pediatric airway differs from that of the adult?

- A. The airways are smaller in females than in males.
- B. The radius is largest at the glottic opening.
- C. The glottis is higher and more anterior.
- D. It is widest at the carina.

462. PEDIATRICS 086

Which of the following is often an initial clinical finding in a pediatric patient with asthma?

- A. A prolonged inspiratory phase.
- B. A prolonged expiratory phase.
- C. Peripheral cyanosis.
- D. Inspiratory wheezing.

463. PEDIATRICS 087

Which one of the following statements is true regarding pediatric asthma?

- A. An accompanying cough is typical.
- B. Pediatric asthma is often exacerbated by cool moist air.
- C. The first symptom is usually inspiratory wheezes.
- D. Asthma is relatively uncommon in children.

464. PEDIATRICS 088

Which one of the following should be included in the initial management of an alert infant with clinical signs of bronchiolitis?

- A. Administration of a fluid challenge of 20 ml/kg.
- B. Endotracheal intubation.
- C. Administration of epinephrine 0.1 ml/kg.
- D. Administration of humidified oxygen.

465. PEDIATRICS 090

A common sign/symptom of croup is:

- A. Drooling.
- B. Grunting.
- C. A barking cough.
- D. A worsening during the day.

466. PEDIATRICS 091
Initial management of a child with croup most commonly includes:
- A. Applying humidified oxygen.
 - B. Administering epinephrine 0.3-0.5 mg. IVP.
 - C. Establishing an IV.
 - D. ECG monitoring.
467. PEDIATRICS 092
Common symptoms of epiglottitis include all of the following EXCEPT:
- A. Hypersecretion with drooling.
 - B. A barking seal-like cough.
 - C. An abrupt onset of high fever.
 - D. Inspiratory stridor.
468. PEDIATRICS 093
Your patient is four-year-old female who aspirated a pussy willow bud. You have unsuccessfully attempted to ventilate the patient with a bag-valve mask. Which one of the following becomes a priority treatment?
- A. Perform alternating chest thrusts/back blows.
 - B. Perform direct laryngoscopy.
 - C. Perform a blind finger sweep.
 - D. Perform the Heimlich maneuver.
469. PEDIATRICS 094
Which of the following is the most likely potential complication during oral or tracheal suctioning?
- A. Hypoxia.
 - B. Laryngeal displacement.
 - C. Bleeding.
 - D. A decrease in intracranial pressure.
470. PEDIATRICS 095
Following a near drowning in the family swimming pool, you are suctioning your pediatric patient during resuscitation. In this setting, suctioning should be limited to:
- A. 20 seconds.
 - B. 5 seconds.
 - C. 10 seconds.
 - D. 15 seconds.
471. PEDIATRICS 098
You are called to the home of a 10 year old male who has a tracheostomy tube. Your examination reveals that the tube is out of place. The child is with a untrained babysitter, however the child is clinically dyspneic. You should immediately:
- A. Apply a non-occlusive dressing over the tracheostomy opening and transport immediately.
 - B. Place the child on oxygen and suction as needed.
 - C. Replace the tracheostomy tube.
 - D. Ventilate the patient orally during transport.

472. PEDIATRICS 099
In the pediatric patient, all of the following are recommended ways to assess heart rate, EXCEPT via the:
- A. Radial artery in the neonate.
 - B. Umbilical cord in the neonate.
 - C. Brachial artery in the infant.
 - D. Carotid artery in the older child.
473. PEDIATRICS 100
All of the following are true regarding cardiovascular status in pediatric patients EXCEPT:
- A. Bradycardia can be an ominous finding..
 - B. The quality of the pulse can be a useful parameter.
 - C. Blood pressure will fall before heart rate increases
 - D. Normal systolic/diastolic blood pressures vary widely.
474. PEDIATRICS 101
The most common form of shock in the pediatric patient is:
- A. Hypovolemic.
 - B. Cardiogenic.
 - C. Neurogenic.
 - D. Septic.
475. PEDIATRICS 102
In the pediatric population, which one of the following statements is true regarding shock?
- A. Pediatric patients are more susceptible to hypovolemic shock from burns because of the small body surface area to weight ratio.
 - B. Relatively small amounts of fluid loss may be critical in the pediatric patient.
 - C. In a child who is in shock, anuria occurs as kidneys attempt to release fluid.
 - D. Cardiogenic shock resulting from myocardial insufficiency is common.
476. PEDIATRICS 104
In pediatric patients, shock due to persistent bradycardias in spite of adequate ventilation, should be treated with:
- A. Epinephrine and atropine.
 - B. Verapamil and glucose.
 - C. Thump-pacing and dopamine.
 - D. Isuprel and Adenocard.
477. PEDIATRICS 105
Which one of the following is the correct dosage when administering dopamine in the pediatric population?
- A. Begin with 20 mcg/kg/minute.
 - B. Begin with 10 mcg/kg/minute.
 - C. Begin with 15 mcg/kg/minute.
 - D. Begin with 5 mcg/kg/minute.

478. PEDIATRICS 107

In treating a child in severe distress from a tracheostomy tube disaster, the highest priority is to:

- A. Remove the tube by pulling on the securing tape.
- B. Attempt to suction and replace the tracheostomy tube.
- C. "Scoop and run" when the child is moribund due to an airway disaster.
- D. Attempt mouth to nose ventilations.

479. PEDIATRICS 108

Which of the following is the most common type of shock experienced by the pediatric patient?

- A. Cardiogenic.
- B. Neurogenic.
- C. Septic.
- D. Hypovolemic.

480. PEDIATRICS 110

Shock due to persistent bradycardia following proper oxygenation in the pediatric patient may be treated with:

- A. Isuprel and dopamine.
- B. Chest decompression and glucose.
- C. Epinephrine and atropine.
- D. Hyperventilation and cardiac massage.

481. RESCUE 002

Planning scene safety is important, because using proper safety techniques will:

- A. Ensure that there will be no risk of injuries to the paramedic.
- B. Eliminate the need for further Occupational Safety and Health Administration (OSHA) inspections.
- C. Provide immunity from allegations of negligence.
- D. Maximize the chance for a successful outcome for all involved.

482. RESCUE 003

Written safety procedures, assignments, and preplanning are necessary to provide:

- A. A detailed assessment of the patient.
- B. Coordinated efforts between rescue personnel.
- C. Psychological intervention during each rescue operation.
- D. Patient care within the "Golden Hour".

483. RESCUE 004

At the scene of a motor vehicle crash, patient access should not be made until:

- A. Batteries of the involved vehicles have been disconnected.
- B. Patients have been located and counted.
- C. Power sources for rescue equipment have been started.
- D. The scene is adequately protected from possible hazards.

484. RESCUE 006
During an extended rescue operation in a wilderness area, you have entered the patient into the trauma system, and cared for immediate problems. You know there may be an hour before the helicopter and the ambulance will intersect. During this time, what is your highest priority?
- A. Removing the patient from the trauma system because the "Golden Hour" has been lost.
 - B. Completing your prehospital care report to accompany the patient.
 - C. Anticipating and preparing for changes in patient condition.
 - D. To expedite your estimated time of arrival (ETA) by using local law enforcement escort services.
485. RESCUE 008
Upon arrival at the scene of a motor vehicle crash, the paramedic's first priority is to:
- A. Gain entry into the automobile to triage victims.
 - B. Size up the situation for hazards, injuries, and additional resources needed.
 - C. Stabilize the vehicles.
 - D. Immediately remove bystanders from the scene.
486. RESPIRATORY 001
Your 76-year-old female patient has been a two-pack-a-day smoker since age 15, and has chronic bronchitis. She called you today because she has not felt well for about a week and says she is tired of fighting for every breath. You notice she is cyanotic, and has a productive cough. Her cardio respiratory system relies on _____ as the main drive for respiration.
- A. Oxygen pressure (P_aO_2)
 - B. Alkalemia.
 - C. Carbon dioxide pressure (P_aCO_2)
 - D. Acidemia.
487. RESPIRATORY 002
Over time, patients with severe emphysema or chronic bronchitis rely on _____ as the only remaining respiratory drive.
- A. Hypercapnia
 - B. Hypocapnia
 - C. Hypoxemia
 - D. Hypocarbica
488. RESPIRATORY 003
Sighing is a slow, deep inspiration followed by a prolonged expiration is thought to be a protective reflex to prevent:
- A. Hypoxia.
 - B. Pulmonary hypertension.
 - C. Apnea.
 - D. Atelectasis.
489. RESPIRATORY 004
All of the following factors may affect respiratory rates, EXCEPT:
- A. Pneumonia.
 - B. Neuromuscular disease.
 - C. Anemia.
 - D. Scoliosis.
490. RESPIRATORY 005
An 18-year-old male is recovering from a fractured femur sustained while snow skiing in Colorado. Shortly after his friends drove him home, 9-1-1 was called because he experienced a sudden onset of shortness of

breath and chest pain. His respiratory rate is 32. You suspect:

- A. A pulmonary embolus.
- B. Pleurisy.
- C. A spontaneous pneumothorax.
- D. A myocardial infarction.

491. RESPIRATORY 006

As a general rule application of high flow oxygen should routinely be applied to all the following, EXCEPT:

- A. An asthmatic with bilateral wheezing.
- B. A chronic obstructive pulmonary disease patient with unilateral rhonchi.
- C. An intubated patient with spontaneous respirations.
- D. A tachypneic patient with carpopedal spasms.

492. RESPIRATORY 007

A factor which increases carbon dioxide blood levels in healthy people is:

- A. Digestion.
- B. Exercise.
- C. Sleep.
- D. Hyperventilation.

493. RESPIRATORY 008

Factors which can alter oxygen levels in the blood include all of the following, EXCEPT:

- A. Pulmonary embolus.
- B. Head injury.
- C. Hypertension.
- D. Tuberculosis.

494. RESPIRATORY 009

Which of the following is LEAST likely to alter oxygen levels in the blood?

- A. Schizophrenia.
- B. Psychogenic hyperventilation.
- C. Spinal injury.
- D. Carbon monoxide poisoning.

495. RESPIRATORY 010

You are transporting a severely anemic patient. Pulse oximetry in this setting can be very misleading because:

- A. Pulse oximetry indirectly measures the amount of oxygen bound to hemoglobin.
- B. The oximeter cannot determine hemoglobin bound with oxygen in patients with severe anemia.
- C. Patients with severe anemia are often hypoxic even when fully saturated.
- D. The level of carbon dioxide in the system can throw off the reading.

496. RESPIRATORY 011
A patient who presents with orthopnea:
A. Has difficulty breathing when lying flat.
B. Depends on hypoxic drive to breathe.
C. Has difficulty breathing when sitting up.
D. Uses only the diaphragm for breathing.
497. RESPIRATORY 012
_____ is the patient's sensation of difficult breathing while lying flat. It is commonly found in patients with _____.
A. Dyspnea/ COPD.
B. Orthopnea/ congestive heart failure.
C. Apnea/ Pickwickian Syndrome.
D. Hypopnea/ drug overdose.
498. RESPIRATORY 013
Orthopnea is the condition described as:
A. Labored breathing while lying flat.
B. Difficulty breathing at night time.
C. Shortness of breath brought about by exertion.
D. Deep inhalation.
499. RESPIRATORY 014
You arrive to find a patient sitting upright, leaning forward with hands on knees (tripod position), and using accessory muscles to facilitate breathing. She is in obvious respiratory distress. Audible wheezing is present and she appears agitated. Her friend tells you she has a history of asthma, and you quickly attempt to obtain an initial history which should include:
A. Onset, relative severity, medication use and precipitating factors.
B. Allergies, signs and symptoms, and discomfort level on a scale from 1-10.
C. Recent trauma, infections, physical activity, and duration of symptoms.
D. Age, race, weight, and family history.
500. RESPIRATORY 015
While assessing a patient with a history of COPD, you note a drop in the systolic blood pressure of 10 mmHg or more with each respiratory cycle. This finding is referred to as:
A. Cellular hypoxia.
B. An exacerbation of the patient's COPD.
C. Hyperreactive airway.
D. Pulsus paradoxus.
501. RESPIRATORY 016
You are examining a 61-year-old female who complains of a high fever, productive cough, chills and headache for the last three days. She denies having a history of respiratory problems. Given only this information, which of the following findings is LEAST important?
A. Tingling of the hands, or around the mouth.
B. Presence of chest pain.
C. Presence of blood in her sputum.
D. Color and character of her sputum.
502. RESPIRATORY 017
You notice that one of the victims removed from a house fire presents with confusion, loss of coordination and irritability. She complains of a severe headache and difficulty breathing. You suspect this patient is

suffering from:

- A. An allergic reaction.
- B. A hypertensive crisis.
- C. Carbon monoxide poisoning.
- D. An acute asthma attack.

503. RESPIRATORY 018

A 76-year-old female has rapid and labored breathing, diaphoresis, cyanosis, neck vein distention, agitation and confusion. Lungs sounds reveal rales. She has a rapid, irregular pulse and an elevated blood pressure. Your management should include ECG monitoring, and:

- A. Intubate and administer nitroglycerine, Lasix, nifedipine, and dopamine.
- B. Assist ventilations with a bag-valve-mask, and administer nitroglycerine, morphine sulfate, and fluids.
- C. Intubate and administer furosemide, dopamine and apply the PASG.
- D. Administer high flow oxygen, nitroglycerine, furosemide, and morphine sulfate.

504. RESPIRATORY 019

Wheezing can be caused by all of the following, EXCEPT:

- A. Pulmonary embolus.
- B. Lingual edema.
- C. Pulmonary edema.
- D. Airway obstruction.

505. RESPIRATORY 020

A 34-year-old male was working on his car in the garage when he began to have difficulty breathing. You find him tachypneic, vomiting, and complaining of a headache. His blood pressure is 130/68. Following removal of the patient from the garage, you decide to obtain a pulse oximetry reading while preparing to administer oxygen. Your reading:

- A. Should be accurate and effective in measuring oxygen saturation.
- B. Can be relied upon unless the patient is also hypothermic.
- C. Can help you select an appropriate liter flow for oxygen delivery.
- D. Should not be solely relied upon if carbon monoxide is suspect.

506. RESPIRATORY 021

Pulse oximetry assesses:

- A. Hypocarbica.
- B. Oxygen saturation.
- C. PaO₂.
- D. Hypercarbia.

507. RESPIRATORY 022

Your 42-year-old patient with a history of hypertension is found in moderate respiratory distress and presents with bilateral wheezing. His blood pressure is 210/126, heart rate is 122, and respiratory rate is 28 and labored. Which of the following medications is CONTRAINDICATED?

- A. Nitroglycerine.
- B. Morphine sulfate.
- C. Subcutaneous epinephrine 1:1000.
- D. Albuterol.

508. RESPIRATORY 023

Oxygen administration to a hypoxic patient raises his/her oxygen level by all of the following EXCEPT:

- A. Increasing arterial oxygen levels.
- B. Increasing oxygen concentration at the alveolar level.
- C. Increasing the inspired percentage of oxygen.
- D. Increasing the myocardial oxygen requirement.

509. RESPIRATORY 024

A 60-year-old male has a long history of smoking and peripheral edema. He is complaining of extreme weakness and exhaustion from labored breathing. You determine he is hypoventilating. Your most likely assessment is:

- A. Hypokalemia.
- B. Right heart failure.
- C. Hypocapnia.
- D. Esophageal spasm.

510. RESPIRATORY 025

A 16-year-old female, upset by a recent breakup of a relationship, appears to be hyperventilating. Breath sounds are clear bilaterally. You transport her to the hospital to rule out:

- A. Respiratory acidosis.
- B. Suicidal ideation.
- C. Post traumatic stress disorder.
- D. Serious causes of tachypnea.

511. RESPIRATORY 026

Your patient is a 57-year-old female with a history of asthma. Her husband tells you she has been having an asthma attack that has lasted all morning. She is cyanotic, her chest is hyperresonant, she is using accessory muscles to breathe, and there are inaudible breath sounds bilaterally. Your management of her should include oxygenation, IV access and:

- A. Nebulized albuterol and ECG monitoring.
- B. Epinephrine drip and pulse oximetry.
- C. Proventil metered dose inhaler and IV atropine.
- D. Nebulized Alupent and intravenous Lasix.

512. RESPIRATORY 027

A 45-year-old female complains of sudden onset of difficulty breathing. She tells you that she has been experiencing shaking chills for several days, and has a productive cough with green sputum. Your most likely assessment is:

- A. Pulmonary emboli.
- B. COPD.
- C. Pneumonia.
- D. An exacerbation of asthma.

513. RESPIRATORY 028

A 62-year-old male patient complaining of difficulty breathing, has a long history of smoking cigarettes and recent productive cough with fever. Based on just this information, your most likely assessment would be:

- A. Pneumonia.
- B. Congestive heart failure.
- C. A pulmonary embolus.
- D. Asthma.

514. RESPIRATORY 029

The sensation of vibration when examining a patient by asking the patient to speak while placing your hand on the chest is called _____. This phenomenon is maybe found in patients who have _____.

- A. Percussion/ a pneumothorax.
- B. Tactile fremitus/ pneumonia.
- C. Palpation/ a sucking chest wound.
- D. Sounding/ subcutaneous emphysema.

515. RESPIRATORY 030

Your patient complains of shortness of breath, chest pain, fever, chills, general malaise and a productive cough with blood-streaked yellow sputum. You detect rales and wheezes in the right lower lung. The most likely diagnosis is:

- A. Congestive heart failure.
- B. Pulmonary edema.
- C. Chronic bronchitis.
- D. Pneumonia.

516. RESPIRATORY 031

A 70-year-old patient has had a mild upper respiratory infection for two weeks. Today she has a high fever, is more tired, her cough is worse, her chest hurts, and she is vomiting. Your assessment also reveals fine crackles and wheezing bilaterally. Her sputum has increased and is rust colored, she has chills, and is tachycardic. You suspect:

- A. Aspiration pneumonia.
- B. Bacterial pneumonia.
- C. Viral pneumonia.
- D. Mycoplasmal pneumonia.

517. RESPIRATORY 032

Shortly after starting an IV on a 58-year-old female, she suddenly exhibits hypotension, cyanosis, rapid pulse and loss of consciousness. You suspect _____, therefore you place her _____:

- A. An air embolus/ in the Trendelenburg position.
- B. Hypovolemic shock/ in the right lateral recumbent position.
- C. An air embolus/ on her left side with her head down.
- D. Hypovolemic shock/ in the reverse Trendelenburg position.

518. RESPIRATORY 033

Your 34-year-old patient called 9-1-1 because he had a sudden onset of difficult breathing and chest pain. You arrive to find a tall, thin male who appears very anxious. He splints his chest when he coughs. Your assessment reveals diaphoresis, tachypnea, tachycardia, and hypotension. You should most likely suspect:

- A. An acute asthma attack.
- B. Pleurisy.
- C. A pulmonary embolism.
- D. A spontaneous pneumothorax.

519. ROLES 001

After receiving the third call in the middle of the night to help an elderly lady who was lonely and "just needed to talk to someone", your partner yells at her to stop calling 9-1-1 so much. In this situation, his actions would be considered:

- A. Justified.
- B. Unprofessional.
- C. Illegal.
- D. Appropriate.

520. ROLES 002

Your patient is an alert 90-year-old female who asks you to take her to the hospital because she had a sudden onset of dizziness and dropped the tea cup she was holding in her hand. Her son tells you he doesn't want you to transport his mother to the hospital because her doctor says she has a history of small strokes and medical science has done all it can for her. Your best course of action would be to:

- A. Honor her request and transport her to the hospital.
- B. Explain to her that her son is probably right, there is little modern science can do.
- C. Advise her that her insurance company probably will not pay for this.
- D. Tell her you feel comfortable under the circumstances to let her remain at home.

521. ROLES 003

Paramedics should avoid participating in unethical procedures and assume responsibility for exposing incompetence and unethical conduct of others to the appropriate authorities. This conduct is outlined in:

- A. Standard of Care Policies..
- B. The Morals and Principles Act.
- C. Medical-Legal Statutes
- D. The EMT Code of Ethics.

522. SHOCK 002
If blood pressure increases, baroreceptors send signals to the brain causing:
- A. Heart rate to increase.
 - B. Increased preload to the right heart.
 - C. Blood pressure to decrease towards normal values.
 - D. An increase in peripheral vascular resistance.
523. SHOCK 003
A 25-year-old patient was stabbed in the abdomen. Vital signs are: HR of 124, B/P 130/80, and RR of 20. Which type of shock is this?
- A. Neurogenic.
 - B. Irreversible.
 - C. Decompensated.
 - D. Compensated.
524. SHOCK 004
The stage of shock when cardiac output and systolic blood pressures are maintained by increasing catecholamine production is called:
- A. Uncompensated shock.
 - B. Compensated shock.
 - C. Diffuse shock.
 - D. Irreversible shock.
525. SHOCK 008
A patient's perfusion status can be determined by assessing the:
- A. Color, temperature, and moistness of the skin.
 - B. Response to noxious stimulus.
 - C. Pupillary reaction to light.
 - D. Degree of pulmonary expansion.
526. SHOCK 009
Your 46-year-old complains of being light-headed following a rapid onset of very fast heart beats. She is pale and diaphoretic. The ECG confirms a paroxysmal supraventricular tachycardia. When assessing her perfusion status, you expect to find:
- A. Dry, warm skin.
 - B. A delayed capillary refill.
 - C. Rapid bounding pulse.
 - D. Normal vital signs.
527. SHOCK 012
Global hypoperfusion of the brain may cause:
- A. Unequal pupils.
 - B. Fever and chills.
 - C. Decreased inner cranial pressure.
 - D. Agitation and disorientation.

528. SHOCK 013
During an assessment of a conscious trauma patient in shock, a finding which would assist you with a diagnosis of possible neurogenic shock is:
- A. The absence of sympathetic responses.
 - B. Widespread vasoconstriction.
 - C. Increased muscular tone.
 - D. Diaphoresis below the level of injury.
529. SHOCK 014
All of the following are signs of hypoxemia or hypoperfusion EXCEPT:
- A. Somnolence..
 - B. Agitation.
 - C. Hallucinations
 - D. Confusion.
530. SHOCK 015
While performing a physical examination on an elderly female who is pale, diaphoretic and hypotensive following a MVC, you note her heart rate is 72. You would most likely find:
- A. An implanted pacemaker.
 - B. Alcohol abuse is involved.
 - C. That her medications include Prozac.
 - D. She suffered a stroke.
531. SHOCK 016
Your 67-year-old male patient suffers from chronic anemia. You administer IV fluids, monitor his cardiac rhythm, and administer high-flow oxygen to:
- A. Increase his concentration of hemoglobin.
 - B. Minimize tissue hypoxia.
 - C. Stimulate red cell production.
 - D. Dilute his platelet concentration.
532. SHOCK 017
The systemic problem that is LEAST likely to occur with IV fluid therapy is:
- A. Pyogenic infections.
 - B. Circulatory overload.
 - C. Sepsis.
 - D. Platelet aggregation.
533. SHOCK 018
When administering fluids to a patient with congestive heart failure, it is most important to monitor:
- A. Pain along the course of the vein, hematoma or infiltration at the site.
 - B. Drowsiness, seizures and cardiac dysrhythmias.
 - C. Rales, tachypnea and external jugular vein distention.
 - D. Respiratory depression, chest pain and anxiety.

534. SHOCK 019
While monitoring an intravenous (IV) line, you note that the IV solution is no longer flowing. The most common cause of this is:
- A. Failure to remove the tourniquet.
 - B. Use of an improper administration set.
 - C. The patient's restrictive clothing.
 - D. The IV bag being placed too high.
535. SHOCK 022
You are preparing to administer adenosine to a patient who is decompensating from SVT. The best site for IV cannulation to administer Adenocard is the:
- A. Antecubital fossa.
 - B. Intern's vein.
 - C. Saphenous vein.
 - D. Dorsal aspect of the hand.
536. SHOCK 023
When fluid replacement therapy is needed rapidly in a critically ill infant or toddler, the most effective site for fluids :
- A. Saphenous vein anterior to the medial malleolus.
 - B. Subclavian artery.
 - C. Anterior border of the tibial tuberosity.
 - D. Internal jugular vein.
537. SHOCK 024
With all seriously ill or injured patients, you should reassess and obtain vital signs routinely every:
- A. 8 minutes.
 - B. 12 minutes.
 - C. 15 minutes.
 - D. 5 minutes.
538. STRESS 001
Three phases of the body's response to stress include:
- A. Palpitations, tachypnea, and decreased peripheral circulation.
 - B. Indigestion, peristalsis, and diarrhea.
 - C. Alarm, resistance, and exhaustion.
 - D. Anger, denial, and adaptation.
539. STRESS 002
Which of the following would NOT be recommended as appropriate techniques for coping with stress:
- A. Maintain a strong facade of control.
 - B. Get adequate rest and nutrition.
 - C. Seek and use support and counseling.
 - D. Balance physical exercise with relaxation.

540. STRESS 004
The common physiologic effects of stress include all of the following EXCEPT:
- A. Decreased adrenal catecholamine production and reduced peristalsis.
 - B. Blood shunting to muscles and increased blood pressure.
 - C. Flushing and diaphoresis.
 - D. Pupillary dilation and increased blood glucose levels.
541. STRESS 005
Which of the following is a physiological response to stress?
- A. Reduced peristalsis in the digestive tract.
 - B. Pupillary constriction.
 - C. Increased sexual drive or performance.
 - D. Decreased blood glucose levels.
542. STRESS 007
Which of the following best represents proper communications?
- A. When speaking to a four year old, say "Hi, my name is Tom. I'm a paramedic and I want to look at your hand."
 - B. When speaking to a 23-year-old psychiatric patient, say; "You think you're George Washington? Well Mr. President, let's go to the hospital."
 - C. When speaking with an elderly patient, speak very loudly and say, "Hello! I'm a paramedic. Why did you call 9-1-1?"
 - D. Ask the son of an elderly man, "Who has been hitting your dad and why does he have so many bruises on his body?"
543. STRESS 008
While at the home of a 90-year-old woman who has been critically ill for several weeks, you find that your patient needs psychological care as well as medical attention. Which of the following would be considered appropriate?
- A. Maintain a detached demeanor.
 - B. Treat her with respect and dignity.
 - C. Dissuade her from feelings of anger, despair and guilt.
 - D. Inform the patient that she is not going to die.
544. STRESS 009
Which of the following reactions would you typically expect from parents at a scene where their four-year-old child has been struck by a car ?
- A. Guilt.
 - B. Withdrawal.
 - C. Indifference.
 - D. Submissiveness.
545. STRESS 010
Which of the following is the most common first reaction in family members who have experienced the sudden loss of a loved one:
- A. Denial.
 - B. Depression.
 - C. Acceptance.
 - D. Anger.
546. STRESS 011
The victim's family members at the scene of a traumatic event commonly feel any of the following EXCEPT:

- A. Helpless.
- B. Angry.
- C. Responsible.
- D. Relieved.

547. STRESS 012

Which of the following would you LEAST expect to see in family members who have experienced the unexpected death of a loved one?

- A. Ambivalence.
- B. Anger.
- C. Bargaining.
- D. Denial.

548. STRESS 013

You and your partner have responded to a fire scene where adults and children are severely burned. Multiple demands are being made on you by family members, bystanders, and the media. Your LEAST likely response to these pressures would be:

- A. Anger.
- B. Defensiveness.
- C. Indifference.
- D. Sadness.

549. STRESS 015

You are transporting an 83-year-old female nursing home patient who is dying to a hospital. During the trip she appears to slip in and out of consciousness. Your management of this patient should include:

- A. Assuring the patient that you won't let her die.
- B. Showing utmost respect and providing comfort care for your patient even when death is imminent and after it occurs.
- C. Discussing her condition only at times when she slips into unconsciousness.
- D. Prohibiting family members from accompanying the patient in the ambulance to the hospital.

550. STRESS 016

A 54-year-old man suffering from terminal cancer asks you if he is going to die now. Which response below is the most appropriate?

- A. "No, not in my ambulance".
- B. "Do you like to fish and hunt?"
- C. "Let me tell you what I believe about death and dying..."
- D. "Yes, you may be dying".

551. TOX/ABUSE 005

Your management of a patient who has ingested a poison should focus on supportive and symptomatic treatment and:

- A. Prevention of absorption.
- B. Obtaining a blood sample.
- C. Determining if the ingestion is deliberate.
- D. Determining if there is a psychiatric history.

552. TOX/ABUSE 006

Management of a patient who has ingested caustic poison should include supportive treatment and:

- A. Promoting emesis and contact Poison Control.
- B. Promoting catharsis and contact Poison Control.
- C. Preventing absorption and contact Poison Control.

D. Obtaining a blood sample and contact Poison Control.

553. TOX/ABUSE 008

The primary goal of inducing vomiting in a patient who ingested a poison is to prevent the toxic substance from reaching the:

- A. Small intestine.
- B. Stomach.
- C. Kidneys.
- D. Large intestine.

554. TOX/ABUSE 011

Patients who have ingested a caustic substance commonly present with all of the following EXCEPT:

- A. Shortness of breath.
- B. Oropharyngeal burn.
- C. Diarrhea.
- D. Severe throat & thoracic pain.

555. TOX/ABUSE 012

Treatment of cyanide poisoning includes:

- A. Administration of vitamin B1.
- B. Administration of naloxone.
- C. Administration of sodium thiosulfate.
- D. Administration of thiocyanate.

556. TOX/ABUSE 013

The initial treatment for cyanide poisoning is:

- A. Amyl nitrite.
- B. Narcan 2-8 mg.
- C. Sodium thiosulfate.
- D. Ventilatory support with high flow O₂.

557. TOX/ABUSE 014

Your otherwise healthy 42-year-old patient complains of stomach pain, vomiting and diarrhea after eating at a restaurant. What additional information would you need in order to support your suspicion of food poisoning?

- A. The patient has hot, dry skin.
- B. Symptoms occurred within 48 hours after eating.
- C. Symptoms were intermittent over a period of several hours.
- D. The patient complains of right lower quadrant tenderness.

558. TOX/ABUSE 017
Clinical symptoms of hallucinogenic mushroom poisoning may include _____ effects such as tachycardia, dilated pupils, hot dry skin, decreased bowel sounds, altered vision, and abnormal mental status.
- A. Muscarinic.
 - B. Sympathomimetic.
 - C. Cholinergic.
 - D. Anticholinergic.
559. TOX/ABUSE 019
The first priority in treating patients who have inhaled toxic gases is:
- A. Contact poison control for assistance.
 - B. Identify the toxic substance.
 - C. Airway management.
 - D. Scene safety and removal from the source.
560. TOX/ABUSE 021
Management of acute carbon monoxide poisoning may include:
- A. Benzodiazepines.
 - B. Heart-lung bypass.
 - C. Hyperbaric medicine.
 - D. Vasodilators.
561. TOX/ABUSE 022
A 58-year-old male attempted suicide by inhaling carbon monoxide. When removed from the car he is unresponsive and his skin is pale. The most beneficial treatment for this patient is hyperbaric oxygen therapy. The use of pulse oximetry in this setting is a reliable indicator of patient oxygenation. This assessment is:
- A. Correct.
 - B. Incorrect, because the most beneficial treatment is sodium nitrite and sodium thiosulfate although the use of pulse oximetry is a reliable indicator of oxygenation.
 - C. Incorrect, because the most beneficial treatment is sodium nitrite and sodium thiosulfate and pulse oximetry is not a reliable indicator of oxygenation.
 - D. Incorrect, because although hyperbaric oxygen treatment is appropriate, the use of pulse oximetry is not a reliable indicator of oxygenation.
562. TOX/ABUSE 024
The first priority with a patient who has inhaled ammonia is to:
- A. Remove patient from the contaminated area.
 - B. Establish and maintain an airway.
 - C. Establish venous access.
 - D. Ventilate the area.
563. TOX/ABUSE 032
Your patient spilled malathion over one-third of his body while filling a spray can in order to kill garden pests. The responding HAZMAT team followed field decontamination procedures prior to patient transport by ambulance to a hospital. As a member of the ambulance crew, and prior to beginning transport, you should:
- A. Place the patient in a body bag, or wrap him in sheets or blankets up to his neck and cover his hair.
 - B. Transport immediately in lieu of additional decontamination procedures or considerations.
 - C. Contact the news media and give them the facts to avoid an over-reaction.
 - D. Ask the member of the HAZMAT team to accompany the patient to the hospital.

564. TOX/ABUSE 036
Signs and symptoms of sedative hypnotic overdose include:
- A. Hypertension, seizure activity, coma.
 - B. Tachypnea, agitation, drowsiness.
 - C. Tremors, hypotension, nausea.
 - D. Hypotension, drowsiness, respiratory depression.
565. TOX/ABUSE 039
A 79-year-old female is despondent but conscious following the funeral of her husband. According to the prescription bottle content and date of prescription, you determine she has ingested approximately thirty 50 milligram amitriptyline tablets. Following airway and ventilatory support, management of ventricular dysrhythmias in this patient should include:
- A. Lidocaine.
 - B. IV sodium bicarbonate.
 - C. Syrup of Ipecac.
 - D. IV naloxone (Narcan).
566. TOX/ABUSE 048
A 68-year-old female has a long history of alcohol abuse. Her apartment manager called 9-1-1 when he found her lying on the couch complaining that ants were crawling all over her body. Following this, she had a full-body seizure. You arrive to find her coming out of the postictal stage. Optimal management of this patient should include:
- A. Naloxone (Narcan) and diazepam (Valium).
 - B. D50 and naloxone (Narcan).
 - C. Thiamine and glucose if glucose is low.
 - D. Thiamine and diazepam (Valium).
567. TOX/ABUSE 049
Friends of your patient tell you that at a college fraternity party, he drank 15 shots of tequila without stopping. Friends called 9-1-1 when he wouldn't respond when they tried to wake him up. You expect your findings to include:
- A. Hypoventilation, cyanosis and coma.
 - B. Diaphoresis, vomiting, and hyperthermia.
 - C. A 0.350 mg/dl blood alcohol level, seizure activity, and hypertension.
 - D. Pulmonary edema, dysrhythmias, and dilated pupils.
568. TOX/ABUSE 050
All of the following are patterns of alcohol abuse EXCEPT:
- A. Drinking early in the day.
 - B. Drinking alone or in secret.
 - C. Admitting a problem with alcohol when confronted.
 - D. Denial of any inference of a drinking problem.

569. TRAUMA 001
Your patient sustained a closed head injury with an immediate brief loss of consciousness followed by a lucid period before losing consciousness again. This is suggestive of:
- A. A subdural hemorrhage.
 - B. A subarachnoid hemorrhage.
 - C. A brain contusion.
 - D. An epidural hematoma.
570. TRAUMA 002
Initial priorities of trauma management include all of the following, EXCEPT:
- A. A detailed patient assessment.
 - B. Treatment of life-threatening injuries.
 - C. Stabilization of the cervical spine.
 - D. Rapid assessment of the airway.
571. TRAUMA 003
Your patient was involved in a high speed motor vehicle crash and was thrown from the car. Your initial assessment of this patient should include all of the following EXCEPT:
- A. Determining gross motor deficits.
 - B. Evaluating airway, breathing and circulation.
 - C. Obtaining vital signs.
 - D. Evaluating level of consciousness.
572. TRAUMA 004
Your patient is a healthy 43-year-old firefighter who has total body surface area (TBSA) second degree burns of approximately 25%, and third degree burns of approximately 10%. You stop the burn process, conduct an initial survey, manage the airway, initiate cardiac monitoring and fluid resuscitation and:
- A. Apply ice packs to the groin and axillae.
 - B. Cover the burn area with cool dressings and turn on the air conditioner.
 - C. Administer 40 mg morphine sulfate.
 - D. Remove all jewelry.
573. TRAUMA 005
When it is necessary to perform rapid airway intervention on a trauma patient, special care must be taken to avoid further injury to the:
- A. Sacral spine.
 - B. Thoracic spine.
 - C. Cervical spine.
 - D. Lumbar spine.
574. TRAUMA 006
Which statement below is true regarding intubation of a patient with a suspected cervical spinal injury?
- A. Having two assistants is recommended.
 - B. The orotracheal route must be avoided.
 - C. Magill forceps should be used.
 - D. The digital method is recommended.

575. TRAUMA 007
When treating a trauma patient with suspected cervical spine injury who requires ventilatory management, you should:
- A. Use mild traction while performing head-tilt, chin-lift to ventilate patient.
 - B. Keep neck in neutral position while using jaw thrust maneuver, and ventilating patient.
 - C. Use mild traction while performing jaw thrust maneuver, ventilate patient.
 - D. Keep neck in neutral position while performing head-tilt, chin-lift maneuver and ventilating patient.
576. TRAUMA 008
Your 12-year-old patient struck his head on the bottom of a shallow pool while diving. You suspect a possible spinal cord injury as a result of axial loading. You observe that his ventilations are compromised, and immediately _____ and attempt ventilation.
- A. Apply the jaw-thrust maneuver.
 - B. Apply the chin-lift maneuver.
 - C. Provide in-line manual support.
 - D. Perform the head-tilt maneuver.
577. TRAUMA 009
An elderly male has fallen 12 feet from a roof onto a concrete surface. He is complaining of head, neck, and back pain, and states he is having difficulty breathing. You note that he has fractures of the right upper arm and lower leg. Your immediate management should include:
- A. Cervical spine support while managing the airway.
 - B. Applying the PASG while taking spinal precautions.
 - C. Endotracheal intubation and spinal immobilization.
 - D. A detailed assessment including vital signs.
578. TRAUMA 013
When using positive pressure ventilation, a simple pneumothorax can develop into a tension pneumothorax as a result of:
- A. Air being forced into the pleural cavity reducing lung expansion.
 - B. Excessive air pressure causing the bronchioles to spasm.
 - C. Air being forced into the pericardium causing tamponade.
 - D. Air leaks into the esophagus causing gastric distention.
579. TRAUMA 014
All of the following conditions limit ventilation and pulmonary expansion of the chest, EXCEPT:
- A. Gastric distention.
 - B. Pneumothorax.
 - C. Cardiac contusion.
 - D. COPD.
580. TRAUMA 017
A conscious patient presents with shallow respirations at 6 breaths per minute. Your first priority is to:
- A. Administer oxygen with a nasal cannula.
 - B. Assist ventilations using a bag-valve-mask.
 - C. Start an IV and administer 2 mg. naloxone (Narcan).
 - D. Administer oxygen via non-rebreather mask.

581. TRAUMA 018
A conscious patient presents with shallow respirations at 6 breaths per minute. Your first priority is to:
- A. Start an IV and administer 2 mg. naloxone (Narcan).
 - B. Assist ventilations using a bag-valve-mask.
 - C. Administer oxygen with a nasal cannula.
 - D. Administer oxygen via non-rebreather mask.
582. TRAUMA 023
Shock resulting from decreased venous return due to a tension pneumothorax should be treated primarily by:
- A. Endotracheal intubation and hyperventilation.
 - B. Decompressing the pneumothorax.
 - C. Transporting immediately to a site of definitive care for chest decompression.
 - D. Administering a fluid challenge according to standing orders.
583. TRAUMA 031
Increasing intracranial pressure and eventual compression of the third cranial nerve causes:
- A. A slowing of the reticular activating system.
 - B. Pupillary dilation.
 - C. Pupillary constriction.
 - D. A quickening of the reticular activating system.
584. TRAUMA 032
Your 68-year-old patient complains of a sudden painless loss of vision in one eye. She denies any recent trauma to the eye. The most likely cause is:
- A. Hyphema.
 - B. Corneal rupture.
 - C. Retinal detachment.
 - D. Retinal arterial occlusion.
585. TRAUMA 033
Retinal artery occlusion is:
- A. An early sign of glaucoma.
 - B. A vascular emergency.
 - C. An event brought about by stress.
 - D. An early sign of diabetes.
586. TRAUMA 034
An erratic breathing pattern in head injury is caused by:
- A. High levels of carbon dioxide.
 - B. Collapse of the foramen magnum.
 - C. Pressure in the brain.
 - D. A decreasing level of consciousness.
587. TRAUMA 035
Which one of the following statements is true regarding lacerations of the scalp?
- A. Blood loss can be rapid but easy to control due to durability of the blood-brain barrier.
 - B. Blood loss can be rapid and difficult to control due to a lack of musculature in the scalp.
 - C. Blood loss is minimal due to the small size of scalp vessels.
 - D. The scalp is firmly attached to the skull which aids in preventing significant blood loss.
588. TRAUMA 037

In an attempt to vasoconstrict the brain vasculature after head injury, the body may begin to:

- A. Hyperventilate.
- B. Increase blood flow to the brain.
- C. Hypoventilate.
- D. Retain high levels of carbon dioxide.

589. TRAUMA 038

Pharmacological therapy for a patient with a head injury may include all of the following EXCEPT:

- A. Magnesium sulfate.
- B. Diazepam.
- C. Solu-medrol.
- D. Furosemide.

590. TRAUMA 039

Management of the unconscious head injured patient should be aimed at decreasing intracranial pressure.

This is best done in the prehospital setting by:

- A. Administering oxygen via nasal cannula and providing rapid transport.
- B. Hyperventilating at a rate of 20-22 breaths/minute with high flow oxygen.
- C. Administering high flow oxygen via a non-rebreather mask.
- D. Ventilating patient at 12-20 breaths/minute with high flow oxygen.

591. TRAUMA 041

Loss of consciousness, erratic breathing, a pulse of 50, blood pressure of 190/98, and unequal pupils that are slow to react to light are all classic signs of:

- A. Infectious meningitis.
- B. Increasing intracranial pressure.
- C. Neurologic hypoglycemia.
- D. A loss of cerebrospinal fluid.

592. TRAUMA 042

While performing a general examination of a patient with thoracic trauma, which of the following is your LEAST important assessment?

- A. Looking for scars, a bulging implantable defibrillator or a pacemaker.
- B. Auscultating for breath sounds over the apex and base of each lung.
- C. Determining if breath sounds are present, diminished, absent, equal or unequal.
- D. Inspecting for jugular vein distention.

593. TRAUMA 043

Prehospital management of a patient with an isolated flail chest should include:

- A. Oxygenation via a bag-valve-mask.
- B. Stabilizing the flail segment with sand bags.
- C. High flow O₂ via a non-rebreather mask.
- D. Needle chest decompression.

594. TRAUMA 044
You are caring for a 15-year-old male who fell out of his tree house and hit the ground very hard. He presents with dyspnea and right-sided paradoxical chest movement. Vital signs are: BP 100/72, HR 120, RR 30 and shallow, with diminished breath sounds bilaterally. This patient is suffering from:
- A. Bilateral pneumothoraces.
 - B. Traumatic asphyxia.
 - C. Bilateral hemothoraces.
 - D. A flail chest.
595. TRAUMA 045
The major potential complication from a flail chest injury is:
- A. Severe respiratory compromise.
 - B. The loss of chest wall integrity.
 - C. Paralysis of the respiratory muscles.
 - D. Blood in the pericardial sac.
596. TRAUMA 046
A trauma patient exhibiting jugular vein distention, narrowing pulse pressure, and muffled heart tones is most likely suffering from:
- A. A closed head injury.
 - B. A hemopneumothorax.
 - C. An abdominal aortic aneurysm.
 - D. A pericardial tamponade.
597. TRAUMA 047
A 22-year-old female unrestrained driver from a motor vehicle crash complains of constant chest pain that does not change with palpation. ECG shows frequent PVC's. The patient is most likely suffering from:
- A. Cardiac contusion.
 - B. Sternal fracture.
 - C. Aortic aneurysm.
 - D. Myocardial infarction.
598. TRAUMA 048
A patient who has sustained a blunt trauma to the anterior right upper quadrant is most likely to have an injury to the:
- A. Bowel.
 - B. Appendix.
 - C. Liver.
 - D. Kidney.
599. TRAUMA 052
Your patient sustained an open femur fracture when he was kicked by a llama. Of the following, your first treatment would be to:
- A. Control the hemorrhage.
 - B. Splint the fracture.
 - C. Apply cold packs and elevate the leg.
 - D. Administer copious flushing with saline.

600. TRAUMA 054
 After splinting an extremity fracture, you note a loss of nerve function which was intact during your initial assessment. This finding would require you to:

- A. Transport the patient to the hospital immediately.
- B. Provide pain relief to increase comfort and reduce anxiety.
- C. Apply an unpadded rigid splint.
- D. Remove the splint, reassess, and reposition the extremity if necessary.

601. TRAUMA 056
 Prehospital management of pelvic fractures should include:

- A. Urinary catheterization.
- B. Short spine board immobilization.
- C. Bilateral traction splints.
- D. Treatment for shock.

602. TRAUMA 057
 Your 27-year-old male patient has suffered a pelvic fracture from a fall from a horse. He complains of abdominal pain, and you note he has blood at the meatus. This finding is usually a sign of:

- A. Urethral injury.
- B. Retroperitoneal hemorrhage.
- C. Testicular torsion.
- D. Kidney damage.

603. TRAUMA 058
 Which of the following is the LEAST important reason for continuous patient reassessment while en route to a hospital:

- A. Because a poor initial evaluation may become apparent during transport.
- B. Because rapid changes may alter treatment priorities.
- C. Because good documentation will decrease the chance of any legal liability.
- D. Because any significant changes in patient condition can be reported to on-line medical control.

604. TRAUMA 059
 A 27-year-old male is found lying in the road after being ejected from a motor vehicle in a crash. The patient does not open his eyes, verbal responses are incomprehensible, and the patient's arms appear to be flexing toward the body. Using the Glasgow Coma Scale, which of the following scores best fits this patient:

Glasgow Coma Score					
Eye Opening		Verbal Response		Motor Response	
Spontaneous	4	Oriented	5	Obeys Commands	6
To voice	3	Confused	4	Localizes pain	5
To pain	2	Inappropriate words	3	Withdraws (pain)	4
None	1	Incomprehensible	2	Flexion (pain)	3
		None	1	Extension (pain)	2
				None	1

- A. 8.
- B. 10.
- C. 3.
- D. 6.

605. TRAUMA 060
 When trauma is involved, transportation to the hospital is sometimes a "load and go" situation. Which of

the following findings is LEAST likely to require you to minimize scene time?

- A. Unequal pupils.
- B. Burns.
- C. Glasgow Coma Score less than 10.
- D. Bilateral femur fractures.