

**Northwest Community EMS System
Continuing Education Class Credit Questions
Pediatrics – October 2011**

Name (PRINT):	Date submitted:
Affiliation:	Rating: [] Complete [] Incomplete

Reminder: You must schedule to take the class post-test with your assigned hospital EMS Coordinator/educator or their designee after this packet has been approved as complete.

The answers to these questions are found in the October 2011 class handout, independent study materials and/or the SOPs.

1. According to the new state law/act amending the Illinois School Code discussed in the PPP on p. 1, what are the two new requirements for school boards?

2. Why is it more difficult to identify sports related head injuries in today's youth? (PPP p. 2)

3. What is the most critical element for EMS when becoming involved in school related athletic injuries? (PPP p. 2)

4. List & explain 2 "special considerations" that should be taken into account when assessing and treating a pediatric patient. (SOP p. 58)

5. What 3 items are assessed when considering "General Impression" for a peds patient? (PPP p. 3; SOP p. 58)

6. What guideline drives the decision to intubate a pediatric patient, as opposed to use of other, less invasive methods of airway and oxygenation/ventilation management? (PPP p. 3)

7. A child w/ respiratory distress has cool skin, poor peripheral pulses and capillary refill of 3 sec. What action is indicated, to ensure a reliable pulse ox reading? (Obj. 7) (ISM p 10, SOP)

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8. In what circumstances is vascular access via IO indicated for the pediatric patient? (PPP p. 3; SOP p. 59)

9. List 4 peds assessment findings that forewarn of deterioration or imminent respiratory arrest. (PPP p. 3; SOP p. 59)

Pediatric Arrest Scenario:

EMS is dispatched to the local swimming pool for a 6 y/o child (70#) who hit head & may not be breathing. The lifeguard who meets EMS at the door states he witnessed the child fall from the kiddy water slide platform and hit his head before entering the water. He was submerged for less than 30 seconds. The child weighs 70 lb. according to the Broselow tape.

The following 9 questions pertain to the above scenario (10-15).

10. When performing ABCDE assessment on this patient, describe 3 aspects of B (breathing) that should be assessed. (SOP p. 59)

11. The pt is found at the side of the pool, covered in a towel. C-collar is in place, & there is no breathing. EMS takes over ventilations w/ peds BVM 15L. The airway is open & clear. Pulse ox has risen from an initial reading of 82% to 96%. Does the patient require intubation? Support your answer w/ guidelines from the pediatric SOPs. (SOP p. 62, CE packet p. 3)

No further life threats are found on ABCDE assessment. VS are: BP 78/palp. HR 39, sinus bradycardia. Ventilations are assisted @ 12-20/min. SpO2 reads 95%.

12. What SBP reading represents the lower limits of "normal" for this patient? Support your answer w/ guidelines from NWC EMSS SOPs. (SOP p. 60)

13. Considering the above VS, what action is indicated now? (SOP p. 68)

14. What are two plausible causes for bradycardia that should be assessed for in this patient? (SOP, p. 68)

15. The next ECG check reveals asystole. What medication, dose & volume (mL) (for this pt), and route is indicated? Include the source & page number where you found a reliable answer for this question. (SOPs, p. 72, Peds drug table p. 89)

16. What effect/action is intended when administering the above medication by the route chosen? (SOP p. 83)

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17. How is CPR different in peds vs. adults, w/ regards to when it is begun? (SOP p. 68)

18. How is arrest medication dosing different in peds patients vs. adult patients? (SOP p. 89, 17)

Respiratory Distress Scenario:

EMS is dispatched @ 1245 for a 9 yr old female having difficulty breathing. Upon arrival, the patient is seated on the cot in the nurse's office of a park district summer camp. The nurse states the group had just finished lunch about 1215 (peanut butter sandwiches, milk, and strawberries-banana fruit salad). According to the health history document, the pt. weighs 80 lb. Medical hx is "allergies", but the medication and specific allergy sections are blank. The pt cannot provide any more specific info. She appears anxious, and occasionally reaches around to her back to scratch. Breathing is labored, w/ audible wheezes. Auscultation of breath sounds reveals diffuse wheezing. SpO2 reads 90%. The nurse states the patient's lips appear swollen compared to normal.

The following 11 questions pertain to the above scenario. (Q #19-29)

19. What is the accurate Prehospital Impression? (ISM, p.12; SOP p. 65)

20. At what level of severity for this condition is this pt? Support your answer w/ the findings to support it. (SOP . 65, ISM p. 12)

21. What medication is indicated first for this pt? Be specific, including drug, dose & volume (mL) (for this pt) & route. (SOP p. 65, 89)

22. What is the intended effect/action of this drug when administering it by the chosen route? (SOP, p. 83)

23. When should transport begin for this patient? (SOP p. 65)

What if this pt presented **w/out** itching and lip swelling, her medical record could not be located, but a Seravent inhaler was found in her backpack? Assessment reveals the pt. to be in moderate respiratory distress, ↑ RR, shallow breaths and audible wheezes. Lung sounds: bilateral wheezes. SpO2 is 95%.

24. What would be a plausible Prehospital Impression for this patient? (ISM p. 8-9; SOP p. 66)

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25. At what level of severity does this patient appear to be? Defend your answer by including this pt's exam findings that correspond to this level. (ISM p. 8-9, SOP p. 66)

26. What treatment is indicated? (SOP p. 66)

27. Explain how the SpO2 and breath sounds findings compare, with respect to the mild-mod. level of asthma vs. the severe level of asthma. (ISM p. 8-9; SOP p. 66)

28. If the above patient presented instead w/ severe SOB, fatigue, near absent lung sounds, no wheezes, & a pulse ox reading of 90%, what intervention would be indicated first? Indicate the appropriate drug, dose & volume for this pt., & route. (SOP p. 66, 89)

29. What effect/action of the above medication is intended for the route chosen? (SOP p. 83)

“Sick” Child Scenario:

EMS is called for a sick child. Upon arrival, Mom is holding a 14 mo. old who has had a fever for 3 days. Yesterday the pediatrician diagnosed Coxsackie virus, which creates painful blisters in the mouth and throat, and painful red spots on the palms and soles of the feet. Mom states the child will not eat or drink, has taken only a few pieces of popsicle since last night, & is not acting normally. The child is leaning against Mom's chest, opens eyes briefly to Mom's voice, but does not react when you approach. Skin is hot, dry & pale. Breathing is fast but unlabored. Weight yesterday was 19 lb.

The following 6 questions pertain to the above scenario. (Q #30-35)

30. Which of the above “general impression” & GCS findings is concerning/abnormal? (SOP p. 58, 60)

31. List 3 assessments/questions useful to determine hydration status, as part of “C” in the primary survey? (SOP p. 59)

32. As part of “D” (disability) in the primary survey, blood glucose is found to be 48. What intervention is indicated? Be specific w/ regards to drug, concentration, dose and volume, and route, for this patient. (SOP p. 74)

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33. VS are: BP 66/palp, HR 196, RR 40, SpO2 95%. What intervention is indicated? Be specific w/ regards to drug, dose & volume, & route, for this pt. (SOP p. 59, 60)
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34. The pt begins to seize. What intervention is indicated? Be specific w/ regards to drug, dose & volume, & route, for this pt. (SOP p. 77, 89)
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35. When examining a patient who is seizing, list 2 assessment findings that should prompt use of PPE other than gloves. (ISM p. 14, SOP p. 77)
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36. Describe 3 commonly reported findings in patients w/ suspected ALTE. (PPP p. 4)
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37. According to the Annals of Emer. Medicine, how do the majority of ALTE cases present to EMS? (PPP p. 4)
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38. Identify 5 underlying causes of ALTE. (PPP p. 4)
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39. What 4 things are important to keep in mind when caring for suspected ALTE pts? (PPP p. 4)
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40. Identify 3 things that you learned today.
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