Eye and Ear Disorders and Trauma Post Test Question Bank September 2012

1. A patient is unable to read. How can visual acuity be measured by EMS?
   A. Visual acuity must be deferred to the ED
   B. Have them count your fingers @ 12 inches
   C. Assess their ability to see hand movement @ 12 inches
   D. Have them point in the direction of the "E's" on a Snellen chart

2. A patient cannot see well enough to read the Rosenbaum card with the right eye. EMS should
   A. assess the pt's ability to see light.
   B. position the card @ distance of 6 inches.
   C. allow the patient to try w/ both eyes open.
   D. assess the pt's ability to count fingers @ 12 inches.

3. A patient cannot see without their glasses. How should visual acuity be assessed?
   A. Instruct the pt to squint
   B. Have the pt use their glasses
   C. Reduce the distance at which the Rosenbaum card it held
   D. Assess visual acuity w/o use of glasses, and note that in the narrative

4. Pupil assessment instructions to the patient include
   A. cover one eye.
   B. try not to blink your eyes.
   C. focus on a distant object.
   D. follow the light w/ your eyes.

5. Observation of pupil reactivity to light includes
   A. direct constriction to light.
   B. dilation of the opposite pupil.
   C. accommodation by both pupils.
   D. nystagmus in the intoxicated patient.

6. What is the expected finding of the *opposite* pupil when assessing pupil light reflex?
   A. Dilation
   B. No change
   C. Accommodation
   D. Consensual constriction

7. Instructions to the pt when assessing EOM's include
   A. cover one eye
   B. focus on a distant object
   C. tell my how many fingers I am holding up
   D. follow my finger, moving only your eyes

8. When assessing EOM's, the examiner's hand should move in what pattern?
   A. an H
   B. an X
   C. an I
   D. a cross

9. When assessing EOM's, eye movement is assessed for
   A. symmetrical movement across midline.
   B. symmetrical, parallel side to side movement.
   C. consensual movement through all quadrants.
   D. equal and complete movement through all quadrants.

10. Acid contact to eye structures results in
    A. rapid destruction of mucous secreting cells.
    B. release of proteins and formation of a protective barrier.
    C. progressive destruction of ocular tissues and collagen swelling.
    D. rapid spread of damage to the lacrimal glands and intranasal structures.

11. Alkaline contact to eye structures results in
    A. extensive thrombosis &ischemic necrosis of the iris.
    B. immediate intraocular penetration and blindness.
    C. epithelial destruction & rapid penetration of the cornea and anterior chamber.
    D. lodging of tiny particles under the lids that continue to cause progressive damage.

12. A patient w/ acute ocular chemical burns will present with
    A. corneal transparency.
    B. limbal hemorrhage & edema.
    C. severe pain and vision changes.
    D. absence of the corneal blink reflex.

10. A patient w/ acute ocular chemical burns will present with
    A. leaking of aqueous humor.
    B. exophthalmos and double vision.
    C. sloughing of the external eye lids.
    D. marked conjunctival swelling & redness.

13. EMS management of ocular chemical burns includes A. avoidance of Tetracaine use. B. rapid removal of contact lenses. C. rapid administration of neutralizing solution. D. visual acuity using the Rosenbaum near card.	14. EMS management of ocular chemical burns includes A. application of an eye shield. B. rapid pH testing of eye surface. C. rapid assessment of light perception. D. determination of exact classification of involved burn substance.	15. Definitive EMS management of ocular chemical burns is A. instillation of Tetracaine drops. B. determination of the nature of the chemical. C. immediate irrigation w/ a neutralizing agent. D. immediate irrigation w/ a neutral solution.
16. Which guideline is correct regarding eye irrigation? A. Aim fluid from outer to inner canthus B. Avoid aiming fluid directly on cornea C. Use a nasal cannula to irrigate both eyes simultaneously D. Chilled saline provides more relief than does room temperature	17. Which describes the correct procedure for eye irrigation? A. Attach 1L of NS to pressure infuser, and aim fluid at center of eye B. Using a 60 cc syringe filled w/ sterile NS, vigorously direct stream at eye from inner to outer canthus C. Affix a nasal canula to bridge of the nose, connect to IV tubing, and allow IVF to run freely toward each eye D. Ask pt to look up, gently pull down lower lid, and direct stream into conjunctival sac, inner canthus to outer canthus	18. The Morgan lens allows for A. continuous hands-free irrigation. B. continuous delivery of a neutralizing agent. C. less patient anxiety when instilling Tetracaine. D. greater patient comfort when irrigating a foreign body from the cornea.
19. Findings indicating an open globe injury include A. hippus. B. c/o “seeing red”. C. tear drop-shaped pupil. D. redness around the outer edge of the iris.	20. Findings indicating an open globe injury include A. chemosis. B. black defect. C. oval-shaped pupil D. painless vision loss.	21. EMS management of an open globe injury includes A. Tetracaine drops, repeated as needed. B. application of a pressure patch. C. HOB flat unless pt is vomiting. D. eye shield application.
22. Indications for Tetracaine include A. black defect. B. corneal abrasion. C. acute glaucoma w/ eye pain. D. severe eye pain unrelieved by Fentanyl	23. Tetracaine is contraindicated in the presence of A. need for eye irrigation. B. corneal laceration. C. corneal abrasion. D. UV ocular burn.	24. Tetracaine drops should be administered A. in the inner canthus. B. directly on the sclera. C. directly on the cornea. D. in the conjunctival sac.

25. EMS notes a crescent-shaped collection of blood at the lower border of an adult patient's iris. What hx would be consistent w/ this finding? A. Fell asleep w/ contacts in B. Blow to the eye in a boxing match C. Skiing for 8 hrs. on a sunny day w/o ski goggles or sun glasses D. Job duties include metal shaving; pt reports forgetting to put on face shield	26. EMS notes a hyphema on one eye of an adult pt. What symptom would be consistent w/ this finding? A. Seeing red B. Sensation of a foreign body C. Epistaxis on the affected side D. Curtain being drawn over the vision field	27. EMS notes a hyphema on an adult's eye. Management of the calm, cooperative patient in no acute distress includes A. application of an eye shield. B. application of a pressure patch. C. administration of IN midazolam. D. frequent re-assessment of visual acuity. (ISM p. 14-15; class handout p. 7-8)
28. EMS suspects retinal detachment in an elderly adult. What SAMPLE finding supports this PHI? A. P: DM, HTN B. S: "seeing red" C. M: Coumadin, digoxin D. E: poked in the eye w/ a pencil 30 min. ago	29. EMS suspects retinal detachment in an elderly patient. Which chief complaint supports this PHI? A. Photophobia B. Blood-shot eyes C. Headache w/ vomiting D. Painless loss of vision in one eye	30. EMS management of the patient w/ suspected retinal detachment includes A. Fentanyl for pain assoc. w/ vision loss. B. elevate head of stretcher 30-45°. C. keep pt quiet and supine. D. bilat. pressure patches.
31. PHI of suspected blow-out fx is supported by hx of or presence of A. CSF rhinorrhea. B. fish hook in sclera. C. fast ball to eye/orbit. D. car vs. tree @ 45 mph.	32. Blow-out fx assessment findings may include A. loss of sensation to cheek & upper lip. B. crepitus when palpating the mandible. C. lateral deviation of the eye. D. hyphema.	33. Blow-out fx assessment findings may include A. exophthalmos. B. CSF rhinorrhea. C. no light perception in involved eye. D. inability to look upward in involved eye.
34. Blow-out fx assessment findings include A. pain upon attempted upward gaze. B. outward deviation of involved eye. C. extrusion of globe contents. D. trismus.	35. Blow-out fx assessment findings include A. corneal clouding. B. bleeding from ear on same side. C. nosebleed on the unaffected side. D. loss of feeling in the cheek or upper lip on the affected side.	36. EMS management of blow-out fx includes A. cold pack if no globe rupture. B. application of a pressure patch. C. Tetracaine drops to affected eye. D. administration of IN midazolam to prevent agitation.

37. Which is true regarding ocular foreign bodies?
    A. Most FB's are lodge in the cornea and the lens
    B. High velocity injuries always result in penetrating injuries
    C. Ocular FB's rarely present in occupational settings due to strict OSHA guidelines
    D. Presence of a FB should be considered a possible indicator of intraocular trauma

38. The patient w/ an ocular FB will present w/
    A. chemosis.
    B. redness surrounding the iris.
    C. sensation of FB, worse w/ blinking.
    D. irreg. pupil shape at the site of the FB.

39. EMS management of the pt w/ an ocular FB includes
    A. application of a pressure patch.
    B. irrigation to remove corneal FB.
    C. irrigation to remove conjunctival FB.
    D. removal of any embedded FB that can be grasped w/ a forceps.

40. A pt c/o severe eye pain and photophobia after falling asleep w/ contact lenses in. What PHI does this chief c/o support?
    A. Conjunctivitis
    B. UV corneal burn
    C. Corneal abrasion
    D. Retinal detachment

41. A pt calls EMS for a corneal abrasion. What assessment findings support this PHI?
    A. Dry eye & lid swelling
    B. Lid spasm & copious tearing
    C. Corneal dryness and hyphema
    D. Hyphema and no light perception

42. In the absence of penetrating injury, EMS management of the pt w/ corneal abrasion includes
    A. Tetracaine for all pts w/ corneal abrasion
    B. Pressure patch for all pts w/ corneal abrasion
    C. Tetracaine only for non-contacts lens wearers
    D. Pressure patch only for non-contact lens wearers

43. Which hx should prompt EMS to suspect CRAO and treat as a time-sensitive event?
    A. Pt w/ hx HTN, on Coumadin
    B. Older pt w/ hx atherosclerosis
    C. Recent blunt eye trauma, any age
    D. Sudden onset of eye pain, N&V, and unilat. vision loss

44. A pt w/ CRAO may present w/
    A. eye pain and progressive vision loss.
    B. sudden onset of vomiting, vision loss, and eye pain.
    C. abrupt, painless unilat. vision loss, w/o hx of trauma.
    D. stroke symptoms on the opposite side as the vision loss.

45. EMS management of the pt w/ suspected CRAO includes
    A. elevation of HOB and a pressure patch.
    B. supine positioning and IV fluids to maintain SBP of 110.
    C. elevation of HOB and gentle, alternating digital eye massage.
    D. supine positioning and gentle, alternating digital eye massage.

46. Hx supporting suspected PHI of acute glaucoma includes
    A. continuous computer work for 16 hrs.
    B. abrupt discontinuation of HTN meds 24 hrs ago.
    C. repeated use of cocaine over the past 2 days.
    D. snow skiing for 8 hrs on a sunny day w/o sunglasses or goggles.

47. The pt w/ acute glaucoma may present w/ or complain of
    A. photophobia and diplopia.
    B. lid spasm w/ painful, dry eye.
    C. lethargy and rapid heart beat.
    D. intense eye pain and vomiting.

48. EMS management of the pt w/ acute glaucoma includes
    A. supine position.
    B. NTG per OLMC order.
    C. alternating eye massage.
    D. position w/ HOB elevated.

49. Hearing is assessed in the prehospital environment (each ear separately) by A. snapping the fingers beside the ear. B. whispering a word or phrase in the ear, and having the pt repeat it. C. speaking at a normal volume, 3 ft. away, & having the pt repeat what they hear. D. placing a stethoscope in the pt's ears, and whispering into the bell, and have the pt repeat what they hear.	50. Observations that may indicate a pt has a hearing impairment include A. the patient has a loud voice. B. the patient speaks very slowly. C. the patient's eyeglasses are very thick. D. response to verbal communication only when direct eye contact is maintained.	51. EMS considerations when caring for the hearing impaired pt should include A. adjust the pt's hearing aid volume to max. B. speak loudly, directly into the pt's ear canal. C. exaggerate lip movement and speak louder than normal. D. offer pen & paper as an alternative to verbal communication.
52. Which type of ear foreign body warrants emergency care? A. Small Lego piece B. Button-type battery C. Small bead or pebble D. Blood clot due to ruptured TM	53. Indications that the pt may have a foreign body in their ear include A. presence of a hearing aid B. the outer ear is hot to touch. C. sensation of fullness or something in the ear. D. hx of being near an explosion w/ flying debris.	54. What is accepted EMS management of ear foreign bodies? A. Remove FB only if it is visible and within reach by hand B. Instill saline into the ear canal to drown or force an insect out C. Remove an impaled object only if doing so will not do any harm D. Instill Tetracaine drops into the ear canal to provide pain relief during transport.
55. A 12 mo. old is irritable, is sleeping and feeding poorly, and has a fever. This hx may suggest A. cardiomyopathy. B. conjunctivitis. C. otitis media. D. pertussis.	56. Which PMH may predispose a pt to otitis media? A. Recent URI B. Recent measles vaccine C. Exposure to chicken pox D. VP shunt (hydrocephalus)	57. Potential for what condition warrants exam by a doctor for the pt w/ otitis media? A. Pink eye (conjunctivitis) B. Scarlet fever C. Myocarditis D. Meningitis
58. A patient involved in an explosion is c/o pain and loss of hearing in one ear. EMS notes a small amount of bloody drainage from the ear. Which PHI is most likely? A. Ruptured TM B. Foreign body in the ear canal C. Soft tissue injury from flying debris D. Thermal burns to ext. and inner ear	59. Which foreign object commonly poses a risk for TM rupture? A. Q-tip B. Insects C. Pebbles D. Plastic beads	60. EMS management of otorrhea related to TM rupture includes A. packing the ear to control drainage. B. collection of drng on a 4X4, assess for halo. C. application of a loose drsg to absorb drainage. D. positioning the pt on the affected side, head lower than the feet.