

Northwest Community EMS System
CE Credit Questions – August 2021
 ITC/Head/Face/Ocular/Spine Trauma

Name:	Date submitted:
EMS agency or hospital:	Credit awarded -date:
EMSC/Educator reviewer:	Returned for revisions:
	Revisions received:

This packet earns you the equivalent of the 2 hours of live or Zoom CE class.
 Sources: Aug 2021 PPT for Credit Questions; SOPs.

1. What life threat, if noted before you begin assessment, must be treated immediately, ahead of other priorities? (ITC SOP, p 43)

2. What are the 3 approved methods to apply a pressure stimulus to assess GCS? (PPT slide 5)

3. Describe the characteristics of abnormal flexion compared to abnormal extension. (PPT slides 13, 14)

	Abnormal flexion	Abnormal extension
Legs and feet		
Elbows and Wrists		

4. Calculate the GCS for the patient in the scenario on slide 15. (PPT slide 15)

Eye opening	
Verbal	
Motor	
GCS total	

5. List 3 indicators of potential loss of airway patency. (PPT slide 16 and 17)

6. List 3 interventions to help maintain a patent airway in a trauma patient. (PPT slides 16 and 17)

7. List 2 respiratory-related **conditions / abnormalities** that must be corrected immediately when identified in a patient. PLUS List 2 **interventions to correct** these. (PPT slide 17; SOP p 43)

Abnormality #1:
Abnormality #2:
Interventions:

8. According to the NWC EMSS SOP, what is the **goal** of spine motion restriction? (SOP p 54)

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9. What 3 things must be assessed in order to determine whether a patient should have spine motion restriction applied? (PPT slide 19; SOP p 54)

10. List 3 assessments included in the “**Rapid exam for evidence suggesting spine injury**”. (SOP p 54; PPT slides 20 - 22)

11. In addition to all elderly patients who have fallen, what FIVE findings / situations are absolute indications for SMR? (SOP p 54; PPT slide 23)

12. With regards to the elderly patient, what is different about their presentation and symptoms following trauma compared to younger patients? (PPT slide 24)

13. If excessive spine movement is allowed, aligned but injured vertebrae can become unstable at any time and can damage or sever the cord, causing permanent neurologic dysfunction. According to the SOP, when SMR is indicated, what areas of the spine must be aligned? (SOP p 54; PPT slide 26)

14. True or false: A patient sitting w/ head of cot elevated 60°, with a securely placed C-collar is one acceptable way to transport a patient with SMR applied. (SOP p 54; PPT slide 26)

True

False

15. Read the scenario on slide 28 of the PPT. Answer the following questions:

a. What gauge catheter is indicated?

b. Which fluid is indicated and in what volume?

c. You are still en route, and a full liter of NS has infused. The patient's SBP remains 84 and MAP is 58. Your partner is preparing to hang a new liter of NS and is preparing a Norepinephrine drip. What care is indicated?

d. Why is Norepinephrine contraindicated for this patient?

16. What should one expect capnography numeric values and waveform shapes to be in a trauma patient experiencing hemorrhagic shock? (PPT slide 29; SOP p 94)

17. In addition to the anatomic location of the wound, name 4 other factors that must be assessed/ considered to choose the most appropriate method of hemorrhage control. (SOP p 43)

18. Choose the best *initial* method of hemorrhage control for the following:

a. Deep anterior thigh laceration with uncontrolled bleeding

b. 4" wound on ant thigh, soaking a 4X4 within 1 min, dark red blood

c. Pelvic fracture

d. Deep, irregular wound, Lt flank, has bled through 2 trials of direct pressure over a 2-inch stack of 4X4s

19. Once a wound is packed and mounded with hemostatic dressing, what two steps must be taken? (PPT slide 32)

1.
2.

20. Estimates of blood loss volumes are wildly variable and inaccurate. Instead of documenting “mL estimated loss”, EMS should do the following to document of blood loss:

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21. List the 3 inter-related complications of trauma that play a part in the lethal triad. (PPT slide 36)

22. Describe the physiologic effect of hypothermia on the trauma patient with serious bleeding / hemorrhage. (PPT slide 37)

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23. Respond to the following questions (PPT slide 38)

a. What effect does sustained inadequate perfusion/waste removal have on cells in terms of metabolism and energy (ATP) production?

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b. What is then produced in large amounts?

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c. What effect does that have on the body's pH?

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d. What effect does that have on the patient's ability to clot?

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24. List 3 major contributors to coagulopathy. (PPT slide 39)

25. Explain one way that each of the following interventions of initial trauma care helps prevent the three conditions that make up the lethal triad of trauma. (PPT slide 40)

Finding and controlling hemorrhage:
Turning up the heat in the ambulance, removing wet clothing, and covering with blankets after exposing for assessment:
Monitoring for and correcting hypoxia as soon as it is identified:
Careful monitoring for and prompt correction of deficits in HR/BP/MAP:

26. Why is it especially important to limit IV NS administration to maximum of 1 liter in the hemorrhaging trauma patient? (PPT slide 41)

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27. List four assessments that must be made as part of “D” - rapid neuro exam, for any patient who has sustained trauma. (PPT slide 42; SOP p 43)

1.
2.
3.
4.

28. According to SOP, why is identification of MOI essential for EMS (how is this info used)? (SOP p 43)

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Read the scenario on slides 44 and 45. Then answer the following questions.

29. How should EMS manage this patient’s airway and ventilation/oxygenation? (SOP p 43)

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30. Why is the patient’s ETCO₂ reading so high? (SOP p 94)

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31. VS are as they appear on slide 46. What condition is most likely? (PPT slide 46)

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32. List 3 interventions, in order, to correct this patient’s hypotension. (PPT slide 49; SOP p 55)

1.
2.
3.

Read the scenario on slides 50 and 51. Then answer the following questions.

33. What interventions with regards to airway and oxygenation / ventilation are indicated? (SOP p 43)

Airway: O₂
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34. Complete the following comparison between Primary and Secondary traumatic brain injury. (PPT slide 52)

	Primary Brain Injury	Secondary Brain Injury
When it occurs		
Physiologic event causing the injury		
What happens to brain cells as a result of the event		
EMS actions to prevent		

Continue reading the scenario on slides 53 and 54. Then answer the following questions.

35. See slide 54. What condition / event do the patient’s VS and assessment findings suggest? (SOP p 51)

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What actions are indicated with regards to positioning and ventilatory assistance? (SOP p 51)

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36. Read the scenario on slide 57. Consult slides 58, 59 and 60 and SOP p 50 to answer the following:

a. What is assessed for “gross visual acuity exam” in the patient with eye trauma?

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b. How should the injured eye be cared for / protected?

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37. According to SOP, this injury may indicate a ruptured globe. Which medication would you choose for pain relief for this patient?

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Read the scenario on slide 61 and the slides that follow it.

38. If assessment revealed no findings and no concerns for spine injury, what would be the best position for this patient during transport? (PPT slide 63)

39. How does this position benefit the patient? (PPT slide 62)

40. What two methods of analgesia/pain management should be offered? (PPT slide 64; SOP p 50)

- 1.
- 2.