

# Northwest Community EMS System

## July 2021 CE Credit Questions: Acute & Chronic Neuro disorders

Name:	Date submitted:
EMS Agency/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: JULY 2021 CE handouts; SOPs; CE PPT for CECQ

1. Identify the 7 areas under which the more common chronic neurological conditions will be covered in CE?  
(Source: PPT)

V=
I=
N=
D=
I=
C=
A=
T=
E=

2. Identify 5 sources for headaches that result from an abnormality of cerebrovascular circulation and characterize each. (Source: PPT)


3. Upon review of the literature abstract by Jung and Kim, .what two takeaways do we find when discussing vertigo/dizziness in the emergency department that lead EMS to require transport for further evaluation?  
(Source: PPT)


4. When a patient has c/o a neurological dysfunction, what are the common chief complaints often given to EMS? (Source: PPT)


5. When assessing history of the patient's condition, which of these suggests that a headache is a critical medical emergency and that immediate attention is required?
- A. Unilateral pain accompanied by a watery eye
  - B. Unilateral pain accompanied by nausea and photosensitivity
  - C. Generalized dull or achy pain described as throbbing pressure
  - D. Sudden onset of unilateral pain described as the worst headache of their life

6. In addition to the above, what other 4 characteristics may be noted? (Source: PPT)


7. A young adult presents with a severe headache, irritability and photophobia. The patient was previously ill with an upper respiratory and ear infection. Physical exam finds nuchal rigidity when the neck is flexed forward. What should a paramedic suspect?
- A. Meningitis
  - B. H1N1 influenza
  - C. Cerebral neoplasm
  - D. Central pain syndrome

8. According to the pp, who is at risk for getting infections and should be fully evaluated both by EMS and the hospital? (Source: PPT)


9. How would the person with meningococcal symptoms appear within the early stages of infection compared to later (>24 hours)? (Source: PPT)

<b>Early:</b>	
<b>Late:</b>	

10. What is the mode of transmission for patients with meningitis? (Source: PPT)

---

---

11. Which of these will a patient with Guillain-Barre Syndrome demonstrate?

- A. Ascending paralysis from the feet up
- B. Progressive weakness of all skeletal muscles
- C. Resting tremors of the hands and skeletal stiffness
- D. Progressive dementia and socially inappropriate behavior

12. Which chronic neurological disease involves inflammation and demyelination of central nervous system nerves and plaque formation in the brain that results first in visual, sensory, and/or motor losses that resolve and then relapse with the most frequent onset in women in their early 30's?

- A. Dystonia
- B. Multiple sclerosis
- C. Muscular dystrophy
- D. Amyotrophic lateral sclerosis (Lou Gehrig's disease)

13. What is the most critical characteristic of muscular dystrophy that EMS must identify and prepare for when carrying for these patients?

--

14. Which of these is a progressive degenerative disease of nerve cells in the spine that initially presents with weakness, sensory losses, difficulty speaking, and cramping that will eventually result in paralysis of all skeletal muscles but no change in mental status and is usually fatal within 3 to 5 years of diagnosis?

- A. Myoclonus
- B. Cerebral palsy
- C. Fisher's syndrome
- D. Amyotrophic lateral sclerosis (Lou Gehrig's disease)

15. Which of these is characterized by a neural defect that results from the failure of one or more the fetal vertebrae to close properly during the first month of pregnancy?

- A. Spina bifida
- B. Poliomyelitis
- C. Muscular dystrophy
- D. Lupus erythematosus

16. An adult presents with facial weakness on the left side. The patient denies headache, photophobia, changes in balance, vision, hearing, or sensation. There are no peripheral motor deficits and questions are answered appropriately. On exam, the smile is asymmetric and the patient cannot wrinkle the forehead on the left side. There are no known allergies; no significant PMH; and the patient denies any medications. What should a paramedic suspect?
- A. Stroke
  - B. Bell's palsy
  - C. Myasthenia gravis
  - D. Trigeminal neuralgia

17. What can you ask a pt to do to tell the difference between a stroke and bell's palsy when patient has unilateral facial drooping? (Source: PPT)

18. Whether EMS is carrying for a patient with Guillain barre, multiple sclerosis, or muscular dystrophy, what three priorities are outlined in IMC and should be addressed with each interaction of these patients? (Source: PPT)


19. True or False: according to the review of data collected for stroke from September 2020-February 2021, the NWC EMSS maintained average on scene time within the national guidelines? (Source: SOP; PPT)

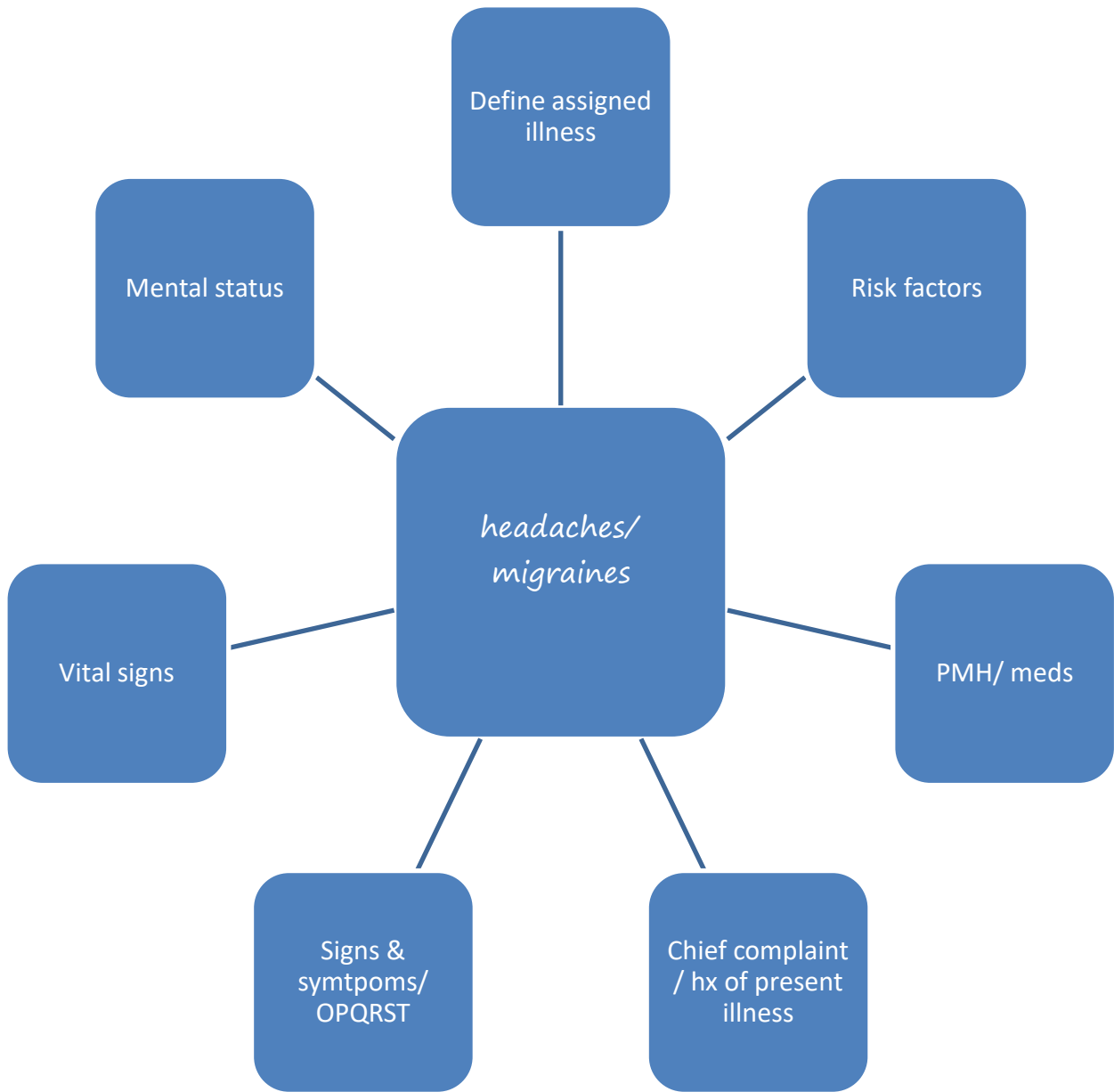
<b>TRUE</b>	<b>FALSE</b>
-------------	--------------

20. What is the purpose for EMS obtaining a callback number for patients transported with suspected stroke? (source: PPT)


21.-40.

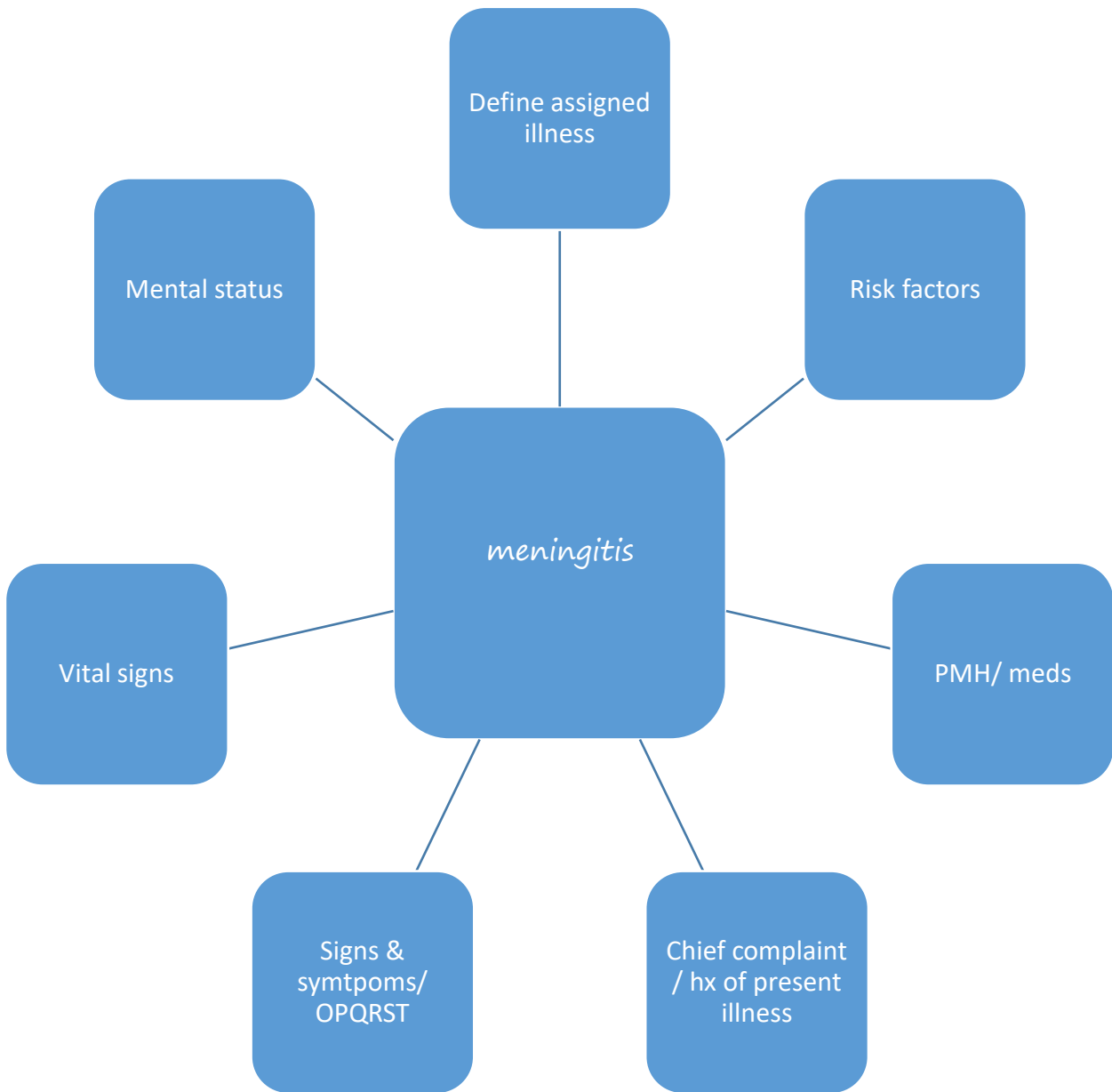
*Creating a mind map has occurred in CE previously and is a great active tool for engagement in the learning process.*

Attached are 4 scenarios to be created by you. At the bottom of each page, a scenario should be developed based on the middle square diagnosis. Then to assist in filling in some of the scenario are boxes around that middle square to have information filled in consistent with what that diagnosis might produce. (ex. A brain tumor could manifest symptoms of an alteration in mental status with symptoms of nausea and vomiting. The patient's blood pressure might be elevated along with heart rate and respiratory rate).



---

#1 Created scenario:



---

#2 Created scenario:



---

#3 Created scenario:



---

#4 Created scenario: