

**Northwest Community EMS System
January 2021 CE Credit Questions: Adult Respiratory Emergencies**

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: Jan 2021 CE taped zoom class; SOPs; CE PPT for Credit Qu posted to website; Policy.

Airway Management

1. What 7 discussion points were made in the first conversation of airway management in CE?

1.
2.
3.
4.
5.
6.
7.

2. When practicing with the King Vision ETI tool, identify 4 differences as outlined in PP.

3. Insertion of the King vision blade for intubation utilizes the same skill as direct laryngoscopy (DL) with a few minor changes.

TRUE	FALSE
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4. How does 2020 data discussed in class regarding successful intubations compare to the previous data collected upon first roll out of king vision?

5. If two providers are able to manage the airway together, what is the role of each person?

- _____
- _____

6. How many mL of air are generally needed to safely inflate an ETT balloon cuff?

7. What are two complications of cuff over inflation?

8. What happens if the syringe is left in place after inflating the cuff?

I-Gel Supraglottic Airway

9. Why would a paramedic need to “halt the mission when attempting intubation and what would the next step be afterwards?

- _____
- _____

10. Which of these should a PM use to determine the appropriate size of an i-Gel airway to insert?

- A. Height
- B. Weight
- C. Size of 5th finger
- D. Diameter of nostril

11. Which of these reflects correct technique to open a pt’s mouth prior to i-gel airway insertion?

- A. Jaw thrust
- B. Use cross-finger or “scissor” technique
- C. With non-dominant hand do a tongue/jaw lift
- D. Gently press down on chin (no fingers or thumbs in mouth)

12. Identify three ways in which i-Gel placement can be confirmed.

Other Advanced Airway Management

13. An unconscious adult presents following an MVC with massive head and facial injuries. The patient has only agonal respirations (3 BPM) and is bradycardic. The patient responds weakly to a pain stimulus. Oral intubation attempts have been unsuccessful and ventilation with an extraglottic airway is unsuccessful. What should a paramedic do next?

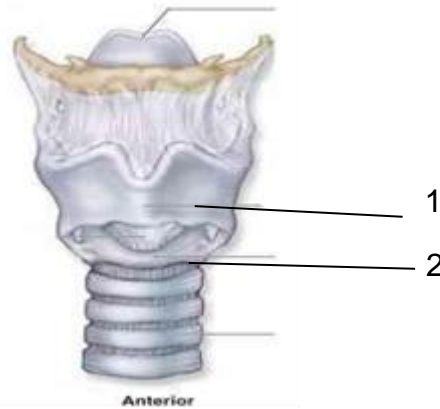
- A. Nasally intubate the patient
- B. Perform a cricothyrotomy
- C. Digitally intubate the patient
- D. Perform an emergency tracheostomy

14. What is the deciding factor for choosing to perform a surgical cricothyroidomy on a patient in the field?

15. What landmarks should be identified before a surgical cricothyroidomy is performed?

16. What structure is labeled 1?

- A. Trachea
- B. Cricoid cartilage
- C. Thyroid cartilage
- D. Cricothyroid membrane



17. What structure is labeled 2?

- A. Trachea
- B. Cricoid cartilage
- C. Thyroid cartilage
- D. Cricothyroid membrane

18. What is the purpose of the first incision when performing a surgical cric in the field?

19. When a patient is going to have a tracheotomy placed in the hospital that is a permanent decision.

TRUE	FALSE
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20. A patient calls EMS for a particle dislodgement of the tracheostomy tube, what should EMS attempt?

21. In accordance with SOP, if a tracheostomy tube becomes obstructed and without ability to exchange gases, what should be attempted?

Asthma vs. COPD

22. What 3 risk factors from patients past medical history may lead EMS to suspect a pulmonary etiology?

23. In a severe acute asthma attack, which breath sounds are the most alarming?

- A. Inspiratory wheezes
- B. Expiratory wheezes
- C. Both inspiratory and expiratory wheezes
- D. Diminished or absent breath sounds

24. When attempting to differentiate between diagnosis and the needed care, what are some of the history taking questions that might be asked (found in the PP presentation) that can guide your treatment planning?

25. Which of these should be given first to a 25 y/o with a mild asthma attack who has bilateral wheezing, SpO2 95%, ETCO2 42 and no exercise intolerance?

- A. Epinephrine IM
- B. Diphenhydramine IVP
- C. Magnesium sulfate IVP
- D. Albuterol & ipratropium via MDI or HHN

26. Which drug should be considered first for a 30 y/o patient with a severe asthma attack who has bilaterally diminished breath sounds and signs of dehydration and exhaustion?

27. What are the underlying potential causes of wheezing when listening to lung sounds found?

A	
S	
T	
H	
M	
A	
TIC	

28. List three clinical findings consistent with the pathophysiology of asthma.

- _____
- _____
- _____

29. In a severe acute asthma attack, which breath sounds are the most alarming?

- A. Inspiratory wheezes
- B. Expiratory wheezes
- C. Diminished or absent breath sounds
- D. Both inspiratory and expiratory wheezes

30. Why does a patient with COPD breathe out passed pursed lips?

- _____
- _____

31. What is the indication for giving magnesium sulfate to a patient with an asthma attack?
- A. Moderate respiratory distress with a history of beta blocker use
 - B. Moderate distress with increasingly peaked T waves on the ECG
 - C. Mild to moderate distress unresponsive to albuterol and ipratropium
 - D. Severe distress unresponsive to epinephrine, albuterol & ipratropium

32. An elderly bedridden adult suddenly complains of an abrupt onset of pleuritic chest pain (10/10) with dyspnea. The patient is anxious and restless, has a productive cough of blood-tinged sputum (hemoptysis) and is diaphoretic. VS: BP 100/60; P 120 & thready; R 32 and shallow; SpO₂ 88%; no evidence of fever. Breath sounds reveal a pleural friction rub over the right anterior chest. There is a positive Homan's sign of the left calf. What should a paramedic suspect?
- A. Pneumonia
 - B. Acute lung injury
 - C. Pulmonary edema
 - D. Pulmonary embolus

33. A 76 y/o lethargic adult has experienced two days of chills, fever (T = 103° F) and pleuritic chest pain. The patient has a productive cough of purulent sputum. Lung auscultation reveals bronchial breath sounds and isolated crackles in the right middle and lower lobes. VS: BP 106/66; P 90; R 40 & labored; SpO₂ 88%. What should a paramedic suspect?
- A. Pneumonia
 - B. Acute lung injury
 - C. Pulmonary edema
 - D. Pulmonary embolus

34. Define ventilatory failure

35. With said pt, what should the paramedic suspect? →

- A. Pneumonia
- B. Tuberculosis
- C. Pulmonary edema
- D. Pulmonary embolus

A 78F feeling increasingly sick for three days

Exam:

Crew finds pt in chair accompanied by RN. Pt is in obvious distress showing fatigue & ↑ WOB. H/o COPD, T2 DM, UTI, & stroke 2y ago. Today, pt became confused (GCS 14), diaphoretic, lethargic, & difficulty speaking due to rapid, shallow breathing.

RN admin. a 2nd duoneb stating pt has had increasing distress ~ last 45 minutes. She also says pt has COPD and is experiencing an exacerbation.

VS:

BP 136/90; P 110, R 32 shallow & rapid, lung exam crackles in isolated lobe; RA SpO₂ 90%; ETCO₂ 24 with square waveform; T 102.4° F.

36. Define standard precautions as outlined in SOP.

Vaccination / COVID Updates

37. Discussion found in Appendix D of the COVID Playbook, there are 7 discussion points regarding pts with COVID and how they may present. Review them below.

38. Explain in your own words the difference between diagnostic testing and antibody testing.

39. Review the 6 take home points found in the pp presentation regarding vaccination process.

40. What is one patient population in accordance with CDC health alert network that has an increased number of deaths associated during the season of COVID?
