

Northwest Community EMS System
Continuing Education Class Credit Questions for September 2012
Eye and Ear Disorders and Trauma

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 are found in the September 2012 class handout, independent study materials, NWC EMSS Procedure Manual, and/or the SOPs.

1. List 5 abnormalities for which the conjunctiva should be assessed when inspecting the eye. (Class handout p. 4, ISM p. 9)

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- _____
- _____
- _____

2. What are 5 abnormalities that should be assessed when inspecting the sclera? (Class handout p. 4)

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- _____
- _____
- _____

3. List 3 abnormalities that might be found (with the naked eye) when inspecting the cornea. (Class handout p. 4, ISM p. 9)

- _____
- _____

4. In which situation should EMS personnel defer a complete visual acuity exam and begin immediate treatment? (Class handout p. 4, ISM p.)

5. In sequential order, list steps in a visual acuity assessment starting with the first assessment that reflects the best vision and ending with the last assessment that reflects the poorest vision. (class handout p. 4-5, ISM p. 10)

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- _____
- _____

6. Describe the process of assessing visual fields. (Class handout p. 5, ISM p. 10)

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7. Explain the maneuver by which to assess EOM's. (Class handout p. 5, ISM p. 12)

8. What three things should be inspected about pupils before assessing for a light reflex? (Handout p. 5, ISM p. 12)

9. When assessing a pupil's reaction to light, the patient should be instructed to focus (circle one)

straight ahead at a distant point OR at a near object.

(Class handout p. 5)

10. How should the light be beamed into the eye? (circle one) (Class handout p. 5, ISM p. 11)

From the side OR Directly in front of the eye

11. How is the consensual light response assessed? (Class handout p. 5, ISM p. 11)

12. Fill in the following drug profile for Tetracaine. (Class handout p. 5, SOP p. 88)

Tetracaine	
Drug class	
Indications	
Contraindications	
Dose, route	
Onset	
Duration	
Repeat doses?	

13. Describe the procedure for instillation of eye drops. (Procedure manual; Class handout, p. 6)

14. A conscious and alert patient has one pupil that is ~ 2 mm, and the other is ~ 4 mm. The patient states this she has been like this all of her life and EMS notes that when they observe for light response, the pupils remain about 2 mm different in size. What is the name for this condition? (Class handout p. 6, ISM p. 11)

15. Name three causes of unequal pupils that suggest pathology and/or a neurologic emergency. (ISM p. 11)

16. A conscious and alert patient presents with a left pupil that is larger than the right and constricts very slowly in response to a bright light. The left side of the patient's body has diaphoresis. She says that she has had these symptoms as well as decreased deep tendon reflexes for the past few months. What condition is this patient exhibiting? (Class handout p. 7, ISM p. 11)
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17. An older patient with a history of a stroke has one pupil that is very small with ptosis of the eyelid on the same side. The patient's caregiver states this is normal since the stroke occurred one year ago. What condition does this patient exhibit? (Class handout p. 7, ISM p. 11)
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18. A patient presents with altered mental status (GCS 7) following a closed head injury. When assessing pupils, one is oval in shape and has hippus when checked for a light reflex. What should EMS suspect? (Class handout p. 7)
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19. What intervention should be requested for the above patient from OLMC? (Class handout p. 7)
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20. EMS notes a crescent-shaped collection of what appears to be blood in the anterior chamber of a patient's eye. What is the name for this finding? (Class handout p. 7, ISM p. 14)
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21. List 3 EMS interventions that are indicated in caring for the above patient. (Class handout p. 7, ISM p. 14-15)
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22. A patient presents c/o pain and vision problems after being hit directly in the eye with a baseball. List four cardinal findings that would support a suspicion of an orbital "blow-out" fracture. (Class handout p. 8, ISM p. 16-17)
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23. List 2 EMS interventions for a patient with an ocular Blow Out fracture. (Class handout p. 8, ISM p. 16-17)
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-
-
24. Define the 2 types of open globe injuries: (Class handout p. 8, ISM p.14)

Penetrating:

Perforating injury:

25. Complete the following:

Open Globe Injury	
Approved EMS Interventions (list 2)	EMS <i>should not</i> (list 2)

26. List 3 assessment findings or patient complaints associated with retinal detachment. (Handout p. 9, ISM p. 16)

27. What prehospital care is indicated for a patient with retinal detachment? (Class handout p. 9, ISM p. 16)

28. Explain why a patient with a detached retina is or is not time-sensitive. (Class handout p. 9, ISM p. 16)

29. An adult male presents with a sensation of something in his eye. List three signs/symptoms of an ocular retained foreign body that this patient may exhibit or report. (Class handout p. 10, ISM p. 17-18)

30. Upon inspection of the above patient's eye, a fleck of grass is noted on the conjunctiva of the lower lid. Describe EMS management for this patient. (Class handout p. 10, ISM p. 18)

31. What mechanism of injury should prompt a high index of suspicion for a penetrating eye injury? (Class handout p. 10, ISM p. 17)

32. A patient reports severe pain in both eyes, especially when they are open or the patient blinks; severe light sensitivity, copious tear production, and difficulty opening the eyes. SAMPLE history reveals that the patient accidentally fell asleep with hard contact lenses in place 7 hours ago. What should EMS suspect? (Class handout p. 10, ISM p. 18)

33. List two EMS interventions for the above patient. (Class handout p. 10, ISM p. 18)

34. Should a patch be applied to the above patient's involved eye? Why or why not? (Class handout p. 10, ISM p. 18)

35. EMS is called to an industrial setting for a person with a chemical splashed in their eye. What are four signs or symptoms of a chemical splash burn that the patient may exhibit or report? (Handout p. 11, ISM p. 12)

36. List four general actions that EMS should take when caring for a patient with a chemical splash to the eye. (Class handout p. 11, ISM p. 13)

37. Sequence the steps for irrigating an eye after completing the steps above: (Procedure manual)

Does the NWC EMSS plan to use Morgan lenses? ☐ YES ☐ No

Is it acceptable to irrigate both eyes using a nasal cannula over the bridge of the nose? ☐ YES ☐ No

38. A patient presents with facial burns following a pressure cooker explosion. EMS notes partial thickness burns, some blisters already open, scattered over the patient's face and neck. The eyelids appear red and edematous, and the patient is complaining of severe eye burning and pain. What is the appropriate EMS management for this patient? (Class handout p. 12)

39. EMS has responded to the site of an explosion. A young adult is holding her ears, crying, and yells when speaking. Describe how EMS should assess this patient's ability to hear. (Class handout p. 12, ISM p. 29)

40. Which one item constitutes an emergency if lodged in the ear canal and *MUST* be removed as soon as possible? Explain why. (Class handout p. 13)
