

**Northwest Community EMS System
Continuing Education Class Credit Questions
3 Ds and some Bs – May 2013**

Name (PRINT):	Date submitted:
Affiliation:	Rating: <input type="checkbox"/> Complete <input type="checkbox"/> 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 May 2013 class handouts and/or the SOPs.

T or F	1. One purpose of the new IDPH Uniform DNR Advance Directive (POLST) form is to reduce medical errors by improving guidance for care during life-threatening emergencies
T or F	2. National POLST paradigm programs are now enacted or being planned in multiple states.
T or F	3. The new IDPH Uniform DNR Advance Directive (POLST) form gives instructions for care that are optional based on individual health care provider/facility policies and procedures
T or F	4. Every adult should have a POLST form.
T or F	5. The new IDPH Uniform DNR Advance Directive (POLST) is a single form that can go with a patient from care setting to care setting
T or F	6. A patient with decision-making capacity may not change his/her DNR Advance Directive (POLST) choices. Once completed, they are locked in for at least one year.
T or F	7. A patient presents in cardiac arrest and his wife provides EMS with two forms, one earlier IDPH DNR Advance Directive form, dated 3/16/10 and one revised IDPH DNR Advanced Directive (POLST) form dated April 1, 2013. The options chosen on the two forms conflict. EMS should honor the more recent form.
T or F	8. For ease of locating it, especially at home or in nursing homes, it is recommended that the new IDPH Uniform DNR (POLST) form be printed on "Orange" paper; no photocopies are valid.
T or F	9. If a patient is found in cardiac arrest, EMS need only look at Section A of the form for instructions.
T or F	10. A person who has chosen Attempt Resuscitation/CPR in Section A of the DNR (POLST) form will receive all medically indicated treatments in a pre-arrest emergency, i.e. Full Treatment in Section B.
T or F	11. A person who has chosen Do Not Attempt Resuscitation in Section A of the DNR (POLST) form should not select Full Treatment, such as intubation or mechanical ventilation, in Section B.
T or F	12. If the patient has selected "Comfort Measures Only" in Section B, they should be automatically transported so they can receive IV fluids and pain medications at the hospital.
T or F	13. If a patient has selected "Limited Additional Interventions", they may receive comfort measures plus CPAP, IVF, and ECG monitoring if indicated but no intubation or advanced airways.
T or F	14. In order for a new DNR (POLST) form to be valid, it only requires two signatures: the physician and the patient or his/her decision-maker.
T or F	15. The new Uniform DNR Advance Directive (POLST) form does NOT replace a Durable Power of Attorney for Health Care document.

16. EMS is called to a home and finds an unconscious adult in bed. The patient has very slow irregular breathing and a very slow, thready carotid pulse. An IDPH Uniform DNR Advance Directive (POLST) form is on the fridge. What instructions on the form should be reviewed to determine indicated care at this point?
- A. Section A: Has the patient marked DNR or attempt resuscitation?
 - B. Section B: How aggressively does the patient want to be treated?
 - C. Section C: Has the patient consented to artificial nutrition.

17. EMS is called to a home and finds an unconscious adult in bed. The patient is not breathing and has no pulse. An IDPH Uniform DNR Advance Directive (POLST) form is on the bedside table. What instructions on the form should be reviewed to determine indicated care at this point?
- A. Section A: Has the patient marked DNR or attempt resuscitation?
 - B. Section B: How aggressively does the patient want to be treated?
 - C. Section C: Has the patient consented to artificial nutrition.
18. A conscious and anxious adult presents with severe dyspnea and increased work of breathing. The patient has a history of severe LV heart failure and appears to be in acute pulmonary edema. VS: BP 180/96; P 100; R 28 and labored; SpO₂ 74%; and EtCO₂ 45 with a square waveform. The patient produces an IDPH Uniform DNR Advance Directive (POLST) form with DNR marked in Box A and Limited Treatment marked in Box B. What care is indicated at the present time?
- A. Initiate NTG and CPAP per SOP and transport to the hospital
 - B. Initiate advanced airway measures if needed and transport to the hospital
 - C. Provide comfort care in the current location and have the patient sign a refusal form
19. What action is needed if EMS is presented with an IDPH DNR Advance Directive (POLST) form that contains the patient's name and signature, physician's signature and date signed, and the DNR box checked in Section A?
- A. Accept the valid order and withhold CPR
 - B. Disregard the invalid DNR; ask family their wishes
 - C. Call the physician who signed the DNR to verify validity
 - D. Seek an OLMC physician OK to accept the incomplete order
20. What action is indicated if a family member disputes a valid DNR?
- _____
- _____
- _____
21. What side effects should be anticipated if an IV infiltrates and D50% extravasates into tissues?
- _____
- _____
22. How much dextrose in grams is contained in the 50 mL of D50%? _____
- How much dextrose in grams is contained in the 250 mL of D10%? _____
23. What is the action of D10%?
- _____
24. What is the indication for giving D10% _____
25. What are two possible side effects of hypertonic dextrose administration like D50%?
- _____
- _____
26. How should D10% be prepared for administration?
- _____
- _____
27. Under the new protocol, how much dextrose in grams should be infused into a conscious and confused adult with a glucose reading of 30?
- _____

How should the dose be administered?

How should the dose be documented?

- A. Milliliters of IV solution administered
- B. Grams of dextrose given

28. Under the new protocol, how much dextrose in grams should be infused into a conscious and confused adult with a glucose reading of 64?

How should the dose be administered?

29. If a patient has a history of HF and presents with hypoglycemia and lung sounds are clear at the present time; how should dextrose be administered?

If a patient has a history of HF and presents with hypoglycemia and lung sounds have crackles or wheezes at the present time; what action is indicated?

30. A 6 y/o with type 1 diabetes presents unconscious with a bG of 30. The mother states that the child weighs 53 lbs (24 kg). How much dextrose via D10% should be given? Indicate the grams of dextrose to be given and the volume of D10% to infuse in mL.

31. What action is indicated if the IV infiltrates while D10% is infusing?

32. How *should* dopamine administration be documented?

- A. Microdrips per minute (mcgts/min)
- B. Milliliters per hour (mL/hr)
- C. Micrograms/kg/min (mcg/kg/min)

33. What type of precautions should be used when responding to and transporting pts with vomiting and diarrhea?

34. What is the recommended practice for cleaning and disinfecting an ambulance?

35. What strategy is recommended to help prevent medication errors?

36. Should a BVM be disconnected from the airway prior to defibrillation to prevent a fire hazard? Why or why not?

37. Can a BP cuff be used if an IV pressure infuser is unavailable? Why or why not?

38. What is the targeted inflation pressure in the pressure infuser bag? _____

39. What are the indications for naloxone?

40. What is the current initial dose for naloxone in an adult?

Maximum dose for an adult?
