

**Northwest Community EMS System
January 2020 CE: EMS Potpourri
Credit Questions**

Name (Print):		EMS Agency:		
EMS Educator:				
Date submitted	Score:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	<input type="checkbox"/> Incomplete <input type="checkbox"/> Incorrect answers	Date returned w/ feedback
Resubmission received:	Score:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	<input type="checkbox"/> Incomplete <input type="checkbox"/> Incorrect answers	Date returned w/ feedback:
# CE Hours awarded:		Date		

This packet should take 2 hours to complete – which earns you the equivalent of the 2 hour live CE class.

Sources of information/answers

January CE Participant handout

SOPs: ACS and drug appendix (ASA use) and Stroke (BEFAST documentation)

Procedures: Drug administration; Microdot strips; Cardiac arrest

Policies: B1: CT Bypass; I4 Impaired Behavior

Dr. Jordan video message:- link below

Family Feud game reinforced cardiac arrest procedure (see procedure manual and SOP)

Class slide deck handout – available from Provider EMS Coordinator

1. What are the approved exceptions and contraindications for giving aspirin to a patient with chest pain?

2. What are the System take away (learning) points with respect to aspirin use and/or documentation?

3. Where does one begin to access the BEFAST documentation tool?

4. What primary or secondary impressions will activate the validation rules for BEFAST documentation

5. Should the majority of BEFAST charting be done in a worksheet or Power Tool?

6. When starting documentation, where do you find the place to select crew member and time of assessment?

What is the recommended Pro tip to accelerate the rate of completing the stroke documentation tool?

7. How does one document if the presenting S&S are acute or preexisting or lateralized?

8. Where should you access the field to document time of symptom onset and last known well time?

How should the callback number be documented?

What data should be entered in this field if no phone number can be provided?

9. When all done entering the stroke assessment findings and patient data, what should you click on?

If questions have not been answered, what prompt will pop up?

10. How can you switch to a Power Tool to document vital signs?

11. If you did a second stroke exam with no changes from the first, is it possible to click on a repeat last box?

12. Where will repeated worksheet assessments show up for rapid review?

13. Where will the BEFAST entries appear in the printed PCR?

14. What stroke scale type is the only one that should be selected in the Vital signs Power tool?

15. When may a hospital declare a selective Bypass situation?

16. List at least two patient presentations that may require a head CT and should therefore not be transported to a hospital that has declared CT bypass:

17. What other major categories of CT indications were provided in the participant handout for a pull-out resource to be carried on EMS vehicles?

27. Under current policy what factors were listed in the participant handout as mandatory practice with respect to the stocking, storage, inspection and documentation of controlled substances?

IMPAIRED BEHAVIOR and Fitness for Duty Policy

28. What is meant by "fitness for duty?"

29. What is Impaired behavior/practice / Behavior under the influence?

30. List at least 3 examples of observable behaviors suggesting impairment

31. Under the Federal Controlled Substance Act, what is the categorization of marijuana?

32. What does the Illinois Cannabis Act and the NWC EMSS policy say about the use of recreational marijuana on duty or on call after Jan. 1, 2020?

33. Does the new policy prohibit the use of products sold legally as medical marijuana by prescription and/or products containing CBD?

34. If an EMS practitioner has received any criminal drug statute conviction, to whom are they required to report the conviction per the new policy and within what time frame?

35. What actions are indicated when, in the opinion of any System member, a student or member is demonstrating any behavior or conduct on duty that is impaired/behavior under the influence and which evidences reasonable grounds or probable cause to suspect impairment; or possession, sale or delivery while on duty of illegal prohibited drugs or alcoholic beverages; or presence of illegal prohibited drugs or alcoholic beverages; or of diverting drugs intended for a patient to their own use, regardless of the drug involved?

36. What are the consequences of a drug misuse conviction?

36. By what process may a system member be reinstated after a suspension of medical privileges due to impaired practice?

WATCH DR. JORDAN'S VIDEO for January 2020 <https://youtu.be/MCFVUueRSeg>

37. What is the standard of care with respect to maintaining or discontinuing the ECG and oximetry monitoring of patients who required continuous monitoring enroute during the transition from the EMS vehicle to the ED cart?

38. How can system providers contribute to the body of information we have to make decisions on cardiac arrest management such as the procedure for apneic oxygenation?

Family Feud game reinforced cardiac arrest teaching points: Refer to Cardiac arrest procedure and SOPs

39. Which patients are NOT candidates for apneic oxygenation?

40. What patient presentations should be defibrillated immediately if patient is found in a shockable rhythm?

When should you consider changing defib pad placement?
