Northwest Community EMS System

CE Credit Questions – March 2023

Peri/Postpartum Complications; Newborn and Pediatrics

Name:	Date submitted:
EMS agency or hospital:	Credit awarded-date:
EMSC/Educator reviewer:	Returned for revisions:
	Revisions received:

This packet earns you the equivalent of 2 hours of continuing education / CE class.
Resources: March 2023 PPT for Credit Questions; SOPs; Peds Measurement Skill Performance Record; System memo #414

1. Hospital staff tells you that their CT will accept 20g IV for patients presenting w/ stroke symptoms. What IV catheter gauge and location is required of EMS? (PPT slide 3; SOP p 38; System memo #414)

2. What two findings together alert EMS that administration of naloxone is indicated? (SOP p 27-28 and 102; PPT slides 9)

3. What finding signals that no further doses of naloxone are indicated? (PPT slide 9; SOP p 27, 102)

4. What is the danger of rapid opiate reversal? (SOP p 102; PPT slides 6, 9)

5. A patient has received 8 mg naloxone, and is now breathing adequately. What assessments should EMS be vigilant about assessing for? Select all that apply. (PPT slide 13)
   a. SpO2
   b. ETCO2
   c. Lung sounds
   d. Signs of resp distress
   e. Sudden development of PEA

6. What complication / condition is the above monitoring aimed at identifying? (PPT slide 12)

7. EMS interventions are directed at reversing what two problems / conditions? (PPT slide 13)

8. Read the scenario on slide 15. Which one of the following should you consider as a potential cause for her symptoms? (PPT slide 20; ACS SOP)
   a. Amniotic fluid embolus
   b. Pancreatitis secondary to DM
   c. Acute coronary syndrome / acute MI
   d. Hormonal changes following pregnancy

9. Why might EMS or clinicians fail to consider this condition in this patient? (PPT slide 20)

10. Which of the following is true regarding this condition in the peri-partum population? Circle all that apply. (PPT slide 21)
    a. Cardiac enzymes will likely be elevated
    b. 12 Lead ECG may be + for acute changes
    c. EMS should anticipate rapid onset of acute pulmonary edema
    d. Coronary angiogram usually reveals normal coronary arteries (absence of disease)

11. Acute MI in the peripartum period has 3 main etiologies. Which of the following causes of reduced or blockage to myocardial artery flow is NOT among those? (PPT slides 22, 24-26)
    a. Clot formation between layers of the vessel walls
    b. Activation of the coagulation system in response to vasospasm
    c. Activation of the coagulation system in response to plaque rupture
    d. Change in the shape of the LV, resulting in impaired pump function

12. Which of the following patients should NOT receive aspirin? (PPT slide 29; SOP drug index)
    a. 33 weeks gestation, GIII, P0
    b. 1 week post-partum following C-section
    c. 5 days post-partum following vaginal delivery at 35 weeks
    d. 1 week post-partum with persisting symptoms of pre-eclampsia

13. Symptoms of what peripartum cardiac abnormality could be mistaken for those commonly experienced as symptoms typical of late pregnancy (dyspnea, pedal edema, orthopnea)? (PPT slide 30)

14. What 3 conditions, all known to be part of normal pregnancy, make the pregnant or post-partum patient at high risk for thromboembolism (DVT, PE)? (PPT slide 37)

15. Which of the following findings may be indicative of PE? Select all that apply. (PPT slide 39)
    a. Dyspnea
    b. ↑RR and HR
    c. Bilateral wheezes
    d. Small ETCO2 waveforms
    e. Elevated ETCO2 readings
    f. Hypoxia / low pulse ox readings
    g. Pleuritic chest pain (chest pain when breathing deeply)

16. During what time period do the above complications most frequently occur? (PPT slides 20, 23, 32, 36)
    a. 3rd trimester
    b. Postpartum period
    c. Any time prior to delivery

You are dispatched for a pregnant woman w/ headache, blurred vision and nausea. The pt is 34 y/o, G1 P0, w/ no prenatal care due to loss of her job. LMP was 6-7 months ago. Wt. 140 lb. Her symptoms began 2 days ago and have been worsening. She denies any problems (bleeding/spotting, vomiting, etc). Her only PMH is occas seizures as a child; none since age 9. She takes OTC prenatal vitamins. Denies drugs/ETOH. Exam: A&OX4. Skin flushed, warm, dry. BP 162/100, P 110, ECG ST, RR 24. Lungs clear. SpO2 97% RA. Pt confirms mild swelling in ands & feet. Glucose is 104.

17. List 3 "special considerations" interventions appropriate for this patient. (SOP p 70)

18. What complication should EMS be alert for? What step should be taken in anticipation? (SOP p 70)

19. What medication is indicated? Specify dose, how to prepare it, route, duration of administration, patient comfort measures related to administration of this medication, and when it should be started (SOP p 70)

Medication:
Dose & prep:
Route:
Duration:
Comfort measures:
When to start:

20. The medication has been administered. During transport, you are re-routed around a road closure due to an accident. Transport time will be extended ~ 10 min. The patient begins to have a tonic-clonic seizure. What medication is indicated now? Specify dose, route and timing. (SOP p 70)

21. EMS is called to an OB-Gyn office to transport a patient w/ pre-eclampsia to the hospital. She is seizing when you arrive. There is no PMH of seizures. What intervention is indicated? If the seizure persists after this intervention, what is indicated next? (SOP p 70)

22. A woman has just given birth. She has had no prenatal care, but confirms that her last period was 6 months ago (assume gestation of 22-24 wks). The baby is cyanotic and very small, but is moving in your arms, and has spontaneous movements of breathing. What are your 2 priority interventions? (SOP p 69)

23. To what facility should this neonate be transported? Where do you find a directory for these facilities, to locate the one closest to you? (SOP p 69 and p 117)

24. What are two other special considerations for caring for a preemie, in addition to the care described in your answer to question 15? (PPT slide 46)

25. A 1-minute-old, 39-wk gestation neonate is not breathing. How soon should breathing begin? (SOP 67)

26. What are 2 ways EMS can stimulate a neonate to breathe? (SOP p 67)

27. When should a neonate be suctioned? List at least TWO. (SOP pages 67 and 69)

28. When should a healthy neonate's cord be clamped and cut? (SOP p 67)

29. What timing is considered "delayed cord clamping", and what is the purpose? (PPT slide 50)

30. Under what circumstances should a neonate be placed on a cardiac monitor? (SOP p 69) What about an infant or child? (SOP p 72)

Neonates	
Infants & children	

31. Describe placement of the monitoring leads for a neonate/infant/child. (PPT slide 57)

Rt arm (white)	
Lt arm (black)	
Rt leg (green)	
Lt leg (red)	

32. List 3 indications for obtaining a 12Lead ECG on a pediatric-aged patient. (PPT slide 56)

33. Describe placement of electrodes for acquiring a 12Lead on a pediatric patient. (PPT slide 58)

Limb leads:	
Precordial leads:	

34. Neonatal pulse ox should be monitored in which of these? Select all that apply. (SOP p 72, 69)
    a. Neonate w/ HR <100
    b. Neonate requiring chest compressions
    c. Neonate born with meconium in the amniotic fluid
    d. Apneic neonate requiring ventilations with neonatal BVM
    e. Neonate requiring mild stimulation (heel flicking, rubbing of back) prior to spontaneously breathing

35. Where should the pulse ox probe be placed on the neonate? (SOP p 69)

36. At what time after birth should a neonate's pulse ox reach and remain between 85-95%? (SOP p 69)

37. What should EMS do if a pediatric-aged patient does not fit on the Broselow tape? (Peds Measurement Skill Performance Record)

38. What are 4 types of information provided by the Broselow tape? (Peds Measurement Skill Perf Record)

39. Which of the following are modifications made to the 2019 version of the Broselow tape? Circle all that apply. (PPT slide 60 & 61)
    a. Addition of D_{10} dosing for treatment of hypoglycemia
    b. Patient age added to correlating weight and color zone
    c. In the Fluids section, terminology changed from “Volume expansion” to “Fluid bolus”
    d. “Old and “new” terminology for Epi concentrations (1:1000 = 1 mg/1 ml; 1:10,000 = 0.1 mg/1 mL)

40. What are two prohibited actions / methods when transporting a pediatric patient, (1) enroute, and (2) when transferring the patient from the ambulance in to the ED? (PPT slide 63)
