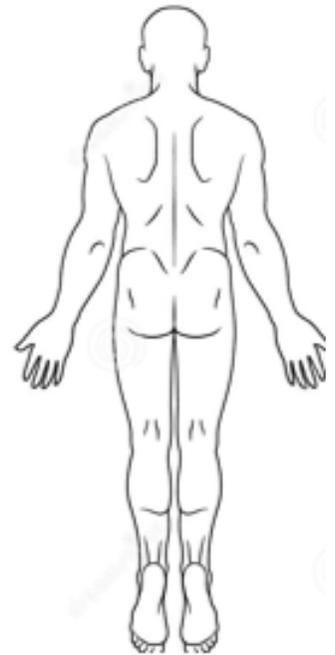


Northwest Community EMS System
CE Credit Questions – October 2021 UNKEYED
Decisional capacity, Refusals and Human Trafficking

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 the 2 hours of continuing education / CE class.
Sources: October 2021 PPT for Credit Questions; SOPs; NWC EMSS Paramedic Class Handouts: Chemical, Electrical, Inhalation Burns and Burns/Thermal Trauma

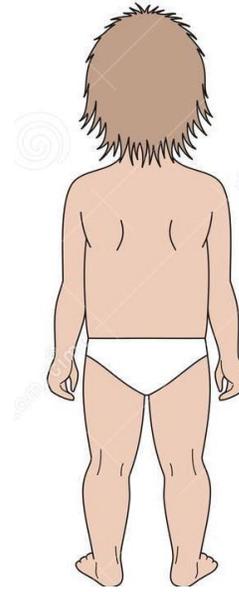
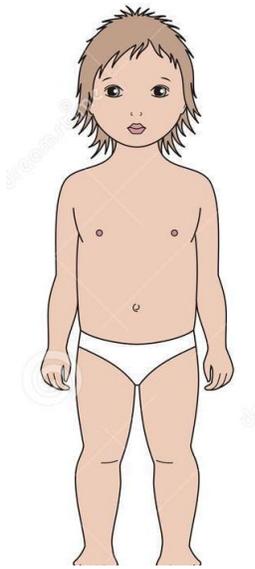
1. Assign percentages to the adult body for calculation of burn surface area using the Rule of 9s, to total 100% (PPT Slide 32; SOP p 47)



2. How is the Rule of 9s adjusted for extremely obese individuals? (SOP p 47)

3. For small or scattered burns, up to 10%, the Rule of palms is ideal. What anatomical part(s) is/are used in determining 1% BSA? (PPT slide 36; SOP p 47)

4. Assign percentages to the child-size body for calculation of burn surface area using the Rule of 9s, to total 100% (PPT Slide 34; SOP p 47)



5. Assign percentages to the infant body for calculation of burn surface area using the Rule of 9s, to total 100% (PPT Slide 35; SOP p 47)



6. Complete the following with regards to superficial burns. (PPT slide 27)

Skin layer/structures involved	
Appearance	
Findings on palpation	
Pain / no pain	
Ability to heal	Not addressed on slide
Scarring/no scarring	Not addressed on slide

7. Complete the following with regards to partial thickness burns. (PPT slides 27, 28)

Skin layer/structures involved	
Appearance	
Findings on palpation	
Pain / no pain	
Ability to heal	
Scarring/no scarring	

8. Complete the following with regards to full thickness burns. (PPT slides 27, 29)

Skin layer/structures involved	
Appearance	
Findings on palpation	
Pain / no pain	
Ability to heal	
Scarring/no scarring	

9. What burn thickness should be suspected if the injured area is dry, hairs slough away, and there is no capillary refill after blanching?

- A. Superficial
- B. Partial thickness
- C. Full thickness

10. Which level or levels of the 3 burn thicknesses are included in TBSA burned calculation? (SOP p 47)

11. Explain the rationale for your answer to question 10. (SOP p 47)

12. An adult has partial and full thickness frontal burns of the face (not the whole head), chest, abdomen and both arms and hands. What % TBSA has been injured? Indicate what % each body part accounts for in your total. (PPT slide 32; SOP p 47)

13. View slide 38. What % TBSA is burned? Indicate the % that each part represents. (SOP p 47)

14. An adult has partial thickness burns of the chest, abdomen, perineum, and the anterior surface of both legs. Calculate the % TBSA burned, accounting the % for each involved part. (SOP p 47)

15. What two actions must be taken to stop skin destruction from a burn? (PPT Slide 42)

16. An adult has partial thickness burns to his trunk and legs, involving 18% TBSA. How should this burn be cooled? (PPT Slide 43; SOP p 48)

17. An adult has partial thickness burns to the *anterior surface of both forearms*. How would the burns be cooled? (Hint: what is the TBSA burned?) (PPT Slide 43, SOP p 48)

18. A conscious and agitated patient presents with severe pain associated with partial thickness thermal burns > 60% TBSA. In addition to pain management, what intervention is indicated to decrease the pain, reduce fluid loss, prevent hypothermia and prevent contamination? (SOP p 48)

19. Explain the procedure for preparing the stretcher for a patient with burns, and how the patient is “packaged” once on the stretcher. (SOP p 48)

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20. What PPE should be worn by EMS initially, until all burns are covered? (SOP p 47)

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21. What burn-related findings/signs/symptoms indicate need for advanced airway? (PPT slide 46)

22. Which aspect of the lethal triad of trauma can and must be prevented for a patient with burns, and what intervention is directed at doing so? (SOP p 48)

23. What are the indications for vascular access for patients with burns? (PPT slide 56; SOP p 47)

24. Describe wound care appropriate for the following: (PPT slide 143)

A. Small burns < 5% TBSA or burns to eyelids? _____

B. Partial thickness burns exceeding > 15% and or full thickness burns exceeding 5% TBSA?

31. EMS responds to an industrial park setting for a worker who got hydrofluoric acid on one hand. The on-site safety officer has applied calcium gluconate gel to the burned areas of the hand by distributing the gel throughout an exam glove and placing it over the patient's hand. The patient states his pain is relieved since application of the gel, and is refusing transport to the hospital. Why must EMS be persistent in their attempts to convince this patient to agree to treatment and transport? (PPT slides 83-86)

32. An electrician received a brief but mod-high voltage shock 10 min ago. He was knocked backward on to the floor from a kneeling position. Coworkers attest he did not lose consciousness or hit his head. You note a 1 inch-diameter dry, whitish wound on his palm with a depressed center. The patient states it does not hurt, and says he does not want to go to the hospital. For which of these reasons should this patient be encouraged to allow EMS to assess/monitor/transport him to the ED? Select all that apply. (PPT slides 92-105; SOP p 48)
- A. Burns caused by electricity cause greater damage to inside structures even though there may be little injury visible externally
 - B. Respiratory muscle paralysis can occur as long as 6 hours after electrical shock
 - C. Electrical current/shock can cause dysrhythmias
33. Which of the following is appropriate management of this patient's burn? (PPT slide 112; SOP p 48)
- A. Apply saline-moistened gauze with a cold pack to the burn to remove residual heat
 - B. Apply a dry sterile dressing
 - C. Apply a "clean" (non-sterile) dressing
 - D. Petroleum jelly applied to the burn if available
34. You are caring for an adult who was struck by lightning and is now in cardiac arrest. Bystander CPR was begun immediately after the incident, and continued until EMS arrival. Asystole was first noted on the monitor, and Epi was given per protocol. After 2 min of CPR, ECG now shows coarse Vfib. Which statements do you know to be true with regards to this scenario? Select all that apply. (PPT slides 106-111; SOP p 48)
- A. Severe lightning injuries associated with cardiac arrest have a very low survival rate
 - B. VFib, rather than asystole, is more common with high voltage electrical injury
 - C. Survival rate is high for patients in arrest after lightning strike if intervention is timely
 - D. Respiratory arrest may persist even after return of a perfusing rhythm
35. A fellow firefighter was rescued from a burning warehouse. The ceiling collapsed and he became trapped. There was heavy smoke in the area he was rescued from. His face is covered in soot, as is his tongue. He is irritable, restless and at times uncooperative. Breathing is labored at 28/min and has a frequent "wheezy"- sounding cough productive of brown-streaked sputum. Pulse ox reads 94-95%, and ETCO₂ reads 50. Waveform is difficult to interpret due to patient movement. Which of the following are indicated at this time? Select all that apply. (PPT Slides 114-132; SOP p 30, 48)
- A. Apply O₂ 2L by NC
 - B. Perform emergency cricothyrotomy
 - C. Request OLMC order to transport directly to a burn center
 - D. Coach him to slow his breathing
 - E. O₂ 15L by NRM, ensuring a tight seal to face
 - F. Apply supplemental O₂ only if SpO₂ drops below 94%
 - G. Begin IVF resuscitation to replace volume loss
 - H. Keep the patient as quiet as possible
 - I. Administer albuterol/ipratropium neb

36. The above patient is now drooling, accessory muscle use is now present, you hear audible wheezing with each breath, and respirations have slowed to 8-10/min. He responds now only to pain. What intervention is indicated now? (PPT slides 131-140; SOP p 30, 48)

37. After successfully securing the airway, where should this patient be transported? (SOP p 30)

38. Medication to treat burn pain may be given until which 4 endpoints are met? (PPT slide 141; SOP p 5)

39. What respiratory component must be continuously monitored and reassessed after a patient receives pain medication? (SOP p 5)

40. Read the following T-2 Policy excerpt. What circumstance must be confirmed for EMS to receive OLMC orders to transport a patient directly to a burn center? (Source: T-2 Policy)

B. Patient requires specialized services not available at the nearest hospital, i.e., burn, hyperbaric oxygenation, replantation:

1. Contact the nearest System hospital over the appropriate radio or phone. Communicate the patient's need for specialized services.
2. OLMC must do a risk/benefit determination that based on the information available at the time that the medical benefits reasonably expected from the provision of medical treatment at a more distant hospital outweigh the increased risks to the patient from transport to the more distant hospital.
3. OLMC may refuse to authorize the request to go to the more distant hospital. In that case the patient should be transported to the nearest hospital.
4. OLMC personnel must contact the more distant hospital in advance to assure that they have available space and are willing to accept the patient. The ECRN will document patient acceptance on the Communications Log.
5. If a municipal department is unable to transport to the more distant hospital, transport can be completed by a private ambulance service if time and situation permits. The originating ambulance must initiate appropriate ALS or BLS care and stay with the patient until the second ambulance arrives and assumes care for the patient. Refer to System Policy A-1, Abandonment.
6. Private providers are asked to give highest priority to these requests for mutual aid.

