

Northwest Community EMS System
CE Credit Questions – October 2022
 Final SOPs 2022 and ECG Rhythm Interpretation and Treatment

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: Oct 2022 PPT for Credit Questions; 2022 SOPs; Changes & Rationales document.

1. A patient has sustained a high-energy mechanism of injury. Findings suggesting multiple rib fractures are noted, but the chest moves symmetrically and lung sounds are equal. Ecchymosis and abrasions are noted over the left flank, the lower abdomen, and left hip. Pain is noted w/ palpation to these areas. Signs of shock are present: BP 84/66, HR 134, RR 24 shallow/labored, cool pale skin and palpable central pulses only. Assessments reveals no findings for internal bleeding associated with these injuries. What injury should EMS suspect? (PPT slide 5; SOP p 44-45)

2. How would you assess for this injury? (PPT Slide 5)

3. What is the only contraindication to stabilization of this injury in an emergent setting? (PPT slide 6)

4. What is the mental status / GCS qualifier for transport to Level I trauma center? Describe the assessment finding as it would appear for both adults and children. (PPT slide 7; SOP p 45)

5. Shock index: (PPT slides 8; SOP page 45)

What two VS are compared in determining shock index?

When shock index is elevated / abnormal, how does the HR number compare to the SBP number?

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What is the value of this assessment in the prehospital setting for patients with traumatic injuries?

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6. What changes have been made to the following mechanisms of injury? (PPT slides 11; SOP p 45)

Old: Motorcycle crash > 20 mph.
New:
Old: Falls: Adult \geq 20 ft (one story = 10 ft) Children <15 years: >10 ft or 2-3 times their height.
New:

7. What optional product is available besides sterile water/NS for cooling burns? (PPT slide 13; SOP p 48)

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Use of this product is restricted to which type of burn?

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8. Concussion: (PPT slide 14; SOP p 52)

What are the 6 questions that must be asked in the memory assessment portion of concussion care?

Where, and at what time in the patient interaction should these be assessed?

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9. Describe the 3 necessary qualifiers for a patient to self-extricate. (PPT slide 15; SOP p 54)

10. Which of the following are findings indicative of neurogenic shock? Select all that apply. (SOP p 55)

- a. SBP <90 (or minimum acceptable SBP for children < 10 yrs)
- b. Warm, dry skin below the level of the injury
- c. HR <60 (patients 10 yrs and older)
- d. EtCO₂ ≤ 31 possible

If there is no improvement with administration of IVF, and HR remains <60, what medication, dose and route is indicated? Include answer for both peds and adults.

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11. For ketamine, what is the max initial dose when administered for sedation? For pain management? (SOP Drug Index p 100-101)

Sedation:
Pain:

12. When presented a situation where the POA/surrogate wishes to rescind a POLST/DNR order consented to by the patient, what two questions should EMS address in their discussion? What if the POA/surrogate wishes to rescind an order consented to by POA/other surrogate? (SOP p 7; PPT slide 23)

Qu 1:
Qu 2:

13. While preparing for an advanced airway, what is the recommended pt positioning for optimal view and access? (SOP p 11)

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14. How many attempts is EMS allowed to insert the King Vision blade during advanced airway insertion? How many attempts to pass the ETT? 1 attempt (SOP p 11)

King vision:
ETT:

15. While treating a conscious critical patient in a narrow complex rhythm, what sedative medication and dose should EMS chose prior to cardioversion? (SOP p 18; PPT slide 30)

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16. What is the scene time goal for patients presenting with stroke symptoms? (SOP p 38; PPT slide37)

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17. What is a large vessel occlusion (LVO)? Give an example. (PPT slide 37)

Example:

18. List the 4 cortical signs of a LVO? (SOP p 39; PPT slide 38)

19. What findings would guide EMS to transport a patient with a + BEFAST assessment to a primary stroke center? (SOP p 39; PPT slide 38)

20. How much Epi should EMS give to a 44 lb patient with vascular access, who presents in anaphylactic shock? Specify concentration, dose, route and time. (SOP p 79; Peds Drug Table p 107; PPT slide 44)

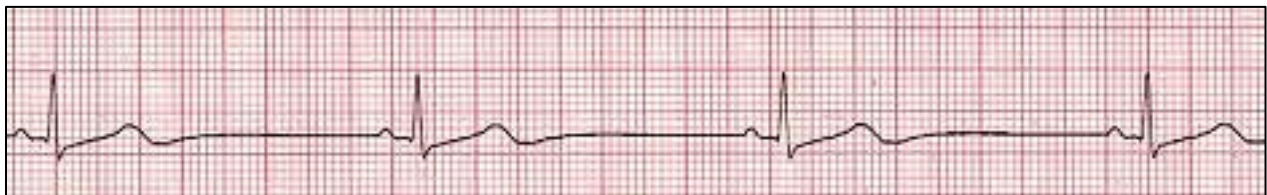
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21. Rhythm interpretation according to the ECG monitor is preferable to and more accurate than human interpretation. (PPT slide 48)

True

False

22. Review slides 50-52. Calculate the rate based on the rate counting methods below.



Large boxes:
Small boxes:
300-150-100-75-60-50-43-38-33-30:

23. Complete the following sentences: (PPT slides 53-54)

Normal PR interval measurement is _____ sec. or _____ small boxes.

Normal width for the QRS complex is _____ sec. or _____ small boxes.

24. Read the scenario on slide 55. Then answer the following questions. (SOP p 17)

What is the rate and rhythm?
What level of severity is this pt according to SOP?
What 3 interventions are indicated? (Consider IMC, airway, breathing, and circulation)
1.
2.
3.

25. There is no improvement, and the patient is now unresponsive to voice or pressure. It is discovered that the patient's IV has infiltrated and your partner is looking for a new site. What intervention should be employed now to address the patient's hypoperfusion and slow HR? (SOP p 17; Drug index; PPT slide 58)

The HR rises to 60 and pulses are strong and regular. BPs are rising – currently 108/76. You note that the patient is becoming restless. What are your options to manage pain and to sedate?

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26. Read the scenario on slide 59. Then answer these questions. (SOP p 18)

What is the rate <u>and</u> the rhythm?
Level of severity:
3 assessment findings that support your answer:
1.
2.
3.

27. For the above patient, what intervention is indicated? Select all that apply. (SOP p 18)

- a. Vagal maneuvers
- b. Defibrillate at device and AED specific joules
- c. Administer Verapamil 5 mg slow IVP over 2 min.
- d. Adenosine 6 mg rapid IVP followed by 10mL NS flush
- e. Synchronized cardioversion at device / AED specific joules

28. Should this patient receive sedation prior to electrical therapy? Why or why not? (SOP p 18)

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29. Read the scenario on slides 64-65. Then answer the following questions. (SOP 19)

What is the patient's ECG rhythm, and what is the rate?
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According to SOP, what level of severity is this? Support answer with 3 assessment findings.

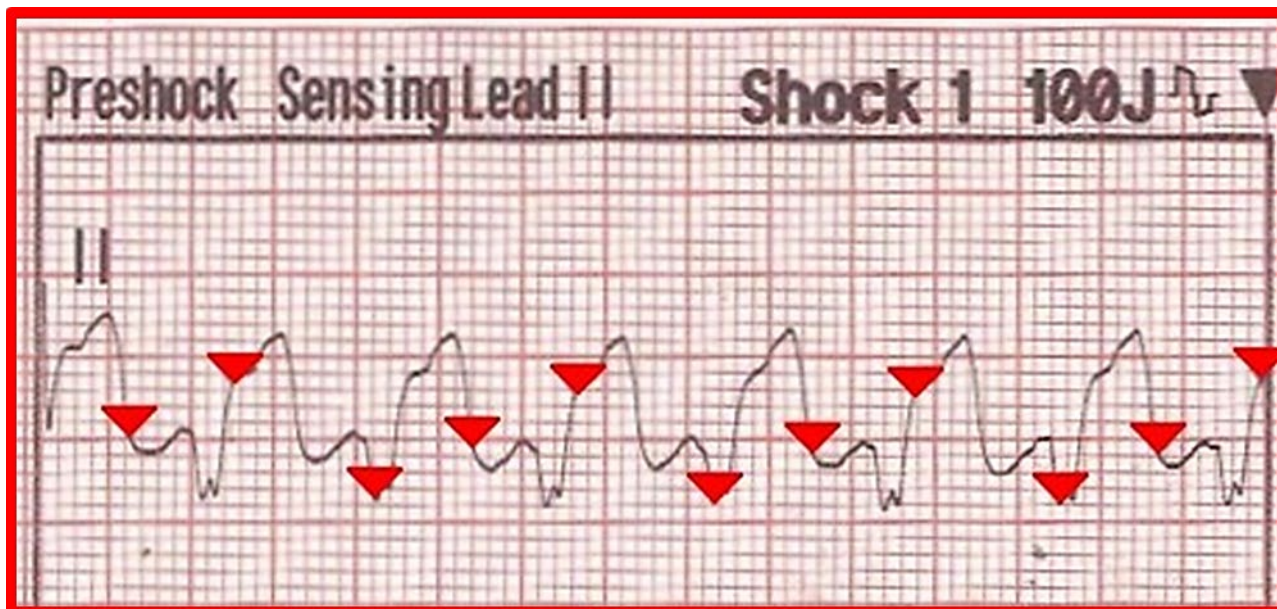
Level: _____

1.

2.

3.

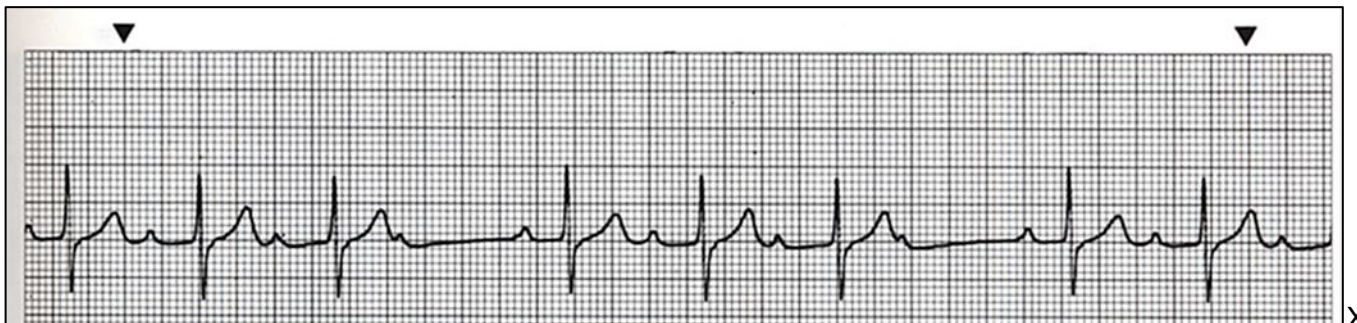
30. You are preparing to cardiovert your patient. You check to be sure the monitor is sync'd and you see the following on your monitor screen. What should you do? (PPT slide 67; SOP p 19)



For the following rhythms, document regularity, rate, wide or narrow QRS, and what rhythm it is.

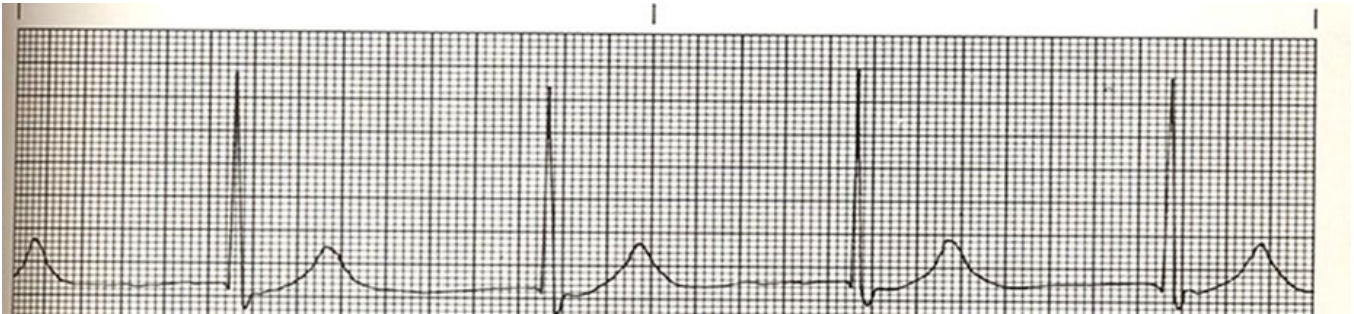
31.

Regularity:	Rate:	Wide/narrow QRS:
Rhythm:		



32.

Regularity:	Rate:	Wide/narrow QRS:
Rhythm:		



33.

Regularity:	Rate:	Wide/narrow QRS:
Rhythm:		



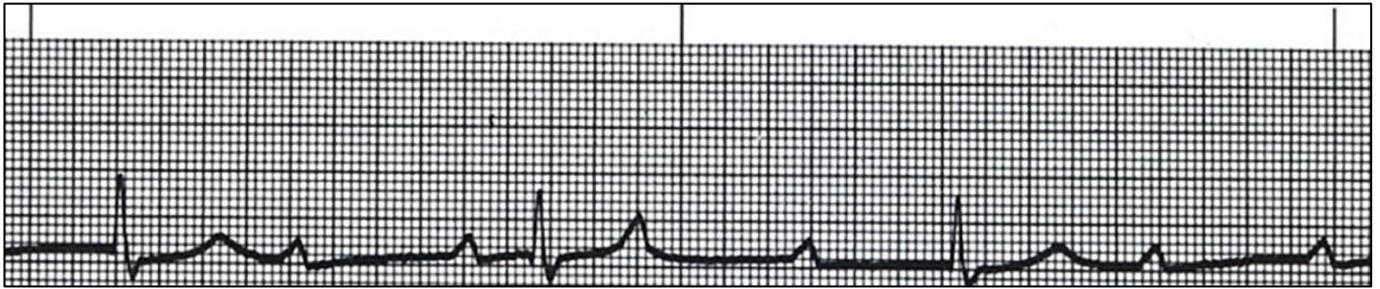
34.

Regularity:	Rate:	Wide/narrow QRS:
Rhythm:		



35.

Regularity:	Rate:	Wide/narrow QRS:
Rhythm:		



36.

Regularity:	Rate:	Wide/narrow QRS:
Rhythm:		



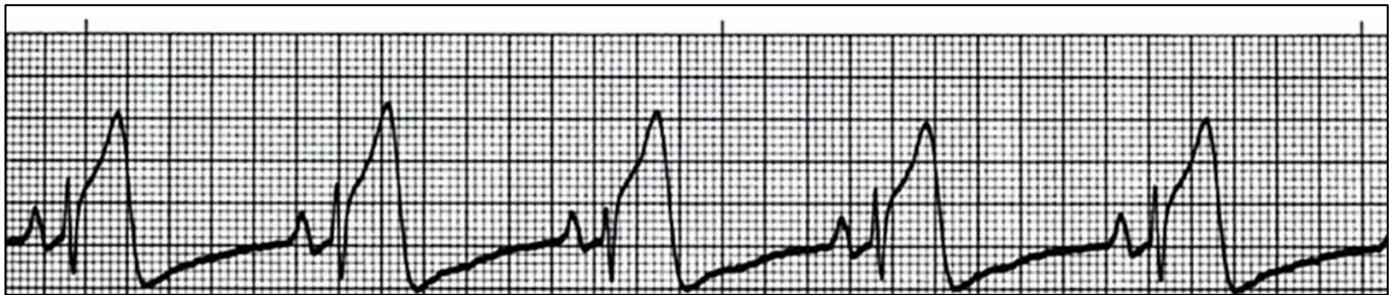
37.

Regularity:	Rate:	Wide/narrow QRS:
Rhythm:		



38.

Regularity:	Rate:	Wide/narrow QRS:
Rhythm:		



39.

Regularity:	Rate:	Wide/narrow QRS:
Rhythm:		



40.

Regularity:	Rate:	Wide/narrow QRS:
Rhythm:		

