

**Answers found in student handout and SOPs**

**New Illinois Uniform DNR Advance Directive (POLST compliant) form**

- State the purpose of the new IDPH Uniform DNR Advance Directive (POLST) form.
- Explain the benefits of the new DNR (POLST) form.
- Describe a patient's options of changing their DNR (POLST) form.
- Determine which form prevails if multiple DNR forms (old and new) are present with a patient.
- State the print options that are considered a valid form in terms of paper color and original vs. photocopy.
- Identify the only box on the new DNR form that EMS personnel must view for orders if pt is found in cardiac arrest.
- Explain the options in Section B of the new DRN (POLST) form and their implications for EMS personnel.
- List the elements necessary for the new DNR (POLST) form to be considered valid.
- Effectively interpret and provide care consistent with the patient's wishes as expressed in the new IDPH Uniform DNR Advance Directive (POLST) form.
- Discuss difference between the new DNR (POLST) form and designating someone as Power of Attorney.
- Effectively problem solve the best approach if family members dispute a valid DNR.

<p>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</p> <p>A. True B. False</p>	<p>2. The new IDPH Uniform DNR Advance Directive (POLST) is a single form that can go with a patient from care setting to care setting</p> <p>A. True B. False</p>	<p>3. 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.</p> <p>A. True B. False</p>
<p>4. 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 July 1, 2013. The options chosen on the two forms conflict. EMS should honor the more recent form.</p> <p>A. True B. False</p>	<p>5. 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.</p> <p>A. True B. False</p>	<p>6. An unconscious adult is found pulseless and nonbreathing in bed. 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?</p> <p>A. Section A: Has the pt marked DNR or attempt resuscitation? B. Section B: How aggressively does the pt want to be treated? C. Section C: Has the pt consented to artificial nutrition?</p>
<p>7. An adult presents with severe dyspnea and increased work of breathing. The pt has a history of left heart failure &amp; denies a hx of asthma or COPD. VS: BP 180/96; P 100; R 28 and labored; SpO<sub>2</sub> 74%; and EtCO<sub>2</sub> 45 with a square waveform. Lung sounds: bilateral wheezes. The pt produces an IDPH DNR Advance Directive form with DNR marked in Box A and Limited Treatment marked in Box B. What care is indicated?</p> <p>A. Initiate NTG and CPAP per SOP and transport B. Insert an advanced airway, give albuterol via in-line nebulizer, and transport C. Provide comfort care only, have the patient sign a refusal form, do not transport</p>	<p>8. 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?</p> <p>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</p>	<p>9. An unconscious elderly patient has agonal respirations and is found pulseless in idioventricular rhythm. A daughter presents you with a valid Ill Uniform DNR Advanced Directive (POLST) order with the patient's signature providing consent. Another daughter is very distraught and states that their father revoked the order yesterday. Neither have durable power of attorney for healthcare. What should a paramedic do?</p> <p>A. Resuscitate the patient based on the daughter's request and transport ASAP. B. Honor the DNR order. There is no conclusive evidence that it has been revoked and the daughter has no legal right to rescind the order.</p>

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**D10% introduction**

- Explain why the NWC EMSS is substituting Dextrose 10% (25 g / 250 mL) for the traditional D50%.
- Describe the complications if D50 extravasates into tissues.
- Explain the similarities and differences between Dextrose 50% and Dextrose 10%.
- Sequence the 6 Rs and critical steps to safely and competently administer Dextrose 10% (25 g/250 mL) to an adult and a child based on bG level and size in kg..

10. Why is the NWC EMSS substituting D10% for the traditional D10%?  
 A. D50% was becoming too dangerous to give  
 B. D50% got too expensive to buy for exchange  
 C. D50% did not reverse hypoglycemia as well as D10%  
 D. The ongoing drug shortage of D50% made it hard to keep in stock

11. Which of these occurs if D50% extravasates from an infiltrated IV into tissues  
 A. Anaphylactic reaction and fever  
 B. Tissue numbness and nerve damage  
 C. Rebound hypoglycemia and hypo-osmolar syndrome  
 D. Extensive tissue damage w/ possible disfigurement or loss of limb

12. What is the difference between the D50% and D10% solutions?  
 A. The number of calories infused into the patient  
 B. Its effectiveness in reversing hypoglycemia  
 C. The volume of fluid to be administered  
 D. The grams of dextrose in the solution

13. Under the new protocol, how should D10% be infused into a confused adult with clear lung sounds and no Hx of heart failure who presents with a glucose reading of 30?  
 A. 5 grams (50 mL)  
 B. 25 grams (250 mL)  
 C. 12.5 grams (125 mL)  
 D. 1 mL/kg up to 250 mL

14. Under the new protocol, how should D10% be infused into a confused adult with clear lung sounds and no Hx of heart failure who presents with a glucose reading of 64?  
 A. 5 grams (50 mL)  
 B. 25 grams (250 mL)  
 C. 12.5 grams (125 mL)  
 D. 1 mL/kg up to 250 mL

15. A 5 y/o with type 1 DM presents unconscious with a bG of 30. The child weighs 44 lbs (20 kg). How much D10% should be given?  
 A. 5 grams (50 mL)  
 B. 25 grams (250 mL)  
 C. 12.5 grams (125 mL)  
 D. 0.5 grams/kg - 10 g (100 mL)

**Dopamine dosing**

- Accurately document the correct dose of dopamine.

16. An adult presents with chest pain (10/10), weakness, dizziness and lightheadedness. VS: BP 60/30; HR 112; R 24; SpO<sub>2</sub> 76%; capnography 30 with a square waveform with bilateral bibasilar crackles. Weight: 275 pounds. How should the initial dosing of dopamine be documented for this pt?  
 A. 5 mcg/kg/minute  
 B. 10 mcg/kg/minute  
 C. 25 mcgts per minute  
 D. 50 mcgts per minute

17. An adult presents with extreme dyspnea, bilaterally diminished breath sounds, dizziness, lightheadedness, and swollen lips, tongue and face after eating shellfish. VS: BP 60/30; HR 112; R 32; SpO<sub>2</sub> 76%; capnography 24 with a sharkfin waveform. Weight 275 pounds. If epi is ineffective, how should the initial dosing of dopamine be documented for this pt?  
 A. 5 mcg/kg/minute  
 B. 10 mcg/kg/minute  
 C. 25 mcgts per minute  
 D. 50 mcgts per minute

18. An adult presents with dizziness, lightheadedness, and the inability to move arms or legs following a fall from 30 feet. VS: BP 60/30; HR 48; R 24; SpO<sub>2</sub> 88%; capnography 34 with a square waveform. Weight 200 pounds. If atropine is ineffective, how should the initial dosing of dopamine be documented for this pt?  
 A. 5 mcg/kg/minute  
 B. 10 mcg/kg/minute  
 C. 18 mcgts per minute  
 D. 36 mcgts per minute

**Be safe; Be smart; Be current Objectives**

- Identify the needed PPE and infection control precautions that EMS personnel should exercise when responding to and transporting patients with vomiting and diarrhea due to suspected Norovirus.
- Explain three things a paramedic should do to make the System resistant to medication errors.
- State the actions to take if a med errors has been made.
- Explain why a BVM should not be discontinued from an advanced airway prior to defibrillation.

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- Explain why a BP cuff should not be used as a substitution for an IV pressure infuser.
- State the indications, current dose, and correct way to document naloxone administration.

19. What type of BSI precautions should be used when responding to and transporting pts with vomiting and diarrhea due to suspected Norovirus?

A. Gloves only  
 B. Gloves and face mask  
 C. Standard and contact precautions  
 D. Surgical mask on pt; N95 mask on responders

20. What do the CDC guidelines recommend for hand hygiene during an outbreak of Norovirus?

A. Use only alcohol based waterless sanitizer  
 B. Double glove to prevent need for frequent hand washing  
 C. Wash hands with soap and water immediately after removing gloves  
 D. Do a 5 min scrub of hands and forearms w/ a surgical brush to prevent cross contamination

21. What is the recommended method to kill staph, strep, and other virus and bacteria strains from ambulances surfaces?

A. Wipe all surfaces thoroughly with full strength Cavicide and wipe dry  
 B. Spray with antibacterial soap. Wait 30 seconds and wipe dry with paper towel.  
 C. Cover all surfaces with antibacterial foam, wait one minute until foam dissolves, wipe dry  
 D. Spray all surfaces with EPA-approved disinfectant; wait 10 minutes, and wipe dry

22. A PM confirmed that a pt's condition required a particular medication and that there were no contraindications for the drug. He inspected the packaging for correct name, concentration, expiration date; clarity and intact seals. He carefully drew up the correct dose and gave it by the right route and timing to the pt per SOP. What System standard of practice regarding drug administration did he fail to perform?

A. Independent cross check w/ another PM  
 B. Calling OLMC to confirm the required dose  
 C. Scanning the bar code for billing purposes  
 D. Reading the pt their HIPAA rights prior to drug administration

23. A PM confirmed that a pt's condition required an IVP med and that there were no contraindications for the drug. He pulled the package of the usual size, color, and location from the drug box, drew up the usual dose in mL; showed the package and dose to be given to his partner to confirm the right drug and dose, and gave it by the right route and timing to the pt per SOP. What System standard of practice regarding drug administration did he fail to perform?

A. Independent cross check w/ another PM  
 B. Scanning the bar code for billing purposes  
 C. Calling OLMC to confirm the required dose  
 D. Inspecting the packaging for correct concentration, expiration date; clarity and intact seals

24. A pt with multiple severe injuries is experiencing extreme pain following an MVC late at night. The PM confirms that the pt requires Fentanyl d and that there are no contraindications for the drug. She pulled a package from the controlled substance box of the usual size, color, and location; drew up the usual dose in mL; and gave it by the right route and timing to the pt per SOP. Suddenly, the patient loses consciousness and stops breathing. The PM looks more closely at the drug package and sees that it is labeled midazolam. What System standard of practice regarding drug administration did she fail to perform?

A. Independent drug cross check w/ another PM  
 B. Having advanced airways standing by prior to drug administration  
 C. Storing fentanyl in midazolam in separate cabinets in the ambulance  
 D. Having naloxone standing by to reverse the side effects of a controlled substance

25. If a drug error is made, who is to be informed after On-line Medical Control?

A. The EMS Medical Director  
 B. The IDPH Medical Error hotline  
 C. The Food and Drug Administration  
 D. Your assigned hospital EMS Coordinator

26. Does a BVM need to be disconnected from an advanced airway prior to defib, to prevent a fire hazard?

A. Yes Leaving a pt connected to a BVM poses an increased fire risk from ignition of combustible material in an oxygen-enriched atmosphere during defibrillation  
 B. No: Disconnecting any device which continues to discharge oxygen and leaving it on the pillow before defibrillation is dangerous.

27. If an IV pressure infuser is unavailable, can a BP cuff be used instead?

A. No: Pressure infusers provide significantly greater IV fluid flow rate than those rates obtained by any other method  
 B. Yes: BP cuff application and inflation and/or kneeling on the IV bag produce IV flow rates just as effective as pressure infusers

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28. What is the indication for giving naloxone per SOP?
- A. All pts with AMS and pin point nonreactive pupils
  - B. Narcotic/synthetic narcotic OD with AMS and respiratory depression
  - C. Coma of unknown etiology with tachypnea and constricted pupils
  - D. CNS depressant ingestion with confusion and normal respiratory rate

29. What is the current first dose of naloxone for an adult?
- A. 0.4 mg I
  - B. 0.1 mg/kg to max single dose of 2 mg
  - C. 2 mg
  - D. 4 mg

30. What is the maximum dose of naloxone that can be given per SOP to an adult if the initial response is inadequate?
- A. 0.8 mg
  - B. 2 mg
  - C. 4 mg
  - D. 10 mg