NWC EMSS Continuing Education – 2014 SOP Roll-out Post-test question bank

Class conducted in May 2014; Post test given in July 2014

For all treatment questions, assume that you have at least two or more paramedics on scene with full ALS equipment available to you. All answers found in the 2014 NWC EMSS SOPs, changes and rationale handout from the May 2014 CE class, SOP roll-out slides, and System procedure manual.

General patient assessment / Initial Medical Care

1. What is the targeted SpO_2 in patients with COPD?
   A. 88%
   B. 92%
   C. 94%
   D. 96%

2. All of the following should receive O_2 only if there is evidence of hypoxia and should have the liter flow titrated to a dose that relieves hypoxemia without causing hyperoxia EXCEPT:
   A. Post-cardiac arrest
   B. Neonatal resuscitation
   C. Uncomplicated Acute MI
   D. Submersion incident/near drowning

3. How much lidocaine should be infused into an IO line prior to fluid administration if the patient is responsive to pain?
   A. 0.5 mg/kg; max 25 mg
   B. 1 mg/kg; max 50 mg
   C. 100 mg
   D. 150 mg

4. A hemodynamically stable adult (150 lbs) has been given the maximum first dose of fentanyl IVP and remains in pain. How much fentanyl may be given as repeat doses based on SOP without OLMC contact?
   A. 30 mcg one time only
   B. 30 mcg increments to a total of 150 mcg
   C. 30 mcg increments to a total of 300 mcg

5. How much fentanyl may be given to a hemodynamically stable elderly adult by SOP without OLMC contact?
   A. 0.5 mcg/kg followed by 0.25 mcg/kg
   B. 0.5 mcg/kg that may be repeated X 1
   C. 0.5 mcg/kg (max single dose 50 mcg)
   D. 0.5 mcg/kg increments up to 150 mcg

6. A hemodynamically stable child has been given the maximum first dose of fentanyl IN and remains in pain. How much fentanyl may be given in repeat dosing based on SOP without OLMC contact?
   A. 0.5 mcg/kg (max single dose 50 mcg)
   B. 0.25 mcg/kg to a total dose of 100 mcg
   C. 0.5 mcg/kg increments to a total of 150 mcg
   D. 0.25 mcg/kg increments to a total of 150 mcg

Drug alternatives

7. Which of these is the desired action of ketamine?
   A. Dissociative anesthetic
   B. Short-acting opiate narcotic
   C. Benzodiazepine sedative hypnotic
   D. Sedative hypnotic without analgesic activity

8. Which of these actions/side effects of ketamine makes it a particularly attractive sedating drug prior to DAI for a patient with a severe asthma attack?
   A. Hypotension is transient
   B. It causes bronchodilation
   C. It produces transient paralyses in addition to sedation
   D. Pts remain fully awake and aware and can obey your commands during the procedure

9. Which of these is an anticipated side effect of ketamine?
   A. Emergence reaction
   B. Bronchoconstriction
   C. Respiratory depression
   D. Transient bradycardia and hypotension

10. Which is the initial adult dose of ketamine **IVP** for sedation?
    A. 0.5 mg/kg slow IVP (over one minute)
    B. 1 mg/kg rapid IVP
    C. 2 mg/kg slow IVP (over one minute)
    D. 4 mg/kg rapid IVP

11. Which is the pediatric dose of ketamine **IM** for sedation?
    A. 4 mg/kg
    B. 2 mg/kg
    C. 1 mg/kg
    D. 0.5 mg/kg

12. Which of these is the **IN** dose of ketamine for pain?
    A. 4 mg/kg
    B. 2 mg/kg
    C. 1 mg/kg
    D. 0.5 mg/kg

13. Which is the desired action of norepinephrine when given to patients in septic shock?
    A. Strong chronotropic agent to increase HR
    B. Anticholinergic agent producing ↑ HR & bronchodilation
    C. Angiotensin receptor blocker prevents cardiac remodeling
    D. Alpha receptor stimulant causing vasoconstriction & increased peripheral vascular resistance

14. How should norepinephrine be initially administered after adding 4 mg (4 mL) to 1,000 mL D5W or NS?
    A. 2-10 mcg/kg/min
    B. 5 mg/min titrated up to 10 mg/kg/min
    C. 10 mcg/kg/min titrated up to 20 mcg/kg/min
    D. 8 mcg/min titrated in 2 mcg/min increments to 20 mcg/min

15. Which of these are anticipated side effects of norepinephrine that require careful monitoring during administration?
    A. Bradycardia and respiratory depression
    B. Profound vasodilation and hypotension
    C. HTN and decreased peripheral perfusion
    D. Prolonged QT syndrome leading to torsades de pointes

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Elderly patients

16. Which of these is indicated in an elderly pt who is chronically hypercarbic and prone to ventilatory failure due to ↓ lung compliance, inability to breathe deeply, and ↑ WOB?
    A. Short bursts of hyperventilation
    B. CPAP or ventilatory assist w/ BVM
    C. Aggressive and rapid reversal of hypercarbia
    D. Negative pressure ventilation optimizing venous return to the heart

17. Which of these are prescription medications that place an elderly patient at particular risk for an expanding subdural hematoma and rapid deterioration after blunt head trauma?
    A. Irbesartan (Avapro), Cozaar, Benicar
    B. Atenolol, Zebeta, Coreg, Lopressor/Toprol
    C. Bumex, Diazide, Lasix, hydrochlorothiazide
    D. Eliquis, Plavix, Pradaxa, Xarelto, Coumadin

18. A conscious and decisional elderly pt tripped and fell sustaining superficial abrasions and bruises on both knees and a sore wrist. There is full range of motion and intact SMVs. After cleansing and bandaging the wounds, placing a cold pack on the wrist, and affirming that the VS are WNL, the patient is refusing transport. Which is indicated per policy?"
    A. Execute a BLS refusal; no OLMC is needed
    B. Execute an invallid assist, no OLMC is needed
    C. Attempt to convince the pt to be tranported; execute a BLS refusal, call OLMC from scene
    D. Inform pt that they cannot refuse due to their age and must be transported for their safety

Extremely obese patients

19. What is the recommend approach for assessing lung sounds in an extremely obese patient?
    A. Listen over the back first for early detection of crackles
    B. Palpate for tactile fremitus rather than trying to hear snds
    C. Listen over the anterior apices as that is the only areas that will have discernible sounds
    D. Ask the pt to breathe deeply through their mouth and listen anteriorly just inferior to the clavicles

20. An extremely obese adult presents with lightheadedness and abdominal pain. The pt states that they had recent weight reduction surgery and PMs note an incision over the LUQ. Which of these is the most important element of PMH for EMS to obtain in this pt?
    A. Ask if the patient still has their appendix
    B. Ask about bowel movements following surgery
    C. Ask about type/nature of the procedure and pt compliance with follow up instructions
    D. Ask if they have a history of Cholecystitis and whether their gall bladder was also removed

21. An extremely obese patient presents with lightheadedness. The standard size BP cuff does not fit around the pt's upper arm. Which of these is an acceptable adaptation for assessing the BP in the new SOPs?
    A. Assume a strong radial pulse implies a SBP of 100
    B. Apply the standard size cuff to the forearm and listen over the radial artery
    C. Apply a central sensor and assume an SpO2 >94% implies an OK SBP
    D. Assume that no change in pulse quality when the pt changes from supine to sitting implies an OK MAP

Respiratory SOPs

22. An adult with altered mental status (GCS 8) presents with possible septic shock. They are unable to protect their own airway. Gag reflex is absent. VS: BP 60/30; HR 110; R 8 and shallow with period of apnea; SpO_2 86%; $EtCO_2$ 26 with square waveform. Which of these is indicated first during DAI?
    A. Lidocaine
    B. Etomidate
    C. Midazolam
    D. Benzocaine

23. Which of these is accurate with respect to the dosing of midazolam for DAI under the new SOPs?
    A. 2 mg rapid IVP q. 30 to 60 sec up to 10 mg
    B. 2 mg slow IVP every 2 min up to 10 mg
    C. 5 mg slow IVP/IN if SBP ≥ 90 (MAP ≥ 65)
    D. 10 mg IM if SBP ≥ 90 (MAP ≥ 65)

24. An adult has sustained blunt head and nasal trauma. The pt is unconscious (GCS 6), unresponsive to pain, has no gag reflex, is hypoxic and has an impaired airway. One PM has attempted to visualize the vocal cords twice in order to intubate but has been unsuccessful. Which of these is indicated next?
    A. King LTS-D airway and ventilate with 15 L O_2/BVM
    B. Surgical cricothyrotomy and give 15L O_2/ peds BVM
    C. Change blade type and length; & attempt to intubate one more time
    D. Insert 2 nasopharyngeal airways and transport immediately with O_2 15 L/BVM

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25. A 30 y/o agitated female presents after being stung by a bee 15 minutes ago. She is extremely short of breath, has a swollen face, tongue, and lips. Her voice is hoarse and she is developing stridor. VS: BP 86/40; P 124; R 40; RA SpO_2 82%; lung sounds are bilaterally diminished. IMC is NOT completed. Which of these should be given first?
    A. Diphenhydramine 50 mg IM
    B. Epinephrine 1:1,000 1 mg IM
    C. Albuterol 2.5 mg via nebulizer
    D. Epinephrine 1:1,000 0.5 mg IM

26. A pt with severe asthma is being treated with CPAP. The dial shows a PEEP reading of 14. What outcome should be anticipated with this PEEP value?
    A. Gastric distention, vomiting & aspiration
    B. Over pressurized chest, ↓ venous return and ↓ BP
    C. Rapid reduction in pt distress & correction of hypercarbia
    D. Excessive airleak around the mask and reduction in therapy effectiveness

27. An adult presents with severe respiratory distress from an asthma attack. Lungs snds are diminished bilaterally with slight wheezing. VS: BP 150/90; P 150; ECG ST; R 32 & shallow; SpO_2 92%. After applying CPAP at 10 cm PEEP and giving epinephrine (1:1,000) 0.3 mg IM, the BP drops to 94/60. Which of these is indicated *first*?
    A. Reduce the PEEP to 5 cm
    B. Supplement the CPAP O2 with a NC
    C. Remove the CPAP mask and intubate
    D. Prepare a dopamine drip to support the BP

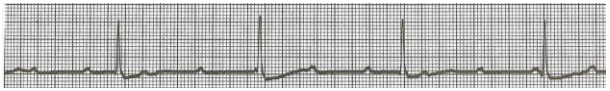
Cardiac SOPs

28. A 65 y/o conscious adult is c/o diffuse chest pain (5/10) without radiation following a frontal impact MVC. There is a red diagonal line across his chest that appears to be developing seat-belt sign. VS: BP 140/90; HR 110 & regular; ECG: ST; R 16; SpO_2 96%, breath sounds clear and equal bilaterally; and heart sounds: distinct S1 & S2. PMH: HTN. Meds: losartan, hydrochlorothiazide. Which of these is indicated first?
    A. Chewable ASA
    B. Oxygen 2 L/NC
    C. Set up for a 12 L ECG
    D. Nitroglycerin 1 tab SL

29. Why should a 12 L ECG that indicates AMI be transmitted by EMS to the receiving hospital as soon as possible?
    A. It saves busy ED staff having to do one upon arrival
    B. Acute MI is almost always seen on the first 12 L ECG
    C. 12 lead findings don't change as frequently as vital signs
    D. Cath lab notification and preparation can be made prior to the patient's arrival

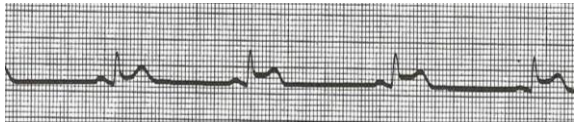
30. Which patient is most likely experiencing cardiac ischemia & should be treated per that SOP?
    A. 25 y/o w/ PMH asthma c/o burning epigastric pain 8/10 after eating spicy food about 30 min ago.
    B. 75 y/o c/o Lt-sided pleuritic chest pain (6/10). Began with a fever and sore throat that progressed to a productive cough the last 2 days.
    C. 50 y/o w/ PMH of HTN & DM c/o aching feeling in shoulder (3/10) & dyspnea that began at rest 10 min ago. He appears pale & diaphoretic.
    D. 42 y/o c/o left-sided chest pain (7/10) that began after she fell and struck her chest one hour ago. Describes as "dull aching." Redness noted, tender to palpation.

31. An elderly adult presents with confusion and weakness following a syncopal episode. VS: BP 60/30; P 40, ECG below; R 20, SpO_2 94%; lungs clear; glucose 110. Skin pale and moist. Weight 190 lbs. Meds: Norvasc & Crestor.



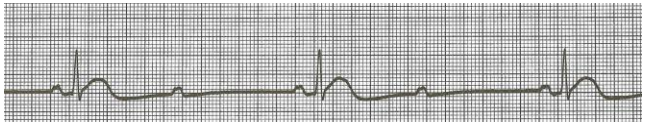
Which of these is indicated first?
    A. Glucagon 1 mg IVP
    B. Atropine 1 mg rapid IVP
    C. Transcutaneous pacing at 60 BPM
    D. Dopamine IVPB 5 mcg/kg/min (17 mcgtts/min)

32. An elderly adult presents with confusion and weakness following a syncopal episode. VS: BP 60/30; P 40, ECG below; R 20, SpO_2 94%; lungs clear; glucose 110. Skin pale and moist. Weight 190 lbs. Meds: Norvasc & Crestor.



Which of these is indicated first?
    A. Glucagon 1 mg IVP
    B. Atropine 0.5 mg rapid IVP
    C. Transcutaneous pacing at 60 BPM
    D. Dopamine IVPB 5 mcg/kg/min (17 mcgtts/min)

33. An elderly adult presents with confusion and weakness following a syncopal episode. VS: BP 60/30; P 30, ECG below; R 20, SpO_2 94%; lungs clear; glucose 110. Skin pale and moist. Weight 190 lbs. Meds: Norvasc & Crestor.



Which of these is indicated if atropine and/or dopamine are ineffective, contraindicated or there is no vascular access?
    A. Glucagon 1 mg IVP
    B. Transcutaneous pacing at 60 BPM
    C. IV NS fluid challenges up to 2 liters
    D. Epinephrine 1:10,000 0.1 increments IVP or IO

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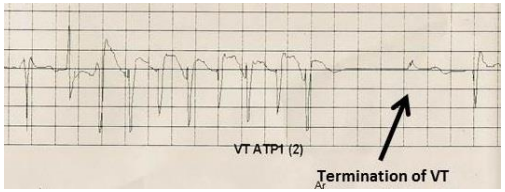
34. A conscious adult presents with chest pain and palpitations. After confirming V-tach, PMs start to give amiodarone slow IVP. Midway through the dose, they observe the following change to the ECG and VS are stable.



What intervention is indicated next?

A. Finish the amiodarone dose
B. Stop the amiodarone and transport

35. A conscious, pulseless adult presents in VF with the following device attached to his person. What EMS intervention is indicated first?

A. Disconnect the batteries and resuscitate as usual
B. Do NOT disconnect the batteries; call the LVAD coordinator on the pt's referral info sheet

36. An unconscious, pulseless adult presents in VF with the following device attached to his person. What EMS intervention in indicated first?

A. Disconnect the batteries and resuscitate as usual
B. Do NOT disconnect the batteries; allow the LifeVest to continue firing prior to starting EMS resuscitation

37. What is the preferred contemporary approach to airway mgt in a patient in cardiac arrest?

A. Airway mgt no longer important if rescuers perform quality chest compressions
B. Intubate ASAP as long as compressions are not interrupted for more than 60 sec
C. BLS airways transitioning to King LT to enable continuous chest compressions

38. What addition to EMS cardiac arrest resuscitation has shown to improve CPR quality and more than double patient survival to discharge?

A. High dose epinephrine
B. Use of anterior/posterior defibrillation
C. Real time, CPR audiovisual feedback device
D. Transporting earlier for more sophisticated interventions at the hospital

39. Why is the NWC EMSS continuing to initiate hypothermia in eligible pts who experience ROSC despite the study published by Kim et al that failed to show improved survival or neurological status among pts who received this intervention?

A. We never change practice based on one isolated study
B. Early initiation of TH by EMS in our area has resulted in continued cooling after hospital arrival
C. The study was poorly done and the Region IX physicians did not trust the author's conclusions

Medical SOPs

40. An adult presents with severe abd pain (10/10). The abdomen has significant involuntary guarding, point tenderness and rigidity in the RLQ, & the pt winzes when the heel is tapped (rebound tenderness.) VS are WNL. Is this patient a candidate for fentanyl per SOP?

A. Yes
B. No

41. What has been added to the physical exam of an intoxicated patient to determine the degree of motor impairment?

A. Cerebellar exam
B. Full cranial nerve exam
C. Cincinnati stroke screen
D. Grading motor strength on a scale of 1 to 5

42. An unconscious adult presents experiencing a generalized tonic clonic seizure. Which of these assumes the highest priority of assessment or mgt?

A. Insert a bite block
B. Obtain a glucose level
C. Place an advanced airway
D. Treat the seizure with a benzodiazepine

43. An adult was working outdoors in hot (95° F) temperatures. The patient is extremely disoriented and very warm to the touch. VS: BP 86/50; P 118; R 20; SpO_2 96%; T 106° F. Which of these is indicated?

A. IV NS 30 mL/kg rapid IV bolus
B. Massage patient's large muscles
C. Transport with head of stretcher elevated 45°
D. Cold packs to cheeks, palms, & soles of feet

44. An adult presents with a severe headache and visual disturbances and the following VS: BP 220.140; P 78; R 20. Which of these is indicated for this patient?

A. 4 chewable ASA
B. Complete a quick stroke screen
C. 3 NTG tabs in rapid succession
D. Midazolam 10 mg to reduce the BP

45. EMS is transporting an elderly adult with a positive stroke screen from a skilled nursing facility to a stroke center. No staff or family members are coming with the pt. What has been added to the SOPs to facilitate effective communication?

A. Show the sending nurse how to Skype to the ED
B. Provide the sending facility with a returnable pager
C. Get a call-back phone number of a reliable historian
D. Have the SNF copy the chart notes from the past 24 hrs

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Shock/Trauma SOPs

46. An elderly adult presents one day after being discharged from a hospital with pneumonia. The pt feels hot to the touch with a persistent productive cough of yellow-green sputum. VS: BP 80/50; P 114; ECG ST; R 28, SpO2 90%; $EtCO_2$ 25 with square waveform. The 12-L ECG shows no acute ischemic changes. Which of these is indicated first?
    A. CPAP at 8 cm PEEP
    B. Dextrose 10% 25 gm IVPB
    C. IV NS 30 mL/kg; vasopressors
    D. Dopamine drip at 5 mcg/kg/min

47. An unconscious adult presents following multi-system blunt trauma from a MVC with chest and abdominal injuries and a suspected fractured femur. VS: BP 78/56; HR 120; RR 28; SpO_2 90%; $EtCO_2$ 20. Which of these is indicated?
    A. Warm IV NS wide open up to 1 L
    B. Two large bore IVs on pressure infusers run WO
    C. IV NS TKO due to need for permissive hypotension
    D. Cold NS at 30 mL/kg (max 2 L) as rapidly as possible

48. An awake and anxious adult presents with blood at the urinary meatus and a swollen bruised scrotum with a butterfly hematoma of the perineum after a motorcycle crash. Skin: pale, cool, and diaphoretic. VS: BP 86/62; P 120; R 28; lungs clear. Pain 10/10. Wt. 190 lbs. Which of these is indicated first?
    A. Fentanyl 100 mcg IVP
    B. Dopamine drip at 5 mcg/kg/min
    C. Secure pelvis in upside down KED
    D. Start 2 lg bore NS IVs run WO on pressure infusers

49. A conscious and agitated adult presents with partial thickness thermal burns over the chest, abdomen and the anterior aspects of both legs. VS: BP 86/68; P 120; R 32; SpO_2 94%. Airway is currently patent. Which of these is indicated?
    A. IV NS 20 mL/kg; moist sterile dressings over all burns
    B. IV NS WO to 1 L, wet sterile dressings, and fentanyl IVP
    C. Cool burns with ice, cover with dry sterile sheet; IV NS 2 L
    D. Cover burns with plastic wrap, dry sterile dsgs, IV NS up to 500 mL

50. An adult has had hydrofluoric acid splashed on his hands. He is in extreme pain. What intervention is indicated if available on scene?
    A. Magnesium soaked gauze applied to the burn
    B. Calcium gluconate 2.5% gel massaged into burns
    C. Calcium chloride injected into burn wound margins
    D. Bicarbonate soaked dressings applied to the burn

51 Which of these is indicated to treat an acute thermal burn of < 9% TBSA?
    A. Cool with water or NS for ten minutes
    B. Cover with ice for 1 minute to rapidly cool
    C. Apply Neosporin ointment to promote healing
    D. Cut off the tops of all blisters to reduce chance of infection

52. A conscious & alert adult was kicked in the anterior chest by a horse and is c/o of severe midline chest pain (9/10). Ventilations are unlabored at a normal rate; breath sounds present and equal bilaterally; heart sounds clear. Radial and femoral pulses are equal, rapid and irregular; ECG ST w/ PVCs; SpO_2 96%; jugular veins are flat. There is redness and bruising over the sternum with point tenderness to palpation but no crepitus. There is equal chest expansion and no paradoxical movements. What injury should be suspected?
    A. Flail sternum
    B. Avulsed aorta
    C. Cardiac tamponade
    D. Blunt cardiac injury

53. Which presentation reflects an increased ICP?
    A. GCS 6; oval pupils with hippus; BP 220/110, P 40
    B. GCS 15; asymmetric smile, arm drift on left, BP 160/90
    C. GCS 14, pupils bilaterally dilated and reactive to light; ataxia, slurred speech
    D. GCS 4; small pupils bilaterally that react to light, BP 90/60; P 70; R 6; snoring ventilations

54. An adult sustained blunt trauma to the head in an MVC. GCS: eyes open to verbal stimuli; verbal response is confused; motor response localizes pain. Skin: WML. Pupils are midpoint and reactive to light. VS: BP 100/76; P 84; ECG SR; R 16; lungs clear; SpO_2 96%. Which of these is indicated?
    A. Rapid transport with no IV needed
    B. IV NS run TKO as SBP already exceeds targets
    C. Dopamine drip at 5 mcg/kg/min to achieve SBP 150
    D. NS IVF challenges in 200 mL increments to maintain SBP at least 110 (may need to be higher)

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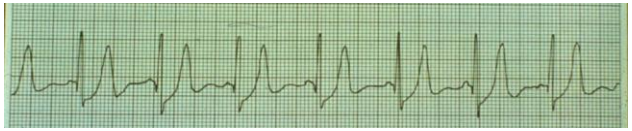
55. For pts found ambulatory at the scene, and for those who must be transported for a protracted time, what is the standard of care for selective spine immobilization during transport after manual stabilization of the head and neck in an eyes forward position, application of an appropriately sized rigid cervical collar (unless contraindicated); and axial alignment of the head and torso?
    A. All must be secured to a padded full spine board or rigid scoop stretcher using a device or towel rolls to limit lateral head movement
    B. Securing the pt to a stretcher without a long backboard is acceptable

56. An adult's legs, abdomen and chest have been compressed in a trench cave-in for 6 hours. O_2 at 15 L/NRM, ECG monitor and a large bore IV NS were placed prior to releasing the patient. After release, and opening the NS to WO, the ECG transitioned to the strip below. VS WNL. Which of these is indicated next?



    A. Glucagon 1 mg IVP
    B. Lidocaine 1 mg/kg IVP
    C. Dextrose 10% 25 gm IVPB
    D. Sodium bicarbonate 50 mEq slow IVP

57. What intervention is indicated for a conscious adult who has been rescued from an entrapment in an upright position within a safety harness without any movement for a long period of time?
    A. Position sitting up with legs bent at hips and knees for at least 30 min
    B. Massage cramped muscles to release toxins and run IV NS WO up to 2 L
    C. Place supine with legs extended in Trendelenburg's position for 15 min
    D. Encourage pt to walk slowly around ambulance to wash potassium out of muscles

OB/Peds SOPs

58. What is the minimum threshold for neonatal hypoglycemia in mg/dL?
    A. 70
    B. 60
    C. 50
    D. 30

59. A newborn has a one-minute APGAR score of 4; RR 12; HR 70. He is dusky and has weak reflexes. After drying, warming, stimulating, and suctioning, what should a paramedic do next?
    A. Begin chest compressions at 120/min
    B. Gain vascular access; give NS 10 mL/kg
    C. Ventilate at 40-60/neonatal BVM & room air
    D. Intubate and instill epinephrine 1:10,000 0.02 mg/kg ET

60. A G4; P3 pregnant pt presents in active labor with strong regular contractions 3 min apart. The BOW has broken. There is no crowning or involuntary pushing. Prenatal care up to this point has not revealed any problems with the pregnancy. Her expected hospital of delivery is 20 miles outside of the EMS agency's transport zone. Which of these is indicated?
    A. Stay on scene to do the delivery
    B. Transport to the nearest hospital
    C. Transport to the nearest hospital with an OB unit
    D. Give pt the option of having her husband drive her to the hospital as delivery is not imminent

PEDS SOPs

61. Which of these is a sign of severe cardio-respiratory compromise potentially requiring CV support in children younger than 6 years of age?
    A. RR of 25-30
    B. HR of 100 - 120
    C. Capillary refill 1 second
    D. SBP < 70+2x the child's age in years

62. A 5 y/o presents with a T 101°F and earache of < 24 hrs. The child is well hydrated, has been eating normally and responds appropriately to questions. VS WNL for age except for temp. The parents just wanted someone to listen to the breath sounds, which are clear bilaterally. They are now refusing transport. Which of these is indicated?
    A. Have parents execute a refusal form and call OLMC from scene
    B. Have parents execute a refusal form; no OLMC needed due to BLS refusal
    C. Take the child under protective custody and transport against parent's wishes

63. A 9 y/o child presents after rapidly losing consciousness following a severe headache. The pt's airway is filled with foamy secretions and the child does not respond to pain. After a jaw thrust maneuver and inserting an OPA, the airway remains impaired. Which of these is indicated?
    A. Intubate child per SOP based on a persistently impaired airway
    B. Consider need for intubation: Contact OLMC for authorization
    C. Continue efforts to suction and assist ventilations with peds BVM into hospital