

Northwest Community EMS System
May 2023 CE: Medical SOPs
Credit Questions

Name (Print):		EMS Agency:		
EMS Educator:				
Date submitted	Score:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	<input type="checkbox"/> Incomplete <input type="checkbox"/> Incorrect answers	Date returned w/ feedback
Resubmission received:	Score:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	<input type="checkbox"/> Incomplete <input type="checkbox"/> Incorrect answers	Date returned w/ feedback:
# CE Hours awarded:		Date		

This packet should take 2 hours to complete – which earns the equivalent of the 2 hour live CE class.

Sources of information/answers

May 2023 CE Participant slide deck handout, NWC EMSS SOPs, Class Handout (PCRs, 2022 PBPI Committee Behavioral Health Screen, Policy Excerpt, and Vagal Maneuver (modified Valsalva) Skill Performance Record)

1. Which of the following questions should EMS ask prior to caring for persons with risk factors for C Auris? Select all that apply. (PPT slide 4)
 - a. Is the patient in isolation?
 - b. Is the patient allergic to any antifungal medications?
 - c. Is the patient being treated for any infectious illness?
 - d. Does this patient have a depressed immune system?

2. Explain hand hygiene and equipment disinfection after caring for patients with C Auris. (PPT slide 4)

Hand hygiene: _____

Equipment: _____

3. Explain necessary isolation precautions when caring for the patient w/ C Auris. (PPT slide 4)

4. Read PCR #1 (95/F.) What level of hypothermia is this patient experiencing? Support your answer with the findings upon which you based your answer. (SOP p 30)

5. What intervention was indicated with regards to breathing/oxygenation/ventilation? (SOP p 30 & p 11)

6. Match the finding and with the corresponding level or levels of hypothermia. (SOP p 30)

1 = Mild

2 = Moderate

3 = Severe

_____ Shivering ceases

_____ Confusion

_____ Slow resp rate

_____ Pupils dilated, minimally reactive

_____ Pupils dilated, unresponsive

_____ Lethargy

_____ Tachycardia

_____ Bradycardia & dysrhythmias

_____ Slow speech, ataxia, stroke-like S&S

_____ VF, cardiac arrest

7. Explain interventions for re-warming for each of the levels of hypothermia. (SOP p 30)
All levels: _____

Mild: _____
Moderate: _____
Severe: _____

8. Why does EMS not rewarm patients w/ hypothermia aggressively and rapidly? (PPT slide 11; SOP p 30)

9. Read the scenario on Slide 12. How should his hypoxia & resp distress be managed? Support your response with the findings by which you made your choice of treatment. (SOP p 31)
Management: _____
Findings: _____
10. Does this patient need spine motion restriction? Explain why or why not. (SOP p 31)

11. The patient's parents arrive, and they are refusing to have him transported. Considering the Submersion take-aways on Slide 13, what information shared with the parents might help to convince them to agree?

12. True or false, with regards to patients who have experienced submersion: (SOP p 31)
T or F? Refusal can be honored if a patient who required a brief period of rescue breathing is now alert w/ effective breathing now

T or F? Abdominal thrusts should be administered to patients who are unresponsive and not breathing adequately, if it is suspected that they may have swallowed a large amount of water

T or F? Persons submerged ≤ 1 hr should be resuscitated, unless presenting w/ signs of obvious death
13. Read PCR 2, 68/F. What level of heat illness is this pt experiencing? (SOP p 32)

14. How should this patient be positioned for transport? (SOP p 32)

15. What assessment finding differentiates heat stroke from heat exhaustion? (SOP p 32; Slide 17 & 18)

16. Which is true regarding sweating in a patient with heat stroke? (SOP p 32; Slide 17 & 18)
☐ The patient will be sweating
☐ The patient will not be sweating
☐ The patient may or may not be sweating

17. Consult the Heat Emergencies SOP. Indicate which of the following interventions is indicated or associated with which level or levels of heat illness:

1 = heat cramps

2 = heat exhaustion

3 = heat stroke

- _____ 200 mL NS boluses to maintain SBP \geq 90
- _____ Chemical cold packs to cheeks, palms, soles
- _____ Check for hypoglycemia
- _____ Place supine w/ feet elevated (NOT Trendelenburg) if S&S of hypoperfusion
- _____ If SBP 110+, IV NS TKO
- _____ Move to cool environment, remove as much clothing as possible
- _____ Sponge or mist with cool water; avoid shivering
- _____ IV NS if severe cramping, vomiting, and or no oral electrolyte beverage available

Questions 18-20 pertain to the secondary assessments that EMS is asked to observe and report for patients with seizures (SOP p 40). After watching the videos, describe your observations as you would report them.

18. Watch the video of an absence seizure on Slide 19 from 0:00-1:45.

Conscious, unconscious, or impaired awareness/unaware? _____

Was there eye deviation? _____

What other "behaviors" did you note? _____

19. Watch the video on Slide 20 from 0:00 – 1:25.

Conscious, unconscious, or impaired awareness/unaware? _____

Partial or generalized (entire body or focused in particular part)? _____

Progression of seizure? _____

20. Watch the video of a complex partial / focal seizure w/ impaired awareness on Slide 21 from 0:58 - 1:25. Describe the following as you would report.

Conscious, unconscious, or impaired awareness/unaware? _____

Describe his "behaviors" – what is he doing? _____

21. True or false: EMS should administer midazolam to all patients who are currently seizing, regardless of the type of seizure (absence, focal, partial/generalized, simple or complex, generalized tonic/clonic, etc). (SOP p 40)

True

False

22. Which of the following are true with regards to psychogenic non-epileptic seizures (“PNES”) (formerly known as “pseudo-seizures”). Select all that apply. (PPT slides 24-26)
- ☐ Patients with PNES often have a confirmed diagnosis of epilepsy
 - ☐ Majority have psychiatric and or abuse history
 - ☐ Anti-seizure medications are effective for PNES
 - ☐ Patients w/ PNES know that their seizures are not true seizures
 - ☐ Abnormal brain activity on EEG is used to confirm a diagnosis of PNES
 - ☐ Definitive treatment includes stress management and coping skills - related psychotherapy
23. Read the scenario on slide 31. Is this patient experiencing hypertensive emergency or hypertensive urgency? (SOP p 33)
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24. What findings signaling end-organ dysfunction alert EMS to hypertensive emergency that are not found with hypertensive urgency? List 4 for each. (SOP p 34)

Findings indicative of neuro damage:

Findings indicative of cardiovascular damage:

25. Which of the following interventions are indicated for patients w/ hypertensive emergency? Select all that apply. (SOP p 34)
- ☐ NTG 0.4 SL q 3-5 min to lower SBP to < 160
 - ☐ Reduce environmental stimuli and keep pt quiet
 - ☐ Elevate head of stretcher 10-15°
 - ☐ NTG 0.4 SL X 1 dose for chest pain or pulmonary edema; consult OLMC for addl doses
 - ☐ Treat all tonic-clonic seizures w/ midazolam for all patients regardless of pregnancy status
 - ☐ Call stroke alert for all patients with symptoms of end-organ dysfunction
 - ☐ Patients with hypertensive emergency are time-sensitive / transport w/ lights and sirens
26. Read the scenario on Slides 31 & 32. What is causing this patient’s symptoms? (SOP p 23)
-

27. Why should this patient be placed on high-flow O2 by NRM? (PPT Slide2 37 & 38)
-

28. Where should the following patients be transported when CO poisoning is suspected? (SOP p 29)
- 1 = Closest hospital 2 = Closest hospital with HBO capabilities
- _____ Witnessed or suspected loss of consciousness
- _____ EtCO₂ ≤ 31 (metabolic acidosis)
- _____ Headache and dizziness
- _____ Patient in cardiac arrest
- _____ Neuro deficit
- _____ Drowsiness
- _____ Chest pain
- _____ Pregnant
29. Read the PCR for 73/M CC AMS. This pt had findings for *both* moderate and severe hypoglycemia. List 2 for each: (SOP p 33)
- Moderate: _____
- Severe: _____
30. For what reason(s) might a person with DM be unaware that they are or are becoming hypoglycemic? (PPT Slide 39)
- _____
31. Read the PCR for 42/M. On arrival to ED, the staff noted that the patient had dry, sticky mucous membranes and was restless on the cot, c/o abd pain and vomiting since this morning. What TWO conditions must a patient w/ DM have to warrant IVF administration? (SOP p 33)
- _____
32. What 2 assessment findings did this patient have that met these criteria? List the condition and the associated assessment finding. (SOP p 33)
- Condition: _____ Finding: _____
- Condition: _____ Finding: _____
33. This patient also c/o of dyspnea, w/ RR 30-34, and low EtCO₂ readings 10-15. What condition is causing these? (SOP p 33)
- _____
34. Hyperkalemia occurs in patients w/ DKA and causes ECG abnormalities. Which ones did this patient's 12 Lead demonstrate? List two. (PPT slide 40)
- _____
35. According to SOP (p 35), what two evaluations must be performed to determine risk for all patients with signs & symptoms / behaviors that may signal a behavioral health emergency?
- _____

36. When a patient presents w/ behavior suggesting a behavioral emergency, when must EMS call OLMC? Select all that apply. (Class handout; Policy excerpt page)

- ☐ Patients under the influence of drugs or alcohol
- ☐ Patients with psychological/behavioral presentations/complaints
- ☐ EMS personnel have doubts about the appropriateness of the refusal
- ☐ Patients w/ abnormal VS, breath sounds, SpO2 or capnography readings
- ☐ Patients w/ altered mental status who cannot comprehend the risk of refusal decisions

37. A patient w/ a behavioral emergency has received sedation for severe agitation and violent behavior. List the 6 required assessments that must be trended post-sedation. (SOP p 5)

_____	_____
_____	_____
_____	_____

38. In which of the following situations is it appropriate and safe for EMS to treat tachycardia with the Modified Valsalva Maneuver? (Handout - Vagal Maneuver Skill Performance Record; SOP p 18)

- ☐ Alert
- ☐ HR >150
- ☐ SBP ≥90 and MAP ≥65
- ☐ No response to Adenosine (1 - 2 doses)
- ☐ Narrow QRS complexes (QRS < 0.12 sec)
- ☐ No evidence of ↓ cardiac output in a patient with chest pain or SOB

39. Number the steps below in the correct order for performing the Modified Valsalva maneuver. (Skill Record)

- _____ Explain the procedure to patient
- _____ Immediately lower head to supine and...
- _____ Position patient in semi-sitting or sitting position
- _____ Simultaneously lift legs 45-90° (duration: 45-60 sec)
- _____ "Take deep breath and blow into syringe until plunger moves backward" (duration: 15 sec)

40. Which of the following is included in the initial medical care and equipment/supplies needed for the procedure and that which must be available prior to performing Modified Valsalva Maneuver? (Skill Record)

- ☐ Mechanical CPR device
- ☐ Full telemetry monitoring
- ☐ 10 mL syringe w/o needle
- ☐ Procedural sedation meds
- ☐ Antidysrhythmic medications
- ☐ Defib pads on/immediately available
- ☐ Proximal IV, w/ NS TKO or saline lock
- ☐ Continuous monitoring: BP, HR, SpO2, EtCO2