

**Northwest Community EMS System
Entrance Exam Blueprint – FUNDAMENTALS
2019 SOPs, current policies, procedures**

Questions	Totals
Introduction	5
Levels of acuity	
Abandonment	
Consent	
Refusals	
Use of lights - sirens	
General patient assessment / Initial Medical Care / Radio Report	10
Sequencing/priorities of primary assessment; life threats	
Airway/gas exchange assessment/oximetry	
Oxygen delivery devices / SpO ₂ targets; contraindications to hyperoxia	
Vascular access: indications, methods; # of attempts	
Secondary assessments: Hx, VS, ROS	
Nausea mgt: Ondansetron: action, dose & route options, SE	
Pain mgt: Fentanyl vs. ketamine; drug profiles	
Ongoing assessment/interventions; pt. disposition	
Radio/handover reports: content; usual vs. abbreviated	
Withholding or Withdrawing of Resuscitative efforts	3
POLST orders: DNR vs care requested	
Triple Zero elements; process steps	
Elderly	3
IMC/ITC special considerations	
Physiologic changes of aging	
Special considerations in patient management	
Extremely obese patients	3
IMC/ITC special considerations: positioning, airway mgt; ventilatory support	
Primary assessment adjustments: Vasc access, fluid resuscitation	
Secondary assessment, meds, & transport considerations	
Airway obstruction	1
Adult: manual maneuvers; use of Magill forceps, cric	
Drug Assisted Intubation (DAI)	8
Indications/contraindications	
Preparing pt/Preoxygenation options	
DAI sedatives: ketamine vs. etomidate	
Steps: bougie, King Vision videolaryngoscopy technique; confirming tube placement; ongoing monitoring	
Needle Cric	
Surgical Cric	
Allergic Reactions / Anaphylactic Shock	7
Lower acuity/Mild systemic: PO diphenhydramine	
EMERGENT: Moderate Systemic: epinephrine 1mg/1mL, diphenhydramine, or albuterol & ipratropium	

Questions	Totals
Critical /Severe Systemic / Anaphylactic shock: IVF, epinephrine 1mg/1ml and 1mg/10 mL	
Special considerations in cardiac arrest due to anaphylaxis	
Asthma / COPD	6
IMC special considerations	
Mild to Moderate distress Rx	
Critical (Severe distress): IMC special considerations	
Medication options for asthma vs. COPD	
Pts w/ TRACHEOSTOMY	2
IMC special considerations	
Removing/replacing inner cannula	
Childbirth	4
Signs of imminent delivery	
Timing of airway suctioning after head delivery	
Assess for/Rx nuchal cord	
Shoulder dystocia	
Post-partum care	4
Infant: Care immediately after delivery; delayed cord clamping	
APGAR scoring	
Transport considerations	
Placental delivery / maternal hemorrhage Rx	
Delivery Complications	3
Breech presentation	
Prolapsed cord	
Uterine inversion	
New born resuscitation	5
Perivable birth	
First assessments; S&S of distress	
Airway/oxygenation; SpO ₂ targets right after birth	
Support perfusion: Chest compressions / epinephrine	
Glucose assessment: heel stick; threshold for hypoglycemia	
Obstetrical complications	4
Bleeding in pregnancy – 1 st trimester: miscarriage v. ectopic	
Pre-eclampsia: S&S; Rx	
Eclampsia: S&S; Rx	
Placenta previa/ Abruptio placenta: S&S, Rx	
Pediatric IMC	12
Airway assessment/Mgt -Suctioning	
Anticipating resp arrest; normal ventilation rates	
Conditions requiring rapid cardiopulmonary assessment & support	
Indications for peds 12 L ECG	
Vascular access and fluid volumes to infuse	
Peds GCS	

Questions	Totals
Assessing/ Rx fever	
Ondansetron in children	
Fentanyl or ketamine doses in children	
Elements of safe sedation in children	
Safe transport of children	
Refusals in children: who can refuse, mandatory OLMC contact	
Special healthcare needs	2
Children with shunts: S&S malfunction; Rx	
G or J tubes EMS interventions for transport	
Pediatric Airway adjuncts	3
Indication and process step for advanced airway placement (l-gel)	
Sedation prior to peds advanced airway (ketamine)	
If intubated and deteriorates: DOPE mnemonic	
Peds F/B airway obstruction	1
Conscious or unconscious child	
Peds General Respiratory/medical	11
SIDS assessment and/or care	
Brief resolved unexplained events (Brue)	
Peds allergic reactions/anaphylaxis: epi doses	
Peds asthma: Rx	
Suspected Child Abuse or Neglect; assessment & mgt	
Croup/epiglottitis/RSV: mgt	
Peds bradycardia: epinephrine use	
Peds cardiac arrest: Joules for defib	
Dextrose 10% dosing	
Seizure mgt: generalized tonic clonic (midazolam/Diastat)	
Febrile seizure mgt	
Peds Trauma	3
Selection of receiving hospital (peds trauma centers)	
Abuse/neglect: Rx mandatory reporting obligations/process	
Total	100