Northwest Community EMS System 2022 SOP Self-Assessment
FUNDAMENTALS

Intro; Scopes of Practice; Assessment/IMC; Pain mgt; POLST orders; Obese & Elderly pts, Airway obstruction, Basic & Advanced Airways; Tracheostomy/Laryngectomy, Respiratory Emerg, OB, & Peds SOPs

Name (Print):	Date of submission
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Instructions: Complete; discuss with your Provider EMSC; obtain their signature; **SUBMIT** to the NWC EMSS Office at least 1 week prior to date of written testing for this module

This document is designed to measure a candidate's knowledge of key elements of the 2022 NWC EMSS SOPs and assessments/interventions in the System Procedure manual. Please also use the 2022 SOP Changes and Rationale document (System website: www.nwcemss.org / as additional reference.

INTRODUCTION; Scopes of Practice

1. What does the notation *time sensitive* mean in the SOPs?

   A. Load and go with no scene interventions
   B. Drive as quickly as possible to the nearest hospital
   C. Critical acuity, need for rapid interventions & short scene times
   D. Abort all ALS care; provide BLS care only in favor of rapid transport

2. True or false: Patients who have legal and/or decisional capacity and pose no imminent risk to self or others have the legal right to refuse treatment, even if refusal will result in death from natural causes.

   A. True
   B. False

   Patients who lack legal and decisional capacity or pose an imminent risk to self (suicide), others, or are unable to care for themselves (self-neglect) may not consent to nor refuse treatment.

   A. True
   B. False

3. Under the Emergency clause of Self-Neglect in the Adult Protective Services Act, EMS may transport an eligible adult found living in conditions presenting a risk of death or physical, mental or sexual injury when they have reason to believe the eligible adult is unable to consent to services which would alleviate that risk.

   A. True
   B. False

4. Which of these are given EMS MD approval to run lights and sirens from the scene to the hospital?

   A. Scheduled transfers of stable SNF pts who require diagnostic testing
   B. BLS pts from multiple-patient incidents to help clear the scene faster
   C. BLS pts when PMs think they might deteriorate
   D. Time-sensitive patients

5. Which of these are ALL considered ALS assessments/interventions in the 2022 SOPs?

   A. Monitoring an OG/NG tube already inserted, epinephrine 1 mg/1mL IM and naloxone IN
   B. Insertion of an i-gel, ECG interpretation, vascular access, needle pleural decompression
   C. Application of CPAP, use of a mechanical CPR compression device, diphenhydramine PO
   D. Pulse oximetry and capnography monitoring, 12 L ECG acquisition, ondansetron rapid dissolve tab

GENERAL PATIENT ASSESSMENT and INITIAL MEDICAL CARE

6. IO access has been placed in a responsive adult. Wt: 200 lbs. What should be infused **FIRST**?

   A. Lidocaine 50 mg slowly
   B. Fentanyl 90 mcg rapidly
   C. NS 20 mL rapid IO flush
   D. Sodium bicarbonate 50 mEq over 2 minutes

7. Under what circumstances may paramedics use a central venous access devices already placed?

   A. If the first 2 attempts at vascular access are unsuccessful per SOP
   B. Peripheral venous access unsuccessful/not advised; based on OLMC
   C. First approach to vascular access in patients with cancer to save their peripheral veins
   D. Preferred approach to vascular access in patients with chronic kidney disease or failure

8. How must the 1st BP be obtained on all patients?

   A. Manually
   B. Mechanically using the automated cuff on the cardiac monitor

9. What initial dose and route of ondansetron that can be given by EMTs?

   A. 8 mg IM
   B. 4 mg slow IVP
   C. 8 mg per MAD device
   D. 4 mg per oral dissolve tablet

10. What is the max total dose of ondansetron that can be given by paramedics?

    A. 4 mg IM or IN
    B. 4 mg ODT or slow IVP
    C. 8 mg ODT or slow IVP
    D. 8 mg per MAD device

11. If a stable, conscious adult with decisional capacity wishes to be transported to a non-System hospital that is farther away than the nearest System facility by travel time, and there are no preexisting transport patterns (trauma, STEMI, stroke, OB, peds) or an exemption does not apply, what must be done?

    A. Transport to the desired facility and call them directly for OLMC
    B. Call the nearest System hospital for OLMC before transporting to the more distant facility

Pain management

12. What three factors must be considered prior to determining the best approach to pain management?

    _____

    _____

    _____

13. What pain scale should be used for people with dementia that cannot verbalize? _____

14. What is confirmed with a 2nd practitioner during a Medication Administration Cross-check procedure?

    _____

    _____

    _____

    _____

15. What is the dose of PO acetaminophen for a child who weighs 20 kg?

    A. 1 tablet (160mg)
    B. 1.5 tablets (240 mg)
    C. 2 tablets (320 mg)
    D. 2.5 tablets (400 mg)

16. A 78 y/o F fell. She is alert, on the floor & c/o significant right hip pain (10/10). Rt. leg is shortened and externally rotated. IV is unsuccessful. VS: BP 132/82; P 84; R 20; SpO_2 98%; glucose 276; weight 120 lbs. PMH: DT1, renal failure, HTN. Meds: Insulin, lisinopril. What should be the **FIRST** dose and route of FENTANYL per SOP?

_____

Is she a good candidate for repeat doses per SOP**?** ☐ Yes ☐ No

17. A 40 y/o male is c/o severe lower back pain (10/10). The pt has a known herniated disc for which he takes gabapentin. VS: BP 118/72; P 88; R 20; ECG NSR; SpO_2 98%; wt. 250 lbs. An IV is placed. Pain remains 9/10 after the first dose of fentanyl. What is indicated next?

A. 50 mcg fentanyl IVP
B. 100 mcg fentanyl IVP
C. Switch to ketamine 0.3 mg/kg IVP
D. Transport. No further pain intervention is indicated at this time

18. What is the max total dose of fentanyl that EMS may give by SOP + OLMC order?

A. 100 mcg
B. 135 mcg
C. 150 mcg
D. 300 mcg

19. What is the initial dose of ketamine for a patient in severe pain who is opioid tolerant or dependent, has an allergy to fentanyl? Weight 183 lbs (83 kg)

_____

20. What must be assessed after administration of all opioids or ketamine and at what time interval?

_____

RADIO REPORT/COMMUNICATIONS POLICY

21. When are EMS personnel in the NWC EMSS to attempt on-line medical control (OLMC) contact?

A. Before they transport
B. As soon as they make contact with a patient
C. As soon as practical under the circumstances
D. Before any ALS interventions may be performed

22. Which of these **DOES NOT** qualify for an abbreviated report?

A. Multiple patient incidents (MCIs)
B. BLS patients with normal assessment findings
C. Critical patients where priorities rest with patient care and manpower is limited
D. Stable ALS patients with complicated histories and multiple prehospital interventions

WITHHOLDING OR WITHDRAWING OF RESUSCITATIVE EFFORTS (Also see System Policy D5)

23. An adult presents with severe dyspnea and increased work of breathing. PMH: left heart failure & denies history of asthma or COPD. VS: BP 180/96; P 100; R 28 and labored; SpO_2 74%; $ETCO_2$ 45 with a square waveform. Lung sounds: bilateral wheezes. The patient produces an IDPH POLST form with DNR marked in Box A and Selective Treatment marked in Box B. What care is indicated?

A. Initiate NTG and CPAP per SOP and transport
B. Provide comfort care only, have the patient sign a refusal form, do not transport
C. Insert an advanced airway, give albuterol & ipratropium via in-line nebulizer, and transport

24. An unconscious patient has agonal respirations and a weak thready pulse. A daughter presents you with a valid POLST DNR order with the patient's signature providing consent. She is distraught and wants full resuscitation attempted. She does not have power of attorney for healthcare. Which of these is indicated under Illinois law?

A. Honor the DNR order. Once signed it cannot be changed.
B. Resuscitate the patient based on the daughter's request and transport ASAP
C. Use substituted judgment and best interest standards to determine the best course of action

ELDERLY PATIENTS

25. Which of these are prescription medications that place an elderly patient at particular risk for expanding cerebral hematomas 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

26. What is the preferred way to move an elderly patient with a possible hip fracture from the floor to the stretcher prior to applying spine motion restriction?

    A. Use a 3 person carry
    B. Use a scoop stretcher
    C. Log roll onto a long back board
    D. Have patient lift their buttocks so the spine board can be gently slid underneath them

EXTREMELY OBESE PATIENTS

27. Which of these is indicated first to optimize breathing and gas exchange in an extremely obese patient c/o dyspnea who has obesity hypoventilation syndrome with an SpO_2 of 86%?

    A. Apply CPAP w/ PEEP 5 – 10 cm H_2O
    B. Apply a nasal cannula with O_2 at 6-8 L
    C. Assist ventilations with V_T 2 mL/kg to prevent air trapping in the lungs
    D. Start an albuterol treatment as abnormal breath sounds will be impossible to hear

28. Which of these should be done if an extremely obese patient experiences a respiratory arrest?

    A. Insert a BIAD rather than attempting a difficult intubation
    B. Lower the head of the stretcher so patient is supine & attempt DAI
    C. Go directly to a cricothyrotomy as this will be the easiest route to secure
    D. Select an advanced airway one size larger than usual to account for increased body weight

29. An unconscious adult weighs 400 lbs. VS: BP 140/92; P 120; ECG ST; R 24; SpO_2 95%; Glucose 30; skin extremely diaphoretic. No peripheral veins are palpable. Which of these is the best option for care?

    A. Adult IO needle to distal femur
    B. 45 mm IO needle to proximal humerus
    C. Abort IV attempts and transport immediately
    D. Longest 20 g peripheral IV catheter to antecubital site

30. Which is true regarding the assessment or management of an extremely obese patient?

    A. Abdominal palpation is the only way to detect intraperitoneal irritation
    B. Defer inspection of the skin under the pannus until pt is admitted to the ED
    C. Contact OLMC for weight-adjusted drug doses to avoid sub-therapeutic levels
    D. All stretchers support bariatric pts if 2 long back boards are used side by side to extend the width

31. If a standard size BP cuff does not fit around the upper arm of an extremely obese patient, which of these is an acceptable adaptation for assessing the BP?

    A. Assume a strong radial pulse implies a SBP of >100 mmHg
    B. Apply a central sensor and assume an SpO_2 >94% implies an OK SBP
    C. Apply the standard size cuff to the forearm and listen over the radial artery
    D. Assume that no change in pulse quality when pt sits up from a supine position implies an OK MAP

AIRWAY OBSTRUCTION (adult)

32. A foreign body is totally obstructing the upper airway of an unconscious adult. After BLS interventions are unsuccessful, what ALS intervention is indicated next?

    A. 5 abdominal thrusts
    B. Surgical cricothyrotomy
    C. Intubate and push the obstruction into the right mainstem bronchus
    D. Visualize the airway with laryngoscope and attempt to clear using forceps and/or suction

Advanced Airways/Drug assisted Intubation – Also **r**efer to procedure manual

33. An unconscious adult (GCS 3) presents following an MVC with head trauma and telecanthus. Respiratory effort is poor, RR 6 and shallow with periods of apnea; gag reflex is absent. There is thin, bloody fluid draining from the patient's nose. After positioning and BLS adjuncts fail to provide an airway, what intervention is indicated?

A. Nasotracheal intubation
B. Surgical cricothyrotomy
C. Drug-assisted intubation using sedatives
D. Orotracheal intubation with in-line stabilization

34. An unconscious adult has no gag reflex and is in obvious ventilatory distress with an impaired airway. There is no evident or suspected head or facial trauma. ETI has been attempted X 2 without success and EMS cannot ventilate with a BVM. Which of these is indicated next?

A. i-gel extraglottic airway
B. Surgical cricothyrotomy
C. Continue intubation attempts enroute and transport rapidly
D. Insert two nasal airways & continue to attempt ventilations/BVM enroute

35. Advanced airway placement is required on a patient in heart failure with a RR of 24 and palpable pulse. Which of these reflects the correct preoxygenation process?

A. 15 L O_2/$ETCO_2$ NC & CPAP 5-10 cm PEEP for 3 minutes
B. O_2 15 L/NRM until the King Vision can be assembled; place ETT ASAP
C. Give 6 large breaths per BVM and proceed immediately to sedation and tube insertion

36. What type of suction catheters must be prepped and ready to go prior to advanced airway placement?

_____

37. What type of laryngoscope and blade must be prepped and ready for ETI? (Procedure manual)

_____

What size ETT must be used to intubate using the NWC EMSS-approved laryngoscope?

_____

38. An awake adult presents with a severe asthma attack. The patient is exhausted with shallow RR of 40 and increased work of breathing. The skin is dusky, SpO_2 is 78% and capnography is 70 with a sharkfin waveform. Gag reflex is intact. Which of these is indicated *first* for this patient during DAI?

A. Fentanyl
B. Ketamine
C. Etomidate
D. Midazolam

39. What is the dose of etomidate for an adult prior to DAI in the NWC EMSS?

A. 0.5 mg/kg max 40 mg
B. 5 mg; may repeat X 2
C. 1.5 mg/kg up to 50 mg
D. 2-10 mg titrated to patient response

40. Which of these is the initial adult dose for ketamine IVP when used for advanced airway sedation?

A. 0.3 mg/kg slow IVP (over one minute)
B. 2 mg/kg slow IVP (over one minute)
C. 4 mg/kg rapid IVP

41. Which of these is an advantage to bougie-assisted ETI? (See procedure manual)

A. Can intubate without using a laryngoscope
B. PMs can blindly exchange an ET tube for an i-gel
C. Can intubate despite inability to see any landmarks
D. Curved tip aids passage of ETT through the glottic opening

42. How must correct advanced airway placement be objectively and definitively confirmed and monitored by PMs?

A. Skin color
B. Fogging of the ETT on exhalation
C. Quantitative waveform capnography
D. Noting the diamond markings of the ET tube at the teeth

43. An intubated patient requires postinvasive airway sedation and analgesia (PIASA) due to an RASS score of -1. The pt is tachycardic and biting the tube. Which of these is **NOT** an option for PIASA?

A. Fentanyl
B. Ketamine
C. Etomidate
D. Midazolam

44. Which EMS intervention is indicated if advanced airway insertion is unsuccessful in an unconscious patient with a pulse and the pt. cannot be ventilated/oxygenated using BLS airways and a BVM?

A. Tracheostomy
B. Cricothyrotomy
C. Apply a C-PAP mask
D. Load and go and alert the receiving hospital of an incoming patient in critical condition

45. Where should lubricant be applied to the i-gel airway prior to insertion? (See procedure manual)

A. Entire surface from bite block to distal tip
B. Distal tip and posterior surface, avoiding ventilatory openings
C. Back, sides and front of the cuff by pulling through lubricant placed on device cradle

46. An i-gel airway should be advanced until

A. definitive resistance is felt.
B. the cuff passes beyond the vocal cords.
C. the 22 cm mark is at the patient's front teeth.
D. the tube adaptor is entirely in the patient's mouth.

47. What gauge needle should be used in the NWC EMSS to perform a needle cricothyrotomy on an adult?

A. 10
B. 14
C. 16
D. 18

48. When performing a surgical cricothyrotomy, what should be passed through the incision immediately after tracheal penetration has been confirmed and maintained with a finger, forceps or spreaders?

A. Bougie
B. Suction catheter
C. Size 8.0 ET Tube
D. Nasopharyngeal airway

Allergic Reactions/Anaphylactic shock

49. An adult presents with dyspnea, anxiety, facial swelling, watery eyes, and sneezing following exposure to a cat. VS: BP 110/70; P 100; R 20; SpO_2 94%; $EtCO_2$ 32 with a shark fin waveform; lung sounds: diffuse wheezing. Which of these is indicated first?

A. Diphenhydramine 1 mg/kg IM
B. Albuterol & ipratropium via HHN
C. Epinephrine 1 mg/1 mL 0.3 mg IM
D. Epinephrine 1 mg/10 mL 0.5 mg IVP

50. An adult presents with throat scratchiness, nasal congestion, eye tearing, and persistent sneezing following yard work. VS: BP 130/80; P 84; R 16; SpO_2 98% on room air; $EtCO_2$ 38 with a square waveform, and lung sounds are clear. Which of these is indicated first?

A. Diphenhydramine PO
B. Epinephrine 1 mg/1 mL IM
C. Epinephrine 1 mg/10 mL IVP
D. Albuterol & ipratropium/HHN

51. An adult presents awake with spontaneous ventilatory effort and an acute onset of dyspnea, hives, and itching on the face, neck, and palms following dinner at a restaurant. The patient has edema of the lips, tongue, and eyelids, facial flushing, stridor, and is anxious and lightheaded. VS: BP 84/66 (MAP 72); P 120; R 32. Breath sounds are diminished bilaterally; SpO2 88%; ETCO2 25. Allergies: peanuts. IMC has NOT been completed and there is no IV access yet. Which of these is indicated *first*?

A. Diphenhydramine 50 mg IO
B. Albuterol and ipratropium via HHN
C. Epinephrine 1 mg/1 mL 0.5 mg (mL) IM
D. Start IV and give epinephrine (1 mg/10 mL) 1 mg slow IV

52. How should O_2 be provided to this patient?

_____

53. What drug (dose and route) should be given to the above patient as soon as vascular access is obtained?

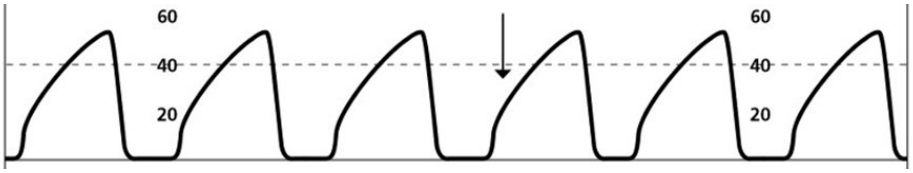
_____

Asthma/COPD

54. Which of these is indicated if a patient with a chronic hypercarbic state (COPD) presents with acute respiratory failure?

A. Give 1 amp of bicarb to reverse the acidosis
B. Eliminate only extra CO_2 above hypercarbic norms
C. If intubated, hyperventilate to an $EtCO_2$ of 30-35 mmHg
D. Correct the acute resp. acidosis back to a normal $EtCO_2$ as quickly as possible

55. An awake and alert adult with a history of asthma presents with severe dyspnea, good ventilatory effort using accessory muscles but is unable to speak in full sentences. The patient is prescribed Azmacort and Singulair but has not taken either in some time. VS: BP 110/68; P 100; R 28; RA SpO_2 92%; $ETCO_2$ 50 and waveform below. Breath sounds are diminished in all lung fields; there is no fever or productive cough. The patient denies any pain.



Which of these is indicated first?

A. Drug assisted intubation
B. IMC and magnesium slow IV
C. Albuterol and ipratropium via HHNP
D. CPAP and epinephrine (1 mg/1 mL) IM

56. What is the dose of magnesium sulfate for adults with severe asthma who are non-responsive to the initial medications?

A. 5 grams given undiluted IVP over 2 min
B. 0.25 mg/kg followed by 10 mL NS rapid IVP
C. 1 mg/kg mixed with 7 mL NS IVP over 10 min
D. 2 grams in 16 mL NS slow IVP/IO over 10 min

57. An adult with a history of chronic bronchitis is sitting upright complaining of respiratory distress that has gotten progressively worse over the past 12 hours. The patient denies chest pain. There is diffuse wheezing in all lung fields, + JVD, edema of the feet and ankles, and peripheral cyanosis. The patient smoked for years and always has a productive cough of thick white mucus. Skin is warm and dry. VS: BP 160/90; P 100; R 28; SpO_2 88% on home O_2 at 2 L/NC; capnography 45 with a sharkfin waveform; T 98° F; 12 L ECG is normal. After IMC with CPAP, which of these is indicated first for the above patient?

A. Magnesium slow IVP
B. Epinephrine 1mg/1mL IM
C. Diphenhydramine 50 mg IVP
D. Albuterol and ipratropium via HHN/mask/BVM

Pts w/ TRACHEOSTOMY/LARYNGECTOMY

58. What 4 steps are required if a trach tube has become completely dislodged?

_____

_____

_____

_____

59. A patient with a tracheostomy presents in respiratory distress: When manually attempting to ventilate through the tube, resistance is met: Which of these is indicated first?

A. Remove and replace the trach tube
B. Insert an ETT until cuff just passes the stoma
C. Attempt to pass a suction catheter through the trach tube; suction
D. Remove the inner cannula; suction; clear inner cannula of secretions; replace

60. A patient with a well healed, mature laryngectomy stoma presents with severe dyspnea that progresses rapidly to apnea. How should ventilations be provided to this patient?

A. Bag/mask over stoma (peds mask); NOT face
B. Insert OPA and ventilate with mask over nose and mouth; cover stoma with Tegaderm dressing

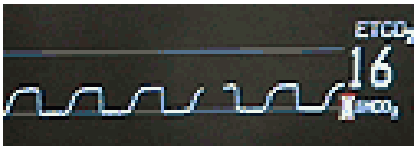
Respiratory Emergencies

61. A conscious and alert middle aged adult presents with a two day history fever (103°F), chills, cough, sore throat, severe muscle aches, nasal congestion, HA, and fatigue. The pt denies vomiting and diarrhea. Today, the pt started experiencing pleuritic chest pain and productive cough of thick yellow-green mucus with isolated crackles in the right middle and lower lobes. VS: BP 110/76; HR >114; ECG: ST; 12 L: no acute ischemia; SpO_2 <92%; $ETCO_2$ 32 w/ square waveform. Splashes or sprays of respiratory secretions or other infectious material are not expected. Which of these is indicated?

A. Droplet precautions and surgical mask on pt and mask on each EMS responder
B. Contact precautions with gloves, face shields, and fluid-repellant gowns

62. An obese, sedentary, adult w/ NO Hx of lung disease presents with a sudden onset of severe sharp pleuritic chest pain; severe dyspnea, tachypnea, restlessness, tachycardia and clear lung sounds. SpO_2 doesn't register and you see the capnogram (right). Which of these is likely?

A. Severe atelectasis
B. Pulmonary embolus
C. Acute pulmonary edema
D. Spontaneous pneumothorax



OBSTETRICAL EMERGENCIES

63. A G4; P3 pregnant pt presents in labor with strong regular contractions 3 min apart. The BOW has broken. There is no crowning or involuntary pushing. Prenatal care has not revealed any problems. Her desired 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 with an OB unit
C. Give partner the option of driving her to their desired hospital as delivery is not imminent

64. What intervention is indicated first after the head delivers if there is no evidence of meconium in the amniotic fluid during in a normal vertex delivery?

A. Feel around the infant's neck for a nuchal cord
B. Suction the nose and mouth with a bulb syringe
C. Rotate the head so the infant is facing downwards
D. Gently pull the head upwards to deliver the posterior shoulder

65. Which of these is appropriate to facilitate delivery if a shoulder dystocia occurs?

A. Grasp head and pull gently
B. Instruct mom to pant during contractions
C. Flex mom’s knees alongside her abdomen
D. Insert gloved fingers and attempt to disimpact the shoulders

66. After delivery of the head, the umbilical cord if found to be wrapped tightly around the infant's neck. Initial attempts to loosen the cord are unsuccessful. Which intervention is indicated next?

A. Double clamp and cut the cord to facilitate delivery
B. Put the mother in Trendelenburg position and transport rapidly
C. Insert a gloved hand into the vagina to prevent delivery of the shoulders
D. Attempt to push the cord onto the infant's chest to provide some slack for delivery

67. When should the umbilical cord be clamped following a normal delivery?

A. After it stops pulsating
B. After the placenta is delivered
C. After the 1 minute APGAR score
D. Immediately after the baby is delivered

68. If the baby’s head does not deliver within 30 sec after the shoulders in a breach presentation, what action is indicated?

_____

_____

69. What intervention is indicated if a woman experiences a uterine inversion immediately after delivery?

_____

_____

70. If there is any possibility that an infant born prematurely may be 22 weeks gestation and the baby has cyanosis with spontaneous ventilations, a detectable slow heart beat by auscultation, or spontaneous movements, what care is indicated?:

_____

_____

71. A newborn has no muscle tone when the legs are extended, the feet are blue but the rest of the body is pink, HR 108, weak cry with retractions, RR 20, and the baby grimaces when a bulb syringe is placed in the nostril to suction. What is the Apgar score?

A. 7
B. 6
C. 5
D. 3

72. After drying, warming, stimulating, and suctioning the above baby, what should a paramedic do next?

A. Begin chest compressions at 120/min
B. Gain vascular access; give NS 10 mL/kg
C. Ventilate w/ neonatal BVM at 40-60 BPM & room air
D. Apply blow by O_2 and give epinephrine 1mg/10mL 0.02 mg/kg IVP

73. If ventilations have been assisted in a distressed newborn for 30 sec and the HR remains ≤ 60, what intervention is indicated next?

_____

_____

74. What is the epinephrine dose for a 3 kg newborn with severe bradycardia? _____

75. What is the minimum threshold for neonatal hypoglycemia in mg/dL?

A. 60
B. 50
C. 30
D. 20

76. How should the blood sample to assess for glucose be obtained in an infant?

A. Medial aspect right palm
B. Back of upper arm
C. Anterior abdomen
D. Heel stick

77. A 37 y/o female is 36 weeks pregnant and complaining of severe headache, diplopia, nausea and lethargy. Her hands and face are edematous and she has gained 10 lbs. in one week. VS: BP 194/110; P 100; R 24. Which of these is indicated for this patient?

A. NTG 0.4 mg SL
B. Rapid transport using lights and sirens for emergent C-section
C. MAGNESIUM (50%) 2 Gm in16 mL NS (slow IVP/IO) over .10 min. Max 1 Gm / minute.
D. MIDAZOLAM 2 mg increments IVP/IO q. 30-60 sec (0.2 mg/kg IN*)* up to 10 mg IVP/IO/IN

78. Which of these is indicated if the above patient experiences a generalized tonic clonic seizure following the above intervention?

A. MAGNESIUM (50%) 2 Gm in16 mL NS (slow IVP/IO) over 10 min. Max 1 Gm / minute.
B. MIDAZOLAM 2 mg increments IVP/IO q. 30-60 sec (0.2 mg/kg IN*)* up to 10 mg IVP/IO/IN

PEDIATRIC SOPs

79. What amount of IV fluid is indicated *first* for a child who is in hypovolemic shock and weighs **30 lbs**?

A. 50-100 mL over 1 hour
B. 200-250 mL rapid IV push
C. 273-300 mL IV bolus in < 20 minutes
D. 360-400 mL wide open over 30 minutes

80. 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 + (2 X the child's age in years)

81. Which is appropriate when caring for children in pain?

A. Assume that all crying children would rate their pain as 10
B. Transport rapidly for pain medication titration at the hospital
C. Use the Wong-Baker faces or FLACC scale to assess pain severity
D. Ask the parent to guess the degree of pain based on the child's appearance

82. An 8 y/o has an obvious deformity of the right forearm following a fall. Wt. 75 lbs. VS: BP 106/74; P 96; R 20; skin color normal, warm & dry; GCS 15; pain 10/10. Parents deny PMH or allergies. The child strongly objects to any needles. The parents consent to care. Which of these should be given?

A. Fentanyl 34 mcg IN
B. Fentanyl 15 mcg IM
C. IV NS TKO; Fentanyl 15 mcg IVP
D. IV NS 20 mL/kg; Fentanyl 30 mcg IVP

83. 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
D. Have parents execute a refusal form; no OLMC needed because parents are on scene

84. 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 first?

A. Suction, consider need for i-gel insertion
B. Intubate child based on a persistently impaired airway
C. Perform a surgical cricothyrotomy as approved by OLMC
D. Continue efforts to suction and assist ventilations with peds BVM into hospital

85. A six year old who weighs 40 lbs requires sedation prior to advanced airway insertion. What sedative and specific dose do they require IVP?

_____

86. An infant is found unresponsive with frothy blood tinged secretions around the nose and mouth. The baby is cold and there is profound dependent lividity. The parents are pleading with you to do something. What should a paramedic do according to the SOPs?

A. Begin CPR until the child can be removed to the ambulance, then stop
B. Quickly zip the infant into a body bag so the parents do not have to look at it
C. Confirm the absence of VS; notify police; and gently help parents begin grieving
D. Defibrillate X 3 and show the parents the straight line on the monitor to confirm death

87. An infant <1 year of age presents following a sudden, brief, and now resolved episode of cyanosis, decreased and irregular breathing; marked change in muscle tone and altered level of responsiveness. The symptoms have all resolved upon EMS arrival. Which of these should be suspected?

A. Aborted SIDS
B. Foreign body aspiration
C. Sleep apnea syndrome
D. Brief Resolved Unexplained Event

88. What is the pediatric dose of epinephrine for anaphylactic shock? (Concentration, amount, timing, dosing interval for a repeat dose)

_____

_____

89. What is the peds dose and route of epinephrine for a child with a severe asthma attack who weighs 35 lbs?

_____

90. What is the pediatric dose of magnesium for a child who weighs 44 pounds?

_____

91. A conscious and alert 6 y/o child presents with a rapid onset of severe respiratory distress, difficulty swallowing and a very sore throat that started 6 hours ago and worsened rapidly. The patient has labored ventilations with cyanosis, muffled speech, tachycardia and drooling but is still moving air. VS: BP 90/palp; P 130; RR 48; T 105° F; SpO_2 90%. Lungs are clear. Which of these is indicated first?

A. Perform a needle cricothyrotomy
B. Epinephrine 1 mg/10 mL 0.5 mg (5 mL) per nebulizer
C. Administer 2 chewable ASA tablets and cool with wet sheets
D. Insert an advanced airway and ventilate with O2 15 L/peds BVM

92. If a child <2 years presents with S&S of bronchiolitis including a runny nose, cough, and mild fever that progresses to labored breathing with a high fever, severe retractions, prolonged expiration w/ air trapping and wheezing and increasing exhaustion; what condition is likely?

A. Asthma
B. Pertussis
C. Epiglottitis
D. RSV infection

93. What is the first drug, concentration and dose to give to a pediatric patient with unstable bradycardia with a pulse who is in moderate to severe cardiorespiratory compromise and weighs 66 pounds?

_____

94. What is the dose for epinephrine when treating a pediatric patient in V-fib or asystole?

_____ (concentration) _____ mg/kg IV/IO up to_____mg

95. A 6 y/o with type 1 diabetes presents unconscious with a bG of 30. The mother states that the child weighs 53 lbs (24 kg). How much dextrose 10% should be given? Dose 0.5 g/kg up to 25 g (5 mL/kg)

A. 6 grams = 60 mL
B. 12 grams = 120 mL
C. 25 grams = 250 mL
D. 48 grams = 500 mL

96. If a child is suspected of having diabetic ketoacidosis. What should be the volume and timing of IV fluids?

_____

_____

97. What EMS intervention is indicated for a febrile child who has experienced a generalized tonic clonic seizure and is now postictal?

A. Electrolyte solution like Pedialyte given orally
B. Actively cool with cold wet towels and ice packs
C. 2 chewable aspirin crushed in some applesauce or bananas
D. Passively cool by removing all clothing but the diaper/underwear

98. What is the peds dose for naloxone?

_____

_____

99. What is the single dose and total maximum dose of midazolam that may be given intra-nasally (IN) by SOP to a 5 y/o (20 kg) child who is experiencing a generalized tonic-clonic seizure?

A. 0.01 mg/kg (0.2 mg)
B. 0.2 mg/kg (6 mg)
C. 1 mg/kg (20 mg)
D. 2 mg/kg (40 mg)

100. Are NWC EMSS paramedics allowed to give intrarectal diazepam?

A. Yes, in the form of Diastat if present on scene
B. No, this is a dangerous route for medication administration in the field