

Northwest Community EMS System 2019 SOP Self-Assessment Medical SOPs

Name (Print):	Date of submission
EMS Agency:	Date graded/feedback sent:
PEMSC signature:	Initial Score: _____ <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable
EMS Educator signature:	<input type="checkbox"/> Incomplete <input type="checkbox"/> Incorrect answers
	Resubmission: _____ <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable

Instructions: Complete; discuss with your Provider EMS Coordinator; obtain their signature; **SUBMIT** to the NWC EMSS Office at least 1 week prior to date of System Entry written testing for this module

This document is designed to measure a candidate's knowledge of practice standards in the NWC EMSS. Only use the 2019 NWC EMSS SOPs, System Procedure Manual, and System Policy Manual (posted on System website) to answer these questions. May also use the 2019 SOP Changes and Rationale document and SOP Q&A Documents if needed (System website: www.nwcemss.org posted under 5/19 CE) as additional references.

Acute ABDOMINAL/FLANK PAIN

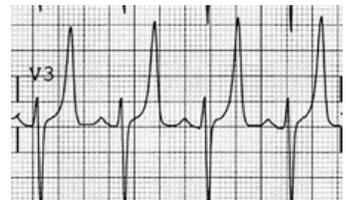
1. What specific things should be documented for a pt c/o abdominal pain (See IMC special consideration)?

2. What GI conditions can result in hypovolemia/dehydration requiring IVF challenges?

3. A patient with a pulsating midline abdominal mass above the umbilicus is c/o severe midline epigastric pain radiating to the back and flank with diminished femoral pulses. VS: BP 88/66; P of 100. Should this patient be treated with IV fluid challenges?
A. Yes B. No
4. An adult presents with severe abd pain (10/10). The abdomen has significant involuntary guarding, point tenderness and rigidity in the RLQ & the pt winces when the heel is tapped (rebound tenderness.) VS are WNL. Is this patient a candidate for pain medication per SOP?
A. Yes B. No

DIALYSIS / Chronic Renal Failure Emergencies

5. An adult presents with severe weakness prior to renal dialysis. ECG to right. Which drugs are indicated?



6. What drug is contraindicated for patients in renal failure with possible hyperkalemia?
-

ALCOHOL INTOXICATION / WITHDRAWAL

7. EMS is called to a patient’s home. A 60 y/o male has the odor of alcohol on his breath. His speech is slurred and he is unable to tell you his address or phone number. He tilts to the right when sitting, is unable to perform rapid alternating movements, cannot touch his finger to his nose and has ocular nystagmus. He is agitated, uncooperative with your attempts to place him on the stretcher, and is refusing transportation to the hospital. Which of these is indicated first?
- A. Obtain a blood glucose reading to assess for hypoglycemia
 - B. Leave him in the custody of police to sleep it off, as he is apparently intoxicated
 - C. Execute a Refusal of Service as long as a family member agrees to remain with him
 - D. Administer midazolam in 2 mg increments to decrease his agitation and facilitate transport
8. An adult presents with confusion, nausea/vomiting; tachycardia (HR > 100), constant tremors, sweating, anxiety, agitation, a feeling of bugs crawling on their skin, visual hallucinations; fever, and dehydration 36 hours after their last ingestion of alcohol. The BP is 100/70. What EMS intervention is indicated?

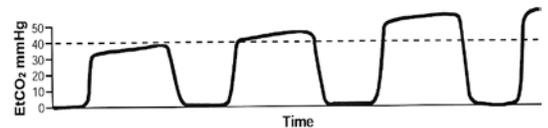
ALTERED MENTAL STATUS (AMS)/SYNCOPE

9. Explain the assessments that should be obtained on all patients with altered mental status or those with syncope/presyncope to check for each of the listed reversible causes.
10. In addition to the above, what neuro exam components should be assessed and reported in a patient with AMS/syncope or presyncope?

DRUG OVERDOSE / POISONING

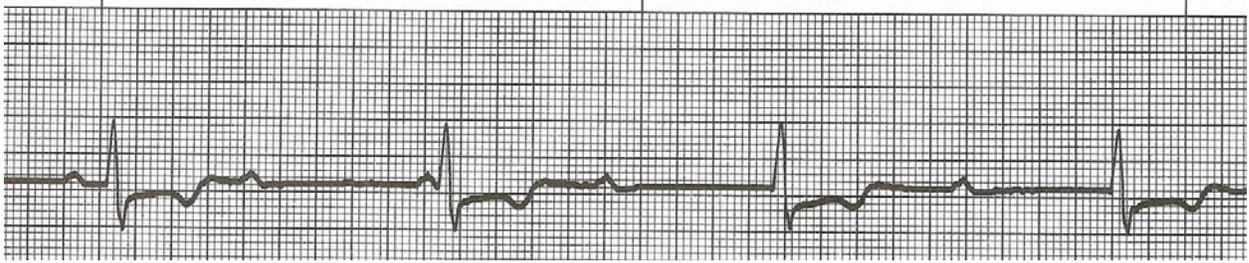
11. An adult presents w GCS 9 (2, 2, 5) with slow snoring ventilations. VS: T 98.7° F, BP 100/70, P 84, R 6; RA SpO₂ 90%. Skin: diffuse flushing w/o lesions or bruising; lungs clear bilaterally; Pupils small & reactive; abdomen: normal bowel sounds; no distension or tenderness. PMH unknown. Capnogram below. Which of these is indicated FIRST?

- A. CPAP 5 cm PEEP
- B. O₂ NC to SpO₂ 94%; suction as needed
- C. NPA/OPA; O₂ 15 L/BVM; blood glucose
- D. Immediate placement of ET tube; ventilate w/ O₂15 L/BVM



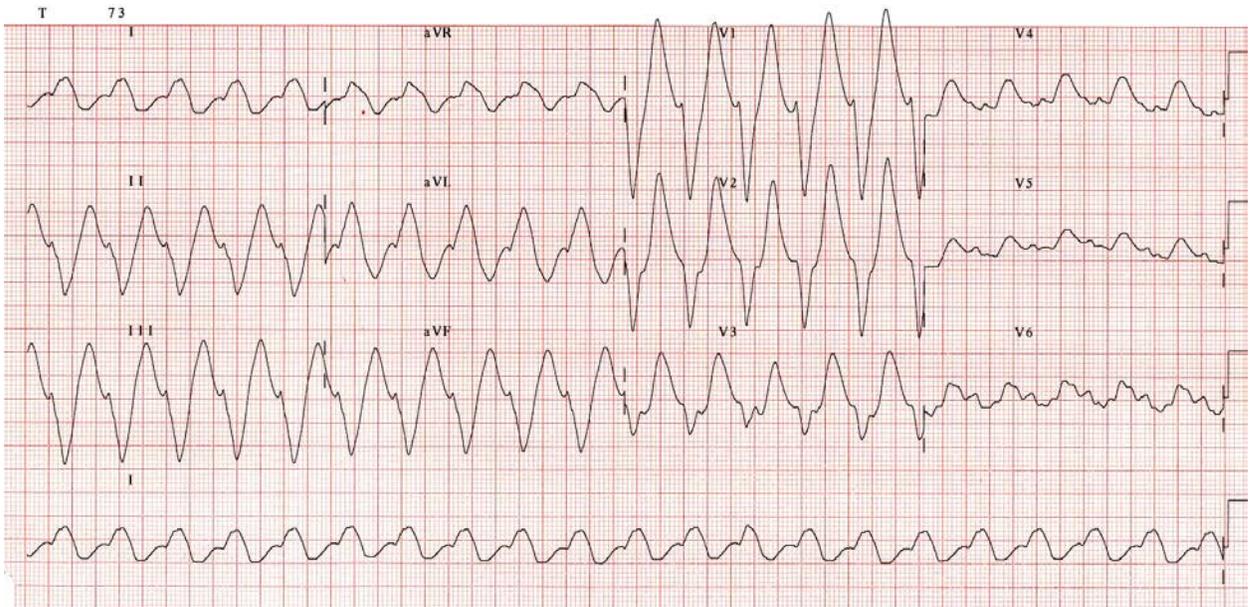
12. What is the maximum dose of naloxone that may be given by EMS per SOP?
- A. 1 mg
 - B. 2 mg
 - C. 4 mg
 - D. 8 mg

13. An elderly adult presents following a syncopal episode with the following rhythm. VS: BP 60/30; palpable carotid pulse that matches the ECG, RR 12. PMH: HTN and high cholesterol; Meds: propranolol. The patient has an IV placed and is unresponsive to initial drugs & pacing per the Bradycardia w/ Pulse SOP:



What intervention is indicated next per SOP?

- A. Glucagon 1 mg IVP
 - B. Naloxone 4 mg IVP
 - C. Push dose epinephrine
 - D. IVF challenges up to 2 L infused as rapidly as possible
14. A landscaper has been spraying insecticides and spreading fertilizer for several hours. The patient presents with sweating, constricted pupils, drooling, tearing, copious bronchial secretions, wheezing, abdominal cramps, vomiting, diarrhea, and urinary incontinence. Which of these is indicated for this patient?
- A. Atropine
 - B. Naloxone
 - C. Midazolam
 - D. Sodium bicarbonate
15. Which of these should be given to a patient who took 30 amitriptyline (Elavil) tabs who is unconscious with severe hypotension and the following ECG?



- A. Atropine
- B. Glucagon
- C. Naloxone
- D. Sodium bicarbonate

16. An adult presents with severe agitation, paranoia, violent behavior and has four police officers trying to subdue him after inhalation of cocaine. The patient is growling and is diaphoretic with hot skin. VS: BP 230/130; P 180; RR 24; T 103° F. Pupils are dilated; glucose 120. Wt: 250 lbs. Which of these is indicated?
 - A. Midazolam 10 mg IN or IM
 - B. Etomidate to rapidly induce unconsciousness
 - C. Fentanyl to abate pain and reduce CNS irritability
 - D. Ketamine 2 mg/kg slow IVP or 4 mg/kg IN/IM (max 500 mg)

17. What type of poisoning should an ECRN suspect if an unconscious patient at a rave party presents with a pacifier around her mouth, is grinding her teeth while holding a Vicks Vapor rub inhaler and has acute respiratory depression?
 - A. Ecstasy (Molly)
 - B. phencyclidine (PCP, Angel dust)
 - C. Lysergic acid diethylamide (LSD)
 - D. Synthetic cannabinoids (Spice, K2)

CARBON MONOXIDE and CYANIDE POISONING

18. Which of these is true when caring for a patient with carbon monoxide poisoning?
 - A. The pulse oximetry reading will be inaccurate and irrelevant
 - B. These patients are likely to be totally non-responsive to oxygen therapy
 - C. All CO poisoning patients need immediate transport to a hyperbaric chamber
 - D. Because CO binds with RBCs, internal hemorrhage is a serious complication of exposure

19. An adult presents at home shortly after the onset of cold weather requiring the furnace to turn on complaining of severe headache; ringing in the ears, nausea and vomiting, with a GCS of 12 (E3; S4; M5); BP 150/90; P 120; R 26; SpO₂ 98%; ETCO₂ 31 with square waveform; and clear lung sounds. He appears irritable with impaired memory and has ataxia. Where should EMS transport this patient?

20. What antidote to cyanide poisoning is currently approved for EMS administration if available?
 - A. Amyl nitrate IVP
 - B. Sodium thiosulfate
 - C. Hydroxocobalamin
 - D. Amyl nitrite inhalants

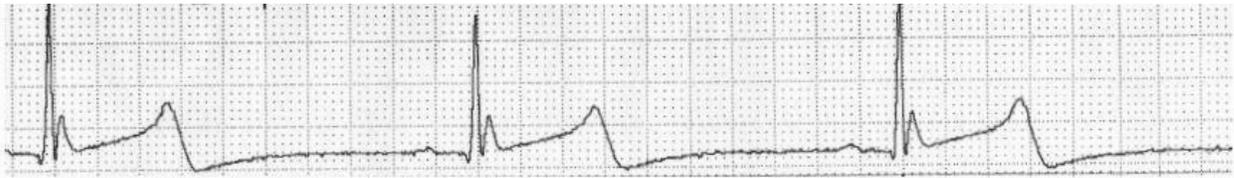
Environmental: COLD Emergencies (adult & peds)

21. What interventions are indicated to rapidly rewarm frostbite?

22. An elderly person is found after being outside for several hours in temperatures of 58 F. The pt is awake, confused and shivering violently. Family members indicate that the mental status changes are new. Paramedics note stiff muscles, ataxia, and skin is cold to the touch. VS: BP 110/62; P 62; R 16; PERL; glucose 80. What degree of hypothermia should be suspected?

23. How should re-warming be achieved in this patient?

24. An unconscious adult was found outdoors after sleeping there in subfreezing temperatures. The pt responds slowly to a pressure stimulus. There is no shivering. Skin is pale and cold; extremities are stiff. A carotid pulse is palpable at 30; ECG: below; R 6; T 84° F; lungs are clear; pupils are dilated. What type of rewarming does this patient require?



- A. Active external with blankets and hot packs all over the body
 - B. Rewarm trunk only, avoid rewarming extremities
25. An adult is found apneic in cardiac arrest with severe hypothermia [T <28°C (82.4° F)] and an agonal rhythm. Circle the yes or no option for each of the following:
- Should they be intubated? Yes / No
 - Should they be hyperventilated? Yes / No
 - Be defibrillated? Yes / No
 - Receive vasopressors? Yes / No

Environmental: SUBMERSION INCIDENT (adult & peds)

26. An adult was rescued from a lake after being submerged for about 5 min after falling off of an inflatable raft. After 2 min of CPR the pt has ROSC, wakes up, has good respiratory effort, and is refusing transport. VS: BP 110/70; P 60; R 16; SpO₂ 92%; lungs sound congested. Which of these is indicated?
- A. Apply CPAP and convince to be transported
 - B. Trendelenburg position to drain the lungs and spine motion restriction
 - C. Perform abdominal thrusts to help clear the lungs of fluid before reassessing his status
 - D. Apply O₂ 15 L/NRM while giving patient full disclosure of risk prior to executing the refusal form

Environmental: HEAT EMERGENCIES (adult & peds)

27. A 78 y/o unconscious patient was found alone in their apartment two days after a blistering heat wave began. There are no fans or air conditioning and the heat in the rooms is suffocating. PMH is unknown.

Physical exam:

HEENT: GCS 8 (E2; V1; M5); pupils bilaterally midpoint and reactive
 Lungs: Clear
 CV: ECG: ST with PVCs
 GI: Soft, no guarding, masses
 Skin: Hot, flushed and dry
 VS: BP: 80/60; P: 124; RR: 32; T: 105° F; SpO₂ 95%; ETCO₂ 25 with square waveform
 Glucose: 90

What condition is present? _____

28. **Position:** _____

What type of fluid therapy is indicated? _____

For what complication is this pt at risk due to fluid therapy? _____

Monitor: _____

How should EMS attempt to cool this pt? _____

29. An 18 y/o conscious male is found in a neighborhood park where he and several friends had been playing basketball. Outdoor temperature is 98° F. The patient is alert and oriented and complaining of severe cramping pain in his abdomen and legs that began two hours after they began to play. He also is c/o slight nausea. He has no significant medical history; takes no meds, and denies any allergies.

Physical Exam:

HEENT: WNL; PERRL
 Lungs: clear bilaterally
 CV: ECG: ST
 GI: Abdomen tender with voluntary guarding; BS active.
 Ext: No evidence of trauma; bilateral leg cramps. SMV intact.
 Skin: Warm, flushed, diaphoretic

What should EMS suspect? _____

What treatment should this patient receive?

Rehydration options: _____

Transport considerations: _____

30. A 69 y/o conscious male is found on the golf course propped up under a tree. The other members of his foursome state that he had been complaining of weakness, lightheadedness, headache and nausea after the first nine holes. Outdoor temperature is 94°. The patient has a history of diabetes and heart disease and takes Inderal.

Physical exam:

HEENT: Mental status slightly agitated with mild confusion. Can appropriately answer questions; PERRL
 Lungs: Breath sounds clear bilaterally.
 CV: ECG: SR; no ectopics
 Abd: Soft, non-tender, no guarding or masses
 Ext: Unremarkable
 Skin: Cool, pale, moist
 VS: BP: 98/60; P: 72; RR: 24; T: 99° F; SpO2 97%; ETCO₂ 30 w/ square waveform

What should EMS suspect? _____

31. What IMC special considerations are indicated for this patient?

Fluid resuscitation: _____

Cooling considerations: _____

GLUCOSE / DIABETIC Emergencies

32. What is the normal glucose range in neonates >3 days to adults?

Fasting: _____ **Non-fasting:** L _____

33. If a patient with hypoglycemia presents with irritability, agitation, confusion; ataxia; motor weakness; difficulty speaking or slurred speech; or is an elderly patient who presents with S&S of a stroke, what degree of severity is likely?

- A. Mild
- B. Moderate
- C. Severe

34. If a hypoglycemic patient has a GCS is 14 and is able to swallow what intervention is indicated?

35. An adult patient is awake and jittery with a 30 year history of type 1 diabetes. VS: BP 150/80; P 116; and R 16. Glucose level is 64. What intervention is indicated?

36. If an adult presents with a glucose level < 60, what drug (dose & route) should be given?

37. If a pediatric patient who weighs about 50 pounds presents with a glucose level < 60, what drug (dose & route) should be given?

38. What drug should be given to hypoglycemic patients with AMS when vascular access cannot be established?

39. An unconscious adult received dextrose 10% IVP for hypoglycemia. After regaining consciousness, the patient is refusing transport to the hospital. Of these options, what must the patient be advised to do before EMS leaves the scene?
- A. They need to eat to prevent recurring hypoglycemia
 - B. They should check their blood sugar ever 5 minutes for the next hour
 - C. They should skip their next dose of insulin to avoid another dip in blood sugar
 - D. They should take their next insulin dose early to offset the effects of the IV dextrose

Questions 40-43 refer to the following scenario:

An unconscious female appears to be in her late 40's. She is found in her bed. She opens her eyes and has a protective motor response to pain and is moaning incoherently. VS: BP110/68; HR 112; RR deep and rapid at a rate of 40. Her lips are dry and cracked, skin is flushed, warm and dry; pupils are midpoint and reactive to light. You note a sweet odor to her breath. She is wearing a Medic-Alert tag revealing that she is a type 1 diabetic.

40. What should EMS suspect this patient to be experiencing? _____
41. In what range would you expect this patient's glucose to be? _____
42. What intervention is indicated as long as the lungs are clear?
- A. 10% dextrose, 250 mL IV or IO
 - B. NS wide open up to 1 L unless contraindicated
 - C. O₂ at 2 L per simple face mask so the patient rebreathes CO₂ and stops hyperventilating
 - D. Assist the patient in administering an additional dose of insulin to bring the blood sugar down
43. *What two major pathophysiological problems are occurring in this patient?

HYPERTENSION

44. What BP parameter signals hypertensive crisis? _____
45. What S&S of hypertensive crisis suggest end-organ dysfunction?
- Neurologic damage: _____
- Cardiovascular damage: _____
- Other organ system dysfunction: _____

46. A conscious adult is c/o double vision and a severe headache of non-traumatic origin. VS: BP 250/140; P 80; R 16; lungs clear. What interventions are indicated as part of IMC?

Repeat VS (when?)

47. During transport of the above patient, hypertension persists and the patient begins to complain of chest pain. What intervention is now indicated?

PSYCH / BEHAVIORAL /Agitated/Violent (adult & peds)

48. What medical conditions can cause S&S of a behavioral emergency?

Neuro:

Metabolic disorders:

Trauma

49. What assessments must be done to determine decisional capacity?

50. What are the elements that should be assessed using the mnemonic CAST-A-MOP?

C:

A

S

T

A

M

O

P

51. List at least three possible RISK FACTORS for suicide:

52. If a patient answers YES to questions #4, #5 or #6 on the **suicide screen** contained in the SOPs, what intervention is indicated?

53. An alert and oriented adult appears depressed and tells EMS that she is hearing voices telling her to overdose on her sedatives and end her pain. The patient is refusing to come to the hospital and wants to stay with a friend. Which of these EMS actions is indicated?

- A. Make arrangements for the friend to stay with the patient for 24 hours
- B. Provide full disclosure of risk and have the patient sign a refusal form
- C. Transport patient against their will if necessary; complete a Petition Form
- D. Give the patient the phone number for a suicide hot line if they change their mind

54. A young adult with a behavioral illness presents with anxiety bordering on a panic attack and they are fearful of transport to the hospital. There is no evidence of excited delirium. VS: BP 160/100; P 116; RR 24. Pupils are dilated; glucose 120. Wt: 200 lbs. Which of these is indicated?

- A. Ketamine lower dose for pain
- B. Midazolam standard dose for anxiety/sedation
- C. Restrain them to the stretcher to avoid elopement while transporting
- D. Etomidate standard dose to rapidly induce unconsciousness

55. Which position is indicated for an agitated adult in 4-point restraints who is a vomiting risk? (See Restraint procedure)

- A. Supine with both arms secured over their head
- B. Supine with both hands cuffed behind their back
- C. On their side with a pillowcase placed over the head to prevent spitting
- D. On their side with one arm secured above the head and the other at their side

STROKE

56. What elements of the patient’s baseline status should EMS attempt to determine?

57. Under what circumstances is vascular access on scene advised?

58. A patient with a possible stroke is hypertensive and bradycardic (HR 50). Is atropine indicated?

- A. Yes
- B. No

59. What is the desired maximum scene time for a patient with suspected stroke? _____

60. 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. Which of these is indicated 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
61. An adult presents with weakness of the right arm for the past 30 minutes. GCS 15; he says the right words but cannot articulate them well; is oriented X4; opens & closes his eyes to commands and can wrinkle both sides of his forehead. However, the left eyelid does not close as tightly as the right and there is a left facial droop and asymmetrical smile. The patient denies vertigo, light or sound sensitivity, paresthesias or numbness. Coordination tests are normal for left arm and both legs; but cannot be accomplished on the right arm due to motor weakness. There are no vision changes/losses or gaze abnormalities. Right arm: immediate pronator drift. Left arm and both legs normal motor exam (no drift).
VS: BP 180/96; P 72; ECG: NSR; R 18; SpO₂ 93%; lungs are clear; glucose 120.
PHM: HTN and high cholesterol. Meds: olmesartan, Lipitor, and hydrochlorothiazide.
Last seen normal about 30 min ago. Which is indicated while on-scene?
- A. IV NS TKO
 - B. Oxygen to SpO₂ of 94%
 - C. Sit in semi-Fowler's position
 - D. Elevate patient's head on a pillow
62. When calling in the stroke alert, how should the BEFAST screen results be communicated?
- | | | |
|------------|------------------------------------|-----------------------------------|
| Balance | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| Eyes | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| Face | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| Arm drift: | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| Speech | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| Time (LNW) | <input type="checkbox"/> ≤ 3.5 hrs | <input type="checkbox"/> >3.5 hrs |
63. You are within 5 minutes of transport time to the nearest Primary Stroke Center and 30 minutes from the nearest Comprehensive Stroke Center. Where should this patient be transported?
- A. Nearest Primary Stroke Center
 - B. Nearest Comprehensive Stroke Center
64. An adult presents with extreme vertigo, double vision (diplopia), and photophobia for the past 45 minutes. GCS 15; speech is normal and fluent; patient is oriented X4; opens & closes his eyes to commands and can wrinkle both sides of his forehead. No facial droop, smile is symmetrical. The left eye has a fixed gaze abnormality to the ear and there are losses of visual fields to the right; PERL. Patient denies paresthesias or numbness. There is no arm or leg drift;
VS: BP 210/104, HR 88, ECG Controlled A-Fib; 12 L: No acute ischemic changes; R 16, SpO₂ 96%; lungs clear; glucose 160.
PHM: T2 diabetes; atherosclerosis; A-fib. Meds: metformin, captopril, rivaroxaban.
 Last seen normal about 4 hours ago
 When calling in the stroke alert, how should the BEFAST screen results be communicated?
- | | | |
|------------|------------------------------------|-----------------------------------|
| Balance | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| Eyes | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| Face | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| Arm drift: | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| Speech | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| Time (LNW) | <input type="checkbox"/> ≤ 3.5 hrs | <input type="checkbox"/> >3.5 hrs |
65. You are within 10 minutes of transport to the nearest Primary Stroke Center and 25 minutes from the nearest Comprehensive Stroke Center. Where should this patient be transported?
- A. Nearest Primary Stroke Center
 - B. Nearest Comprehensive Stroke Center

66. An unconscious elderly adult is responsive to pain. The pt had slurred speech and a left sided motor deficit before losing consciousness. GCS 10 (2-3-5); lash reflex intact; BP 170/96; P 72; R 18. Lungs are clear. Glucose reading: 20. ETA to the nearest hospital is two minutes. What treatment is indicated?
-

SEIZURES

67. List at least 4 things that should be observed and documented during the secondary assessment of a patient who presents with seizure activity.
-
-
-
-

68. List at least 3 possible etiologies of a new onset generalized tonic clonic seizure
-
-
-

69. Which of these is indicated to treat a non-pregnant adult experiencing a new onset complex generalized tonic clonic seizure and no vascular access?

- A. Etomidate 40 mg IM
- B. Magnesium 2 Gm IM
- C. Ketamine 2 mg/kg IN
- D. Midazolam 0.2 mg/kg IN up to 10 mg

70. What is different about the timing of IV/IO midazolam administration in a person who is having a seizure rather than one being treated for anxiety or sedation?

Seizure: Increments are given every: _____

Anxiety/sedation: Increments are given every: _____

SEPSIS and SEPTIC Shock

71. 75 y/o F 90.7 kg. Primary symptom: fever and dyspnea. Pt denies, HA, nausea, or chest pain. Pt. previously had chest pain on inspiration. Found A&O found sitting in bed, lethargic and c/o dizziness. Family states pt was not acting normal; diagnosed with pneumonia 3 days ago. Low grade fever last night; spiked to 105°F this afternoon.

PMH: HTN, Dt2

Meds: Tamsulosin, nitrofurantoin, metformin, lisinopril, Januvia

Chest: Productive cough with unspecified sputum color; basilar crackles in LLL

Skin: Hot to touch, moist

Time	BP	Pulse	RR	SpO ₂	GCS	ETCO ₂	Temp
1909	170/60 (97)	140	40	88	15	33	40.6
1916	166/60 (95)	138	44	94	15	32	40.6

ETCO₂ square waveform

ECG: ST

Glucose 173

What is this patient's diagnosis at the moment of first encounter with EMS?

- A. Infection
- B. Sepsis
- C. Septic shock

72. Give three examples of patients who are immunocompromised:

73. What is the first assessment that must be done to start the decision tree for sepsis?

74. An elderly adult presents one day after being discharged from a hospital where she was treated for pneumonia. The pt is confused (GCS 14); 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%; EtCO₂ 25 with square waveform. The 12-L ECG shows no acute ischemic changes. What are the QSOFA and septic shock criteria exhibited by this patient?

75. An elderly adult presents with acutely altered mental status one day after being discharged from a hospital with a severe urinary tract infection. GCS 12. VS: BP 80/50; P 114; ECG ST; R 28, SpO₂ 90%; EtCO₂ 25 with square waveform; lung sounds clear. Glucose 180. The 12-L ECG shows no acute ischemic changes. Which of these is indicated *first*?

- A. CPAP at 8 cm PEEP
- B. Norepinephrine drip at 8 mcg/min
- C. Sodium bicarbonate 50 mEq to reverse acidosis
- D. IV NS 200 mL IV boluses in rapid succession (max 30 mL/kg)

76. What are the indications per SOP for norepinephrine?

77. 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 upward in 2 mcg/min increments to 20 mcg/min

78. If you are using macrodrip tubing calibrated at 20 gtts/mL, how many drops per minute should a norepinephrine drip be INITIALLY set to run?

- | | |
|-------|--------|
| A. 20 | C. 40 |
| B. 30 | D. 120 |

79. How often should the vital signs be taken after starting norepinephrine until the target BP is reached?

80. Which 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