

Northwest Community EMS System 2019 SOP Self-Assessment TRAUMA SOPs

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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.

SHOCK

1. What is the range for a normal pulse pressure? _____
2. What is the range for a normal mean arterial pressure? _____
3. A patient presents with a possible pelvic fracture. He is awake but anxious, restless, and confused and complains of being thirsty; VS: HR 124 and thready, BP 90/70, RR 32 with air hunger; skin cool, moist and pale. What class of hypovolemic shock is this patient exhibiting?
 - A. Class I
 - B. Class II
 - C. Class III
 - D. Class IV
4. Under what circumstances may the usual tachycardic response to volume loss be absent?
5. An adult is found ejected from the car after an MVC. She is very pale, cool and moist. Chest expansion is asymmetric without paradoxical movement. There are no penetrating wounds; breath sounds are absent on the left with hyperresonance to percussion, diminished on the right, heart sounds are distant; + JVD, radial pulses are absent, carotids are present and are very fast and thready; respirations are rapid and labored. What type of shock should be suspected?
 - A. Obstructive
 - B. Neurogenic
 - C. Cardiogenic
 - D. Hypovolemic

Initial Trauma Care and Trauma Triage/Transport Criteria

6. List at least three hazards or complications of suctioning. (See procedure manual)
7. What is the maximum amount of time that suction should be applied to an adult? _____
8. List three immediate life threats due to chest trauma that must be found and resuscitated during the B (Breathing/Gas exchange) portion of the primary assessment in a trauma patient.

9. Which of these should be detected during the C: Circulatory phase of the primary assessment?
- A. Facial trauma with teeth and blood obstructing the airway
 - B. Weak, thready carotid pulse, JVD, and muffled heart tones
 - C. SpO₂ of 84%; ETCO₂ 30, and unilaterally absent breath sounds
 - D. AMS, dilated pupils and inability to move all extremities to command
10. What is the *first* step in hemorrhage control for non-exsanguinating venous bleeding from a laceration to the leg?
- A. Apply a tourniquet
 - B. Pack the wound with hemostatic gauze
 - C. Direct pressure, pressure dressing to injury
 - D. Place firm pressure over pressure points and elevate limb
11. Which is appropriate regarding tourniquet use? (See Procedure manual)
- A. Apply a tourniquet 2-3" proximal to the wound
 - B. Apply just enough pressure to maintain weak distal pulses
 - C. Release the tourniquet every 5 min to prolong ischemic time in the limb
 - D. Apply directly over the nearest proximal joint or over a fracture for best results
12. An adult presents with a suspected fractured pelvis after being struck by a car. Skin is pale, cool, and diaphoretic. VS: BP 86/64; P 124; R 28; lungs are clear. Weight: 170 lbs. The pt is anxious and in severe pain. Which of these is indicated?
- A. Fentanyl 200 mcg IN
 - B. Norepinephrine drip at 8 mcg/min
 - C. IV of NS run wide open up to 2 L
 - D. Wrap pelvis w/ pelvic binder or upside down KED
13. An adult has been extricated from an MVC. The patient is awake and anxious (GCS 15), complaining of severe RUQ pain and intense thirst. VS: BP 110/78; P 110; R 24; SpO₂ 100% on 15 L of O₂/NRM; ETCO₂ 31. Skin is pale, cool, and moist. Which of these is indicated?
- A. Transport, start IV enroute
 - B. Give the patient small sips of water
 - C. Start large bore IV on scene, run WO up to 2 L
 - D. Transport BLS to the nearest Level I trauma center
14. 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; SpO₂ 90%; EtCO₂ 20. Which of these is indicated immediately?
- A. IV NS TKO due to need for permissive hypotension
 - B. Cold NS at 30 mL/kg (max 2 L) as rapidly as possible
 - C. 14-16 g IV with warm NS WO up to 1 L based on SBP (MAP)
 - D. Two large bore IVs warm NS on pressure infusers run wide open
15. What are the dangers of exceeding BP targets and giving too much IV fluid to a patient with trauma?
-
-
16. What is the maximum SBP target in mmHg when giving IVF challenges to a pt with penetrating torso trauma?
- A. 70 (MAP 40-50)
 - B. 80 (MAP 50-60)
 - C. 90 (MAP 60-65)
 - D. 110 (MAP>65 or higher)

17. An adult does not respond to any verbal stimuli. When deep pressure is applied to the earlobe, he briefly opens his eyes then closes them again, moans without words, and tries to shove the paramedic's hand away. What is the GCS?

Eye opening		Verbal		Motor	
Spontaneously	4	Oriented/converses	5	Obeys commands	6
To speech	3	Confused & converses	4	Localizes pain	5
To pain	2	Inapprop. words	3	Withdraws to pain	4
None	1	Incomprehensible sounds	2	Abnormal flexion	3
		None	1	Abnormal extension	2
				None	1

- A. 8
B. 9
C. 10
D. 11
18. Where are the instructions about requesting and facilitating the scene response of an aeromedical helicopter located for the NWC EMSS? (See Policy Manual)
-
19. In order to bypass a Level II TC to take a patient with hemodynamic instability due to trauma to a Level I Trauma Center, the total transport time may not exceed _____ minutes.
20. An adult is found on the sidewalk with a small abrasion to his chin. The patient's eyes are open, he answers questions appropriately but slurs the words, and has a strong radial pulse with a SBP of 120. He asks for something to cover his chin and reaches for the gauze when pulled from the trauma bag. There is a strong odor of alcohol to the patient's breath. Does he meet the criteria to bypass a Level II TC for transport to a Level I trauma center?
- A. No
B. Yes
21. An adult sustained a stab wound to the RUQ of the abdomen. Initial VS: BP 122/74, P 100, R 18. After 5 minutes, the mental status begins to deteriorate. VS now: BP 96/78, P 128, R 24. LGH is the nearest Level I TC and can be reached in 15 min; the nearest Level II can be reached in 5 min. What should a PM do?
- A. Contact the nearest Level II for OLMC and establish an IV prior to transport
B. Begin transport ASAP to LGH, contact LGH for OLMC, initiate ITC while enroute
C. Complete IMC, contact nearest Level II for OLMC, continue scene Rx as long as patient is stable
D. Complete assessment, get 2nd set of VS, cover wound w/ occlusive dressing; transport to Level II
22. A conscious & alert restrained driver presents following a high speed frontal impact crash with over 2 ft of metal deformity. The airbag deployed and the pt has superficial abrasions to the hand and wrists and is c/o some neck stiffness but no pain. Lung sounds are clear bilaterally, radial pulses are full with a generally normal rate, and the pt moves all four extremities. Where should this patient be transported?
- A. Nearest Level I trauma center
B. Nearest trauma center; level I or II
C. Nearest hospital; pt does not require a trauma center
23. A conscious adult presents with partial and full thickness burns over 60% of their body. There is no other mechanism of trauma. The airway is intact with no apparent burns, carbonaceous sputum, or dyspnea; RR rapid; SpO₂ 96%. Pain 10/10; radial pulse is weak and rapid. Where should this patient be transported?
- A. Nearest Level I trauma center
B. Nearest trauma center; level I or II
C. Consider triage to nearest burn center
D. Nearest hospital for initial stabilization

CARDIAC ARREST due to TRAUMA

24. A normothermic adult presents unconscious and pulseless in asystole following blunt trauma sustained in an MVC. No vital signs were ever detectable by EMS or bystanders. The patient has obvious chest and head injuries. The nearest hospital can be reached within 10 minutes. Which of these is indicated?
- Contact OLMC for pronouncement
 - Transport immediately with CPR and resuscitation per SOPs enroute
 - Perform bilateral needle pleural decompressions to see if pulses return
 - Administer 1 amp of epinephrine 1 mg/10 mL to see if cardiac activity can be stimulated
25. An adult from an MVC presents in traumatic arrest with VF and obvious chest injuries. After initiating CPR, there is resistance to ventilating with a BVM. Breath sounds are absent on the right and present on the left. The nearest hospital can be reached within 10 minutes. Which of these is indicated?
- Resuscitate on scene for 20 minutes, then transport
 - Insert an advanced airway and provide deep positive pressure ventilations
 - Perform a needle pleural decompression on the right chest, transport immediately
 - Transport immediately with CPR in progress, but abort all other care until hospital arrival
26. Which pts deserve special consideration for resuscitation as they may have an altered prognosis if found in traumatic cardiac arrest?
-

Conducted electrical weapon: Post-TASER Care

27. If taser probes are embedded in the in the pt's face, neck, groin, or over the spinal column, what EMS action is indicated? (See Procedure Manual)
- DO NOT remove
 - Seek OLMC order to remove the probes
 - Ask the pt to remove them and give directly to police
 - Ask police to remove them and place directly into a sharps container

BURNS

28. What adjustments are made when estimating the TBSA burned in an infant and child rather than an adult?
- An infant's abdomen is given an additional 2% that is deleted from the head %
 - Adult legs are proportionately smaller than an infant's so are assigned a lesser %
 - An infant's head is almost 2X as large proportionately so is assigned a greater %
 - An adult's trunk is proportionately larger than a child's so is assigned a greater %
29. An adult has burns of the chest, abdomen, perineum and the entire anterior surface of both legs. Using the Rule of 9s, what percentage of TBSA has been burned?
- | | |
|--------|--------|
| A. 55% | C. 28% |
| B. 37% | D. 19% |
30. Why and how is the Rule of 9s adjusted for extremely obese individuals?
-

31. What is the TBSA that has been burned in the illustration (right)? _____
32. What burn thickness should be suspected if the injured area is dry, hairs slough away and there is no capillary refill after blanching?
- Superficial
 - Partial thickness
 - Full thickness



33. What is the thickness of this burn? The burn is moist with blisters, red with good capillary refill and the patient is in severe pain. (See photo)
- Superficial
 - Partial thickness
 - Full thickness



34. Which of these is indicated to treat an acute partial thickness 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
35. What are the indications for EMS vascular access in a patient with burns?
- TBSA: Adults _____ Children _____
- _____
- _____
36. How much IV fluid should be given to each of the following within the first hour following a moderate to severe burn if the patient is not in shock?
- ≤5 yrs:** _____
- 6-13 yrs:** _____
- ≥14 yrs:** _____
37. An adult weighing 70 kg has partial thickness burns totaling 50% TBSA and is in burn shock. Using the Parkland formula, how much IV fluid in liters is needed during the first 8 hours? (Formula: 4 mL x TBSA x weight in kg; ½ in first 8 hours)
- A. 2
 - B. 4.5
 - C. 7
 - D. 14
38. If a patient with a severe burn has altered mental status, what should EMS consider or suspect?
- _____
- _____
- _____
- _____
39. A conscious and agitated adult in severe pain presents with partial thickness thermal burns over 60% of their TBSA. In addition to pain management, what care is indicated to treat the burn wound to ↓ pain; reduce fluid loss; prevent hypothermia and prevent contamination?
- _____
40. How should EMS dress and bandage a burned hand (fingers) or foot (toes)?
- _____
- _____
41. Which is appropriate prehospital treatment for wet chemical burns?
- A. Cool with iced saline soaks
 - B. Absorb the chemicals using a towel and cover with wet dressings
 - C. Apply an antidote to neutralize the chemical, then apply dry, sterile dressings
 - D. Remove all clothing and jewelry; flush the area with copious amounts of saline/water
42. 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

43. Which of these is true relative to electrical burns?
- A. The patient's ECG should be monitored for dysrhythmias
 - B. Entry and exit wounds predict the full severity of internal damage
 - C. The patient will most likely be found hyperventilating due to current exposure
 - D. Entry and exit wounds are generally superficial partial thickness and will be very painful

CHEST TRAUMA

44. What size needle should be used to perform a needle pleural decompression? (See procedure manual)
- Gauge: _____ Length: _____
45. What is the approved site to perform a needle pleural decompression in the NWC EMSS?
- A. 2nd-3rd intercostal space in the midclavicular line
 - B. 4th-5th intercostal space in the anterior axillary line
46. A conscious and alert driver was injured in a lateral impact MVC and is c/o dyspnea and severe pleuritic chest pain. Lung sounds are equal bilaterally and a left lateral rib segment (T4-T6) moves paradoxically to the rest of the chest. Pulse is rapid at the radials; respirations are rapid and labored with adequate effort. RA SpO₂: 85%. Which of these is indicated first?
- A. C-PAP at 5 -10 cm PEEP
 - B. Fentanyl IVP and IVF challenges
 - C. Splint ribs with an ACE wrap around the chest
 - D. Drug assisted intubation and positive pressure ventilations
47. What are the options that can be used to convert an open to a closed pneumothorax?
- Gloved hand, vented/channeled commercial device; defib pad
-
48. Which of these is indicated for a patient who presents with muffled heart tones, JVD, and a BP of 60/30 following a small penetrating chest wound to the left of the sternum?
- A. Pericardiocentesis
 - B. Norepinephrine drip at 8 mcg/min
 - C. NS IV WO while enroute to achieve a SBP of 80
 - D. Withhold all IV fluids to prevent rapid exsanguination
49. A conscious & alert adult was kicked in the anterior chest by a horse and is c/o of severe midline precordial chest pain (9/10). Ventilations are unlabored at a normal rate; breath sounds are clear and equal bilaterally; heart sounds good S1 and S2. Radial and femoral pulses are equal, rapid and irregular; ECG ST w/ PVCs; SpO₂ 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, no difficulty swallowing, or variation in BP between the arms. What injury should be suspected?
- A. Flail sternum
 - B. Avulsed aorta
 - C. Blunt cardiac injury
 - D. Cardiac tamponade

EYE EMERGENCIES (See also procedure manual)

50. An adult present with profuse tearing, severe eye pain, redness and spasm of the eye lid after a blow to the eye with no evidence of globe penetration. What intervention is indicated?
-
51. Besides a topical anesthetic, which of these is indicated for a pt who splashed lye into their eyes?
- A. Instill a mild acid solution into the injured eye
 - B. Irrigate manually with NS on scene and continuously to the hospital
 - C. Irrigate the eye with 1 amp of sodium bicarbonate via a Morgan lens
 - D. Irrigate with 1 L NS run through a nasal cannula placed over the bridge of the nose, patch both eyes

52. A patient presents following a fight with a partially avulsed eyelid and an extremely painful eye. On inspection, a jelly-like substance is seen oozing out of the eye. The white of the eye is extremely red and swollen; there is blood in the anterior chamber (hyphema) and the pupil has a tear drop shape. Based on this presentation, what intervention is indicated?
- A. Wipe away the jelly-like substance and irrigate the eye to remove contaminants
 - B. Instill tetracaine so the eye can be more effectively examined
 - C. Lay flat and apply a pressure patch to the affected eye
 - D. Cover injured eye with a protective shield or paper cup
53. Which of these is indicated if a patient with ocular trauma and possible increased intraocular pressure has severe pain that is unrelieved by a topical analgesic?
- A. Fentanyl
 - B. Ketamine

FACIAL TRAUMA

54. How should a paramedic treat an epistaxis (nose bleed) without any suspicion of CSF leak?
- A. Pinch over the bridge of the nose for 2 minutes
 - B. Bilateral digital pressure to nostrils just below the nasal bones
 - C. Insert Celox gauze into each nostril to tamponade the bleeding
 - D. Position the patient supine and place an ice bag over the back of the neck
55. What is the preferred method to transport an avulsed tooth in a patient with altered mental status?
- A. In milk or saline
 - B. In a dry sterile 4X4
 - C. In a cup of tap water
 - D. Between the patient's cheek and gums
56. Which of these is contraindicated if a patient presents with the inability to close their jaw, malocclusion, and a hematoma under the tongue?
- A. Chin lift
 - B. Suction pm; ondansetron standard dose
 - C. IV access; NS TKO; cold packs over injury site
 - D. Allow pt to assume position that allows for patent airway

HEAD TRAUMA

57. Under what circumstances may a patient with severe head trauma require an advanced airway?
-
58. When ventilating a patient with TBI without impending herniation syndrome, at what range must the ETCO_2 be maintained?
-
59. Which of these is an EMS intervention indicated for a patient with persistent severe venous bleeding from a large scalp laceration with possible unstable fracture in the temporal area?
- A. Pack the wound with hemostatic gauze
 - B. Try to find the bleeding vessel and apply an IT clamp
 - C. Irrigate the wound with NS, apply Dermabond and a cold pack
 - D. Compress over temporal arterial pressure points and elevate the patient's head
60. An adult sustained blunt trauma to the head and abdomen in an MVC. GCS: eyes open to pressure; verbal response is confused; motor response localizes pressure. Skin is pale, cool, and moist. Pupils are midpoint and reactive to light. VS: BP 100/76; P 110; ECG SR; R 20; lungs clear; SpO_2 94%; ETCO_2 31. Abdominal exam reveals generalized guarding and rigidity. Which of these is indicated?
- A. Norepinephrine drip to achieve SBP 130
 - B. IV NS run TKO as SBP already exceeds targets
 - C. Rapid transport with IV deferred to the trauma center for a central line
 - D. NS IVF boluses (200 mL increments up to 1 L); target SBP 110-120 (MAP 85-90)

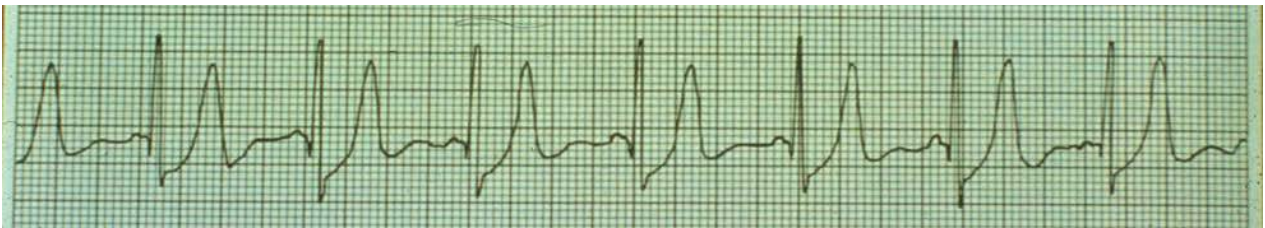
61. When establishing patient reliability for a neuro exam, what factors must be **present**?
-
-
62. What factors must **NOT** be present?
-
-
63. What are the early S&S of deterioration following traumatic brain injury?
-
64. What ongoing assessments should be noted regarding pupils?
-
65. An adult has a closed head injury. The patient initially presented with a GCS of 8 that has fallen to 3. Airway is patent. VS: BP 210/110; P 48; R 12 and irregular; SpO₂ 96%; capnography 45. Pupils are unequal (L>R); L is nonreactive. There is a motor deficit of the right arm. Which of these is indicated?
- A. DAI with ketamine to sedate
 - B. Elevate head of stretcher 45°
 - C. Midazolam IVP to prevent seizures
 - D. Seek OLMC order to hyperventilate 17-20 BPM (ETCO₂ of 30-35)
66. Is atropine indicated for the bradycardia that accompanies a spike in ICP? YES / NO
67. Which of these is one of the earliest, specific, and defining signs that a patient has sustained an *anterior* basilar skull fracture that a paramedic could observe in the field?
- A. Bruising over the mastoid process
 - B. CSF leaking from the ear
 - C. Hearing deficit
 - D. Telecanthus
68. What should be assessed to determine cognitive impairment if a patient has a possible concussion?
-
-
-
-
69. What are the red flags that indicate a severe concussion and transport to a hospital for further evaluation?
-
-
-
-

SPINE TRAUMA

70. For pts found ambulatory at the scene with no neuro deficit, what is the standard of care if spine motion restriction is indicated during transport after manual stabilization of the head and neck in an eyes forward position, application of an appropriately sized cervical collar (unless contraindicated); and axial alignment of the head and torso?
- A. Standing backboard technique
 - B. Allow patient to sit up on cot with c-collar alone
 - C. Supine directly on cot w/ lateral head movement limited by tape or commercial device
 - D. Secured to a padded long spine board or scoop stretcher using a device to limit lateral head movement

71. An adult presents with paralysis of all four extremities following a fall from a roof. His head is slightly cocked to the left and he cannot move it back to midline. Airway is patent. Skin is warm, flushed, and dry from the shoulders down. VS: BP 82/54; P 48 (SB); R 20; SpO₂ 97%; capnography 31 w/ square waveform; GCS 15; wt: 180 lbs. Which of these is indicated *first*?
- A. Intubate to take over ventilations
 - B. Apply slight traction to head and neck to realign head
 - C. Place on scoop stretcher w/o securing head and neck to prevent further injury
 - D. NS IVF challenges in 200 mL increments up to 1 L to achieve SBP \geq 90 (MAP \geq 65)
72. If the patient's hemodynamic status remains unchanged after the above intervention, what is indicated next?
-
73. If the above intervention does not achieve a SBP \geq 90, what should be given next?
-
74. If a patient is wearing a form-fitting helmet, the airway is accessible, and the patient experiences paresthesias or neck pain during removal attempts; should the helmet be left in place or removed prior to transport?
- A. Left in place
 - B. Removed

MUSCULO-SKELETAL Trauma

75. If a patient is complaining of severe back pain from and muscle spasms, what can be given to help reduce the muscle spasm?
-
76. Name the replantation center in Region 9 where patients with amputations above the wrist or ankle should be transported:
-
77. How should the IV be run on a patient who has had compression of a muscle mass for 4 hours or more prior to compression release?
-
78. An adult's legs, abdomen and chest have been compressed in a trench cave-in for 6 hours. O₂ 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
79. How should a limb be positioned if compartment syndrome is suspected? Elevated / Below the heart
80. 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. Place supine with legs extended in Trendelenburg's position for 15 min
 - C. Massage cramped muscles to release toxins and run IV NS WO up to 2 L
 - D. Encourage pt to walk slowly around ambulance to wash potassium out of muscles

MULTIPLE PATIENT INCIDENTS

81. When does a small scale multiple patient incident exist?

82. What triage category should be assigned to a patient who is awake and can follow commands with a radial pulse, RR < 30, but cannot walk?

- A. Red
- B. Yellow
- C. Green
- D. Deceased

83. How many patients of any triage color category may be taken to each surrounding hospital from a multiple patient incident without seeking approval from the receiving hospital? _____

84. Who should on-scene personnel contact in a small scale MCI to coordinate the remaining patient distribution when the # of ill or injured patients exceeds the transport of the initial patients to the nearest hospitals?

- A. Closest System Resource or Associate Hospital
- B. Resource hospital only
- C. Closest hospital (could be in another EMS System)

85. Are EMS personnel required to contact the receiving hospital with an OLMC report when transporting patients from a small scale multiple patient incident? A. Yes B. No

86. Is a complete electronic PCR required for each pt transported during a medium or large scale incident?

- A. Yes
- B. No

87. When does a medium to large scale multiple patient incident exist?

88. Which of these patients should be transported **first** based on START triage?

- A. Can't walk; RR 20; radial pulse present
- B. No respirations after opening the airway
- C. Can walk; multiple lacerations with controlled bleeding
- D. Can't walk; cannot follow commands; radial pulse absent; carotid pulse present

89. Who should on-scene personnel contact to coordinate patient distribution in a medium to large scale multiple patient incident?

- A. Closest System Resource or Associate Hospital
- B. Resource hospital only
- C. Closest hospital (could be in another EMS System)

90. Which of these should be considered when determining the hospital destination for victims of a mass casualty?

- A. Trauma triage criteria: Level I or II
- B. Pt acuity based on secondary triage
- C. Family relationships – send relatives to same hospital
- D. Hospital distance; do not use hospitals > 30 min away

91. Is an OLMC report to the receiving hospital required when transporting patients from a medium to large scale multiple patient incident?
- A. Yes B. No
92. Is it necessary to complete an electronic patient care report for each patient transported?
- A. Yes B. No

CHEMICAL AGENTS

93. How much atropine and 2 PAM should be given to an adult with suspected Sarin gas exposure that presents with coma, cyanosis, and seizures?
-

CHEMPACK

94. What info must be provided to the Resource Hospital to request Chempack asset deployment to the scene?
-
-
-
-
-
-

95. How do CHECKPACK assets get to the scene? _____

ACTIVE ASSAILANTS

96. Which of these is true if assigned to a Rescue Task Force (RTF) team during an evolving active shooter event? RTF teams...
- A. must be fully be equipped with body armor and handguns to provide self-protection.
- B. deploy simultaneously with law enforcement as they enter the hot zone to neutralize the assailant.
- C. are to stop bleeding; cover chest wounds, open airways manually and search for casualties until all are found in the warm zone.
- D. are released to independently determine the safest path of travel for entry and to search for patients after law enforcement has swept the area.

BIOLOGIC AGENTS

97. If a patient is coughing after exposure to a biological agent, what type of mask should be worn by rescuers?
-

ABUSE/NEGLECT: DOMESTIC, SEXUAL, ELDER

98. By State law, what is a paramedic mandated to give suspected adult victims of abuse?
-

99. What is the minimum age for which EMS personnel must report possible elder abuse? _____
- What hot line number should EMS personnel call if they suspect an elderly patient has been abused?
-

TRAUMA IN PREGNANCY

100. In what position should a pregnant patient who sustained trauma with a gestational age > 20 weeks be transported?
-