

<b>Northwest Community EMS System</b> <b>February 2025 CE: EB Trauma Guidelines   Head &amp; Spine Trauma</b> <b>Credit Questions UNKEYED</b>				
Name (Print):		EMS Agency:		
EMS Educator:				
Date submitted	Score:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	<input type="checkbox"/> Incomplete <input type="checkbox"/> Incorrect answers	Date returned w/ feedback
Resubmission received:	Score:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	<input type="checkbox"/> Incomplete <input type="checkbox"/> Incorrect answers	Date returned w/ feedback:
# CE Hours awarded:		Date		

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

**Sources of information/ answers**

Use the February CE PowerPoint presentation in PDF, NWCEMSS SOPS and Policy Manual.

1. In reviewing November CE content, EMS arrives on scene of an auto vs pedestrian. What criteria must be met for EMS to consider contacting OLMC for immediate pronouncement? (Cardiac Arrest in Trauma SOP)  
\_\_\_\_\_
2. List four or the injuries/ presentations incompatible with life “triple zero” (Withholding or withdrawing EMS Care SOP)?  
 1. \_\_\_\_\_ 3. \_\_\_\_\_  
 2. \_\_\_\_\_ 4. \_\_\_\_\_
3. While interacting with police on a potential crime scene, if the scene must be altered for purposes of aiding the patient, what must be done? (P3 Policy) \_\_\_\_\_
4. Select the correct answer(s). How does a licensed practitioner in IL know when it’s time to renew their license?  
 A. Their employer tells them.  
 B. IDPH sends a renewal notice in the mail.  
 C. The renewal date is verified each time they log into *ImageTrend* (if applicable).  
 D. It is the responsibility of the practioner to keep track of their own license expiration.
5. Fill in the blank. Per the recent IDPH health alert regarding norovirus. You can still spread the norovirus for \_\_\_\_\_ or more after you feel better.
6. Per System Memo #436, what forms are no longer requested or accepted by DCFS? \_\_\_\_\_
7. True or False (circle/ highlight correct answer). EMS is no longer required to contact DCFS to report or suspected child abuse or neglect.
8. What 2 new pieces of equipment have been recently approved by R & D committee?  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_
9. Fill in the blanks  
 The 3<sup>rd</sup> edition of the Prehospital guidelines for management of TBI identified \_\_\_\_\_ people worldwide sustain TBI’s annually. \_\_\_\_\_ of severe TBI’s occur in children.
10. Following the primary injury, secondary insult can occur. What “H’s” are EMS trying to prevent?  
 \_\_\_\_\_

11. What does the current evidence suggest in regards to the thresholds for oxygenation and or blood pressures in trauma patients?  
\_\_\_\_\_
12. What is the recommendation for EMS then in relation to the answer to question #11?  
\_\_\_\_\_
13. Complete the following based on the how the **TBI Prehospital guidelines define** these areas.
- |                    |       |
|--------------------|-------|
| Hypoxia            | _____ |
| Hyperventilation   | _____ |
| Adult Hypotension  | _____ |
| Adult Hypertension | _____ |
14. How does EMS define pediatric hypotension? \_\_\_\_\_
15. For head injured patients, what is the target SBP? \_\_\_\_\_
16. Why should hypotension be avoided in TBI patients? \_\_\_\_\_
17. What are the 3 H-Bombs identified by the EPIC study that EMS looks to prevent?  
\_\_\_\_\_
18. How can EMS prevent/ treat hypoxia?
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
19. How can EMS prevent hypotension?
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
20. In addition to preventing Hypoxia, Hypotension, and Hyperventilation... What was the remaining "H" mentioned in trauma care that is extremely important to prevent? \_\_\_\_\_
21. What are some predictors of hypothermia EMS should consider?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
22. How can EMS prevent/ treat hypothermia?
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_

23. Hyperthermia is frequently seen in patients following a TBI. Studies suggest it may likely be due to:
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
24. Do pupils matter in the trauma assessment? \_\_\_\_\_ Explain: \_\_\_\_\_
25. Per the guideline recommendations, when should pupils be assessed?
26. In the NAEMSP document it specifically notes that Ketamine may be especially useful for trauma patients under what circumstances? \_\_\_\_\_
27. In the Journal of Trauma and Injury Ketamine administration for TBI patients was analyzed. What conclusion did it come to? \_\_\_\_\_
28. What are the leading mechanisms of spinal cord injuries? \_\_\_\_\_
29. While referencing spinal cord injury statistics what is the most common injury in older adults? \_\_\_\_\_ Why? \_\_\_\_\_
30. What are the spine motion restriction indications following blunt trauma?
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
31. What is the MAP goal in adults with spinal cord trauma and or neurogenic shock? \_\_\_\_\_
32. For Case Study #1 list 4 abnormalities to their vital signs?
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
33. Do any of the abnormal vitals signs meet the criteria for transport to a Level 1 TC and if so, which one (s)? \_\_\_\_\_
34. What is a potential cause for a decreased EtCO<sub>2</sub>, especially in trauma patient? \_\_\_\_\_
35. For Case Study #2, what are the immediate tasks EMS must do/ assess?
- TBI ITC for Moderate to severe injury include: Continuous SpO<sub>2</sub> and EtCO<sub>2</sub> monitoring; prevent/ correct hypoxia and hypoventilation ASAP. DO NOT OVERVENTILATE: Assist/ ventilate at 10 BPM prn.
36. What is the goal for EtCO<sub>2</sub> to be maintained at? \_\_\_\_\_
37. What is the target SBP? \_\_\_\_\_
38. ITC special considerations for ICP include maintaining what specific body position? \_\_\_\_\_

39. What are signs and symptoms of brain shift?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

40. Under Spinal cord ITC it states if airway compromise | RR/ depth diminishes | ventilatory failure is imminent/ present, prepare for ADV airway w/ in-line stabilization and /or ventilatory support. **How can this be achieved?** \_\_\_\_\_