Northwest Community EMS System
October 2026 CE: Acute Abdomen & Renal Emergencies
Credit Questions

Name (Print):		EMS Agency:		
EMS Educator:				
Date submitted	Score:	☐ Acceptable ☐ Not acceptable	☐ Incomplete ☐ Incorrect answers	Date returned w/ feedback
Resubmission received:	Score:	☐ Acceptable ☐ Not acceptable	☐ Incomplete ☐ 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

October 2026 CE PowerPoint PDF, NWCEMSS SOPs, and NWC EMSS Procedure Manual.

1. **What percentage of all EMS encounters involve abdominal pain as a chief complaint?**
   - **A.** 16 – 19%
   - **B.** 4 – 5%
   - **C.** 27 – 30%
   - **D.** 7 – 10%

2. **For a patient that EMS suspects has an Abdominal Aortic Aneurysm (AAA), what must SBP be less than to administer a fluid bolus?**
   - **A.** SBP < 90
   - **B.** SBP < 80
   - **C.** SBP < 100
   - **D.** SBP < 70

3. **Majority of this organ is located in the right upper quadrant, with a small portion situated in the left upper quadrant.** _____

4. **List the 4 types of abdominal pain discussed in the CE:**

   _____

   _____

5. **Inflammation or irritation in the gallbladder can result in referred pain in which body part?**
   - **A.** Lower back
   - **B.** Lower abdomen
   - **C.** Shoulder
   - **D.** Jaw

6. **Colicky pain is described as waxing/waning. It is intense and severe that builds rapidly, the subsides. It occurs with hollow-organ obstruction like kidney stones or gallstones. True / False**

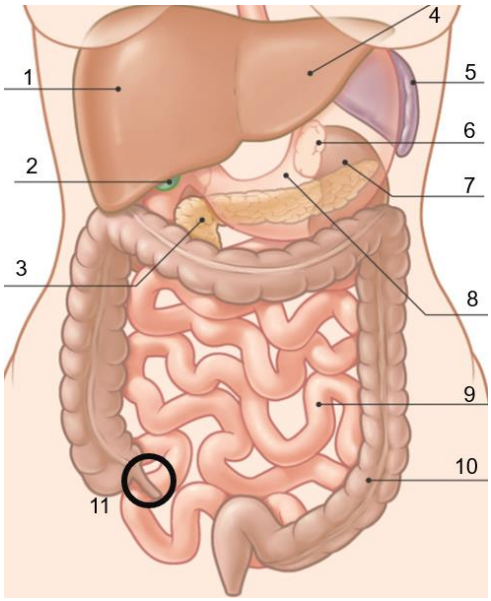
7. **This condition is described as "inflammation of the liver."** _____

8. **Which of the following is NOT a sign of an acute abdomen?**
   - **A.** Mild cramping, no distention
   - **B.** Severe or worsening pain
   - **C.** GI bleeding, fever or shock
   - **D.** Guarding, rigidity, rebound tenderness

9. **The following are components of an abdominal exam: palpate, inspect, auscultate. List them in the correct order to perform an appropriate abdominal exam.**

   _____

10. Utilizing the following diagram, label each organ within the abdominal cavity.



1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____

11. **Which of the following are symptoms of an UPPER GI bleed (more than one answer)?**
    - **A.** Black, sticky, tarry stool
    - **B.** Bright red bloody stool
    - **C.** Bright red bloody vomit

12. **I am a 65-year-old female. 4 days ago, I had hernia surgery. I have not had a bowel movement since my surgery. I have intense abdominal pain and it appears distended and hard. I have been vomiting for the last day and a half. BP = 70/42, HR = 140, RR = 20, SpO2 = 91% RA. What is the most appropriate treatment?**
    - **A.** Oxygen, Zofran, Sodium Bicarb 50 mEq
    - **B.** Adenosine 6mg rapid IVP, followed by 20cc flush
    - **C.** Fentanyl, oxygen, Zofran
    - **D.** IV fluid bolus challenges to obtain SBP < 90, Zofran for N/V, oxygen

13 – 17**: Match the condition with its description:**

A. Diverticulitis B. Pancreatitis C. Appendicitis D. Cholecystitis E. Bowel obstruction

_____ Cramping or colicky abdominal pain, distention with N/V, reduced or absent stool/flatus

_____ Typically LLQ pain/tenderness, fever w/change in bowel pattern, small pouch in wall of intestines inflamed

_____ Severe epigastric or LUQ pain, often radiates to the back, N/V diaphoresis, tachycardia

_____ RUQ or epigastric pain, may radiate to right shoulder, often follows a fatty meal

_____ Pain begins near umbilicus and migrates to RLQ, increasing pain, worse with movement, N/V, low-grade fever, patients may lie still with knees flexed for position of comfort.

18. **This organ is located in the left upper quadrant. It is highly vascular and susceptible to major bleeding from trauma. What organ is it?**

A. Adrenal gland
B. Spleen
C. Large intestine
D. Pancreas

19. **List four risk factors for a AAA that are identified in the class material.**

_____

_____

20. **Which of the following is NOT a risk factor for GI bleeding?**

A. recent GI surgery
B. history of peptic ulcers
C. taking Atenolol for BP
D. taking Warfarin for A-fib

21. **A 44/M has been having abdominal pain for about a day. It started as dull umbilical pain, but over the past few hours has grown to sharp, lower right-side pain. He started vomiting an hour ago and developed a slight fever. What is the likely culprit?**

A. Diverticulitis
B. Appendicitis
C. Esophageal varices
D. Cholecystitis

22. **Why is it important that EMS NOT take a blood pressure on the arm of dialysis patient where their fistula or graft is placed?**

A. The blood pressure will read higher in the arm with fistula/graft
B. The blood pressure cuff decreases flow to the fistula/graft, making it more prone to clotting
C. It is more painful for the patient to obtain a BP in the arm that has their dialysis port
D. The blood pressure will read lower in the arm with the fistula/graft

23. **This organ releases enzymes that aid in food digestion, as well as regulating blood glucose levels. When inflamed, it can cause severe epigastric pain. _____**

24. **True /False: A patient with a AAA will always present with a pulsating mass in their abdomen?**

25. **Your patient is a 52-year-old female, just had steak for dinner and is complaining of pain in her upper right abdomen. It comes and goes, but it is 10/10 when it is present. What is the most likely cause?**
    - **A.** Appendicitis
    - **B.** Kidney stones
    - **C.** Gallstones
    - **D.** Renal failure

28. **What is the definition of renal failure?**

    _____

    _____

29. **What does dialysis do?**

    _____

30. **How much fluid is typically removed during a dialysis session?**
    - **A.** 6 - 8 liters
    - **B.** 1 - 2 liters
    - **C.** 8 - 10 liters
    - **D.** 2- 4 liters

31. **Your patient is a 79-year-old female, hx of renal failure, HTN, diabetes and high cholesterol. She missed her most recent dialysis appt because she was sick. She is weak and nauseous, with some dyspnea and chest tightness. What are you suspicious of?**
    - **A.** Hyperkalemia
    - **B.** Allergic reaction
    - **C.** Beta blocker toxicity
    - **D.** Hypermagnesemia

32. **How can you confirm your suspicions in the previous scenario?**
    - **A.** Assess blood glucose – it will read HIGH on the monitors
    - **B.** Check her vitals – BP will be extremely high
    - **C.** Assess her cardiac status – bradycardia, peaked T waves or widening QRS
    - **D.** Skin parameters, she will likely be jaundice and diaphoretic

33. **Unfortunately, no one on your crew is able to obtain vascular access for the above patient. What medication should be administered once you've confirmed your patient is hyperkalemic?**
    - **A.** Sodium Bicarb 50mEq IVP over 5 min
    - **B.** Albuterol 5 mg continuous neb up to 20 mg throughout transport
    - **C.** Magnesium Sulfate 2g over 10 min

34. **Why are ovarian torsion and testicular torsion time-sensitive emergencies?**

    A. The “twisting” of the tissue puts them at high risk for blood clots
    B. Reduces or completely cuts off blood supply to that tissue. Time to OR determines organ salvage
    C. Associated nausea and vomiting put them at high risk for severe dehydration
    D. These patients are extremely hypotensive and present in shock

38. **Pelvic Inflammatory Disease (PID) is an infection and inflammation of the upper female reproductive tract, including the uterus, fallopian tubes, and sometimes the ovaries. Select ALL the following that are symptoms.**

    A. Itching in the pubic area
    B. Foul-smelling vaginal discharge
    C. Lower abdominal/pelvic pain
    D. Painful urination

39. **Your patient is a 27-year-old female, she thinks she is 7 weeks pregnant. She developed sudden onset, right side pelvic pain. She’s also experiencing pain in her right shoulder, appears pale, and states she’s slightly dizzy. Your main suspicion at this point is:**

    A. Ectopic pregnancy
    B. Irregular menses
    C. Upper GI bleed
    D. Pancreatitis

40. **EMS is called for a possible overdose. On scene is a 22-year-old male, GCS 10, BP = 110/60, HR =80, RR = 6, SpO2 = 95% room air. Drug paraphernalia is nearby. Family believes he is addicted to heroin. What is indicated for this patient?**

    A. Supportive care only
    B. Narcan 2mg, IN/IM/IV/IO
    C. Narcan 1 mg, IN/IM/IV/IO
    D. Narcan 0.4mg, IN/IM/IV/IO