Northwest Community EMS System APRIL 2025 CE: OneDose | Trauma Case Studies 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

Use the April CE PowerPoint presentation in PDF, Case Studies Class Handout, & NWCEMSS SOPS.

The first part of CE class was the rollout and training videos for the new NWCEMSS SOP App. Click on the hyperlink which will take you the EMS Website site and watch the following videos. Initial after the competition of each one assigned as verification. See your provider coordinator or hospital coordinator to receive your agency login and password if app has not been downloaded on your device yet.

Hinckley Medical — Northwest Community EMS System

1. Welcome Video _____
2. Account creation _____
3. Basic navigation _____
4. Pediatric Allergic Reaction _____
5. Review case study #1. The hospital follow-up reveals the patient was not having a stroke but rather an aortic dissection. Knowing this after the fact, what signs or symptoms support this diagnosis?

   _____
6. Why does EMS assess blood pressures in both arms under IMC special considerations of a possible aortic dissection?

   _____
7. What is the recommended body position for a patient EMS suspects is experiencing an aortic dissection?

   _____
8. What signs and symptoms suggest an abdominal aortic dissection have affected the lower extremities?
   1. _____
   2. _____
   3. _____

9. Review Case Study #2. Complete the head-to-toe assessment below and describe the abnormal findings and what the could indicate?

   HEAD: _____

   FACE: _____

   Shoulders/CHEST: _____

   ABDOMEN: _____

   Skin: _____

10. Besides skin parameters, were there any additional signs indicating the potential for internal bleeding or decrease in perfusion? _____

11. List 3 options EMS has to cover an open pneumothorax

    1. _____
    2. _____
    3. _____

12. What size needle is required to perform a pleural needle decompression on an adult? _____

    What size needle for child under 12 years of age? _____

Answer the following T/F questions based on the NAEMSPs position on Traumatic Pneumothorax care

13. True or False (circle/ highlight correct answer). PND is only recommended when a pneumothorax is under tension.
14. True or False (circle/ highlight correct answer). Bilateral pleural needle decompressions are recommended in OHCA (Out of hospital cardiac arrest).
15. True or False (circle/ highlight correct answer). In patients with receiving PPV for open pneumothoraxes chest seals may harmful *(not referring to vented chest seals FYI)*
16. What is the #1 priority during Initial Trauma Care? _____
17. What are 3 things EMS should monitor during initial trauma care?

    1. _____
    2. _____
    3. _____

18. What is the goal for vascular access with trauma patients requiring fluid resuscitation? _____
19. What is the **type & amount** of fluids should be administered? _____
20. What IO considerations regarding patients with potential pelvic injuries? _____

    _____

Answer the following questions #30-33 based on Handtevy's summary on Fluid Resuscitation in Trauma

21. What is the goal of permissive hypotension? _____
22. What injury is permissive hypotension not recommended? _____
23. What is the goal for SBP in TBI and spinal cord injuries? _____
24. What are the 2 recommendations made regarding IV fluid administration?

    1. _____
    2. _____

The following questions #34-37 are in relation to Case Study #3 in the class handout

25. List 5 signs & symptoms in addition to the low b.p. that suggest the patient is in hypovolemic shock
    1. _____
    2. _____
    3. _____
    4. _____
    5. _____
26. Was atropine a correct order and WHY? _____
27. If OLMC gives an order that is contradictory of EMS protocol what is the first thing EMS should do *(note this is not in the presentation but rather a check for understanding overall)*? _____
28. Later it was confirmed patient was taking beta blockers. What in the patient's presentation reflects this (note this is not in presentation but rather a check for understanding of pharmacology)? _____

29-35. Fill in the blank sections of the Shock Differential Chart

HYPOVOLEMIC SHOCK: Associated with internal or external bleeding/volume loss (ATLS)				
S&S progressive	**Compensated**		**Uncompensated (Progressive)**	
	I	**II**	**III**	**IV**
Blood loss	Up to 15% (750 mL)	15-30% (750-1500 mL)	30-40% (1500-2000 mL)	40-50% (> 2000 mL)
Mental status	WNL-mild anxiety		Restless, confused, agitated	
Skin	Pale	Pale, diaphoretic		Pale, diaphoretic, cold
HR	WNL, slight increase	100-120	> 120	(> 140) Variable
		(unless elderly, paced rhythm, or on Ca/beta blockers/digitalis)		
RR	WNL	20-30	30-40	
Pulse pressure	WNL	Narrowed		Narrowed (10 mmHg)
SBP	WNL		< 100	

Complete the bleeding control algorithm for life threatening hemorrhage.

36. Once scene safety, locating the source of the bleeding, and gloves are applied, what is the next step?
    _____
37. What is the next step if bleeding is coming from an extremity wound and is bleeding is yet to be controlled?
    _____
38. What is the next step if bleeding has continued to a wound to the neck, shoulder, or groin?
    _____
39. How many tourniquets were applied in the NWCEMS System in the past year? _____
40. Where do trauma patients with tourniquets applied get transported to? _____