## Northwest Community EMS System August 2025 CE: Pediatrics & JumpSTART Credit Questions

| Name (Print):   |                          |                      | EMS Agency     | :                                |                            |
|---|--------------------------|----------------------|----------------|----------------------------------|----------------------------|
| EMS Educator:   |                          |                      |                |                                  |                            |
| Date submitted  | Score:                   | Acceptable Not accep |                | ☐ Incomplete☐ Incorrect answers  | Date returned w/ feedback  |
| Resubmission received:  | Score:                   | Acceptabl            |                | ☐ Incomplete ☐ Incorrect answers | Date returned w/ feedback: |
| # CE Hours awarded:   |                          |                      | Date           |                                  |                            |
| This packet show  | uld take 2 hours to co   | mplete – whic        | h earns the e  | quivalent of the 2-hour liv      | e CE class.                |
| Sources of information  | Janewore                 |                      |                |                                  |                            |
|   |                          | Ps NWC FMS           | S Procedure    | Manual and the case stu          | dy handouts in class       |
| with that is MOST indices  A. Tachycardia B. Diffuse hives C. Tachypnea D. Diffuse wheezing | eative of an allergic re | action?              |                | year-old. What symptom           |                            |
| A. Albuterol/lpratro B. Epi 1mg/10mL C. Ondansetron D. Diphenhydramin                       | ppium via HHN            | use wheezing.        | . Which inter  | vention is appropriate to tr     | eat this?                  |
| Per SOP, list 3 symptor reaction:   | ms in each body syste    | m that a patier      | nt might prese | ent with if they were having     | g a SYSTEMIC allergic      |
| Skin/Mucosal tissue   | s:                       |                      |                |                                  |                            |
|   |                          |                      |                |                                  |                            |
| Respiratory:  |                          |                      |                |                                  |                            |
|   |                          |                      | _              |                                  |                            |

- 5. In simulation #2, the patient is actively seizing upon EMS arrival. Given her weight of 30kg, what is the intranasal dose of Midazolam that should be administered (refer to SOP drug appendix and/or OneDose app for accurate dosing info).
  - A. 6mg IN

1.

2.

3.

4.

- B. 4 mg IN
- C. 2 mg IN
- D. 3 mg IN

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|   |                      |   | t that is given a s |                  |                | _   |
|---|----------------------|---|---------------------|------------------|----------------|-----|
| simulation #2, once the<br>ucose and finds it to be 4                   |                      |   |                     |                  |                | che |
| A. Administer dextrose  | 10% 0.5g/kg = 15g    | g   |                     |                  |                |     |
| <ul><li>B. Administer glucagon</li><li>C. Administer dextrose</li></ul> |                      | Ea  |                     |                  |                |     |
| D. Administer 15g of ora  |                      | .og   |                     |                  |                |     |
| st 3 reasons children are   | nore at risk during  | g a multiple pa   | tient event or disa | aster:           |                | _   |
| st 3 physical or physiolog  | ic differences in th |   |                     |                  |                | -   |
|   |                      |   |                     |                  | _              |     |
|   |                      |   |                     |                  | _              |     |
| -   |                      |   |                     |                  | <u> </u>       |     |
|   |                      |   |                     |                  |                |     |
|   |                      |   |                     |                  | _              |     |
|   |                      |   |                     |                  | an adults are: |     |
| Give 4 reasons kids are su  | sceptible to being   | g ill or injured  | from an exposure    | e perspective th | an adults are: | -   |
| Sive 4 reasons kids are su  | sceptible to being   | g ill or injured<br>c.                                  | from an exposure    | e perspective th |                |     |
| Give 4 reasons kids are su  | sceptible to being   | g ill or injured<br>c.<br>d.                            | from an exposure    | e perspective th |                |     |
| From a trauma standpoin   | sceptible to being   | g ill or injured c d. ds are more s                     | from an exposure    | e perspective th |                |     |
| Give 4 reasons kids are su  | sceptible to being   | g ill or injured c d. ds are more s                     | from an exposure    | e perspective th |                |     |
| From a trauma standpoin   | sceptible to being   | g ill or injured c. d. ds are more s                    | from an exposure    | e perspective th |                |     |
| From a trauma standpoin   | sceptible to being   | g ill or injured c d. ds are more s                     | from an exposure    | e perspective th |                |     |
| From a trauma standpoin   | sceptible to being   | g ill or injured c d. ds are more s                     | from an exposure    | e perspective th |                |     |
| From a trauma standpoin a.  c.  | sceptible to being   | g ill or injured c d. ds are more s                     | from an exposure    | e perspective th |                |     |
| From a trauma standpoin a.  c.  dist 4 developmental diffe              | sceptible to being   | g ill or injured  c.  d.  ds are more s                 | from an exposure    | e perspective th |                |     |
| From a trauma standpoin a.  c.  List 4 developmental diffe a.           | sceptible to being   | g ill or injured  c.  d.  ds are more s  ids and adults | from an exposure    | e perspective th |                |     |
| From a trauma standpoin a.  b.  c.  List 4 developmental diffe          | sceptible to being   | g ill or injured c. d. ds are more s                    | from an exposure    | e perspective th |                |     |

- 13
  - a. Normal levels of EMS care unachievable
  - b. Resources available within 15 min are insufficient to provide normal levels of care
  - c. Patient care reports are mandatory
  - d. Triage tags are mandatory

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a. Tag as Immediateb. Tag as Deceasedc. Check for a palpable pulsed. Give 5 rescue breaths

| 14.   | Which of t                 | hese is NOT a roll triage plays in a medium to large scale incident?  |
|-------|----------------------------|---|
|       | a.<br>b.                   | Focuses on assisting the greatest number of patients Provides framework for prioritizing care   |
|       |                            | Allows EMS to be objective Allows for a detailed assessment of all injuries   |
| 15.   | What is the                | e difference between primary and secondary triage?  |
| 16. \ | What does t                | he START acronym stand for?   |
| 17.   | What does                  | the SALT acronym stand for?   |
| 18. \ | Why is Jum                 | pSTART necessary? What does it incorporate to make it more applicable for kids?   |
| 19.   | Which of the               | ne following is NOT considered a life-saving intervention to be performed in primary triage?  |
|       | a.                         | Major hemorrhage control  |
|       |                            | Opening airway Needle decompression   |
|       | d.                         | Chest seals Chest seals   |
|       | e.<br>f.                   | Splinting a fracture Antidote via autoinjector  |
| 20.   | Can capilla                | ry refill be used in children to assess perfusion status?   |
|       | a.                         | YES b. NO   |
| 21.   | What two                   | responses on the AVPU scale would require assigning the patient a red/immediate triage category?  |
|       | a.                         |   |
|       | b.<br>C.                   | Posturing to pain stimulus Unresponsive   |
|       | d.                         |   |
|       |                            | mpSTART triage, what triage category would this child be: 7-year-old male, alert, screaming, significan d, breathing 50x/min. What triage category is he? |
|       |                            | d (Immediate)   |
|       |                            | llow (Delayed)<br>een (Minor)   |
|       |                            | ack (Deceased)  |
|       | During an N<br>he next ste | MCI, EMS encounters a 4/M, unresponsive, not breathing. Airway is repositioned, still not breathing. What is p?   |

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| Pe  | diatrics & JumpSTART  |
|-----|---|
| 24. | During an MCI, EMS finds a child with uncontrolled bleeding from her arm due to a GSW. She's breathing with a pulse, AMS. First action is?  |
|     | <ul> <li>a. Tag as Delayed</li> <li>b. Apply a tourniquet to arm</li> <li>c. Tag as Immediate</li> <li>d. Carry to treatment area for immediate medical attention</li> </ul>                  |
| 25. | EMS approaches a 4/F that is unconscious. Put the triage steps in order of assessment:  |
|     | <ul> <li>(a) Patient is still apneic – check for pulse</li> <li>(b) no breathing – reposition airway</li> <li>(c) assess breathing</li> <li>(d) no pulse present – tag as deceased</li> </ul> |
|     | Correct order:  |
| 26. | During an MCI, while performing the tasks of triage, a first responder become significantly injured. What triage category should they automatically be assigned?                              |
|     | a. Red (Immediate) b. Yellow (Delayed) c. Green (Minor) d. Black (Deceased)   |
| 27. | Triage this pt.: appx 6/F, unconscious, breathing, RR 20x/min, unresponsive to verbal, but withdraws to pain response.  |
|     | a. Red (Immediate) b. Yellow (Delayed) c. Green (Minor) d. Black (Deceased)   |
| 28. | . A child in a wheelchair is carried to the minor treatment area. They should automatically be tagged green?  |
|     | a. TRUE<br>b. FALSE   |
| 29. | . In a small-scale incident, all time-sensitive patients should be transported within a min scene time?   |
|     | <ul><li>a. 10 min</li><li>b. 15 min</li><li>c. 20 min</li><li>d. 25 min</li></ul>   |
| 30. | . Are patient care reports (PCRs) optional or mandatory in a small-scale incident?  |
|     | a. Optional<br>b. Mandatory   |
| 31. | . Which of the following would NOT be considered a life-saving intervention to be performed during primary triage?  |
|     | <ul><li>a. IV fluids</li><li>b. Needle decompression</li><li>c. Apply tourniquet</li></ul>  |

32. EMS can transport 2 red patients to area hospitals without contacting OLMC during a large-scale incident?

- a. TRUE
- b. FALSE

d. Manual opening airway

## August 2025 Continuing Education Pediatrics & JumpSTART 33. Small child, broken arm, alert, answering questions appropriately... a. Red (Immediate) b. Yellow (Delayed) c. Green (Minor)

- 34. 4-year-old male, unconscious, breathing, weak palpable pulse, severe bleeding from lower abdominal wound. What is the next step?
  - a. Tag as immediate

d. Black (Deceased)

- b. Apply tourniquet
- c. Needle decompress the chest
- d. Apply hemostatic gauze/pressure dressing to abdominal wound
- 35. 10-year-old female, RR 40, palpable pulse, responds to verbal stimuli?
  - a. Red (Immediate)
  - b. Yellow (Delayed)
  - c. Green (Minor)
  - d. Black (Deceased)
- 36. Next patient: Male child, RR 0, weak radial pulse, apneic after 5 rescue breaths:
  - a. Red (Immediate)
  - b. Yellow (Delayed)
  - c. Green (Minor)
  - d. Black (Deceased)
- 37. 7/M, unresponsive. Not breathing. Reposition airway, starts breathing.
  - a. Red (Immediate)
  - b. Yellow (Delayed)
  - c. Green (Minor)
  - d. Black (Deceased)
- 38. Female child, RR 32, alert/crying, multiple small lacs to back and legs, able to walk:
  - a. Red (Immediate)
  - b. Yellow (Delayed)
  - c. Green (Minor)
  - d. Black (Deceased)
- 39. 8/F. Not breathing, reposition airway, still not breathing. No pulse. Next step?
  - a. Tag as Immediate
  - b. Give rescue breaths
  - c. Tag as deceased
  - d. Insert oral airways
- 40. Male child, RR 12, weak/thready pulse, disoriented to place/time, hematoma to forehead, facial lacs:
  - a. Red (Immediate)
  - b. Yellow (Delayed)
  - c. Green (Minor)
  - d. Black (Deceased)