## Northwest Community EMS System Entrance Exam - Trauma Blueprint and Table of Specifications 2019 SOPs

Initial Trauma Care (ITC)  Soene size up criteria  Soeneia cize up criteria  Soeneia cize up criteria  Special considerations ITC; life ihreats to be found and resuscitated in primary assessment  Sequencing/methods to achieve hemostasis: splinting pelvic fractures  Vasca. access/IVF resuscitation; timing, location, temp & volume of fluids; BP targets  GCS scoring  Revised Trauma Score criteria  Tramam Traiga and Transport Criteria  Trauma Traiga and Transport Criteria  Trauma Traiga and Transport destinations: General policy  Level I vs II Trauma Center criteria based on anatomic, physiologic criteria or MOI  Hyppovolemic / Hemorrhagic Shock  Interpreting the significance of pulse pressure and MAP changes in trauma patients  Compensated vs. noncompensated shock; stages of shock; identification / Rx hypovolemic shock  Cardiac arrest due to Trauma  3 Rx no breath sounds (one or both sides)  Location of resuscitation (on sone, vs. enroute)  Resuscitation indications/contraindications  Conducted electrical weapon: Post-TASER Care  3 ITC special considerations  Rx anxiety vs excited delirium  Rx probes  Burns  11  Tric special considerations: clothing, restrictive jewelry, cooling  Vascular access; IVF to be infused in first hour based on age/size  Assessing depth  Assex (led of 9s; Rulle of palms)  Elements of burn history to obtain  Thermal burns: Rx  Chemical burns: Nature of injury based on pH of substance, Rx  Electrical burns: Assessments: S&S  Inhalation burn: Etiology, S&S, treatment per SOP  Transport option directly to burn center  Chest Trauma  7 Tension pneumothorax: Cause, S&S, Rx  Open pneumothorax: S&S, Rx  Full chest: S&S, Rx  Fu	Questions	#
Special considerations ITC, life threats to be found and resuscitated in primary assessment Sequencing/methods to achieve hemostasis: splinting pelvic fractures Vasc. access(IVF resuscitation; triming, location, temp & volume of fluids; BP targets GCS scoring Revised Trauma Score criteria  Trauma Triage and Transport Criteria  3 Transport destinations: General policy Level I vs II Trauma Center criteria based on anatomic, physiologic criteria or MOI  Hypovolemic / Hemorrhagic Shock 3 Interpreting the significance of pulse pressure and MAP changes in trauma patients Compensated vs. noncompensated shock; stages of shock; identification / Rx hypovolemic shock  Cardiac arrest due to Trauma 3 Rx no breath sounds (one or both sides) Location of resuscitation (on scene, vs. enroute) Resuscitation indications/contraindications Conducted electrical weapon: Post-TASER Care 3 ITC special considerations Rx anxiety vs excited delirium Rx probes Burns 11 Expecial considerations: clothing, restrictive jewelry, cooling Vascular access; IVF to be infused in first hour based on age/size Assessing depth 8 BSA (Rule of 9s; Rule of palms) Elements of burn history to obtain Thermal burns: Rx Lectrical burns: Assessments; S&S Inhalation burn: Etiology, S&S, treatment per SOP Transport option directly to burn center Chest Trauma 7 Tension pneumothorax: Cause, S&S, Rx Plant chest: S&S, Rx Plant chest: S&S, Rx Flait chest: S&S, Rx Ploransor control ficerity to burn center Chest Trauma 7 Tension pneumothorax: S&S, Rx Plumonary control ficerity to pure center Chest Trauma 7 Tension pneumothorax: S&S, Rx Plumonary control ficerity to pure center Chest Trauma 7 Tension pneumothorax: S&S, Rx Plumonary control ficerity to pure center Chest Trauma 5 Tension pneumothorax: S&S, Rx Plumonary control ficerity to pure center Chest Trauma Center, sals, conjunctiva, sclera, visual acuity, pupils, EOMs) Chemical burns to the eye: Rx Terraciane: actions, indications, dose, administration steps Corneal abrasion: S&S or Rx Open globe injuries/hyphemal/mp	Initial Trauma Care (ITC)	10
Sequencing/methods to achieve hemostasis: splinting pelvic fractures Vasc. access/IVF resuscitation; timing, location, temp & volume of fluids; BP targets GCS scoring Revised Trauma Score criteria  Trauma Triage and Transport Criteria  Transport destinations: General policy Level I vs. II Trauma Center criteria based on anatomic, physiologic criteria or MOI Hypovolemic / Hemorrhagic Shock Interpreting the significance of pulse pressure and MAP changes in trauma patients Compensated vs. noncompensated shock; stages of shock; identification / Rx hypovolemic shock Cardica carest due to Trauma Rx no breath sounds (one or both sides) Location of resuscitation (on scene, vs. enroute) Resuscitation indications/contraindications Conducted electrical weapon: Post-TASER Care 3 intC special considerations Rx narkely vs excited delirium Rx probes Burns ITC special considerations: clothing, restrictive jewelry, cooling Vascular access; IVF to be infused in first hour based on age/size Assessing depth SBSA (Rule of 9s; Rule of palms) Elements of burn history to obtain Thermal burns: Rx Chemical burns: Assessments; S&S Inhalation burn: Etiology, S&S, treatment per SOP Transport option directly to burn center Chest Trauma 7 Tension pneumothorax: Cause, S&S, Rx Open pneumothorax: Cause, S&S, Rx Blunt cardiac injury; S&S, Rx Plunt cardiac injury; S&S, Rx Plunt cardiac injury; S&S, Rx Eye Emergencies Sy assessment (lids, comea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs) Chemical burns the eye: Rx Tetraciane; actions, indications, dose, administration steps Corneal abrasion: S&S or Rx Open globe injuries/hyphernal/mpaled object: S&S, Rx Open globe injuries/hyphernal/mpaled object: S&S, Rx	Scene size up criteria	
Vasc. access/IVF resuscitation; timing, location, temp & volume of fluids; BP targets GCS scoring Revised Trauma Score criteria  Trauma Triage and Transport Criteria  Tramsport destinations: General policy Level I vs II Trauma Center criteria based on anatomic, physiologic criteria or MOI  Hypovolemic / Hemorrhagic Shock 3 interpreting the significance of pulse pressure and MAP changes in trauma patients Compensated vs. noncompensated shock; stages of shock; identification / Rx hypovolemic shock Cardiac arrest due to Trauma 3 Rx no breath sounds (one or both sides) Location of resuscitation (on scene, vs. enroute) Resuscitation indications/contraindications Conducted electrical weapon: Post-TASER Care 13 iTC special considerations Rx anxiety vs excited delinium Rx probes Burns Rx probes Burns Rx probes Rx	Special considerations ITC; life threats to be found and resuscitated in primary assessment	
GCS scoring   Revised Trauma Score criteria   Trauma Triage and Transport Criteria   3   3   Transport destinations: General policy   Level I vs. II Trauma Center criteria based on anatomic, physiologic criteria or MOI   Hypovolemic / Hemorrhagic Shock   3   3   Interpreting the significance of pulse pressure and MAP changes in trauma patients   Compensated vs. noncompensated shock; stages of shock; identification / Rx hypovolemic shock   Gardiac arrest due to Trauma   3   Rx no breath sounds (one or both sides)   Coation of resuscitation (on scene, vs. enroute)   Resuscitation indications/contraindications   Conducted electrical weapon: Post-TASER Care   3   TiC special considerations   TiC special considerations   TiC special considerations   TiC special considerations: clothing, restrictive jewelry, cooling   Vascular access; IVF to be infused in first hour based on age/size   Assessing depth   Season	Sequencing/methods to achieve hemostasis: splinting pelvic fractures	
GCS scoring   Revised Trauma Score criteria   Trauma Triage and Transport Criteria   3   3   Transport destinations: General policy   Level I vs. II Trauma Center criteria based on anatomic, physiologic criteria or MOI   Hypovolemic / Hemorrhagic Shock   3   3   Interpreting the significance of pulse pressure and MAP changes in trauma patients   Compensated vs. noncompensated shock; stages of shock; identification / Rx hypovolemic shock   Gardiac arrest due to Trauma   3   Rx no breath sounds (one or both sides)   Coation of resuscitation (on scene, vs. enroute)   Resuscitation indications/contraindications   Conducted electrical weapon: Post-TASER Care   3   TiC special considerations   TiC special considerations   TiC special considerations   TiC special considerations: clothing, restrictive jewelry, cooling   Vascular access; IVF to be infused in first hour based on age/size   Assessing depth   Season	Vasc. access/IVF resuscitation; timing, location, temp & volume of fluids; BP targets	
Transport destinations: General policy Level I vs II Transpa Center criteria based on anatomic, physiologic criteria or MOI Hypovolemic / Hemorrhagic Shock Janterpreting the significance of pulse pressure and MAP changes in trauma patients Compensated vs. noncompensated shock; stages of shock; identification / Rx hypovolemic shock Cardiac arrest due to Trauma Rx no breath sounds (one or both sides) Location of resuscitation (on scene, vs. enroute) Resuscitation indications/contraindications Conducted electrical weapon: Post-TASER Care Rx anxiety vs excited delirium Rx probes Burns Rx probes Burns II TiC special considerations: Costage of 9s; Rule of palms) Elements of burn history to obtain Thermal burns: Rx Chemical burns: Nature of injury based on pH of substance, Rx Electrical burns: Nature of injury based on pH of substance, Rx Electrical burns: Assessments; S&S, Rx Electrical burns: Case, S&S, Rx Popen penumothorax: Cause, S&S, Rx Burn cardiac injury: S&S, Rx Burn cardiac injury: S&S, Rx Pulmonary contusion: S&S, Rx Eye Emergencies Eye assessment (lids, comea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs) Corneal abrass: S&S or Rx Open globe injuries/hyphema/impaled object: S&S Rx		
Transport destinations: General policy Level I vs II Trauma Center criteria based on anatomic, physiologic criteria or MOI Hypovolemic / Hemorrhagic Shock 3 Interpreting the significance of pulse pressure and MAP changes in trauma patients Compensated vs. noncompensated shock; stages of shock; identification / Rx hypovolemic shock Cardiac arrest due to Trauma 3 Rx no breath sounds (one or both sides) Location of resuscitation (on scene, vs. enroute) Resuscitation indications/contraindications Conducted electrical weapon: Post-TASER Care 3 itC special considerations Rx anxitery vs. excited delirium Rx probes Burns 11C special considerations clothing, restrictive jewelry, cooling Vascular access; IVF to be infused in first hour based on age/size Assessing depth % BSA (Rule of 9s; Rule of palms) Elements of burn history to obtain Thermal burns: Rx Chemical burns: Nature of injury based on pH of substance, Rx Electrical burns: Nature of injury based on pH of substance, Rx Electrical burns: Assessments; S&S Inhalation burn: Etiology, S&S, treatment per SOP Transport option directly to burn center Chest Traum 7 rension pneumothorax: Cause, S&S, Rx Elait chest: S&S, Rx Elait chest: S&S, Rx Elait chest: S&S, Rx Elut cardiac injury: S&S, Rx Flait chest: S&S, Rx Elut cardiac injury: S&S, Rx Fluinonary contusion: S&S, Rx Elut cardiac injury: S&S, Rx Fluinonary contusion: S&S, Rx Elut cardiac injury: S&S, Rx Elut cardiac injury: S&S, Rx Fluinonary contusion: S&S, Rx Elex Elex Elex Elex S&S, Rx Elex Elex Elex Elex Elex Elex Elex Elex	Revised Trauma Score criteria	
Level I vs II Trauma Center criteria based on anatomic, physiologic criteria or MOI Hypovolemic / Hemorrhagic Shock Interpreting the significance of pulse pressure and MAP changes in trauma patients Compensated vs. noncompensated shock; stages of shock; identification / Rx hypovolemic shock Cardiac arrest due to Trauma Rx no breath sounds (one or both sides) Location of resuscitation (on scene, vs. enroute) Resuscitation indications/contraindications Conducted electrical weapon: Post-TASER Care 3 ITC special considerations Rx anxiety vs excited delirium Rx probes Burns 11 ITC special considerations: clothing, restrictive jewelry, cooling Vascular access; IVF to be infused in first hour based on age/size Assessing depth % BSA (Rule of 9s; Rule of palms) Elements of burn history to obtain Thermal burns: Rx Chemical burns: Nature of injury based on pH of substance, Rx Electrical burns: Nature of injury based on pH of substance, Rx Electrical burns: Assessments; S&S Inhalation burn: Etiology, S&S, treatment per SOP Transport option directly to burn center Chest Traum 7 Tension pneumothorax: Cause, S&S, Rx Flail chest: S&S, Rx Fleirergencies Se peerseente (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs) Chemical burns to the eye: Rx Tetracaine: actions, indications, dose, administration steps Corneal abrasion: S&S or Rx Open pleube injuries/hyphema/impaled object: S&S, Rx	Trauma Triage and Transport Criteria	3
Interpreting the significance of pulse pressure and MAP changes in trauma patients Compensated vs. noncompensated shock; stages of shock; identification / Rx hypovolemic shock Cardiac arrest due to Trauma Rx no breath sounds (one or both sides) Location of resuscitation (on scene, vs. enroute) Resuscitation indications/contraindications Conducted electrical weapon: Post-TASER Care Rx anxiety vs excited delirium Rx probes Burns Rx probes Burns Rx probes Rums Rx probes Rx lule of 9s; Rule of palms) Elements of burn history to obtain Thermal burns: Rx Electrical burns: Assessments; S&S Inhalation burn: Etiology, S&S, treatment per SOP Tension pneumothorax: Cause, S&S, Rx Popen pneumothorax: Cause, S&S, Rx Elial chest: S&S, Rx Elarida tamponadie: S&S, Rx Elunt cardiac injury: S&S, Rx Fluent cardiac injury: S&S, Rx Fluent cardiac injury: S&S, Rx Fluent cardiac injury: S&S, Rx Electrical tamponadie: S&S, Rx Electrical tamp	Transport destinations: General policy	
Interpreting the significance of pulse pressure and MAP changes in trauma patients Compensated vs. noncompensated shock; stages of shock; identification / Rx hypovolemic shock Cardiac arrest due to Trauma Rx no breath sounds (one or both sides) Location of resuscitation (on scene, vs. enroute) Resuscitation indications/contraindications Conducted electrical weapon: Post-TASER Care Rx anxiety vs excited delirium Rx probes Burns Rx probes Burns Rx probes Rums Rx probes Rx lule of 9s; Rule of palms) Elements of burn history to obtain Thermal burns: Rx Electrical burns: Assessments; S&S Inhalation burn: Etiology, S&S, treatment per SOP Tension pneumothorax: Cause, S&S, Rx Popen pneumothorax: Cause, S&S, Rx Elial chest: S&S, Rx Elarida tamponadie: S&S, Rx Elunt cardiac injury: S&S, Rx Fluent cardiac injury: S&S, Rx Fluent cardiac injury: S&S, Rx Fluent cardiac injury: S&S, Rx Electrical tamponadie: S&S, Rx Electrical tamp	Level I vs II Trauma Center criteria based on anatomic, physiologic criteria or MOI	
Interpreting the significance of pulse pressure and MAP changes in trauma patients  Compensated vs. noncompensated shock; stages of shock; identification / Rx hypovolemic shock  Cardiac arrest due to Trauma  Rx no breath sounds (one or both sides)  Location of resuscitation (on scene, vs. enroute)  Resuscitation indications/contraindications  Conducted electrical weapon: Post-TASER Care 3 ITC special considerations  Rx anxiety vs excited delirium  Rx probes  Burns  11 ITC special considerations: clothing, restrictive jewelry, cooling  Vascular access; IVF to be infused in first hour based on age/size  Assessing depth  % BSA (Rule of 9s; Rule of palms)  Elements of burn history to obtain  Thermal burns: Rx  Chemical burns: Assessments; S&S  Inhalation burn: Etiology, S&S, treatment per SOP  Transport option directly to burn center  Chest Trauma 7 Tension pneumothorax: Cause, S&S, Rx  Open pneumothorax: Cause, S&S, Rx  Flail chest: S&S, Rx  Cardiac tamponade: S&S, Rx  Flail chest: S&S, Rx  Cardiac tamponade: S&S, Rx  Flail chest: S&S, Rx  Fla		3
Compensated vs. noncompensated shock; stages of shock; identification / Rx hypovolemic shock Cardiac arrest due to Trauma Rx no breath sounds (one or both sides) Location of resuscitation (on scene, vs. enroute) Resuscitation indications/contraindications Conducted electrical weapon: Post-TASER Care Tit Special considerations Rx anxiety vs excited delirium Rx probes Burns Rx Rx Rx (Stenes are		
Cardiac arrest due to Trauma  R x no breath sounds (one or both sides) Location of resuscitation (on scene, vs. enroute)  Resuscitation indications/contraindications  Conducted electrical weapon: Post-TASER Care  7 a 3  ITC special considerations  R x anxiety vs excited delirium  Rx probes  Burns  1 10  ITC special considerations: clothing, restrictive jewelry, cooling  Vascular access; IVF to be infused in first hour based on age/size  Assessing depth  % BSA (Rulle of 9s; Rule of palms) Elements of burn history to obtain  Thermal burns: Rx  Chemical burns: Nature of injury based on pH of substance, Rx  Electrical burns: Assessments; S&S  Inhalation burn: Etiology, S&S, treatment per SOP  Transport option directly to burn center  Chest Trauma  7 Tension pneumothorax: Cause, S&S, Rx  Open pneumothorax: S&S, Rx  Cardiac tamponade: S&S, Rx  Flail chest: S&S, Rx  Cardiac tamponade: S&S, Rx  Thoracic aortic tear: pathophysiology, S&S, Rx  Pulmoary contusion: S&S, Rx  Fley Emergencies  5 Eye assessment (lids, comea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs)  Chemical burns to the eye: Rx  Tetracalne: actions, indications, dose, administration steps  Comeal abrasion: S&S or Rx  Open pleu binjuries/hyphema/impaled object: S&S Rx		
Location of resuscitation (on scene, vs. enroute)  Resuscitation indications/contraindications  Conducted electrical weapon: Post-TASER Care 3 TITC special considerations Rx anxiety vs excited delirium Rx probes Burns 11 TIC special considerations: clothing, restrictive jewelry, cooling Vascular access; IVF to be infused in first hour based on age/size Assessing depth % BSA (Rule of 9s; Rule of palms) Elements of burn history to obtain Thermal burns: Rx Chemical burns: Nature of injury based on pH of substance, Rx Electrical burns: Nature of injury based on pH of substance, Rx Electrical burns: Assessments; S&S Inhalation burn: Etiology, S&S, treatment per SOP Transport option directly to burn center Chest Trauma 7 Tension pneumothorax: Cause, S&S, Rx Open pneumothorax: Cause, S&S, Rx Elial chest: S&S, Rx Blunt cardiac injury: S&S, Rx Blunt cardiac injury: S&S, Rx Thoracic aortic tear: pathophysiology, S&S, Rx Pulmonary contusion: S&S, Rx Eye Emergencies 5 Eye assessment (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs) Chemical burns to the eye: Rx Tetracaine: actions, indications, dose, administration steps Corneal abrasion: S&S or Rx Open globe injuries/hyphema/impaled object: S&S Rx	· · · · · · · · · · · · · · · · · · ·	3
Location of resuscitation (on scene, vs. enroute)  Resuscitation indications/contraindications  Conducted electrical weapon: Post-TASER Care 3 TITC special considerations Rx anxiety vs excited delirium Rx probes Burns 11 TIC special considerations: clothing, restrictive jewelry, cooling Vascular access; IVF to be infused in first hour based on age/size Assessing depth % BSA (Rule of 9s; Rule of palms) Elements of burn history to obtain Thermal burns: Rx Chemical burns: Nature of injury based on pH of substance, Rx Electrical burns: Nature of injury based on pH of substance, Rx Electrical burns: Assessments; S&S Inhalation burn: Etiology, S&S, treatment per SOP Transport option directly to burn center Chest Trauma 7 Tension pneumothorax: Cause, S&S, Rx Open pneumothorax: Cause, S&S, Rx Elial chest: S&S, Rx Blunt cardiac injury: S&S, Rx Blunt cardiac injury: S&S, Rx Thoracic aortic tear: pathophysiology, S&S, Rx Pulmonary contusion: S&S, Rx Eye Emergencies 5 Eye assessment (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs) Chemical burns to the eye: Rx Tetracaine: actions, indications, dose, administration steps Corneal abrasion: S&S or Rx Open globe injuries/hyphema/impaled object: S&S Rx	Rx no breath sounds (one or both sides)	
Resuscitation indications/contraindications  Conducted electrical weapon: Post-TASER Care  3 3 ITC special considerations  Rx anxiety vs excited delirium  Rx probes  Burns 11 ITC special considerations: clothing, restrictive jewelry, cooling  Vascular access; IVF to be infused in first hour based on age/size  Assessing depth  % BSA (Rule of 9s; Rule of palms)  Elements of burn history to obtain  Thermal burns: Rx  Chemical burns: Nature of injury based on pH of substance, Rx  Electrical burns: Assessments; S&S  Inhalation burn: Etiology, S&S, treatment per SOP  Transport option directly to burn center  Chest Trauma 7 Tension pneumothorax: Cause, S&S, Rx  Guardiac tamponade: S&S, Rx  Elunt cardiac injury: S&S, Rx  Blunt cardiac injury: S&S, Rx  Thoracic aortic tear: pathophysiology, S&S, Rx  Eye Emergencies 5 Eye assessment (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs)  Chemical burns indications, odse, administration steps  Corneal abrasion: S&S or Rx  Open globe injuries/hyphema/impaled object: S&S Rx		-
ITC special considerations Rx anxiety vs excited delirium Rx probes  ITC special considerations: clothing, restrictive jewelry, cooling Vascular access; IVF to be infused in first hour based on age/size Assessing depth % BSA (Rule of 9s; Rule of palms) Elements of burn history to obtain Thermal burns: Rx Chemical burns: Nature of injury based on pH of substance, Rx Electrical burns: Assessments; S&S Inhalation burn: Etiology, S&S, treatment per SOP Transport option directly to burn center  Chest Trauma 7 Tension pneumothorax: Cause, S&S, Rx  Open pneumothorax: Cause, S&S, Rx  Elidi chest: S&S, Rx  Cardiac tamponade: S&S, Rx  Blunt cardiac injury: S&S, Rx  Pulmonary contusion: S&S, Rx  Fulmonary contusion: S&S, Rx  Eye Emergencies 5 Eye assessment (lids, comea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs) Chemical burns to the eye: Rx  Tetracaine: actions, indications, dose, administration steps Comeal abrasion: S&S or Rx  Open globe injuries/hyphema/impaled object: S&S Rx		
ITC special considerations Rx anxiety vs excited delirium Rx probes  ITC special considerations: clothing, restrictive jewelry, cooling Vascular access; IVF to be infused in first hour based on age/size Assessing depth % BSA (Rule of 9s; Rule of palms) Elements of burn history to obtain Thermal burns: Rx Chemical burns: Nature of injury based on pH of substance, Rx Electrical burns: Assessments; S&S Inhalation burn: Etiology, S&S, treatment per SOP Transport option directly to burn center  Chest Trauma 7 Tension pneumothorax: Cause, S&S, Rx  Open pneumothorax: Cause, S&S, Rx  Elidi chest: S&S, Rx  Cardiac tamponade: S&S, Rx  Blunt cardiac injury: S&S, Rx  Pulmonary contusion: S&S, Rx  Fulmonary contusion: S&S, Rx  Eye Emergencies 5 Eye assessment (lids, comea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs) Chemical burns to the eye: Rx  Tetracaine: actions, indications, dose, administration steps Comeal abrasion: S&S or Rx  Open globe injuries/hyphema/impaled object: S&S Rx	Conducted electrical weapon: Post-TASER Care	3
Rx anxiety vs excited delirium Rx probes Burns 11 ITC special considerations: clothing, restrictive jewelry, cooling Vascular access; IVF to be infused in first hour based on age/size Assessing depth % BSA (Rule of 9s; Rule of palms) Elements of burn history to obtain Thermal burns: Rx Chemical burns: Nature of injury based on pH of substance, Rx Electrical burns: Assessments; S&S Inhalation burn: Etiology, S&S, treatment per SOP Transport option directly to burn center Chest Trauma 7 Tension pneumothorax: Cause, S&S, Rx Open pneumothorax: Cause, S&S, Rx Cardiac tamponade: S&S, Rx Elunt cardiac injury: S&S, Rx Blunt cardiac injury: S&S, Rx Pulmonary contusion: S&S, Rx Eye Emergencies 5 Eye assessment (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs) Chemical burns to the eye: Rx Tetracaine: actions, indications, dose, administration steps Corneal abrasion: S&S or Rx Open globe injuries/hyphema/impaled object: S&S Rx	·	
Rx probes  Burns 11  ITC special considerations: clothing, restrictive jewelry, cooling  Vascular access; IVF to be infused in first hour based on age/size  Assessing depth  % BSA (Rule of 9s; Rule of palms)  Elements of burn history to obtain  Thermal burns: Rx  Chemical burns: Nature of injury based on pH of substance, Rx  Electrical burns: Nature of injury based on pH of substance, Rx  Electrical burns: Assessments; S&S  Inhalation burn: Etiology, S&S, treatment per SOP  Transport option directly to burn center  Chest Trauma 7  Tension pneumothorax: Cause, S&S, Rx  Plail chest: S&S, Rx  Flail chest: S&S, Rx  Blunt cardiac injury: S&S, Rx  Fluidac tamponade: S&S, Rx  Blunt cardiac injury: S&S, Rx  Flumonary contusion: S&S, Rx  Eye Emergencies 5  Eye assessment (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs)  Chemical burns to the eye: Rx  Tetracaine: actions, indications, dose, administration steps  Corneal abrasion: S&S or Rx  Open globe injuries/hyphema/impaled object: S&S Rx	· ·	
Burns 11 ITC special considerations: clothing, restrictive jewelry, cooling Vascular access; IVF to be infused in first hour based on age/size Assessing depth % BSA (Rule of 9s; Rule of palms) Elements of burn history to obtain Thermal burns: Rx Chemical burns: Nature of injury based on pH of substance, Rx Electrical burns: Nature of injury based on pH of substance, Rx Electrical burns: Etiology, S&S, treatment per SOP Transport option directly to burn center Chest Trauma 7 Tension pneumothorax: Cause, S&S, Rx Open pneumothorax: Cause, S&S, Rx Flail chest: S&S, Rx Cardiac tamponade: S&S, Rx Blunt cardiac injury: S&S, Rx Fluinoary: contusion: S&S, Rx Flumonary contusion: S&S, Rx Eye Emergencies 5 Eye assessment (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs) Chemical burns to the eye: Rx Tetracaine: actions, indications, dose, administration steps Corneal abrasion: S&S or Rx Open globe injuries/hyphema/impaled object: S&S Rx		
Vascular access; IVF to be infused in first hour based on age/size  Assessing depth  % BSA (Rule of 9s; Rule of palms)  Elements of burn history to obtain  Thermal burns: Rx  Chemical burns: Nature of injury based on pH of substance, Rx  Electrical burns: Nature of injury based on pH of substance, Rx  Electrical burns: Sassesments; S&S  Inhalation burn: Etiology, S&S, treatment per SOP  Transport option directly to burn center  Chest Trauma 7  Tension pneumothorax: Cause, S&S, Rx  Open pneumothorax: S&S, Rx  Cardiac tamponade: S&S, Rx  Elail chest: S&S, Rx  Cardiac tamponade: S&S, Rx  Blunt cardiac injury: S&S, Rx  Thoracic aortic tear: pathophysiology, S&S, Rx  Pulmonary contusion: S&S, Rx  Eye Emergencies 5  Eye assessment (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs)  Chemical burns to the eye: Rx  Tetracaine: actions, indications, dose, administration steps  Corneal abrasion: S&S or Rx  Open globe injuries/hyphema/impaled object: S&S Rx		11
Vascular access; IVF to be infused in first hour based on age/size  Assessing depth  % BSA (Rule of 9s; Rule of palms)  Elements of burn history to obtain  Thermal burns: Rx  Chemical burns: Nature of injury based on pH of substance, Rx  Electrical burns: Nature of injury based on pH of substance, Rx  Electrical burns: Sassesments; S&S  Inhalation burn: Etiology, S&S, treatment per SOP  Transport option directly to burn center  Chest Trauma 7  Tension pneumothorax: Cause, S&S, Rx  Open pneumothorax: S&S, Rx  Cardiac tamponade: S&S, Rx  Elail chest: S&S, Rx  Cardiac tamponade: S&S, Rx  Blunt cardiac injury: S&S, Rx  Thoracic aortic tear: pathophysiology, S&S, Rx  Pulmonary contusion: S&S, Rx  Eye Emergencies 5  Eye assessment (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs)  Chemical burns to the eye: Rx  Tetracaine: actions, indications, dose, administration steps  Corneal abrasion: S&S or Rx  Open globe injuries/hyphema/impaled object: S&S Rx	ITC special considerations: clothing, restrictive jewelry, cooling	
Assessing depth  % BSA (Rule of 9s; Rule of palms)  Elements of burn history to obtain  Thermal burns: Rx  Chemical burns: Nature of injury based on pH of substance, Rx  Electrical burns: Assessments; S&S  Inhalation burn: Etiology, S&S, treatment per SOP  Transport option directly to burn center  Chest Trauma  7  Tension pneumothorax: Cause, S&S, Rx  Open pneumothorax: S&S, Rx  Cardiac tamponade: S&S, Rx  Elutricardiac injury: S&S, Rx  Huncardiac injury: S&S, Rx  Thoracic aortic tear: pathophysiology, S&S, Rx  Pulmonary contusion: S&S, Rx  Eye Emergencies  5  Eye assessment (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs)  Chemical burns to the eye: Rx  Tetracaine: actions, indications, dose, administration steps  Corneal abrasion: S&S or Rx  Open globe injuries/hyphema/impaled object: S&S Rx	, , , , , , , , , , , , , , , , , , , ,	
% BSA (Rule of 9s; Rule of palms)  Elements of burn history to obtain  Thermal burns: Rx  Chemical burns: Nature of injury based on pH of substance, Rx  Electrical burns: Assessments; S&S  Inhalation burn: Etiology, S&S, treatment per SOP  Transport option directly to burn center  Chest Trauma 7  Tension pneumothorax: Cause, S&S, Rx  Open pneumothorax: S&S, Rx  Flail chest: S&S, Rx  Cardiac tamponade: S&S, Rx  Blunt cardiac injury: S&S, Rx  Thoracic aortic tear: pathophysiology, S&S, Rx  Pulmonary contusion: S&S, Rx  Eye Emergencies 5  Eye assessment (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs)  Chemical burns to the eye: Rx  Tetracaine: actions, indications, dose, administration steps  Corneal abrasion: S&S or Rx  Open globe injuries/hyphema/impaled object: S&S Rx		
Elements of burn history to obtain Thermal burns: Rx Chemical burns: Nature of injury based on pH of substance, Rx Electrical burns: Assessments; S&S Inhalation burn: Etiology, S&S, treatment per SOP Transport option directly to burn center Chest Trauma 7 Tension pneumothorax: Cause, S&S, Rx Open pneumothorax: S&S, Rx Flail chest: S&S, Rx Cardiac tamponade: S&S, Rx Elunt cardiac injury: S&S, Rx Thoracic aortic tear: pathophysiology, S&S, Rx Pulmonary contusion: S&S, Rx Eye Emergencies 5 Eye assessment (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs) Chemical burns to the eye: Rx Tetracaine: actions, indications, dose, administration steps Corneal abrasion: S&S or Rx Open globe injuries/hyphema/impaled object: S&S Rx		
Thermal burns: Rx Chemical burns: Nature of injury based on pH of substance, Rx Electrical burns: Assessments; S&S Inhalation burn: Etiology, S&S, treatment per SOP Transport option directly to burn center  Chest Trauma 7 Tension pneumothorax: Cause, S&S, Rx Open pneumothorax: S&S, Rx Cardiac tamponade: S&S, Rx Elail chest: S&S, Rx Cardiac tamponade: S&S, Rx Blunt cardiac injury: S&S, Rx Thoracic aortic tear: pathophysiology, S&S, Rx Pulmonary contusion: S&S, Rx Eye Emergencies 5 Eye assessment (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs) Chemical burns to the eye: Rx Tetracaine: actions, indications, dose, administration steps Corneal abrasion: S&S or Rx Open globe injuries/hyphema/impaled object: S&S Rx		
Electrical burns: Assessments; S&S Inhalation burn: Etiology, S&S, treatment per SOP  Transport option directly to burn center  Chest Trauma 7  Tension pneumothorax: Cause, S&S, Rx Open pneumothorax: S&S, Rx  Cordiac tamponade: S&S, Rx  Elail chest: S&S, Rx  Cardiac tamponade: S&S, Rx  Blunt cardiac injury: S&S, Rx  Thoracic aortic tear: pathophysiology, S&S, Rx  Pulmonary contusion: S&S, Rx  Eye Emergencies 5  Eye assessment (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs)  Chemical burns to the eye: Rx  Tetracaine: actions, indications, dose, administration steps  Corneal abrasion: S&S or Rx  Open globe injuries/hyphema/impaled object: S&S Rx		
Electrical burns: Assessments; S&S Inhalation burn: Etiology, S&S, treatment per SOP  Transport option directly to burn center  Chest Trauma 7  Tension pneumothorax: Cause, S&S, Rx Open pneumothorax: S&S, Rx  Cordiac tamponade: S&S, Rx  Elail chest: S&S, Rx  Cardiac tamponade: S&S, Rx  Blunt cardiac injury: S&S, Rx  Thoracic aortic tear: pathophysiology, S&S, Rx  Pulmonary contusion: S&S, Rx  Eye Emergencies 5  Eye assessment (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs)  Chemical burns to the eye: Rx  Tetracaine: actions, indications, dose, administration steps  Corneal abrasion: S&S or Rx  Open globe injuries/hyphema/impaled object: S&S Rx	Chemical burns: Nature of injury based on pH of substance, Rx	
Inhalation burn: Etiology, S&S, treatment per SOP  Transport option directly to burn center  Chest Trauma 7  Tension pneumothorax: Cause, S&S, Rx  Open pneumothorax: S&S, Rx  Flail chest: S&S, Rx  Cardiac tamponade: S&S, Rx  Blunt cardiac injury: S&S, Rx  Thoracic aortic tear: pathophysiology, S&S, Rx  Thoracic aortic tear: pathophysiology, S&S, Rx  Pulmonary contusion: S&S, Rx  Eye Emergencies 5  Eye assessment (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs)  Chemical burns to the eye: Rx  Tetracaine: actions, indications, dose, administration steps  Corneal abrasion: S&S or Rx  Open globe injuries/hyphema/impaled object: S&S Rx		
Transport option directly to burn center  Chest Trauma  Tension pneumothorax: Cause, S&S, Rx  Open pneumothorax: S&S, Rx  Flail chest: S&S, Rx  Cardiac tamponade: S&S, Rx  Blunt cardiac injury: S&S, Rx  Thoracic aortic tear: pathophysiology, S&S, Rx  Pulmonary contusion: S&S, Rx  Eye Emergencies  Eye assessment (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs)  Chemical burns to the eye: Rx  Tetracaine: actions, indications, dose, administration steps  Corneal abrasion: S&S or Rx  Open globe injuries/hyphema/impaled object: S&S Rx		-
Chest Trauma7Tension pneumothorax: Cause, S&S, RxOpen pneumothorax: S&S, RxFlail chest: S&S, RxCardiac tamponade: S&S, RxBlunt cardiac injury: S&S, RxThoracic aortic tear: pathophysiology, S&S, RxPulmonary contusion: S&S, RxEye Emergencies5Eye assessment (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs)Chemical burns to the eye: RxTetracaine: actions, indications, dose, administration stepsCorneal abrasion: S&S or RxOpen globe injuries/hyphema/impaled object: S&S Rx		
Open pneumothorax: S&S, Rx  Flail chest: S&S, Rx  Cardiac tamponade: S&S, Rx  Blunt cardiac injury: S&S, Rx  Thoracic aortic tear: pathophysiology, S&S, Rx  Pulmonary contusion: S&S, Rx  Eye Emergencies  Eye assessment (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs)  Chemical burns to the eye: Rx  Tetracaine: actions, indications, dose, administration steps  Corneal abrasion: S&S or Rx  Open globe injuries/hyphema/impaled object: S&S Rx		7
Open pneumothorax: S&S, Rx  Flail chest: S&S, Rx  Cardiac tamponade: S&S, Rx  Blunt cardiac injury: S&S, Rx  Thoracic aortic tear: pathophysiology, S&S, Rx  Pulmonary contusion: S&S, Rx  Eye Emergencies  Eye assessment (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs)  Chemical burns to the eye: Rx  Tetracaine: actions, indications, dose, administration steps  Corneal abrasion: S&S or Rx  Open globe injuries/hyphema/impaled object: S&S Rx	Tension pneumothorax: Cause, S&S, Rx	
Flail chest: S&S, Rx  Cardiac tamponade: S&S, Rx  Blunt cardiac injury: S&S, Rx  Thoracic aortic tear: pathophysiology, S&S, Rx  Pulmonary contusion: S&S, Rx  Eye Emergencies  Eye assessment (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs)  Chemical burns to the eye: Rx  Tetracaine: actions, indications, dose, administration steps  Corneal abrasion: S&S or Rx  Open globe injuries/hyphema/impaled object: S&S Rx		
Cardiac tamponade: S&S, Rx  Blunt cardiac injury: S&S, Rx  Thoracic aortic tear: pathophysiology, S&S, Rx  Pulmonary contusion: S&S, Rx  Eye Emergencies 5  Eye assessment (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs)  Chemical burns to the eye: Rx  Tetracaine: actions, indications, dose, administration steps  Corneal abrasion: S&S or Rx  Open globe injuries/hyphema/impaled object: S&S Rx		
Blunt cardiac injury: S&S, Rx  Thoracic aortic tear: pathophysiology, S&S, Rx  Pulmonary contusion: S&S, Rx  Eye Emergencies  Eye assessment (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs)  Chemical burns to the eye: Rx  Tetracaine: actions, indications, dose, administration steps  Corneal abrasion: S&S or Rx  Open globe injuries/hyphema/impaled object: S&S Rx		
Thoracic aortic tear: pathophysiology, S&S, Rx  Pulmonary contusion: S&S, Rx  Eye Emergencies  Eye assessment (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs)  Chemical burns to the eye: Rx  Tetracaine: actions, indications, dose, administration steps  Corneal abrasion: S&S or Rx  Open globe injuries/hyphema/impaled object: S&S Rx	·	
Pulmonary contusion: S&S, Rx  Eye Emergencies 5  Eye assessment (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs)  Chemical burns to the eye: Rx  Tetracaine: actions, indications, dose, administration steps  Corneal abrasion: S&S or Rx  Open globe injuries/hyphema/impaled object: S&S Rx		
Eye Emergencies  Eye assessment (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs)  Chemical burns to the eye: Rx  Tetracaine: actions, indications, dose, administration steps  Corneal abrasion: S&S or Rx  Open globe injuries/hyphema/impaled object: S&S Rx		
Eye assessment (lids, cornea, iris, conjunctiva, sclera, visual acuity, pupils, EOMs)  Chemical burns to the eye: Rx  Tetracaine: actions, indications, dose, administration steps  Corneal abrasion: S&S or Rx  Open globe injuries/hyphema/impaled object: S&S Rx		5
Chemical burns to the eye: Rx  Tetracaine: actions, indications, dose, administration steps  Corneal abrasion: S&S or Rx  Open globe injuries/hyphema/impaled object: S&S Rx		
Tetracaine: actions, indications, dose, administration steps  Corneal abrasion: S&S or Rx  Open globe injuries/hyphema/impaled object: S&S Rx		
Corneal abrasion: S&S or Rx Open globe injuries/hyphema/impaled object: S&S Rx	·	
Open globe injuries/hyphema/impaled object: S&S Rx		
	Open globe injuries/hyphema/impaled object: S&S Rx	
		5

Questions	#
ITC special considerations	
Dental trauma: Assessment; tooth preservation techniques	
Assessment of mandibular or zygoma fx	
Assessment/Rx nasal bone fx with epistaxis	
Head Trauma	10
ITC special considerations: monitoring; ventilation, Rx wounds; 12 L ECG changes, BP targets; seizure Rx; gluc	cose check
Establishing patient reliability	
Ongoing monitoring	
Types of skull fractures and their clinical presentation	
Concussion; clinical presentation; treatment	
S&S of ↑ ICP; brain shift/herniation; Rx	
Musculoskeletal Trauma	10
ITC special considerations: assessment; pain / muscle spasm management	
Amputation: hemorrhage control; preserving parts	
Splinting principles and options (see procedure manual); action if pulses are lost	
Crush syndrome: pathophysiology, assessment, Rx	
Compartment syndrome: pathophysiology, assessment, Rx	
Suspension injury; Anticipated complications, Rx	
Spine trauma	12
Spine motion restriction: positioning; indications; contraindications; options	
ITC special considerations	
Assessment; exam findings suggesting SCI (Ps; levels of injury; complete vs incomplete syndromes)	
Need for sedation	
Identification (S&S) / Rx neurogenic shock (IVF; atropine; norepinephrine)	
Multiple patient Incidents	8
Determining a small vs medium to large scale event	
Priorities at scenes with more than one pt (assignments – accountability)	
Start/JUMPstart triage: determining color assignments: red, yellow, green, dead	
SMART tag	
Communications with hospitals during a small or medium scale incident	
Hospital destinations in MPI events (small or medium /large scale incidents)	
Documentation requirements in small vs medium/large scale MPM incident	
Hazardous Materials Incidents	6
Scene size up considerations	
Scene safety issues: hot, warm, and cold zones/perimeters	
Treatment of contaminated pts; confining contamination for transport	
Radiation exposure incidents; types of shielding needed for various isotopes	
Chemical agent exposure S&S/Rx	
Abuse / Neglect: Domestic, Sexual, Elder	2
Domestic violence	
Elder abuse	
Trauma in Pregnancy	2
Spinal immobilization considerations	
ITC special considerations	
Total number of questions	100