

**SOUTH PLAINS  
EMERGENCY MEDICAL  
SERVICES**

**PRE-HOSPITAL  
TREATMENT  
PROTOCOL  
EXAM**

**EMT  
INTERMEDIATE  
FEBRUARY 2010**

***\*Minimum Passing Grade is 80%\****

**2010**  
**EMT-INTERMEDIATE**  
Protocol Exam

1. Which of the following statements regarding an EMT-I applying ECG/12 lead electrodes on a patient is/are CORRECT?
  - A. An EMT-I can apply ECG/12 lead electrodes to a patient having chest pain after Paramedic backup has been requested
  - B. An EMT-I must have appropriate training and testing prior to the placement of the cardiac monitor/12 lead
  - C. An EMT-I cannot use monitor placement for interpretation/treatment
  - D. All the above are correct
  
2. You respond to find a 54-year-old female that is unconscious and unresponsive. The family tells you that she is a long standing diabetic. Blood sugar shows 24mg/dL. You are unable to establish a typical peripheral IV with an angiocath despite 3 attempts. The patient has all 4 extremities and trauma is not a concern. Your service does carry Glucagon. What is your next course of action?
  - A. Administer Glucagon 1mg IM
  - B. Establish an EZ IO and administer D50W IO
  - C. Administer D50W slow IM
  - D. Either A or C
  
3. What is the correct dosage of NS for a pediatric fluid challenge of a suspected poisoning?
  - A. 10cc/kg over 10 minutes, repeated until signs of adequate perfusion are present
  - B. 20cc/kg over 10 minutes, repeated until signs of adequate perfusion are present
  - C. 10cc/kg over 20 minutes, repeated until signs of adequate perfusion are present
  - D. 20cc/kg over 20 minutes, repeated until signs of adequate perfusion are present
  
4. Glucagon is indicated for:
  - A. All unresponsive patients
  - B. Patient with a blood glucose level above 70mg/dL
  - C. Patients with blood glucose level below 70mg/dL and an IV is unobtainable
  - D. All seizing patients
  
5. The 3 components of the Cincinnati Stroke Scale are:
  - A. Facial droop, arm drift, and speech
  - B. Facial droop, arm drift, and one-sided weakness
  - C. Facial droop, one-sided weakness, and speech
  - D. One sided weakness, arm drift, and speech
  
6. You respond to an adult patient who is feeling funny. The patient has a history of diabetes. You find that the patient has a blood sugar of 60mg/dL. Is it acceptable to give this patient instant glucose without starting an IV?
  - A. Yes, you may follow the Basic protocol without attempting an IV
  - B. No, you must give D50W IM
  - C. Yes, you may follow the Basic protocol only if an IV is unobtainable
  - D. No, if you cannot get an IV, you should begin prompt transport
  
7. What must occur before establishing an IO infusion on an adult?
  - A. 3 unsuccessful peripheral attempts or the passage of 120 seconds, whichever comes first
  - B. The patient must be seriously ill or injured where drug and/or fluid therapy are required
  - C. The patient, or patient's guardian, must sign a written consent form
  - D. Both A and B
  
8. Which of the following is the correct insertion point for performing a pleural decompression per protocol?
  - A. Second or third intercostal space in the mid-clavicular line
  - B. Second or third intercostal space in the mid-axillary line
  - C. Fifth or sixth intercostal space in the mid-clavicular line
  - D. Fifth or sixth intercostal space in the mid-axillary line

9. Your patient is a 64-year-old female that has been in cardiac arrest for several minutes. You have been ventilating with a BVM and ET tube with attached ResQPOD for the duration of the incident. After the second defibrillation, the patient converts to a perfusing rhythm with a strong carotid pulse. However, the patient has no spontaneous respirations and still requires ventilatory support with a BVM. For this patient, the ResQPOD should be left in place because the patient still requires artificial ventilations.
- True
  - False
10. You are transporting an 85-year-old female to UMC with respiratory distress. She has a long-standing history of COPD and cardiac problems. She has a TDSHS Out of Hospital DNR and there is no reason to dispute the DNR. While administering Albuterol via a HHN, the patient suddenly goes unresponsive and her breathing slows to 8 breaths per minute. She is now cyanotic and her pulse ox shows 78%. The patient still has a gag reflex and a carotid pulse is present but weak. You should:
- Administer palliative care only since the patient has a valid DNR
  - Perform aggressive CPR
  - Assist ventilations with a BVM since the DNR is not effective until the cessation of spontaneous respirations and/or pulses
  - Discontinue all treatments due to the DNR
11. The correct procedure to create D25W is to:
- Dilute D50W 1 to 1 with sterile water
  - Give ½ of the D50W followed by a fluid bolus
  - Dilute D50W 1 to 1 with normal saline
  - Dilute D50W 2 to 1 with normal saline
12. Which of the following is/are requirement(s) that each EMT-I must meet in order to have proper SPEMS Medical Control Direction?
- Must have current CPR certification of Health Care Provider BLS
  - Must demonstrate proficiency of use of an SAED twice per year
  - Must attend at least four case reviews per year
  - Both A and C are correct
13. The adult dose for Epinephrine Auto-injector or SC for an allergic reaction on a 56 year old male with a history of CAD (Coronary Artery Disease) is:
- 0.3mg
  - 0.15mg
  - 0.5mg
  - Epinephrine is contraindicated on a patient with a history of CAD
14. You are called to CMC to transfer a patient to a local nursing home. The patient has terminal cancer and is being sent to the nursing home for pain management and palliative care. The patient does NOT have a TDSHS Out of Hospital DNR form but the transferring physician writes "Do Not Resuscitate" on the transfer orders and signs the document. En route, the patient goes into cardiac arrest. You should:
- Begin full resuscitative efforts since EMS cannot honor such physician DNR's
  - Honor the hand written DNR since the physician is responsible for patient care during transport
  - Perform chest compressions only and return to CMC
  - Contact the nursing home for orders
15. Racemic Epinephrine is indicated for which condition?
- Pediatric epiglottitis
  - Pediatric croup
  - Pediatric respiratory distress with pulmonary edema
  - Pediatric allergic reaction
16. The patient is a 24-year-old female who is complaining of nausea, vomiting, and diarrhea x 8 hours. She has weak radial pulses with a rate of 116. Her skin is cool and moist. BP in the supine position is 110/70. When you attempt to perform the tilt test, she complains that she feels dizzy and that her vision is blurry. You should:
- Administer oxygen; do a head to toe survey; and contact medical control
  - Administer oxygen; begin rapid transport; request paramedic back-up; do a head to toe survey
  - Administer oxygen; begin rapid transport; contact medical control
  - Administer oxygen; begin rapid transport; establish an IV of NS wide open to 1 liter; do a head to toe assessment

17. Which of the following statements about Celox is INCORRECT?
- It is a hemostatic agent that is used to assist in bleeding control
  - It is optional for the current protocols
  - It eliminates the need for direct pressure after application
  - Detailed instructions are printed on the package
18. You are transporting a patient from a nursing home to a hospital. The patient is hypovolemic due to nausea, vomiting, and diarrhea. The skin is cool and moist and the patient is hypotensive. The tilt test was positive. You are unable to establish an IV. The patient has a Subclavian central line that was established at the hospital last week. You feel that the patient would benefit from fluid replacement and you are 30 minutes away from the hospital. What should you do?
- Administer fluid through the subclavian without orders
  - Do not administer fluids through the subclavian because it is not allowed by protocols
  - Keep attempting to establish a peripheral IV
  - Contact online medical control for permission to access the subclavian
19. You are treating a 45-year-old female who you suspect has overdosed on heroin. She is unconscious, unresponsive and breathing only 6 breaths per minute. Your partner assists ventilations with a BVM. You are unable to establish a peripheral IV so you insert an EZ I/O. Blood sugar level is 156mg/dL. After establishing and securing the catheter, you should:
- Administer 2mg of Narcan IO
  - Administer Lidocaine at 1mg/kg IO up to 50mg then 2mg of Narcan IO
  - Request Paramedic backup prior to administration of any fluid or drug
  - Rapidly infuse NS immediately
20. Which of the following sizes and types of the King Airway are required to be carried by all EMS units utilizing EMTs, EMT-Is, and Paramedics?
- One adult and one pediatric size of the LT-D airways
  - Pediatric LT-D airways sizes 2 and 2.5 AND adult LTS-D sizes 3, 4, and 5
  - One adult and one pediatric size of the LTS-D airways
  - Pediatric and Adult LT-D sizes 2, 2.5, 3, 4, and 5
21. If carried, the adult dosage and route of Glucagon is:
- 1mg SC
  - 1 mg orally
  - 1mg IM
  - 2mg IM
22. To determine if a patient could possibly be suffering from acute coronary syndrome (ACS), and be in need of treatment in the Cardiac Chest Pain or Suspected Myocardial Infarction protocol, the EMS provider should:
- Consider findings from the physical exam
  - Consider the patient's history and risk factors
  - Compile and interpret all collected information
  - All of the above
23. When should the positive findings of the Cincinnati Stroke Scale *first* be reported?
- At the scene, if possible
  - On the run report
  - En route to the ER
  - Upon arrival at the ER
24. If carried, the pediatric dosage and route of Glucagon is:
- 0.5mg SC
  - 0.5mg orally
  - 0.5mg IM
  - 1mg IM
25. Proper ET tube placement should be verified by a member of the receiving facility prior to turning over patient care.
- True
  - False
26. Which of the following conditions **MUST** be present before you can administer Epinephrine for an allergic reaction before contacting medical control?
- Cyanosis
  - Dyspnea
  - Hives or rash
  - Systolic BP < 90mmHg systolic

27. Which algorithm(s) require drawing blood in blood tubes for labs?
- Cardiac Chest Pain and Respiratory Distress
  - Cardiac Chest Pain and Decreased Level of Consciousness
  - Poisoning/Overdose and Decreased Level of Consciousness
  - Respiratory Distress and Decreased Level of Consciousness
28. You are treating a 35-year-old male who was ejected from a car during a MVC. The patient is conscious and is showing signs of hypovolemia due to abdominal bleeding. You are unable to establish a typical IV so you insert an EZ I/O. After establishing and securing the catheter, you should:
- Request paramedic backup to administer Morphine for pain management
  - Administer Lidocaine at 1mg/kg up to 50mg for pain control then rapidly infuse the fluid
  - Rapidly infuse NS immediately
  - Infuse the NS slowly at first then begin rapid infusion
29. A pediatric patient, in cardiac arrest should have an IV:
- Of NS run at 20cc/kg over 10 minutes repeated once if needed
  - Of NS run at 20cc/kg over 10 minutes repeated twice if needed
  - Of NS run at 20cc/kg over 20 minutes repeated once if needed
  - Of NS run at 20cc/kg over 20 minutes repeated twice if needed
30. Which blood tubes must be carried on each unit?
- Red top, blue top, green top
  - Blue top, "tiger" top, green top
  - Purple top, green top, blue top
  - Green top, purple top, "tiger" top
31. You are dispatched to a report of "difficulty breathing" at the Red Lobster. The patient is a 30-year-old female who is in obvious respiratory distress. She is moving some air with shallow respirations at a rate of 32/minute. Her husband says it is their anniversary and that his wife ordered shrimp, even though she has had previous reactions to it. He tells you that the reaction usually has been a red rash and nothing else. Patient has no other medical history. The BP is 140/90. The pulse is 120. Initial oxygen therapy has been administered. Your next step should be to:
- Contact medical control
  - Administer 0.3 mg Epinephrine SC or by Auto-injector
  - Administer 50mg Benadryl, IV
  - Administer Albuterol by nebulizer
32. What is the intraosseous infusion site on an ADULT patient?
- Posterior tibia
  - Anterior tibia
  - Posterior fibula
  - Anterior fibula
33. Which of the following statements about required equipment is INCORRECT?
- Glucometer is optional
  - All SAEDs must have a charged spare battery or must be equipped with the 5 year sealed battery
  - All pulse oximeters must have charged spare batteries
  - All portable suction units must have charged spare batteries or an alternative power source
34. If you are utilizing an end tidal CO2 monitor with readout capabilities, while ventilating a patient that has been intubated, you should maintain CO2 levels between what readings?
- 15 and 20mm
  - 24 and 30mm
  - 30 and 34mm
  - 35 and 40mm
35. Which of the following are considered anginal equivalents and should alert EMS personnel to consider following the Cardiac Chest Pain or Suspected MI Protocol?
- Respiratory distress/dyspnea
  - Weakness/fatigue without history of GI bleed or recent fever
  - Palpitations, syncope, or near syncope
  - Any/all of the above
36. Paramedic backup should be contacted for a patient in respiratory distress if serious respiratory distress, wheezing, and pulse ox (on oxygen) is less than:
- 88%
  - 90%
  - 92%
  - 94%

37. You are treating a patient in mild respiratory distress. You have this pt on oxygen and start the pt on a breathing treatment of Albuterol. The pt is stable and the receiving hospital is less than a ½ mile away. Which of the following statements are is/are FALSE about treating this patient?
- A. You may transport this patient without establishing an IV due to proximity to hospital
  - B. If patient becomes unstable during assessment you should establish IV prior to transport
  - C. You must establish IV on scene
  - D. None of the above
38. In order for a BLS service to carry subcutaneous Epinephrine, instead of the Epi Auto-Injectors, each service must show:
- A. That all active ECA's, EMT's, and Intermediates are appropriately trained on SQ injections and the Allergic Reaction Protocol
  - B. That carrying the Epi Auto-Injectors would put a financial hardship on the service
  - C. That each unit has ALS capabilities
  - D. Both a and b are correct
39. Which of the following statements regarding intubation attempts is/are correct?
- A. ET attempts should be limited to 2 attempts by the primary Intermediate and 1 attempt by the secondary Intermediate/Paramedic. If all attempts fail, the airway should be secured with the King Airway or a surgical cricothyrotomy
  - B. ET attempts should be limited to 2 attempts by the primary Intermediate and 1 attempt by the secondary Intermediate/Paramedic. If all attempts fail, the airway should be secured with the King Airway
  - C. ET attempts should be limited to 1 attempt by the primary Intermediate and 1 attempt by the secondary Intermediate/Paramedic. If all attempts fail, the airway should be secured with the King Airway or a surgical cricothyrotomy
  - D. ET attempts should be limited to 1 attempt by the primary Intermediate and 1 attempt by the secondary Intermediate/Paramedic. If all attempts fail, the patient should be intubated with the King Airway
40. Within the protocols, if a piece of equipment is listed as “(recommended)”, this means:
- A. That these items are recommended and encouraged for this Protocol version
  - B. That these items will be “optional” on the next Protocol version
  - C. That these items will be mandatory on the next Protocol version
  - D. Both A and C
41. For adult patients in cardiogenic shock or resuscitated patients after cardiac arrest, what is the fluid challenge procedure?
- A. 250cc of NS X 1
  - B. 20cc/kg of NS X 1
  - C. 250cc of NS repeated as needed to achieve clinical results
  - D. 20cc/kg of NS repeated as needed to achieve clinical results
42. You respond to find a 32-year-old male outside in 38-degree weather. He is unconscious, pulseless and apneic. You perform 5 cycles of CPR and apply the SAED. After defibrillating the patient and 5 additional cycles of CPR, there is still no pulse or obvious signs of perfusion. What should you do next?
- A. Perform CPR for two minutes (5 cycles) and then repeat defibrillations if indicated
  - B. Continue CPR and begin transport without any additional defibrillations
  - C. Perform another series of defibrillations without CPR
  - D. Call the JP for a dead body
43. An adult in cardiac arrest should have an IV:
- A. Of NS running wide open up to 3,000cc
  - B. Of NS running TKO to limit fluids
  - C. Of LR running wide open up to 3,000cc
  - D. Of LR running TKO to limit fluids
44. If you have EKG transmission capabilities and proper documented training, EMT-Intermediates are allowed to transmit a 12 lead EKG to the receiving hospital.
- A. True
  - B. False

45. The ResQPOD device is used for which type of patient?
- A. Pediatric patients with severe dyspnea
  - B. Adult patients in cardiac arrest
  - C. Adult patients with severe dyspnea
  - D. Both A and B
46. The correct pediatric dosage and route of Racemic Epinephrine is:
- A. 11.25mg/0.5cc diluted in 5cc of NS via nebulizer
  - B. 11.25mg/0.5cc diluted in 3cc of NS via nebulizer
  - C. 11.25mg SC
  - D. 11.25mg IM
47. All pediatric intraosseous IVs should be started with:
- A. EZ IO device
  - B. Jamshidi
  - C. Sternal IO device
  - D. Either A or B
48. When can an Intermediate administer Benadryl to a patient having an allergic reaction?
- A. When the systolic BP is < 90mmHg with inadequate perfusion
  - B. When a rash is present
  - C. When a patient is unconscious
  - D. When the systolic BP is > 90mmHg with adequate perfusion
49. Which of the following airway devices are authorized by the current Protocols?
- A. Combitube
  - B. King Airway
  - C. PTL
  - D. Either A or B
50. Which of the following statement about taser probe removal is correct?
- A. Taser probes should never be removed by EMS personnel
  - B. If the taser probe is embedded in the bone, use hemastats or pliers to remove it
  - C. Taser probe removal is up to each individual service; according to their policy
  - D. Taser probes must be immediately removed at the scene

**\*\*END OF EXAMINATION\*\***