

**SOUTH PLAINS  
EMERGENCY MEDICAL  
SERVICES**

**PRE-HOSPITAL  
TREATMENT  
PROTOCOL  
EXAM**

**EMT  
PARAMEDIC  
FEBRUARY 2010**

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

**2010  
EMT-PARAMEDIC  
Protocol Exam**

1. 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:
  - A. Begin full resuscitative efforts since EMS cannot honor such physician DNR's
  - B. Honor the hand written DNR since the physician is responsible for patient care during transport
  - C. Perform chest compressions only and return to CMC
  - D. Contact the nursing home for orders
  
2. Proper ET tube placement should be verified by a member of the receiving facility prior to turning over patient care and be properly documented in the patient care report.
  - A. True
  - B. False
  
3. Which of the following statements about Rocuronium is correct?
  - A. Rocuronium is utilized for pediatric PAI only
  - B. All MICU capable services are required to carry Rocuronium
  - C. All services that carry Rocuronium must also carry either Succinylcholine or Norcuron to facilitate intubation in pediatric patients
  - D. The dosage for Rocuronium is 5mg/kg
  
4. You are treating an 18 month old child for respiratory distress. The patient has bilateral wheezing noted along with retractions. There is no stridor or seal bark cough. Which of the following drugs would be contraindicated for this patient?
  - A. Albuterol
  - B. Decadron
  - C. Xopenex
  - D. Both A and C
  
5. You respond to find a 68 year old female who is complaining of feeling "funny". She is conscious and alert and denies any chest pain, dyspnea, or other symptoms. Vitals are: BP: 142/80, Respirations 28 and normal, Pulse is 176 and regular. Lung sounds are clear and equal. The ECG shows the rhythm below. You have the patient on oxygen and an IV established. Your next treatment should be to:
  - A. Give Lidocaine, 1mg/kg IV push
  - B. Give Amiodarone, 150mg rapid IV push
  - C. Give Lidocaine, 1.5mg/kg IV push
  - D. Give Amiodarone, 150mg over 10 minutes



6. Which of the following statements about Celox is INCORRECT?
  - A. It is a hemostatic agent that is used to assist in bleeding control
  - B. It is optional for the current protocols
  - C. It eliminates the need for direct pressure after application
  - D. Detailed instructions are printed on the package
  
7. You respond to a residence to find a 61-year-old female complaining of abdominal pain and generalized weakness and with some nausea and vomiting over the last day. She has a history of CAD, hypertension, arthritis and smokes 2 packs of cigarettes per day. She is awake, alert, and well oriented. She denies any chest pain. Her blood sugar is 124mg/dL. Her vitals are: BP-102/78, P-118 strong and regular, R-18 and uncomplicated. Tilt test reveals dizziness when patient sits up. She has no known drug allergies. 3-lead ECG shows a sinus tachycardia at 118bpm. Which protocol should be followed?
  - A. Decreased Level of Consciousness
  - B. Supraventricular Tachycardia
  - C. Non-Traumatic Hypovolemia and consider following the Cardiac Chest Pain or Suspected Myocardial Infarction
  - D. Cardiogenic Shock

8. Per protocol, Fentanyl is contraindicated in what patients?
- BP > 90 mmHg systolic
  - Children < 2 years of age
  - Orthopedic injuries
  - Burn victims
9. If carried, the dosages of Glucagon are:
- Adult dosage: 1 mg IM; Pediatric dosage: 0.5 mg IM
  - Adult dosage: 0.5 mg IM; Pediatric dosage: 0.01 mg/kg IM up to 0.5 mg
  - Adult dosage: 10 mg IM; Pediatric dosage 5 mg
  - Adult dosage: 20 mg IM, Pediatric dosage: 0.1 mg/kg IM up to 20 mg
10. What must occur before establishing an IO infusion on an adult?
- 3 unsuccessful peripheral attempts or the passage of 120 seconds, whichever comes first
  - The patient must be seriously ill or injured where drug and/or fluid therapy are required
  - The patient, or patient's guardian, must sign a written consent form
  - Both A and B
11. 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
12. You are called to the scene of an unconscious, non-breathing 71 year old male. The patient does have a weak carotid pulse. BP is 74 by palpation. Pupils are dilated and slow to react. The heart monitor shows the rhythm below. The FIRST action you take should be:
- Perform synchronized cardioversion at 100J
  - Defibrillate at 200J
  - Precordial thump
  - Begin CPR for 2 minutes



13. You are treating a patient in mild respiratory distress. You have this patient on oxygen and have begun a breathing treatment of Albuterol. The patient 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?
- You may transport this patient without establishing an IV due to proximity to hospital
  - If the patient becomes unstable during assessment you should establish IV prior to transport
  - You must establish an IV on scene
  - None of the above
14. Which of the following statements, concerning Continuous Positive Airway Pressure (CPAP) is CORRECT?
- CPAP is mandatory for all Paramedic units in the SPEMS area
  - All CPAP equipment must be approved by the Medical Director
  - CPAP is indicated in adult patients in cardiac and/or respiratory arrest
  - CPAP devices should have the PEEP setting at 20 cm H<sub>2</sub>O
15. After successfully establishing an IO on a conscious adult patient, what is the next procedure that should be done?
- Flush IO with 10 cc NS to verify proper placement
  - Administer 0.5 mg/kg Lidocaine to a max of 1000 mg to alleviate the pain in the IO space created by intramedullary pressure due to fluid infusion
  - Administer 2-6 mg of Morphine to alleviate the pain in the IO space created by intramedullary pressure due to fluid infusion
  - Administer 1 mg/kg Lidocaine to a max of 50 mg to alleviate the pain in the IO space created by intramedullary pressure due to fluid infusion
16. To obtain a Lead V4R EKG, following a standard 12 Lead EKG, what must you do?
- Obtain a right sided 12 lead EKG
  - Swap the left and right leg leads
  - Swap only the V1 and V2 leads
  - Swap the left and right arm leads

17. Which of the following statement about taser probe removal is correct?
- Taser probes should never be removed by EMS personnel
  - If the taser probe is embedded in the bone, use hemostats or pliers to remove it
  - Taser probe removal is up to each individual service; according to their policy
  - Taser probes must be immediately removed at the scene
18. Which of the following is a contraindication to the use of Etomidate to facilitate endotracheal intubation using pharmacologic agents?
- Head injuries
  - Children under 10 years of age
  - Kidney dialysis patients
  - None of the above
19. Your patient is a 36-year-old female complaining of severe shortness of breath. She has a long standing history of asthma. She tells you that she has not taken any bronchodilators because she has not had her prescriptions refilled. BP is 124/78. Respirations are 32 and labored. Pulse is 112, strong, and regular. Bilateral wheezing is noted. Pulse ox shows 88% on oxygen at 10lpm via a non-rebreather. You have established an IV and the EKG shows the rhythm below. Which drugs should be given initially?
- Albuterol and Decadron
  - Xopenex and Decadron
  - Nitroglycerin, Lasix, and Morphine
  - Epinephrine 1:1,000



20. Which of the following drugs is used to maintain sedation after successful endotracheal intubation using pharmacologic agents?
- Etomidate, 0.3mg/kg to a max of 40mg. May repeat once in 10 minutes if needed.
  - Versed, 0.05mg/kg to a max of 5mg per single dose. May be repeated once if systolic BP>90
  - Versed, 3mg. May be repeated once if systolic BP>90
  - Valium, 5mg IV. May be repeated as needed to maintain sedation.
21. You respond to a 45-year-old male who is having severe lower abdominal pain. The patient states that his abdomen feels like he has “been kicked by a mule”. He states that the pain awakened him out of a deep sleep about two hours ago and began around his naval. He states that the pain is now located in the lower right quadrant of the abdomen and rates his pain at an 8 on the 1-10 scale. He denies any trauma. He is conscious, alert, and well oriented. His skin is warm, dry, and normal in color. His vital signs are: BP 132/84, respirations are 24 and uncomplicated, and his pulse rate is 92. EKG shows a normal sinus rhythm without ectopy. The abdomen is soft but tender; especially in the lower right quadrant. To manage the abdominal pain, you should:
- Administer Morphine without online medical direction
  - Administer Fentanyl without online medical direction
  - Contact medical control as administration of pain medication for this patient must be authorized by online medical direction
  - Either A or B
22. 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?
- Administer Glucagon 1mg IM
  - Administer D50W slow IM
  - Establish an EZ IO and administer D50W IO
  - Perform BLS only and transport
23. The correct pediatric dosage and route of Racemic Epinephrine is:
- 11.25mg/0.5cc diluted in 3cc of NS via nebulizer
  - 11.25mg/0.5cc diluted in 5cc of NS via nebulizer
  - 11.25mg SC
  - 11.25mg IM

24. Which of the following statements regarding intubation attempts is correct?
- ET attempts should be limited to 1 attempt by the primary Paramedic and 1 attempt by the secondary Paramedic/Intermediate. If all attempts fail, the airway should be secured with the King Airway or a surgical cricothyrotomy
  - ET attempts should be limited to 2 attempts by the primary Paramedic and 1 attempt by the secondary Paramedic/Intermediate. If all attempts fail, the airway should be secured with the King Airway
  - ET attempts should be limited to 2 attempts by the primary Paramedic and 1 attempt by the secondary Paramedic/Intermediate. If all attempts fail, the airway should be immediately secured with a surgical cricothyrotomy
  - ET attempts should be limited to 1 attempt by the primary Paramedic and 1 attempt by the secondary Paramedic/Intermediate. If all attempts fail, the patient should be intubated with the King Airway

25. 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

26. Your patient is a 65 year old male complaining of chest pain and heart palpitations. You apply the heart monitor and see the EKG below. His vital signs are: BP 86/50, R-18 and normal, Pulse corresponds with the EKG. His skin is cool and moist. He has no medical history and no drug allergies. Which protocol should you follow in treating this patient?
- Cardiac Chest Pain
  - Ventricular Tachycardia (Conscious Patient)
  - Supraventricular Tachycardia
  - Cardiogenic Shock



27. The 3 components of the Cincinnati Stroke Scale are:
- Facial droop, arm drift, and one-sided weakness
  - Facial droop, one-sided weakness, and speech
  - One sided weakness, arm drift, and speech
  - Facial droop, arm drift, and speech
28. 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
29. You respond for a 76-year-old female having chest pain. She shows all signs of a right ventricular infarct (RVI). Her vital signs are P-76 weak, irregular; R-20 and normal; and BP is 82/48. You have this patient on oxygen and have administered aspirin. You perform a 12 lead and confirm a possible RVI. What is the next course of action on this patient?
- Establish a 2<sup>nd</sup> large bore IV and run wide open titrated to maintain systolic BP>90mmHg
  - Administer 0.4mg of Nitroglycerin SL
  - Administer Dopamine at 5mcg/kg/min
  - Administer 40mg of Lasix IV push
30. The pediatric dose of Versed IM for seizures is:
- 0.1mg/kg to a max of 5mg
  - 0.2mg/kg to a max of 5mg
  - 0.5mg/kg to a max of 5mg
  - 1mg/kg to a max of 5mg
31. You respond to a 43 year-old male complaining only of abdominal cramps with profound nausea and vomiting. The patient is repeatedly vomiting. What should be administered for the nausea/vomiting?
- Zofran, 4mg IVP
  - Phenergan, 12.5mg (diluted 9:1) IVP
  - Nothing without on-line medical direction
  - Phenergan 25mg, (diluted 9:1) IVP

32. You arrive on scene to find a 71-year-old female that is complaining of severe chest pain with dyspnea. She is sitting in her recliner. Her skin is cool and moist. Lung sounds are clear and equal, but diminished. BP is 100/62, P- 44 and irregular, R-24 and labored. You place her on oxygen and establish an IV. EKG shows the rhythm below. What is your next treatment?
- Atropine 1mg IVP
  - Administer Versed, 2.5mg and attempt external pacing
  - Atropine 0.5mg IVP and a fluid challenge of 500-1000cc
  - Atropine 0.5mg IVP and a Dopamine drip at 5mcg/kg/min



33. Within the protocols, if a piece of equipment is listed as “(recommended)”, this means:
- That these items are recommended and encouraged for this Protocol version
  - That these items will be recommended on the next Protocol version
  - That these items will be mandatory on the next Protocol version
  - Both A and C
34. You are called to private residence for a 68-year-old male complaining of severe chest pain. Patient is having some SOB and is rating the pain in his chest at a 10. You attach the heart monitor and see a sinus bradycardia at a rate of 42 beats per minute. Pt has a TDSHS Out of Hospital DNR and there is no reason to dispute the DNR. You feel that this is NOT the moment of death for this patient. What should be your initial treatment for this patient?
- Administer oxygen, establish an IV, and administer 0.5mg of Atropine
  - Administer oxygen, establish an IV, attempt transcutaneous pacing
  - Do nothing since the patient has a valid DNR
  - Administer oxygen only due to the DNR
35. What is the correct adult and pediatric dosage of Fentanyl for pain management?
- 5mcg/kg to a max of 50mcg per dose
  - 5mcg/kg to a max of 100mcg per dose
  - 1mcg/kg to a max of 25mcg
  - 1mcg/kg to a max of 50mcg
36. You respond to a patient in full cardiac arrest. The patient was found outside in 38° F. weather. The patient has a core temperature of 83°. The heart monitor shows fine V-Fib. All of the following should be performed EXCEPT:
- Defibrillation at 360J or biphasic equivalent
  - IV of NS running wide open to a max of 3,000cc
  - 1mg Epinephrine 1:10,000 every 3-5 minutes for duration of arrest
  - CPR
37. For adult patients in cardiogenic shock, what is the initial fluid challenge procedure?
- 250cc of NS X 1
  - 20cc/kg of NS X 1
  - 250cc of NS repeated as needed to achieve clinical results
  - 500-1000cc of NS
38. You respond for a 28-year-old female having an allergic reaction to a bee sting. She is having some dyspnea and her BP is 136/88 with good capillary refill. She is conscious and alert. What drugs should be given?
- 50mg Benadryl IV, 2.5mg Albuterol HHN, and 20mg Decadron IV
  - 0.5mg Epinephrine 1:1,000 SC and 50mg Benadryl IV
  - 0.5mg Epinephrine 1:10,000 IV and 20mg Decadron IV
  - 0.3mg Epinephrine 1:1,000 SC and 50mg Benadryl IV
39. All pediatric intraosseous IVs should be started with:
- Jamshidi
  - EZ IO device
  - Sternal IO device
  - Either A or B

40. Which of the following is NOT a sign of right ventricular infarct (RVI)?
- A. JVD with clear lung sounds
  - B. ST elevation in leads II, III, and aVF
  - C. ST depression in lead V4R
  - D. Hypotension
41. Which of the following sizes and types of the King Airway are required to be carried by all EMS units utilizing Paramedics?
- A. One adult and one pediatric size of the LT-D airways
  - B. Pediatric LT-D airways sizes 2 and 2.5 AND adult LTS-D sizes 3, 4, and 5
  - C. One adult and one pediatric size of the LTS-D airways
  - D. Pediatric and Adult LT-D sizes 2, 2.5, 3, 4, and 5

42. The EKG below is on a 62-year-old male who is complaining of dizziness and weakness. He is restless and not oriented to place or time. His skin is pale, cool, and moist. Capillary refill is greater than 2 seconds. Vital signs: BP 88/42, R 28, shallow, regular, pulse is 48. He has a history of chronic essential hypertension and angina pectoris. He should be treated initially with:

- A. External Pacemaker
- B. Lidocaine, 1.5 mg/kg IV
- C. Nitroglycerin, 0.4 mg SL
- D. Atropine, 0.5 mg IV



43. When utilizing pharmacologic agents to facilitate intubation, which medication should NOT be administered to a 44-year-old male patient with a head injury prior to intubation?
- A. Versed 0.1mg/kg IV to a maximum dose of 10mg
  - B. Lidocaine 1mg/kg IV
  - C. Succinylcholine 2mg/kg, rapid IV push or Norcuron 0.15mg/kg, IV push to a max of 20mg
  - D. Etomidate 0.3mg/kg to a max of 40mg
44. Which blood tubes must be carried on each unit?
- A. Red top, blue top, green top
  - B. Blue top, "tiger" top, green top
  - C. Purple top, green top, blue top
  - D. Green top, purple top, "tiger" top
45. You are working a cardiac arrest on a patient in V-Fib. After giving Amiodarone, the IV infiltrates and you are unable to re-establish an IV. You can now administer Lidocaine via the ETT.
- A. True
  - B. False
46. Which of the following are considered anginal equivalents and should alert EMS personnel to consider following the Cardiac Chest Pain or Suspected MI Protocol?
- A. Respiratory distress/dyspnea
  - B. Weakness/fatigue without history of GI bleed or recent fever
  - C. Palpitations, syncope, or near syncope
  - D. Any/all of the above
47. What is the intraosseous infusion site on an adult and pediatric patient?
- A. Posterior tibia
  - B. Anterior tibia
  - C. Posterior fibula
  - D. Anterior fibula
48. 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 and EZ IO is unobtainable
  - D. All seizing patients
49. Which of the following statements about giving 150mg of Amiodarone over 10 minutes is/are correct?
- A. It may be mixed in a 100cc bag of D5W for adult patients
  - B. It may be mixed in a 1 liter bag of NS for all patients
  - C. It should not be mixed in a 100cc bag of D5W for pediatric patients
  - D. Both A and C are correct

50. 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 Paramedic should:
- A. Consider findings from the physical exam
  - B. Consider the patient's history and risk factors
  - C. Compile and interpret all collected information
  - D. All of the above

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