

**SOUTH PLAINS
EMERGENCY MEDICAL
SERVICES**

**PRE-HOSPITAL
TREATMENT
PROTOCOL
EXAM**

**EMERGENCY CARE ATTENDANT
(ECA)
FEBRUARY 2011**

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

**2011
ECA
Protocol Exam**

1. The correct dosage and route for Epinephrine 1:1,000 for an adult person with an anaphylactic reaction is:
 - A. 0.3mg IM
 - B. 0.3mg SC
 - C. 0.3mg via Auto-injector
 - D. Either A or C

2. 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

3. A neonate should be given cardiac compressions when the:
 - A. Umbilical pulse is less than 80
 - B. Carotid pulse is less than 60
 - C. Brachial pulse is less than 120
 - D. Brachial pulse is less than 60

4. Contraindications to administering oxygen include:
 - A. Ingestion of an acid or alkali
 - B. Organophosphate poisoning
 - C. Decreased level of consciousness
 - D. Paraquat poisoning

5. Which of the following statements about required equipment is INCORRECT?
 - A. Glucometer is optional
 - B. All SAEDs must have a charged spare battery or must be equipped with the 5 year sealed battery
 - C. All pulse oximeters must have charged spare batteries
 - D. All portable suction units must have charged spare batteries or an alternative power source

6. The patient is a 45-year-old executive who experienced a sudden onset of crushing chest pain while sitting at his desk. He is awake and alert. His skin is cool, pale, and moist. BP-140/90; P-110, weak, regular, R-20 shallow, regular. Your first action should be to:
 - A. Administer oxygen via non-rebreather mask
 - B. Administer aspirin 325 mg
 - C. Administer 0.4 mg nitroglycerin SL
 - D. Check blood sugar level

7. 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 oxygen, 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:
 - A. Administer palliative care only since the patient has a valid DNR
 - B. Perform aggressive CPR
 - C. Assist ventilations with a BVM since the DNR is not effective until the cessation of spontaneous respirations and/or pulses
 - D. Contact medical control for further instructions

8. When a patient is hypothermic, you should actively rewarm the patient as soon as possible.
 - A. True
 - B. False

9. If an SAED is configured to the 2005 AHA Guidelines, how many shocks will an adult patient, in cardiac arrest, initially received?
 - A. 1
 - B. 2
 - C. 3
 - D. 4

10. Paramedic backup should be contacted for a patient with dyspnea if serious respiratory distress, wheezing, and pulse ox (on oxygen) is less than:
 - A. 88%
 - B. 90%
 - C. 92%
 - D. 94%

11. _____ is defined as a presentation of an unexplained seizure or convulsion in the setting of the signs and symptoms of Pre-Eclampsia. It typically occurs during or after the 20th week of gestation or in the postpartum period.
- A. Toxemia
 - B. Sepsis
 - C. Eclampsia
 - D. Magnesium Sulfate toxicity
12. Which of the following is/are requirement(s) that each ECA must meet in order to have proper SPEMS Medical Control Direction?
- A. Must have current CPR certification in Health Care Provider BLS
 - B. Must demonstrate proficiency of use of an SAED twice per year
 - C. Must attend at least four case reviews per year
 - D. Both A and C are correct
13. 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 continue transport to the nursing home
 - D. Contact the nursing home for orders
14. 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:
- 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
15. It is acceptable to run multiple protocols, simultaneously, on the same patient.
- A. True, only with on-line medical direction
 - B. True, with cognizance of cumulative or contradicting medications
 - C. True, only when patient is complaining of chest pain and shortness of breath
 - D. False
16. You respond to a youth football game for an injured player who was unconscious for a brief period of time prior to your arrival. You notice that the helmet fits too loose and needs to be removed. Which of the following statements is correct?
- A. Remove the facemask first then the helmet
 - B. Remove the helmet first then the shoulder pads
 - C. Remove the helmet and shoulder pads simultaneously
 - D. Remove the shoulder pads first and then the helmet
17. If you work with a volunteer fire department that is located outside of the SPEMS region, you may use the SPEMS protocols, while performing duties of that department, as long as the volunteer fire department does NOT operate the local EMS service.
- A. True
 - B. False
18. A positive "tilt" test refers to:
- A. Pulse decrease of 20/minute between lying and sitting
 - B. Systolic BP decrease of 20 mm Hg between lying and sitting
 - C. Increase in pulse of 20/min between lying and sitting
 - D. Either B or C
19. In the event that a non-EMS healthcare provider, such as a nurse, is needed to accompany the EMS crew, what must occur before the non-EMS healthcare provider can render care?
- A. The patient's condition must deteriorate
 - B. The non-EMS healthcare provider must obtain prior medical direction from a physician
 - C. The non-EMS provider must be ACLS certified
 - D. The non-EMS provider must have a current CPR card

20. Which of the following should be considered in all near drowning patients?
- Consider spinal cord trauma
 - All near drowning patients should be transported to an ER regardless of how good the patient looks
 - Air transport should be considered to expedite patient's arrival at the hospital
 - All of the above are correct
21. You have a patient with obvious signs/symptoms of a stroke, with initial onset 30 minutes ago, and you are unable to adequately manage his/her airway, where should that patient be transported to?
- Nearest acute care facility
 - Closest highest designated stroke facility
 - Closest level I trauma facility
 - Closest office or clinic with a physician
22. A newborn is pink with blue extremities, has a pulse of 104, grimaces with suctioning, actively moves, and has slow respirations. The APGAR score is:
- 5
 - 6
 - 7
 - 8
23. When applying an SAED to a pediatric patient, which of the following is/are correct?
- Use pediatric pads if available
 - Use adult pads if pediatric pads are not available
 - If adult pads are used, apply according to manufacturer's recommendation
 - All of the above are correct
24. 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
25. Which of the following statements about Celox is INCORRECT?
- It is a hemostatic agent that is used to assist in bleeding control
 - It eliminates the need for direct pressure after application
 - It is optional for the current protocols
 - Detailed instructions are printed on the package
26. Electronic signatures are acceptable on the new OOH DNR forms.
- True
 - False
27. 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 "optional" on the next Protocol version
 - That these items will be mandatory on the next Protocol version
 - Both A and C
28. What is the pediatric dose of Epinephrine 1:1,000 if given via intramuscular injection?
- 0.15mg
 - 0.01mg/kg to a max of 0.15mg
 - 0.1mg/kg to a max of 0.15mg
 - 0.01mg/kg to a max of 0.3mg
29. Which of the following skills is/are required to be tested twice annually?
- Subcutaneous Epinephrine (if currently carried by your service)
 - Epinephrine Auto Injector
 - Intramuscular Epinephrine (if currently carried by your service)
 - SAED
30. You are called out in the county for a person with a snakebite. Upon arrival, you find an 18-year-old male with a rattlesnake bite to his right lower leg. Massive swelling is noted. You should do all of the following EXCEPT:
- Apply ice to the bite sight
 - Zero elevation of the right leg
 - Give patient BLS supportive measures
 - Maintain leg at heart level

31. An example of a critical burn is:
- A. Electrical injury
 - B. 10% TBS 3rd degree burns located on the back
 - C. Patients with burns of the genitalia
 - D. All of the above
32. You respond to an adult patient who has been ejected from an ATV. The patient is unconscious and unresponsive with a head injury and is breathing about 6 breaths per minute. The Glasgow Coma Score is 7. You place an oropharyngeal airway and begin to ventilate the patient. At what rate should you ventilate this patient?
- A. 8-10 breaths per minute
 - B. 12-16 breaths per minute
 - C. 16-24 breaths per minute
 - D. 24 breaths per minute
33. A patient presents with trouble walking, sudden confusion, and sudden trouble speaking. He denies falling or any traumatic injury. Which algorithm should be followed?
- A. Decreased Level of Consciousness
 - B. Stroke/TIA
 - C. Respiratory distress
 - D. Trauma
34. A 16-year-old male is involved in a one-car rollover. He denies any pain or injuries. His vital signs are normal and the exam shows no obvious injuries. He tells you that he lives at home with his parents. He also tells you that he does NOT want to be transported to the hospital. You are unable to reach his parents or other responsible relative. What should you do with this patient first?
- A. Forcibly restrain the patient on a backboard and transport to the hospital
 - B. Allow the patient to sign a refusal form
 - C. Contact medical control and law enforcement for assistance
 - D. Have law enforcement transport the patient to the hospital in a patrol car
35. In order for an ECA to give Instant Glucose, the glucometer reading must be below what level?
- A. 30mg/dL
 - B. 50mg/dL
 - C. 70mg/dL
 - D. 90mg/dL
36. Recommended care for patients with COPD is that they initially receive oxygen by:
- A. Nasal cannula at 2-4 LPM
 - B. Non-rebreather mask adjusted to ventilatory rate and volume
 - C. Venturi mask at 4 LPM (24%)
 - D. Nasal cannula or mask at the rate needed to maintain oxygen saturation at 90% to 92%
37. What is the minimum age of a patient that an SAED can be applied and used on?
- A. 1 year
 - B. 2 years
 - C. 8 years
 - D. 12 years
38. In order for a BLS service to carry intramuscular 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 IM 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 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
40. Adequate perfusion is defined as all of the following EXCEPT:
- A. Patient is alert and oriented
 - B. Skin is warm and dry
 - C. Palpable radial pulses
 - D. Capillary refill > 2 seconds
41. The ResQPOD device is indicated for which type of patient?
- A. Pediatric patients with severe dyspnea
 - B. Adult patients in cardiac arrest
 - C. Adult patients in respiratory arrest
 - D. Both B and C

42. Which of the following form(s) of a TDSHS out of hospital DNR may NOT be accepted by EMS?
- The original paper document
 - A copy of the paper document
 - A plastic or stainless steel bracelet with the official TDSHS DNR logo
 - All may be accepted
43. Which of the following devices may be used by an ECA for airway management?
- Oropharyngeal airway or nasopharyngeal airway
 - Combi-tube or King airway
 - Nasogastric tube
 - Any/all of the above
44. If an SAED is not configured to the 2005 AHA guidelines, what should you do?
- Override the SAED and manually defibrillate at 360J or biphasic equivalent
 - Give only one shock at the lowest setting
 - Follow manufacturer's recommendations
 - Give no shocks and call for paramedic backup
45. Which hemostatic agent is allowed to be carried?
- Quickclot (heat free formula)
 - Celox
 - Bloodstop
 - Either A or B
46. What is the appropriate ventilation rate during neonatal resuscitation?
- 20/minute
 - 30/minute
 - 40/minute
 - 50/minute
47. SPEMS required skills may be checked of by any of the following persons EXCEPT:
- An AHA CPR Instructor
 - The Medical Director
 - A Peer Reviewer
 - A TDSHS Instructor
48. Which of the following minors **cannot** legally refuse transport and sign the refusal form?
- A 15 year old female who is pregnant
 - A 16 year old who is emancipated from his/her parents
 - A 17 year old who is on active duty with the US Army
 - A 17 year old whose parents are away on vacation
49. Your patient is a 64-year-old female that has been in cardiac arrest for several minutes. You have been ventilating with a BVM 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
50. 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

****END OF EXAMINATION****