

**SOUTH PLAINS  
EMERGENCY MEDICAL  
SERVICES**

**PRE-HOSPITAL  
TREATMENT  
PROTOCOL  
EXAM**

**EMT-BASIC  
FEBRUARY 2011**

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

**2011**  
**EMT-BASIC**  
Protocol Exam

1. When should the positive findings of the Cincinnati Stroke Scale *first* be reported?
  - A. At the scene, if possible
  - B. On the run report
  - C. En route to the ER
  - D. Upon arrival at the ER
2. 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?
  - 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
3. 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
4. Your patient is complaining of severe chest pain. You have the patient on oxygen. You have administered 325mg of aspirin and 0.4mg of nitroglycerin. Five minutes after receiving his first dose of nitroglycerin 0.4 mg SL, the patient continues to have cardiac chest pain. You have requested Paramedic backup. A Paramedic is on the way but is not yet on scene. The blood pressure is now 96/56. You should:
  - A. Repeat 0.4 mg nitroglycerin SL
  - B. Give no additional nitro and wait for the paramedic
  - C. Apply an AED and shock at 360J
  - D. Repeat the aspirin
5. Treatment for snake bites include all of the following EXCEPT:
  - A. Immobilize the extremity at heart level
  - B. Cool, calm environment
  - C. Ice and constriction band
  - D. Zero degree elevation
6. You respond to a residence for a 25-year-old male complaining of difficulty breathing. Upon arrival, the patient is in obvious respiratory distress. You immediately apply oxygen at 12 LPM via a non-rebreather. His vital signs are: BP-124/84, P-116 strong and regular, R-28 shallow. His pulse ox shows 93% on oxygen and wheezing is noted in both lungs. He has a long-standing history of asthma and diabetes. He tells you that he took a breathing treatment of Xopenex about 10 minutes ago with very little relief. What should you do next?
  - A. Give Xopenex 1.25mg via nebulizer
  - B. Give Xopenex 2.5mg via nebulizer
  - C. Give Albuterol 2.5mg via nebulizer
  - D. Either A or C
7. 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
8. 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
9. The adult dose for Epinephrine Auto-injector or IM for an allergic reaction on a 56 year old male with a history of CAD (Coronary Artery Disease) is:
  - A. 0.3mg
  - B. 0.15mg
  - C. 0.5mg
  - D. Epinephrine is contraindicated on a patient with a history of CAD

10. 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
11. In order for a BLS service to carry intramuscular Epinephrine, instead of the Epi Auto-Injectors, each service must show:
- That all active ECA’s, EMT’s, and Intermediates are appropriately trained on IM injections and the Allergic Reaction Protocol
  - That carrying the Epi Auto-Injectors would put a financial hardship on the service
  - That each unit has ALS capabilities
  - Both a and b are correct
12. Glucagon is indicated for:
- All unresponsive patients
  - All unresponsive patients with blood glucose level below 70mg/dL
  - All patients with blood glucose level below 70mg/dL
  - All unresponsive patients with blood glucose level above 70mg/dL
13. 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?
- Remove the facemask first then the helmet
  - Remove the helmet first then the shoulder pads
  - Remove the helmet and shoulder pads simultaneously
  - Remove the shoulder pads first and then the helmet
14. 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 IM or by Auto-injector
  - Administer Albuterol or Xopenex by nebulizer
  - Administer 0.15mg Epinephrine IM or by Auto-injector
15. \_\_\_\_\_ 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. Eclampsia | C. Toxemia                    |
| B. Sepsis    | D. Magnesium Sulfate toxicity |
16. Which of the following is/are requirement(s) that each EMT must meet in order to have proper SPEMS Medical Control Direction?
- Must have current CPR certification in 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
17. 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:
- Honor the hand written DNR since the physician is responsible for patient care during transport
  - Perform chest compressions only and continue transport to the nursing home
  - Begin full resuscitative efforts since EMS cannot honor such physician DNR’s
  - Contact the nursing home for orders

18. What is the appropriate ventilation rate during neonatal resuscitation?
- 20/minute
  - 30/minute
  - 40/minute
  - 50/minute
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?
- The patient's condition must deteriorate
  - The non-EMS healthcare provider must obtain prior medical direction from a physician
  - The non-EMS provider must be ACLS certified
  - The non-EMS provider must have a current CPR card
20. 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
21. If you have EKG transmission capabilities and proper documented training, EMT-Basics are allowed to transmit a 12 lead EKG to the receiving hospital.
- True
  - False
22. The patient is a 14-year-old female who is complaining of nausea, vomiting, and diarrhea for the last 8 hours. She has weak radial pulses with a rate of 116. Her skin is pale and warm. 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; apply and inflate MAST; begin rapid transport; contact medical control
  - Tell the patient to "hang in there" and complete the tilt test since you must have the vital signs to continue
23. 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
24. 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
25. A patient presents with trouble walking, sudden confusion, and sudden trouble speaking. He denies falling or any traumatic injury. Which algorithm should be followed?
- Decreased Level of Consciousness
  - Stroke/TIA
  - Respiratory distress
  - Trauma
26. It is acceptable to run multiple protocols, simultaneously, on the same patient.
- True, only with on-line medical direction
  - True, with cognizance of cumulative or contradicting medications
  - True, only when patient is complaining of chest pain and shortness of breath
  - False
27. 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 algorithm, 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

28. 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?
- Contact medical control and law enforcement for assistance
  - Allow the patient to sign a refusal form
  - Have law enforcement transport the patient to the hospital in a patrol car
  - Forcibly restrain the patient on a backboard and transport to the hospital
29. Which of the following drugs are now "Optional" for EMT Basic Protocols?
- Xopenex
  - Racemic Epinephrine
  - Liquid Children's Motrin
  - Activated Charcoal
30. 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
31. Contraindications to administering oxygen include:
- Ingestion of an acid or alkali
  - Organophosphate poisoning
  - Decreased level of consciousness
  - Paraquat poisoning
32. 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:
- Administer oxygen via non-rebreather mask and aspirin 325 mg
  - Administer 0.4 mg nitroglycerin SL
  - Transport code 1
  - Request paramedic back-up and transport code 3
33. 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 through a King Airway throughout 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
34. 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
35. 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
  - Contact medical control for further instructions
36. You respond to an adult patient who has been ejected from an ATV. The patient is unconscious and unresponsive. He has an obvious head injury and is breathing about 6 breaths per minute. The Glasgow Coma Score is 7. You place the King Airway and begin to ventilate the patient. At what rate should you ventilate this patient?
- 8-10 breaths per minute
  - 12-16 breaths per minute
  - 16-24 breaths per minute
  - 24 breaths per minute

37. Which drug and dose can be given to a pediatric patient with febrile seizures?
- Children's Aspirin, 80mg
  - Children's Tylenol (Acetaminophen), 7.5mg/kg up to 350mg
  - Children's Tylenol (Acetaminophen), 15mg/kg up to 700mg
  - Children's Motrin (Ibuprofen), 10mg/kg up to 800mg
38. If carried, the adult dosage and route of Glucagon is:
- 1mg SC
  - 1 mg orally
  - 1mg IM
  - 2mg IM
39. You are administering Epinephrine 1:1,000 IM to a patient having an allergic reaction. You want to administer 0.3mg of the drug. Epinephrine is supplied as 1mg in 1cc. How many cc's should you administer?
- 0.15cc
  - 0.3cc
  - 0.5cc
  - 1cc
40. Which hemostatic agent is allowed to be carried?
- Quickclot (heat free formula)
  - Celox
  - Bloodstop
  - Either A or B
41. Which of the following statements regarding an EMT applying ECG/12 lead electrodes on a patient is/are CORRECT?
- An EMT can apply ECG/12 lead electrodes to a patient having chest pain after Paramedic backup has been requested
  - An EMT must have appropriate training and testing prior to the placement of the cardiac monitor/12 lead
  - An EMT cannot use monitor placement for interpretation/treatment
  - All the above are correct
42. 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 hemastats 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
43. If carried, the pediatric dosage and route of Glucagon is:
- 0.5mg SC
  - 0.5mg orally
  - 0.5mg IM
  - 1mg IM
44. What must be present before fever medication can be given, PO, to a pediatric patient who has had a febrile seizure?
- Altered LOC
  - Temperature of 100.4 degrees or above
  - Loss of continence
  - Both A and B must be present
45. The ResQPOD device is indicated for which type of patient?
- Pediatric patients with severe dyspnea
  - Adult patients in cardiac arrest
  - Adult patients in respiratory arrest
  - Both B and C
46. The pediatric dosage of Epinephrine for an allergic reaction is:
- 0.01mg/kg to a max of 0.15mg IM
  - 0.15mg by auto-injector
  - 0.01mg/kg to a max of 0.3mg IM
  - Either A or B
47. 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
48. A neonate should be given cardiac compressions when the:
- Umbilical pulse is less than 80
  - Carotid pulse is less than 60
  - Brachial pulse is less than 120
  - Brachial pulse is less than 60

49. Paramedic backup should be contacted for a patient in respiratory distress if serious respiratory distress, wheezing, and pulse ox (on oxygen) is less than:
- A. 88%
  - B. 90%
  - C. 92%
  - D. 94%
50. Electronic signatures are acceptable on the new OOH DNR forms.
- A. True
  - B. False

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