

**SOUTH PLAINS  
EMERGENCY MEDICAL  
SERVICES**

**PRE-HOSPITAL  
TREATMENT  
PROTOCOL  
EXAM**

**EMT  
INTERMEDIATE  
FEBRUARY 2011**

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

**2011**  
**EMT-INTERMEDIATE**  
Protocol Exam

1. 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 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
  - 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 patient should be intubated with the King Airway
  - D. 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
  
2. Your patient is a 6-month-old male that is unconscious. His blood glucose level is 40mg/dL. What is the correct drug to administer?
  - A. D50W, 12.5g IV push
  - B. D25W, 2cc/kg to a max of 100cc
  - C. D12.5W, 5cc/kg
  - D. D10W, 3cc/kg
  
3. 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
  
4. 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
  
5. 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
  
6. Your patient is a 67-year-old female that presents with altered mental status and is responding only to painful stimuli. She is breathing at 16 breaths per minute. Pulse is 84 strong and regular. BP is 144/94. She has no history of diabetes and her blood glucose level is 132mg/dL. She has a history of hypertension, unknown "heart condition" and chronic back pain resulting from an MVC 2 years ago. Her medications include: Inderol, potassium, and MS Contin. Which drug should be given?
  - A. Narcan 2mg IV push repeated if not improvement in mental status
  - B. D50W, 25g IV push
  - C. Activated Charcoal 1g/kg up to 50g
  - D. Narcan 0.1mg every 2-3 minutes until clinical effect noted
  
7. 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.
  - A. True
  - B. False
  
8. If carried, the adult dosage and route of Glucagon is:
  - A. 1mg SC
  - B. 1 mg orally
  - C. 1mg IM
  - D. 2mg IM

9. 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
10. Your patient is a 19-year-old female who presents with abdominal pain with severe nausea and vomiting X 8 hours. History leads you to suspect food poisoning. Patient's vitals are: BP: 92/64, R- 24 uncomplicated, P- 116. Skin is pale, cool and diaphoretic. Tilt test is positive. You have the patient on oxygen and an IV established when she vomits again. Which treatment(s) is/are indicated?
- Running the IV wide open up to 1 liter of fluids
  - Administering Zofran 4mg IV push
  - Transporting the patient with head elevated
  - Both A and B
11. 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
12. You are dispatched to a report of "difficulty breathing" at an apartment complex. The patient is a 40-year-old male who is in obvious respiratory distress. He is moving some air with shallow respirations at a rate of 32/minute. He tells you that he was stung by a bee about 10 minutes ago and that he has had a previous allergic reaction to a bee sting 4 years ago. He tells you that the reaction usually has been a red rash with itching, but 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:
- Administer 0.3 mg Epinephrine IM or by Auto-injector
  - Administer 50mg Benadryl, IV
  - Contact medical control
  - Administer Albuterol by nebulizer
13. Which of the following statements regarding an EMT-I applying ECG/12 lead electrodes on a patient is/are CORRECT?
- An EMT-I can apply ECG/12 lead electrodes to a patient having chest pain after Paramedic backup has been requested
  - An EMT-I must have appropriate training and testing prior to the placement of the cardiac monitor/12 lead
  - An EMT-I cannot use monitor placement for interpretation/treatment
  - All the above are correct
14. 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?
- Closest level I trauma facility
  - Closest highest designated stroke facility
  - Nearest acute care facility
  - Closest office or clinic with a physician
15. Which of the following drugs are now "Optional" for the SPEMS Protocols?
- Xopenex
  - Zofran
  - Liquid Children's Motrin
  - Activated Charcoal
16. 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?
- You may transport this patient without establishing an IV due to proximity to hospital
  - If patient becomes unstable during assessment you should establish IV prior to transport
  - You must establish IV on scene
  - None of the above
17. 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%

18. All pediatric intraosseous IVs should be started with:
- EZ IO device
  - Jamshidi
  - Sternal IO device
  - Either A or B
19. When can an Intermediate administer Benadryl to a patient having an allergic reaction?
- When the systolic BP is < 90mmHg with inadequate perfusion
  - When a rash is present
  - When a patient is unconscious
  - When the systolic BP is > 90mmHg with adequate perfusion
20. You are transporting a 62-year-old patient in full cardiac arrest and you are unable to gain IV access through a peripheral vein. The patient has had previous bilateral leg amputations just above the knees. What is the best procedure to gain IV access?
- Place the EZ-IO at the proximal humerus
  - Request orders for a central line
  - Begin rapid transport without IV access
  - Administer all drugs via the ET tube
21. What is the correct dosage of NS for a pediatric fluid challenge of a suspected poisoning?
- 10cc/kg over 10 minutes, repeated until signs of adequate perfusion are present
  - 20cc/kg over 10 minutes, repeated until signs of adequate perfusion are present
  - 10cc/kg over 20 minutes, repeated until signs of adequate perfusion are present
  - 20cc/kg over 20 minutes, repeated until signs of adequate perfusion are present
22. Glucagon is indicated for:
- All unresponsive patients
  - Patient with a blood glucose level above 70mg/dL
  - Patients with blood glucose level below 70mg/dL and an IV is unobtainable
  - All seizing patients
23. The 3 components of the Cincinnati Stroke Scale are:
- Facial droop, arm drift, and speech
  - Facial droop, arm drift, and one-sided weakness
  - Facial droop, one-sided weakness, and speech
  - One sided weakness, arm drift, and speech
24. The correct dosage and route for Epinephrine 1:1,000 for an adult person with an anaphylactic reaction is:
- 0.3mg IM
  - 0.3mg SC
  - 0.3mg via Auto-injector
  - Either A or C
25. 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
26. 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?
- Perform CPR for two minutes (5 cycles) and then repeat defibrillations if indicated
  - Continue CPR and begin transport without any additional defibrillations
  - Perform another series of defibrillations without CPR
  - Call the JP for a dead body
27. 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

28. \_\_\_\_\_ 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
  - B. Sepsis
  - C. Toxemia
  - D. Magnesium Sulfate toxicity
29. Which algorithm(s) require drawing blood in blood tubes for labs?
- A. Cardiac Chest Pain, Respiratory Distress, and Stoke/TIA
  - B. Poisoning, Seizures, and Decreased Level of Consciousness
  - C. Respiratory Distress, Decreased Level of Consciousness, and Poisoning
  - D. Cardiac Chest Pain, Decreased Level of Consciousness, and Stroke/TIA
30. 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. Patient has a pulse rate of 118. You are unable to establish a typical IV so you insert an EZ-IO. After establishing and securing the catheter, you should:
- A. Request paramedic backup to administer Morphine for pain management
  - B. Administer Lidocaine at 1mg/kg up to 50mg for pain control then rapidly infuse the fluid
  - C. Rapidly infuse NS immediately
  - D. Infuse the NS slowly at first then begin rapid infusion
31. A pediatric patient, in cardiac arrest should have an IV:
- A. Of NS run at 20cc/kg over 10 minutes repeated once if needed
  - B. Of NS run at 20cc/kg over 10 minutes repeated twice if needed
  - C. Of NS run at 20cc/kg over 20 minutes repeated once if needed
  - D. Of NS run at 20cc/kg over 20 minutes repeated twice if needed
32. How should the EZ-IO catheter be secured on an adult patient?
- A. Use of bulky dressings
  - B. Use of an EZ-STABILIZER
  - C. Plastic cup
  - D. Either A or B
33. The aid of an ET introducer, such as a Bougie is allowed by protocols.
- A. True
  - B. False
34. 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
35. 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
36. 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
37. 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

38. In order for a BLS or ALS service to carry intramuscular Epinephrine, instead of the Epi Auto-Injectors, each service must show:
- That each unit has ALS capabilities
  - That all active ECA's, EMT's, and Intermediates are appropriately trained on SQ injections and the Allergic Reaction Protocol
  - That carrying the Epi Auto-Injectors would put a financial hardship on the service
  - Both a and b are correct
39. 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
40. 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
41. 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
42. Which hemostatic agent is allowed to be carried?
- Quickclot (heat free formula)
  - Celox
  - Bloodstop
  - Either A or B
43. 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
  - Contact online medical control for permission to access the subclavian
  - Do not administer fluids through the subclavian because it is not allowed by protocols
  - Keep attempting to establish a peripheral IV
44. If carried, the pediatric dosage and route of Glucagon is:
- 0.5mg SC
  - 0.5mg orally
  - 0.5mg IM
  - 1mg IM
45. Proper ET tube placement should be verified by a member of the receiving facility prior to turning over patient care.
- True
  - False
46. The blood glucose level, for a conscious, non-critical patient, should be below \_\_\_\_\_ before an EZ-IO is established.
- 40mg/dL
  - 50mg/dL
  - 60mg/dL
  - 70mg/dL
47. Racemic Epinephrine is indicated for which condition?
- Pediatric epiglottitis
  - Pediatric croup
  - Pediatric respiratory distress with pulmonary edema
  - Pediatric allergic reaction
48. Electronic signatures are acceptable on the new OOH DNR forms.
- True
  - False

49. The ResQPOD device is used for which type of patient?
- A. Pediatric patients in cardiac arrest
  - B. Adult patients in cardiac arrest
  - C. Adult patients with severe dyspnea
  - D. Both A and B
50. Which of the following conditions **MUST** be present before you can administer Epinephrine for an allergic reaction before contacting medical control?
- A. Cyanosis
  - B. Dyspnea
  - C. Hives or rash
  - D. Systolic BP < 90mmHg systolic

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