

**SOUTH PLAINS  
EMERGENCY MEDICAL  
SERVICES**

**PRE-HOSPITAL  
TREATMENT  
PROTOCOL  
EXAM**

**EMT  
INTERMEDIATE**

**OCTOBER 2008**

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

**2008-2009**  
**EMT-INTERMEDIATE**  
Protocol Exam

1. Throughout the Protocols, there is equipment with “(recommended)”. What does this mean?
  - A. That these items are recommended and encouraged for this Protocol version
  - B. That these items will be recommended on the next Protocol version
  - C. That these items will be mandatory on the next Protocol version
  - D. Both A and C
  
2. 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
  
3. 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
  
4. 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:
  - A. 0.3mg
  - B. 0.15mg
  - C. 0.5mg
  - D. Epinephrine is contraindicated on a patient with a history of CAD
  
5. 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:
  - A. Contact medical control
  - B. Administer 0.3 mg Epinephrine SC or by Auto-injector
  - C. Administer 50mg Benadryl, IM
  - D. Administer Albuterol by nebulizer
  
6. 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
  
7. 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
  
8. 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

9. 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?
  - A. Administer fluid through the subclavian without orders
  - B. Do not administer fluids through the subclavian because it is not allowed by protocols
  - C. Keep attempting to establish a peripheral IV
  - D. Contact online medical control for permission to access the subclavian
  
10. 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 peripheral IV so you insert an EZ I/O. 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
  
11. Which of the following airway devices are authorized by the current Protocols?
 

A. Combitube and/or King Airway	C. PTL and/or Combitube
B. PTL and/or King Airway	D. EGTA and/or Combitube
  
12. 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
  
13. 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
  
14. 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 Combitube) 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 (or Combitube)
  - 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 Combitube) 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 (or Combitube)
  
15. 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:
  - A. Administer 2mg of Narcan IO
  - B. Administer Lidocaine at 1mg/kg IO up to 50mg then 2mg of Narcan IO
  - C. Request Paramedic backup prior to administration of any fluid or drug
  - D. Rapidly infuse NS immediately

16. 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 and 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 Albuterol 1.25mg via nebulizer
  - B. Give Albuterol 2.5mg via nebulizer
  - C. Give Xopenex 1.25mg via nebulizer
  - D. Give Xopenex 2.5mg via nebulizer
17. 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
18. 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
19. 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 start an IV and give D50
  - C. Yes, you may follow the Basic protocol if an IV is unobtainable
  - D. No, if you cannot get an IV, you should begin prompt transport
20. You are traveling with your family to Dallas for vacation. 30 miles east of Wichita Falls, you come upon a one car rollover. You stop to assist and find an unconscious adult male with gurgling respirations and no gag reflex. You have in your possession a first aid kit that has a King Airway or Combi-tube. No ambulance or other EMS personnel are on scene but are en route, according to a bystander. Under our protocols what should you do?
- A. Manage the airway with jaw thrust maneuver only due to no medical direction for ALS procedures
  - B. Insert the King Airway or Combi-tube under SPEMS Protocols
  - C. Do not assist due to no medical direction
  - D. Place the patient in the recovery position and wait for EMS arrival
21. In the same scenario as the previous question, except that an ambulance is already on scene when you stop to assist. The ambulance is staffed by 2 ECAs and they request that you pass the King Airway or Combi-tube to secure the airway. What should you do?
- A. Advise the EMS crew to call for an aeromedical helicopter
  - B. Pass the King Airway or Combi-tube under the SPEMS protocols
  - C. Obtain online medical direction for authorization
  - D. Pass the King Airway or Combi-tube since it is a BLS procedure
22. An illness that occurs in children under 3 years of age and is characterized by inspiratory and expiratory stridor, seal bark cough, respiratory distress, tachypnea, and retractions best describes:
- A. Pneumonia
  - B. Epiglottitis
  - C. Croup
  - D. Whooping cough
23. 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:
- A. Administer oxygen; do a head to toe survey; and contact medical control
  - B. Administer oxygen; begin rapid transport; request paramedic back-up; do a head to toe survey
  - C. Administer oxygen; begin rapid transport; contact medical control
  - D. Administer oxygen; begin rapid transport; establish an IV of NS wide open to 1 liter; do a head to toe assessment

24. 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
25. 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
26. Racemic Epinephrine is indicated for which condition?
- Pediatric epiglottitis
  - Pediatric croup
  - Pediatric respiratory distress with pulmonary edema
  - Pediatric allergic reaction
27. 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
28. What is the intraosseous infusion site on an ADULT patient?
- Posterior tibia
  - Anterior tibia
  - Posterior fibula
  - Anterior fibula
29. You respond to a 34-year-old female who is having an asthma attack. Her respirations are 32, labored, with bilateral wheezing noted. You administer 2 breathing treatments of Albuterol without relief. Your next step is to:
- Give one breathing treatment of Xopenex and contact medical control if no relief
  - Repeat the Albuterol every 5 minutes until relief is noted
  - Give Xopenex breathing treatment every 5 minutes as needed
  - Give Xopenex breathing treatment and repeat only once if needed
30. 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
31. The correct pediatric dosage and route of Racemic Epinephrine is:
- 11.25mg/0.5cc diluted in 5cc of NS via nebulizer
  - 11.25mg/0.5cc diluted in 3cc of NS via nebulizer
  - 11.25mg SC
  - 11.25mg IM
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 actions should be to:
- Administer oxygen, establish an IV of NS, TKO, and give aspirin 325mg
  - Administer 0.4 mg nitroglycerin SL
  - Transport code 1
  - Attach AED and transport code 3

33. If you are utilizing an end tidal CO<sub>2</sub> monitor with readout capabilities, while ventilating a patient that has been intubated, you should maintain CO<sub>2</sub> levels between what readings?
- A. 15 and 20mm
  - B. 24 and 30mm
  - C. 30 and 34mm
  - D. 35 and 40mm
34. 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
35. You respond to a residence to find a 2 year old male having difficulty breathing. Lung sounds reveal inspiratory and expiratory wheezing. Respirations are 48 and labored. Retractions are present. Pt also has a seal bark cough. What drug should you give initially?
- A. Benadryl
  - B. Xopenex
  - C. Albuterol
  - D. Racemic Epinephrine
36. What must be present before fever medication can be given, PO, to a pediatric patient who has had a febrile seizure?
- A. Adequate LOC
  - B. Temperature of 100.4 degrees or above
  - C. Loss of continence
  - D. Both A and B must be present
37. The patient is a 25-year-old male. Family members state that he has a history of seizures. Upon examination, the patient appears to be postictal. He responds to painful stimuli. Blood pressure is 136/92. Pulse is 110. Respirations are 16 and snoring. You secure an airway and administer oxygen. The patient begins seizing again. When the seizure stops, you obtain a blood sample, start an IV, and determine that the blood sugar is 60. The patient has another seizure. You should now:
- A. Administer Naloxone, 2mg IV
  - B. Insert an endotracheal tube
  - C. Administer D50W, 25gm IV
  - D. Request Paramedic backup
38. 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%
39. 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, then the helmet
40. If carried, the adult dosage and route of Glucagon is:
- A. 1mg SC
  - B. 1 mg orally
  - C. 1mg IM
  - D. 2mg IM
41. 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
42. During resuscitation of an adult cardiac arrest victim, CPR should be stopped every \_\_\_\_\_ cycles to analyze the ECG rhythm.
- A. 2
  - B. 3
  - C. 4
  - D. 5
43. When can an Intermediate administer Benadryl to a patient having an allergic reaction?
- A. When the systolic BP is > 90mmHg
  - B. When the systolic BP is < 90mmHg
  - C. When a rash is present
  - D. When a patient is unconscious

44. Proper ET tube placement should be verified by a member of the receiving facility prior to turning over patient care.
- A. True
  - B. False
45. 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 the King Airway or Combi-tube 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
46. The correct procedure to create D25W is to:
- A. Dilute D50W 1 to 1 with sterile water
  - B. Give ½ of the D50W followed by a fluid bolus
  - C. Dilute D50W 1 to 1 with normal saline
  - D. Dilute D50W 2 to 1 with normal saline
47. If a patient is successfully resuscitated out of cardiac arrest but is still not breathing, the ResQPOD should be removed?
- A. True
  - B. False
48. 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
49. Your patient is a 30-year-old male who was found in an abandoned house by a police officer. He is barely conscious and responds only to loud verbal stimuli. His gag reflex is intact. His pulse is 54 and weak. His respirations are 6 and shallow. BP is 88/44. Your assessment reveals constricted pupils and needle marks on both arms. You begin evaluating the ABCs and assisting ventilations with 100% oxygen and establish an IV of NS, TKO. What should you do next?
- A. Fluid Challenge of 250cc of NS
  - B. Administer D50W
  - C. Administer D25W
  - D. Administer Activated Charcoal
50. If carried, the pediatric dosage and route of Glucagon is:
- A. 0.5mg SC
  - B. 0.5mg orally
  - C. 0.5mg IM
  - D. 1mg IM

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